

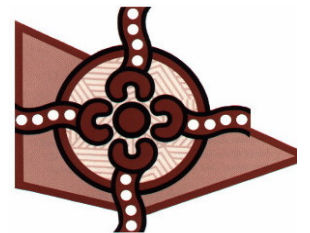
**Making healthy choices for ourselves:**

**Partnerships for Healthy Eating in  
Victorian Aboriginal Communities**

Sharon Thorpe & Jennifer Browne

Victorian Aboriginal Community Controlled Health Organisation

**VACCHO**

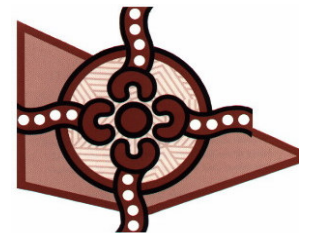


# Victorian Aboriginal Community Controlled Health Organisation



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

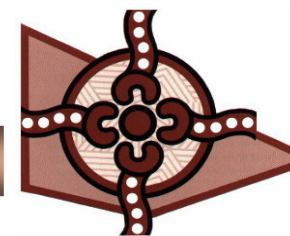
**VACCHO**



# Aboriginal focussed nutrition workforce

	Total nutrition positions focused on Indigenous population	Total nutrition positions/100,000 Indigenous population
Queensland	93*	66.7
New South Wales	4.5	3.1
Northern Territory	29	47.4
South Australia	1.5	5.3
Victoria	5	16.1
ACT	0.2	4.5
Western Australia	6	8.3
Tasmania	0.6	3.2

(NATSINSAP, 2007)



# Primary Health Care in Victoria

**Victorian Government  
Department of Human Services**

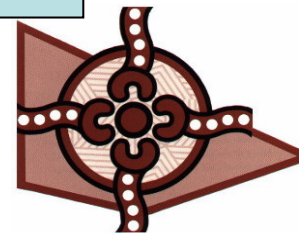
**Community Health Funding**

**100 Community Health Services  
(40 independently managed, 60 auspiced by hospitals)**

**400 sites across Victoria**

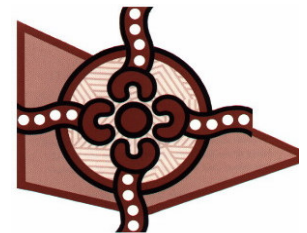
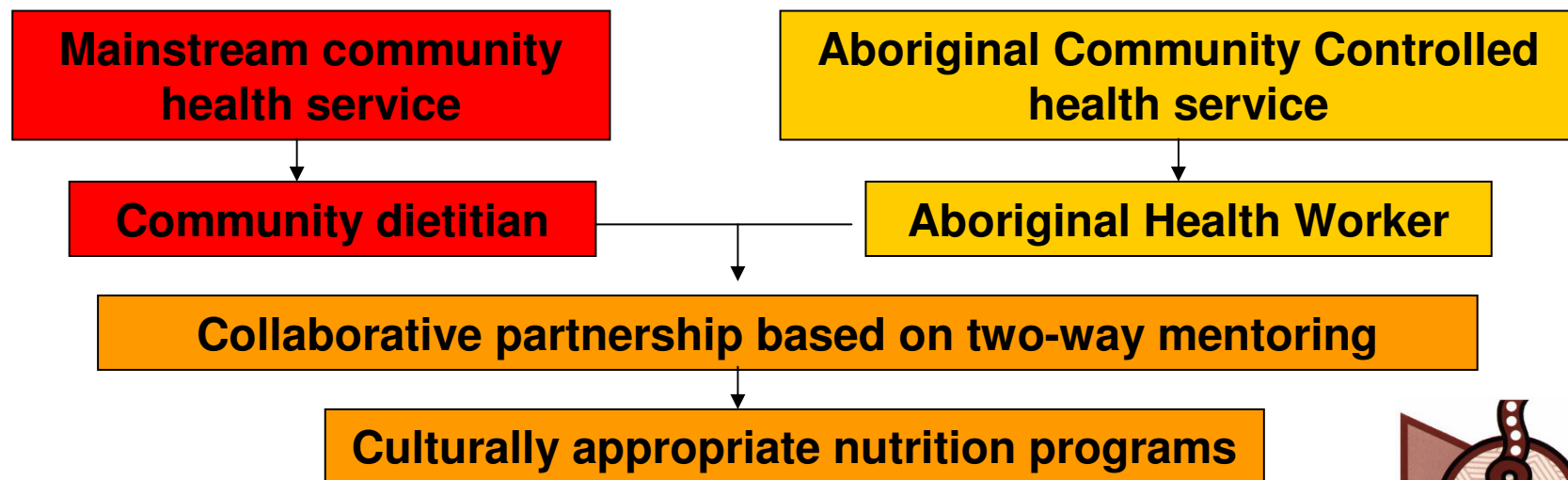
**Over 45 EFT Community  
Dietitians working in  
“mainstream”**

**Health promotion plans for  
priority issues**



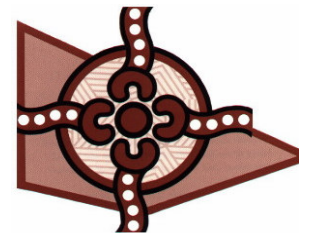
# *Making Healthy Choices for Ourselves*

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



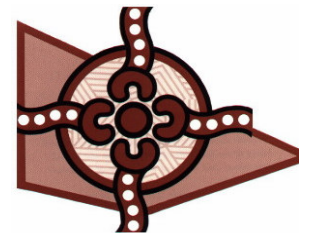
# But what's the current state of play?

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



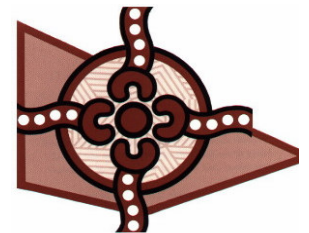
# What were the findings?

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



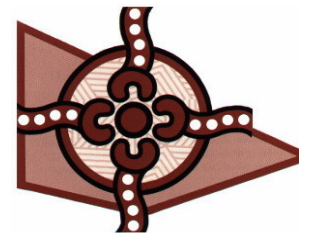
# Professional interaction

- **Attending meetings together**  
“we attend meetings together but I don’t work alongside her”
- **Clinical referrals**  
“It was more just having a chat to her about what she felt the client’s needs were”
- **Health education and health promotion**  
“they kind of advise me on appropriate or needed topics for group discussions or activities and often they’ll sit in on those group activities and contribute to the group discussions”



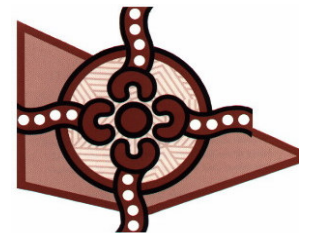
# Perceptions of AHW's role

- **Access**  
“it's mainly around access and connecting with the community”
- **Liaison**  
“linking community members as well as agencies in with the health service”
- **Organising appointments**  
“often we find it difficult to contact the client but the Aboriginal Health Worker would arrange all that”
- **Screening**  
“they conduct basic or general health checks”



# Perceptions of AHW's role

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



# Professional partnerships are important!

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

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

I think it's essential

They've been such a wonderful resource

Very important because they have the ties with the community

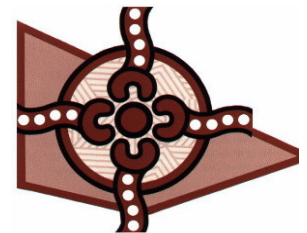
It makes the job a lot easier, it's important

Absolutely crucial

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

The pivotal person in the team

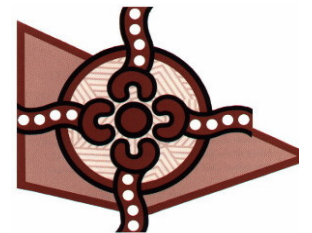
I just can't see how I could engage the Indigenous community without one



# Lack of organisational commitment

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

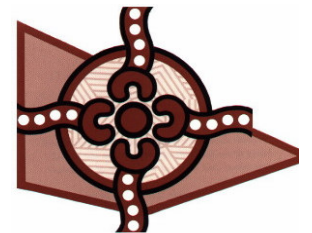
“It was really disappointing to see that it hadn’t even really been considered and maybe it had but it had just been put into the too hard basket”



# Workforce capacity

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

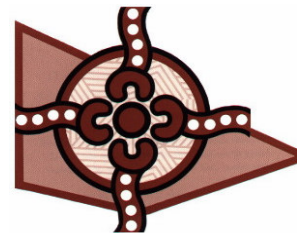
“We only have a certain amount of health promotion time allocated so it’s like, once that time’s been utilised, we still have to meet targets with seeing clients individually”



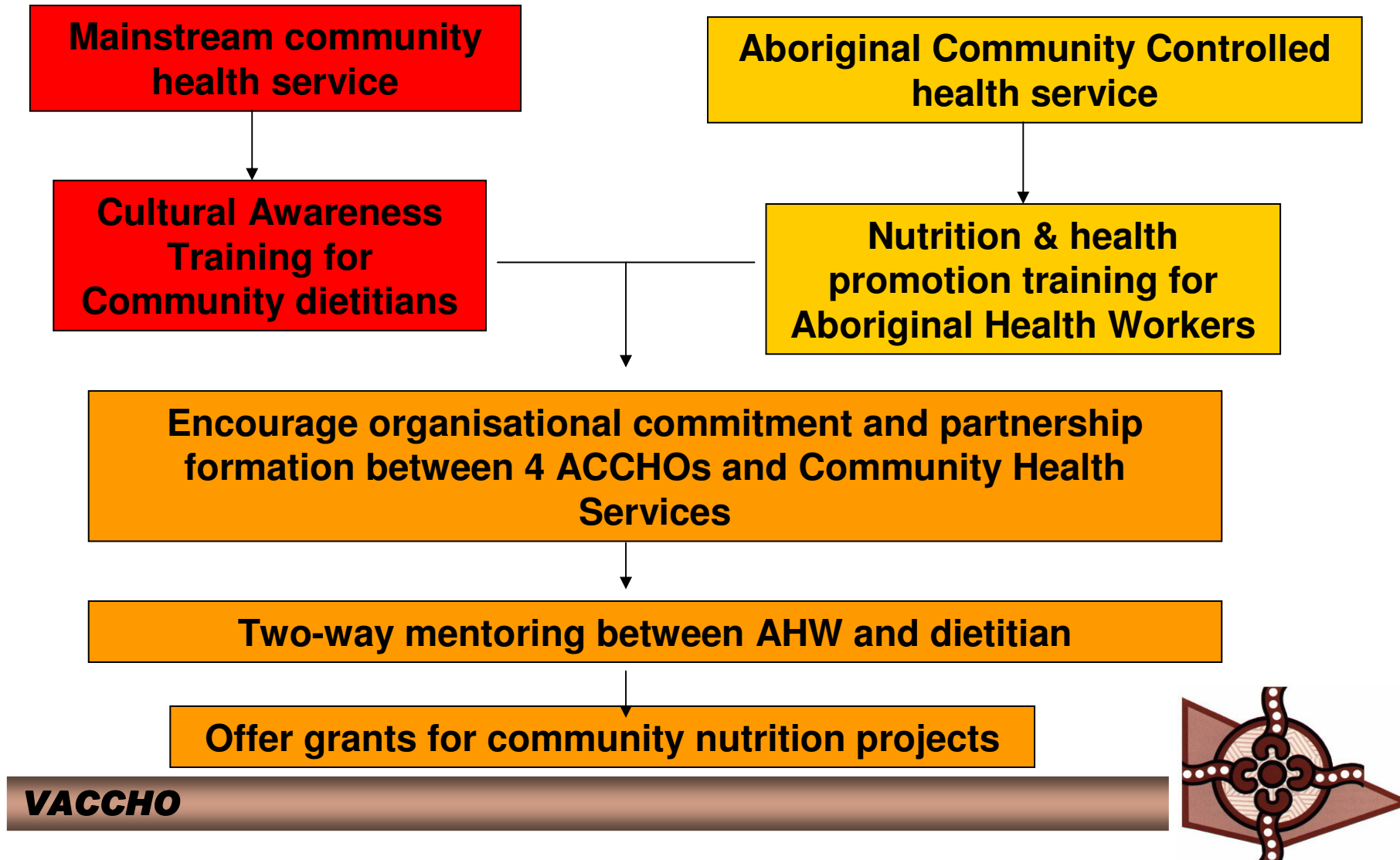
# Cultural (un)Awareness

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

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



# So where to from here?



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

