

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

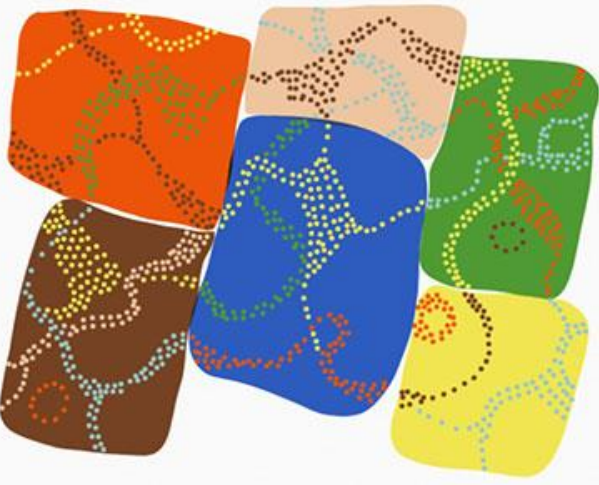
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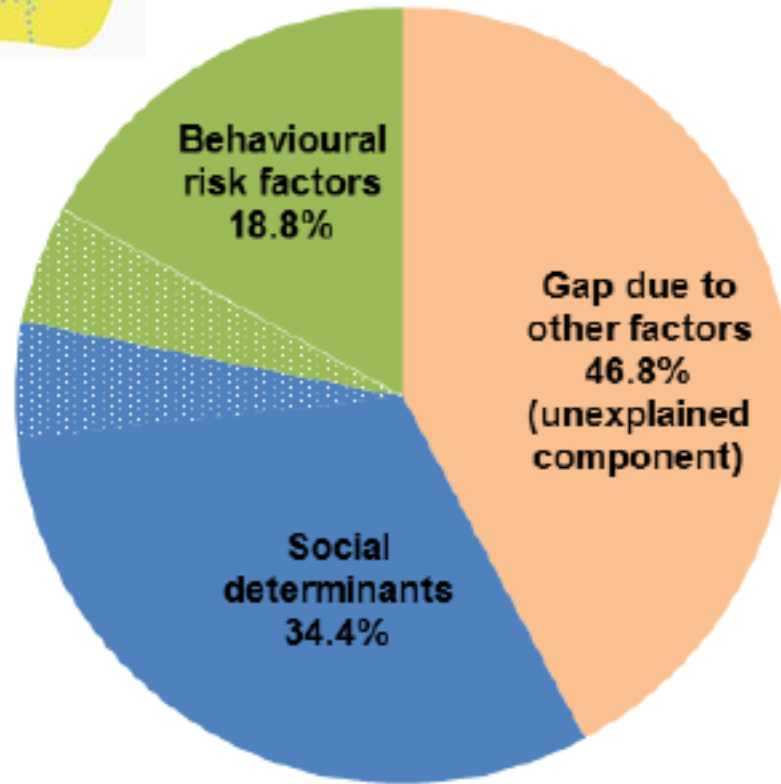
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2019 AIATSIS National Indigenous Research Conference, 1-3 July Brisbane

The gap: social & cultural determinants



Overlap
between social
determinants
& behavioural
risk factors
(10.8%)



Structural reforms in health research/
policy/program implementation

- Intersectoral collaboration
- Community-led solutions

Australian Government (2017) *My Life My Lead – Opportunities for strengthening approaches to the social and cultural determinants of Indigenous health.*

Aim

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

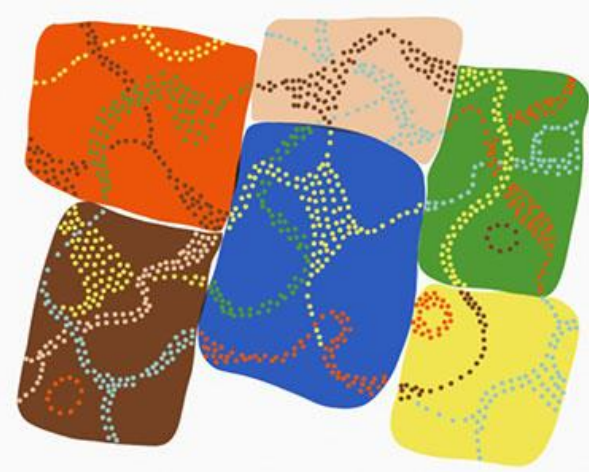


UCRH Aboriginal staff, Grassroots Project 2018

Objectives

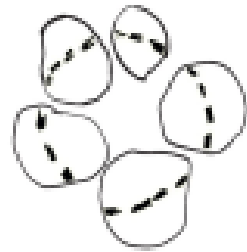
Stakeholders work with community in ‘**bottom up**’ process of collaboration, **whole-of-system** (inter-sectoral) approach

- priority setting, local research & action plans
- map processes, identify and test solutions (system action learning teams)
- two-way learning between community, service providers, researchers



Key stakeholders

Ngayundi Aboriginal Health Council



Bulgarr Ngaru
Medical Aboriginal Corporation



JULLUMS
LISMORE AMS



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

Murwillumbah

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

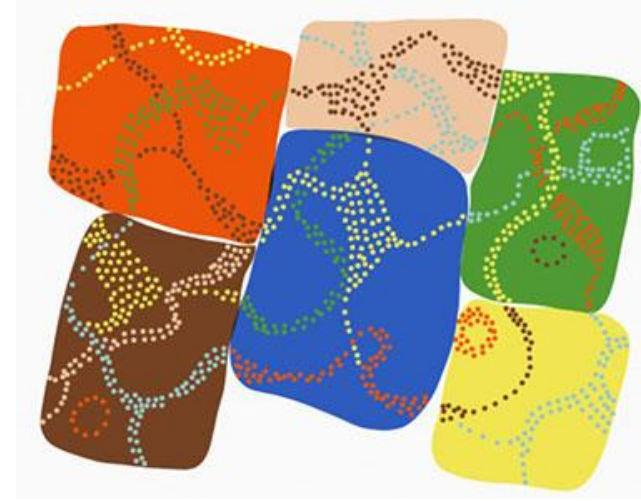
Community-driven

Research capacity strengthening (community peer workers)

Indigenous knowledge, methodologies

Strengths-based (community & culture)

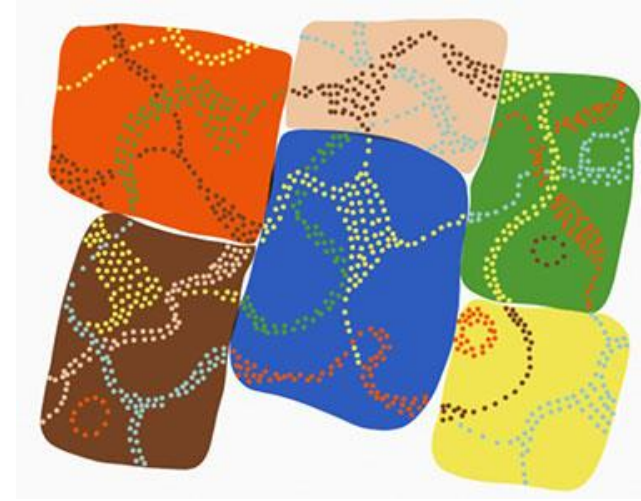
Community will **retain ownership and control** of data



Ngayundi Aboriginal Health Council

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*

Methods

Survey, yarning circle questions

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?



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

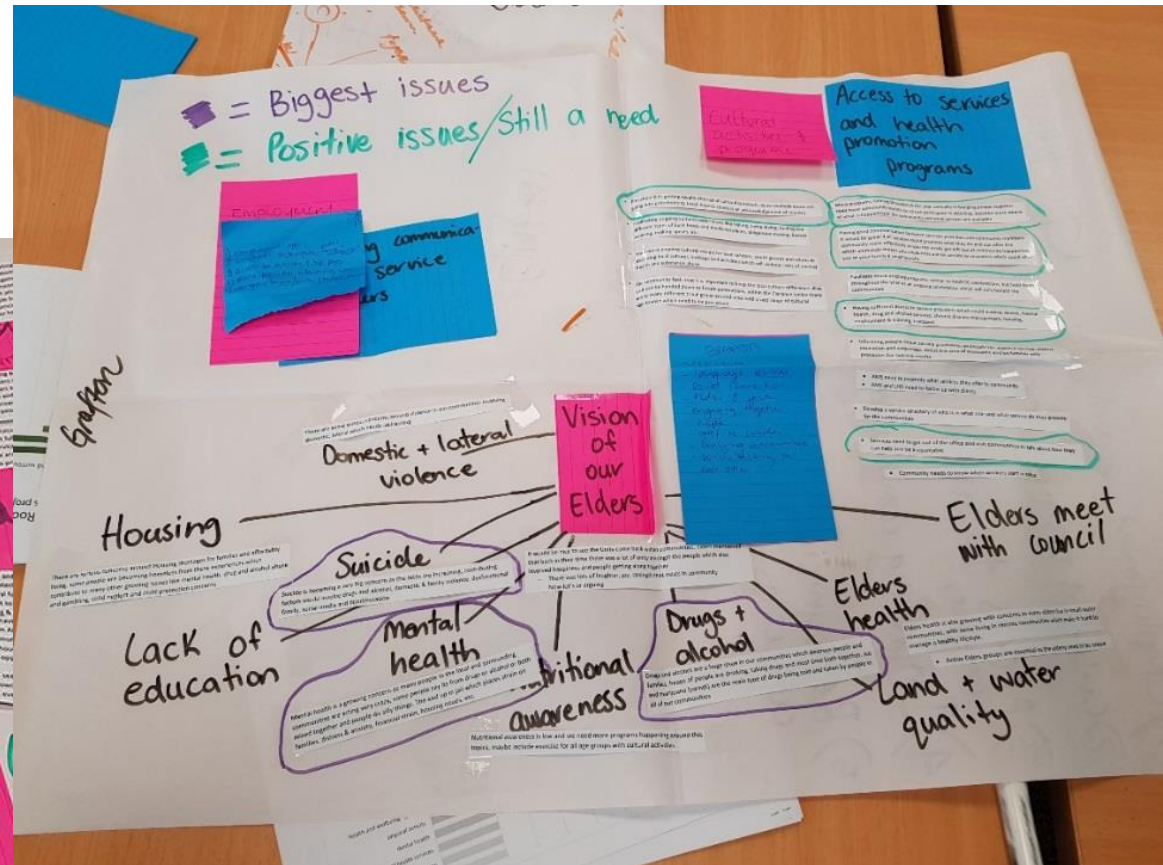
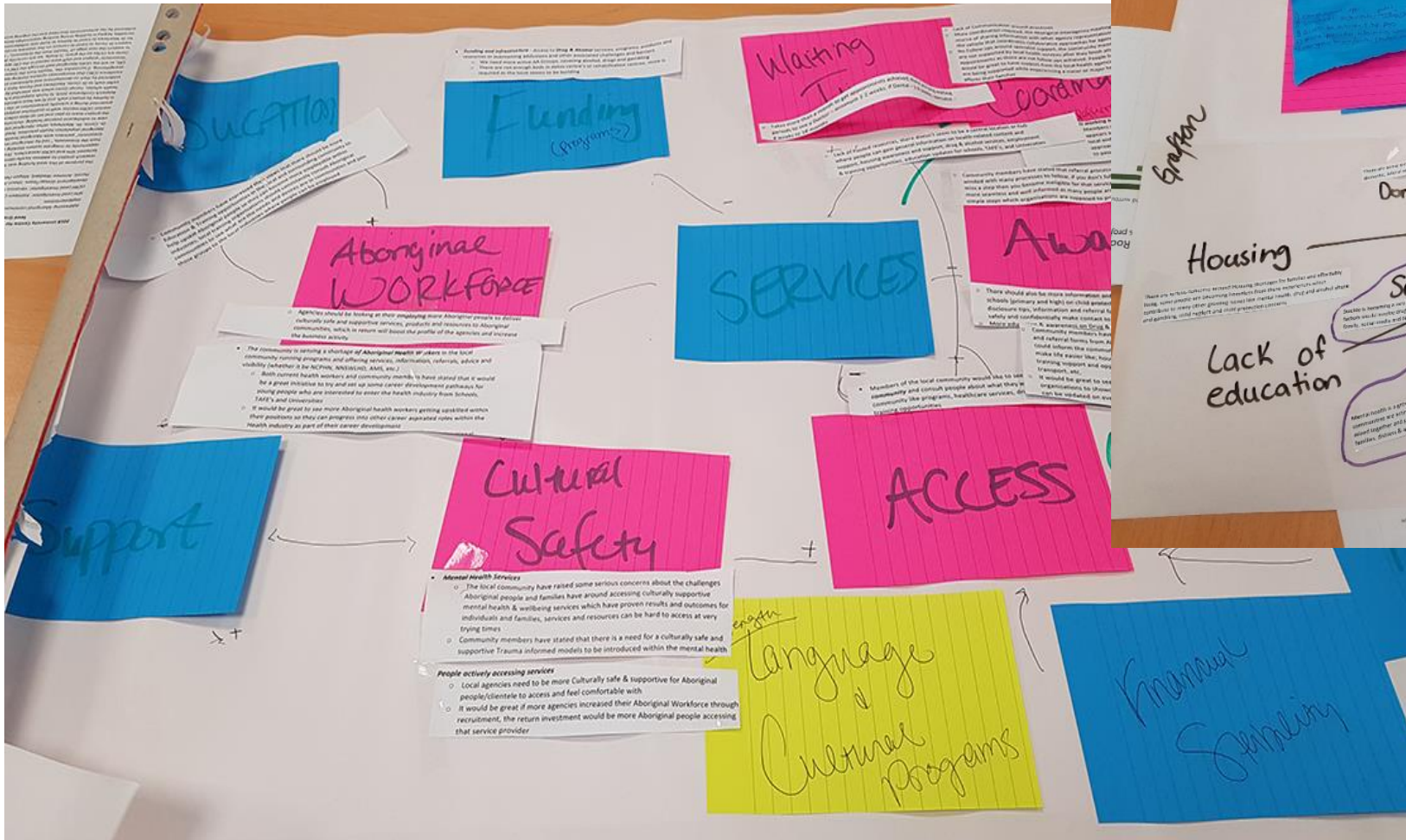
Language revitalisation

Community events, mens/womens,
elders groups, youth programs

Services going to community

Sports activities

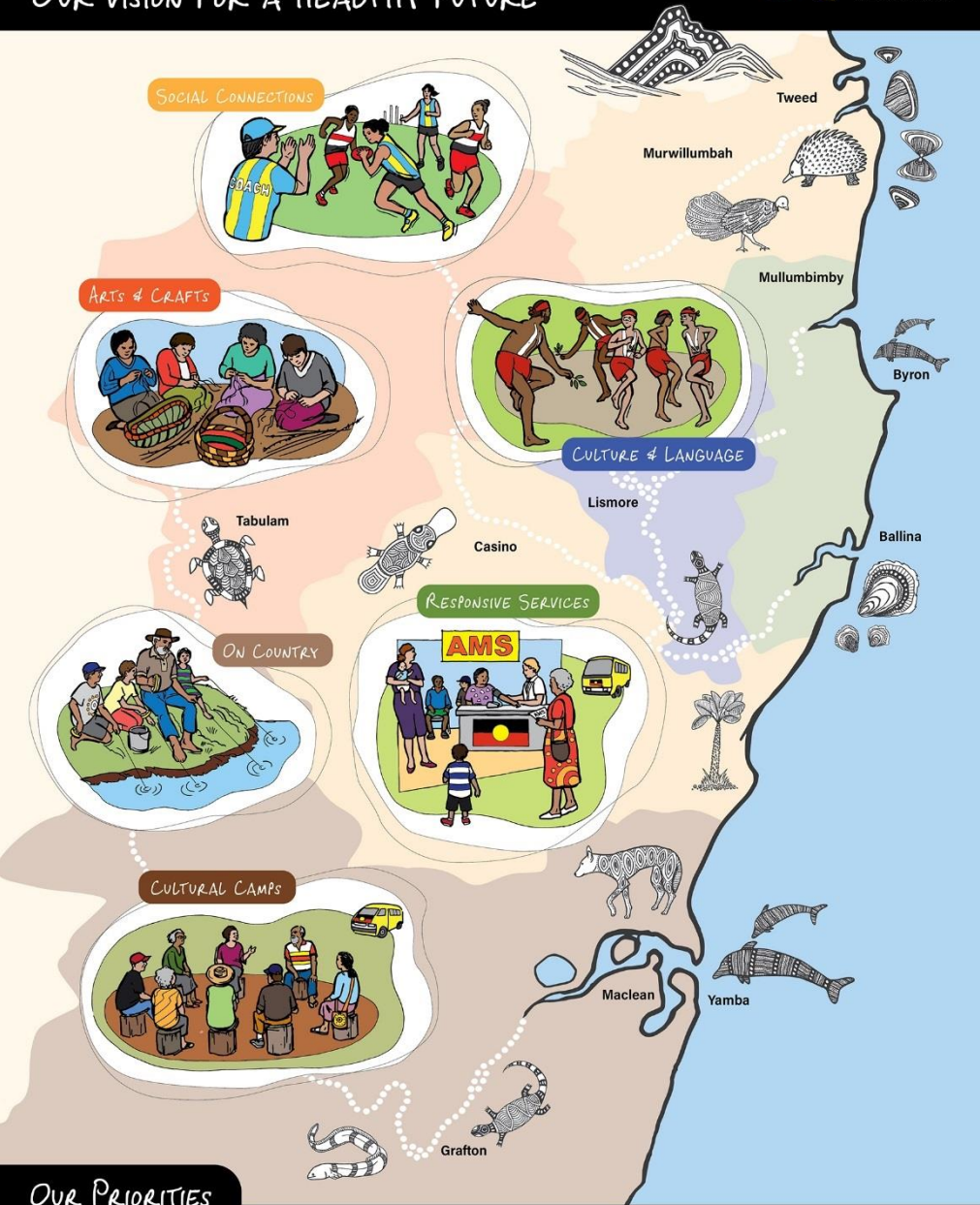
Analysis



Aboriginal Communities of the Northern Rivers

OUR VISION FOR A HEALTHY FUTURE

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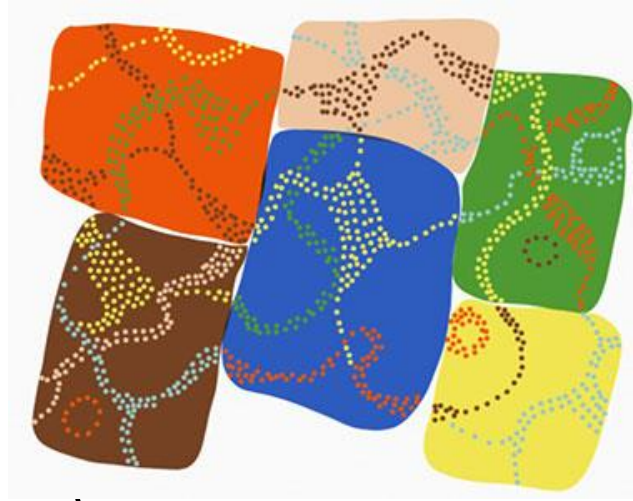
OUR PRIORITIES

- Access to culturally safe services (esp mental health & drug & alcohol)
- Increase service collaboration & effective communication with community
- Strengthen connection to culture in programs
- Address all forms of violence within community
- Target children and youth
- Target socioeconomic factors (employment, housing, education)



Next steps...

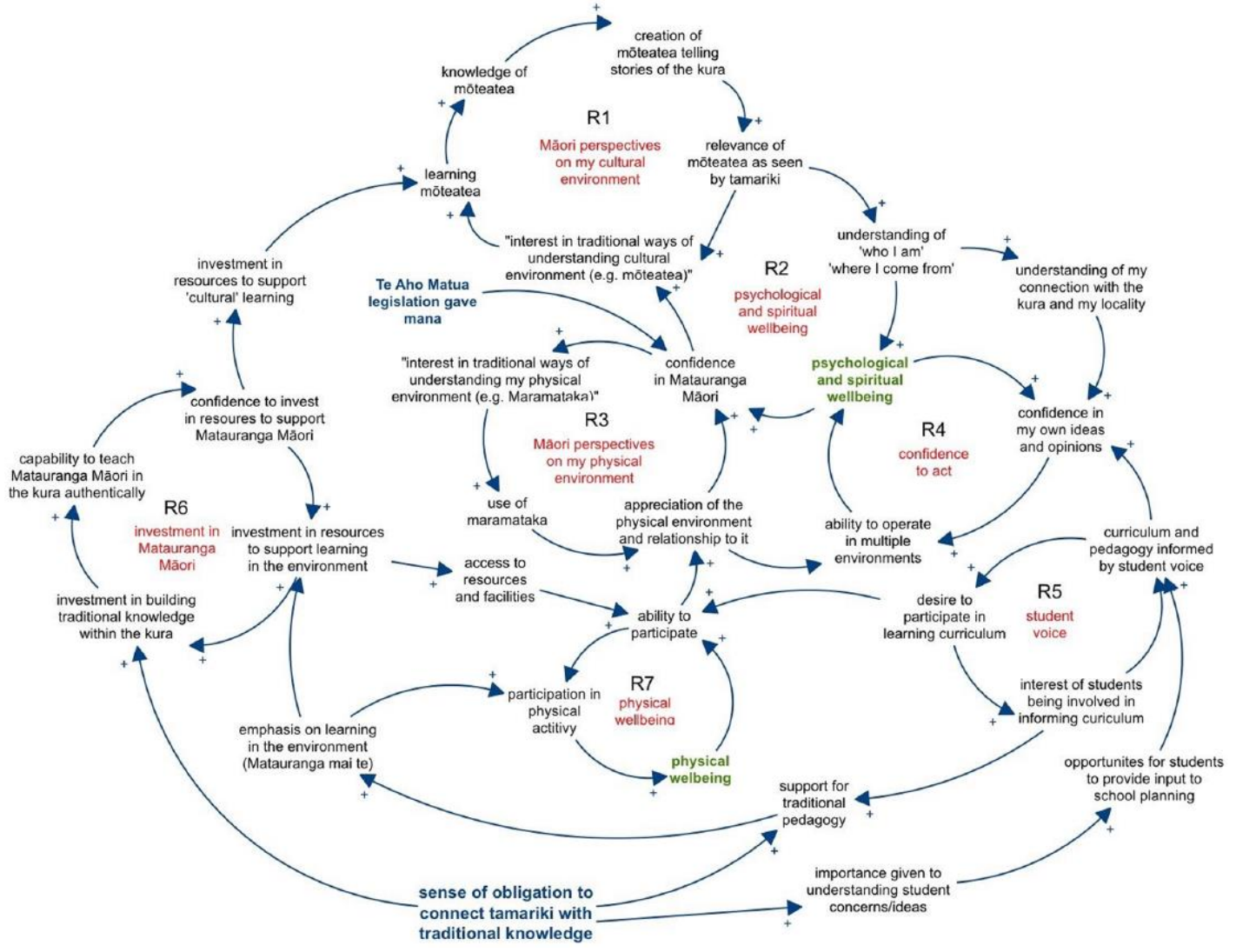
1. Consolidate what we've learnt on community health priorities
 - Infographic, bring back to community (workshops)
2. Local health priority action plans
 - Share with stakeholders
 - Establish local project governance to take plans forward
3. Research funding application
 - Form 'system action learning teams' (all stakeholders)
 - Map out system processes (causal-loop diagrams)
 - Identify leverage points, develop and test solutions



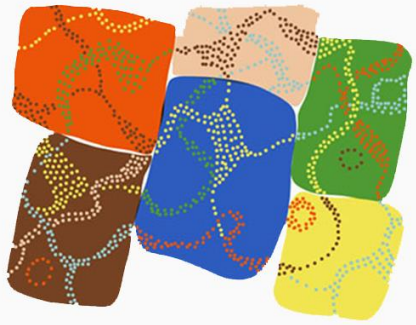
Causal-loop diagrams,
emphasis on connections
(holistic health)

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

Communication tool



Heke I, Rees D, Swinburn B, Waititi T, Stewart A. Systems Thinking and Indigenous systems: native contributions to obesity prevention. *AlterNative*. 2019;**15**(1):22-30.



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Thank you!

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Website:

<https://ucrh.edu.au/about/health-from-the-grass-roots/>



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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

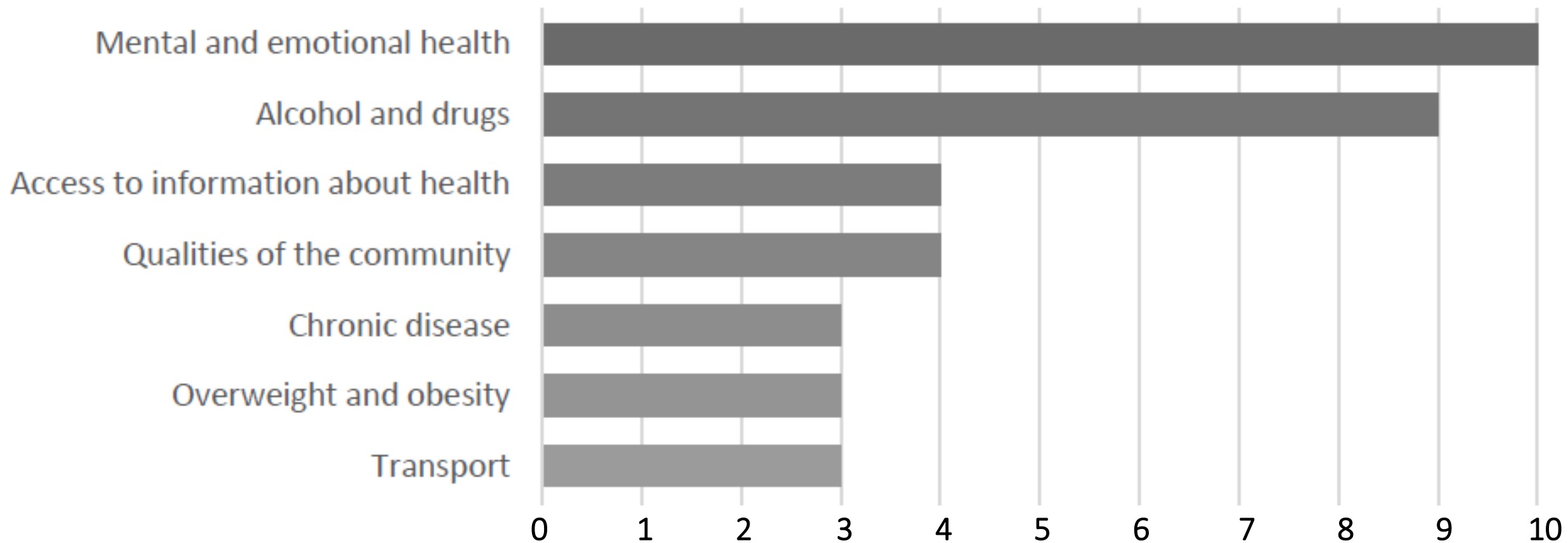
Grafton workshop priorities

Mental health; suicide

Drugs & alcohol

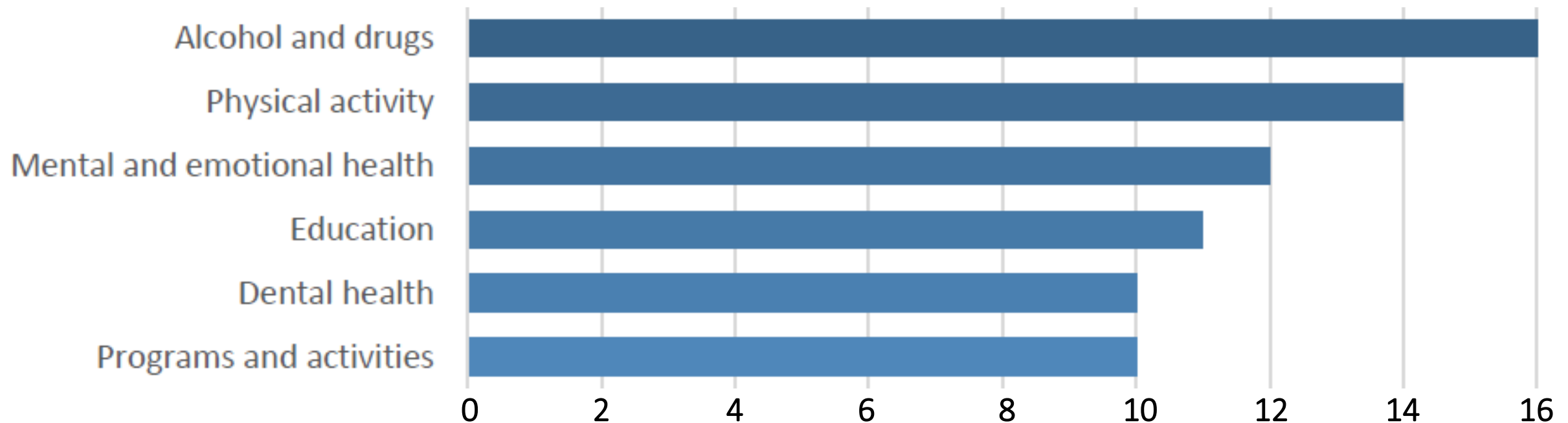
Access to services, health promotion programs, communication

Clarence Valley survey top priorities



Results

Lismore region survey top priorities



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

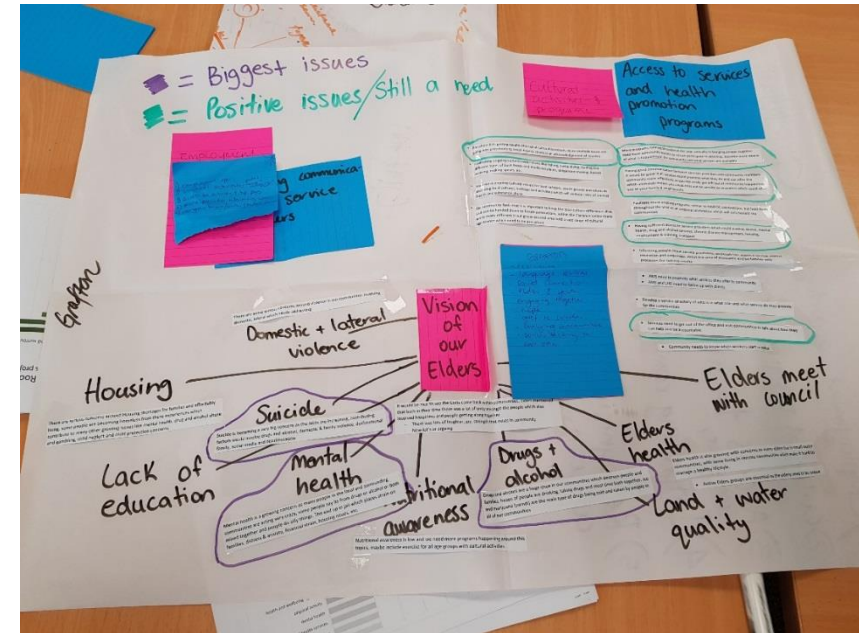
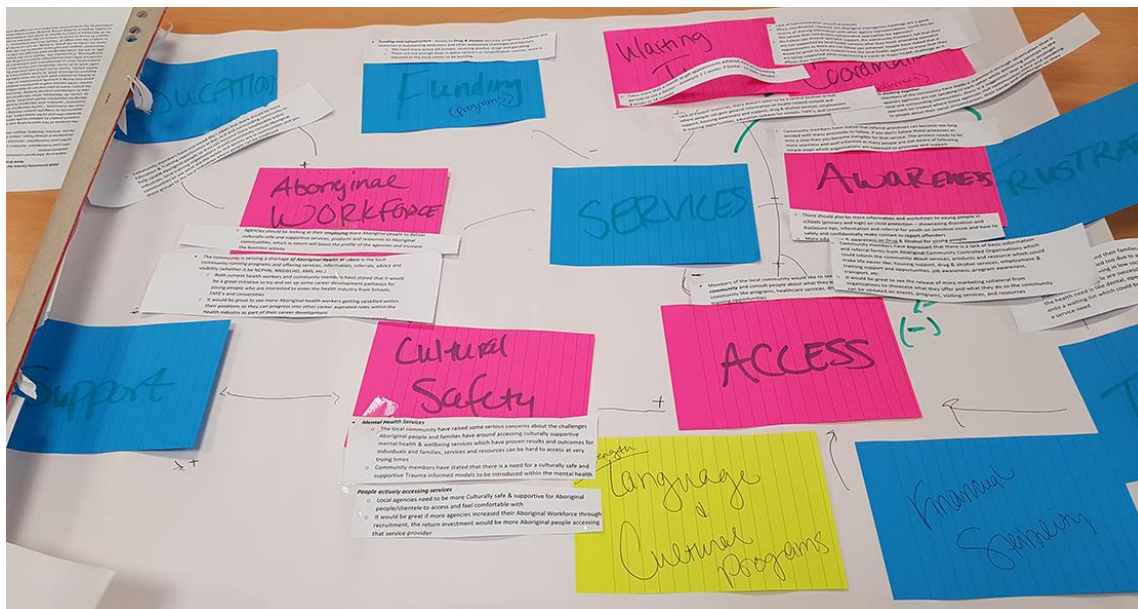
Drugs & alcohol

Access to services, health promotion

programs, communication

Cultural connection through programs &

activities



SOCIAL CONNECTIONS



ARTS & CRAFTS



CULTURE & LANGUAGE



Tweed

Murwillumbah

Mullumbimby

Byron

Ballina

Tabulam

Casino

Lismore

RESILIENT SERVICES

