



# Grassroots Community Report

## *Lismore Region*

### Summary

#### Vision for a healthy community

*“To me a healthy community looks like one big family. Everyone is supporting each other. Elders are being cared for, children are happy & safe, parents are providing for their families. The young generation are knowledgeable about our culture. Respect is shown both ways, the community is drug & alcohol free”*

#### Top priorities

Increased physical activity across all ages with greater access to exercise and sporting opportunities; eating healthier foods; addressing alcohol and other drug use; strengthening mental health and wellbeing; engagement in education; improved dental health; and supports focusing on young people.

#### What’s working well

Aboriginal Medical Services and other Aboriginal organisations including the great work of Rekindling the Spirit, Solid Mob and Ngunya Jarjums. Health programs including those that run men’s and women’s groups and coordinate programs for increasing physical activity.

#### Ideas that would have the biggest impact

Support for children and young people; increasing access to drug and alcohol support programs including rehabilitation services; availability and affordability of local housing; and improving mental health supports.

#### Recommendations for Service Providers and Research Focus Areas

Youth support education and programs; community access to transport; supports for mental wellbeing; community awareness of and relationships with service providers; alcohol and other drugs; local employment opportunities.

## 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.

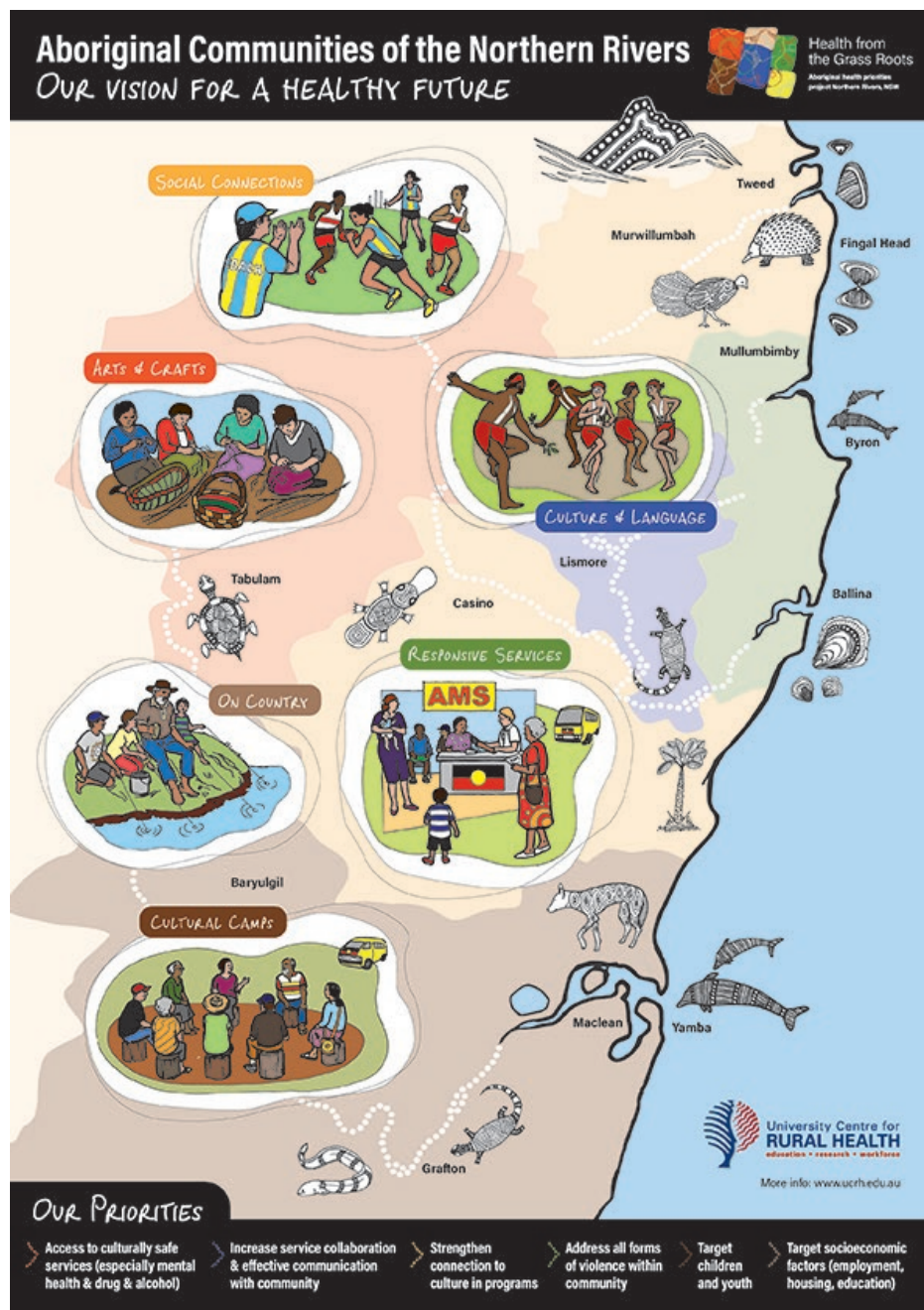


Figure 1: Vision and priorities for a healthy future – Bundjalung and Yaegl country.

## Lismore Community - Vision and Priorities

### Vision

The shared vision of a healthy community for the Lismore region was one where people are happy, healthy and free from illness, where everyone is safe, mob support and take care of each other and are culturally strong and spiritually connected. It is a community where people are educated on how to keep themselves healthy and are free from addictions and misuse of alcohol and other drugs. The community vision sees people having access to culturally appropriate services that listen to them and work together in a coordinated way with other services. Also, where people are educated, employed, have a home and have every opportunity to actively engage with services and supports.

*“To me a healthy community looks like one big family. Everyone is supporting each other. Elders are being cared for, children are happy & safe, parents are providing for their families. The young generation are knowledgeable about our culture. Respect is shown both ways, the community is drug & alcohol free”*

*“People of all ages are happy and free from chronic disease”*

*“Connected, engaged, self-directed, participating in cultural practice and ceremony, speaking language”*

*“People connected to their culture, happy couples and families, children being raised right in happy homes, our people drug and alcohol free, our people employed, our people living healthy lifestyles”*

### Top Priorities

Lismore respondents highlighted that having a more physically active community with greater ongoing access to exercise and sporting opportunities as well as eating healthier foods including traditional bush foods and medicines was a top priority. Alongside this was the issues around alcohol and other drug misuse and poor mental health and wellbeing that require greater supports and services to address, in particular dealing with grief and loss and suicide and self-harm prevention.

Greater engagement with education, more supports for young people and improved dental health were also seen as critically important for reaching the vision of a healthy, happy community.

*“Access to health opportunities is most important, ranging from a balanced diet, exercise, connecting with culture, family and community”*

*“Mental health is a huge issue in our community with many families and individuals experiencing some type of mental health challenge”*

*“Drug & alcohol free, healthy eating, keeping active in community sports”*

*“Free fitness exercise programs, more mental health programs for all ages, healthy eating cook ups and information sessions”*

**Table 1: Health and wellbeing priorities raised by Lismore survey respondents (n=64) compared to broader regional survey responses.**

Health Topic	Lismore (% respondents)*	Northern Rivers (% respondents)*
Increasing physical activity opportunities	23	19
Alcohol and other drugs	22	26
Mental and emotional health	22	26
Diet	20	17
Education	20	13
Support for youth	17	20
Dental health	16	13

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

### What's working well?

Those who participated in the survey and yarns highlighted many examples of things that are working well to keep the Lismore community healthy. Overwhelmingly there was recognition of the positive work that Aboriginal Medical Services and other Aboriginal organisations are doing in the community, those that run men's and women's groups and coordinate programs for increasing physical activity. Specific mentions included Rekindling the Spirit, Solid Mob, Ngunya Jarjums and a current research program taking place with Southern Cross University incorporating culture and health, documenting movement and bone structure of elderly people participating in traditional dance. Other examples were the fruit and vegetable community gardens on Cabbage Tree Island and increased attention to local language, through TAFE, schools and community groups.

*"Aboriginal controlled and run services and programs like Solid Mob, which helps to tackle smoking"*

*"The influence sports like football hold for our community"*

*"Aboriginal workers, access to Aboriginal Medical Services within the region"*

*"Solid Mob are leading the way with the promoting the smoking cessation program"*

**Table 2: What is already working well in the Lismore region (n=63 survey respondents).**

Topic	% respondents*
Aboriginal Medical Services and other Aboriginal organisations (inc. Rekindling the Spirit, Solid Mob and Ngunya Jarjums)	49
Sport and exercise programs for physical activity	19
Accessible (culturally appropriate and affordable) health programs and services	14
Men and women's groups	6

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

### Improvement ideas that would make the biggest impact

The Lismore respondents raised many ideas around what issues, if improved, would likely have a positive impact. Support for children and young people was the most prominent, along with increasing access to drug and alcohol support programs and the need for rehabilitation services to be made available.

There were recommendations from respondents about needing to address the availability and affordability of local housing, and for improving mental health supports more generally.

*“Programs working with young people to meet their health and wellbeing goals”*

*“Tackling mental health issues will have a huge impact”*

*“More youth/community programs in Goonellabah and transport down town for appointments etc”*

*“More housing, more employment opportunities, more mental health support”*

**Table 3: Improvement ideas suggested by Lismore survey respondents (n=59).**

Topic	% respondents*
Support for youth	29
Alcohol and other drugs	25
Rehabilitation services	14
Housing	14
Mental and emotional health	10
Cultural awareness and engagement with community	8

\*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 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. Youth support education and programs

The majority of respondent suggestions for service provider actions and further research was aimed at better supporting the community's young people.

- More community based activities for youth that incorporate culture to promote appreciation and respect.
- Youth targeted programs such as sports to keep kids active and engaged.
- Accessible youth centres that provide counselling programs as well as activities.
- Healthy eating education – comparing costs of take away versus healthy food options for budgeting, understanding food labels and healthy recipes.

*"Youth support on all levels - our young people are being let down by mainstream health services. Secondary schools and tertiary educators are doing their best but need more to engage and inform young people to realise their health aspirations in a challenging time with drugs, alcohol and wellbeing pressures."*

*"Taking children back to culture, cultural programs eg bush tucker camping storytelling, giving Aboriginal children back their identity"*

*"Too many young people are seeing bad, then doing bad. Something to intervene would be great"*

## 2. Transport

Increase access to community transport and transport delivered by health service providers to allow people to attend medical appointments. Increase available routes to get to various locations like town centre, shops, medical facilities, community organisations etc, to avoid people having to walk or hitch-hike between locations.

*"More health services community cars to take people to appointments"*

## 3. Increase supports for mental wellbeing

Increase availability and accessibility to culturally appropriate mental health and counselling services.

*"Access to mental health and drug and alcohol services, needs significant investment"*

*"There needs to be more culturally appropriate mental health, youth services and family services. There is so much stigma, so much trauma and so much pain stemming from the health and welfare systems of the past that it is so important to have trusted Aboriginal services where Aboriginal people feel comfortable going."*

## 4. Awareness and relationship with service providers

- More advertising and information sessions of currently available programs and services across difference sectors. Make service information more readily available to community members in easy to understand language.
- More cultural safety training for service staff to reduce judgement and help ensure greater engagement.
- Increased outreach to community.
- Feedback to community, the data, results and outcomes of health programs and showcase stories of success.
- More ongoing engagement and stronger communications between service providers and community members to work together towards solutions.

*"More information getting out into the community of what is available out there ... People don't really know what's available until they are sick or too far gone with their illness."*

*"Go into communities and ask opinions"*



## 5. Alcohol and other drugs

Increase availability and accessibility of holistic rehabilitation services and rehabilitation supports specifically available to women and families. Early interventions and youth education to prevent use of alcohol and other drugs in the first place.

## 6. Employment

More Aboriginal mentors to assist people into jobs. Keeping youth busy by engaging them in training for employment opportunities.

## Intersecting health and education in the Northern Rivers region: input from the Upper North Coast Aboriginal Educative 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?

Participants from Lismore have 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 Lismore Regional Gallery). 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/Byron/Cabbage Tree	67	35
Clarence Valley	26	14
Lismore	66	34
Richmond Valley	14	7
Tweed Heads	19	10
<b>Total</b>	<b>192</b>	

### Survey respondents by gender

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

### Survey respondents by age

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

## Contact Details

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