

Development of an online yarning place for Indigenous Health Workers

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The Australian Indigenous Health *InfoNet* is an innovative Internet resource that aims to inform practice and policy in Indigenous health by making research and other knowledge readily accessible. In this way, the Health *InfoNet* aims to contribute to 'closing the gap' in health between Indigenous and other Australians.

The Health *InfoNet* is a 'one-stop info-shop' for people interested in improving the health and wellbeing of Indigenous Australians. It makes published, unpublished and specially-developed material about Aboriginal and Torres Strait Islander health freely accessible to people involved in the area of Indigenous health with the aim of enhancing their knowledge and skills, and improving their practice and/or policy work. For students and the general community, the knowledge accessible via our resource will improve their understanding of Indigenous health and related areas.

The Health *InfoNet* encourages and supports information-sharing among practitioners, policy-makers and others working to improve Indigenous health. The '[yarning places](#)' (electronic networks) allow people with common interests and purposes to share information, knowledge and experience from different states, territories, regions and sectors. These are more formally known as 'Communities of Practice' (CoP). This term was theorised by Etienne Wenger and Jean Lave analysing traditional apprenticeship systems. These systems could be thought traditionally as master-student. Wenger and Lave noted that the actual learning was taking place among members of a larger community of other apprentices and exponents. From these interactions 'communities' of practice was coined. In short, Communities of Practice are a group of people connecting in a process of collective learning. They are formed by people who share a concern or a passion for something they do and learn how to do it better as they interact regularly (6).

Wenger (1998) highlights that CoP have at least three features:

1. the domain; has an identity defined by a shared domain of interest. In this context Indigenous Health Workers and their work. Membership implies a commitment to the domain and a shared competence that distinguishes members from other groups. The expertise comes from within and is recognised within that domain.
2. the community; in pursuing their interest within the domain members engage in joint activities and discussions, help each other and share information. By doing this they build relationships that assist in learning from each other.
3. the practice; members are practitioners developing a shared repertoire of resources, experiences, stories, tools, and ways of addressing recurring themes- a shared practice.

It is the combination of these three elements that constitutes a CoP and it is by developing these three elements in parallel that one cultivates such a community (4).

From an Indigenous perspective, CoP has been around since time immemorial. Sharing and learning amongst the group, passing down stories, or ways of being, going hunting, gathering bush tucker, fishing, putting a conch shell to our lips, dancing, song, family connections, or simply having a yarn. When it is given a name and refocused, our perspective assists us to better understand the world in which we live. Our vision moves past and through formal structures and become tangible by engaging in practice and informal learning that flows from the community of practice concept (4, 6). Utilising new technologies, our reach extends beyond geographical limitations and expands our possibilities-creating an opportunity for new types of communities based on shared practice (5, 7). A major benefit of the yarning place is that it offers peer to peer learning, a unique alternative to traditional course offerings and publications.

Aboriginal and Torres Strait Islander Health Workers (AIHW's) started as a movement in the early 1950's working in Leprosarium's mainly as cultural brokers (1). They are an integral component of the Indigenous health workforce and are working in a variety of settings such as the community controlled health sector, divisions of general practice, women's health services, hospitals and other NGO's such as the Heart Foundation. They have been defined as Aboriginal and Torres Strait Islander people who work within a holistic primary healthcare framework as

influenced by Indigenous communities (3) . It is clear that Health Workers provide appropriate and vital care and play a major role in the delivery of culturally specific health care and program development (2, 3, 8).

Important partnerships can be developed between AIHWs and non-Indigenous health professionals leading to benefits like *professional interaction; perception of professional roles; benefits to the client; professional interdependence; and significance of Aboriginal culture*. Health workers provide a unique and valuable service within the health field, but at times have not been afforded their deserved professional recognition (13).

However, this is changing; their training is now a National Training Qualification implemented in 2007; they are part of a network of Health Workers through the National Aboriginal and Torres Strait Islander Health Worker Association (NATSIWA) and also contribute in a significant way to their own professional practice through the National Aboriginal and Torres Strait Islander Health Registered Training Organisation National Network (ATSIRTONN).

From the Health/InfoNet perspective it appeared that such a well recognised group of health professionals required their own web pages, electronic yarning place and message stick. I was the research officer tasked with developing an Indigenous Health Worker Community of Practice or on-line yarning place.

An initial survey was developed to gain feedback on design and information. Collaboration was important to the web resource development. Input from Health Workers was obtained through an online survey to determine the extent of usage, ability to use the internet, working location, and what they deemed appropriate content material for the web resource. A recurring theme throughout the survey responses was the need to develop a user friendly resource, and to provide information sessions on how to utilise the resource effectively in order to maximise end user usage. Health Workers indicated that they would use the site more if there was a dedicated Health Worker resource, but it wouldn't be useful if the navigation was difficult or time consuming (13).

“The CoP consists of a domain of knowledge, a community of people and the shared practice they are developing. The community environment allows for interactions, relationships, sharing of ideas and the opportunity to ask difficult questions. The purpose of the CoP is to create, expand and exchange knowledge. A large number of CoP members rarely participate. Instead they watch the interaction and learn from the discussions that occur, learning from them” (4).

The experience of being a member of the yarning place recognises the sharing of information, creating or collecting new knowledge. Individually and on their own the members are building their capacity and that of the organisations they work for. However the beauty of an online yarning place is the informality by which learning occurs. So informal, that perhaps members are unaware of what new information is being processed. These conversations (taking place in an online setting) may be perceived as negative by some (12), but the majority of the information is a way of generating a new way of doing things and having access to information that might not otherwise be available.

In essence, the yarning place becomes an emancipatory tool that ensures recognition of Health Workers capacity to construct their own knowledge, bring prior experience and culturally preferred ways of knowing to the development of this web based resource, including a sense of ownership and pride in their own knowledge (8,10,).

Development of this resource acknowledges the valuable contribution that Health Workers are making towards improving Indigenous health outcomes. Acknowledging Health Workers as an important component of the Indigenous health workforce contributes to their own empowerment as a collective entity, increasing their sense of belonging and facilitates collaboration where everyone can play an active role in advancement as a professional group (12).

Currently there are 305 yarning place members. Over 60% are Aboriginal and Torres Strait Islander Health Workers. Other members include Indigenous Health Worker students, medical students, nursing students, registered nurses or other health professionals working alongside Health Workers, or members of the public. Perhaps this author is being idealistic, but if we return to the initial underpinning for

CoP theory, the apprenticeship notion, perhaps we see that the master is now the Indigenous Health Worker and the apprentices are 'other' members; the 'other' seeking to gain wisdom and understanding from those who are part of and enmeshed within the Indigenous health paradigm, the Indigenous Health Worker.

A quarter of the human race is now online and the internet has demonstrated that this is bringing about a new spirit of collaboration and co-operation. People are using the internet to build social capital and build society by joining hands globally to tackle problems such as climate change and poverty (6). A CoP provides the opportunity for members to focus on something they really care about and for the CoP to be sustained the topic must be of more than a passing interest (5). From an Indigenous health perspective maybe the online yarning place for Health Workers is a means by which improvements into the health of Indigenous Australians can occur. It won't happen overnight, but a forum exists whereby control of important issues rests in the hands of those that deal with the magnitude of the Indigenous health crisis every day.

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