





Moving Forward Together

Urban Aboriginal women's primary health care and well being

GP & PHC Conference
5 June 2008, Hobart
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Acknowledgements

I would like to thank the following people who guided this research

<i>Elder women</i>	<i>Aboriginal mentors</i>
Auntie Gloria Sparrow	Ros Pierce
Auntie Josie Agius	Kim O'Donnell
<i>Community women</i>	<i>Supervisors</i>
Rose Daniel, Lily Lebois,	Charlotte de Crespigny
Jo Gurney, Valma Long	Eileen Willis
	& Yoni Luxford
<i>Aboriginal health team</i>	& Sheryl de Lacey
Yvonne Ingus, Kalarie Ritchie,	




This presentation



Overview & findings of our collaborative research process

Process: Collaboration in health care & research (model of practice)



Topic: Urban Aboriginal women's health and wellbeing – comprehensive PHC




Research Aim

To enable Aboriginal women, primary health care and education professionals, managers and organisations to work together toward improving Aboriginal women's health and well being (model of practice)

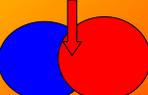
Location:
 Suburban Adelaide community health service



Objectives



- Support Aboriginal women to influence, inform, co-plan and co-evaluate their own health care and well being
- Facilitate the full participation of Aboriginal women in this research in culturally safe and respectful ways
- Work collaboratively with health and education professionals, creating opportunities for working with, listening to, raising, discussing and responding to Aboriginal women's health and well being needs.



How this research began

continuation of previous research

By invitation

What about the young women?

through conversation

How can our services best meet local Aboriginal women's needs?

Elders community consultation

Urban Health & Education staff

Its not working for us

Aboriginal community women





Aboriginal terms



'the community has had enough of people coming in and doing surveys and research, and then nothing happens and they never hear of it again. I think you'd better work with them and make sure that something actually happens'

Ros Pierce & Aboriginal Reference Group 2005



Participatory Action Research/ Collaborative Practice



(Adapted from Stringer's Look, Think Act, 2007)

Ganma

*"where a river of water from the sea
(western knowledge)
and a river of water from the land
(Aboriginal knowledge)*

"Come together and create foam (new knowledge)"

*Shared by Dorothy Yunggirringa & Joanne Garngulkpuy
Yolngu health educators of Arnhem Land*



Collaborative knowledge sharing

- **Communicative action** (Habermas, 1984)
- Creating opportunities for ideal speech situation, true consensus, mutual understanding, equal opportunities, authenticity, openness, and the right to participate.
- **Dialogical education** (Freire, 1970)
- Liberation, critical reflection, equal partnerships, creating new knowledge together & working together in action.
- **Midwife & Connected teaching** (Belenky & colleagues, 1973)
- Supporting women as they grow and share their own knowledge: 'being with them' in the process.



Dadirri - an inner deep listening

People are recognised as being unique, diverse, complex and interconnected, part of a community where all people matter and all people belong

{ Ungunmerr, 1993; Atkinson, 2002 }

"a reflective non-judgemental consideration of what is being seen and heard; and, having learnt from the listening, a purposeful plan to act, with actions informed by learning, wisdom, and the informed responsibility that comes with knowledge"

{ Atkinson, 2002 p 15 }



**after colonisation began
- not after it finished**

Postcolonial feminism

- Provides a powerful analytical framework for considering the legacy of the postcolonial past and the neo-colonial present as the context in which health care is delivered (Browne, Smye, Varcoe 2005)
- Combining feminism, critical social theory & postcolonial theory enables a consideration of gender, class, socioeconomics and power differences in many forms, as well as in relation to colonisation (Browne, Smye, Varcoe 2005; McConaughy, 1997).
- People experience different oppressions at different times & in different situations (McConaughy, 1997).

Increased awareness of our own assumptions



Research details

- **Co-researchers**
Aboriginal community women, health and education professionals, managers & researchers
- **Aboriginal health research ethics**
Reciprocity, respect, equality, responsibility, survival & protection, spirit & integrity (NHMRC 2003)
- **Methodology**
Emergent, collaborative participatory action research
- **Methods**
Community consultations, semi structured interviews, focus groups, participant observation, document analysis, thematic analysis, negotiation, collaborative action, PAR cycles, personal reflection
- **My role**
Nurse / researcher / facilitator working alongside co-researchers



What we did

Practical
&
Pragmatic

- Four different yet interconnected focus areas &**
1. **Local Aboriginal community women**
Negotiation, collaboration, women's group
 2. **Aboriginal health service**
Resource mapping, supporting staff, women's health days
 3. **Working with young women in schools**
Collaborative health /education programs, health expos, life coaching, reconciliation
 4. **Action research / action learning conference**
Bringing together community, health, education, environmental and research

"work together and make sure something actually happens"



1. Local Aboriginal community women

What is happening? (Look & Listen)

- Falling between the gaps in service provision
- Discontinuation of Women's group
- Not being heard

What are your concerns & priorities? (Think and Discuss)

- What is working well, what is not working well?
- differing services – clinical versus comprehensive primary health care and holistic health
- What are your priorities?
- addressing stress, a welcoming space where we can meet & support each other

What can you/we do? (Take Action)

- Talk through concerns in a safe environment
- Try to re connect with health services and other activities – Women's Health Days
- Women's friendship group
- Co-create appropriate research methodology and co present it at conferences –
- Be heard, Negotiate, Collaborate, Find/use strategic friends



Building collaborative and effective relationships



Time

recognising different peoples relationships to time
& finding time to work in respectful ways



+ Respect

recognising different cultures, opinions, knowledge & knowing. Two way learning



= Trust

building & nurturing trust relationships

Connection with both the head and the heart

there are no short cuts

the journey is as important as the outcomes



2. Aboriginal health service

What is happening? (Look & Listen)

- Newly developing Aboriginal health service
- Under resourced, high client need, few referral pathways, high turn over of staff
- Clinical services developed, but not social and emotional well being services – moved off site
- Expected Neighbourhood House did not eventuate

What are your concerns & priorities? (Think and Discuss)

- What is working well, what is not working well? – clinical primary care versus comprehensive primary health care and holistic health
- Local community expectations
- What are your priorities? – providing services to clients with high need

What can you/we do? (Take Action)

- Talk through concerns in a safe environment
- Resource and referral mapping
- Short and long term plans
- Women's Health Days – led to collaboration and ongoing programs



Comprehensive Primary Health Care & Primary Care

Two different approaches – the terms are often used interchangeably but they have quite different agendas.

Comprehensive PHC

- Holistic, social determinants of health
- Local focus /priorities
- Community engagement & participation
- Professionals on tap
- Improvement in overall health and well being of community and individuals

Primary Care

- Selective, medical focused health
- External / global strategies
- Limited engagement / community compliance
- Professionals on top
- Reduction /elimination of specific diseases



3. Working with young women in schools

What is happening? (Look & Listen)

- Young Aboriginal women having babies – Grannies as main carers
- Very few Young Aboriginal women accessing health services
- Health and education services not working closely together

What are your concerns & priorities? (Think and Discuss)

- What is working well, what is not working well? – Aboriginal Education Worker is key link person
- What are your priorities? – improving information and access for young Aboriginal women

What can you/we do? (Take Action)

- Women's Health Days – involve young women – multigenerational – Inma
- Closer links between health and education services
- Aboriginal Health Worker involvement in Life Coaching/media program
- Speak with young Aboriginal women about what they would like – Dance
- Sexual Health Awareness Week EXPO



Sexual Health Awareness Week



Multi-agency in-school expo



4. Action research / action learning conference

What is happening? (Look & Listen)

- There are very few places where Aboriginal and non-Aboriginal people can come together and share what is and what is not working, and how to address it.

What are your concerns & priorities? (Think and Discuss)

- What is working well, what is not working well? – conference format, location, structure
- What are your priorities? – create spaces where all knowledge's can be heard and respected.

What can you/we do? (Take Action)

- Create an action research/ action learning conference that is embedded in Aboriginal preferred ways of knowing and doing.
- The planning, implementation and evaluation is collaborative, democratic and collective



What we learned about collaborative health care and research

- Open and transparent agendas
- Respectful negotiation and collaboration
- The journey is as important as the outcomes
 - walk the talk
- Flexibility
- Creating a goal in common, together
- Working in with other programs for continuity
- Collaborative action



Thinking deeply about my/our approaches and assumptions

What is health?

What is well being?

What is knowledge?

Whose knowledge is valued?

Who determines what health care looks like and feels like?

How can health care meet policy directives, evidence based practice and client needs?

Strengths Vs deficits



Findings

Process



How to work respectfully & collaboratively in Aboriginal health care and research:

- PAR / collaboration
- Knowledge sharing
- 2 way communication
- Cultural safety & respect
- Ethics

Topic

What are urban Aboriginal women's health and well being priorities :

- Holistic - physical, socioeconomic, mental, emotional, spiritual, cultural, family, community
- Inclusion, acceptance, equity, colonisation

What

How



Considerations

- Colonisation - past and present effects impact daily on Aboriginal women but is under recognised by mainstream Australia
- Knowledge – collaboratively sharing, rather than appropriating or ignoring each other's knowledge
 - de-colonising rather than colonising
- Health – there are many differing perceptions of health and well being; personal, family, spiritual, cultural, emotional, financial, biomedical, social, mental, institutional.

Therefore, everyone holds different understandings of health, health care and well being.



Thankyou

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