The Lowitja Congress 2014  
Author Jenny Royle

CQI Conference 17-18 March 2014, Etihad Stadium, Melbourne Docklands
Congress Lowitja was preceded by the Lowitja Institute 2nd National Conference on Continuous Quality Improvement (CQI) in Aboriginal and Torres Strait Islander Primary Health Care. Information about the CQI Conference is available on the Lowitja Institute website - www.lowitja.org.au/cqi-2014.

Congress Lowitja 19-20 March 2014, Etihad Stadium, Melbourne Docklands

Welcome to country: Aunty Di Kerr

Performances celebrating Aboriginal Culture:  
Ms Deborah Cheetham, Koori Youth Will Shake Spears, Skin Choir.

Opening:  
Dr Lowitja O'Donoghue AC CBE DSG, Patron, The Lowitja Institute
Lowitja O'Donoghue was the inaugural Chair of the Cooperative Research Centre (CRC) for Aboriginal and Tropical Health (1997-2003), which led to the CRC for Aboriginal Health (2003-2009) and current CRC for Aboriginal and Torres Strait Islander Health, which is incorporated in the Lowitja Institute.

This presentation by Lowitja O'Donoghue covered many aspects of the development of the Lowitja Institute. She touched on themes which recurred throughout the Congress - carrying out research that does not just sit on the shelf and striving for equality in health outcomes for Aboriginal and Torres Strait Islander Peoples.

Keynote Address:  
‘Future of Aboriginal and Torres Strait Islander Health’  
Mr Warren Mundine, Chairman, Prime Minister’s Indigenous Advisory Council.
Mr Mundine outlined some of the roles of the Advisory Council:
- To focus on practical changes to improve the lives of Indigenous people
- Improve school attendance
- Increase employment opportunities
- Empowering communities, increasing capacity of communities
- Shared responsibility to achieve constitutional recognition

He stated the Council has a role to give advice whether the government agrees or not. This reflects the independence of this Advisory Council. It does not represent anyone. It is an advisory group for the Prime Minister.

He discussed the importance of tackling poverty. “Poverty is both a cause and a consequence of poor health”. Solutions for poverty include economic development and commerce. He discussed the way in which economic growth can assist the elimination of poverty - education, jobs, social security and safety.

Plenary Session  
‘Future Thinking in Aboriginal and Torres Strait Islander Health’  
Ms Pat Anderson, Chairperson, the Lowitja Institute Board
Ms Pat Anderson presented an inspiring long-term approach and powerful view of the future. She described how we now live in a world unimaginable a few decades ago - many Aboriginal and Torres Strait Islander peoples attending Universities, becoming sophisticated advocates.
She outlined the history of the development of the Aboriginal Community Controlled Organisations starting in 1971 in Redfern. In the 80s, Aboriginal Medical Services (AMSs) being set-up in other areas, many initially unfunded. These services were under the control of the community, holistic and rejected the narrow medical model. These services recognized the importance of social and emotional health, provided a culturally appropriate service for the community and were successful vehicles for self determination.

Ms Pat Anderson described the current established set-up nationally with over 150 Aboriginal Community Controlled Health Organisations (ACCHOs), some large employing over 100 staff, some small. Whilst there are still some communities that do not have access to an ACCHO, the ACCHOs are now integral to the health care of the Aboriginal Community nationally. The success of this sector is something to be celebrated.

She said despite the success stories of our ACCHOs there will be increasing pressure to focus on a narrow medical model of care, limited individual approach and non-holistic. She strongly believes the health services in our ACCHOs could be under increasing pressure to change to providing a narrower service contrary to the current successful established holistic care.

‘Young Orator’
Ms Shannon Dodson, Digital Campaign Manager, Recognise

Shannon Dodson presented a memorable, inspiring, personal oration from the perspective of a blond, fair skinned young Aboriginal adult. She shared the assumptions that have been made about her because of her surname, her father’s connection with and role on the national stage, and as an individual who doesn’t fit the stereotype of what she, as an Aboriginal, should look like.

Following happy primary schooling she discussed the commencement of being exposed to discrimination and racism in her secondary school years. Personal examples of being in a group amongst her youth and hearing people talk about Aboriginal people in an appalling manner in front of her, not knowing she was indeed a proud member of the Aboriginal community. She explained arriving for a job interview and being greeted by the employer saying ‘I thought you would be a lot darker’. Such ignorance and challenges to identity have been a regular occurrence. “Because of the white skin people do not realize my heritage”.

Cumulatively, she described a life of judgment, and discrimination. “There was constant reinforcement”, “This made me confused about who I was”. She discussed identity, identity issues and the longing for an Australia who celebrated a shared history, culture and pride.

“I will not accept other people deciding who I am”. “I will decide who I identify as”. “I am a proud Aboriginal woman. I will not accept criticism of this.”

Day 2, Opening
Dr Tim Soutphommasane, Race Discrimination Commissioner, Australian Human Rights Commission.

Dr Soutphommasane spoke with conviction, determination and knowledge regarding the goal of health equality and the cost of racism. He acknowledged racism is a fundamental driver of poor health. His description of the cost of racism focused around diminished social cohesion and harmony that racism brings.

He presented data on percentages of Australians as a whole who suffer from verbal abuse or racial slurs and hate talk (20%), exclusion because of race (11%) and those physically assaulted because of race (5%). No-one should be subject to racism. He then proceeded to present the bleak picture of data specific to members of the Aboriginal Community in relation to racism where over 90% of individuals have been found to be experiencing racism.

Racism has an impact on civility and cohesion of a society. It is important we consider this civic dimension of racism in our society in Australia and prevent it at 3 levels.
1. **The Constitution.** At the constitutional level there needs to be a definitive statement about equality. It is time for this. He stated he is an advocate for this and the relationship between multicultural Australia and Aboriginal and Torres Strait Islander Peoples - the shared history.

2. **Laws.**

3. **Everyday interactions.** We need to consider the intention, the impact, and we need to stand up to behaviour that doesn’t reflect society. As individuals you can report an incident, offer your support and comfort to a victim of racism. The worst thing is to do nothing. If you don’t stand up to racism you are supporting it. It is the responsibility of all to stand up to racism. He said freedom of speech is important but it is not absolute. If people vilify others it affects others freedom. The impact of racial vilification is on the health of individuals and communities. It is not appropriate for people to say others should develop a ‘thicker skin’. Racism inflicts injury on each and every occasion.

**Keynote Address**

**Dr Alessandro Demaio,** Global Health Fellow, Harvard Medical School and CoFounder, NCDFree.

Dr Demaio presented global health tasks and optimism in youth to address these tasks by their will and drive and global connectedness. We strive for a healthy global community with equity of health and equity of access. He believes the two greatest global health challenges are climate change and non-communicable diseases (NCDs).

He spoke about the challenge of poor diet and affordable fresh produce. Fresh food is 56% more expensive in remote areas of Australia than in the cities. He presented a challenge to address this problem of unequal food prices in rural and remote communities in Australia.

**Workshop: ‘Cultural Competency of Health Services’**

Facilitator: **Dr Michael Tynan,** Associate Director, Knowledge Exchange and Research, Lowitja Institute

This workshop commenced with detailed examples of cultural competency work in the hospital setting. The St Vincent’s Hospital in Melbourne outlined their Cultural Competency training program, which is up and running well. They highlighted the need for the involvement of Aboriginal people in the planning of such programs and tailoring the program to be locally specific. The St Vincent’s hospital cultural competency program involves staff in a range of activities including: a package of educational material (2 articles, 2 DVDs), a talk, a walking tour with an Aboriginal Liaison Officer, regular opportunities for feedback and reflection and a visit to the local AMS.

**The Future of the Lowitja Institute**

**Ms Lynn Brodie,** CEO Lowitja Institute

Ms Brodie provided a snapshot of key Lowitja Institute concepts

- Embracing the many partnerships and looking at increasing partnerships
- Shared understanding of knowledge exchange
- Implementation and translation focus
- Don’t do research that will sit on the shelf
- Need to be nimble and responsive
- Integrated health research centre
- Sophisticated system of social and emotional well being- holistic

**Dr Michael Tynan,** Associate Director, Knowledge Exchange and Research, Lowitja Institute

Dr Tynan highlighted the need for research leadership across program areas, project review, rapid policy synthesis, public comment on key emerging issues and mentoring emerging researchers. He outlined the Lowitja Institute faculty concept and 3 programs.

Program 1: Community capability and the social determinants of health
Closing Speaker
Prof Marcia Langton AM, Foundation Chair in Australian Indigenous Studies, University of Melbourne
Prof Langton complemented the organizers of the Congress on the range and quality of presentations and summarized the key points of each.

She then described the clear success of the ACCHOs in Australia, a 40 year tradition. She said the ACCHOs are well established in Australia and we should talk about them in this way. She said the successes are clear, but perhaps not clear enough. There have been tensions between the Community Controlled sector and political demands of government. Broad issues of how to solve poverty, stop people smoking and increase employment. Prof Langton said “I suggest that you cease imaging that your Community Controlled Organisations are under threat”. “Approach ACCHO as the mainstream”. The service is highly valued by government; they are the modern efficient cost effective mode of delivery. Consider a new slogan- ‘Communities in Control’ or ‘Empowered Communities’. Perhaps a change of slogan would better explain the mixed model of diversity approach, a more sophisticated description of what you do.

Prof Langton said the need for Constitutional change is vital. So many people do not know Aboriginal and Torres Strait Islander people are not mentioned in the constitution. She described the constitutional change as the vital next step- the Redfern Speech, the Apology and now constitutional recognition. This vital next step is a further platform to lift us up. “We deserve parity in all walks of life”.

Additional Lowitja Congress presentations and workshops
This summary does not include information on the Constitutional Recognition Panel session (March 19th) or 5 additional parallel workshops held across the 18-19th March. The congress website can be accessed to read the detailed program- www.lowitja.org.au/congress-2014.