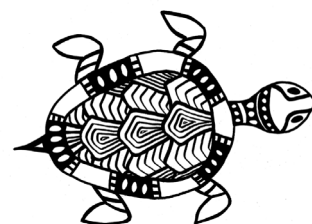


Health from the Grassroots  
Aboriginal health priorities project  
Bundjalung & Yaegl Country



# Grassroots Community Report

## *Richmond Valley Region*

### Summary

#### Vision for a health community

*“One mob”*

A community of connected, active people that know the importance of living healthy lifestyles from a young age. A community where there is great support and respect for each other.

#### Top priorities

Addressing alcohol and other drug issues; having safe and supportive environments for youth; and holistic services that support mental and physical health and wellbeing.

#### What’s working well

Outreach programs being delivered by the local Aboriginal Medical Service and volunteer groups, particularly those that focus on sport and healthy lifestyles.

#### Ideas that would have the biggest impact

Increased services focusing on use of alcohol and other drugs; more education and access to information to make healthy choices from a young age; support for children, keeping them safe and supporting young parents; and services that build in cultural activities.

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

Addressing the use of alcohol and other drugs; focus on culturally appropriate supports for mental health and wellbeing; increasing outreach supports to community; and supporting programs and community activities that provide opportunities for engagement in sport and physical activity.

## Northern Rivers Region 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.

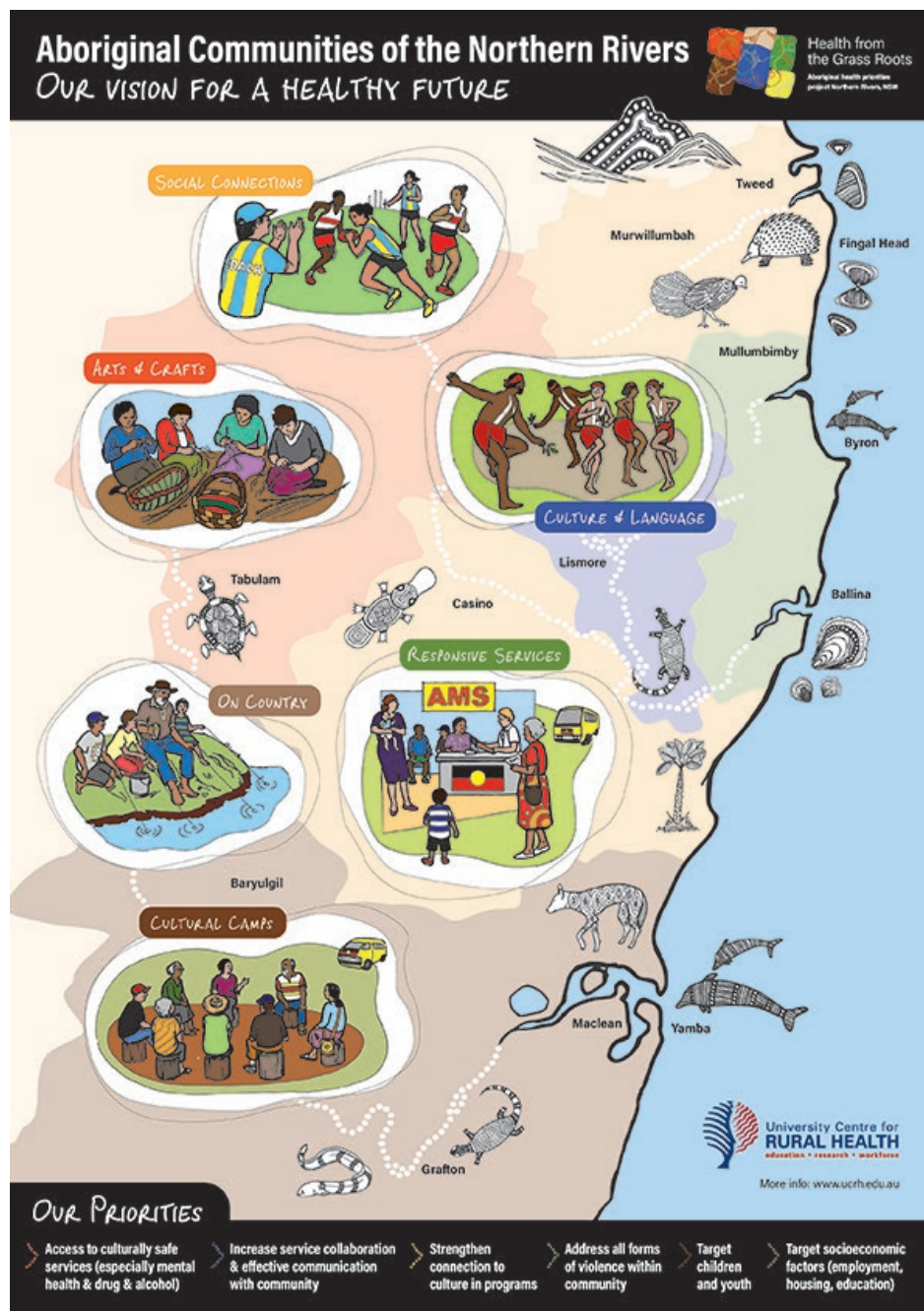


Figure 1: Vision and priorities for a healthy future – Bundjalung and Yaegl country.

The yarning circle scheduled for Casino in late 2018 was cancelled due to sorry business within community. In 2019, a local community peer worker carried out one-on-one consultations with community from Jubullum, Mulli Mulli and Casino. As a basis for discussion, we used the infographic, developed from surveys and yarning conducted in 2018, that depicted the key characteristics of what makes a healthy community. There was general agreement that the vision and priorities displayed were relevant to the Richmond Valley region.

## Richmond Valley Community - Vision and Priorities

### Vision

A community of active people that know the importance of living healthy lifestyles from a young age. This means having services and supports that enable community to stop smoking, be alcohol and drug free, have good oral health, and provide opportunities for all community to participate in activities promoting healthy lifestyles.

A healthy community is one that is well-connected, where people feel safe and support each other. There is respect towards Elders and respect towards each other.

*“Happy families living side by side sharing and caring for one another and respecting our Elders in the community”*

*“A healthy community to me means a community free of alcohol, drugs and violence. Promoting healthy eating and exercise”*

*“Everyone is happy and getting along and coming together as One Mob”*

### Top Priorities

Richmond Valley respondents viewed alcohol and drugs, safety of children and youth and mental health as the top priorities. Respondents recommended alcohol and drug education for youth, along with increased access to alcohol and drug services and mental health and wellbeing counselling.

*“If we can deal with drugs, alcohol and violence, then our communities will be safe and we will see our people live long healthy lives”*

*“More info on drugs - because the kids see it here on a day to day basis, they think it's a way of living”*

*“Services on depression for our youth”*

**Table 1: Health and wellbeing priorities raised by Richmond Valley Region respondents (n=19) compared to broader regional survey responses.**

Health Topic	Richmond Valley (% respondents)*	Northern Rivers (% respondents)*
Alcohol and other drugs	71	26
Children and youth	57	13
Mental and emotional health	36	26
Community safety	36	5
Physical activity	29	19
Diet	21	17

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

### What's working well?

Survey respondents and information from the one-on-one yarns, highlighted the positive programs (particularly outreach) being delivered by the local Aboriginal Medical Service and volunteer groups. Specific programs mentioned include those that encourage smoking cessation, participation in sport and healthy lifestyles. However, some respondents felt there was nothing within community that was working well.

*"Active programs that welcome families to participate in sport"*

*"AMS"*

*"Volunteer groups helping struggling families"*

**Table 2: What is already working well in the Richmond Valley Region from survey respondents (n=14).**

Topic	% respondents*
Aboriginal medical service and other Aboriginal organisations	43
Sport and exercise programs for physical activity	21
"Nothing"	21
Outreach supports	14
Health education workshops	14

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

### Improvement ideas that would make biggest impact

While a strength is the healthy living programs that operate within these communities, there was consistent feedback about increasing access to certain types of services including: sporting activities (incorporating interactions/competitions with other communities); healthy lifestyle education programs (particularly around alcohol and drugs); parenting services; counselling; social activities for young mums; and services that integrate cultural activities.

Related to increased access to these services, there were recommendations from community about improvements to local facilities including fixing up the football field and installing air conditioning within the sports stadium at Jubullum. Having properly functioning facilities would encourage more sporting activities for young people. Transport has been an issue, getting to football training (for men, women and children) in Casino and Lismore with recommendation to make available the community bus every training day (Tuesday and Thursday). Lack of air conditioning at the stadium also has implications for Playgroup held there every week with young mums hesitant to go due to the heat impact on their babies.

Young mums have also called for more social activities while their children are at Playgroup. Some ideas include cooking classes or art classes (perhaps provided by TAFE). Families at Jubullum and Mulli Mulli also find it difficult getting to doctors' appointments in Casino/Lismore, particularly for mums with young children. There were suggestions to either increase access to a community bus/car or have more outreach/home visits. An additional recommendation as support for young mothers was to have parenting services accompany the child clinics every Tuesday at Jubullum to check in on how they are going.

There were suggestions from both Jubullum and Mulli Mulli for activities to strengthen connection to culture. Running separate cultural camps away from community for women and men and their sons to strengthen relationships, connect to traditional ways and boost the number of positive role models. Also recommended was revitalisation of language by learning language in school and TAFE courses.

*"If we have better understanding of our language, then we would our culture"*

*"More info on drugs and alcohol and the effects it has on people"*

*"Youth programs to keep them off the street"*

*"If there was more info on alcohol and the dangers and effects it causes on the community"*

*"Schooling our children. Our next leaders. So getting them to school is vital"*

**Table 3: Improvement ideas suggested by Richmond Valley Region survey respondents (n=14).**

Topic	% respondents*
Education on alcohol and other drugs	50
Access to health and service information	29
Support for youth and children	21
Education and training	14

\*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 one-on-one yarns 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. Addressing alcohol and other drug use

- Addressing alcohol and other drug abuse as a contributing factor to poor mental health.
- Early interventions and youth education to avoid use of alcohol and other drugs.

*“Need to educate the difference between alcohol and drug dependence to a natural normal life”*

*“Need to improve the support of drugs and alcohol”*

### 2. Increase supports for mental health and wellbeing

- More counselling services in Jubullum/Tabulam.
- Increase availability and accessibility of culturally appropriate counselling services.

### 3. Outreach supports to community

- More frequent outreach services (from Casino/Lismore) to outlying communities, including dental services and health education.
- More clinical outreach and parenting/social services accompanying child clinics.
- Regular outreach to talk to young children about healthy living.

*“More services to come to the community, dental, children's health etc”*

*“More dental access and doctors coming out more regularly”*

### 4. More programs, community and sporting activities to increase physical activity

- More sporting activities for youth and opportunities to go out and mix with youth from other communities.
- Funding to fix up the sporting oval and air conditioning for the sports hall at Jubullum.
- TAFE language classes and provision of cooking or art classes for young mums during Playgroup at Jubullum.
- Increase frequency of community bus into Casino and Lismore for doctors' appointments and sports training/events.
- More health services available to community including: dental health; counselling; youth support programs; mental health programs; healthy lifestyle programs promoting physical activity and good nutrition.

*“More community programs”*

*“Youth programs and activities would be good for our youth. We need more mentors in our communities to share their experiences of how they overcome issues”*



### 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?

Respondents from Richmond Valley region 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 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. 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
<b>Total</b>	<b>192</b>	

### 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
<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/ 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
<b>Total</b>	<b>67</b>	<b>26</b>	<b>66</b>	<b>14</b>	<b>19</b>	<b>192</b>	

## Contact Details

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