

**Moving Forward Together in Aboriginal Women's Health:
A Participatory Action Research Exploring Knowledge Sharing,
Working Together and Addressing Issues Collaboratively in Urban
Primary Health Care Settings**

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Summary

This collaborative qualitative research explored ways of improving Aboriginal women's health and well-being in an urban Adelaide primary health care setting. This involved respectful knowledge sharing, working effectively together and addressing issues related to colonisation, discrimination and exclusion. It was identified that while Aboriginal and non-Aboriginal professionals are committed to 'Closing the Gap' in health disparities, many have questioned how best to do so within the current health system. Therefore, this research focused on filling gaps in knowledge about the spaces where Aboriginal community women, and Aboriginal and non-Aboriginal health professionals can work collaboratively *regardful* and *regardless* of health system policies, programs and practices.

A strong commitment to local community preferences and national Aboriginal health research ethics enabled Aboriginal community women and Aboriginal and non-Aboriginal health professional co-researchers to be actively and meaningfully involved with me in both the research processes and outcomes. A modified Participatory Action Research (PAR), with repeated cycles of Look and Listen, Think and Discuss and Take Action emerged as an effective model of collaborative practice, suitable for health care and research.

Four unique yet interconnected areas of collaboration developed, each highlighting particular aspects of culturally safe knowledge sharing and collaboration in health care. The first involved working with Aboriginal community women, acknowledging and addressing *their* most health and well-being priorities related to high levels of stress in their lives. Collaborative action involved creating a women's friendship group, seeking and accessing a range of services, and co-presenting our findings at conferences

The second Collaboration Area offers insights into the practicalities and difficulties experienced by staff as they tried to provide health services for Aboriginal women in a newly developing Aboriginal health organisation. The third Collaboration Area focused on the challenges and benefits of collaboration between sectors, in particular a local high school and the Aboriginal health service. We explored effective ways to work across sectors and engage young Aboriginal women in

health programs. The ongoing impact of discrimination, exclusion and colonisation for this next generation of Aboriginal women was highlighted. The fourth Collaboration Area involved wider collaboration and road testing our collaborative methodology in a broader environment. A diverse group of co-researchers came together to plan, implement and evaluate a de-colonising national action research action learning conference embedded in Aboriginal preferred ways of knowing and doing.

Findings are discussed under the three central themes of knowledge sharing, working together and addressing health care access and colonisation and key recommendations for the future are proposed. This research has reinforced the need identified in Aboriginal health documents for policy, program and practice commitment to holistic and collaborative approaches such as comprehensive primary health care and participatory action research. While the National Apology and Close the Gap campaign have provided opportunities for change, these need to be followed by tangible action at all levels of health care.

Declaration

I certify that this thesis does not incorporate without acknowledgement any material previously submitted for a degree or diploma in any university, and that to the best of my knowledge and belief it does not contain any material previously published or written by another person except where due reference is made in the text.

Statement of the contribution of others

This thesis has been made possible through the support of many people, including those as follows:

Supervisors

Professor Charlotte de Crespigny, Professor of Drug and Alcohol Nursing, Adelaide University (formerly Flinders University)

Ass Prof Eileen Willis, Head of Paramedic and Social Health, School of Medicine, Flinders University.

Ass Prof Sheryl de Lacey, Associate Dean, School of Nursing and Midwifery, Flinders University

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Kim O Donnell, Research Associate, Department of Health Management, Flinders University

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Collaboration

A project of this nature in Aboriginal health requires a highly collaborative and knowledge sharing approach. I consulted with many Aboriginal community women, Aboriginal and non-Aboriginal health professionals, researchers and managers. In particular I would like to acknowledge the guidance of the women in the Aboriginal Women's Reference Group.

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Terminology

Aboriginal

In this thesis I use the term Aboriginal to describe women of Aboriginal descent. I do not use the term “Aboriginal and Torres Strait Islander” as none of the women involved in this study identified themselves as being of Torres Strait Islander descent, and all preferred that I use the term ‘Aboriginal’.

Aboriginal and Torres Strait Islander

An official title used to describe Australian Indigenous peoples.

Aborigine

A term less favoured by Aboriginal people associated with this research due to its close connection with negative colonisation practices. This word is only used as part of a direct quote from original sources.

Black / Blackfellas

A term that many Aboriginal people use to name themselves in relation to white (non-Aboriginal) people.

Close the Gap

The Oxfam Australia Close the Gap campaign is Australia’s largest campaign to improve Indigenous health. It calls on governments to commit to closing the life expectancy gap between Indigenous and non-Indigenous Australians within a generation (25 years) and is supported by a diverse group of Aboriginal and mainstream organisations across Australia. Specific strategies include increasing Indigenous Australian’s access to health services, addressing critical social issues such as poor housing, nutrition and education, and building Indigenous control and participation in the delivery of health and other services.

Collaboration Area

A method developed in this study to put a boundary around an area of action, and on this bases who will be involved and why. In some ways similar to a case study, but with a specific emphasis on collaboration between co-researchers within a specific area or situation (i.e. working with community women).

Colonisation

In this thesis this refers to past and present actions by Western governments, systems, societies and peoples that have (usually negatively) impacted on Aboriginal peoples.

Community Health

In Australia, Community Health Care refers to health services based in the community, offering more than medical services, funded by government or Aboriginal controlled health services. These services are usually situated close to where people live or work. In South Australia these have focused predominantly on delivering primary health care services.

Comprehensive Primary Health Care

A holistic approach to primary health care that takes into account physical, mental, emotional, spiritual and social health and well-being. It focuses on improvements in the overall health and well-being of individuals and communities and is linked to comprehensive strategies involving curative, rehabilitative, preventative and health promotion activities. Non-medical interventions such as improvements in housing, education, food and environment are considered of high importance.

Indigenous

Originating in a particular region or country. A term often used to describe Aboriginal and Torres Strait Islander people in government documents, but not a term Aboriginal co-researchers wished to be known by.

Kaurna

Aboriginal peoples of the Adelaide Plains (pronounced 'Garna').

Nunga

A term that many Adelaide- based Aboriginal people use to describe themselves.

Postcolonial

The post in postcolonial (used in academic terms) refers to a time after colonisation begins, rather than after colonisation has ended. It refers to a critique, strategy and rethinking about the conceptual, institutional, cultural, legal and other boundaries and assumptions that are taken for granted and assumed universal, but act as

structural barriers to many, including Aboriginal people, women, visible minorities and others (Battiste 2004).

Postcolonial feminist collaboration

Sharing knowledge and working together in culturally safe ways that address issues relating to colonisation, discrimination and exclusion (Kelly 2008)

Primary Care

One aspect of primary health care, that focuses specifically on biomedicine and generalisable approaches to primary health care, for example immunisation programs.

Primary Health Care

A term defined, interpreted and addressed quite differently by people depending on their understanding and intention. Many interpret it to mean the first level of medical care (as in primary care). The World Health Organisation Alma Ata definition is broader and refers to both a service delivery and health care approach that incorporates equitable distribution of resources, community involvement, an emphasis on prevention, use of appropriate technology and involvement of a range of sectors including housing, agriculture and water (Baum 2008; World Health Organisation 2000).

Social Determinants of Health

Social factors that impact on health and wellbeing such as environment, living and working conditions, income, access to services and basic living needs.

Torres Strait Islanders

Indigenous peoples who originate from the Torres Strait Islands between Cape York Peninsula, Queensland, and Papua New Guinea's southern coast.

White / Whitefellas

A term used by many Aboriginal people use to name non-Aboriginal people in relation themselves. Some Non-Aboriginal people (myself included) adopt this term to describe themselves in relation to Aboriginal people, particularly when discussing issues related to colonisation.

Acronyms

ACHSA	Aboriginal Health Council of South Australia
AEW	Aboriginal Education Worker
AHS	Aboriginal Health Service
AHW	Aboriginal Health Worker
APHCAP	Aboriginal Primary Health Care Access Program also known as PHCAP
ATSI	Aboriginal and Torres Strait Islander
ATSIC	Aboriginal and Torres Strait Islander Commission
CNAHS	Central Northern Adelaide Health Services
FAHRU –	Flinders Aboriginal Health Research Unit
GPCC	Gilles Plains Community Campus
NECAP	North Eastern Community Assistance Program
PHC	Primary health care
STI	Sexually Transmitted Infection