

Putting community front and centre—Indigenous decision-making in public health

1. Summary of Impact

Despite improvements in health outcomes over the last 10 years, life expectancy for Aboriginal and Torres Strait Island people is still almost 10 years less than that of the general population.

Nikki Percival, Associate Professor at the Australian Centre for Public and Population Health Research, is redesigning health systems to work better by meeting the needs and aspirations of Aboriginal and Torres Strait Islander people. Her research involves developing and trialing preventative health approaches that privilege Aboriginal and Torres Strait Islander perspectives.

“I am very much a broker, making space so community voice is heard by policy makers” she says.

“What we’re doing is capturing insights from people living and working in Aboriginal communities, and packaging this wisdom in a way that make sense to both the community and decision-makers. Ultimately we researchers work with communities of people, whether that is groups of people or with organisations. Research can help to identify how communities think, feel, see a chronic issue like kid’s ear health—this can then help guide development of strategies and solutions. We have a responsibility to disseminate this knowledge in a way that will ensure Aboriginal voices are heard.”

By working closely with communities, its hoped that more targeted, and thus effective, policy responses can be developed.

2. The problem

Health problems like middle ear infections, heart disease and diabetes are endemic in many remote Aboriginal and Torres Strait Islander communities. But, while kids in Far North Queensland have some of the highest rates of middle ear infections in the world, this health condition, and others like it, don’t have a simple medical solution.

“Currently a hearing problem is identified, the ears are cleaned and medication is prescribed, but what that doesn’t do is actually address the underlying conditions like housing situations, the hygiene, the things that actually cause infections in the first place. Our health system is oriented towards treating illness, but it doesn’t emphasise prevention and we cannot realistically expect our health system to address these issues alone,” Nikki says.

Public health initiatives often lack community buy-in and practical perspectives on potential barriers to change and how to overcome them. The impact of engaging community in meaningful ways takes time and is difficult to measure, so funding to support it is difficult to attain.

3. Beneficiaries

Bringing together groups of people to talk about their health with doctors, nurses and public health officers is likely to benefit kids, their families and the communities they belong to. It not only raises awareness but may ultimately feed into how future public health initiatives are rolled-out in Indigenous communities, and, Nikki believes, their corresponding effectiveness.

“Aboriginal people have said, for a very long time, that their participation in decision-making is key to high-quality programs. If they’re not involved in the initiatives that are meant to benefit them, its not going to work,” she says.

The advantages of government agencies listening to Aboriginal and Torres Strait Islander people when it comes to the best way to promote health outcomes in their communities could also extend much further.

“I have a picture of my daughters on the beach,” says Nikki. “I also have photos of Aboriginal children, who are about the same age of my daughters, on *Galiwinkua*, a plane ride from Darwin and one of the most remote and beautiful places on earth. My girls, in all likelihood, will live until they’re 80 plus Yet the children I met on Galiwinku playing on the beach, having a fantastic time—they’re life expectancy is about eight to nine years less. This statistic is both compelling and shameful. How can this be? Through my research, I hope to play a role in changing that.”

4. Approach to impact

“What we’re trying to do is to ensure all Aboriginal and Torres Strait Islander people have access to health promotion programs that work. To do that, we all need to be asking ‘what is a high quality program?’ and ‘what makes a difference?’” The best place to start asking those questions, Nikki believes, is at the community level.

However, there can be communication barriers—a lack of cultural awareness on behalf of public health officials, historical injustices, a high turn-over of staff in what can be demanding roles, and government departments that favour statistical results over community input.

In line with this, Nikki is introducing a planning model for local health services that puts community participation front and centre, and which emphasises cultural competence.

Tools for recording community perspectives in a systematic way are also a part of the toolkit. A former public health bureaucrat herself, Nikki believes that translating informal conversations and other engagement work into a measurable output will encourage policy makers to give more weight to community concerns when developing public health initiatives in future.

5. What has changed as a result of this work?

5.1 The outcomes

Nikki's approach has helped establish that conditions like children's ear health are connected with other issues for many communities.

In Far North Queensland, for example, parents have reported they are worried about housing and overcrowding and getting their kids to school. In this context, things like ear infections and blowing noses, a simple but effective way to tackle them, can seem less important.

Building trust through listening and then following through with actions that respond to concerns is a key step when it comes to tailoring outcomes that work for individual communities, according to Nikki.

5.2 Impact

Nikki is working alongside Aboriginal health services and their staff, policy officers and researchers, to re-focus community health systems on preventive health measures. The resource package they've developed gives Aboriginal and Torres Strait Islander communities a meaningful place at all levels of decision making.

An estimated 13,000 Aboriginal and Torres Strait Islander people in remote communities in the Northern Territory have benefited from better access to culturally appropriate evidence-based health promotion. Research into the feasibility of applying these approaches to public health promotion in different Aboriginal and Torres Strait Islander communities, including those in Far North Queensland, is ongoing.

6. What has helped you accomplish this work?

Nikki credits the relationships she has built up with the Aboriginal services and community in Northern Territory for teaching her the skills needed to undertake this work. "Networks and relationships are vital for my research activities but is not a process that can be rushed," she says.

"Being a non-Indigenous scholar, passionate and committed to improving the lives of Indigenous Australians, often means standing aside and making space for Indigenous people to lead."

Accepting guidance from others is an important part of this.

"Listening, being able to laugh, and developing trust are so important. I have been incredibly fortunate in that I am being mentored (and challenged) by some truly amazing Aboriginal people," Nikki says.

7. Challenges

Politicians want results, often quickly, but the reality is meaningful change is slow, according to Nikki.

“We know that the greatest disadvantage is in remote communities. Health promotion and public health programs are so important in these areas. But they need to be evidence-based in terms of what works for Aboriginal people. We need to determine what’s working and what’s not and how to develop data collection instruments to support service providers collect that information to feed it back to secure government funding for the programs that actually work.”