INSPIRING STORIES WEBINAR  
26 APRIL 2022

**Professor Sandra Eades:**Indigenous academic development: gender equity and intersectionality

**NATALIE HANNAN**

I want to start by acknowledging that today I'm hosting the Inspiring Stories Webinar on the lands of the Wurundjeri people of the Kulin nations, custodians and leaders of this incredible land and waters for thousands and thousands of years. And I wish to take this opportunity to acknowledge and pay our respects to their elders past, present and emerging. And I would also like to acknowledge the traditional owners of the land that you are situated on today. I welcome any Aboriginal and Torres Strait Islanders here with us today. And I celebrate and thank all of our first nations colleagues for their important contribution to our faculty and academy. Thank you all for joining me today. I'm Professor Natalie Hannah, the Associate Dean Diversity and Inclusion for the Faculty Medicine, Dentistry and Health Sciences, and many of you know that I firmly believe that we have the right to a safe, fair and equitable workplace, a place where an individual's background or race, their gender, sexuality, and sexual orientation, disability or mental health issues should not be a barrier to reaching their full potential. We are surrounded by impressive and accomplished women breaking barriers and challenging the status quo regarding women and what women can achieve, and yet in 2022 women still remain underrepresented at senior and leadership levels within our faculty. Although I'm happy to say we've certainly begun to see real change over the past couple of years and are moving to reducing that gap, but we still have a lot of work to do for both gender equity and broader diversity and inclusion. It is my hope that by having conversations that challenge our systems and inspire leadership from within, this will not only support our talented people in MDHS to reach their full potential, but will also shine a really important light on the various barriers our people face.

In addition to me having the privilege of talking to incredibly inspiring women, I will open the conservation up to all of you to ask questions of your own. And then I'll encourage you all to extend this conversation in more intimate discussion groups in breakout rooms, but as always, for those who don't want to participate, you don't have to. And we'll just ask that you leave before we allocate those rooms. And just our out of courtesy for myself and the speaker. If you can leave your videos off until the Q&A portion of the session, that will be great. So today I'm absolutely thrilled to welcome one of our faculty's very own inspiring women to talk about indigenous academic development and the importance of intersectional gender equity, Professor Sandra Eades is our faculty’s Associate Dean Indigenous and Rowden White Chair. She'll be well known to many of you. She has broad ranging experience and deep connections with the University of Melbourne, particularly in the Melbourne school of population and global health. Professor Eades is a Noongar woman with family from the Menang and Goeng mobs in south-west Western Australia, who has made pioneering contributions to the epidemiology of Aboriginal child health throughout her career. Professor Eades went on to become the first Aboriginal medical doctor to be awarded a PhD for her studies on the causal pathways and determinants of health among Aboriginal infants in the first year of life. Through her many senior roles, and most recently as Dean at Curtin University Medical School, again, being the first appointment of an indigenous person as the Dean of a medical school, Sandra is also a board member of the Burnet Institute. And Professor Eades brings an exceptional track record as one of Australia's most significant indigenous health leaders. Her appointment as round and white chair recognizes her important work to scholarship and research. And we are so fortunate to have Professor Eades rejoin our faculty leadership team. Sandy, you are an incredible inspiration to me and so many others. Thank you so much for joining me today.

**SANDRA EADES**

Thanks, Natalie. It's great to be here. And I'd like to echo your acknowledgement of country. I always think warmly of Wurundjeri people of the Kulin nations, and I'm grateful that I have the opportunity to live and work on their lands. I'd also like to pay respects to my ancestors, the Menang and Goeng Noongars of Southwest WA. And yeah, it's great to be here with you today.

**NATALIE HANNAN**

Fantastic, thanks for that. So you won't be surprised, but so many have written to me about how excited they are to have you on the inspiring stories today. And so in that I wanted to really start by finding out a bit more about you and you've been such a trailblazer. I just wonder whether when you were a young girl, did you see medicine research and academia as something you really wanted to do? And how did this career come about?

**SANDRA EADES**

I definitely thought of medicine, like not everyone, but I do recall saying in primary school I wanted to be a doctor, but I was a young kid growing up in a small country town in WA and I didn't really see it - none of my family had been to university. There were no professionals in my family or community networks. So there was no way I could really envisage working in higher education, being a research leader, completing a PhD, it was all foreign to me. But what I could see was the impact of the GP in that country town, and just the experience of people around me.

**NATALIE HANNAN**

That's incredible. I think sometimes being the first isn't necessarily what's on your mind, you're drawn to something and then you can see others doing great work in that space, healing particularly, and caring for others. And you're clearly a leading voice in Aboriginal and Torres Strait Islander health, you work tirelessly and with such passion to improve the health inequities for First Nations Australians, particularly in your early career with women and children's health. I am wondering if you could tell us a bit more about this work that you you've done.

**SANDRA EADES**

My pathway into research was in my early couple of years in the hospitals as a resident, and an intern, I entered general practice training and over time I actually was a GP Registrar, and I wanted to complete a PhD as well. But at that time in the 1990s, there were no dual pathways. I met Fiona Stanley. She was the Founding Director of what used to be the Institute for Child Health Research in Perth. It’s now known as the Telethon Kids Institute and I was a GP Registrar and started doing some part-time research assistant work at the Telethon Kids. And over time it grew, it evolved and it evolved into an NHMRC funded research program and I was being mentored at the time and decided to enrol in a PhD. The way the training systems were set up at the time; there wasn't really a way for me to easily juggle general practice training and research. And I thought about what I was enjoying most and why I liked it, and it was the PhD and the entry into a research world. So I gradually evolved and transitioned out of general practice. So our earliest study and the one that became what was my PhD and even back then, it was about turning and placing a strength-based positive narrative and answering the question, what does it take for an Aboriginal infant and child to grow up healthy and well, as much as understanding what creates risk for health problems in infancy and childhood, and it really drew in the social determinants of health and all of those things. I think we might have been one of the first groups in Australia to set up an Aboriginal Reference Group for that study. And so talking to other Aboriginal people, it was clear the social determinants were important as well as other clinical or biological approaches to child health.

**NATALIE HANNAN**  
  
Yeah, and when I looked back to try and research a bit more about your career pathway, I think you were one of the first groups to set up something. So again, pioneering and trailblazing is not something I think you're afraid of. You're clearly showing that from your early career all the way through. And I think it's really important and telling that at that point when you were a GP registrar, how much could you actually see, a PhD pathway because if it hadn't been done before, it was not explored and then not thought of, but I was really recently inspired to see such a fantastic increase in our faculty's Indigenous student enrolments. This is important work. And I know it's come about from dedicated work over time. Can you tell us a bit about this, the great increase we've seen and what was involved and what does that mean for you personally?

**SANDRA EADES**

I spent 20 plus years working for medical research institutes and the opportunity came up to join the University of Melbourne. And I thought if you're a researcher, why do you step out of that environment into a university? And later in my career, as in the last 5 to 10 years, what I feel people like me need to be doing is showing up and helping train the next generation of Indigenous health leaders. So when I joined the university, I think it was simplistic, but one of my key aims coming into the Associate Dean role was to help smooth the pathways and help try to increase our student numbers. The Post was already doing terrific work enrolling Aboriginal PhD students, they had a target of 20 by 2020, and many of those PhD students have now completed their PhDs and graduated. And so there was momentum behind that. And what I tried to do was look at our graduate coursework health degrees, and think, how can we increase the numbers? One of my earliest conversations was with Steve Trumble over a cup of coffee, we talked about what were the pathways into medicine for Aboriginal students and some of the challenges that Aboriginal students might face in navigating those entry pathways. And there were some, in retrospect, they sound simple, but they took a lot of work behind the scenes and working with Steve and others in medicine, we streamlined and improved the entry pathway into medicine. And it's taken a few years for those changes to filter through the system. But I think that and there was a program already established which had run, I think when I joined it ran for the first time, it was the program, Josh Cubillo and Sean Ewan when he was Associate Dean indigenous, they also set up a program which has run midyear where any undergraduate students outside of Melbourne, who were interested in graduate coursework degrees can come for a week, meet other people and get taken around to different schools and different hospitals and learn about the potential graduate courses they could enrol in for the next year. I think those are two examples of things we've done to increase the numbers of indigenous students enrolling in our degrees.

In the last two to three years, we've seen a real difference. For example, usually there might be one, two or three Indigenous students who enrol in medicine. And this year we've had 15 students enrol in medicine. And I know everyone in the medical school is really proud of that. And working to support those students and at faculty level will do the same, but it's not just medicine, other schools, health sciences has had a long history of opening up training opportunities and teaching Indigenous curriculum well into the degrees, they lead the Graduate Certificate and the Masters of Narrative Therapy are important in training healthcare workers in the community in that school. And then we've got a smattering of students, actually a big jump up also in students enrolling in the Bachelor of Biomedicine this year, there are eight starters and that I know inside the School of Biomedical Sciences, they've also been grappling and thinking about how to support Indigenous students to enrol into that degree. But along with the changes in medicine, it's really good to see those students coming through biomed as well.

**NATALIE HANNAN**

I think it's a really important story that when we work towards something and we're collaborative, we have a dedicated focus on what we want to achieve, we do it together. You can inspire each other to actually think about how that might work, and importantly, to be working with the people who know our target. So we are really wanting to try and increase our enrolments, but also the impact that we are having on these careers and the learning. It’s been really great to see the increase. And now I look forward to seeing what the next steps are across, as you say, the faculty and beyond, I guess.

If we don't have that and we don't have it in the community and we don't have it in the university, then as we say, not everybody can be the first. So I think it's fantastic for moving forward. And yeah, the numbers are certainly starting to show what all that hard work and dedicated effort's been about. So that's fantastic. As a woman and an Indigenous person, there are important considerations around how we recognise the additional barriers and some of them we're talking to; so the pathways to entry and certain other things, with intersection in mind. So not just thinking about gender equity, but also equity for our Indigenous students coming through, if we really want to recognise and reach equity, we must think a bit more differently about that going forward. Do you want to share with us any of your vision or ideas of what you think that next stage looks like with a lens on intersection?

**SANDRA EADES**

The common question I sometimes get asked is race or is gender a bigger barrier that you've encountered in your career to succeed in? I think for every Indigenous academic, every Indigenous woman who succeeds, that's a question that they grapple with. I must say, I think I realised the impact of race. My earliest memories are about race – knowing it was going to be a problem in my life. And then later, post high school, university, in the workplace, I realized much more about gender, gender inequalities, and the way gender makes it harder for women in the workplace and in life generally sometimes juggling other priorities that women carry for families and for communities and particularly Indigenous women. I've been thinking about it. I honestly don't know the answer, but I think the university's done a terrific job at understanding and making the university a safer, more equitable workplace for women. And we probably have some more work to do around race.

Racism's a difficult thing to talk about but it still does occur. I felt as I get older and I have more education and understanding and resources at my disposal, I can buffer myself from racism more than the average Aboriginal student in high school or in a community setting or having their first run in with the police. But it does also occur in university settings.

When I was at Curtin, some of the medical students who didn't look Aboriginal still encountered people asking them, oh, why are you choosing to be Aboriginal? You don't look Aboriginal. Maybe you did it just to get into medicine. And I think Aboriginal academics experience it as well. And we've recently set up a governance group, an Indigenous leadership group. That was one of the first things I did coming back as Associate Dean. We've met once, we meet the last week of every month. So I'd like to have the conversation with the other Indigenous health leaders in the faculty about what can we do with you, the Associate Dean Diversity and Inclusion and myself to start to progress some of the discussions about race and how to make the faculty a safer and more inclusive workplace for Aboriginal staff members.

**NATALIE HANNAN**

I think it's really important conversation that we are having, as we're becoming hopefully more mature with racism and acknowledging it, that it exists. It's here despite what we would like to think. I think here is an opportunity where, some of us could be better allies. And what does that look like? I know you and I have got work planned in this area. And it's always really important to make sure that what we do is actually always about psychological safety for people around us. But yeah, I'm looking forward to working with you, to determine where we can do better. And how do we show up for our colleagues that, where we do have privilege or voice that we could use for better. I think that this will be a great area that we can hopefully make some good future changes. I was thinking now as well about, with race in mind, around equity, often we use data to inform the work that we do, but it's not often broken down well, or we don't have good data Indigenous staff and students. So then when you layer upon that gender, upon being an Indigenous person, when we do get the data, it shows that the disparities are even more stark. Do you have thoughts on how we might change the way we collect data or the way we can use data to inform so we can actually have better strategies to support intersections with gender equity?

**SANDRA EADES**  
I know Marcia Langton and others from the university have led data sovereignty and data governance projects. I think there's an important aspect, as we collect and as we curate national, state, local university data sets, about understanding of how to empower Aboriginal people in that process. I think we need that in Australia. The problem with data is there's so much of it. But it's the curating and using that to a common good for Aboriginal people. There are some complaints that really, when we analyse data regarding Indigenous people, it's a marker of race, but also buried in that race is the experience of racism. And it's hard to tease that out in the way we use that data, but there are enormous opportunities. I think Marcia is working with ABS and AIHW, my own group we use total population linked health data sometimes to explore sensitive issues where we're looking at child removals using total population data from Western Australia. And we triangulate a lot of our data work with qualitative and other methods to really engage community and get their understanding of A, what questions to explore and B) how to use the data in a positive way and we can publish papers. But I think the really difficult issue is how to impact policy and practice and closing the gap and move the health equity agenda along.

**NATALIE HANNAN**

I think using the data in a respectful way, and making sure that it's for enhancing the experience and not assuming that we know what's right, and making sure we're always in collaboration with people who will be impacted by the analysis. The leading experts in this space we are very fortunate to have in our own university and faculty. Is there anything that you think that we should, could be doing a bit more to actually acknowledge some of the indigenous ways of knowing in medicine?

**SANDRA EADES**

I loved when I arrived at the university first, in 2018 and The Art of Healing Exhibition was curated and on display in the Medical History Museum. And I think Marcia helped organize a visit by the Ngangkari Indigenous healers and that exhibition went to London and Berlin and Toronto. We are just beginning to recognise and elevate the position of Indigenous knowledges. We've had a century or more of trying to erase Indigenous knowledges in ways of being, seeing, doing and I think it's a wonderful initiative, the establishment of the Indigenous Knowledges Institute at the university level, but we have to constantly at faculty level find ways to allow that to filter down to the faculty and into the schools. And we all sort of forget about how we're, I mean, even as Aboriginal people how we're socialised to also forgetting.

The two years I spent back in WA, I spent 19 years away, just revitalised and reminded me of the richness for me of Noongar culture and knowledge and ways of being. There's a fabulous film, she's not a filmmaker. Kylie Bracknell is a Noongar leader. And she's really passionate about revitalising Noongar language, and she uses mainstream arts and media as a way to do that. She translated Shakespeare into Noongar. So in Perth, in the arts community, people went to a Shakespeare play and it was all Indigenous actors and it was all spoken and acted in Noongar. She recently released a movie, a Bruce Lee movie, which she'd collaborated with a Cantonese speaker and the entire movie was spoken in Noongar. So I went with my sister to the outdoor cinema, and we sat there on the bean bags, and it was quite an unusual experience for me to sit there and hear for the first time in my life, a film spoken in Noongar language. And there were parts of that, that I knew. And then I talked to Kylie about the importance of Noongar language revitalisation. So there's much more we can do in that space, perhaps when we do welcome and acknowledgement of country talking to local elders about a way to integrate Wurundjeri language into that. And in the way we do greetings and many other ways I'm sure. So the other interesting work I'm doing is with Alice Devance, who got A Million Minds Youth Mental Health Grant, and he recommended a book called "Braiding Sweet Grass" to me. He introduced me to Professor Joseph P. Gone from Harvard who's a collaborator on that grant, and I already had links to Professor Janet Smiley who's a Cree woman from Canada, who's also a collaborator on that, but I think through me, many other indigenous health leaders in the faculty, we've got a lot more to do in terms of integrating, elevating and positioning Indigenous knowledges side by side, with whatever our Western scientific discipline base is. And also in not just in research, but in the way we teach, the way we educate future health practitioners and leaders. I think it will also go a long way to improving the culture and the environment of the university for Indigenous students and staff and for all staff, hopefully.

**NATALIE HANNAN**

I just get so excited to hear and learn more about traditional ways. I think if we could learn more, I think it would as you say, help with the culture and also help with our understanding of where we all fit in this big world and what differences we can bring, welcome diversity of thought. And then I think about our new strategy for innovation, collaboration and nurturing. I see that in so many of when I look at the Indigenous ways of knowledge and healing, I think we could learn a lot. So I think it's wonderful. I'd like to hear more and see more from our colleagues. And also, so as you say, some of these incredible people in art and film and storytelling and getting that, more integrated into what we do on a daily basis.

Sandy, I like to always see if our speakers have any final pearl of wisdom, a final takeaway piece of advice you want to give to this audience.

**SANDRA EADES**  
Probably be kind to yourself. There are so many times when we are the toughest on ourselves and sometimes we have impostor syndrome. It doesn't matter how successful we are. We always feel somehow we're a fraud. I think that's common amongst women. And I've certainly had that experience, but I think the biggest thing is to be kind to yourself. There's so many challenges we juggle, our family, our community responsibilities, things beyond our control, the things that drive us in our research, in our career, there are so many competing things, but probably the most important thing I'd like to say is about being kind to yourself and not being always so tough on yourself.

**NATALIE HANNAN**

Okay so if you awoke tomorrow and you are now boss of the university, you could change one thing for enhancing diversity, equity and inclusion. What would that be?

**SANDRA EADES**   
At this university, I think I said when I came on, I haven't met the people running the Indigenous Knowledges Institute, but I think it's a great initiative. I would find ways to develop a hub and spoke approach to that and have that capability within all of the faculties across this university, because it's going to take a lot of effort to really continue that work of elevating and developing and finding the place and keeping the place of Indigenous knowledges in our university community and through our work, nationally and internationally. In the local, national and global communities.

**NATALIE HANNAN**  
That's a great thing to do as boss of the university. And I hope one day that we have that. So I just wanted to really thank Professor Sandra Eades for taking the time today to talk with me and us about this really important area, what we really need to be looking for in the future. I think also my little takeaway is to really try and think about how we could be an anti-racist instead of just going along with the status quo, what else could we be doing to push against this even harder? I think there's some wonderful work being done, but Sandy, I'm so excited and thrilled that you'll be back leading this area in our faculty. I can't wait to work together more. Thank you so much for your time today.

I also just wanted to let everyone know that next month on May 17th, I'll be joined by Associate Professor Ada Cheung talking about her research, particularly with a focus on being better allies for our trans people in the community, and also supporting them and what they're going through particularly right now and checking our assumptions on some of those things around trans inclusion and trans health. I'm looking forward to that with Ada on the 17th of May, and I hope you can join us. Thank you so much, Sandy.

**SANDRA EADES**  
Thanks, Natalie, glad to be here today as your guest.