

Short Report

Cite this article: Stroud V, Adams J, Champion D, Hogarth G, Mahony A, Monck R, Pinnegar T, Sprigg dos Santos N, Watson C. (2021) The role of Aboriginal leadership in community health programmes. *Primary Health Care Research & Development* **22**(e58): 1–4. doi: [10.1017/S1463423621000414](https://doi.org/10.1017/S1463423621000414)

Received: 16 September 2020


Revised: 19 November 2020

Accepted: 17 May 2021

Author for correspondence:

Victoria Stroud, BSc, MSc (Speech Pathology) Researcher, Ph.D., Telethon Kids Institute; University of Western Australia, Crawley, WA, Australia.
E-mail: Victoria.Stroud@telethonkids.org.au

The role of Aboriginal leadership in community health programmes

Victoria Stroud¹ , Josie Adams², Doreen Champion², Geraldine Hogarth², Anne Mahony², Ruth Monck², Trulie Pinnegar², Naomi Sprigg dos Santos² and Charles Watson³

¹Telethon Kids Institute; University of Western Australia, Crawley, WA, Australia; ²WA Country Health Service Goldfields, WA, Australia and ³Curtin University, Bentley, WA, Australia

Abstract

This is an account of the crucial role played by a strong local Aboriginal workforce in health care delivery. We report on the personal experience of dedicated Aboriginal health professionals across Western Australia. Their understanding of what has worked in the provision of primary health care in their communities emphasises the importance of strong, local collaboration in the development of effective prevention programmes at a community level.

Introduction

There remains a glaring disparity between the health of an Australian Aboriginal child when compared with that of a non-Aboriginal Australian child (Fogarty *et al.*, 2018a; Fogarty *et al.*, 2018b). In recent years, studies have advocated for the adoption of culturally sensitive health care provision if significant improvements are to be made in the health of Australian Aboriginal children. (Coffin, 2007; Saha *et al.*, 2008; McCalman *et al.*, 2012; Horvat *et al.*, 2014; Bainbridge *et al.*, 2015). These studies emphasise that organisations and providers which have strong culturally sensitive leadership have more effective health outcomes for Aboriginal people (Keatinge *et al.*, 2007; Choi & Kim, 2018; Munns *et al.*, 2018). Equally, the role of effective primary prevention should be enhanced if we are to address diseases of childhood.

This paper argues that culturally appropriate Primary Health Care (PHC) can improve health and wellbeing outcomes for Australian Aboriginal people (Davy *et al.*, 2016). Our own work has found that effective prevention programmes require a collaborative approach and Aboriginal leadership that enables community ownership to ensure that cultural values and practices are embedded in the delivery of PHC. We use an example from work with otitis media in regional and urban areas of Western Australia to support this conclusion.

Two-way learning

Authors that have examined ways to improve outcomes for Aboriginal children have concluded that there is a vital role for two-way learning – the reciprocal sharing of information that builds knowledge and understanding of Aboriginal cultural values, for example, (Malcolm, 1995; Zubrick *et al.*, 2006; Coffin, 2007).

Two-way learning means a truly collaborative approach where both patients and health professionals are learners, becoming empowered by an understanding of each other's knowledge, perspectives and skills (Wright, 2011). Two-way learning enables greater self-determination between parties because knowledge and balance of power are shared (Wynne-Jones *et al.*, 2016; Harfield *et al.*, 2018). An approach that facilitates two-way learning combined with flexible and accessible service provision and Aboriginal leadership can help ensure effective PHC programme development and implementation (Stroud *et al.*, 2020).

We came together as part of a sub-committee of the WA Child Ear Health Strategy, called the Enhanced Prevention Working Group. This paper represents reflections of our learning and shared knowledge and experience in our respective roles delivering or supporting prevention in health service delivery. Stories from Aboriginal health professionals throughout Western Australia shed light on ways to improve health outcomes for Australian Aboriginal families. They emphasise the importance of strong, local collaboration in the development of effective PHC programmes that can be adapted to suit the local community. We have looked at how these observations relate to the Indigenous PHC service delivery model as described by Stephen Harfield *et al.* (2018) and are being applied to the Aboriginal Community-Controlled sector (Dawson *et al.*, 2020), also see (Gomersall *et al.*, 2017). We have sought to use this understanding as a basis for the design of a PHC programme that targets language development in Aboriginal children.

© The Author(s), 2021. Published by Cambridge University Press. This is an Open Access article, distributed under the terms of the Creative Commons Attribution licence (<http://creativecommons.org/licenses/by/4.0/>), which permits unrestricted re-use, distribution, and reproduction in any medium, provided the original work is properly cited.

WA Child Ear Health Strategy overview and Enhanced Prevention Working Group

The Enhanced Prevention Working Group was formed to advise a State-wide WA Child Ear Health Strategy (the Strategy) Steering Group on recommendations to operationalise the strategic priority of Enhanced Prevention – one of seven priorities to address ear health in children vulnerable to ear disease. The Strategy is focused on Aboriginal children aged 0–5 years. It recognises that for the prevention and treatment of ear disease to improve, agencies and service providers need to avoid duplication, and to adopt a consistent evidence-based approach to service provision (WA Child Ear Health Steering Committee, 2017). The Working Group membership included representatives from Western Australian Government and Non-Government organisations, including community champions and local Aboriginal health professionals who worked in Aboriginal health programmes. The Group explored local solutions that could guide recommendations for a state-wide prevention programme.

The Working Group found that current strategies to prevent ear disease in Aboriginal communities were in many cases limited by a lack of evidence of effectiveness. Anecdotal advice from within Aboriginal communities suggests basic prevention messages such as ‘Wash your face and hands with water and soap and use your own towel’ and ‘Eat good food (local, tinned, frozen or fresh)’ and ‘exercise regularly’ are not emphasised enough and are generally undervalued. They are often not understood by Aboriginal community members and therefore have limited impact. The final recommendations of the Working Group suggest ways to address this deficiency by stressing the importance of leadership by local Aboriginal health and education professionals in community-based prevention programmes (Stroud *et al.*, 2020).

Identifying characteristics of Indigenous service delivery models

Harfield *et al.* (2018) identified eight key characteristics (i.e. values, principles and components) of effective Indigenous PHC service delivery models. They found that *culture* underpinned all aspects of effective Indigenous PHC service delivery; the factors relating to the emphasis on culture included community participation, continuous quality improvement, a culturally appropriate and skilled workforce, a flexible approach to care, holistic health care, and self-determination and empowerment. The authors pointed out that attention to culture is mostly lacking from the traditional medical model of care used in Australia (Harfield *et al.*, 2018). They argue that programmes that promote culture through prevention strategies and enhancing protective factors are more likely to have more traction than programmes that are based on a medical model which focuses on treatment and rehabilitation.

Working together

Our team recently published a paper reporting on the findings of the Working Group, focusing on recommendations for key messages to promote good ear health within Aboriginal communities (Stroud *et al.*, 2020). After realising the central significance of the collaborative approach in the continued learning and professional development of both Aboriginal and non-Aboriginal members, we agreed to prepare a further paper based on these learnings that advocates for a greater role for Aboriginal leadership in PHC.

The Group, therefore, came together via online meeting forum to discuss the approach for this article. Online forums were used

due to social distancing requirements and to accommodate authors from regional and remote WA. Authors from the Goldfields were invited to share their personal reflections about what has worked/not worked in managing and enabling an Aboriginal workforce. These authors (AM and NSS) provided an evidence-based outline of their approach and experience of what has worked in their respective roles. The authors who are senior Aboriginal Health Workers also shared their stories and experiences of how they have been enabled, what has worked and what has not worked.

The first author also conducted a preliminary review of literature on PHC in Aboriginal Australia and was impressed by a 2018 scoping review conducted by Harfield *et al.* It was clear that the Indigenous PHC model proposed (Harfeild *et al.*) was consistent with the ideas put forward by the group members.

The collaborative approach taken by the Working Group is linked to the growing body of literature around opening up methods of working and learning together across the cultural divide (Coffin, 2007; Saha *et al.*, 2008; Tuhiwai-Smith, 2012; Horvat *et al.*, 2014; Bainbridge *et al.*, 2015). This collaborative, post-colonial approach can lead to the development of modes of service delivery that are inclusive of cultural differences and diversity.

Our authors include experienced Australian Aboriginal health professionals as well as colleagues and managers. These experienced health professionals offer an understanding of Indigenous beliefs and values from their community-based perspective. Their stories provide their professional observations. The first and last authors drafted the paper based on this collection of material which was then collaboratively reviewed by the authors.

Discussion

Four of our authors are Australian Aboriginal health care professionals who have engaged in health care delivery in regional Western Australia for over two decades. We learned how they have built relationships with families in their care, yarning with family members and moderating competing priorities. This has enabled them to advocate on behalf of families in order to help them navigate the health care system.

Their stories form the basis of the recommendations of the Working Group, (Stroud *et al.*, 2020) emphasising the critical importance of deep Aboriginal involvement in the design and implementation of PHC in Aboriginal communities. Meetings of the Working Group focused on the central importance of Aboriginal leadership, and the notion of ‘empowerment’ was explored. The Working Group concluded that the key issues are more issues of enabling a local workforce, the importance of building capacity at a local level to create a sustainable workforce, and the provision of ongoing mentoring and support of those health professionals. This is a two-way process which also builds capacity of the non-Aboriginal workforce in their understanding of cultural issues and helps build team relationships.

Deep involvement of local Aboriginal people enables, reflects and integrates culture in its essence. It is about working together as a team as well as with the community.

Learnings from community-based health professionals

If significant improvements are to be made in the health of Australian Aboriginal people in Australia, Aboriginal health professionals must play a key role in planning and leading health service delivery within their communities (Kildea *et al.*, 2016;

Gomersall *et al.*, 2017; Middleton *et al.*, 2017; Jongen *et al.*, 2019; Marriott *et al.*, 2019).

While many Aboriginal Community-Controlled Health Organisations (ACCHOs) have been consistent in developing Aboriginal programme leadership, we have found this is not always the case for all health providers. Unfortunately, from personal experience, the majority of Aboriginal health professionals are not in senior positions within the health care system.

This experience is reiterated by Jongen *et al.* (Jongen *et al.*, 2019) who give a range of reasons why Aboriginal health professionals are not in senior positions, including limited career pathways, lack of support from management and lack of professional opportunities (Jongen *et al.*, 2019). This is also reflected in various community-led government documents and reports for ways of working (Aboriginal and Torres Strait Islander Health Workforce Working Group, 2017; Dawson *et al.*, 2020).

As a consequence, Aboriginal team members are seldom involved in the planning of health care programmes (Fogarty *et al.*, 2018a & 2018b). This is often related to a lack of cultural experience and knowledge on the part of non-Aboriginal staff, particularly those in management roles.

These messages and observations from across Western Australia are consistent with principles of the Indigenous PHC service delivery model proposed by Harfield *et al.* (2018) and reflected in ACCHOS 'ways of working' (Dawson *et al.*, 2020). These narratives provide useful examples of how Aboriginal health professionals can work effectively within a supportive and enabling team.

Building future programmes

The impact of colonisation has had a profound influence on loss of traditional knowledge of health and wellbeing, ways of caring for country and loss of Indigenous languages (Malcolm, 1995). Other research demonstrates the ongoing strength of traditional knowledge, for example, ways of raising children (Lowell *et al.*, 2019). Acknowledging Aboriginal knowledge and incorporating learnings into service delivery systems will improve outcomes for health and wellbeing (Zubrick *et al.*, 2006; Coffin, 2007; Wright, 2011; Tuhiwai-Smith, 2012; Lowell *et al.*, 2019) and support language and learning skills in children (Ball & Lewis, 2014; Speech Pathology Australia 2019).

By integrating learnings that we have learned from our Aboriginal colleagues, we could make progress towards a collaborative service delivery approach. Such a model would integrate cultural values into its design and delivery, ultimately improving engagement with Aboriginal families.

Limitations

We acknowledge that the opinions of our Aboriginal informants cannot be simply generalised.

Conclusion

Primary prevention programmes for health and wellbeing in Aboriginal communities should be given greater importance if we are to successfully reduce the impact of diseases of childhood. We argue that prevention programmes require Aboriginal leadership and greater collaboration to ensure that cultural values and practices are embedded in the delivery of PHC. Most importantly, we argue for the inclusion of culture in PHC programmes,

acknowledging local diversity, and stress the importance of Aboriginal leadership, integrating their wisdom, experience, and understanding of Aboriginal families and their communities.

Our findings from discussions with Aboriginal health professionals and their managers are consistent with the recommendations of Harfield *et al.* (2018). We concur with the recommendation of Harfield *et al.* (2018), that the Indigenous PHC model should be integrated into the design and implementation of collaborative approaches to building better PHC programmes with Australian Aboriginal communities.

Acknowledgments. The authors acknowledge the contribution from other team members of the working group including Charles Watson (Curtin University) (chair), Josie Adams (WA Country Health Service, Department of Health), Yvonne Axford (community member, Perth), Michelle Brown (WA Department of Education), Doreen Champion (WA Country Health Service, Department of Health), Suzie Clews (Child & Adolescent Health Service, WA Department of Health), Rick Firms (WA Department of Education), Joanna Hamilton (East Metropolitan Health Service), Geraldine Hogarth (WA Country Health Service, Department of Health), Anne Mahony (WA Country Health Service, Department of Health), Ruth Monck (WA Country Health Service, Department of Health), Irene Nannup (community member, Perth, deceased), Dee Parker (Earbus Foundation), Liesl Pensio (WA Country Health Service, Department of Health), Trulie Pinnegar (WA Country Health Service, Department of Health), Joanne Rogers (Child & Adolescent Health Service, WA Department of Health), Victoria Stroud (Telethon Kids Institute), Sharon Weeks (Telethon Kids Institute).

The authors also acknowledge members of the Steering Committee. Peter Richmond (chair) (University of Western Australia; Telethon Kids Institute; Perth Children's Hospital; Child & Adolescent Health Service), Marianne Wood (Aboriginal Health Service WA), Deborah Lehmann (Telethon Kids Institute; University of Western Australia), Melissa Vernon (WA, Department of Health), Belinda Bailey (Rural Health West), Vivienne Duggin (Rural Health West), Deborah Gayton (Government of WA, Department of Health), Margaret Abernathy (Government of WA, Department of Health), Lucy Patel (WA Primary Health Alliance), Linda Kohler (WA Primary Health Alliance), Terri-Lee Bartlett (Government of WA, Department of Health), Karine Miller (Government of WA, Department of Health), Chris Brennan-Jones (Telethon Kids Institute; University of Western Australia), Caitlin Bradley (Rural Health West).

Finally, we acknowledge Assoc Professor Deborah Lehmann and Distinguished Professor Michael Alpers for their commitment and mentorship to working with community. Special acknowledgement is made to the memory of a co-author who's commitment, dedication, quiet and gentle presence informed practitioners and demonstrating the critical need to empower community members to drive prevention of disease within their community.

References

- Aboriginal and Torres Strait Islander Health Workforce Working Group** (2017) *National Aboriginal and Torres Strait Islander health workforce strategic framework 2016–2023*. Australia: Australian Government Department of Health.
- Bainbridge R., McCalman J., Clifford A. and Tsey K** (2015) Cultural competency in the delivery of health services for Indigenous people. Closing the Gap Clearinghouse. Canberra, Australia: Australian Institute of Health and Welfare.
- Ball J and Lewis M** (2014) First Nations Elders' and parents' views on supporting their children's language development. *Canadian Journal of Speech-Language Pathology and Audiology* **38**, 224–237.
- Choi JS and Kim JS** (2018) Effects of cultural education and cultural experiences on the cultural competence among undergraduate nursing students. *Nurse Education in Practice* **29**, 159–162.
- Coffin J** (2007) Rising to the challenge in Aboriginal health by creating cultural security. *Aboriginal and Islander Health Worker Journal* **31**, 22–24.

- Davy C, Harfield S, McArthur A, Munn Z and Brown A (2016) Access to primary health care services for Indigenous peoples: a framework synthesis. *International Journal for Equity in Health* **15**, 163.
- Dawson A, Brown A, Morey K, Canuto K and Pearson O (2020) *Aboriginal Community Controlled Health Organisations in practice: Sharing ways of working from the ACCHO sector*. Wardliparingga Aboriginal Health Equity Theme. Adelaide: South Australian Health and Medical Research Institute.
- Fogarty W, Bulloch H, McDonnell S and Davis M (2018a) *Deficit Discourse and Indigenous Health: How narrative framings of Aboriginal and Torres Strait Islander people are reproduced in policy*. Melbourne: The Lowitja Institute.
- Fogarty W, Lovell M, Langenberg J and Heron MJ (2018b) *Deficit discourse and strengths-based approaches: changing the narrative of Aboriginal and Torres Strait Islander health and wellbeing*. Melbourne: The Lowitja Institute.
- Gomersall JS, Gibson O, Dwyer J, O'Donnell K, Stephenson M, Carter D, Canuto K, Munn Z, Aromataris E and Brown A (2017) What Indigenous Australian clients value about primary health care: a systematic review of qualitative evidence. *Australian and New Zealand Journal of Public Health* **41**, 417–423.
- Harfield SG, Davy C, McArthur A, Munn Z, Brown A and Brown N (2018) Characteristics of Indigenous primary health care service delivery models: a systematic scoping review. *Globalization and Health* **14**, 12.
- Horvat L, Horey D, Romios P and Kis-Rigo J (2014) Cultural competence education for health professionals. *Cochrane Database of Systematic Reviews*. 1465–1858. DOI: [10.1002/14651858.CD009405.pub2](https://doi.org/10.1002/14651858.CD009405.pub2).
- Jongen C, McCalman J, Campbell S and Fagan R (2019) Working well: strategies to strengthen the workforce of the Indigenous primary healthcare sector. *BMC Health Services Research* **19**, 1–12.
- Keatinge D, Fowler C and Briggs C (2007) Evaluating the family partnership model (FPM) program and implementation in practice in New South Wales, Australia. *Australian Journal of Advanced Nursing, The* **25**, 28.
- Kildea S, Tracy S, Sherwood J, Magick-Dennis F and Barclay L (2016) Improving maternity services for Indigenous women in Australia: moving from policy to practice. *Medical Journal of Australia* **205**, 374–379.
- Lowell A, Maypilama LE, Guyula Y, Guyula A, Fasoli L, Armstrong E and McEldowney R (2019) *Nuythanmaram djamarrkuliny' marrma 'kurr romgurr. Growing up children in two worlds* [Online]. Lowitja Institute; Charles Darwin University; Yalu Marngithinyaraw, Galiwin'ku; SNAICC. [Accessed 20 February 2020 2020].
- Malcolm I (1995) *Language and communication enhancement for two-way education*. Department of Employment, E. A. T. (ed.). Perth, Australia: Edith Cowan University: Education Dept of Western Australia.
- Marriott R, Reibel T, Coffin J, Gliddon J, Griffin D, Robinson M, Eades AM and Maddox J (2019) “Our culture, how it is to be us”—Listening to Aboriginal women about on Country urban birthing. *Women and Birth* **32**, 391–403.
- McCalman J, Tsey K, Clifford A, Earles W, Shakeshaft A and Bainbridge R (2012) Applying what works: a systematic search of the transfer and implementation of promising Indigenous Australian health services and programs. *BMC Public Health* **12**, 600.
- Middleton P, Bubner T, Glover K, Rumbold A, Weetra D, Scheil W and Brown S (2017) ‘Partnerships are crucial’: an evaluation of the Aboriginal Family Birthing Program in South Australia. *Australian and New Zealand Journal of Public Health* **41**, 21–26.
- Munns A, Tøye C, Hegney D, Kickett M, Marriott R and Walker R (2018) Aboriginal parent support: a partnership approach. *Journal of Clinical Nursing* **27**, e437–e450.
- Saha S, Beach MC and Cooper L (2008) Patient centeredness, cultural competence and healthcare quality. *Journal of the National Medical Association* **100**, 1275–1285.
- Speech Pathology Australia (2019) *Apology to Aboriginal and Torres Strait Islander peoples*. Melbourne, Australia: Speech Pathology Australia.
- Stroud V, Adams J, Champion D, Hogarth G, Mahony A, Monck R, Pinnegar T, Weeks S and Watson C (2020) A collaborative approach towards prevention of otitis media in Aboriginal children. *Deafness & Education International* **22**, 275–287.
- Tuhiwai-Smith, L (2012) *Decolonizing methodologies: research and indigenous peoples*. London: Zed Books Ltd.
- WA Child Ear Health Steering Committee (2017) *WA Child Ear Health Strategy 2017–2021*. Perth, WA: Rural Health West, Telethon Kids Institute, AHCWA, WACHS, CAHS, DoH, WAPHA.
- Wright M (2011) Research as intervention: engaging silenced voices. *Action Learning Action Research* **17**, 25–46.
- Wynne-Jones M, Hillin A, Byers D, Stanley D, Edwige V and Brideson T (2016) Aboriginal grief and loss: a review of the literature. *Australian Indigenous Health Bulletin* **16**, 1–9.
- Zubrick SR, Silburn S, De Maio JA, Shepherd CJ, Griffin JA, Daly RB, Mitrou FG, Lawrence DM, Hayward C, Pearson G, Milroy H, Milroy J and Cox A (2006) *The Western Australian Aboriginal Child Health Survey: improving the Educational Experiences of Aboriginal Children and Young People*. Perth: Curtin University of Technology and Telethon Kids Institute for Child Health Research.