Health from the Grass Roots: Aboriginal health priorities project
Northern Rivers, NSW

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Structural reforms in health research/policy/program implementation

- Intersectoral collaboration
- Community-led solutions

**Aim**
Aboriginal community-led process to identify and act on local priority health and wellbeing issues

**Objectives**
Stakeholders work with community in ‘bottom up’ process of collaboration, whole-of-system (inter-sectoral) approach
- priority setting, local research & action plans
- map processes, identify and test solutions (system action learning teams)
- two-way learning between community, service providers, researchers

UCRH Aboriginal staff, Grassroots Project 2018
Key stakeholders

Ngayundi Aboriginal Health Council
Study population

Northern Rivers pop (7 LGAs) – approx. 300,000

Aboriginal & Torres Strait Islander pop – 13,468 (4.5%)
North Coast Local Government Areas

Clarence Valley
Grafton
Baryulgil
Malabugilmah
Maclean
Yamba
Iluka

Tweed Shire
Fingal
Kingscliff
Cabarita
Mullumbimby
Mullumbimbah
Pottsville

Lismore / Ballina / Byron
Wardell
Cabbage-Tree Island
Lennox Head
Byron Bay
Goonellabah
Alstonville
Meerschaum Vale
Nimbin

Richmond Valley / Kyogle
Casino
Tabulam
Jubullum Village
Kyogle
Mulli Mulli
Coraki
Box Ridge
Bonalbo
Evans Heads
**Key principles**

Strong partnerships (across whole-of-system)
Two-way learning
Community-driven
Research capacity strengthening (community peer workers)
Indigenous knowledge, methodologies
Strengths-based (community & culture)
Community will retain ownership and control of data

Ngayundi Aboriginal Health Council

AHMRC ethics ref 1457/18
Methods

1. survey & focus groups / yarning circles, story-telling (2018)
2. report back to community confirm priority issues (now)
3. work with community & stakeholders to develop local action plans (& implement... *research funding application/s*)

*Community-based participatory action; Indigenous methods; systems thinking; continuous learning cycles*
1. What does a healthy community look like?
2. What are your top health & wellbeing issues in your community?
3. What works well to keep the community healthy?
4. What needs improvement?

Methods
Survey, yarning circle questions
Results – Phase 1

approx. 200 surveys
4 community workshops
other workshops e.g. AECG meeting

Common issues identified
Alcohol and drug abuse
Mental & emotional health
Lack of service coordination
Connection with culture
Chronic disease management
Poor housing / affordability
Transport access

Strengths (working well)
Cultural education in schools, camps
Language revitalisation
Community events, mens/womens, elders groups, youth programs
Services going to community
Sports activities
Next steps...

1. Consolidate what we’ve learnt on community health priorities
   • Infographic, bring back to community (workshops)

2. Local health priority action plans
   • Share with stakeholders
   • Establish local project governance to take plans forward

3. Research funding application
   • Form ‘system action learning teams’ (all stakeholders)
   • Map out system processes (causal-loop diagrams)
   • Identify leverage points, develop and test solutions
Causal-loop diagrams, emphasis on connections (holistic health)

Example: school-setting Maori perspectives, systems thinking (role of curriculum to reduce obesity)

Communication tool

Thank you!

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Website:
https://ucrh.edu.au/about/health-from-the-grass-roots/
Lessons so far...

Workshops
- Tagging on to existing forums vs setting-up own
- Representation
- Emotional safety of participants and staff
- Time

Working well
- Collaboration, service provider support
- Engagement, Aboriginal led, community voice privileged
Results

Clarence Valley survey top priorities

- Mental and emotional health
- Alcohol and drugs
- Access to information about health
- Qualities of the community
- Chronic disease
- Overweight and obesity
- Transport

Grafton workshop priorities

- Mental health; suicide
- Drugs & alcohol
- Access to services, health promotion programs, communication

[Graph showing priorities with Mental and emotional health as the highest priority]
Results

Lismore region survey top priorities

<table>
<thead>
<tr>
<th>Service</th>
<th>Priority</th>
</tr>
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<tbody>
<tr>
<td>Alcohol and drugs</td>
<td>16</td>
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<tr>
<td>Physical activity</td>
<td>14</td>
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<tr>
<td>Mental and emotional health</td>
<td>12</td>
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<tr>
<td>Education</td>
<td>10</td>
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<tr>
<td>Dental health</td>
<td>10</td>
</tr>
<tr>
<td>Programs and activities</td>
<td>10</td>
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</table>

Lismore workshop priorities

Service access, communication, collaboration
- awareness; cost; waiting times; frustration
Aboriginal workforce
- cultural safety, education & support
Results

Lismore

Service access, communication, collaboration
- awareness; cost; waiting times; frustration
Aboriginal workforce
- cultural safety, education & support

Grafton

Mental health; suicide
Drugs & alcohol
Access to services, health promotion programs, communication
Cultural connection through programs & activities