

‘Yarning for better health’

Improving the health of an Aboriginal and Torres Strait Islander population



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BACKGROUND For over 2 years – as part of a broader strategy to address the health disadvantages in the Aboriginal and Torres Strait Islander population – Brisbane South Division of General Practice (BSDGP) has been involved in providing community health education to the local indigenous community.

OBJECTIVE This article discusses the ‘Yarning for better health’ program.

DISCUSSION The program aims to improve the local indigenous population’s knowledge of health issues, particularly preventive health, and increase through community education their awareness of the role of the general practitioner. It involves local GPs presenting on health topics to different demographics of indigenous peoples in their environments; with their input and endorsement. The BSDGP provides cultural awareness training for the presenting GPs and facilitates the education with the community groups. The program has been successful in uniting two cultures and two different approaches to health.

In 1998, there were an estimated 3410 Aboriginal and Torres Strait Islander residents in the Brisbane South Division of General Practice (BSDGP) catchment.¹ This has increased to 4484 in 2001.² Of these, 36% live in one postcode area, however, in most suburbs the indigenous population is less than 0.8%.

Due to this high proportion of indigenous people in the community, BSDGP has, since 1999, included indigenous health as one of its core activities. Initially, the division identified the indigenous services and schools within its geographical area but did not progress past that information collecting process. In 2001, BSDGP entered into negotiations with the Brisbane South Community Health Service (QEII Health District) for funding to help progress Aboriginal and Torres Strait Islander health activities that aim to address the health disadvantages of the Aboriginal and Torres Strait Islander population. The QEII Health District and BSDGP, which share the same geographical area, quickly recognised the benefits of working together to service the common community. The result of this negotiation was the commitment to jointly fund a project officer position specifically for indigenous health – a position funded for the past 3 years.

In the first 2 years, the project officer represented the division on a number of committees and task groups; the role became one of advocacy and relationship building. According to anecdotal feedback from people in the indigenous health community, the fact that the position had been funded for a relatively long period of time, and that the same person has occupied that position, has helped develop a sense of trust and partnership between BSDGP and the local indigenous community.

In 2003, the Indigenous Health Service and BSDGP decided to utilise the trust and support the project officer had created in the indigenous community by involving them in health focussed activities. Approximately 47 general practitioners in BSDGP expressed an interest in Aboriginal and Torres Strait Islander health and the need for more structured support and advice on improving health outcomes.

The 'Yarning for better health' program was conceived, and included local GPs providing health education on topics selected by the indigenous community to specific cohorts of the indigenous community (Figure 1).

The program

The goals of the program are to:

- improve Aboriginal and Torres Strait Islander people's access to quality health information via an education and health promotion framework; enabling them to make informed choices about improving their own health outcomes and wellbeing
- promote the value of screening and assessment programs as a valuable method of early intervention
- improve awareness of health initiatives available to Aboriginal and Torres Strait Islander people such as immunisation initiatives and health assessments
- provide GPs with a better understanding of Aboriginal and Torres Strait Islander health issues and improve cultural awareness, and
- develop shared goals, understanding and cultural awareness and strengthen links between GPs, other health providers and Aboriginal and Torres Strait Islanders.

Establishing the program

Crucial to success of the program was input, support and direction from the local community in the design, topics and presentation style for the education sessions, and the availability and willingness of GPs' to play an active and participative role in health education programs.

With support and promotion from the Inala Elders, the indigenous community groups self selected to be part of the program. As part of the consultation, the groups were asked to identify the health issues that were most important and relevant to them.

General practitioners were recruited via an expression of interest. They were provided with cultural awareness training and provided with an indigenous health resource manual. The training also included 'tips' on presentation styles, room/group layout, and communication to ensure both the GP and the audience felt comfortable about the sessions and each other. The presentations were developed internally by BSDGP, but were reviewed by the indigenous community in terms of content, comprehension and format.

To date, there are eight GPs who have undergone the training and are involved in presenting health education talks to community groups. The education program is conducted in a community setting with the support of the community, endorsement of the elders, and facilitated by the project officer (Figure 2).

In 2002, the health promotion team conducted community health education on 'common colds need common sense' to five groups, mostly elders, over a period of 6 months with mixed success. One of the major difficulties in the program related to the different cultural perspective of time. The community

education sessions were generally conducted during the day (usually in the GPs' lunch breaks) so the time available for the GP was constrained by the need to get back to the practice for appointments. For the indigenous community, time was not bound by the same constraints and some education sessions had to be rescheduled due to other priorities, eg. a funeral.

The following year, the program was extended to cover immunisation, women's health, chronic disease management and child health. It was offered to parent groups, elders and young



Figure 1. Yarning for better health program

women's groups; the sessions were conducted by two GPs from the division. The ages of the group's community members ranged from 12–65 years and included teenage girls and boys, parents, and elders.

Evaluating and revising the program

The program is constantly evolving as more of the Aboriginal and Torres Strait Islander population obtain a better understanding of the potential role health practitioners can play in the intervention or early stages of disease/illness, before the onset of serious health problems such as heart disease, stroke, and diabetes. A qualitative and quantitative evaluation is conducted after each cycle.

From the evaluation, groups have provided positive responses to increases in knowledge about health topics and the role of the GP (100% of participants believed they learnt something from the sessions). The groups also responded positively to the format of the sessions and enjoyed being able to access and ask questions of a doctor. In response to the question: 'What did you enjoy most about the talk?', the majority of the feedback was 'easy to understand, no big words' (85%). All respondents indicated they would like the community education sessions to continue and suggested future topics.

The feedback from the GPs presenting has been equally positive. They enjoyed their experiences, and felt they had learnt a lot about the indigenous community in terms of communication, holistic health, and the importance of family and the impact this influence has on an individual's health.

Initially the GPs were quite nervous about presenting and were not necessarily prepared for the range of questions asked by the community groups, particularly as the questions weren't all 'clinical', but also related to schooling, community events, housing and government initiatives. The teenage groups, for example, enjoyed 'testing' the GPs by asking interesting questions about sexual health. However, the GPs responded well, and the teenagers quickly realised they could ask the GPs a range of questions and get direct answers. For example, when asked what you enjoyed most about the session, one response was: *'Talking about your boyfriends and how to have sex'*.

Conclusion

The 'Yarning for better health' program has been accepted by the indigenous community as a positive method of reinforcing health messages and obtaining up-to-date information on health and community pro-



Figure 2. Community members

grams. It provides GPs with a better understanding of Aboriginal and Torres Strait Islander health issues and strengthens the role of general practice in the community. The program is also used to encourage community members to identify as being Aboriginal or Torres Strait Islander when visiting their doctor, to increase their awareness of specific health initiatives they can access such as immunisation and health assessments/checks, and to become more familiar with the health system and what role it can play in their holistic health care needs.

It is too early in the program to draw any conclusions about whether the program has been successful in increasing the local indigenous community's knowledge of health issues. The BSDGP is currently surveying all practices to determine the number of patients who are indigenous and the range of services provided to these patients to provide a baseline for evaluating the impact of the program in terms of access and provision of indigenous specific health care.

The program has been successful in uniting two cultures and two different approaches to health. Presenting GPs have enjoyed their experiences and look forward to expanding and continuing their involvement in the program; the community groups have welcomed and supported the program and have committed to ensuring the program continues.

Conflict of interest: none.

References

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