

“We can work together, talk
together”
A needs analysis for health
service delivery in Maningrida

Presentation to CRANA Conference

Greg Smith, Renae Kirkham, Charlie Gunabarra, Valda Bokmakarray, Paul Burgess

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Maningrida Context

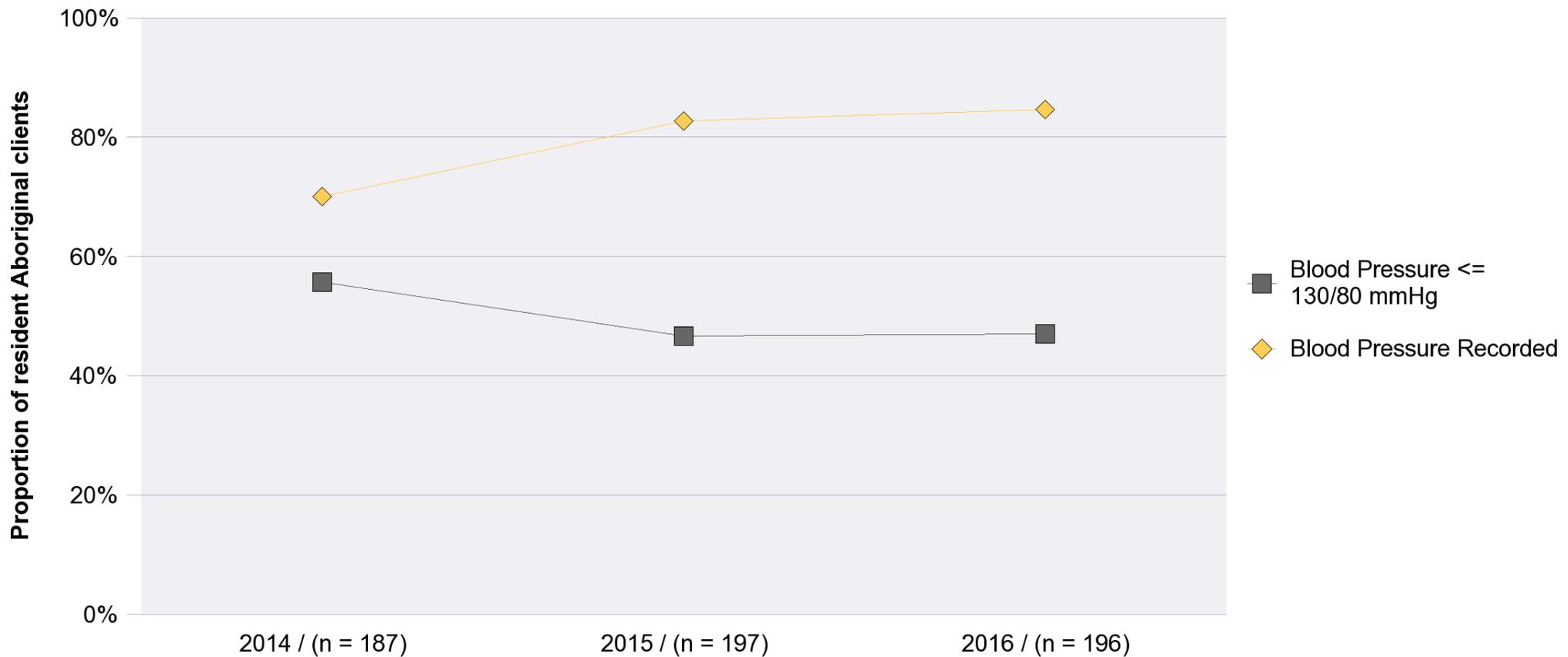


- Aboriginal community of over 3000 in Central Arnhem Land
- Established in 1950s as a trading outpost
 - 11 language groups
- Health Centre
 - 12 Primary Health Care Nurses
 - 3 GPs
 - 3.5 AHP positions
 - Aboriginal staff fill many roles
 - Currently no Aboriginal workers engaged in health training
- Mean age at death **48 years**
 - High level of chronic disease burden
 - High level of social disadvantage



Maningrida Health Centre Performance

Figure 1.13b Trend of resident Aboriginal clients aged 15 and over who have type 2 diabetes, who have had a blood pressure recorded and having good blood pressure control by reporting year



Research Objective

‘to consult the community regarding their current care experience and identify ways in which community members feel their care experience can be improved during implementation of the health care home reform’

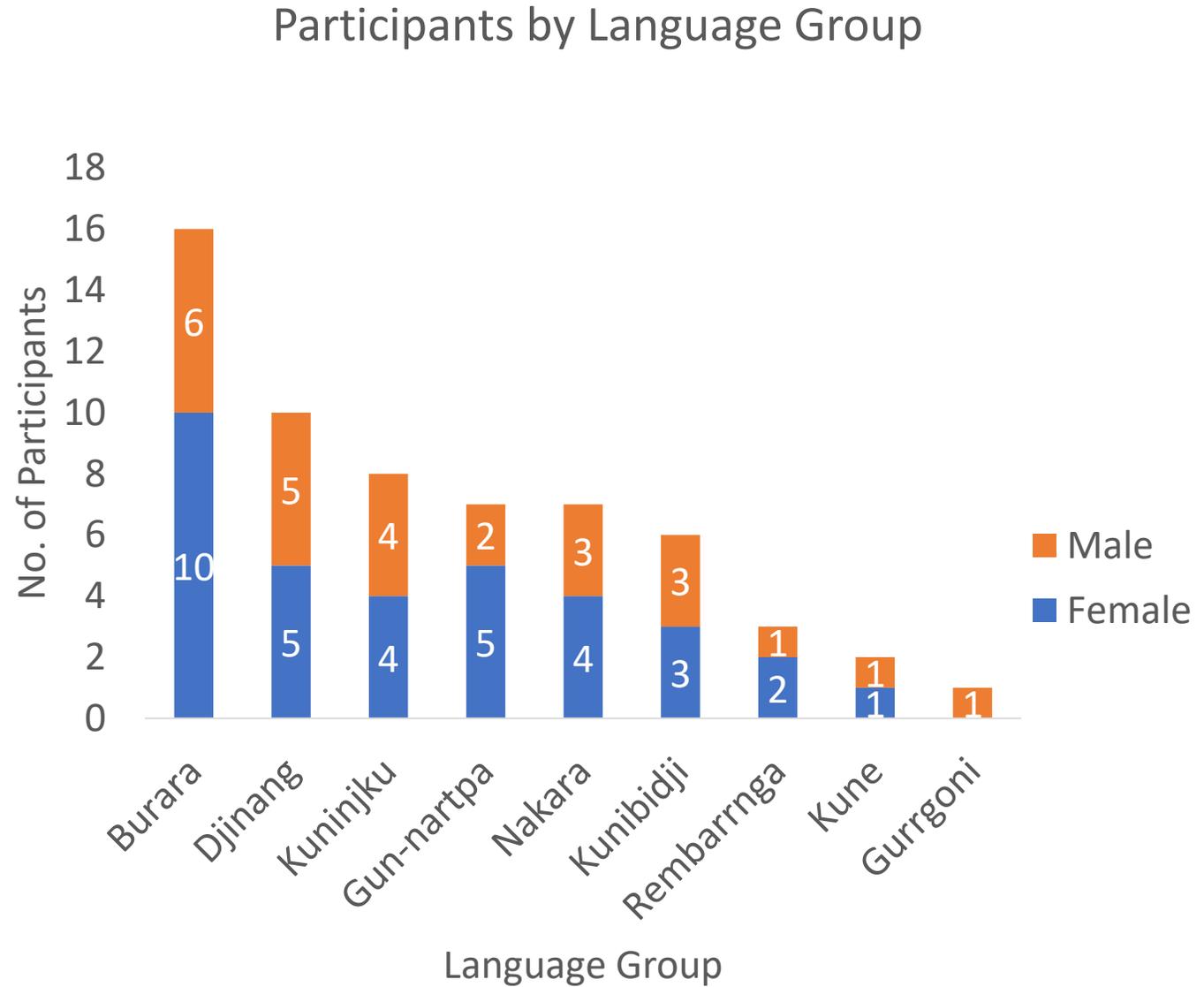
Methods: Strong Internal validity

- Aboriginal controlled consultation
 - Aboriginal Advisory group (elders)
 - All language groups (Nations) consulted
 - Aboriginal participation at all stages of the research process
- Focus Groups
 - Co-facilitated by Advisory Group member
 - Conducted in participants' first language
- Results verified by community members

Results

- Participants N=60
 - Twelve focus group sessions
 - Average 1 hour duration

Age Group	Female	Male	Total
15-25	4		4
26-50	17	11	28
50+	13	15	28
Total	34	26	60



Current experience of care

- Low cultural security – reducing access and effectiveness of care

They don't care about Aboriginal people. That's what I feel and see. I feel like I'm not treated as equal.

Sometimes we go to the health centre. Sometimes no. Because we don't know the new doctors, we only know the old doctors and nurses.

'it's not our clinic any more, the state controlling it. [...] Working for them [the state]'

Yeah, but after that the medical language as well, the nurse or doctor has to learn about Aboriginal culture as well, both ways.

Engage community in leadership

- ***‘we have to get a good working group. [We] have opinions and ideas, really good ideas where we can work together in terms of achieving what we [need for a really great health centre].’***
- Service planning
- Complaints resolution
- Community communication

Language group based teams

- Language group based teams
'We want to keep it going simple. If we keep to the language groups speaking to their own mob and vice versa'
- Working collaboratively
'Teamwork, we all work together, black and white together, working together.'
- Nurses and AHPs assigned to language group based teams
'Same nurse all the time. That is the best way, the only way. Once you change another nurse, she doesn't know you.'

Gurrutu informed care

- Relationship-based care, **NOT** disease focused care

‘Just change it the way that they need to respect community, like Gurrutu way, and start showing respect you know, and care and love for that patient - that person will feel comfortable and happy’

‘It’s about love - you love family, care for them, look after them, keep them safe from bad things’

New roles for Aboriginal workers

'We can work together talk together. And then we can be one'

- Interpreting and cultural brokerage

'It's going to be part of [Aboriginal staff] job, they are going to talk to that white person [...] show them, like this is our bush tucker, this is our bush medicine, this is our traditional dance'

- Involvement in health checks and follow-up

'[the Aboriginal worker] learns about pulse and whatever you know and the doctor or nurse tells him what's what'

New roles for Aboriginal workers

- Aboriginal workers, the focal point of care continuity for families
 - 'Keep an eye on them from that medicine you know, to give them every morning, lunch, and afternoon'*
- After-hours access to panel AHP for primary assessment
 - So they [AHP] can have like thermometer, stethoscope so they can check up, hear their chest, whether they are breathing fast, or the temperature is up and then they can call the clinic*
- Outreach PHC delivery
 - One house then the next you should go and check all the people, some people they don't want to go clinic, they are scared to go*

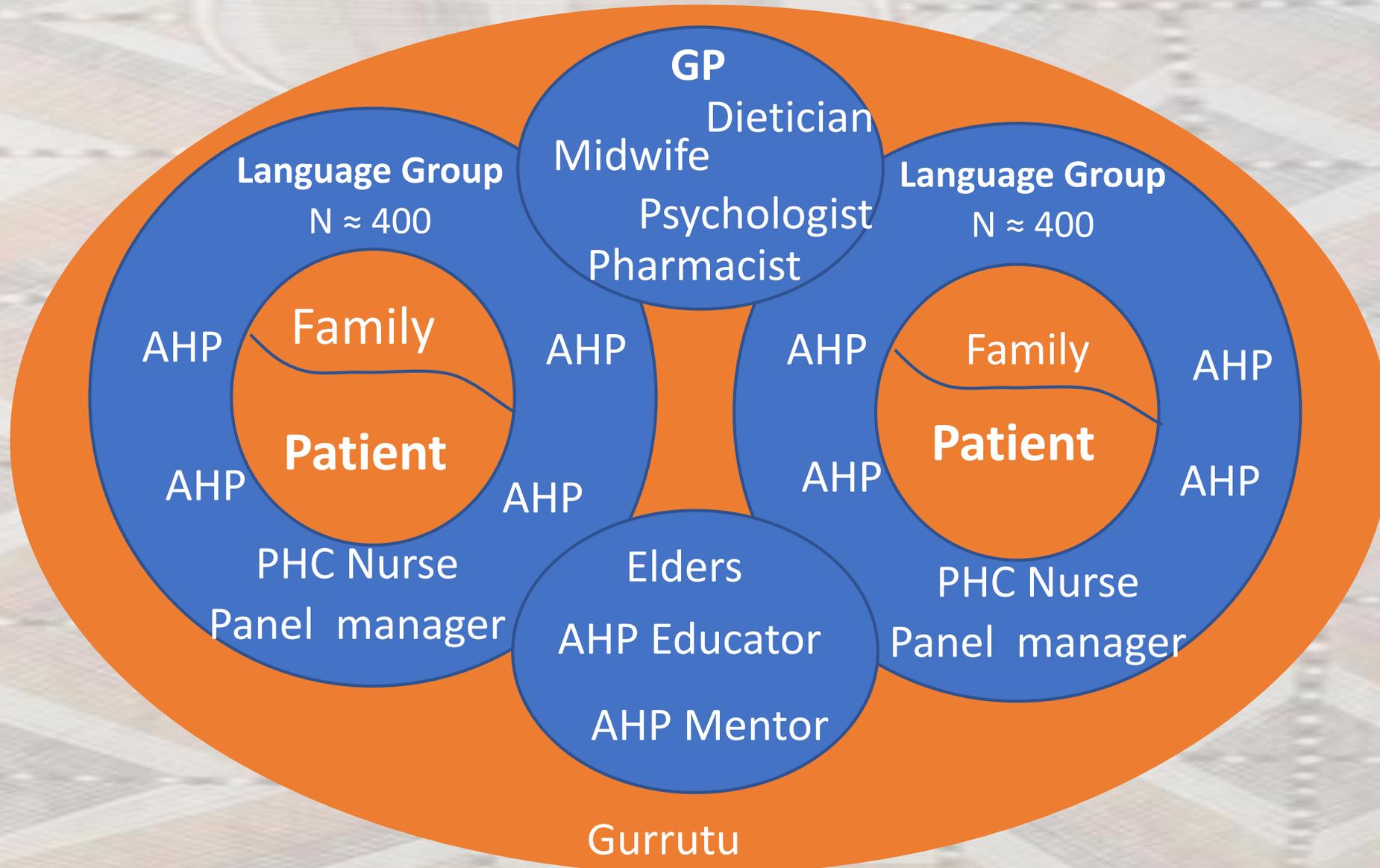
New roles for Aboriginal workers



- Traditional Healing

‘Traditional healing should be part of the clinic too, get elders to be part of the clinic, ‘Witch doctor’ to be there to look at what happens.’

Gurrutu Service Delivery Model



Summary – The Gurrutu Model of Care

- 1: Structures teams to foster culturally-secure relationship-based care
 - Family focussed care
 - 2: Strengthens the Aboriginal role as the focal point of care continuity:
 - Self-management support,
 - Care coordination/navigation,
 - Health coaching
 - Cultural mentorship for non-Aboriginal staff
 - 3: Nurses working at the top of their game
 - Collaborating with Aboriginal staff to manage their panel of 400 clients
 - Delivering bi-cultural person centred care
- Strong correlation with successful international model
 - South Central Foundation

Implications for Nurses

- Teams led by AHPs providing continuity of care
- Nurses working across all fields of expertise
- Nurse recruitment strategies based on community vision
 - Relationships
 - Traditional culture
 - Two-way learning

Further Reading

- Smith, G., Kirkham, R., Gunabarra, C., Bokmakarray, V., Burgess C. P.; “We can work together, talk together” - An Aboriginal Health Care Home; Australian Health Review (publication in press).

Thank you

