

Questions & Brainstorm Points.

WORKFORCE – Size; nature of work; identification with community and activity. Local employed teams lead to action (Wadeye)
Induction & mentoring; Policing vs Community Development roles – BALANCE?; turnover; staff establishment and funded positions; There is a training ↔ workforce relationship funding spiral Workforce needs to be trained – no enrolments without career path.

Regulation issues need to brainstorm – Ownership → community power

Uncertainty _ (Refer Mary Tehan's question) – Very complex eg Immunization rates lowest in Australia around Sunshine coast which is an educated affluent community

Priorities for people dislocated from communities to Darwin who do not fit into any system (broad discussion see webcast.)

How can we focus on Hygiene and broad issues when relating to Commonwealth funded priorities? Env. Health general budget has not had an increase in money despite the extra work caused by the Intervention.

NHHC Report – Recommended oversight body for Indigenous health – How will it work in a social determinants context?

Sustainable activity – funding; long term activity; getting builders and contractors to work in the community context and in competitive tenders against mines and development. projects

Professional expertise and the community focus – experienced people go to town – Difficult situations: are you accepting low standards by not throwing the book at offenders in a community BALANCE

Pressure to sign on leases → long view _ Canberra 100 year leases with renewal_ 40 year leases would probably not be acceptable in Canberra either.

AMRIC – Dog control funding – Core delivery = 1. Empower community 2. active program 3. some vet involvement 4. Legislation NT + **SHIRE** ✓; **Funding is the problem.** How do we implement and sustain eg east Arnhem? Politicians are interested in such programs because viewed as a quick fix – need quick – long fix balance.

What Lessons to be learned from Intervention by the rest of Australia? What is role/responsibility of PH Practitioners in the rest of Australia towards Intervention? Preventive health taskforce report is due → Indigenous health issues may be a priority --→ Lobbying opportunity

All roles, responsibilities – defined, described and agreed otherwise action ↔ inaction problem

LGA has power to enact – needs resources eg cleaning up waste management problems after intervention activities ‘holes dug anywhere’

Short term ↔ long term action needs resources and funding

Chain of command how does it work & where are the gaps? Funding is mainly from OATSIH and FACS – unco-ordinated

Quotes

“get the maths right”

“Indigenous disadvantage is not acceptable”

“Ask for a plan to be strategic” (community perspective)

“If you want to survey please also provide a service” (community perspective)