
58 *ABORIGINAL WOMEN'S HEALTH - COLLABORATION IN ACTION*

Australian Aboriginal women have reported mixed experiences from the health system. There are examples of good practice in urban health services, but there are also many instances of racist attitudes, restricted access to mainstream services, short-term programs with spasmodic funding and culturally unsafe care. Meanwhile, Aboriginal women's health status remains unacceptably low due to a complex mix of colonisation, and social, economic and environmental determinants of health.

Changes to the ways health and wider services work with Aboriginal people are urgently needed. It is unacceptable that Aboriginal people continue to experience poor health outcomes while living in an industrialised country with an internationally recognised health system. Recently the South Australian Government has recommitted to improving Aboriginal health status through increased comprehensive primary health care and multi agency collaboration. It has endorsed the national Cultural Respect document. Policies have been created, but have not yet impacted on practice or positively effected health outcomes. The question remains for practitioners and researchers- how can sustainable and realistic changes be put it into practice at a local level?

This paper is a work in progress that discusses what we have learnt through developing a collaborative approach between an Anglo community health nurse, local Aboriginal women and a community health campus in response to Aboriginal women's concerns that neither Aboriginal nor non-Aboriginal health services were adequately equipped to meet their health needs.

Participatory action research was chosen as the most appropriate way to address the considerable tensions that exist between local Aboriginal women's and community needs and expectations, health service structures and academic research requirements. A community-based model has been developed with Aboriginal women positioned as integral co-researchers in all phases of the research planning and development. This required the development of trust and understanding between the researcher, Aboriginal women and communities involved. Cultural permission for the research was given and with it came an expectation of positive change. The encouragement and support of disenfranchised Aboriginal women to re-engage with the health system, and vice versa, has brought with it many complex considerations regarding personal and cultural safety for all involved.

In this session we discuss how we have grappled with recognising and honouring such diverse forms as knowledge as lived experiences, urban Aboriginal culture, Western medicine, academic research and women's ways of knowing. We have learnt how we can all work together to improve Aboriginal women's health. We share our learning with you.