

Mr Simon McKeon and Panel

Unfortunately I was not able to attend the public meeting in Perth yesterday and based on your weekend West Australian advertisement, which noted >300 submissions but no closing date, I am not sure if you are still accepting submissions.

**Perspective**

I offer this submission as a private citizen. I am a GP and academic, with more than 14 years in Aboriginal health services as a GP and Public Health Medical Officer, several as Senior Medical Advisor in the Office of Aboriginal Health in the Health Department of WA, 10 years on the Heart Foundation of WA, and more than 10 years on Rural Health West and the WA GP Education and Training organisation. I currently work in private practice 3 days per week and 2 days per week here at the University of Notre Dame Australia, in Fremantle. My academic interests are Indigenous health curriculum and evidence based approaches. I have been a researcher on one major urban Aboriginal health study – the Perth Aboriginal Atherosclerosis Risk study, as well as playing a minor role as investigator or co-author on articles relating to governance, Aboriginal Ischemic Heart Disease, Cancer and Sexual health and service needs. I was the main author for cultural safety training modules produced for the use of GPs for the Aboriginal Health Council of WA with RACGP support and government funding. I completed a minor thesis on Aboriginal people’s knowledge, attitudes and risks in relation to cardiovascular risks, in an urban setting.

Thus my interests in Aboriginal health improvement are in mental health, chronic disease prevention, service delivery and research, especially through better governance (especially in NGOs), population health and primary care.

**Assessment**

My assessment is this. Aboriginal people suffer the worst health outcomes of any major population group in WA and Australia, but our community and research response does not match the importance of the problem we face. Aboriginal chronic disease (Ischaemic heart disease, Cerebrovascular disease, Respiratory disease, Cancer, Diabetes, Renal failure) account for the most deaths. Mental health is a huge Aboriginal community priority.

My experience watching government, NGOs and the Aboriginal health sector, is that each sector individually has some goodwill, but for each it is currently too difficult to address the problem. Aboriginal health is not seen as core business for many research bodies and many struggle to come to terms with the important ethical and procedural requirements in Aboriginal health research.

**Recommendations**

Significant dedicated funding with Aboriginal community governance is required. Vital ingredients include leadership and involvement of peak Aboriginal health organisations, partnership with government, NGOs (eg Heart Foundation, Cancer Council..) and community leaders and sponsors. It is highly likely here in WA that individual sponsors could be found to lead or complement an innovative group with NGO/government backing. Leadership eg the Governor or Professor Fiona Stanley, together with senior Aboriginal leadership eg Pat Dodson, would be required to lead the change.

Much more flexibility is required in the thinking in this area. Sole reliance on competitive grant giving programs fails to acknowledge the major need for capacity development of Aboriginal researchers.

Reliance on large Eastern states research organisations fails communities such as WA where there is only a small research capacity (in adult Aboriginal health research) and where Aboriginal people seek local answers and local solutions. The usual brief timelines for tenders work against those groups who value building real links with communities and organisations. Aboriginal health research needs to be seen as potentially world class research, disparities in outcomes for Indigenous and marginalised groups is a worldwide phenomenon.

The idea of doing better Aboriginal health research exists in a context of power, professions, health institutions and community. Aboriginal health is a marginal issue for most in the community, many health organisations and research organisations. It is a struggle for all of us to change that reality. And yet we know with the successes of Aboriginal health research organisations in this State and elsewhere, that change is possible.

I hope that your review plays its part in the further change that we need.

I have attached some relevant publications which you may find useful.

Sincerely

Dr Tim Leahy