Aboriginal Health and Wellbeing

Health & Medicine Cluster Webinar Series

Friday 14 August 2020
Introduction

Professor Annemarie Hennessey, PVC Health and Medicine Cluster
Welcome to Country

Fiona Towney, Director, Badanami Centre For Indigenous Education
Cultural Proficiency & Engagement

Chair: Professor Hannah Dahlen (SoNM, THRI)
SHARING OUR STORIES OF HEALTH RESEARCH PARTNERSHIPS

Aunty Kerrie Doyle, Paul Saunders, Kyar Wilkey and Kayla Sale
Western Sydney University
PROJECT AIMS

• Examine health research partnerships from an Indigenous perspective
• Developing indicators for successful and sustained research partnerships between Indigenous organisations and research institutions
• Develop tool kit/resources to guide researchers in the future
METHOD

• Survey and focus groups with stakeholders
• Literature review to scope best practice protocol
• Face to face education workshops to assist researchers utilise an Applied Method Cultural Proficiency
• Yarning sessions with community leaders and expert cross-cultural researchers
OUTPUTS

• Partnerships in Indigenous health Film
• Steps to success – model of research engagement
• Sustained Support and online education
• Face to Face Education – Applied Cultural Proficiency Workshops
PARTNERSHIP: THE KEY TO POWERFUL ABORIGINAL HEALTH RESEARCH

Cultural Proficiency in Aboriginal and Torres Strait Islander Research: A mixed-methods, cross-cultural evaluation of a novel resource

Paul Saunders
Unfavourable, conflict, disenfranchised  

Inclusive, equitable, progressive
EQUITY
Exploring Aboriginal and Torres Strait Islander Carers' experiences from Sad News to Sorry Business

Our key learnings on how to design and conduct qualitative research:

1. Aboriginal researchers on the team
2. Culturally safe venues to hold interviews
3. Member checking – revisiting transcripts

Research Team: Linda Ora, NBMLHD, Associate Professor Lauretta Luck, WSU, Veronica Lloyd NBMLHD, Clarke Scott, NBMLHD, Rachel Scobie, NBMLHD, Laura Kirsten, NBMLHD, Dr Glenda McDonald, WSU
How Aboriginal People Engage and Connect with Aboriginal Community Controlled Health Organisations

Christine Carriage
c.carriage@westernsydney.edu.au
Health & Medical cluster webinar series;
Aboriginal Health and Wellbeing
Document & Explore

- Documenting opportunities ACCHOs provide for community
  - Identifying motivations for engagement and connection
  - Unpacking relationships Aboriginal people have with their ACCHO.

Exploring Questions

- How and why do Aboriginal people engage with an ACCHO?
- How and why do Aboriginal people connect with an ACCHO?
- How does this connection affect their sense of health and wellbeing?
- How could this connection be strengthened with the ACCHO?
Method

- Qualitative research
  - Case Study approach -

- In collaboration with two ACCHOs
  - situated in remote and urban areas of NSW.

- Coming from a community (grassroots) perspective
  - Interviews and focus groups (yarning circles) with AMS directors, staff and consumers;
PILOTING AN INDIGENIST MODEL OF LEADERSHIP: MIXED METHODS APPROACH

Chris Pitt
Aboriginal Health and Wellbeing CAG Project Officer
Maridulu Budyari Gumal
This study aims to develop and evaluate an indigenist model of leadership that can be incorporated within academic, government and health environments.
Phase 1: Literature Review
- Scoping Literature Review
- Literature Review
- Environmental Scan

Model Development
- Expert Reference Panel
- Instrument Development
- Pilot Distribution
- Live Survey

Refine Model
- Results reviewed by Expert Panel
- Semi-Structure Interviews
- Finalisation of Model

Model piloted through LIME, CATSINaM, SPHERE, NCIS, IRNET, NCCC
PROJECT OUTPUTS

**Literature Review**
- Identify components of an indigenist model of leadership
- Evaluate outcomes of indigenist leadership model
- Evaluation of Australian policies that facilitate indigenist model of leadership

**Model of indigenist leadership**
- Pilot model of indigenist leadership across Indigenous and non-Indigenous organisations

**Report results back to community**
- Workshop to feedback findings and lesson’s learned

**Policy/Grey Literature**
- Guide to facilitate inclusive organisational culture
- Recommendations regarding how to implement an indigenist leadership model

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**Thank you for your time**

Any Questions, comments please contact Chris Pitt at c.pitt@westernsydey.edu.au
Interventions to Improve Health Literacy Among Indigenous Australians: A Systematic Review

Simone Nash supervised by Dr Amit Arora
Western Sydney University - School of Health Sciences
Records identified through database searching (n = 763)

Additional records identified through other sources (n = 10)

Records after duplicates removed (n = 750)

Records screened (n = 30)

Records excluded (n = 7)

Full-text articles assessed for eligibility (n = 23)

Full-text articles excluded, with reasons (n = 18)

Studies included in qualitative synthesis (n = 5)
## Key Findings

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<tbody>
<tr>
<td><strong>Study Type</strong></td>
<td>RCT</td>
<td>Stepped Wedge RCT with longitudinal sub-study</td>
<td>Pragmatic RCT</td>
<td>Pre-Post Longitudinal Survey</td>
<td>Pre-Post Longitudinal Survey</td>
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<tr>
<td><strong>Results</strong></td>
<td>Increased self efficacy and self management</td>
<td>Increased self efficacy to change intake, cook and try new foods</td>
<td>Improved knowledge from nutrition workshops not measured (poorly attended)</td>
<td>Improvement in several biomedical and clinical measures</td>
<td>Improved self reported motivation</td>
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<td>Increased awareness of social impacts of poor oral health</td>
<td>Increased self-reported daily intake of fruits and vegetables</td>
<td>Statistically significant reduction of BMI and BP only (short F/U period)</td>
<td>Statistically significant improvements in hypertensive and obese participants</td>
<td>All improvements greater among Indigenous participants</td>
</tr>
</tbody>
</table>
The importance of local history for nurses: An Aboriginal Australian microhistory.

Dr Toby Raeburn, Matthew James, Dr Paul Saunders & Professor Aunty Kerrie Doyle
Cultural Proficiency & Engagement

Chair: Professor Hannah Dahlen (SoNM, THRI)
Clinical Interventions

Chair: Associate Professor David Mahns (SoM, THRI)
Implementation and evaluation of integrated, district-wide approaches to diabetes contraception and pre-pregnancy management in women with pre-existing diabetes in New South Wales: the NSWDCAPP programme

Chief Investigator: Prof. David Simmons
Presenter: Jincy Immanuel
Women with type 1 or type 2 diabetes who become pregnant, have an increased risk of adverse pregnancy outcomes.

Congenital malformation rates; 2% in the general population, 12% in Campbelltown, ~33% involving heart/neural tube

Diabetes has a population attributable fraction of ~8% for multiple congenital anomalies

A$1m for each cardiac/neural tube abnormality

Aboriginal women

At high risk for type 2 diabetes

In 2018, 4,200 babies born to Aboriginal mothers (4.5% of all babies born in NSW)

Prevalence of pregestational diabetes; 1.2% in Aboriginal mothers, but 0.8% in Non-Aboriginal mothers

Rate of congenital conditions; 19.9 per 1,000 among babies born to Aboriginal mothers, 16.0 per 1,000 for babies born to non-Aboriginal mothers
Applying the COM-B behaviour change framework to the development of the DCAPP intervention

EASIPOD STUDY [3]
- >50% ↑ in pre-pregnancy clinic referrals
- 24% GPs aware of programme

NSW DCAPP Components
- Pilot (SWS) Evidence
- Existing Evidence

Contraceptive use & pregnancy planning

Interventions in italics not piloted
- Turquoise = Transition Clinic
- Purple = HealthPathways
- Yellow = Part of past interventions shown to reduce adverse pregnancy outcomes or unplanned pregnancies [3,6,23,37,38]
Expansion of DCAPP across Aboriginal networks

- We will be expanding the program across Aboriginal networks in collaboration with Aboriginal Health and Wellbeing clinical academic group lead by Prof. Aunty Kerrie Doyle
- Applied for funding to expand programme across WSLHD, SESLHD, SWSLHD, SLHD, HNELHD, NSLHD, NBMLHD, SVHN
- Creation of a new telehealth clinic for prepregnancy management at Bathurst
- Research Assistant to support all aspects of the NSWDCAPP project in the Bathurst Hospital (including coordination)
- Provision of DCAPP materials to women through Tharawal Aboriginal Medical Service
THANK YOU !
Evaluation of Diabetes Screening in Aboriginal People in Campbelltown Hospital Emergency Department

Milan Piya, Senior Lecturer in Diabetes
School of Medicine and THRI, WSU; Camden and Campbelltown Hospitals
m.piya@westernsydney.edu.au

Diabetes in Australia - 1.7 million, half a million undiagnosed

Aboriginal people are 4 times more likely to have diabetes, or related hospitalisation/death

Chronic diseases including diabetes make up 70% of Health Gap
Campbelltown Emergency Department
3rd Feb 2020 to 3rd May 2020 (3 months)
SWSLHD and AH&MRC ethics approved

19258 Attendances
- 1199 Aboriginal (6.2%)
- 777 adult (excluding children <18 years)
- 453 individuals (excluding repeat admissions)
- 350 blood samples (13% had pre-existing diabetes)

Mean age 37±16 years
Female=65%

HbA1c request added on later
**Recommendations**

Opportunistic screening for diabetes yielded a very low pick up rate for new diabetes in Aboriginal people attending ED.

Random blood glucose is a cost-effective method of screening for diabetes, but HbA1c does not seem to be cost-effective.

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**Total Number=305 (not known to have diabetes)***

<table>
<thead>
<tr>
<th>HbA1c (%)</th>
<th>Random Glucose (mmol/L)</th>
<th>% Abnormal</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥6.5</td>
<td>≥11.1</td>
<td>n=4</td>
<td>3.9%</td>
</tr>
<tr>
<td>6.0-6.4</td>
<td>7.0-11.0</td>
<td>n=36</td>
<td>16.1%</td>
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<tr>
<td></td>
<td>6.1-6.9</td>
<td>n=60</td>
<td>33.8%</td>
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*All results need a second test to confirm the diagnosis of diabetes*
Australian native fruits + gut microbiota to prevent and treat Type 2 diabetes in Aboriginal and Torres Strait Islanders?

DR DEEP JYOTI BHUYAN
Postdoctoral Research Fellow
d.bhuyan@westernsydney.edu.au
@drdeepbhuyan
Did you know?

- 4X more likely to have Type 2 Diabetes (all age groups)
- Develop diabetes at a younger age
- Rapid transition to Westernized lifestyle
- Alcohol and diet with high fat & sugar
- 10-year life expectancy gap

Possible solution?

Potential outcome?

Low cost native fruit-based preventative and therapeutic interventions
Indigenous knowledge + Modern science = Improve health outcomes of Aboriginal and Torres Strait Islander communities

#followyourgut
Question: To what extent is bush medicine included in complementary medicine research in Australia?

Inclusion of Bush Medicine \((n) = 15\) is 0.17%
BUSH MEDICINE – RESPECT

Science Week 2019
Mt Annan Botanical Gardens

Auntie Fran and WSU Medicine students Mellisa Soesanto and Irene Law
BUSH MEDICINE – PROMOTION AND PROTECTION

Interview with Aunty Frances Bodkin

Associate Professor Ilse Blignault & Mrs Beatrice Venkataya
Health & Medicine Cluster Webinar Series

Aboriginal Health & Wellbeing

Madhuri Venigalla, Ph.D. student
School of Medicine
Western Sydney University
Campbelltown
Anti-inflammatory compounds identified from *Syncarpia glomulifera* and investigation of their signalling pathway targets

- Many diseases of the elderly are linked to inflammation, and one of the NICM Bush Medicine group’s projects is to discover novel anti-inflammatory compounds.

- *Syncarpia glomulifera* subsp. *glomulifera* was used by the D’harawal people to heal *sores* and *ulcers*, as stated in D’harawal pharmacopeia (unpublished) written by D’harawal Aboriginal elder and botanist *Mrs. Frances Bodkin*.

- 4 active anti-inflammatory compounds were isolated and identified (Afia Aktar, Dr. Ritesh Raju).

1. Tetracarbone C
2. Tetracarbone B
3. Sideroxylin
4. Lumafavanone
Pro-inflammatory pathways activated by LPS and IFN-γ

TLR4
LPS
LBP
TLR4
MyD88
IRAK
TRIF
IRF3
IFN-β
IFN-γ
IFN-βR
JAK
TYK
IFN-γR
STAT 1 & 3
IRAK
TRAF6
IKK
NF-κB
IκBα
STAT 1 & 3
PI3K
AKT
P38
ERK
JNK
MKK
NF-κB
AP1
AP1
c-Jun
c-Fos

Proinflammatory Markers (iNos, TNFα, COX)
Effect of compounds isolated from *Syncarpia glomulifera* on LPS and IFN-γ induced phosphorylation of ERK, c-Jun and induced translocation of p65.

1. Tetracarboxylate C
2. Tetracarboxylate B
3. Sideroxylon
4. Lumaflavonone
Downregulation of LPS and IFN-γ induced pro-inflammatory pathway by compounds isolated from Syncarpia glomulifera

(1) Tetragocarbone C
(2) Tetragocarbone B
(3) Sideroxylin
(4) Lumaflavanone
“We need to show research is a benefit not just an experiment”: a process evaluation of the WATCH and INFLATE trials

A/Prof Penny Abbott
Dept of General Practice, SoM

Presented on behalf of the WATCH / INFLATE research network
Aug 2020
THE WATCH and INFLATE TRIALS

• Commenced in 2013, at mid point
• 2 randomised controlled trials of best management strategies for otitis media in Aboriginal and Torres Strait Islander children

THE PROCESS EVALUATION

• 65 qualitative semi-structured interviews with parent/carers of child participants, AMS research officers and AMS staff;
• Minutes from 67 meetings of the steering committee, whole research team and AMS community advisory groups from 2013-2020.
• Thematic analysis – longitudinal approach

OUR RESEARCH NETWORK

Penny Abbott, Jenny Reath, Robyn Walsh, Nicole King, Wendy Hu, Aunty Kerrie Doyle, Federico Girosi, Hasantha Gunasekera, Timothy Usherwood, Amanda Leach, Peter Morris, Kelvin Kong, Sissy Tyson, Deborah Askew, Geoff Spurling, Sanja Lujic, Cheryl Sidhom, Letitia Campbell, Sylvia Hussey, Cheryl Woodall, Caitlin Ede-Marlow, Katie Edney, Kyarni Pepper, Sue Hedges, Sam Harkus, Dawn Casey, Jamie Newman
Findings

• Undertaking clinical trial research in AMSs increases confidence that it will be of benefit and done well
  – The research question is important – a focus on priority health issues increases acceptability
  – Appropriate resourcing and support must be part of research design

• Tension between big picture of long term research capacity building and relationships and need to drive recruitment in a clinical trial

• Workforce development
  – AMS workforce development and resourcing in ear health most highly valued
  – Research capacity building worthwhile and is multidirectional
  – Professional development of AMS based research officers important
DEADLY DREAMING

Sleep hygiene in rural and urban Indigenous Communities
THE PROJECT

Deadly Dreaming aims to do the following:

1) Gauge the extent of knowledge about sleep hygiene among Indigenous communities

2) Identify the barriers and facilitators to accessing treatment for sleep disorders in Indigenous communities in urban and rural settings.

- A Qualitative study with inductive thematic analysis of two focus groups of Aboriginal and Torres Strait Islander people; one in Bathurst and one in Campbelltown. The groups will be separated by males and females and will be led by an individual of the same sex. Professor Aunty Kerrie Doyle will lead the Female group, and a male student under supervision will lead the male group.

- These focus groups will yarn about awareness of sleep hygiene practices and common sleep disorders (e.g. insomnia, snoring, OSA). Through these groups we will also seek community guidance on the cultural and practical obstacles to adopting optimal sleep hygiene.

- Following the yarning circles the data recorded from the discussions will be analysed using the chosen thematic analysis approach in order to stay as close as possible to the meanings of the data rather than try to fit pre-existing assumptions. This approach was chosen as it’s best for our mob to express their truths and have those truths represented without constraint.
The project is scheduled to be conducted between September – November 2020.

The understanding we gain from this project will inform future studies which will be aimed at developing screening tools and awareness programs for both patients and healthcare practitioners.

This is with the goal to promote better sleep hygiene and/or the detection and treatment of sleep disorders amongst Indigenous people.

If you have any Questions about the project, please direct them to:

- auntykerrie.doyle@westernsydney.edu.au
- 18491500@student.westernsydney.edu.au (Shayne Miller - Student on the project)

Working on this project alongside Aunty Kerrie will be a group of four Year 4 M.B.B.S students, 3 of which identify as Aboriginal and/or Torres Strait Islander.
Reflecting on the SWSLHD Aboriginal Transfer of Care (ATOC) evaluation using an Aboriginal and Torres Strait Islander Quality Appraisal Tool

Aboriginal Health & Wellbeing
Health & Medicine Cluster Webinar Series
14 August 2020

A/Prof Ilse Blignault & Liz Norsa, THRI
& ATOC research team, SWSLHD
• **Aboriginal Transfer of Care (ATOC) Model** ensures Aboriginal patients with chronic conditions transition safely from hospital back to the community

• **ATOC Evaluation** mixed-methods, conducted as a partnership: SWSLHD, NSW Health and WSU

• **Aboriginal and Torres Strait Islander Quality Appraisal Tool (QAT)** to reflect on the research process
Aboriginal and Torres Strait Islander Quality Appraisal Tool

- Incorporates Indigenous health research values and principles
- Rigorously developed
- Useful and easy to use
- Companion document helpful
- Showed strengths and weaknesses
- New insights about what we did and what we learnt

Tool available at https://create.sahmri.org/quality-appraisal/

For further information please contact l.norsa@westernsydney.edu.au
Clinical Interventions

Chair: Associate Professor David Mahns (SoM, THRI)
Workforce, Services & Training

Chair: Associate Professor Karen Liu (SHS, THRI)
Closing the Gap: Reducing Infant Mortality

RACHEL GREGORY-WILSON
DIANA JEFFERIES
SCHOOL OF NURSING AND MIDWIFERY
WESTERN SYDNEY UNIVERSITY
R.GREGORY-WILSON@WESTERNSYDNEY.EDU.AU
The Problem

• Child mortality in Indigenous communities has not improved at the same rate as child mortality in non-Indigenous communities according to the Closing the Gap Report (Australian Government, 2020).

• In 2018, there were 117 Indigenous child deaths. This was equivalent to a rate of 141 per 100,000—twice the rate for non-Indigenous children (67 per 100,000). This was not within the range required to meet the target (94 per 100,000) (Australian Government, 2020).

• Most Indigenous child deaths (85%) occur in the first year of life (Australian Government, 2020).

Reference

Aboriginal and Torres Strait Islander people have called for an approach to family and child health that values their experience and is strength-based (Wright et al., 2019).

The SoNM is seeking funding for a scholarship for an Indigenous nurse or midwife to undertake the Graduate Diploma in Child and Family Health at Karitane to investigate how an Indigenous approach to child and family health can improve child health outcomes in the Indigenous community.

Reference

The Y analysis: a snapshot evaluation of health services

Mr Robert Doyle, RN, BN MNurs (Candidate)
WHAT DO YOU SEE?
WHAT DO YOU HEAR?
WHAT DO YOU FEEL?
THE ANALYSIS

- **See** (clinical environment)
- **Feel** (translating cultural competency)
- **Hear** (communication & consultation skills)
Inner qualities versus inequalities: Educating change agents in Indigenous Health

DrPH Candidate
Sally Fitzpatrick, WSU

Joint Primary Supervisors
Dr Lois Meyer, SPHCM
Associate Professor Anita Heywood, SPHCM (Admin)

Co-supervisors
Dr Sally Nathan, SPHCM
Conjoint Associate Professor Melissa Haswell, SPHCM

Mentor
Honorary Associate Professor Jan Ritchie, SPHCM

Inaugural Elder-in-Residence UNSW Medicine
Aunty Ali Golding

Workplace supervisors
Aunty Professor Kerrie Doyle, Associate Dean Indigenous Health, School of Medicine, Western Sydney University
Professor Lisa Jackson Pulver, Deputy Vice-Chancellor Indigenous Services and Strategy, The University of Sydney
Associate Professor Megan Williams, Research Lead & Assistant Director National Centre for Cultural Competence, The University of Sydney
Research question and approach

What changes for postgraduate students when learning about Aboriginal health and wellbeing?
How can this change be explained?
What are the implications for educating and strengthening the public health workforce in Indigenous Health?

*Sequential, explanatory, mixed methods, collective case study (Stake, 2000)*

Two cases = Two 13 week electives

‘Perspectives’ of Indigenous Public Health course *(Scenario planning)*
Social and emotional wellbeing over the ‘Lifespan’ course *(Family Wellbeing)*

Relational, healing andragogy
*Delivered via blended learning, mandatory face-to-face workshop, assessable online components*

Informed by critical/social constructivist perspective, indigenist and transformative paradigms

- Phase I: Pre- and post-course surveys of processes and impacts using the multiscale Growth and Empowerment Measure (GEM) *(Haswell et al., 2010)*
- Phase II: Thematic analysis of online discussions *(Braun & Clarke, 2006)*
- Researcher reflexivity
- Aboriginal workplace and cultural supervision
- Research translation

Integrating methods ... Explaining processes

147 students completed pre-course GEM (2010-2015)
Mean age 35 years. 74.5% female. 7.4% Aboriginal
Paired sample showed significant positive change in scales, subscales, and individual scale items for combined courses (n=54-55), and within (n=26-29; p<0.05). ES various subscales moderate (0.43-0.72)

Scenario scale items = processes of empowerment = sensitizing concepts

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<tr>
<th>Perspectives (p&lt;0.01)</th>
<th>Lifespan (p ranging from 0.03 to &lt;0.001)</th>
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Integral model of transformative learning “a shift of consciousness that dramatically and permanently alters our ways of being in the world” (O’Sullivan, 2002, p. 11)

Fluid, recursive 3-stage model of transformative learning applied to qualitative data (Addleman et al., 2014, p. 190): Stage 1: Experiences that trigger disequilibrium
Stage 2: Frame of reference examination through critical reflection and dialogue
Stage 3: Potential transformative change, plans, and actions

Children as Young Health Ambassadors: An Approach to Improving Health, Wellbeing, and Learning Outcomes for Aboriginal Children and Communities

Phillip Good
PhD Candidate
Translational Health Research Institute
School of Nursing and Midwifery
Aim

This research will examine a Community led, Co-designed, Health Education model for Aboriginal children aged 9 to 12 years.

A program promoting a change process in health awareness and self-care
Research

Research findings from this study will inform future intervention programs aimed at improving health outcomes for Aboriginal children.
Career Pathways for the Aboriginal and Torres Strait Islander Health Workforce

Jamie Newman
Bila Muuji Aboriginal Corporation Health Service

Jannine Bailey
Bathurst Rural Clinical School

Health & Medicine Cluster Research in Aboriginal Health & Wellbeing Seminar
14 August 2020

Acknowledgements
This work was funded as part of the activities of the Lowitja Institute
Presented on behalf of the Career Pathways Project (CPP) team, in alphabetical order:

Dr Jannine Bailey, WSU
A/Prof Ilse Blignault, WSU
Ms Tania Bonham, SWS LHD
Ms Christine Carriage, WSU
Ms Karrina Demasi, AMSANT
Mr Justin Files, Maari Ma Health
Ms Erin Lew Fatt, AMSANT
Ms Sally Fitzpatrick, WSU
Ms Kate Kelleher, Kate Kelleher Consultancy with HCA
Mr Jamie Newman, Bila Muuji
Mr Lee Riddout, HCA

Ms Sharon Johnson, AMSANT
Ms Telphia-Leanne Joseph, UNSW Sydney
Dr Lois Meyer, UNSW Sydney
Dr Sally Nathan, UNSW Sydney
Mr Phil Naden, Bila Muuji
Ms Pamela Renata, Bila Muuji
Ms Zoe Byrne, Bila Muuji
Ms Debbie Stanford, HCA
Ms Lesa Towers, Western NSW LHD
Ms Carol Vale, Murawin with HCA
Dr Megan Williams, UTS and UNSW Sydney

Please note: The Aboriginal team members are bolded and in *italics* also if they were all part of the project’s Aboriginal Reference Group.
Final Report Launched 9th August 2020

Project Outputs Available on Lowitja Website:

❖ National Report


❖ Component Reports:
  • Literature Review Report
  • Secondary Data Report
  • NSW Case Studies Report
  • NT Workplace Case Studies Report
  • Survey Report
  • Career Trajectory Interviews Report
  • Stakeholder Report

Grinnin' Up Mums & Bubs: Developing a culturally safe model of care to promote oral health among Aboriginal women during pregnancy

Ariana Kong (PhD Candidate) | Supervisors: A/Prof A George, A/Prof L Ramjan, Dr M Sousa (UTS), Dr M Dickson (USYD), Ms J Goulding (SWSLHD)

George et al. (2016); George et al. (2018)

Graph 1: Pregnant women accessing dental services in Victoria

Oral health education
Oral health assessment
Dental referral
Dental treatment at public dental services

2.2x ↑ in Victoria

Designs by JS Koori Designs
**Study Aim**

Develop a culturally appropriate model of care to promote oral health among Aboriginal and Torres Strait Islander pregnant women by capacity building Aboriginal health staff to promote oral health.

**Study Design**

1. **Phase 1:** Review the literature to identify what is already known.
2. **Phase 2:** Explore the perspectives of Aboriginal health staff & Aboriginal women about oral health during pregnancy.
3. **Phase 3:** Developing a model of care.
Elements of the Grinnin’ Up Mums & Bubs model of care

Integrating oral health into existing antenatal models

Building capacity of Aboriginal antenatal health staff

Strategies to strengthen the cultural safety of dental services

Build upon the strengths of the Aboriginal antenatal workforce

1. Training in oral health
2. Developing supportive resources with Aboriginal health staff

1. Knowing the pathways for dental services
2. Creating the option to access public dental services through and with Aboriginal people
3. Role of Aboriginal health staff
SWSLHD asked about the opportunity of an online exercise program, Kitikana@home was grown out of a local need

- Started a culturally appropriate 8-week exercise program
- Classes were boxing, dance and full body workouts 3 days a week
- Sessions were held over ZOOM
- Coached by a qualified trainer, Coach Marc
Promoted Through

- 14 SPHERE partner organisations including UNSW, UTS, SESLHD
- WSU School of Medicine
- WSU School of Health Sciences
- Translation Health Research Institute
- The Badanami Centre for Indigenous Education
- SWSLHD

Results

- 83 people registered for the program
- 87% used the program as a coping mechanism during Covid-19
- 87% found the program easy to register for and access
- 98% of participants enjoyed the program and wanted to continue
- 100% felt motivated by Coach Marc
Testimonials

- “I loved everything about it”
- “I liked how easy it was to access, and Marc’s teaching style.”
- “it gave me the opportunity to be able to take virtual group classes, i enjoy group classes as they keep me motivated”
- “It keeps me mentally and physically healthier, as I am work from home most of time, I am not very fit and as this class is virtual”
- “Thank you for opening this platform for ppl of color all around the world. I am obese but felt motivated to attend all the session I registered for.”
Workforce, Services & Training

Chair: Associate Professor Karen Liu (SHS, THRI)
Wrap Up

Aunty Kerrie Doyle (Associate Dean, Indigenous Health, SoM)