NSW GOVERNMENT Health
Hunter New England Local Health District

First Nations peoples leading the way

Communicable disease emergency prevention & control with Aboriginal peoples

Presented by

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Acknowledgement of Country

NSW GOVERNMENT Health
Hunter New England
Local Health District

Listen, learn and build together

- Respectful, collaborative approach
- Real and meaningful engagement as an investment in health and trust

Coins

5c

10c

20c

50c

$1

$2

Infectious disease emergencies

- Historically a bigger impact for Aboriginal families and communities
- Small pox pandemic 1830-1832
- Pandemic influenza 1918-1919
- Aboriginal Protection Board - missions and reserves
- Not counted so not counted
- Social construct

ID emergency – First Nations leading the way

- Challenging the discourse
- Making space for Aboriginal people to have a voice
- Different approaches
- Build in social connectedness
- Listen, learn and build together
-

Pandemic influenza of 2009

- Back in 2007 communities were concerned about the control strategies
- Asked us to develop better strategies
- Started locally in Tamworth & Inverell then expanded to include other sites across Australia.

Results – rate ratios

Outcome	Aboriginal		Non-Aboriginal		Rate ratio of Aboriginal to non-Aboriginal people	Standardised morbidity or mortality ratio
	People *n*	Crude rate per 100 000	People *n*	Crude rate per 100 000		
Admitted to hospital	96	62.6	1035	15.0	4.2	3.2
Admitted to intensive care unit[3]	14	9.1	189	2.3	3.9	4.0
Died	5	3.3	40	0.6	5.6	4.5

[1]Aboriginal refers to Aboriginal or Torres Strait Islander people.
[2]As reported to 21 September 2009.
[3]Source: INFINITE study register, Australian and New Zealand Intensive Care Research Centre, Monash University, Melbourne.

Ref: Rudge S, Massey PD. Responding to pandemic (H1N1) 2009 influenza in Aboriginal communities in NSW through collaboration between NSW Health and the Aboriginal community-controlled health sector. *New South Wales Public Health Bulletin* 2010; 21: 26-29.

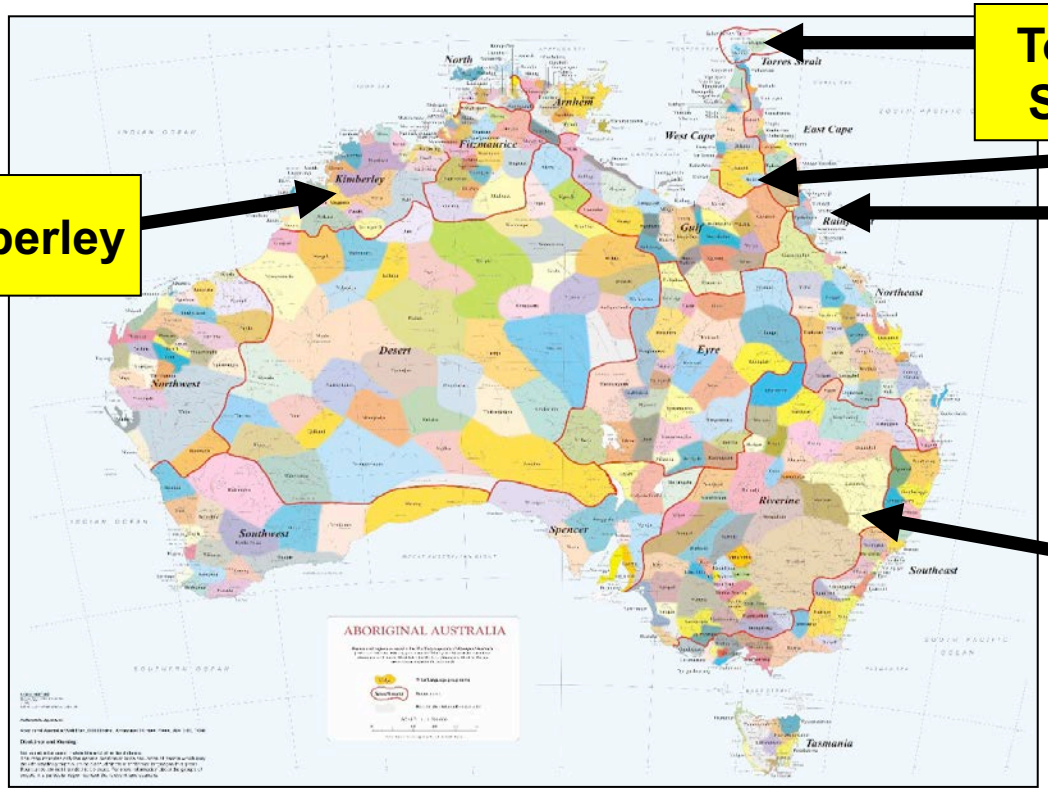
Harry is a middle-aged Aboriginal man from an isolated community in NSW. He works in the community and seldom leaves town. Harry shares a small three bedroom house with his wife, his two sons, their partners and six grandchildren. Harry has a chronic lung disease but is otherwise in reasonable health. He developed a fever in mid-July and his usual cough got worse. Harry waited 3 days until the weekly visit by the doctor to the community. By this time Harry was quite sick with shortness of breath and fatigue and was transferred by ambulance to the hospital two towns away. His condition became worse and he required ventilation and management in an intensive care unit located more than 8 hours drive from his home. He was diagnosed with pandemic (H1N1) 2009 influenza and eventually recovered. In the meantime, 70 other people from Harry's community were sick with pandemic (H1N1) influenza 2009.

*Some details have been changed to ensure confidentiality.

What the top down looks like…

From the ground up

Community Engagement



Torres Strait

Kimberley

Palm Island

Nth Qld

Hunter New Eng

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National project training Aboriginal and Torres Strait Islander researchers

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Conclusions so far…

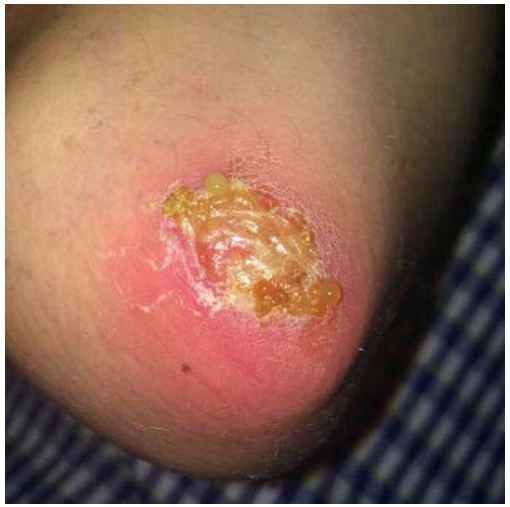
- ‘One size fits all’ approach to pandemic influenza control policy, or other public health emergencies, unlikely to work.
- Respectful engagement with communities needed to develop appropriate policy.
- PAR is an appropriate approach with communities for health research and action. But decolonise! And it is not the whole story.
- Capacity strengthening is important. Not deficit.
- Get the process right and the outcomes look after themselves.

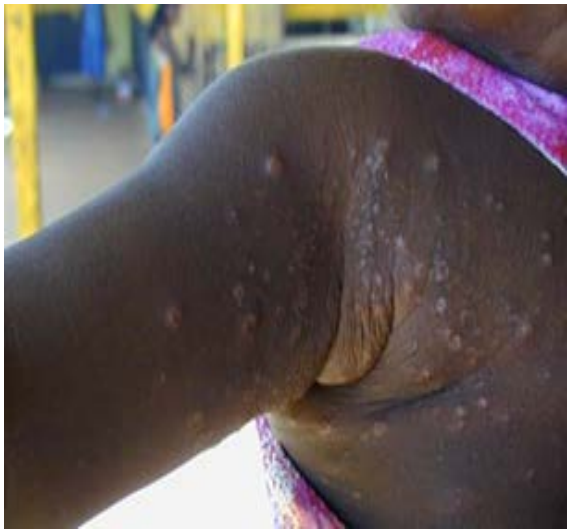
- Five theme areas were identified that posed particular challenges to limiting the negative impact of pandemic influenza; and a number of potential solutions emerged :
  - local resource person: local identified ‘go to’ people are heard and trusted, but need to have an understanding of the ID emergency;
  - clear communication: information must be presented simply, clearly and demonstrating respect for local culture

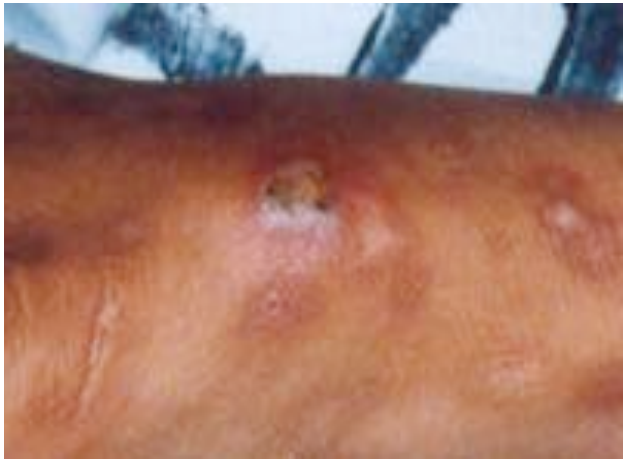
- access to health services: sick people need to know where to get help and how to get there without infecting others;
- households and funerals: infection control messages should be aligned with the reality of life in Aboriginal communities, and the importance of attending family and cultural gatherings;
- social and community support issues: Aboriginal people need to have a say in how support is provided.

- Measures to reduce the risk of ID emergencies in communities must be developed with the communities to maximise their acceptance.
- The process of engagement and ongoing respectful negotiations with communities is critical to developing culturally appropriate ID emergency mitigation and management strategies.

The Healthy Skin Project







Photos courtesy of Menzies School of Health Research

Engagement

- Links with lots of friends and colleagues:
  - Communities
  - ACCHS
  - Aboriginal Health
  - Schools
  - Menzies, Darwin & Brisbane
  - ID Specialists at JHH
  - WA Telethon Kids
  - Doherty Institute in Melbourne

Qualitative findings

Interviewed 38 participants from schools, PHC clinics and community settings

Barriers to effective treatment;

- Social determinants
- Health service barriers
- Transgenerational trauma
- Perceptions of health
- Other priorities
- Ref: Thomas S, Crooks K, Taylor K, Massey PD, Williams R, Pearce G. Reducing recurrence of bacterial skin infections in Aboriginal children in rural communities: new ways of thinking, new ways of working. *Australian Journal of Primary Health*. http://dx.doi.org/10.1071/PY16135

Qualitative findings

Strategies for more effective management***:***

- Supporting primary health care to deliver appropriate care
- Community-based
- School-based
- Respecting cultural values, ‘traditional’ remedies and family/community ways of working
- Partnerships and collaboration

Healthy Skin Model

- Aboriginal ways and best clinical practice
- Values cultural knowledge, strengthens culture and embraces traditional remedies
- Strengthens communication and engagement between families, schools and health services
- Supporting and strengthening families to prevent skin infections

Healthy Skin treatment and prevention packs

Bag folded with strap clips

Healthy Skin treatment and prevention packs

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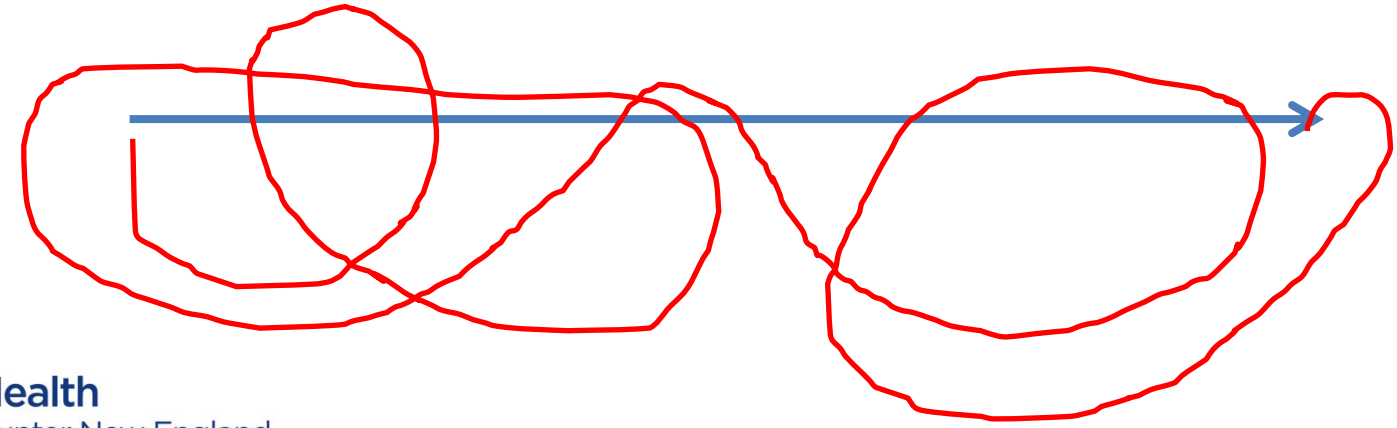
Uluru statement

- …We seek constitutional reforms to empower our people and take *a rightful place* in our own country. When we have power over our destiny our children will flourish. They will walk in two worlds and their culture will be a gift to their country.
- We call for the establishment of a **First Nations Voice** enshrined in the Constitution.
- **Makarrata is the culmination of our agenda: *the coming together after a struggle*.** It captures our aspirations for a fair and truthful relationship with the people of Australia and a better future for our children based on justice and self-determination.
- We seek a Makarrata Commission to supervise a process of agreement-making between governments and First Nations and truth-telling about our history.
- **<u>In 1967 we were counted, in 2017 we seek to be heard</u>**. We leave base camp and start our trek across this vast country. We invite you to walk with us in a movement of the Australian people for a better future.

- **First Nations leading the way**

- Non-Aboriginal got to give up some ground, making space and time, valuing other views of the world and other ways (that does not mean tolerate but more than acceptance)



- Thanks
- Questions?