



Health

Hunter New England
Local Health District

Reducing bacterial skin infections by incorporating Aboriginal ways of knowing and doing as part of best practice

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Acknowledgement of Country



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Who and where.....



Background



- Bacterial skin infections are a common problem for Aboriginal children and families in rural areas in NSW
- Emotional/social/academic impact
- May be contagious
- Often recurrent
- Early diagnosis and treatment is recommended
- Current NSW treatment guidelines do not incorporate important sociocultural factors or ways of living in Aboriginal communities.



- To gain a more comprehensive understanding of the experience of skin infections by families, health workers and school staff and of what has been successful and unsuccessful in reducing their recurrence
- Develop a culturally appropriate and effective treatment model for bacterial skin infections



- Participatory Action Research (PAR) methodology
 - Several cycles of data collection, reflection, feedback and further data collection and action
- Mixed methods
 - Aboriginal researchers facilitated/co-facilitated all interviews
- Guided by research advisory and clinical experts



- Impact of skin infections on children and families
- 3 studies so far....
 - *Systematic review*;
 - Not much is known preventing and treating skin infections in Aboriginal children, esp in NSW.
 - *Hospital ED review of presentations*;
 - Limited data; occurred in summer/autumn, Aboriginal people younger
 - *Qualitative study*
 - Experience with skin infections



20 focus groups, interviewed 38 participants:

- Skin infections are complex
- Holistic approach is needed that addresses social determinants and transgenerational trauma
- Empowering families and building cultural strengths are more likely to succeed
- Traditional remedies important in treating/preventing skin infections
- Suggestions for a new holistic approach to treat and manage skin infections

Themes



- **Skin infections are a big issue and have become normalised**

‘Having sores and being unwell is commonplace. Its normal. We have to start with the young ones and say you don’t have to have these sores. We have to change their mindset....its the greatest barrier.’ (Aboriginal Health Practitioner)

- **They are a consequence of transgenerational trauma**

‘.....people are trying to deal with their own trauma and trauma in the community stuff that’s happened to themselves and dealing with loss and family and whole community. [Skin infections are] not a priority, at least not at this stage.....the biggest problem I have is engagement.’ (Aboriginal Liaison Officer)





- **They are interwoven with social determinants**

‘with a number of people living in one house, it [skin infections] can get shared around very quickly either through clothes, sleeping habits, showering, using towels, that sort of stuff’ (non-Aboriginal teacher)

‘not all of our families own washing machines.’ (principal)

*‘...it’s the transport...it’s the overcrowding, it’s the hygiene.’
(health service manager)*

Themes



- **Families have survived but more could thrive**

'Home is where the most support would be needed because that's where the breakdown is, at home with the parents. Its not because they don't care, its just because they don't have the resources there.' (interview3 attn mentor B)

- **Something can be done and something should be done**

'Its going to take a lot of community consultation but I think if we come at it that our families are suffering, that the kids aren't getting the education, that they're in pain, that we need to do something and we need everybody to be on board to do sometime at the same time, I think that might be the best bet.' (health service manager)

Healthy Skin Model



- Aboriginal ways of knowing and doing
 - values cultural knowledge, strengthens culture, embraces traditional remedies and builds social connectedness
- Best clinical practice
- Strengthens communication and engagement between families, schools and health services
- Supporting and strengthening families to prevent skin infections
- Making changes/modifications to project as determined by community



Healthy Skin Treatment & Prevention Packs



Healthy Skin Model – soap making program



- Aim - to provide community with the skills to make soap using a local traditional bush, and the opportunity to learn traditional stories that will build cultural strength and knowledge



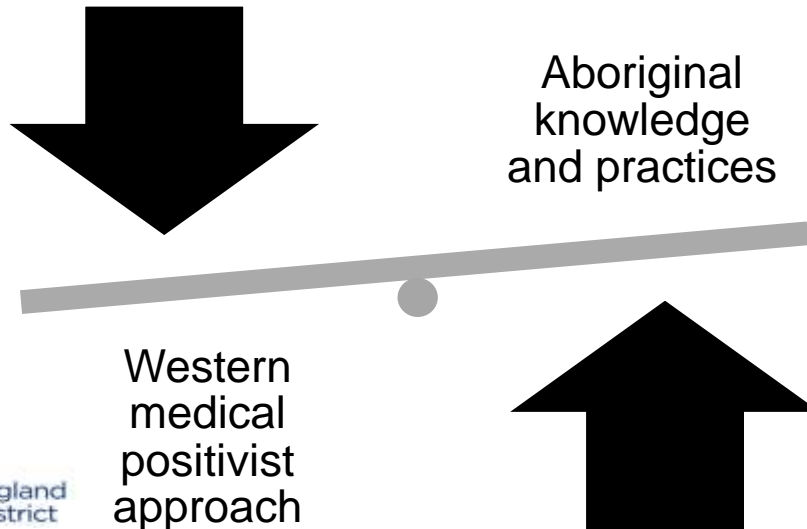


- Links with lots of friends and colleagues:
 - Communities
 - ACCHS
 - Aboriginal Health
 - Schools
 - Menzies, Darwin & Brisbane
 - ID Specialists at JHH
 - WA Telethon Kids
 - Doherty Institute in Melbourne

Conclusions so far...



- Listen, learn and build together
- First Nations people leading the way
- Making space and time, valuing other worldviews and respecting other ways of working



Gamilaraay Language

Health – banaba

Learning & hearing - gababa-li

Family – dhiiyaan

Skin - yulay

Soap – dhuubuu

Wash our hands -wagirrma-y mara

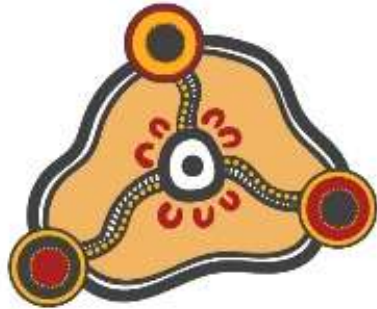
Wash our body - wagirrma-y dhubayn

Care of skin - yulay galuma-li

What the top down looks like...



Ground-up....



Healthy Skin, healthy kids



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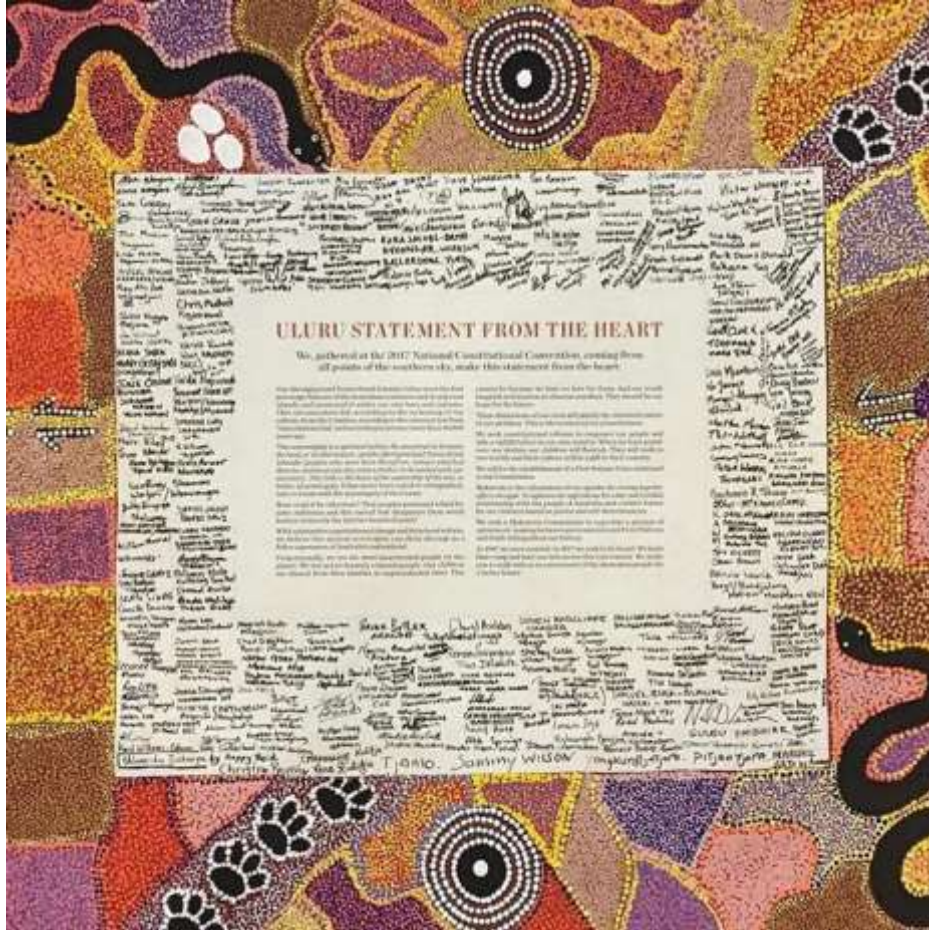
First Nations leading the way



- Challenging the discourse
- Indigenist research approaches
- Making space for Aboriginal people to have a voice
- Different approaches
- Build in social connectedness
- Listen, learn and build together



Uluru Statement



Uluru statement



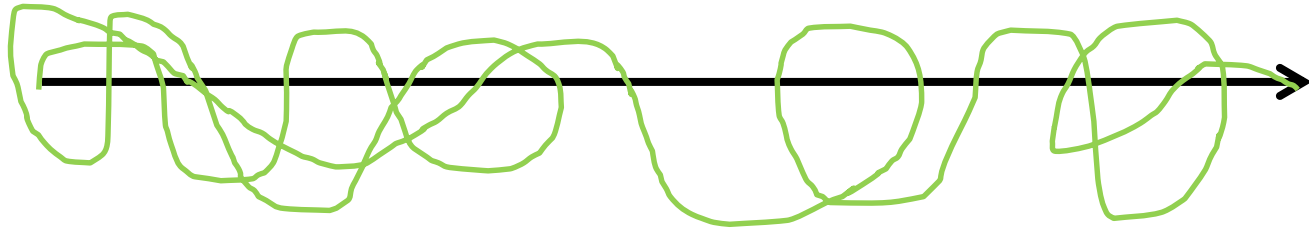
- ...We seek constitutional reforms to empower our people and take *a rightful place* in our own country. When we have power over our destiny our children will flourish. They will walk in two worlds and their culture will be a gift to their country.
- We call for the establishment of a **First Nations Voice** enshrined in the Constitution.
- **Makarrata is the culmination of our agenda: *the coming together after a struggle***. It captures our aspirations for a fair and truthful relationship with the people of Australia and a better future for our children based on justice and self-determination.
- We seek a Makarrata Commission to supervise a process of agreement-making between governments and First Nations and truth-telling about our history.
- **In 1967 we were counted, in 2017 we seek to be heard**. We leave base camp and start our trek across this vast country. We invite you to walk with us in a movement of the Australian people for a better future.



First Nations leading the way



- Non-Aboriginal people/researchers have got to give up some ground, making space and time, valuing other views of the world and other ways (that does not mean tolerate, but more than acceptance)

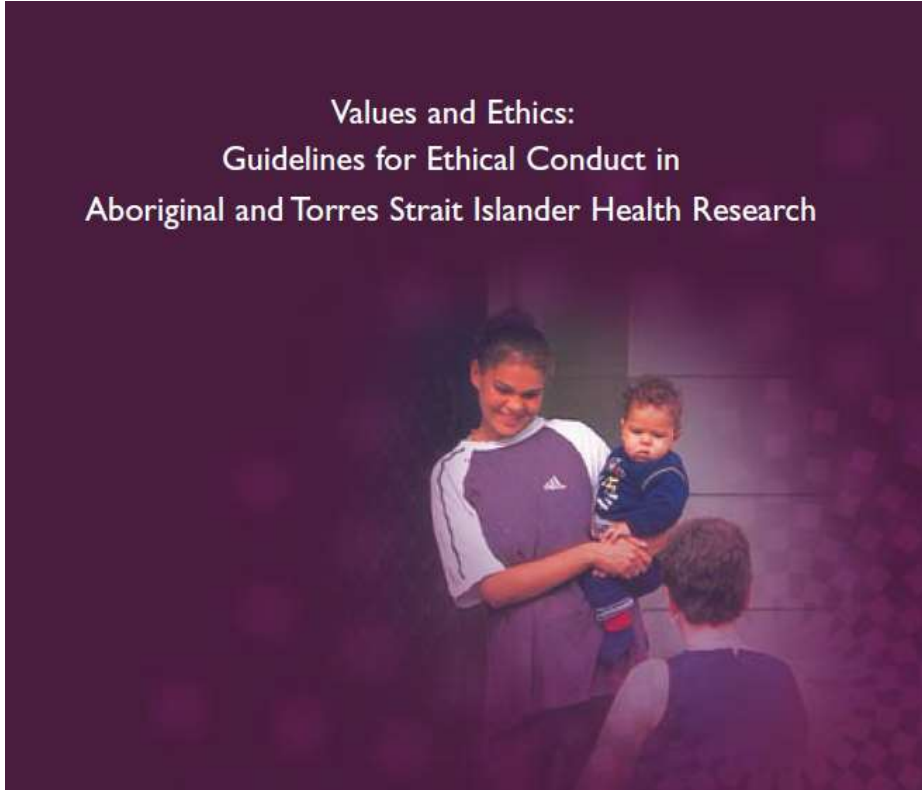




NHMRC: values & ethics



Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research





- The Ethics Committee will only approve a project where:
 - i. **Net Benefits for Aboriginal people and communities:** The research will advance scientific knowledge and result in a demonstrated net benefit for the health of Aboriginal people and communities.
 - ii. **Aboriginal Community Control of Research:** There is Aboriginal community control over all aspects of the proposed research including research design, ownership of data, data interpretation and publication of research findings.
 - iii. **Cultural Sensitivity:** The research will be conducted in a manner sensitive to the cultural principles of Aboriginal society and will recognise the historical aspects and impact of colonisation on Aboriginal people.
 - iv. **Reimbursement of costs:** Aboriginal communities and organisations will be reimbursed for all costs arising from their participation in the research process.
 - v. **Enhancing Aboriginal skills and knowledge:** The project will utilise available opportunities to enhance the skills and knowledge of Aboriginal people, communities and organisations that are participating in the project.



- Thanks
- Questions?

