

A South Australian Aboriginal Women's Community Engagement Health Model



Image: <http://antar.org.au/campaigns>

Women's Health Statewide 2013



**Government
of South Australia**

SA Health

Women's Health Statewide



- > Free confidential health service for women aged 18 years and over
- > Services are provided by women for women
- > Safe and culturally respectful environment

Services are tailored to women who are:

- > experiencing social or financial disadvantage
- > Aboriginal
- > Culturally and Linguistically Diverse
- > HIV positive
- > living with mental health issues.

The Context

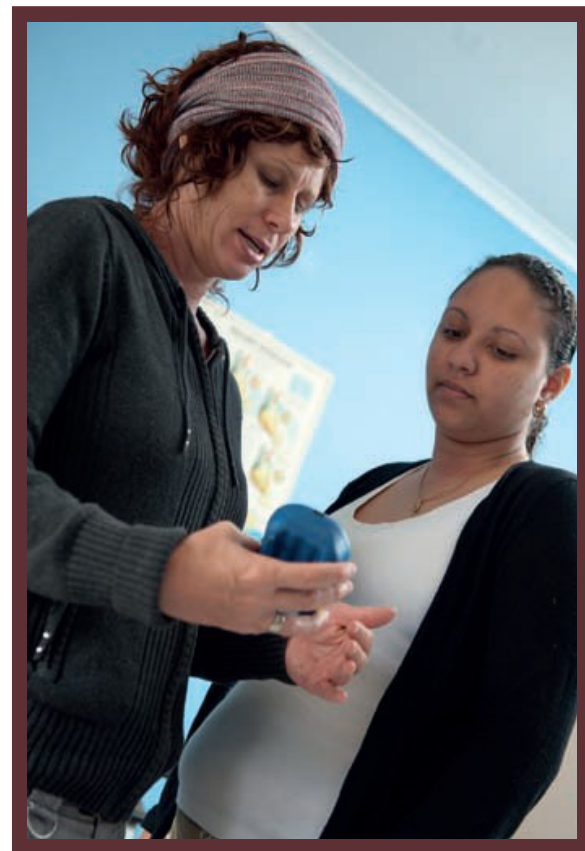
- > SA Aboriginal population 26,044 people (1.7% of total pop)
- > SA Aboriginal women 14,625
- > Aboriginal women have poorer health outcomes than non Aboriginal women
- > Aboriginal women are twice as likely as non Aboriginal women to report high to very high levels of psychological distress
- > In SA Aboriginal women experience less antenatal care (54% attending antenatal visits in first 14 weeks)
- > Aboriginal women's prevalence of multiple health conditions is higher with 68% reporting 2 or more long term conditions
- > Aboriginal women are 12 times more likely to experience assault than non Aboriginal women and are 35 times more likely to be hospitalised due to assault

* *The term Aboriginal is inclusive of people from a Torres Strait Islander background*

The Issue

Health checks viable tool for evaluating health and implementing preventative measures, however...

- > Uptake is low, in particular in metro regions [1]
- > 14% of the eligible Indigenous population nationally (400 000 people) received a health check in 2009-10 [2]
- > 4.3% of eligible population in SA received a health check [2]
- > Services are available but not being accessed





Barriers to accessing health care services

- > Racism
- > Connection with service
- > Cultural appropriateness
- > Capacity to meet needs of diverse Aboriginal groups
- > History of mistrust of welfare & health based agencies
- > Transport & accessibility
- > Affordability
- > Gender sensitive practice

It was essential in the development of the model that we addressed all these barriers



What does an Aboriginal Women's Community Engagement Health Model look like?

- > How do you integrate traditional healing into a mainstream health service?
- > What is our understanding of gender, culture and health seeking behaviour?

What is Traditional Healing?



- > Traditional healing is part of Aboriginal culture and practiced for 1000s of years
- > Members of the Aboriginal community
- > Focuses on people's whole wellbeing
- > Knowledge and expertise passed on from senior lore men & women
- > Nurtured and developed from a very young age
- > Highly respected by their community

Research & consultation

- > What did we already know about traditional healing and how often it was accessed?
- > Where was evidence of good practice (preventative rather than tertiary)?
- > How best could we promote our service?
- > What did we need to put in place to ensure a culturally safe environment (for clients, staff and the healers)?
- > Would women choose to access the nursing clinic while they were there?



Image: Aboriginal Food, artwork by Therese Ryder
<http://www.aboriginalartstore.com.au/aboriginal-art-culture/aboriginal-food.php>

Community Consultation – key elements

- > Work with local Aboriginal agencies
- > Forge strong working partnerships with local Aboriginal community groups and organisations
- > Involve Aboriginal staff
- > Seek out key people
- > Seek appropriate permissions
- > Respect women's time and space



<http://yarning.org.au/group/14>

Developing a model of care – key elements

- > Draw on learning's from consultation
- > Aboriginal women - central to the model
- > Traditional Healers - key engagement strategy
- > Evidence of effective outcomes in similar health settings
- > Creating a place for clinical practice to sit alongside traditional healing
- > Build in capacity for continual review and amendments to model in response to learning's
- > Ensuring mechanisms are supported within the Aboriginal Health Team:
 - Respectful & relational
 - Self-determining & Women-centred
 - Harm-reduction oriented
 - Trauma-informed
 - Health promoting & Culturally safe
 - Supportive of mother & family roles



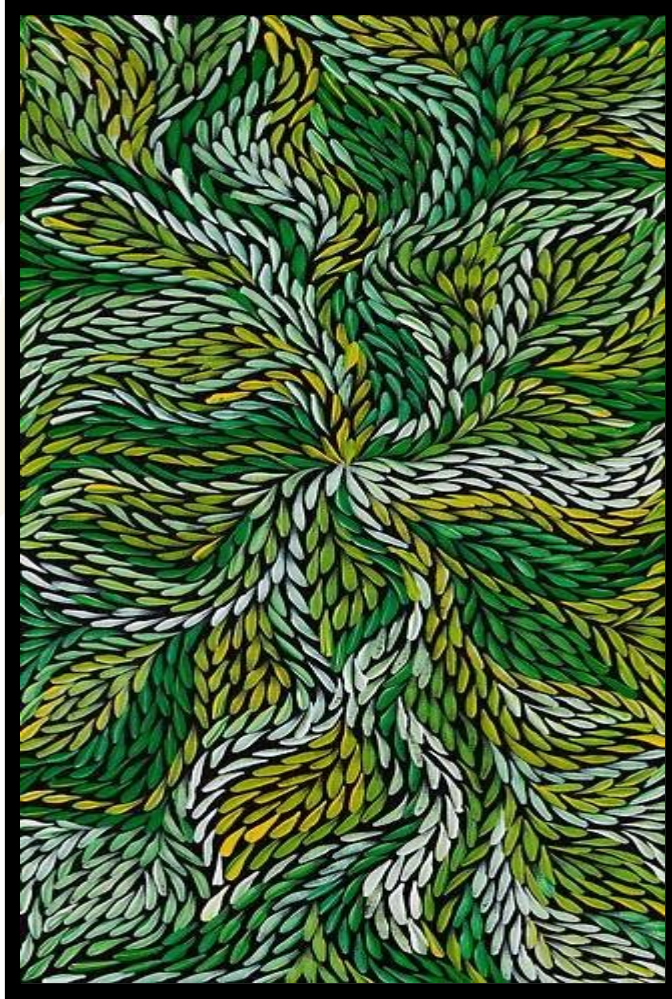
Image :<http://www.realaustraliatravel.com/bush-tucker.html>

Organisational Readiness



- > Establishment of an Aboriginal women's health team
- > Organisational wide cultural respect training
- > Reconciliation leadership group
- > Increase staff's understanding of traditional healing
- > Connections with Traditional Healers and other services within SA
- > Attend events to meet Healers
- > Educate health system on new model of care
- > Prepare physical space
- > Trial model – Open Day

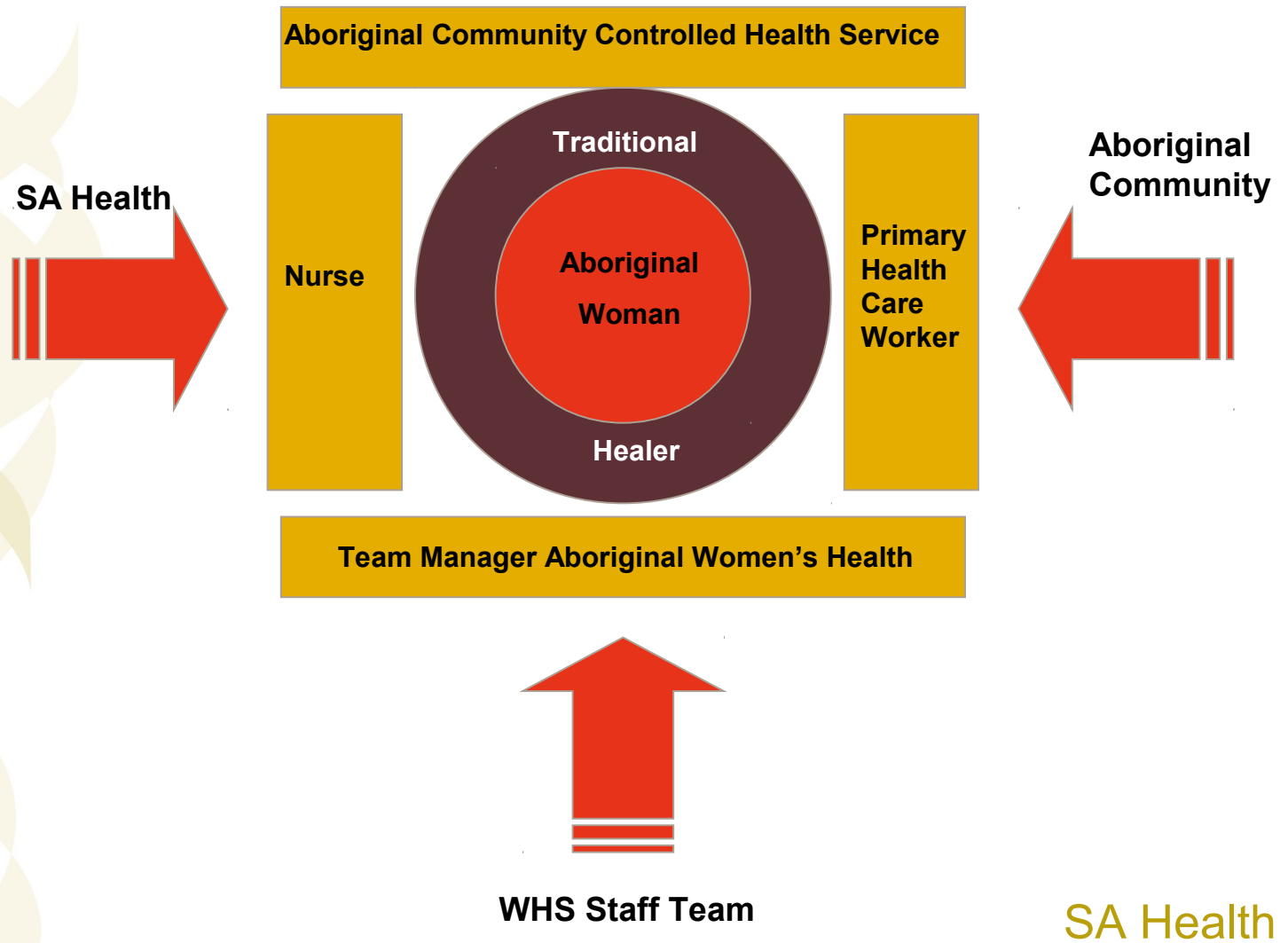
Support and Sustainability



- > Model supported by SA Health
- > Funding traditional healers
- > SA Health policy directive
- > Data collection – measurable outcomes
- > Documentation & referrals to accredited GP practices
- > Evaluation and Quality processes

Image: Artist: Jeannie Petyarre Title: Bush Medicine Dreaming
<http://www.spiritgallery.com.au/jeannie-petyarre-0906>

The Model



The Traditional Healer

- > Be recognised as a female Healer within the community
- > Provide healing service to clients on site on set days including:
 - Physical assessment (light skin touch)
 - Bush medicine (aromatic herbs and oils)
 - Counselling and guidance
 - Cleansing (smoking)



<http://www.reuters.com/article/slideshow/idUSSYD26920420070903#a=1>



<http://www.westerndesertdialysis.com/stream/bush-medicine>

The Aboriginal Primary Health Care Worker

- > Maintain client waiting list, client contact & support
- > Provides hospitality & transport for Traditional Healers
- > Help set up space for clients – facilities and health resources
- > Promoting WHS services
- > Data collection

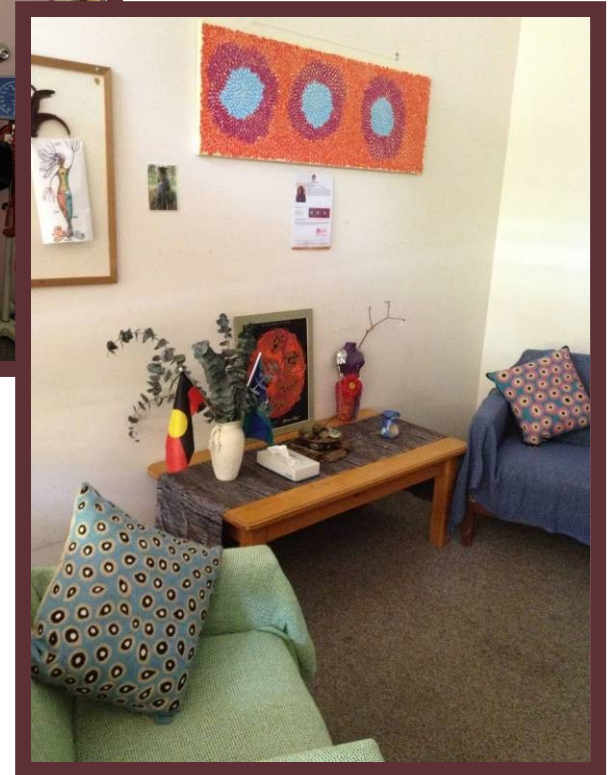
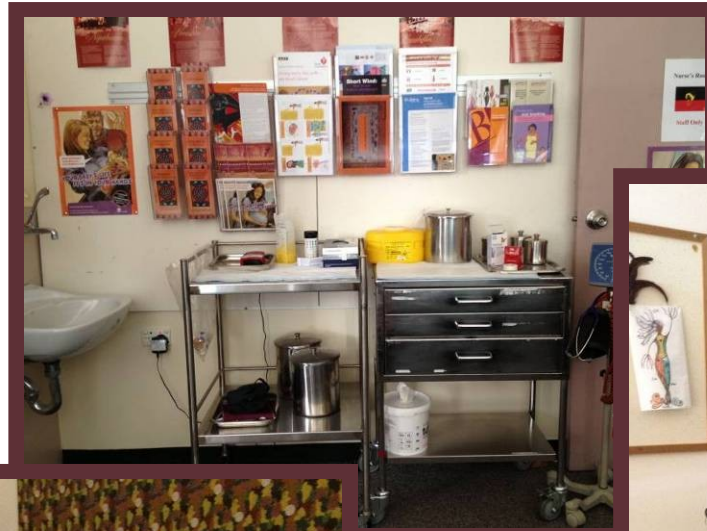


The Registered Nurse



- > Develop a Model of Care
- > Establish & maintain nurse clinic supplies & resources
- > Maintain up-to-date health info & data base
- > Provide a safe & un-hurried space for women to discuss their health & wellbeing needs
- > Provide client-directed health check & wellbeing assessment
- > Provide health information & referral
- > Maintain client records
- > Data collection

The Traditional Healing & Nursing Service



Implementation – the first 6 months



- > Numbers of clinics held - 7
- > Number of women seen by healer - 44
- > Number of women seen by nurse – 17
- > Number of referrals made by nurse – 35 (including psychologist / counsellor / GP / Hospital)

<http://www.australiangeographic.com.au/journal/bush-medicine-aboriginal-remedies-for-common-ails.htm>

Feedback from Women

- > “Fantastic, I'm absolutely blessed to be part of this healing. would recommend to many, especially if a same sessions could be done for children, and young people in 'out of home care' who have lost connection to community and culture at no fault of their own”
- > “Thankyou for this opportunity and experience. I have come out of here feeling a weight lifted of my chest. in future I will enquire about a Ngangkari again if needed”
- > “Best experience I will be telling my family, friends and work about the services”
- > “I am grateful to be able to have the opportunity to have this healing done, and I felt so at ease and healed from this. it needs to be done for us women more often as we carry a lot of pain and grief for our whole family”
- > “I found my visit very comforting, relaxing and very professional and respectful. I was clearly spoken to and informed what I need to do and a follow up visit would be in my best interest and well being”



Challenges & Learning's

Challenges

Processes for accessing traditional healers

Running a traditional healer and nurse service with minimal national evidence to draw on

Providing culturally safe place within mainstream

Ensuring sustainability of service

Strategies

- > Identify key partners early on
- > Clear lines of communication
- > Have a good understanding of the model
- > Clear expectations
- > Flexibility
- > Build and maintain relationships

- > Trial the model
- > Feedback from women
- > Revise Model of Care

- > Employing Aboriginal staff
- > Ensure confidentiality
- > Allocating women's specific space
- > Promoting the model as a valid health service with measurable outcomes ('keeping spirit healthy')

- > Advocacy (policy/decision makers)
- > Evaluation

Future plans

- > Formalised MOU
- > Orientation to services for Healers

- > New booking/registration system
- > Defined roles of staff involved
- > New data collection systems
- > Encourage mutual referral pathways b/w nurse and healer

- > Links to wider health KPIs
- > Funding for improving physical space
- > SA Health Policy Framework

- > Independent review of model
- > Embedding in mainstream health

Acknowledging Women





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