MAKING A CONTRIBUTION IN INDIGENOUS HEALTH

A recent survey of Sydney Medical School staff revealed a large number who have relationships in Indigenous communities

When the Dean, Professor Bruce Robinson, recently emailed members of Sydney Medical School, asking if they could provide information about their experience or expertise in Aboriginal or Torres Strait Islander health, the response was far greater than most anticipated.

By and large, email surveys don't attract a great response rate. In this case, though, within a few days 80 responses had come in (and continue to trickle in) detailing a wide range of work.

And although the Medical School has a number of high profile researchers and clinicians who have a great deal of expertise in Indigenous health – some of whom are profiled in the following pages - most who replied had no such public profile. Respondents included cardiologists, general practitioners, ophthalmologists, nurses, cancer specialists, epidemiologists, endocrinologists - and more – who run clinics, provide care, conduct research, teach or make other contributions in areas including policy and management.

"It was fantastic to see the number of people who replied and to see the breadth of interest and experience across the School," said Dr Lilon Bandler, senior lecturer in Indigenous health education. "It was also good to have so-many people offer to take students. There is really a lot of interest among students in Indigenous health. With a recent opportunity to do a Poche Centre clinic we had one place but over 40 students who were keen to go."

"The unheralded level of involvement does reflect very well in the members of this faculty," said Professor Robinson. "Receiving a large donation from Mr Greg Poche two years ago enabled us to establish the Poche Centre for Indigenous Health, and gave us a great deal more depth in Indigenous health. What we are now looking at is how we can bring together those within the School who have an interest or expertise in this area, and look at ways we can help address a very challenging problem in this country's health."

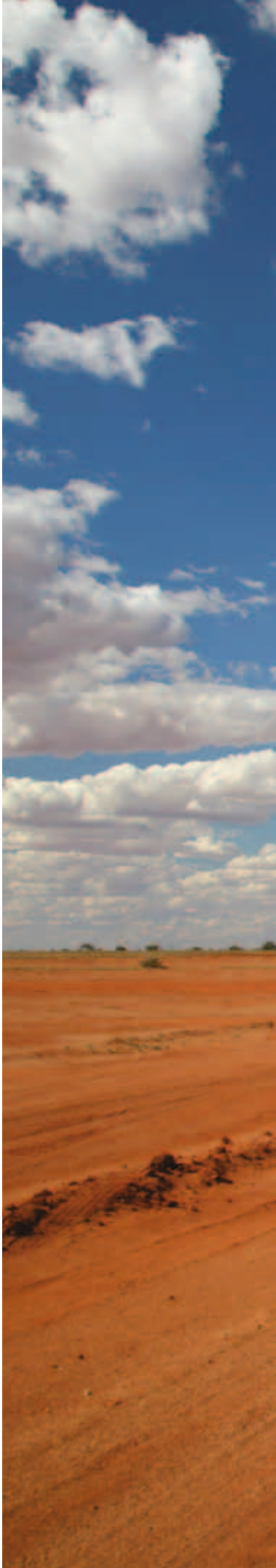
Other good news, he said, is that Sydney Medical School medical program graduation ceremonies this May will include three Aboriginal students - Nicole Slansky, Ryan Dashwood and Robyn Shields. There are currently four Indigenous medical students at Sydney: two in third year and one in each of first and second years. "We look forward to seeing others come to study with us, in medicine and public health programs," he said.

The School of Public Health runs two Indigenous health courses – Indigenous Health Promotion and Indigenous Health (Substance Abuse). Both have been developed to train Indigenous health workers, who are at the frontline promoting health in their communities. Feedback has been excellent from initial participants.

The School also administers the NSW SmokeCheck Project, a prevention program funded and managed by the NSW Department of Health and the Cancer Institute (NSW). Chief investigator is Shane Hearn.

"I regularly field enquiries from Indigenous students interested in studying medicine, directed from the Koori Centre at the University, from other Faculties and from high school students across Australia," said Dr Bandler.

"Congratulations to all our Indigenous students for their great achievements, and also to the generous philanthropists who have funded scholarships and provided us with the ability to assist students and run programs," said Professor Robinson.



Paul Torzillo. Photo by Ted Sealey

Breathing life

by Beth Quinlivan

On the APY Lands in remote South Australia, the Nganampa Health Council has better child vaccination rates than most well-to-do city electorates, and seen great improvements in child and maternal health. RPA respiratory and intensive care physician Paul Torzillo has been medical director of the Council for 25 years.

In 1983, when Paul Torzillo was asked to interview doctors interested in working for the just-established Nganampa Health Council in a remote corner of South Australia, he agreed - but ended up taking the job himself.

For the next three years, he lived in the Anangu Pitjantjatjara Yankunytjatjara – or APY – Lands in the northwest of the state, working for the community-controlled Nganampa Health Council, before returning to RPA and his career as a respiratory and intensive care physician.

In the 25 years since, he has combined respiratory and intensive care medicine with a continuous involvement with Nganampa. He is currently Medical Director of the Council, an organisation which runs nine clinics, a 16-bed aged care facility and which employs 120 people. He is also Head of Department of Respiratory Medicine at RPA, Area Director for Critical Care Services, and a Clinical Associate Professor in Sydney Medical School.

It is something of an understatement to say that for the nearly 3000 people who live "on the Lands", Paul Torzillo's decision more than a quarter of a century ago to take the job, and remain involved, was a good move.

As a top level clinician and researcher (he has more than 80 publications), he has been able to help the Council implement the latest in best practice in health care delivery and clinical research. For more than 20 years, Nganampa's health programs have been targeted and focused, guided by research and data they have been gathering since 1984. The results are impressive.

"It is not enough to feel warm and fuzzy about helping Aborigines," Paul Torzillo says. "Indigenous health needs people who are smart, who bring the best in international practice and are able to apply it. They need to be able to contribute."

In the latest "Closing the Gap" report, released in mid-February, it is clear that progress is being made in key areas of Aboriginal health. But it is painfully slow, and critics continue to point out that in many instances, rhetoric way overshadows reality, and that even big spending programs have been set up as knee jerk reactions with modest chances of achieving long term improvements.

The health outcomes achieved by Nganampa, in contrast, are all about planning, goals and focus.

The small population, spread across more than 100,000 square kilometres in remote country, now has a vaccination rate for babies which is almost certainly as good or better than the vaccination rate in the Prime Minister's electorate in the inner suburbs of Brisbane. Sexually transmitted infections have declined dramatically in the past decade, the number of low birthweight babies has fallen, and nearly three quarters of mothers visit a clinic in their first trimester of pregnancy.

"In 1984, the vaccination rate was 60%, it is now 100% or just below among permanent population under five," Paul Torzillo says.

"In 1984, 19% of the adult population had syphilis requiring treatment. It is now between 0 and 0.5%. Since the mid-1990s, the rates of gonorrhea and chlamydia have fallen by 50-70%. When we started gathering data, 15% of babies were classified as low birth weight and only 20% of women would consult the health service during the first trimester. The percentage of low birth weight babies is down to 9% and 70% consult the clinic in the early months of pregnancy."

If the results from their targeted programs in child and maternal health have been good, he points to the deepening problems elsewhere. "We have made major advances in particular areas of Aboriginal health, but other areas are getting worse. Chronic disease burden in young Aboriginal adults is getting worse, as is youth alienation, substance abuse and domestic violence."

In his final years at school, Paul Torzillo was a "wide eyed kid" with an interest in racism. Coming from a family of "small l liberals" and winding up his school years at the end of the 60s, no surprise that he was a regular participant in street matches and demonstrations, fired up to make the world a better place.

Once he started medicine, he became interested in Aboriginal health. As a student, he was a volunteer driver for the new Aboriginal Medical Service in Redfern, ferrying people to and from their appointments. From there, and as his medical studies progressed, be became involved elsewhere in Aboriginal health.

In the early 70s, he sought out ophthalmologist Fred Hollows and in 1972, visited Engonnia and Bourke where Fred had done his early Trachoma work.

It was the start of a long friendship which lasted till the morning Fred died.

Paul Torzillo graduated in 1976, working in Sydney for three years before being seconded in 1980 to Goroka in Papua New Guinea. It was a fantastic experience, he said, and what he learned was useful in his later experiences in Indigenous health and also as preparation for the work he has done with World Health Organisation since 1995 on child lung diseases and health.

Much of his research has centred around respiratory disease in children: acute respiratory infections, bronchiectasis, and pneumocochol disease. However he has also been heavily involved for 20 years in work around housing and health, as well as more recent work on applying scientific rigor to evaluating literacy interventions.

He was awarded an AM in 2003 for his Indigenous work, and also in recognition of his work in respiratory medicine.

These days, his involvement at Nganampa is more on the planning level than clinical care. He is still there on a regular basis, and says rarely does a day go by at RPA without several calls about Aboriginal health.

For students, he believes Aboriginal health is a great area to be involved in. "It is extraordinarily challenging, with the diverse and widespread range of chronic diseases, infectious diseases, mental health concerns and more."

After 30 years of intense involvement in Aboriginal health, he is cautious about various reform proposals, including from the National Health and Hospitals Reform Commission for a new Aboriginal health authority.

"It is complex, but in general I don't favour separating Aboriginal health from the mainstream. It should be mainstream. The principles in Indigenous health are exactly the same as elsewhere: it is about having good systems, focused objectives, good staff, good management."

More recently, he has been caught up in projects involving housing and education, and believes that without improvements in education outcomes and housing, major improvements in health will be a struggle. The "housing for health" work identified a prioritised set of healthy living practices that are necessary for everyone if they are to keep themselves and their families well in remote communities. Using the concept of "health hardware" - a term borrowed from Fred Hollows – the work focused on the basic "things" that housing needs to provide to allow people to carry out healthy living practices. The objectives he, with colleagues Paul Pholeros and Stephan Rainow, developed include such basics as "every mother should be able to wash their child once a day and wash their hands and face frequently."

For a relatively small amount of money, a lot of remote housing has been improved over the last decade - more than 6,500 houses have been assessed and upgraded.

"In some regions big improvements are happening in health," he said. "But what is often not well understood is that Aboriginal health is a heterogenous scene. There are some places where things are much worse by any criteria. These are enormously tough problems of social policy. Aboriginal health needs the smartest minds, the best evidence, rigorous thinking and a lot of work."

Studying Foetal Alcohol in Fitzroy Crossing

by Beth Quinlivan

Making a movie about an inspiring group of Aboriginal women has lead to the first major research study on foetal alcohol disorder in Aboriginal communities.

Until recently, Associate Professor Jane Latimer was best known as a lower-back pain researcher. Based at The George Institute in the musculoskeletal division, she is an ARC Future Fellow with a number of competitive grants running on treatment for back pain.

But a meeting in early 2008 with a group of women in the far north of Western Australia, in the troubled town of Fitzroy Crossing, has caused her to move in a new direction. Although continuing with back pain research, she – along with Elizabeth Elliott, Professor of Paediatrics based at the Children's Hospital at Westmead, paediatrician Dr James Fitzpatrick and George Institute researcher Dr Manuela Ferreira – is about to commence the first stage of a major study on Foetal Alcohol Spectrum Disorder in what has been one of the most troubled Indigenous communities.

Jane Latimer and June Oscar - an inspiring Kimberley woman - at the Women's Bush Meeting at Womali Springs in the Kimberley in 2009.

It will be the first significant study in Australia assessing the prevalence and, eventually, impact, of maternal alcohol consumption on young Aboriginal children.

Fitzroy Crossing, about 400 kilometres east of Broome, hit the headlines in 2007 and early 2008 when WA Coroner, Mr Alistair Hope, investigated the deaths of 22 Aboriginal people from alcohol and cannabis-related abuse. Among other blunt criticisms, his report noted the "massive" alcohol abuse in the town and described the living conditions as "appallingly bad".

"Two years ago, the opportunity came up to become involved in sharing the story of a group of women in Fitzroy Crossing," Jane Latimer said. "Despite their geographic isolation, lack of resources and poor literacy skills, the women successfully lobbied their community and the Liquor Licensing Board in WA to restrict alcohol sales in the town," she said.

The restrictions were introduced on a trial basis in 2007, and indefinitely extended last year. Several studies since have shown a reduction in domestic violence and alcohol-related admissions to hospital, and an increase in school attendance.

"The achievements of these women were incredible. Their community had lived through 13 suicides in 13 months, reports of child abuse and family violence were common. They decided that enough was enough, and literally against all odds, were able to have alcohol restricted. When we met them, we thought: what can we do so that they can tell their story and have it heard, not just in Australia, but in the world. We decided to make a short movie that told a positive story and which gave the women the opportunity to raise their voices and influence policy."

Working with the Human Rights and Equal Opportunities Commission and filmmaker Melanie Hogan, she made Yajilarra, which tells the story of the women's campaign.

The response, she said, has been fantastic. The film has given the women and their story a platform, and public recognition of their achievements. It has been shown in Parliament House in Canberra, at the United Nations in New York, at local film festivals, in schools and offices.

But also, the relationship built up during and after the filming allowed her, with Liz Elliott, to move forward on the next challenge for the Fitzroy Crossing women, which is addressing foetal alcohol problems.

"You need to build up that trust. People in the community know their problems and they have asked us to help them do something about it. What we are planning is to look at 6 and 7 year olds to work out how many are affected by FASD. I suspect we may see some of the highest rates in the world.

"The foetal alcohol legacy is enormous – 90% are not able to live independently at age 21, 60% are in trouble with the law, 80% are unemployed and 80% also have problems with drugs and alcohol. Life is going to be very difficult for them, and there is little we can do except help the community to understand how to prevent future children being damaged by alcohol, the burden of caring for these children and how to plan for the future."

Late last year, she and Elizabeth Elliott conducted a FASD feasibility study in Fitzroy Crossing, and they are hoping to commence the stage one of the study by mid-year. Stage one will make contact with the parents and carers of 6 and 7 year olds, record their antenatal histories and look at birth outcomes. A second stage would be more extensive and involve fully assessing children for FASD and other health conditions.

While the film, and both the feasibility and stage one of the study, have been funded by the donors in the private sector, she is hoping that Government funding would allow them to conduct the extensive testing which would be required for Stage two.

Training Front Line Health Workers

Kate Conigrave's Substance Abuse Diploma offers opportunities for those at the front line.

By Kate Conigrave

As a medical student I had been interested in Aboriginal health, but without contacts in the field, my attempts to arrange a placement in a central Australian hospital were unsuccessful. I headed for a developing country instead and it was not till many years later that my first opportunity arose to become involved in Aboriginal health.

After graduating from Medicine, I studied public health (PhD then FAFPHM) and later became a Fellow of the Chapter of Addiction Medicine. In the late 1990's, walking from Redfern train station to the Drug and Alcohol Service of Royal Prince Alfred Hospital, I was struck by how little my research at that time (on biological markers of alcohol use) made any real impact where the need was greatest. After several tentative steps, in 2000 a colleague (Clive Aspin) introduced me to the manager of the Drug and Alcohol unit at the Aboriginal Medical Service (AMS) Redfern, Brad Freeburn. This was the start of an ongoing association with Aboriginal health and of a steep learning curve, which continues to this day.

In the early 2000's, working with the AMS, we studied how to improve our drug and alcohol treatment services for Aboriginal Australians. With the commitment of key individuals, simple changes, and ongoing collaboration with the AMS we have made significant progress in engaging Aboriginal patients. Aboriginal retention in opioid maintenance treatment has more than doubled over the past five years and there has been a striking increase in attendance at counselling appointments. We are now working on access to alcohol treatment and prevention of alcohol problems.

As a result of this work I was then introduced to three remote Arnhem Land Communities, and have worked there with colleagues Kylie Lee and Alan Clough in research into the epidemiology and prevention of smoking and cannabis misuse. Smoking is the norm in many remote communities and heavy daily cannabis use causes many problems in these settings where alcohol use is restricted. Kylie Lee's studies examining smoking, cannabis use and mental illness led her to innovative health promotion work using film making. The work on smoking in collaboration with James Cook University has been extended to other communities across the NT with the help of a five year NHMRC grant. We also have evaluated a successful alcohol permit system for the Groote Eylandt communities, and have coordinated or contributed to projects to improve alcohol treatment for Indigenous Australians in central Australia and nationally.

During these projects we observed that Aboriginal people working in prevention and treatment of substance misuse are faced with complex and demanding tasks, across clinical, social and policy domains, and which are not neatly confined to working hours. Often they report the need for further training to face these challenges. Accordingly at the University of Sydney, we set up

Bev Grant Lipscomb
Coming Together (detail)
A gift to the School of Public Health.

Australia's first university level course specifically designed for Indigenous Australians working in this field -the Graduate Diploma Indigenous Health (substance use). An associated Masters course is also underway. Mature age students come from around Australia for face to face teaching blocks, with locally relevant assignments in between. In addition over the past 2 years three Aboriginal students have enrolled in Masters of Philosophy, with two working on projects relating to substance use. There remains a pressing need for further Indigenous researchers in this and other fields of health.

Our next challenge is to consolidate and extend what we're doing to make a more sizeable difference. At the same time we are determined to keep an ongoing emphasis on community driven work, and on supporting expansion of a skilled Aboriginal and Torres Strait Islander workforce.

SUBSTANCE ABUSE DIPLOMA: THE INAUGURAL CLASS

Kelvin Jarrett

"I'm a Drug and Alcohol Worker at ATODS (Alcohol, Tobacco and Other Drug Services) Rockhampton. I work in a clinical setting mostly with assessing clients as well as education and increasing awareness about the short and long term effects of drugs and alcohol. I've been in the drug and alcohol field for 4 years now. I thought I knew everything about drug and alcohol problems. When I started the program I realized that I knew the basics but the problems are different in every Aboriginal community around Australia. "

Bev Grant Lipscomb

"I am an Aboriginal woman of the Wiradjuri nation NSW. I have graduated as a State Registered Nurse, and a Master of Indigenous Studies/Wellbeing. For anyone thinking about doing this Substance Use Course – go for it! Our mob needs you, and you are valuable."

Alan Cass: Linking Disadvantage and Illness

By Michael Texilake

Professor Alan Cass is Co-Director of The George Institute's Renal and Metabolic Division, Chair of the Scientific Committee of the Australasian Kidney Trials Network and a member of the Steering Group for the NSW Coalition for Research to Improve Aboriginal Health. Among his current research projects are the Kanyini Vascular Collaboration —a NHMRC-funded Health Services Research Program aiming to improve health outcomes for Indigenous Australians with chronic diseases; the Kanyini-GAP polypill study — a multi-centre RCT exploring the effectiveness of a polypill-based strategy to reduce cardiovascular risk; and the SHARP Study (Study of Heart and Renal Protection) — a global RCT of lipid-lowering therapy in chronic kidney disease. With a team of clinicians, epidemiologists, health economists and policy researchers, he regularly consults for State and Federal governments regarding the development of policy and service delivery plans for chronic disease prevention and management.

"I trained at the University of Sydney and RPA as a kidney specialist physician, and my work and research on kidney disease led me to the high prevalence of chronic renal illnesses in Indigenous communities," said Professor Cass. "That led in turn to work that greatly increased my awareness of other Indigenous health issues. It was obvious training and working at RPA and contributing to health provision for Aboriginal people in western New South Wales that broader social factors determined patterns of health and illness. Much of my work has been concerned with the ways socio-economic disadvantages correlates with higher rates of chronic illness, as well as cross-cultural communication barriers and the lack of services for remote and rural communities."

Among other career achievements, his work has shed light on cross-cultural communication failures between health professionals and Indigenous people.

"Our team found pervasive miscommunication between healthcare clients and providers," he said. "In many instances both parties made every effort to communicate, and both left believing they understood the interaction and had communicate effectively, but follow up investigation uncovered repeated instances of key medical information failing to get through on both sides."

"For example, we videotaped an interview between me and a patient in my regular dialysis clinic, discussing her fluid intake. I came out of the interview with a clear understanding that she was only drinking a few glasses of water per day. This was good, since in this particular patient's case, with severe kidney failure and loss of the ability of the kidneys to produce urine, it was important that she not drink too much. Subsequently however, the follow up investigation discovered she had been describing how much coke or pepsi she drank each day, and that in addition she was drinking eight glasses of water, since everyone knows water is "good" for your kidneys. She was drinking too much. In no way was she being non-compliant – she thought it would make her better. Our failure to recognise this lack of shared understanding was critical."

Disadvantaged groups – especially Indigenous communities – experience chronic disease earlier. "Illnesses like diabetes, stroke and heart disease affect all groups in Indigenous communities and the antecedents are laid down across a person's life. Some of our recent research has confirmed that low birth-weight, which is more prevalent among Indigenous births, is associated with an increased risk of chronic kidney disease in adulthood. The major excess burden of severe kidney disease amongst Indigenous Australians, requiring dialysis several times each week, often leads to people needing to relocate from community and land to access specialised health care. This has a devastating impact on individuals, their families and communities."

"Take post-streptococcal glomerulnephritis (GN). Strep is a common bacteria anyone might become infected with, but it's only in our indigenous communities that there are epidemics where strep affects the kidneys. Such damage was previously regarded as benign and reversible, but in indigenous communities there is strong evidence to show people who had post-strep GN as children have a higher risk of kidney problems later in life."

"The degree to which social conditions determine health cannot be understated, and if we really want to improve the health of our entire community these issues need to be considered. We do need to address issues in the health system, but it's also crucial to address social issues like housing, education and employment." He said.

"For people at greatest risk of chronic illness there's a demonstrated gap between research evidence and practice – between effective treatments we know people need and what they get. And this is not an issue only for Indigenous health services, but the system as a whole."

Pollie Pedal finish 2009. Sydney Medical School staff and students with Jenny Macklin.

Poche Centre Progress

It is just over two years since Mr Greg Poche wrote a cheque for $10 million (on the roof of his car) to the University of Sydney to fund the establishment of a new Centre for Indigenous Health within Sydney Medical School.

In donating the money, Mr Poche, one of the country's most generous medical philanthropists, wanted to support a new and practical initiative which would make a real difference to the lives of Indigenous people. The new Centre was to offer a mix of clinical care for Aboriginal and Torres Stait Islander people, undertake research and become involved in education and training of medical and other students.

Subsequently named in his honour, the Poche Centre for Indigenous Health was formally launched in September 2008 by the Chancellor of the University of Sydney, Professor Marie Bashir. Associate Professor Ngiare Brown and Professor Alan Cass were appointed as co-directors of the Centre from September 1. Ngiare Brown was one of the first Aboriginal medical graduates in Australia, and a

leading advocate for Indigenous health and social justice. Alan Cass, a kidney diseases physician, epidemiologist and influential health services researcher, has worked extensively in Aboriginal health throughout his career.

Eighteen months on, the Poche Centre has an Aboriginal name, Bullana and has refined its focus to three core areas, - clinical services, research and education.

"In the clinical services area, our aim is to develop sustainable, intergrated models of service delivery to Aboriginal people and their communities," said Ngiare Brown. "There are other agencies and key stakeholders providing services in regional and remote areas but an external group such as the Poche Centre is in a position to foster relationships and facilitate greater coordination."

"Developing models which create opportunities for health professionals to work in remote locations is important if we are to ensure that people who live in these areas are able to access quality care." Models under development will address issues such as ongoing support for local providers, and improved continuity across primary, secondary and tertiary services, she said.

In the past 12 months, Poche clinical outreach programs have provided more than 300 episodes of patient care. Clinics have been run for Bourke, Brewarrina and Walgett, providing dental, physiotherapy, cardiology and ultrasonography services. Outreach support has also been provided in Broken Hill, including cardiology and endocrinology support for a chronic disease team for the Broken Hill region.

The operations of the outreach programs expanded following the appointment of Tara Walker as Senior Clinical Services Manager, based in Broken Hill at the University Department of Rural Health. Aside from co-ordinating the clinical programs, she is developing relationships with local organisations, the Aboriginal Medical Service Maari Maa, Greater Western Area Health Service, and the Divisions of General Practice, among others.

On the research front, the Centre has a growing number of collaborations locally and internationally. These include with Baker IDI Heart and Diabetes Institute, for programs looking at chronic disease and vascular risk, and two clinical trials with Menzies School of Health Research around Aboriginal child health. Also a number of cross faculty research submissions under development, including Aboriginal neonatal and dental health.

"Among the highlights so far has been the establishment of relationships and collaborations with individual services and institutions we have been able to build," said Associate Professor Brown. "In recent months we have been consolidating the clinical outreach program, and we have been pleased to be asked to provide advice and support to a range of health, education and social inclusion initiatives in NSW and further afield."

Plans for the next year include investigating ways of working with the Remote Area Health Corps, to provide health professionals for regular placements in the Northern Territory.

More immediately is the running of Pollie Pedal, which last year raised $100,000 for support of clinical services and student placements in Aboriginal health through the Poche Centre. The ride last year, led by now Opposition Leader Tony Abbott, followed a gruelling course from Brisbane to Sydney. In 2010, the route is Melbourne to Sydney.

Building Research Capacity at Community Level

By Janelle Stirling

Associate Professor Janelle Stirling is a descendant of the East Arrentre people from central Australia. She began her career as a health and physical education teacher in NSW. In 2001, after completing further studies at postgraduate level she took up the position of Coordinator of Indigenous Health Research at the Queensland Institute of Medical Research in Brisbane. She joined the Northern Rivers University Department of Rural Health in 2008 where she currently leads the Aboriginal Health Stream and works on both research and education projects.

The NRUDRH Primary Health Care Research Evaluation Development program has been working for a number of years on the development and implementation of a research capacity building course, Walking through Research. The current project team consists of Janelle Stirling, Dr Shawn Wilson and Dr Megan Passey.

Walking through Research is an introductory health research training program designed for Aboriginal and Torres Strait Islanders, which includes Indigenous knowledge delivered in a culturally safe context. Initial community consultation was carried out with local communities in the north coast area in 2005 and 2006 by Wendy Hermeston, an Aboriginal academic employed at the NRUDRH at that time.

The original program was aimed at Aboriginal health workers working in the local area but in 2009, after consulting with local Aboriginal health services, the NRUDRH decided to change the target audience and modify the course delivery model. WTR now consists of a one week workshop with ongoing mentoring and support delivered by Indigenous academics.

We were aware that many projects employ local Aboriginal people who have good community connections and content knowledge, but have not had formal research training. Project leaders had also indicated that they had been looking for research training appropriate for community based people.

In September 2009, Shawn Wilson and Janelle Stirling delivered the new course to 13 participants on campus at the University of Sydney.

The feedback was positive. Participants found the networking opportunity to be very valuable and for some, it was their first experience of being on a large university campus. While this course cannot replace formal research training, it helped participants understand their role within the project and they could now see the "big picture" of research.

The project team has secured a University of Sydney Grant for Projects that Promote Indigenous Education and Encourage and Support Indigenous Students. This grant, along with funding from the PHC RED program, will allow WTR to be delivered again this year and in 2011.

For further information or to nominate participants, email: Shawn.Wilson@ncahs.health.nsw.gov.au or Janelle.Stirling@ncahs.health.nsw.gov.au *radius*