

Research and development in Central Australia

An indigenous perspective

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I have lived in Alice Springs for the past 14 years with my partner and her relatives. I am proud to call them my family and want to acknowledge their support and guidance for teaching me their laws and cultural protocols. Originally I hail from Moe, Victoria. My father is an Aboriginal descendent from the Gippsland region and the Kurni are my people. My mother is of European descent.

I joined the team at Centre for Remote Health in Alice Springs in January this year as a Primary Health Care Research, Evaluation and Development trainee researcher under the Development Program (PHCRED RDP). I have had a varied employment history, with various skills that have enabled me to be successful in accessing this traineeship. While I have no academic qualifications, I believe that this traineeship will be an opportunity to access higher education and advance myself both professionally and personally.

Personal barriers

As an Aboriginal I have faced real barriers which I have had to deal with and overcome such as:

- self belief and acknowledgment of my achievements and capacities within my professional development
- adapting to an academic environment, developing professional philosophies and gaining knowledge about health related issues in order to develop the foundations of my research capacities
- accepting that change is inevitable and the need to harness knowledge and direct my future professional pathway
- developing skills in time management and organisational strategies to manage a research workload.

I had feelings of inferiority within the workplace during the first month, only due to this being my first academic work environment; they were rapidly replaced by a feeling of overwhelming support and comfort. My colleagues were well aware of the issues I had to confront; I thank and commend them for their patience and professional support.

Current projects

Mobility Study

This project – in collaboration with Tangentyere Council – studies the movements of remote indigenous people in Central Australia and is nearing completion with just one round of surveying left. There have been three completed surveys out of four. We survey at strategically different times of the year to identify when the town camp population swells, and identify the population that Tangentyere Council services. Surveys are broken down into two sections: public housing surveys and the town camp surveys. The SPSS software package is being used to analyse trends and other specified data.

The AFL Central Australia Living with Alcohol Program

Australian Football League (AFL) Central Australia has applied for funding through the Alcohol Education and Rehabilitation Foundation. The three focussed strategies of the AFL application are: alcohol strategy, healthy lifestyle – school, community visits, and transport strategy.

The Centre for Remote Health will be carrying out the external evaluation. A limited number of performance indicators will be monitored in a pre- and post- implementation

design that will allow for at least 3 months of pre-implementation baseline data from April to June 2005, and then allow monitoring of changes over a 2 year period of the program to June 2007.

Optimal Management of Ischaemic Heart Disease and Associated Risk Factors and Comorbidities for people living in Central Australia

This project aims to identify barriers to access to optimal management of ischaemic heart disease in the region. I will be involved in interviewing patients who have had heart attacks or unstable angina to describe their experiences and help define these barriers.

Conclusion

Since starting this position I have been able to progress with the slow expansion of my research vocabulary and am beginning to understand the academic terminology being used by my colleagues. When the traineeship is over I will have developed professionally useful strategies, be able to utilise conventional research tools and methodologies, become more innovative and critical toward researchers accessing local indigenous populations, and will ensure that my research has a reciprocity component for community identified outcomes. Being actively involved with the projects and training opportunities that the Centre for Remote Health offers, and developing my research knowledge base, I have recognised the window of opportunity to access higher education and gain the tools and knowledge for a professional career.

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