

PARTNERSHIP NEWS

Official Newsletter of the Rio Tinto Child Health Partnership

August 2007

WHAT IS THE RIO TINTO CHILD HEALTH PARTNERSHIP?

This innovative collaboration brings together the research expertise of Kulunga Research Network and the Telethon Institute for Child Health Research with corporate partners Rio Tinto Ltd and the Alcohol Education and Rehabilitation Foundation, and government partners through public sector agencies in Western Australia, Queensland and the Northern Territory. This ambitious partnership aims to deliver improvements in Aboriginal and Torres Strait Islander maternal and child health by translating research findings into policies and health promotion programs that make a real difference to Indigenous communities.

The first outcome of the Rio Tinto Child Health Partnership has been the translation of the WA Aboriginal Child Health Survey (WAACHS) to Queensland and the Northern Territory, an important and significant step to achieving nationally consistent indicators of Aboriginal and Torres Strait Islander health. The WAACHS is the first cross-sectional study of its kind to investigate the health of Aboriginal children, and has produced a comprehensive set of indicators of Indigenous child health. More information about the WAACHS can be found at www.ichr.uwa.edu/waachs or on the WAACHS Fact Sheet.

Another program of work undertaken through the Partnership is looking at ways to prevent tobacco and alcohol consumption during pregnancy, the principle causes of low birth weight births and fetal alcohol spectrum disorder. Findings through the WAACHS indicate around 50 per cent of pregnant women used tobacco, and almost one quarter of women drank alcohol during their pregnancy, figures that suggest contemporary health promotion messages are not getting through to Indigenous women. Using health promotion and action research approaches, communities across the three states have developed resources designed to reduce and prevent substance use during pregnancy.

The final program of work involves developing an Indigenous maternal and child health workforce. An important and successful outcome in Queensland is the development of a unique train-the-trainer resource to help health care professionals train community workers in promoting maternal and early infant health.

The Rio Tinto Child Health Partnership is an effective demonstration of how corporate, government and research agencies can work together to deliver outcomes in health.

More information about the Rio Tinto Child Health Partnership can be found at www.ichr.uwa.edu.au/kulunga or by contacting Colleen Hayward, Partnership Manager on 08 9489 7777.

Delivering improvements in Aboriginal and Torres Strait Islander Child and Maternal Health

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A MESSAGE FROM THE MANAGER



Welcome to the next edition of the Partnership's newsletter for 2007.

This year has already shaped up as an exciting year for the Partnership with several activities proving to be very successful. The Partnership was especially pleased with the number of applications received and the high quality of all candidates and their proposed activities.

In the end, the Partnership offered four travel scholarships, providing an opportunity for candidates to pursue travel related to their research or work and to further the priorities of the Partnership.

In May, the Rio Tinto Child Health Partnership hosted its second national symposium, **ENHANCING INDIGENOUS CAPACITY: Building a Sustainable Future** and I am very pleased to say that it was another very successful event. An overview of this event can be found on page 3.

Representatives from the Partnership have undertaken a series of site visits across the three jurisdictions to see first hand and to talk with people in person, about the services, programs and activities linked to each site and the ways in which the Partnership has contributed to or supported their work. More about these visits can be found on page 9.

We are looking forward to continuing to build on the achievements of the Partnership and enable it to continue to have a significant impact on improving the lives of Aboriginal and Torres Strait Islander children.

Happy reading!

A handwritten signature in black ink that reads "Colleen W".

Associate Professor Colleen Hayward
Partnership Manager

ENHANCING INDIGENOUS CAPACITY: Building A Sustainable Future

On the 8 and 9 May 2007, the Rio Tinto Child Health Partnership hosted its second national symposium in Perth. This year's symposium focused on workforce development in Indigenous maternal and child health.

This year's theme was “**ENHANCING INDIGENOUS CAPACITY: Building a Sustainable Future**”, with an emphasis on identifying clear directions and strategies at both a practical and policy level. Enhancing the skills of the Aboriginal health workforce, increasing the number of health workers in Indigenous communities and improving the coordination and delivery of primary health care services to Aboriginal people was key consideration and generated a lot of discussion.

Partnership founder Professor Fiona Stanley, who heads the Telethon Institute for Child Health Research, said workforce development was a critical issue in Indigenous health.

“We have to acknowledge how much the non-Aboriginal system has failed to deliver good outcomes for Aboriginal people,” Professor Stanley said.

“Aboriginal health workers know much more about the circumstances and factors impacting on Aboriginal health and wellbeing than any other health professionals. They live in the community and have knowledge that non-Aboriginal professionals may not appreciate – they must be listened to and supported in their work if we are to make a real impact.”

Over 160 delegates from around Australia attended representing a range of sectors including community based health care organisations and clinics, Indigenous communities, State and Australian government agencies and leading research institutes in Australia and from overseas.

The highlight for most delegates was the international keynote, Dr Janet Smylie. Many delegates commented on the practical examples given of how the rich Indigenous knowledge that exists in the languages, experiences, oral histories, and ecological understandings of community members can be respectfully gathered and applied to maternal child health policy, programs, and services.

This year's symposium was a great success and another invaluable opportunity for so many working in this important area to come together and share their success stories, expertise, research and resources.

The main issues raised during the symposium have been captured in a report that encapsulates many of the issues arising from the presentations and workshops over the two days and many of the changes delegates suggested need to occur with regard to workforce development in Indigenous maternal and child health.

The report and other information about the symposium are available on the Kulunga website at www.ichr.uwa.edu.au/kulunga.



Above: Associate Professor Ted Wilkes, Kulunga Manager Colleen Hayward and keynote presenter Daniel McAullay.



Above: Professor Fiona Stanley, with Ted Wilkes, and International Keynote Dr Janet Smylie looking on.



Above: Delegates at the symposium in one of the plenary sessions.

JURISDICTIONAL PROJECT UPDATES

All jurisdictions are progressing their work throughout each of their sites.

NORTHERN TERRITORY

East Arnhem Land

The project involves trialling a culturally appropriate brief interventions program for alcohol and tobacco use among pregnant women in five east Arnhem communities including Oenpelli. The project is aimed at working with all pregnant women across the five communities and training health workers to implement the intervention program.

Nguiu Community, Bathurst Island, Tiwi Islands. Skin Group Project

This project aims to build resilience and improve health and education outcomes through supporting community based groups and skin group processes for decision making and addressing issues within the community. It specifically supports the Tiwi Islands Youth Diversion and Development Unit that delivers a range of services and activities for youth and families including:

- A Night Patrol service;
- Drug and alcohol awareness and suicide prevention strategies and counselling;
- Programs to encourage school attendance and good behaviour at school;
- Family conflict mediation services;
- Coordination of skin group meetings; and
- After school care programs.

WESTERN AUSTRALIA

Strong Women, Strong Babies, Strong Culture, Roebourne

Currently there are 33 women directly involved in the program. Activities include:

- Hosting fortnightly nutrition based 'deadly tucker' cooking classes attended by 30 women. Teaching how to buy nutritious food and cater for large families on a budget;
- Hosting dedicated 'yarning' sessions on women's health at the clinic and in outdoor settings; and
- Undertaking regular home visits for mothers and newborns in Roebourne and surrounding communities, providing an opportunity to carry out immunisations and monitor the baby's health.

QUEENSLAND

'Healthy Pregnancy & Baby' Resource Kit:

The final draft of the kit has been developed and is currently progressing to final print. It is estimated that the resource will be available for State-wide distribution to all Indigenous Child Health workers and Maternal and Child Health service providers in August/September 2007.

Health Promotion Officers Workshop:

A workshop was held in Brisbane in March specifically for the Health Promotion Officers of the Rio Tinto Child Health Partnership project. The main objective of the workshop was to examine current status of project and work plans, have interactive discussions and activities, identify issues and explore risk management strategies.

TRAVEL SCHOLARSHIP WINNERS



This year the Partnership was able to offer four travel scholarships to assist researchers and those working in Indigenous maternal and child health the opportunity to travel, learn and translate their findings into practical outcomes.

The aim of the Partnership's scholarships was to increase knowledge and understanding of maternal alcohol and tobacco use and/or workforce development in maternal and child health.

The travel scholarships were open to all Australian Aboriginal and/or Torres Strait Islander people whose work in an Indigenous community or organisation and proposed activities advance the priorities of the Partnership.

The Partnership was especially pleased with the number of applications received and the high quality of all candidates and their proposed activities.

The final selection of successful candidates was very competitive.

Recipients and their travel activities:

Patricia Lawford

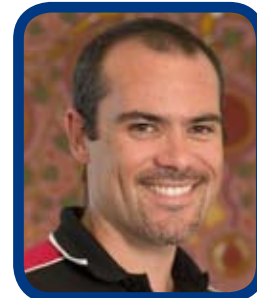
*Health Worker,
Broome Regional Aboriginal Medical Service, WA*

Attended the Rio Tinto Child Health Partnership National Symposium in Perth, 8-9 May.

Daniel McAullay (Pictured Right)

PhD candidate, Perth WA

Attended the 20th Anniversary Summer course in Epidemiology, Florence, Italy. The course is directly linked to Mr McAullay's PhD which is examining primary health care services and maternal and child health outcomes for Indigenous communities in WA.



Grace Bond

*Coordinator
Murri Sisters (Refuge and Advisory Service for Indigenous women and families), QLD*

Attended the 3rd International Conference on Children exposed to Domestic Violence, Ontario, Canada and the pre-conference workshops. The conference is directly linked to Ms Bond's work with Indigenous mothers and children and provides an opportunity to learn effective ways of addressing violence linked to alcohol and illicit drug use within Indigenous families.

Melvina Mitchell

*Nurse and Coordinator
Mums & Babies Program, Townsville Aboriginal and Torres Strait Islander Health Services, QLD*

Attended the Rio Tinto Child Health Partnership National Symposium in Perth, 8-9 May.

ALCOHOL AND PREGNANCY UPDATE



Above: Professor Carol Bower with the new resources

Health professionals who care for pregnant women are being encouraged to talk openly to women about the dangers of alcohol in pregnancy.

The Alcohol and Pregnancy Project has launched a range of resources to help health professionals to discuss this important issue with all women of child bearing age.

The Alcohol and Pregnancy: Health Professionals Making a Difference packs have been sent to health professionals throughout WA in April 2007. The resources include a comprehensive booklet, fact sheet and information wallet cards for women. They can be ordered or downloaded from the Project website:

www.ichr.uwa.edu.au/alcoholandpregnancy

Project leader Professor Carol Bower said that simply raising the subject with women could reduce their alcohol consumption. Survey results showed that women expect their health professionals to raise this issue with them.

"Health professionals have an important role in asking all women about alcohol use and talking to them about the consequences of alcohol consumption during pregnancy" Professor Bower said.

"The most important message is that no alcohol in pregnancy is the safest choice.

The amount of alcohol that is safe for the fetus has not been determined."

"What health professionals have told us is that they need more good quality information to pass on to women, and that's why we've developed these Alcohol and Pregnancy resources."

Research by the project team found that:

- 45% of WA health professionals who care for pregnant women routinely ask them about their alcohol use
- 25% of WA health professionals who care for pregnant women routinely provide them with information on the consequences of alcohol use in pregnancy
- 79% of WA health professionals disagree that discussing alcohol use during pregnancy will frighten or anger a pregnant woman
- 98% of WA women surveyed think that sending information to doctors and health professionals would be an effective strategy to inform women about the effects of alcohol in pregnancy on the fetus.

The consequences of alcohol use in pregnancy may include physical, mental, behavioural, and learning disabilities with possible lifelong implications. Fetal Alcohol Spectrum Disorder is a general term that describes the range of effects that can occur in an individual who was exposed to alcohol during pregnancy.

The Alcohol and Pregnancy Project has been made possible by funding from Healthway and is a collaboration between the Telethon Institute for Child Health Research and Edith Cowan University.

For further information about the *Alcohol and Pregnancy: Health Professionals Making a Difference* resources, or alcohol and pregnancy research in Australia, please contact:

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EVEN THE EXPERTS ARE UNSURE HOW MUCH IS SAFE

By Renee Switzer
22 April 2007

The risks of drinking during pregnancy are yet to be established and advice to women remains unclear.

IS IT really all right to have a couple of glasses of wine every now and then if you're pregnant? The dispute over how much alcohol is safe has left some women confused.

Do they avoid it, stop drinking just in the first trimester or have the occasional glass of wine with dinner?

According to the National Health and Medical Research Council (NHMRC) guidelines, women "may consider not drinking at all". But if they choose to drink, then no more than two standard drinks in one day and no more than seven drinks in a week is advised.

The guidelines also note the risk is highest in the earlier stages of pregnancy. Now these guidelines are under review.

NHMRC spokesman Nigel Harding said: "The team is going to be looking at all the scientific evidence to see if there's enough evidence there to make a change."

According to the National Organisation for Foetal Alcohol Syndrome and Related Disorders, a change is desperately needed. Spokeswoman Sue Miers will make a submission to the NHMRC calling for a policy of "no alcohol is the safest choice for pregnancy".

Ms Miers, whose foster daughter has foetal alcohol syndrome (FAS), believes the condition is often misdiagnosed as ADD and ADHD because the behaviours are very similar. "A child will never reach their full potential if they've got a disability and it hasn't been diagnosed," she said.

Ms Miers says women are not given all the facts on the risks of drinking while pregnant.

"We know that high amounts of alcohol are linked with significant damage. There are no studies that can find a safe threshold for consuming alcohol and women need to know that.

"If we tell women that the alcohol passes through the placenta and that their foetus will have exactly the same blood alcohol content as they do most women will say, 'I don't want that for my foetus'."

The United States recommends pregnant women consume no alcohol. Britain is to introduce the same policy, adding that women should also not drink if they are trying for a baby.

But Ms Miers said Australia had a "love affair" with alcohol and there was resistance to put a negative tag on it. In Australia, data on the number of FAS cases is scarce.

Professor of Pediatrics and Child Health at the University of Sydney, Elizabeth Elliott, ran a four-year surveillance study on FAS between 2000 and 2004 and found 92 newly diagnosed cases around Australia.

"But we were only looking at cases at the severe end of the spectrum," she said. "And when you consider these children have multiple behavioural and learning difficulties, growth problems and physical birth defects, that number of children is a significant group to be a burden on our health system."

Professor Elliott said there was a whole spectrum of alcohol-related disorders.

"Alcohol can cause lots of problems in pregnancy. It can cause stillbirth, prematurity, low birthweight babies and miscarriage. For live born babies it can cause foetal alcohol syndrome, birth defects and neurodevelopmental problems.

"FAS kids can have growth problems, problems with their central nervous system; they have an abnormal face and usually have a good history of alcohol exposure." She believes FAS is under-reported in Australia. Her survey of 1143 GPs in Western Australia found only 3 per cent felt "very prepared" to deal with FAS.

"Quite a substantial proportion felt they might stigmatise the family or the child by making the diagnosis," Professor Elliott said. "The other issue is, because people don't know what to do with these kids or where to send them, they're reluctant to make the diagnosis."

Professor Elliott fears a growing trend towards young women binge drinking and high unplanned pregnancy rates could result in many putting their babies at risk.

"Our mission at the moment is to try and raise awareness and as a result of our health professional surveys we're developing educational materials for health professionals to inform them how to diagnose and refer children who they think might have this condition." She said a safe level of alcohol intake during pregnancy had not been found because it was impossible to test on people.

"Clearly high levels of alcohol intake early at that critical period in pregnancy are going to do the most harm but the animal models and some studies from the States suggest smaller amounts of alcohol during pregnancy may also be harmful. But it's very difficult to quantify."

And this is where the dilemma lies for health professionals who are regularly asked by women what a safe level of drinking is.

Dr Ian McCahon, clinical head of the alcohol and drug services unit at the Royal Women's Hospital, said obstetricians went on "the best evidence that's available" - the current NHMRC guidelines.

"There's no evidence that a very small quantity of alcohol, less than the NHMRC recommendations, does any harm; we suspect it does but there's no proof and we go on proof," Dr McCahon said.

"We have to be particularly careful because some women have had a small amount of alcohol intake in early pregnancy, and because there's no evidence of harm we don't want to scare them about the safety of continuing the pregnancy."

He said there was a higher risk of birth defects if a woman drank during the early stages of pregnancy when organs were forming.

Surrey Hills GP Dr Caroline Wilson said the Royal Australian College of General Practitioners' advice was to inform all women about the potential harmful effects of alcohol on a foetus.

"They should be advised to limit but preferably cease drinking during pregnancy."

Cath Paulet, 27, of Berwick, who is pregnant with her first child, said she was receiving mixed advice on alcohol from health professionals.

"Some said 'everything in moderation' and one doctor said there was no strong evidence that a couple of drinks a week could cause any harm, but most of them said 'it's up to you in the end'," she said.

"I think the main message was not to go overboard."



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PROJECT SITE VISITS FOR NT, QLD AND WA

Kulunga's Dr Clair Scrine and Tracey-Lee Edwards have undertaken a series of site visits across the three jurisdictions linked to the Rio Tinto Child Health Partnership (the Partnership) to see first hand and to talk with people in person, about the services, programs and activities linked to each site and the ways in which the Partnership has contributed to or supported their work.

In early February, they travelled to the Northern Territory to meet with the Partnership's representatives and undertake a site visit to the Nguiu community (Bathurst Island) part of the Tiwi islands.

An early intervention project is underway that focuses on Indigenous parenting and exploring the development of culturally appropriate and competent interventions for alleviating sources of early childhood risk.

Whilst visiting the community, players from the Essendon Football Club arrived to conduct community training sessions with children. The players were in Darwin to play against the Indigenous All-Stars.

In June, Clair and Tracey-Lee travelled to Queensland where they visited three sites: Townsville, Woorabinda and Inala. All three sites are progressing a range of programs and activities to address maternal, alcohol and tobacco use and positive early childhood development.

Later in June, they travelled to Roebourne to meet with the staff and current and former participants of the Strong Women, Strong Babies Strong Culture (SWSBSC) program.

The focus of the SWSBSC in both the Pilbara and East Kimberley is the collaboration with local people and organisations to ensure services and outcomes are developing local capacity and meeting the needs of communities.

It was a wonderful opportunity to see first hand the good work being undertaken at each of these sites and to meet with all the dedicated staff who make these programs so successful.



Above: Dr Clair Scrine with some local children from the Nguiu community



Above: The Child and Maternal Health Team at Woorabinda



Above: A 'yarning' session with the local mums in Roebourne

PARTNERSHIP FEATURED AT GARMA FESTIVAL 2007



Above: At the Garma Festival 2007

Regarded as one of Australia's most significant Indigenous festivals, the Garma Festival, was held on Friday 3 to Tuesday 7 August 2007. It is now an international event.

This year's Key Forum theme was *Indigenous Health: Real solutions for a chronic problem*. Partnership Manager Associate Professor Colleen Hayward was invited to speak on *Building cultural security into health delivery services*. In her presentation, Colleen made specific reference to the outcomes of the 2007 symposium. Staff from the Institute and Kulunga attended, standing out by wearing the 2007 symposium t-shirts and hats.

CALL FOR ALCOHOL WARNING LABELS FOR PREGNANT WOMEN

By Renee Switzer
22 April 2007

WARNING labels informing pregnant women of the risks of drinking could be fixed to alcohol bottles in Australia and New Zealand.

Food Standards Australia New Zealand is reviewing an application lodged by the Alcohol Advisory Council of New Zealand, which states: "Alcohol consumption in pregnancy has the potential to harm the foetus at all stages of pregnancy, and particularly in the early stages of pregnancy when the foetus is forming . . . Many women do not know of this risk, or, if they do, could benefit from a reminder of the risk at the time of planning to drink alcohol."

A National Organisation for Foetal Alcohol Syndrome and Related Disorders spokeswoman said: "Alcohol must be one of the only substances known to cause harm that doesn't have a warning label telling people of the facts."

But Australian Winemakers Federation chief executive Stephen Strachan said: "The industry doesn't rule out having labels identifying the risks of Foetal Alcohol Syndrome but we would like to see the evidence."

A better solution would be an awareness campaign, he said.

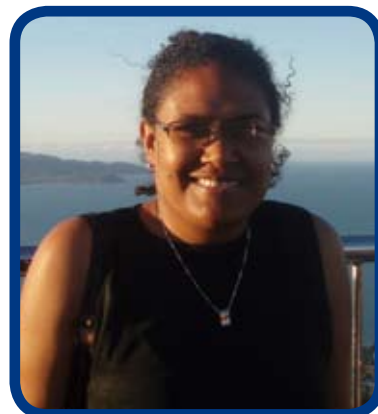
Article reproduced courtesy of The Sun Herald.

PARTNERSHIP TEAM MEMBER PROFILE

About Leonora...

Leonora Yusia is new to the field of health and has been with Queensland Health for three years. Her current role is as the Senior Project Officer in the Child Health and Safety Branch.

Leonora is currently studying a Bachelor of Health Sciences in Aboriginal Health and Community Development which will be completed in November 2007. Whilst studying, Leonora has chosen to work in various fields/levels as a way to gain relevant skills and experience with a particular interest in mental health.



Prior to working as the Senior Project Officer, she worked briefly as a Child Health Coordinator, a Mental Health Liaison Officer for 15 months and a Drug and Alcohol worker for nine months. All these roles were specifically working in Indigenous health. Other work experiences include working in Aboriginal community organisations as a Youth Project Officer and administrative assistant.

The Partnership's work in Queensland...

In terms of outcomes of the Queensland projects, it is anticipated that the trial sites will have demonstrated an effective model addressing smoking and alcohol consumption during pregnancy and child and maternal workforce development - and one which other communities across Queensland and nationally, will be able to adopt and implement with positive results.

Of her involvement in the Partnership...

It's been a privilege to be a part of the Rio Tinto Child Health Partnership project. It's an initiative that should be supported because of its uniqueness in raising the awareness of substance use during pregnancy and issues relating Fetal Alcohol Spectrum Disorder and the importance of workforce development.

DOUBLE TAKE

By Victoria Laurie
11-12 August 2007

Former Australian of the Year and child health expert Fiona Stanley and Rio Tinto Iron Ore Chief executive Sam Walsh are both based in Perth, where they tell Victoria Laurie about an emerging partnership.

FIONA STANLEY: Sam strikes me as a typical business man, but he's a nice person. He looks a bit like a teddy bear; he's got a warm manner about him. And he's very sincere. If Sam wasn't committed to our work with Indigenous Australian, it wouldn't happen. The work has changed how other mining companies deal with Aboriginal people. Sam's not like some business types who say, "There's a problem, we'll get the research and solve it." He understands we all need to be in it for the long haul.

The relationship between mining and Indigenous people has been what you might call difficult. When I spoke to Aboriginal people about involving the miners, they said "Go for it." In the late 1990s I went to see Rio Tinto in London. I had an understanding that Rio wanted to make changes in its relationship with Aboriginal communities. Sam has continued that commitment to doing things differently, recognising Aboriginal history and the effect of mining and colonisation, and how it has taken away land, culture and children.

Our Telethon Institute for Child Health Research has done the biggest survey of its kind into Aboriginal health and welfare, involving 5300 Aboriginal children under 18 in WA. We've been talking for years about the lack of sustained intervention. It was frustrating that the people who needed to respond to our research weren't doing it.

Recently I'd been to an OECD forum with a colleague where we'd given a presentation about building healthy societies. It got such an enthusiastic reception. Then we came home to the news of the interventions in Aboriginal communities up north.

When I addressed Rio Tinto recently, I burst into tears just before I left the room. They could see my anguish that we've tried to get the government to look at the employment of Aboriginal health workers, for example - they live there and it's their kids and communities they are looking after. When are governments going to get this message? Rio got it in a minute.

Whether Sam has had experiences that led to a road to Damascus, I don't know. But every time I meet him there's a great understanding of what we do. Why does someone like Sam Walsh get it? CEOs like him are very good at looking at the evidence and they wouldn't do anything without it. Take substance abuse and foetal alcohol syndrome - the Rio Tinto program has enabled Aboriginal health workers to go to Canada and bring back kits to educate other health workers, and kits are now being rolled out in two states and the Northern Territory.

Companies like Sam's seem to understand double value - the more you employ Aboriginal people where they live, the more you have families participating economically, providing houses, food and education to their own kids. It's sustainable.

SAM WALSH: I admire Fiona - all of Australia admires her. I would count her as a friend - she's a lovely person, although we don't meet very often. She is quite clearly passionate about everything she does, particularly the nurturing of children and mothers. Her team has one job to do and we have another. It's definitely a complementary partnership.

In 2003, I met Fiona in Brisbane when I was running Rio Tinto's aluminium business in Queensland. We formed a partnership with her Telethon Institute for Child Health Research in which Rio would provide \$1.5 million to assist with Aboriginal child and maternal health. I can recall Fiona sitting down and actively engaging with school children there for the event. She was far more interested in their stories than hers.

We're big players in the Pilbara and Cape York, and we'd already signed the Western Cape York Agreement, which undertook to improve health and education among the 6000 Indigenous

people living in the bauxite areas around our operations. Our iron ore business is WA's largest employer of Aborigines outside government. In the Pilbara, we'd provided scholarships and apprentice programs for Aboriginal people. But it always led back to the health issue.

We had sessions talking about how we could influence use our influence to bring government on board for the child health institute. We get a lot of assistance from Fiona's institute - it helps us in understanding Aboriginal culture. Aboriginal people in regional areas don't generally interview well, and part of it is something simple like not looking you in the eye. So we rejigged the way we'd interview by bringing in a trainee program. It gives young people the opportunity to see if they want to work with us, and if we get on with them.

When Fiona presented to us she showed a video of the partnerships that have emerged, like the 30 women in a small Pilbara town who are part of a program there called "strong women, strong babies, strong culture". And the 90 Aboriginal health workers graduating each year in WA. She walked us through the fact that Aboriginal people felt most at home with an Aboriginal nurse rather than a white nurse, who might make judgements.

Fiona closed in tears - we were all not far behind her. We don't normally come to conclusions immediately after a presentation, but I said, "Do we have a decision here?" It was instantaneous and unanimous that we'd give another million dollars over the next two years.

If Fiona and I sit down over a coffee in a couple of years, what will we have hoped to achieve? We'll be looking for positive interventions. For us, it's part of a package of improving Aboriginal wellbeing in the communities in which we work.

Article reproduced courtesy of The Weekend Australian Magazine.

FURTHER INFORMATION

For more information on the Rio Tinto Child Health Partnership, please visit our website at:

www.ichr.uwa.edu.au/kulunga

Or contact us at:

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