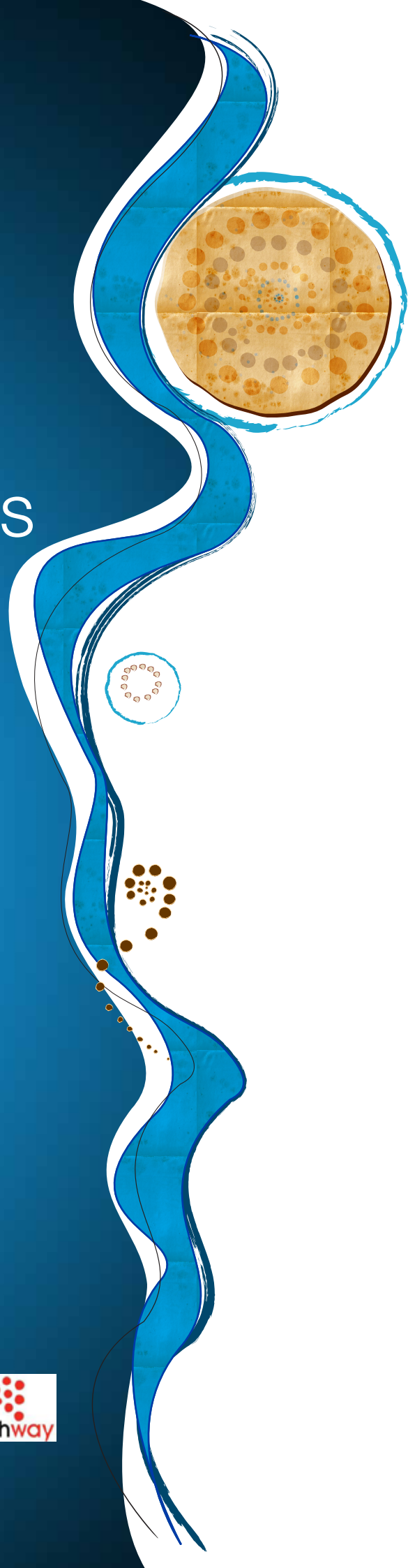


Aboriginal Health

and the

Mainstream News Media

A toolkit for journalists



Authorship and Publication

Published: 201

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List of Acronyms and Abbreviations

AADS	Aboriginal Alcohol and Drug Service
AARN	Australian Association of Rural Nurses
ACCHO	Aboriginal Community Controlled Health Organisation
ACCHS	Aboriginal Community Controlled Health Service
ACRRM	Australian College for Rural and Remote Medicine
AHCP	Aboriginal Health Communication Project
AHCWA	Aboriginal Health Council of Western Australia
AHERU	Aboriginal Health Education and Research Unit (Curtin University)
AHS	Aboriginal Health Service
AHW	Aboriginal Health Worker
AIDA	Australian Indigenous Doctors' Association Ltd
AIHW	Australian Institute of Health and Welfare
ALS	Aboriginal Legal Service
AMA	Australian Medical Association
AMS	Aboriginal Medical Service
ATSIHS	Aboriginal and Torres Strait Islander Health Services
BRAMS	Broome Regional Aboriginal Medical Service
CAS	Centre for Aboriginal Studies (Curtin University)
CMSAC	Carnarvon Medical Service Aboriginal Corporation
CRANA	Council of Remote Area Nurses of Australia
CST	Cultural Safety Training /Cultural Security Training
CtG	Closing the Gap
CUCRH	Combined Universities Centre for Rural Health
DAHS	Derby Aboriginal Health Service
DoHA	Department of Health and Ageing (Commonwealth)
DOH	Department of Health (WA state)
ECU	Edith Cowan University
GRAMS	Geraldton Regional Aboriginal Medical Service
KAMSC	Kimberley Aboriginal Medical Services Council
MAOA	Midwest Aboriginal Organisations Alliance
NACCHO	National Aboriginal Community Controlled Health Organisation
NAHSC	Ngangganawili Aboriginal Health Service Community
NDCIS	Nulungu Centre for Indigenous Studies (University of Notre Dame Australia)
NHMRC	National Health and Medical Research Council
NRHA	National Rural Health Alliance
OATSIH	Office for Aboriginal and Torres Strait Islander Health
OVAHS	Ord Valley Aboriginal Health Service
PHC	Primary Health Care
PHU	Population Health Unit
QAP	Question, Answer, Point
RACGP	Royal Australian College of General Practitioners
RCS	Rural Clinical School
RPH	Royal Perth Hospital
SCGH	Sir Charles Gairdner Hospital
SIS	School of Indigenous Studies (University of WA)
SPARHC	School of Primary, Aboriginal and Rural Health Care (University of WA)
SPINRPHX	Student Practitioners Interested in Rural Practice Health Xcetera
SWAMS	South West Aboriginal Medical Service
UNDA	The University of Notre Dame Australia
UWA	University of Western Australia
WACHS	Western Australia Country Health Service
WAGPET	Western Australian General Practice Education and Training Ltd
WMHSAC	Wirraka Maya Aboriginal Health Service

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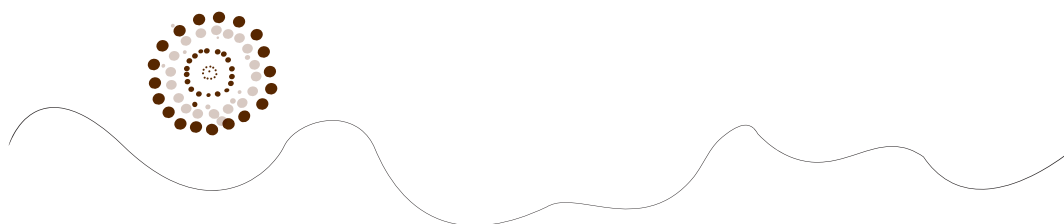
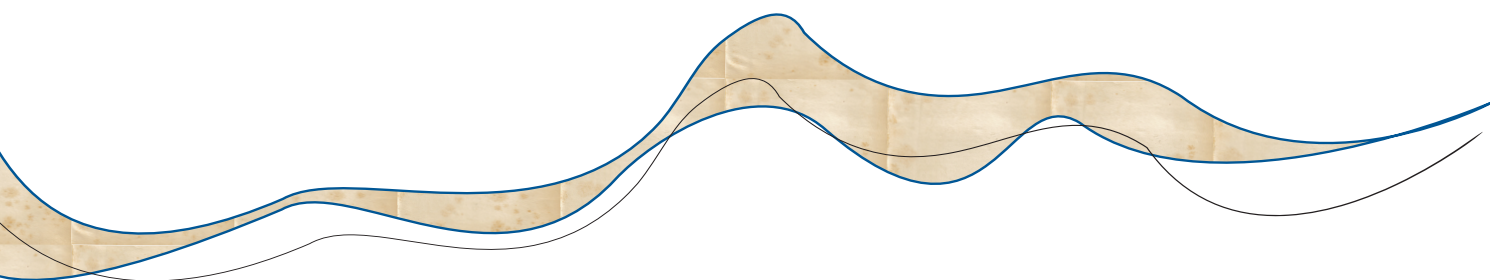




Photo: Sidat de Silva

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Introduction

Here is the news:

Professionals in the Aboriginal health sector in Western Australia maintain that mainstream news media contribute to the poor health and wellbeing of Aboriginal people. The professionals said media representations of Aboriginal people were often inaccurate, displayed negative stereotypes, sensationalised issues and provided limited context to the stories being presented.

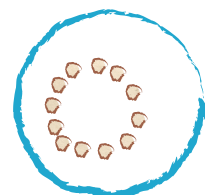
As a result, Aboriginal professionals believed journalists were untrustworthy, uninformed of Aboriginal culture and often used inaccurate or biased sources of information which misrepresented the issues to the detriment of the Aboriginal community.

Journalists acknowledged various challenges for the Aboriginal community in engaging with the media, however, they also had some concerns. These included: their accessibility to Aboriginal spokespeople; conflicting professional and cultural protocols; sensitivities in the Aboriginal community; differing understanding and approaches to deadlines, timeliness and efficiency. Building relationships was considered one solution to improving how journalists report on Aboriginal health issues.

And now for the good news:

Aboriginal professionals working in Aboriginal health and related sectors and journalists and other media professionals participated in an intensive media management and advocacy skills training and mentoring program, tailored specifically to their needs. Evidence suggests that as a result, health professionals not only improved their media management skills but also broke down critical barriers impeding the relationship between them and the participating journalists.

Changes were considered essential on both sides; however, Aboriginal health professionals involved in the training demonstrated that greater awareness, exposure and collaboration with journalists and media representatives had the potential to lead to better relationships and more positive and accurate news reports.



Why This Handbook?

Professionals working at all levels in the Aboriginal health sector have a complex relationship with the media. Advocates for Aboriginal health look for opportunities to mobilise the media in support of health-related political, economic, policy and welfare reform. However, their concern about the misrepresentation of Aboriginal affairs in the news continues to stifle their engagement.

To change this, people working in the Aboriginal health sector in Western Australia formed the view that to strengthen the Aboriginal health profile and influence public opinion, it was critical to improve their media engagement skills.

Over the course of a year, 23 Aboriginal and 17 non-Aboriginal health and media professionals were interviewed at intervals about their views on how the mainstream news media could be used more effectively to increase awareness and understanding in the general population about Aboriginal people and their health. Information from the consultation interviews was used to develop a workshop and mentoring program in media management and advocacy skills training for Aboriginal professionals working in Aboriginal health and related areas.

Exposure to journalists and other media professionals improved the participants' understanding of and interest in, the way the mainstream news media works, whilst developing their strategic media management skills.

The participation of Aboriginal health and media professionals throughout the **Aboriginal Health Communication Project (AHCP)** resulted in two practical toolkits being produced.

One is **Changing the News – A Media Engagement Toolkit for Aboriginal Health Professionals**, designed for professionals working in Aboriginal health. It provides advice given by participating journalists to the Aboriginal health professionals and substantial information on managing media resources and developing strategies.

The other (this handbook), **Aboriginal Health and the Mainstream News Media – A toolkit for journalists**, was developed to guide journalists as they navigate the Aboriginal health sector in the course of newsgathering and reporting. It provides practical advice from participating Aboriginal health professionals. Not addressed are topics that journalists will already be exposed to through in-house orientation and training, reporting style guidelines and engagement protocols, through adherence to the journalist's code of ethics, and through the self-regulating codes of practice administered through the Australian Press Council, the Australian Communications and Media Authority and the respective peak bodies for commercial television and radio.

Perceptions:

How are Aboriginal health issues represented in the mainstream news media?

It's helpful to understand the background provided by the study findings in order to appreciate what journalists can do to facilitate a productive engagement with Aboriginal health professionals.

The AHCP study found Aboriginal respondents' views and attitudes toward journalists and the mainstream news media were not based on personal or direct experience but rather a general perception. They felt Aboriginal health was not adequately represented in the news and resulted in inaccurate public perception in broader non-Aboriginal public.

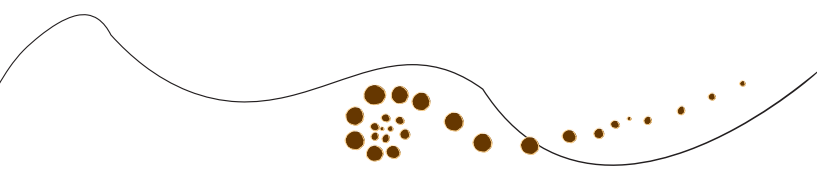
As the Aboriginal health professionals developed a greater understanding of the news media environment and engaged with journalists, their understanding grew and shaped a more collaborative approach to working with journalists and the mainstream news media on Aboriginal health stories.

Media professionals tended to accept the existence of problems such as the history of negative news representations of Aboriginal health issues, but were also critical of Aboriginal health sector media processes and engagement.

Primarily, journalists advised Aboriginal health professionals they needed to improve their understanding of the media process, and the way they engaged with the news media, including: networking and developing strong working relationships with journalists; understanding what makes news and how to develop key messages and newsworthy angles; developing good media materials; and how to manage interviews. The most common advice was that timeliness was critical to media coverage.

“If we don't challenge those sort of views (negative/sensational media portrayals of Aboriginal people) and if we can't convince the media that there's a different way of reporting issues and getting fair-minded Australians to think about them, then, as I said, we've only got ourselves to blame and there are only limited opportunities to make the most of achieving real change.”

Aboriginal health professional (AHCP study)



The table below demonstrates the various views held by both the Aboriginal health sector and the media sector.

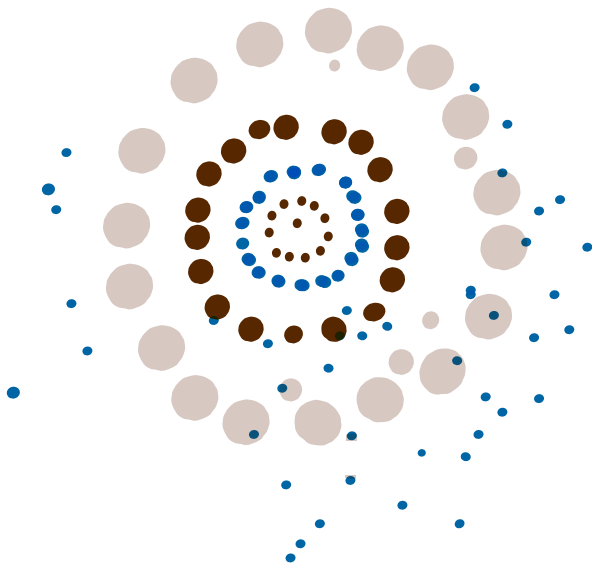
Aboriginal Health Professionals' Perceptions	Media Professionals' Perceptions
Media's representation of Aboriginal health and related issues	
<ul style="list-style-type: none"> • Media representations are often inaccurate, display negative stereotypes and sensationalise issues; • Media coverage is discriminatory; • News reports lack context required to provide an accurate representation of the issues; • Aboriginal spokespeople are excluded from stories; • The [news] media use discriminatory and sensational language; • The [news] considers Aboriginal issues irrelevant; • There is a lack of responsibility for the impacts of misrepresentative coverage of Aboriginal affairs, i.e. on the Aboriginal and non-Aboriginal audiences; • There is a lack of accountability for the impacts of misrepresentative coverage of Aboriginal affairs, i.e. on the Aboriginal and non-Aboriginal audiences; • Journalists are untrustworthy; • Journalists are lazy. 	<ul style="list-style-type: none"> • News is generally negative – Aboriginal health is no exception; • Aboriginal health issues are 'too complex' to report on in the short news reporting styles; • Aboriginal health agencies are ignorant of media processes, in particular strict deadlines. This generates challenges for reporting Aboriginal affairs; • The Aboriginal health sector are not pro-active in engaging with the media, often good stories are just 'stumbled across'; • Difficult to locate and access Aboriginal spokespeople; • Editors have the power to change a journalist's story, including the angle of the story, language used, photographs etc.; • A news report will go to print or broadcast with or without the Aboriginal health perspective – Aboriginal health spokespeople need to respond to our requests; • Journalists generally try to respect cultural protocols but find this challenging due to the variations between different Aboriginal language groups.

Cultural Understanding

<ul style="list-style-type: none"> • Journalists are ignorant of Aboriginal people and culture; • Media always want an immediate response. Aboriginal agencies often require a consensus on an issue before going public; • Inappropriate Aboriginal spokespeople are used to represent the issues; • Only a few Aboriginal people are considered good spokespeople. This removes the variation of perspectives. 	<ul style="list-style-type: none"> • Aboriginal health professionals do not seem to respect media deadlines or understand news media process; • Aboriginal health issues are 'too complex' to report on in the short news reporting styles; • There are structural imbalances between the sectors: for the media it's about money and power, and there is limited-to-no infrastructure within the Aboriginal health sector to deal with this; • Journalists generally try to respect community protocols. Sometimes these are unclear and hard to work with.
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Conclusions

- Aboriginal affairs, including health, are not well understood by journalists and the wider Australian public. The impacts of this are negative and often inaccurate representations of Aboriginal people, culture and health issues. Ultimately, these representations perpetuate the negative stereotypes in the public domain;
- Aboriginal health and related issues were not taken seriously by the news media as they were not considered 'high profile' or in the interests of the mainstream;
- Journalists and mainstream news media institutions are deterred from spending time on Aboriginal affairs because:
 - o Aboriginal stories are time consuming and constantly changing; sources are sometimes/often untrustworthy and hostile;
 - o Mainstream news audiences are uninterested in Aboriginal affairs; and
 - o There have been positive changes in mainstream news media's approach to reporting Aboriginal affairs.
- Journalists and mainstream news media institutions are deterred from spending time on Aboriginal affairs because:
 - o Aboriginal stories are time consuming, constantly changing, untrustworthy, and often hostile;
 - o Mainstream news audiences were uninterested in Aboriginal affairs;
- There have been positive changes in mainstream news media's approach to reporting Aboriginal affairs:
 - o More visible in the print media;
 - o Less racism;
 - o Greater respect for cultural protocol.



Reporting Aboriginal Health

This is not a document on Aboriginal cultural awareness, but rather a practical resource that addresses the specific concerns raised by participants involved in the Western Australian study. It is advised that journalists reporting on Aboriginal health and other affairs undergo cultural awareness and competency training.

Journalists will (more) accurately represent Aboriginal health and related issues, and facilitate a respectful relationship between journalists and the Aboriginal health sector, by following two critical principles:

- 1) Make sure the **story angle** is a catalyst for positive change, not a negative trigger for racism and ignorance; and
- 2) Include an **Aboriginal voice**, e.g. community elders, who can give context to the issue. Don't rely only on spokespeople from services external to the Aboriginal community such as the police or other government agencies.

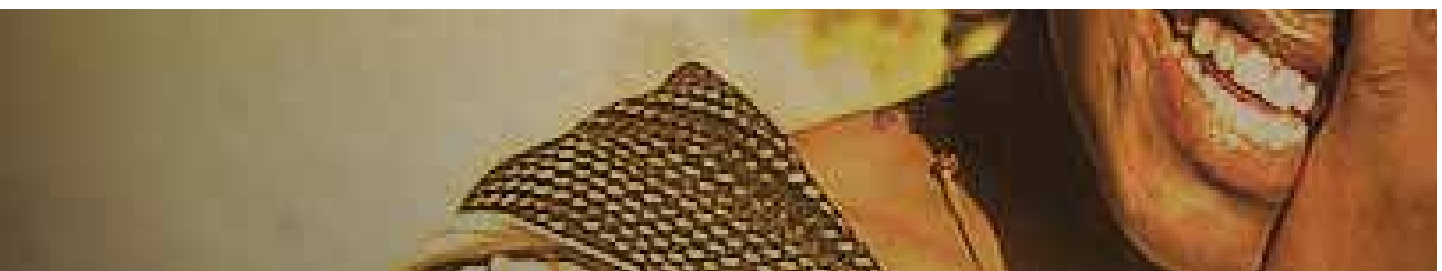
Story Angle

There needs to be an understanding that a news story can be a catalyst for government action and positive changes, but can also be the catalyst for racism and ignorance.

Make the story about the 'issue' not the 'person' or the community. Consider the impacts, politically and personally for the Aboriginal interviewee. Frame the story without making it about 'race'.

Stories about "health problems in the Aboriginal community" dramatise the negative, in some cases with good reason and to good effect. However, to constantly angle a story this way is to misrepresent the real situation in Aboriginal health. This does not mean that problems and failures should not be written about, but it is important that the background and challenges that underlie these are explored. Additionally, a more optimistic perspective is often possible: 'Solutions have been found.' 'Positive action is underway.' 'Good things are happening.'

For every Aboriginal person or community with "a problem" there is another person or community with a powerful, inspiring story to tell.



Visual Representation

Be mindful of the images used to represent a story. Why are you using it? What does the image represent? Carefully consider if the image confirms negative stereotypes.

Aboriginal Media Representatives

News reports are often determined by limitations of space and time, with few opportunities to explain the background or historical context. Typically, news stories involving Aboriginal people include a spokesperson from the Australian Medical Association, the police, or the government, but not an Aboriginal person. Be inclusive of the Aboriginal voice wherever possible. For example, a story should not be restricted to an interview with police or politicians. Include an Aboriginal professional working in the health sector, an Elder or other representatives of the wider Aboriginal community to provide some perspective.

One Aboriginal voice does not represent the majority. It is important to remember that there are a range of views among Aboriginal people. Including the Aboriginal perspective requires journalists to be aware of various protocols.

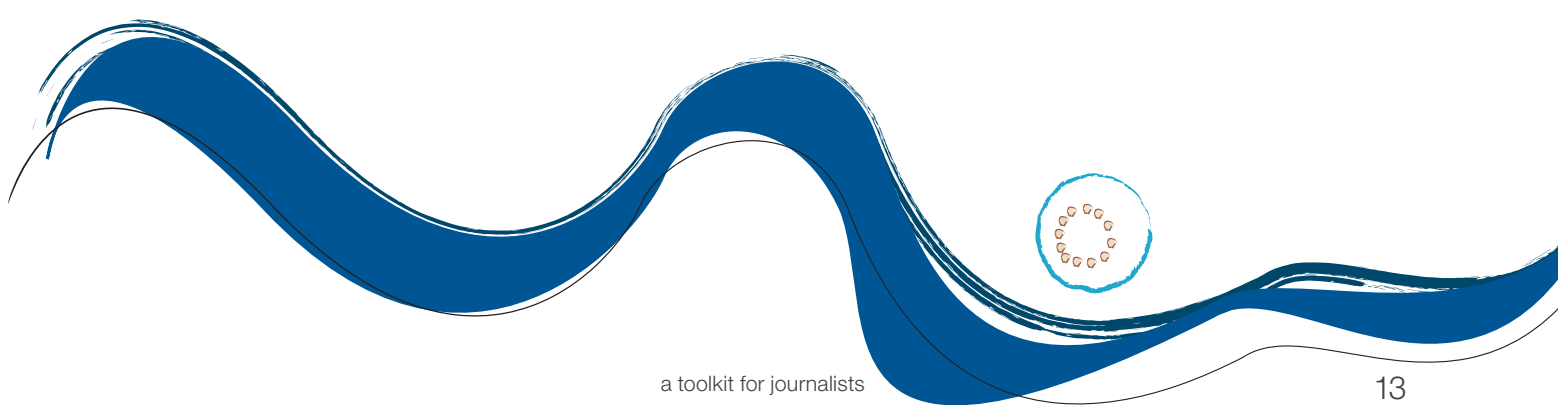
Cultural Protocols

Including the Aboriginal perspective requires journalists to be aware of a range of cultural protocols.

Aboriginal Australians are a diverse people. They have many cultural protocols, practices and traditions in common but there are also variations and differences between the different language groups.

Observation of cultural protocols facilitates a respectful relationship between journalists and the Aboriginal community. Below are some examples of the sorts of issues to consider when reporting on Aboriginal affairs such as health.

- 1) Authority to act as a spokesperson;
- 2) Involvement of an Elder(s) in a news report; and
- 3) Other cultural differences (Death and Grief, Eye Contact, Gender, Silence).



Authority to act as a spokesperson

Take care to identify the correct spokesperson(s)

It is important to invest time in finding and building relationships with the various persons of authority in the Aboriginal community. Journalists tend to interview the same Aboriginal spokespeople for different stories regardless of the issue. This can be perceived as bias and as providing only a limited number of Aboriginal perspectives.

Journalists are encouraged to broaden their reference point beyond their standard sources. Contact relevant Aboriginal organisations in advance to request advice on whom to speak with about the particular issue of concern. Always check your contact's status or role in a particular organisation or community.

Journalists are encouraged to refrain from using the term 'Aboriginal spokesperson' or 'Aboriginal Leader' broadly and without context. It is preferable for journalists to establish a spokesperson's authority by stating they are the spokesperson for their organisation or their specific community. For example, 'Aboriginal spokesperson X from Community Y commented...'

Whilst Aboriginal health professionals do not want the media to focus repeatedly on the same few spokespersons, they may not be confident in slipping into this role when contacted by the media. Be aware of customs of communication different from what might be encountered in the broader Australian community. For example, when a person says, "I don't want to say anything", this may be signalling to you that he or she doesn't have the authority to respond to your request for an interview or quote, rather than merely refusing to respond. If a person declines to be a spokesperson, seek his/her advice as to who has the authority to be interviewed. Give a clear explanation of what information you need, and ask who would be the person with authority to speak to about an issue.

Aboriginal health professionals' reluctance to engage with media is partly based on the potential for community criticism. Managing perceptions from within their own community can be a challenge because no 'one person' can be a spokesperson for an entire Aboriginal community.

Authority to speak on behalf of an Aboriginal community can vary depending on the topic the journalist is reporting. For example there is Aboriginal traditional cultural authority, knowledge authority and professional/organisational authority.

Involve an Elder/s when possible

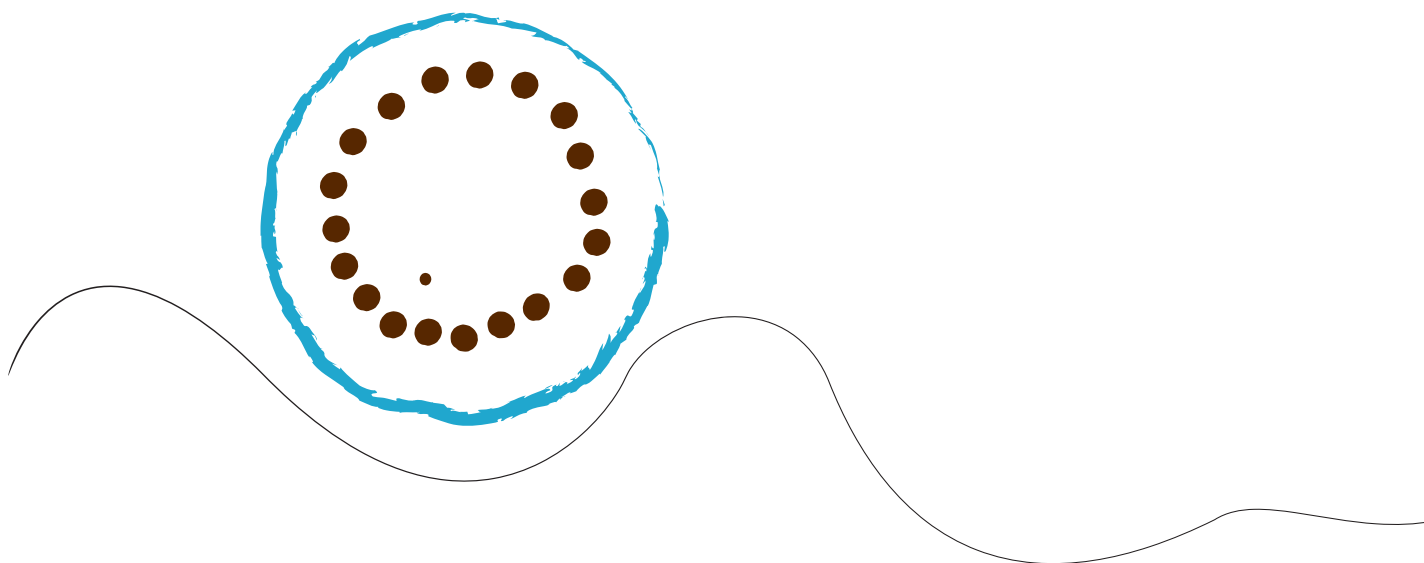
A salient theme emerging from the AHCP interviews was that Aboriginal health professionals believe that the involvement of an informed Elder provides a more informed Aboriginal perspective and more context to news reports.

Aboriginal communities are typically structured around families and broader kinship structures. In the traditional sense, an Elder is a person recognised within the community as a custodian of knowledge and cultural lore. In a contemporary context, participants have said that Aboriginal people above a certain age can be referred to as Elders due to their historical and cultural knowledge.

To help to contextualise news stories involving an Aboriginal person, find out which family that person belongs to as you gather information for a story, seek out the relevant Elders or Aboriginal authorities in the local area for comment, and advice on who to speak to or where to go for comment. Elders should not replace contact with the Aboriginal health organisation but can provide a broader scope and context on an Aboriginal health issue. Ask the interviewee how they should be referred to, or titled, in the news report.

Various Aboriginal community organisations and government agencies in Western Australia can identify community Elders for journalists. It is advisable for journalists to contact one of the various Aboriginal health agencies provided in *“Appendix 1: Useful Sources for Journalists”*, or to seek out the local Aboriginal Land Council in the area that pertains to your story, i.e. the South West Aboriginal Land and Sea Council for Noongars in the South West, or the Kimberley Land Council in the Northwest. The Department of Indigenous Affairs or the Indigenous Coordination Centres may also help.

Various Aboriginal community organisations and government agencies in Western Australia can identify community Elders for journalists. Seek out the relevant Elders or Aboriginal authorities in the local area for comment, and advice on who to speak to or where to go for comment.





Death and Grief

When an Aboriginal person dies, a protocol of not verbalising the name may exist.

Similarly, the person's name might be declared as a name that cannot be mentioned for a period of mourning. In some regions, an Aboriginal term meaning "no name" or "name of the person who can't be named" might be applied to the deceased person, as well as to other people with the same name.

No matter whether you are in an urban, rural or remote area you should ask Elders or family members, if the deceased Aboriginal person can be named. In some situations permission will be given to the news media, in other situations, permission might not be given. You should report the circumstance in terms such as these:

"The person cannot be named for cultural reasons;"

Or

"Permission has been given by family (or community elders) to name Mr/Mrs (Name)."

Friday is the most common day for funerals and may not be the most opportune day to make contact with a person, who may be attending a funeral.

Eye Contact

Aboriginal people adhering to traditional communication protocol may display a body language eye avoidance protocol. However, there is no uniform protocol on eye contact. Journalists should be aware that protocols vary between Aboriginal people/communities, from confidently holding the gaze to frequently averting the eyes. If a person does not look at you while you are talking, or when speaking to you, the avoidance of eye contact could be:

- To show respect;
- Conflict avoidance conditioning;
- Spiritual reasons;
- Gender difference (a male speaking with a female);
- Authority or seniority protocols (younger people, or those with less authority or seniority, do not make eye contact with more authoritative or senior people during a conversation);
- Staring can be considered rude.

Journalists need to assess the situation. If your interviewee holds your gaze comfortably, continue the interview as normal. If they are averting their eyes be mindful that they may be practicing cultural avoidance protocol. In this case, to maintain the integrity of the interview, journalists may consider sitting side by side of the interviewee or some other way that helps to avoid constant eye contact.

A younger journalist in particular, would do well to not hold the gaze strongly and regularly avert the eyes when speaking to an older person, for example. The best general advice is to look just above the shoulder of the person you are speaking to.

Gender

In the more regional and remote areas gender issues can be sensitive and require distinct approaches, i.e. a female/male journalist may specifically need to do the interview or gender issue is strong, i.e. cervical cancer is a female issue and this impacts on the way the journalist needs to report it. In these circumstances it is advised journalists contact NACCHO or AHCWA for guidance.

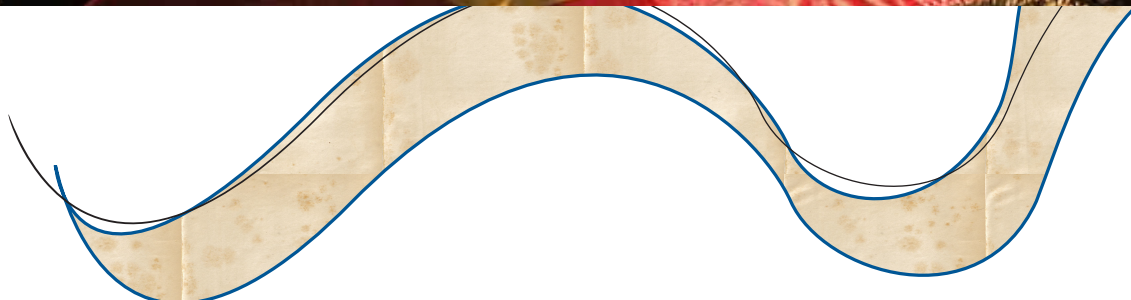
Silence

Don't expect an immediate response to a question. Silence during interviews ought not to be interpreted as an unwillingness to answer. A pause or silence could mean:

- The person is thinking about the question and how to answer it correctly;
- The person cannot say anything because he or she does not have family or cultural authority to speak; it is a matter of cultural protocol – not an unwillingness to answer;
- The person doesn't understand the question or language used, but unsure what to say.

There are no definitive ways to manage silence. Some ideas for journalists in this situation are, after a period of silence, ask politely if the interviewee is able to respond to the question or not. Practice humility.

Make sure you are interviewing someone who does have authority to speak to the media, either culturally or professionally.



Other challenges confronting Aboriginal media engagement:

These are distinct from Cultural protocols.

- A degree of distrust in the Aboriginal community toward news journalists, which can result in a reluctance to engage with the news media. Based on the AHCP interviews, misrepresentation and inaccuracy in news reports further deterred Aboriginal health professionals from engaging with journalists;
- The Aboriginal health sector in Western Australia is not equipped with resources to prioritise media engagement, which can inhibit its capacity to be proactive in initiating media contact;
- Additional to Aboriginal community protocols, the authority of health professionals (Aboriginal or otherwise) to engage with the news media may be regulated by workplace policies that prevent them from talking to the media.

Ask for Help!

Is it a name you need? A pronunciation? A fact? An explanation of a cultural tradition? Advice on a cultural protocol? If you are unsure, “Ask us!” said Aboriginal health professionals participating in the media workshops. Aboriginal health professionals can:

- Familiarise journalists with local communities and protocols;
- Facilitate interviews with a variety of Aboriginal spokespeople;
- Facilitate networking activities with the Aboriginal health community;
- Provide advice on reporting on sensitive issues;
- Provide advice on reporting on cultural issues and specific language to use;
- Organise community visits for journalists;
- Demonstrate good news stories where solutions have led to positive action;
- Negotiate story and photo opportunities;
- Facilitate Aboriginal cultural awareness activities for journalists;
- Provide a contact list of people in their organisations and community.

Where To From Here?

Please engage with the *Indigenous Healthinonet* and other Aboriginal health and related organisations to facilitate accuracy and efficiency in your stories. Please see [Useful Sources for Journalists](#), for more details.

Appendix 1: Useful Sources for Journalists

Useful Sources for Journalists

Correct at time of publication (2013)

This section lists resources and agencies that could be of assistance to journalists understanding of issues involved in reporting on Aboriginal health. It contains the contact details of peak Aboriginal health organisations, Aboriginal Community Controlled Health Services in WA, Aboriginal units within the WA universities and key government and non-government agencies. Also listed are several online resources.

The Australian Indigenous Health InfoNet

This is an Internet resource on current issues in Aboriginal health. A good first contact for journalists.

Website: <http://www.healthinfonet.ecu.edu.au/>

The Australian Indigenous HealthBulletin

A peer reviewed electronic journal and Aboriginal health information hub.

Phone: (08) 9370 6336

Email: healthbulletin@ecu.edu.au

Website: <http://healthbulletin.org.au>

Contacts and Resources in the Aboriginal Health Sector

A list of Aboriginal health-related peak bodies and medical services in Western Australia has been provided below. CEOs or Chairpersons are the appropriate contacts in these organisations. To obtain the name please contact the organisation, look on the website or contact AHCWA.

National Aboriginal Community Controlled Health Organisation (NACCHO)

Phone: (02) 6248 0644

Website: <http://www.naccho.org.au>

Aboriginal Health Council of Western Australia

(WA Member of NACCHO)

Phone: (08) 9227 1631

Website: www.ahcwa.org.au

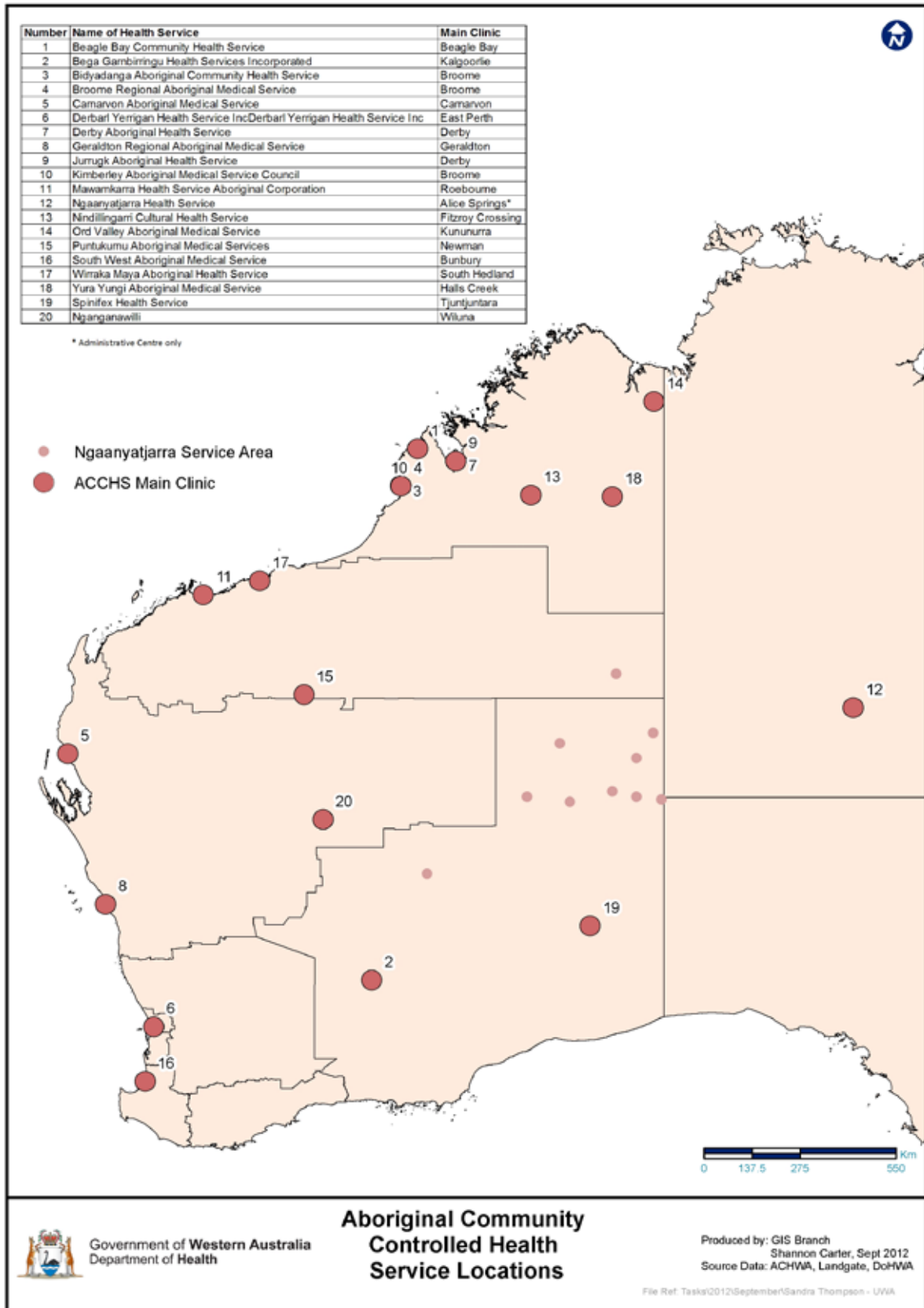
NOTE:

Contact Page for all AHCWA member organisations in WA is found at:

<http://www.ahcwa.org.au/index.php/members/member-locations>

OR – page 21 - AHCWA Member Organisations

Aboriginal Community Controlled Health Services Locations



AHCWA Member Organisations

PERTH

Derbarl Yerrigan Health Service Inc.
Phone: (08) 9421 3888
Website: <http://www.derbarlyerrigan.com.au/>

KIMBERLEY REGION

Kimberley Aboriginal Medical Service Council (KAMSC)
Phone: (08) 9193 6043
Website: www.kamsc.org.au/

Beagle Bay Community Health Service (North of Broome)
Phone: (08) 9192 4914
Website: <http://www.kamsc.org.au/remoteclinic/beaglebay.html>

Bidyadanga Aboriginal Community Health Service
Phone: (08) 9192 4952
Website: <http://www.kamsc.org.au/remoteclinic/bidyadanga.html>

Broome Regional Aboriginal Medical Service
Phone: (08) 9192 1338
Website: <http://www.kamsc.org.au/brams.html>

Derby Aboriginal Health Service
Phone: (08) 9193 1090
Website: <http://www.kamsc.org.au/derby.html>

Fitzroy Crossing – Nindilingarri Cultural Health Service
Phone: (08) 9193 0093
Website: <http://www.nindilingarri.org.au/>

Halls Creek: Yura Yungi Aboriginal Medical Service
Phone: (08) 9168 6266
Website: http://www.kamsc.org.au/yura_yungi.html

Ord Valley Aboriginal Medical Service
Phone: (08) 9168 1288
Website: <http://www.kamsc.org.au/ovahs.html>

GASCOYNE REGION

Carnarvon Aboriginal Medical Service
Phone: (08) 9941 2499
Website: www.cmsac.com.au/

SOUTH WEST

South West Aboriginal Medical Service
Phone: (08) 9791 1166
Website: www.swams.com.au

PILBARA REGION

South Hedland: Wirraka Maya Aboriginal Health Service
Phone: (08) 9172 0410
Website: www.wmhsac.com

Roebourne: Mawarnkarra Health Service Aboriginal Corporation
Phone: (08) 9182 0800

Newman: Puntukurnu Aboriginal Medical Services
Phone: (08) 9175 7093
Website: <http://puntuturnu.com.au/>

GOLDFIELDS

Kalgoorlie: Bega Garnbirringu Health Services Incorporated
Phone: (08) 9022 5500
Website: <http://www.bega.org.au/>

Spinifex Health Service (700km north-east of Kalgoorlie)
Phone: (08) 61880160, (08) 90371102 or (08) 90371206
Website: www.ptachealth.org.au

MID WEST

Geraldton Regional Aboriginal Medical Service
Phone: (08) 9956 6555
Website: <http://www.grams.asn.au/>

WHEATBELT

Wheatbelt Aboriginal Health Service
Phone: (08) 9690 2888

Research Centres

All Western Australian universities have Aboriginal research centres.

Curtin University

Karda – The Centre for Aboriginal Studies

Phone: (08) 9266 7091

Website: <http://karda.curtin.edu.au/>

University of Western Australia

School of Indigenous Studies

Phone: (08) 6488 3428 or 1800 819 292

Website: <http://www.sis.uwa.edu.au/>

School of Primary, Aboriginal and Rural Health Care

Phone: (08) 9346 7504

Website: <http://www.sparhc.uwa.edu.au/>

Murdoch University

Kulbardi Aboriginal Centre

Phone: (08) 9360 2128

Website: <http://kulbardi.murdoch.edu.au/>

Edith Cowan University

Kurongkurl Katitjin – Centre for Indigenous Australian Education and Research

Phone: (08) 9370 6689

Website: <http://www.ecu.edu.au/schools/kurongkurl-katitjin/>

The University of Notre Dame Australia

Nulungu Centre for Aboriginal Studies

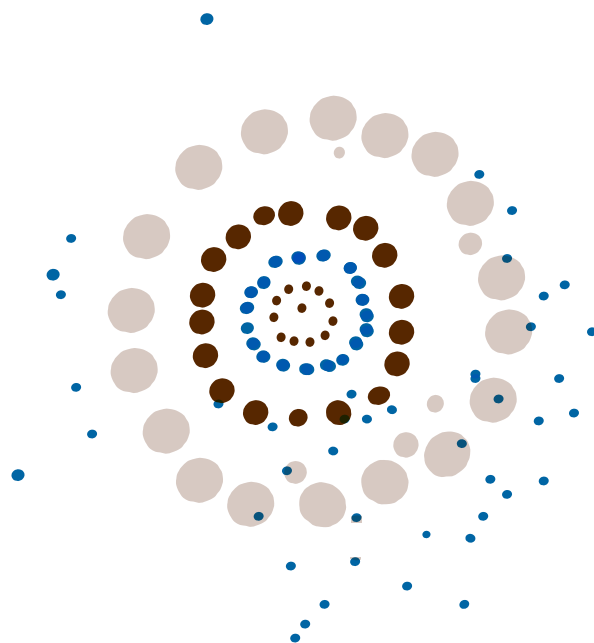
Phone: (08) 9192 0648 (Broome)

Website: <http://www.ndcis.org.au/>

(WA Member of NACCHO)

Phone: (08) 9227 1631

Website: www.ndcis.org.au/



Government Agencies for Aboriginal Health

Department of Health: Aboriginal Health

Phone: (08) 9222 4024

Website: www.aboriginal.health.wa.gov.au/home/

National Health and Medical Research Council (NHMRC)

Australia's peak body for supporting health and medical research

Phone: (02) 6217 9000

Website: <http://www.nhmrc.gov.au>

Non-Government Agencies

The Aboriginal Alcohol and Drug Service (AADS)

Phone: (08) 9221 1411

Web: www.aads.org.au

Australian Indigenous Doctors' Association Ltd (AIDA)

A not-for-profit, non-government organisation dedicated to the pursuit of leadership, partnership & scholarship in Aboriginal and Torres Strait Islander health, education and workforce

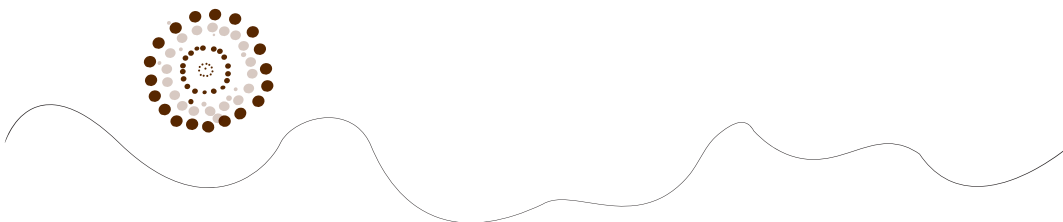
Phone: (02) 6273 5013

Website: <http://www.aida.org.au>

Aboriginal Legal Service (ALS), WA

Phone: (08) 9265 6666

Website: <http://www.als.org.au/>



Online Resources for Reporting Aboriginal Health

SBS Codes of Practice

http://media.sbs.com.au/home/upload_media/site_20_rand_2138311027_bscodesofpractice2010.pdf

ABC Cultural Protocols for Indigenous Reporting in the Media

http://www.abc.net.au/indigenous/education/cultural_protocol/culturalprotocol.pdf

Griffith University – All-Media Guide – To Fair and Cross Cultural Reporting

http://www.griffith.edu.au/__data/assets/pdf_file/0015/32037/all-media-guide.pdf

The following resources are not specific to reporting Aboriginal affairs however encompass helpful information.

Report of the Independent Inquiry into the media and media regulation

http://www.dbcde.gov.au/__data/assets/pdf_file/0006/146994/Report-of-the-Independent-Inquiry-into-the-Media-and-Media-Regulation-web.pdf

Media, Entertainment & Arts Alliance – Code of Ethics

<http://www.alliance.org.au/code-of-ethics.html>

Australian Press Council

<http://www.presscouncil.org.au/statements-of-principles/>

WA Journalists Association

<http://www.waja.org.au/>

The Australian – Professional Conduct Policy

<http://www.theaustralian.com.au/help/editorial-code-of-conduct>

