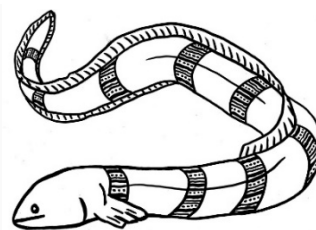


Health from the Grassroots
Aboriginal health priorities project
Bundjalung & Yaegl Country



Grassroots Community Report

Clarence Valley Region

Summary

Vision for a healthy community

“Wellbeing in community in all aspects of health, education, spirituality and culture.”

A community who are well informed, connected to culture and supported by appropriate services to improve overall health and wellbeing. A community where people are employed and educated, who stay connected by getting together through regular events, and respect and support each other.

Top priorities

Supporting families, strengthening mental health and wellbeing, promoting healthy eating, addressing transgenerational trauma, violence, alcohol and drug misuse and chronic disease.

What’s working well

Aboriginal Medical Services and other Aboriginal organisations working in the community; youth supports; men’s and women’s groups; supports for and from Elders and community events.

Ideas that would have the biggest impact

Increasing access to health and wellbeing supports with a focus on youth; prevention and rehabilitation of drug and alcohol abuse; strengthening emotional wellbeing with accessible grief, loss and trauma services and youth suicide prevention services; healthy lifestyle programs; better transport; and more activities to strengthen community connections.

Recommendations for Service Providers and Research Focus Areas

Strengthening mental health and wellbeing and preventing/reducing use of alcohol and other drugs; healthy lifestyle programs for all ages; building relationships with communities; services that promote reconnection with culture; and celebrating local culture by showcasing role models from community.

Northern Rivers Regional Community Vision for a Healthy Future

Health from the Grassroots is an Aboriginal community-led research project to improve health and wellbeing across the Northern Rivers region of NSW. It was initiated by Aboriginal staff at the University Centre for Rural Health (UCRH) Lismore. We asked communities living throughout Bundjalung and Yaegl country about their health vision for the region and priorities to reach that vision. Through five yarning circles and surveys with 192 community members, this information was made into the infographic below (Figure 1). We subsequently used this at community events and gatherings, yarning with people about whether the depiction was accurate and if anything was missing. On the whole, there was broad support and positive comments about it representing the community story well.

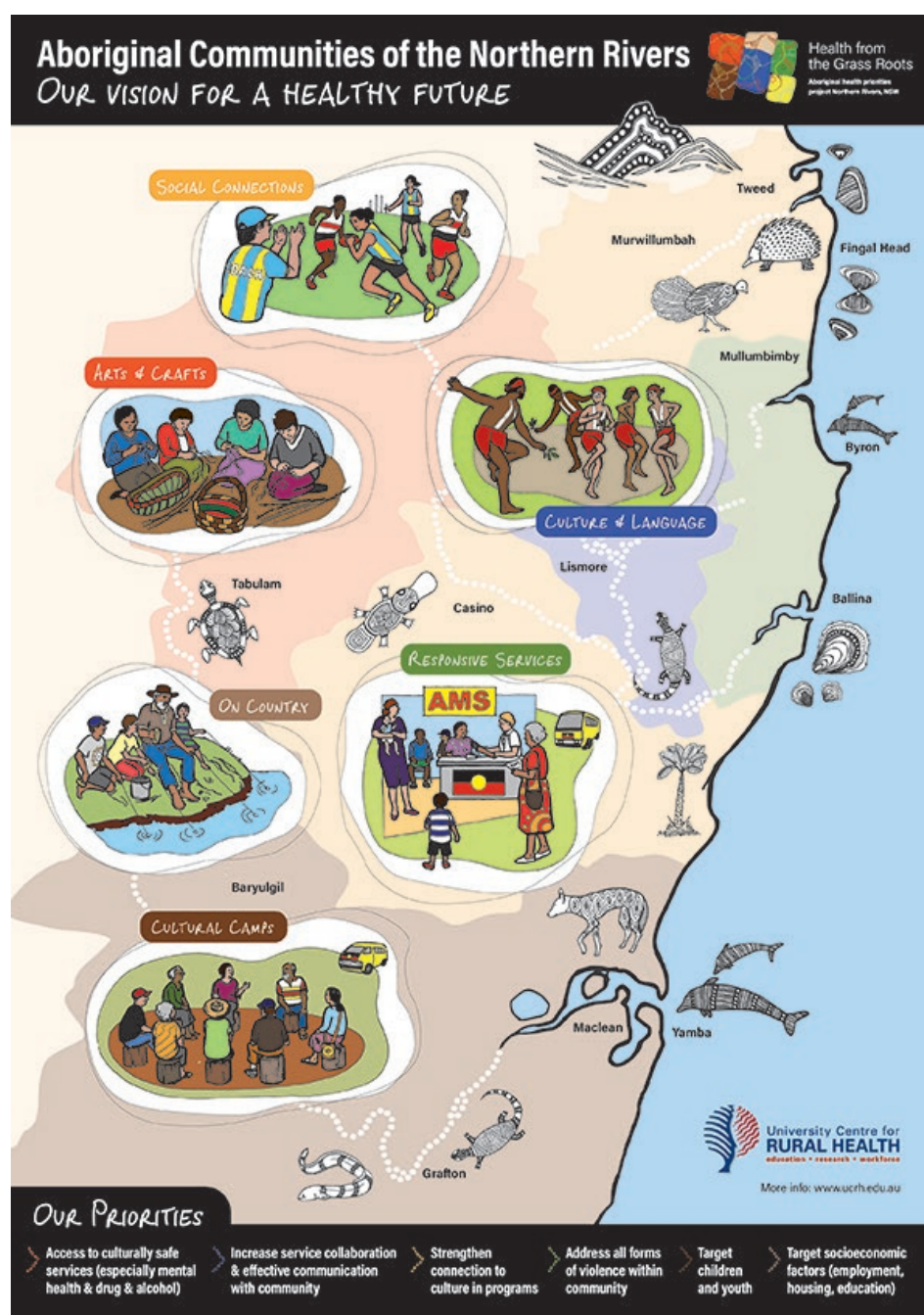


Figure 1: Vision and priorities for a healthy future – Bundjalung and Yaegl country.

Clarence Valley Community - Vision and Priorities

Vision

A healthy future for Clarence Valley respondents was one where community was well informed about supports available to them for their overall health and wellbeing. This included services to help prevent chronic disease and the use of alcohol and other drugs, which would enrich the mental health of everyone.

A healthy community is where people are employed and educated, who stay connected by getting together through regular events, and show respect and support for each other. They are also connected to culture, where young ones have opportunities to learn culture through their Elders, schools, youth camps and traditional activities like fishing, turtle diving and gathering bush foods and plants.

“It would be nice to see the unity come back within communities, Elders mentioned that back in their time there was a lot of unity amongst the people which also involved happiness and people getting along together.”

“Wellbeing in community in all aspects of health, education, spirituality and culture.”

“A healthy community looks like one where people are happy and don’t suffer from chronic disease or drug addiction and alcoholism.”

Top Priorities

Respondents highlighted domestic and lateral violence, mental health and wellbeing, misuse of alcohol and drugs (often together), nutrition, childhood-obesity and chronic disease were priorities for the Clarence Valley region. Respondents recommended greater support for families as well as direct support for children to reduce harms from alcohol and drug use and to improve mental health and wellbeing and reduce the risk of suicide.

Access to safe and affordable housing was also raised as a priority for the community. Lack of housing puts strain on families and in some cases, leads to homelessness, increased risk of poor mental health, drug and alcohol abuse, gambling addictions and child protection concerns.

“Mental health and understanding the impact drugs and alcohol can have on one’s mental health.”

“Chronic disease treatment and management, drug and alcohol addiction, understanding mental health issues.”

“Mental Health, transgenerational trauma, drug and alcohol abuse.”

Table 1: Health and wellbeing priorities raised by Clarence Valley respondents (n=26) compared to broader regional survey responses.

Health Topic	Clarence Valley % respondents*	Northern Rivers % respondents*
Mental & emotional health	38	26
Alcohol & other drugs	31	26
Chronic disease	15	5
Health education	15	6
Overweight and obesity	12	4
Support for children	12	20
Education	12	13
Family connections & support	12	4

*Number does not add to 100% as individual respondents provided multiple priorities

What's working well?

Those who participated in the survey and yarning circle highlighted the positive work that Aboriginal Medical Services and other Aboriginal organisations are achieving in the community. Specific programs mentioned include those that support youth such as 'Down by the River' for teenage girls, the men's and women's groups and coordinated programs for increasing physical activity and good nutrition. Support provided to and from Elders was positively noted, for example, the Elders Council's engagement with the local Shire Council to highlight issues and priorities. Community events were an important part of the region such as the annual Clarence Valley Aboriginal Expo and NAIDOC events, providing health information and community connection.

"Good workers who care for their people and show concern and understanding [to our] mob"

"I think the local AMS is doing a great job in keeping the community healthy. They are mostly, flexible with trying to see patients. They provide a variety of services also."

Table 2: What is already working well in the Clarence Valley (n=23 respondents).

Topic	% respondents*
Aboriginal Medical Services & other Aboriginal organisations	26
Youth support	17
Community events	17
Men's & women's groups	13
Sport & exercise programs	13
Healthy eating education programs	13
Elders' support	3

*Number does not add to 100% as individual respondents provided multiple priorities

Improvement ideas that would make the biggest impact

When asked about what issues, if improved would have the biggest impact for the Clarence Valley community, there was consistent feedback about increasing access to service support programs for: prevention and rehabilitation of drug and alcohol abuse and strengthening the mental health of the community, focusing on grief, loss, trauma and youth suicide.

Lack of community transport was viewed as a barrier particularly to the elderly, young mums and those living outside of the towns of Grafton and Yamba. There were recommendations from community that provision of transport would: increase accessibility of health programs and activities; promote more opportunities for sport and exercise groups; increase attendance at health appointments, funerals and community events.

Generally, there was a call for more activities to support the connection and strength of the community. This included building trust between community and health providers through regular outreach, activities that support community 'togetherness', reconnecting to culture and creating a positive attitude within the region.

Targeting youth was important for having positive impact in the community, to make young people more active, educate them in life skills such as personal financial management, and preventing use of alcohol and other drugs.

"Addressing drug and alcohol issues. Removing these from community would benefit the entire community"

"Grief loss and trauma because most of the other issues our community face are just a symptom of grief, loss and trauma"

"Free fitness programs with lower obesity, help with mental health and build strong close knit supportive community"

"Due to certain historical events a lot of our people have been disconnected from their cultural identity... connecting our people to their traditional land & cultural rituals to deal with problems"

Table 3: Improvement ideas suggested by Clarence Valley respondents (n=23).

Topic	% respondents*
Alcohol & other drugs	26
Mental & emotional health	26
Increase accessibility of programs & activities (e.g., outreach, cultural liaison)	26
Transport	13
Youth	13
Physical activity	13
Programs that promote community togetherness	13

*Number does not add to 100% as individual respondents provided multiple priorities

Potential Service Provider Actions and Research Focus Areas

Much of the consultation with community in both surveys and yarning circles focused on recommendations for action moving forward. These are summarised below. They vary in size and complexity but provide a useful guide for service provider actions and potential research topics that can be done in partnership with community.

1. Increase supports for mental wellbeing and to reduce use of alcohol and other drugs

Mental health is a key priority and growing concern for the region, with far reaching impacts on all aspects of overall wellbeing such as strain on family relationships, financial impacts, employment issues, unstable housing, family violence and incarceration.

- Address the abuse of alcohol and other drugs as a contributing factor to poor mental health.
- Early interventions and youth education to prevent use of alcohol and other drugs.
- Suicide prevention strategies, targeting youth in particular, by looking at what is impacting on people's mental health.
- Increase availability and accessibility of culturally appropriate counselling services.

"Drugs and alcohol are a huge issue in our communities which destroys people and families. Heaps of people are drinking, taking drugs, and most time both together."

"I'd say access to mental health support and facilities is lacking greatly in most regions."

2. Healthy lifestyle education programs

Healthy lifestyle programs for all ages, including exercise and sports groups, healthy weight and healthy eating education, fruit and veggie programs especially for more isolated communities. Youth targeted education on how to be holistically healthy, supporting transition into adulthood, linking to cultural activities and input from Elders. Exercise groups for Elders, to increase physical activity, prevent isolation, reduce risk of falls and promote healthy independent living.

3. Building relationships within communities

- Better inform communities of what services are available and when and providing details of staff and their roles, for example developing a service directory of who is in what role, and what services they provide for the community.

"It would be great if all services could promote more effectively what they do and can offer the community, as you can easily get left out of community happenings, which ultimately means you could miss out on service or resources which could offer you or your family a small benefit"

"Community needs to know when workers start in roles"

- Build meaningful and lasting relationships between service providers and community members. More ongoing engagement and stronger communications between service providers and community to work together towards solutions.

“Health service providers need to build continuing relationship with communities and not just visit once but build a relationship over time with community members and their long-term health.”

“We need to get to the bottom of problems and come up with real world solutions”

- Increase access to services and programs and follow-ups through regular outreach visits, for example staff attending isolated communities, e.g. Mulla, Baryulgil, Maclean and Yamba weekly or fortnightly.

“All workers that work within the Aboriginal sector do visits to get an understanding of the current way of life that our people are currently living with and the conditions as well”

- Community events with service providers, including those with a youth focus, and an annual event to make community more aware of what services are available and what programs they are running.

“More programs and places for youth to go so they're not roaming the street or feel like they have nobody to talk to when times are low”

4. Reconnection with culture

Supporting the community's reconnection to culture in collaboration with Elders. Be more active with implementing cultural activities into early learning and mainstream education facilities, such as teaching local Bundjalung, Gumbayggirr and Yaegl languages, or teaching preschool kids about cultural protocols.

“Reconnecting to our cultural identity and try to apply it to today's day and age”

5. Increase availability of services and programs through various mechanisms (including outreach, transport, cultural liaison)

- Increasing availability and regularity of services such as: dental health; youth early intervention programs; falls prevention; allied health professionals; health promotion; housing; employment and training; and Centrelink supports.
- Support more playgroups and parenting groups to form strong and healthy families, and educate young new parents.
- A full-time Aboriginal Hospital Liaison Officer to help patients navigate the health system when in hospital; for example, to manage personal commitments, appointments, specialist schedules, and referrals to other services.
- Increased transport to medical services, either directly or via taxi subsidies.

6. Celebrating through community role models

- Promoting more positive experiences of young people from community succeeding, such as those graduating high school, TAFE, Universities, or achieving positive life goals.
- Encouraging opportunities to grow strong mentors, positive leaders and more role models across all communities within the Clarence Valley.
- Increase employment opportunities for community in the region including through traineeship pathways, apprenticeships and full-time roles.

Intersecting health and education in the Northern Rivers region: input from the Upper North Coast Aboriginal Education Consultative Group (AECG)

A regional yarning circle was held with the Upper North Coast Aboriginal Education Consultative Group (AECG) in November 2018 at the Lismore Workers Club, with 30 educators attending. Visions of a healthy future for the area closely aligned with data gathered from each of the regions. This included a community with more mental health supports led by an Aboriginal workforce, with access to culturally appropriate and holistic services, with children being kept safe and safe spaces available for youth; with drug and alcohol supports, more fitness programs, better ongoing partnerships between community and services delivering supports including staff engaging through community visits, improved transport, and increased training opportunities for youth. Acknowledgement was given to the great work that is already happening in communities, in particular the work of local AMSs. Priorities for service providers and research focus areas had a strong emphasis on youth. This included suggestions of: youth after-school activities, holiday programs and homework centres; TAFE courses on life skills and learning language; Aboriginal mental health services delivering school programs; AMS staff providing screenings and health education sessions at school; and strategies to increase recruitment of local community members to school positions.

Where to next?

Community has provided us with a roadmap for future research and service provision. This roadmap will be shared with service organisations across the region. Based on community priorities and ideas for what needs to change, UCRH are consistently seeking out funding opportunities to develop projects in partnership with service providers and community, facilitating local Aboriginal community-led action to improve health and wellbeing services across the Northern Rivers region. One avenue to continue this work is the medical and allied health students that rotate through UCRH on rural health placements. Working with communities and service providers is a valuable educational experience for them and will assist in the co-design of evidence-based actionable solutions to address one or more community identified priority health needs.

Further information will be provided to community as we commence projects. If you have a project idea or wish to get in touch with the Health from the Grassroots team, call UCRH on 6620 7570.

Health from the Grassroots Project - background and methodology

Initiated by Aboriginal staff at the UCRH in Lismore, the *Health from the Grassroots* project adopted a 'bottom up' process of engagement, fostering community ownership and self-determination in guiding what topics health researchers investigate in partnership with community, health service providers and other relevant organisations.

Our objectives are to:

1. Document perspectives of Aboriginal and Torres Strait Islander people living in Bundjalung and Yaegl country on community health research priorities;
2. Hold community forums across the region (Grafton/Yamba/Maclean, Casino/Coraki, Lismore, Ballina/Cabbage Tree Island, Tweed Heads) to prioritise the top issues per region for action; and
3. Develop research ideas with community addressing the priority issues within and/or across the region.

Health from the Grassroots brings together culture and research. Centralising Indigenous perspectives in research processes, promoting a process of change, building on the limited evidence about how to develop processes for community-led systems change.

A community survey was distributed (paper-based and online) over November-December 2018 and five yarning circles were held across the Northern Rivers region (including the Clarence Valley at Gurelgham Aboriginal Corporation in Grafton). As a basis for discussion, we used the following questions:

1. What does a healthy community look like to you?
2. In your opinion, what are the top 3 priorities for the health and wellbeing of your community?
3. What things are working well to help keep our community healthy?
4. What things do you think need improvement to better support our community's health?
5. What issue, if improved, would have the biggest impact for your community?

During the project several community members were trained up to assist with facilitation of workshops and communicating with local participants. Overall, around 200 Aboriginal people participated in surveys and five workshops held across the region (Lismore, Grafton, Tweed Heads, Cabbage Tree/Ballina and the regional Aboriginal Education Consultative Group). The yarning circle at Casino was cancelled due to sorry business. A community project officer instead spoke with community members about visions of a healthy community within the Richmond Valley region and priorities for improved health and wellbeing. Community thoughts and ideas were gathered and summarised into a Northern Rivers community infographic (Figure 1, page 2).

Ethics

This project received ethical approval by the AH&MRC Human Research Ethics Committee (reference 1457/18) as meeting the requirements of the *National Statement on Ethical Conduct in Human Research (2007)*.

Demographics

Survey respondents by region

Region	Number	%
Ballina/Cabbage Tree/Byron	67	35
Clarence Valley	26	14
Lismore	66	34
Richmond Valley	14	7
Tweed Heads	19	10
Total	192	

Survey respondents by gender

	Ballina/ Cabbage Tree/ Byron	Clarence Valley	Lismore	Richmond Valley	Tweed Heads	Total (number & %)	
Male	18	8	18	5	4	53	28
Female	44	18	48	9	15	134	70
No response	5					5	3
Total	67	26	66	14	19	192	

Survey respondents by age

	Ballina/ Cabbage Tree/ Byron	Clarence Valley	Lismore	Richmond Valley	Tweed Heads	Total (number & %)	
< 15 years	1		5			6	3
15-24	11	1	13	3		28	15
25-34	21	7	17	3	3	51	27
35-44	17	5	12	5	8	47	24
45-54	12	6	9	2	3	32	17
55-64	3	2	9	1	5	20	10
≥ 65 years	2	5	1			8	4
Total	67	26	66	14	19	192	

Contact Details

For further information, please contact Project Coordinators Veronica Matthews (veronica.matthews@sydney.edu.au) and Emma Walke (emma.walke@sydney.edu.au) at the University Centre for Rural Health.