



Creating fairer systems: How can we work more effectively with Indigenous communities to improve outcomes?

Dr. Marjad Page

Rural Generalist

MBBS, ACRRM, JCCA, DRANZCOG, AFRACMA, Child Health Dip., Palliative Care Dip.

Senior Medical Officer (SMO)

Kambu Aboriginal and Torres Strait Islander Corporation for Health, Australia

Associate Prof. Dianne Shanley

PhD, MAPS

Co-Lead Changing Health Systems (CHESS) – Menzies Health Institute of Queensland

School of Applied Psychology

Griffith University Gold Coast campus, Australia



Declaration of Interest

- This project has been funded by the Australian Commonwealth Department of Health, FASD Diagnostic Services and Models of Care Grant (H1617G038; 4-G05EAUF)

Country

- We acknowledge the Traditional Owners of the lands and waters of Australia and the Torres Strait.
- We respect all Aboriginal and Torres Strait Islander people—their customs and their beliefs. We pay our respect to the Elders, past, present and emerging, and extend that respect to all Aboriginal and Torres Strait Islander people.

Community

- We would like to thank Kalkadoon Native Title Aboriginal Corporation RNTBC. The Tracking Cube would not have been possible without their gracious support.
- We would like to thank Aunty Karen West and Aunty Joan Marshall for their leadership and guidance within the community and on all aspects of the Yapatjarrathati Project, which is the larger project surrounding the Tracking Cube.
- We thank our Community Advisory Group members who willingly provided their perspectives and experiences when developing the Tracking Cube and these modules. Their time, effort and love made this dream a reality, which in time will blossom to make our communities stronger and keep our communities together.
- We would also like to thank the Gidgee Health Family Health team for their support and contribution to the development of the Tracking Cube.
- We thank the children and families, who have bravely traveled on their journey and allowed us to share their path. We are so fortunate to be on the sidelines to cheer them on.

Acknowledgements

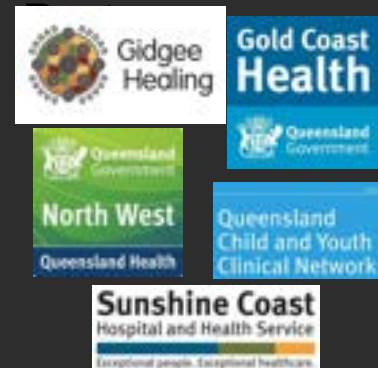
Culture

- We acknowledge our oldest living culture, and the value of First Peoples knowledge, we acknowledge that community-led initiatives result in better life outcomes and more sustainable services, the National Aboriginal Health Strategy, the 2020 Closing the Gap agreement, and ethics for research with First Peoples community

Collaborators and consortium members

- We acknowledge the contribution of over 25 colleagues across 12 organisations

Industry



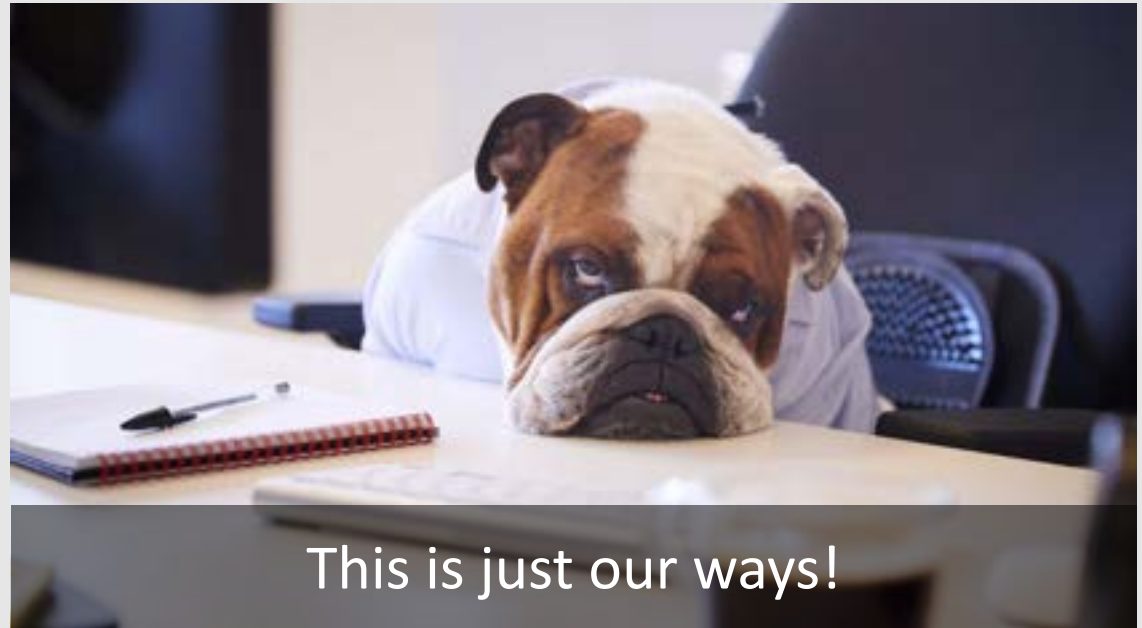
University



Funding



Fairer? Effective? Improve?



What is First Nation Culture/Way?

It is not just a culture, it is a religion!

It is not just a way, it is the way!

It is not just being spiritual, it is living with the spirits!

It is not just respecting the past, it is never forgetting the past!

It is not just about living on this land, it is about living with the land!

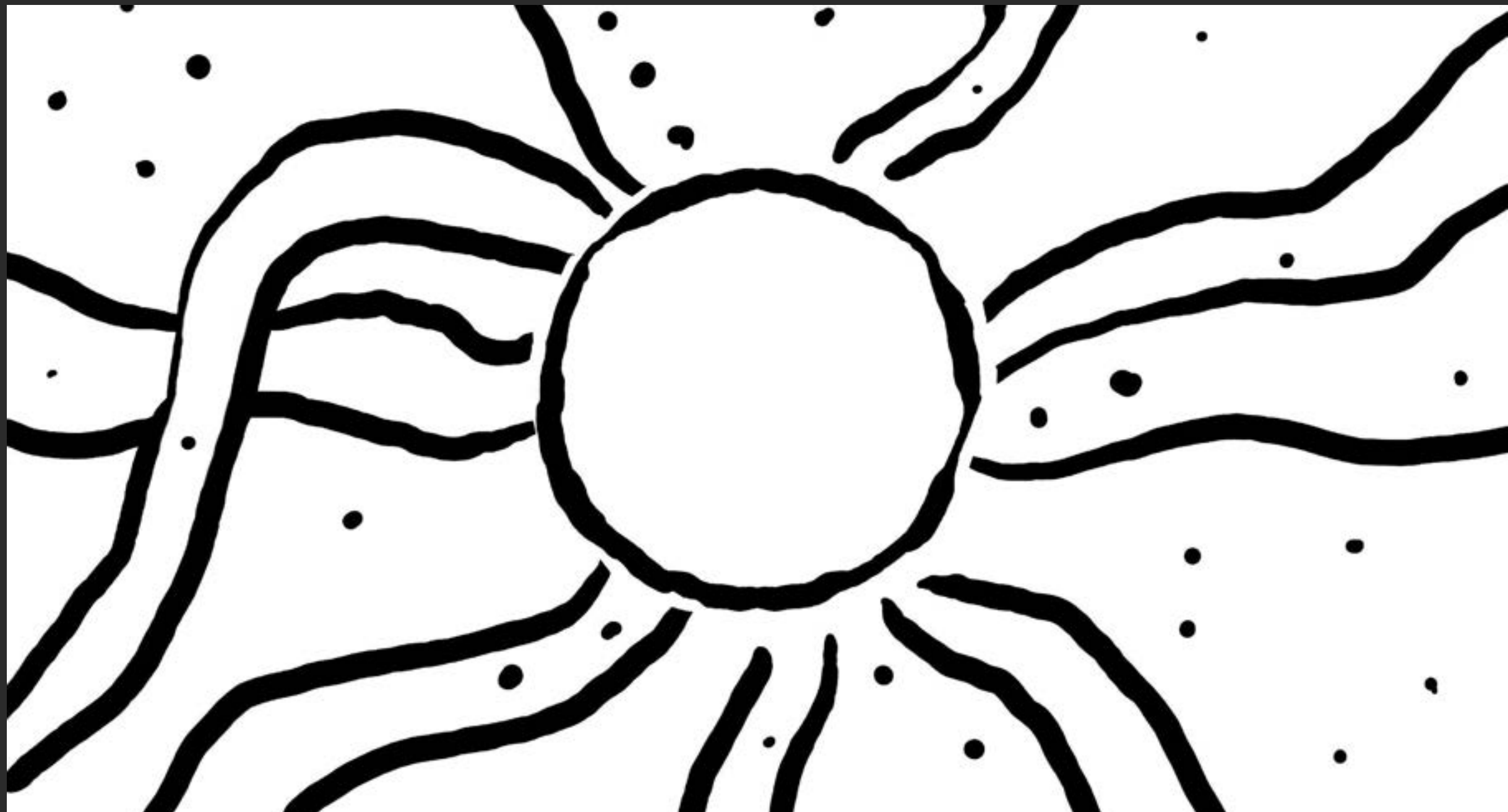
It is not just about trying not to die, it is about dying proper ways!

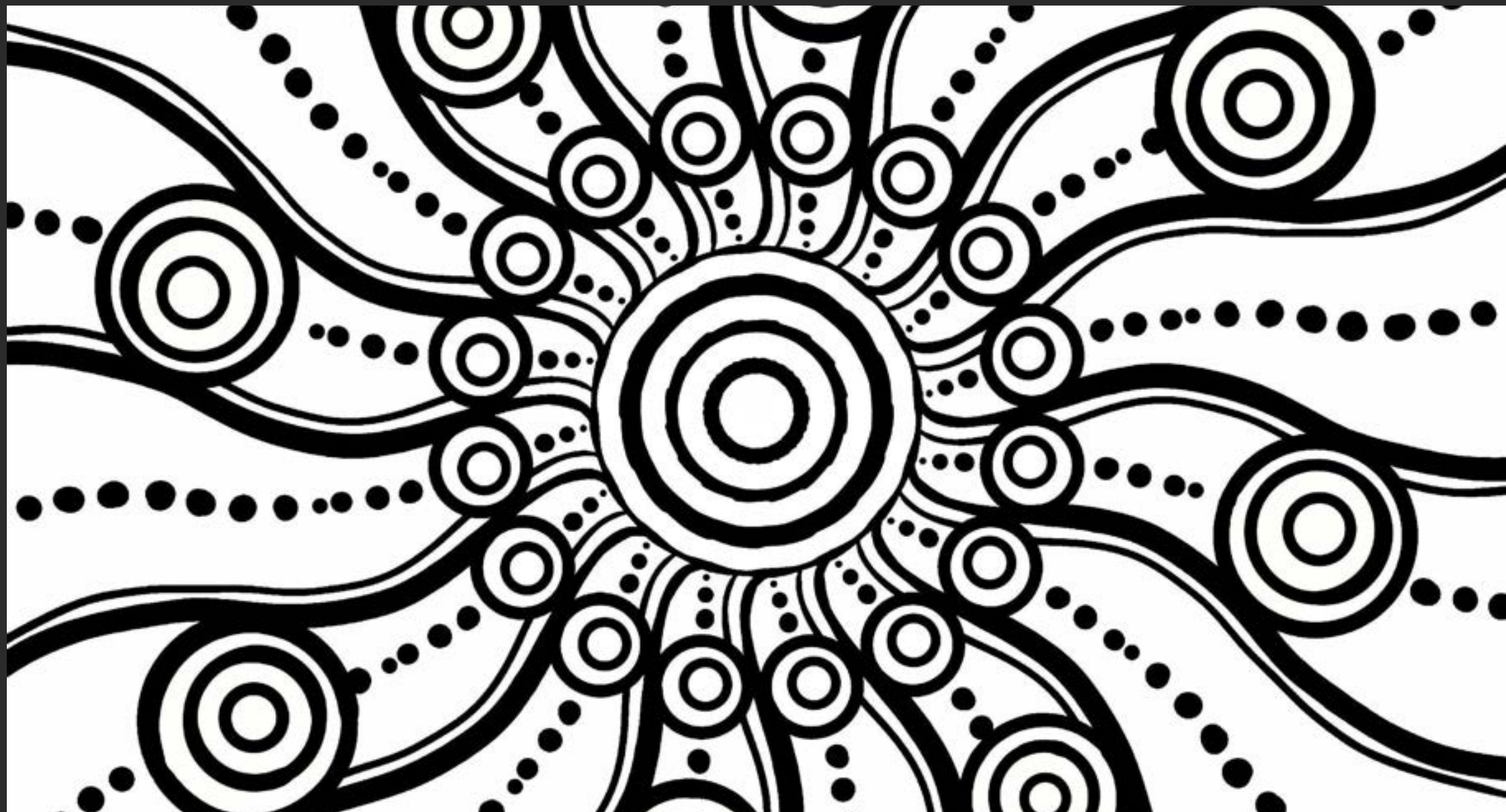
It is not just about us, it is about you!

It is not just about doing the right things, it is about doing things right!

It is not about dreams, it is about the dreaming and dreamtime!

It is not just about knowing the historical stories, it is about being one with our dreamtime stories!







Dreamtime Stories

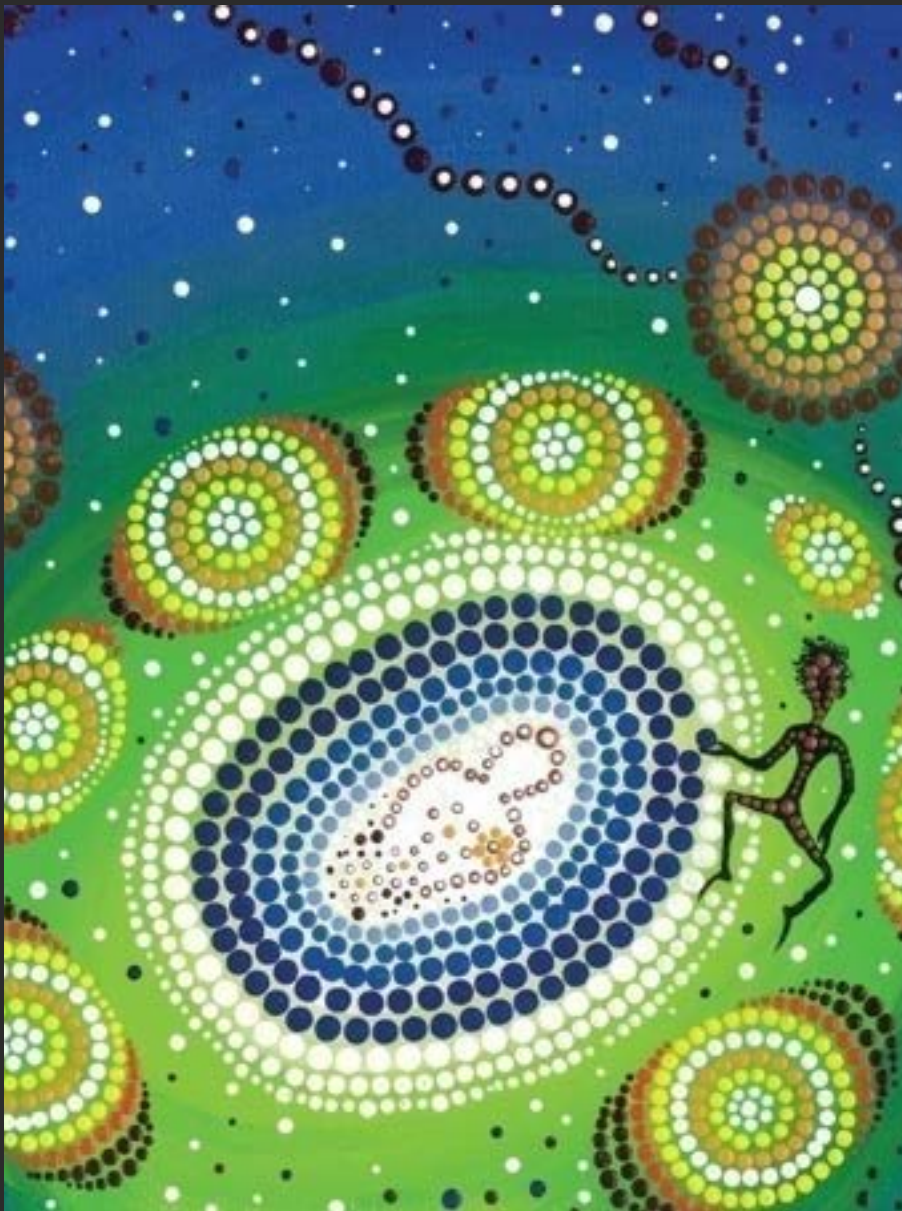
- Are very complex – will depend on the Nation/Tribal/Clan group you are working with!
- Connects the Dreaming to the Dreamtime.
- Brings structure, transparency and accountability.
- Makes the current world fairer for the 'mob'. So they can understand, we can be more effective in our approaches... leading to improved outcomes.
- Enriching everyone and bring us together as a FAMILY!



STORIES ARE GREAT!

Dreamtime Stories is a way we learn!

Dreamtime Stories are a form of protocol!



DREAMTIME STORY

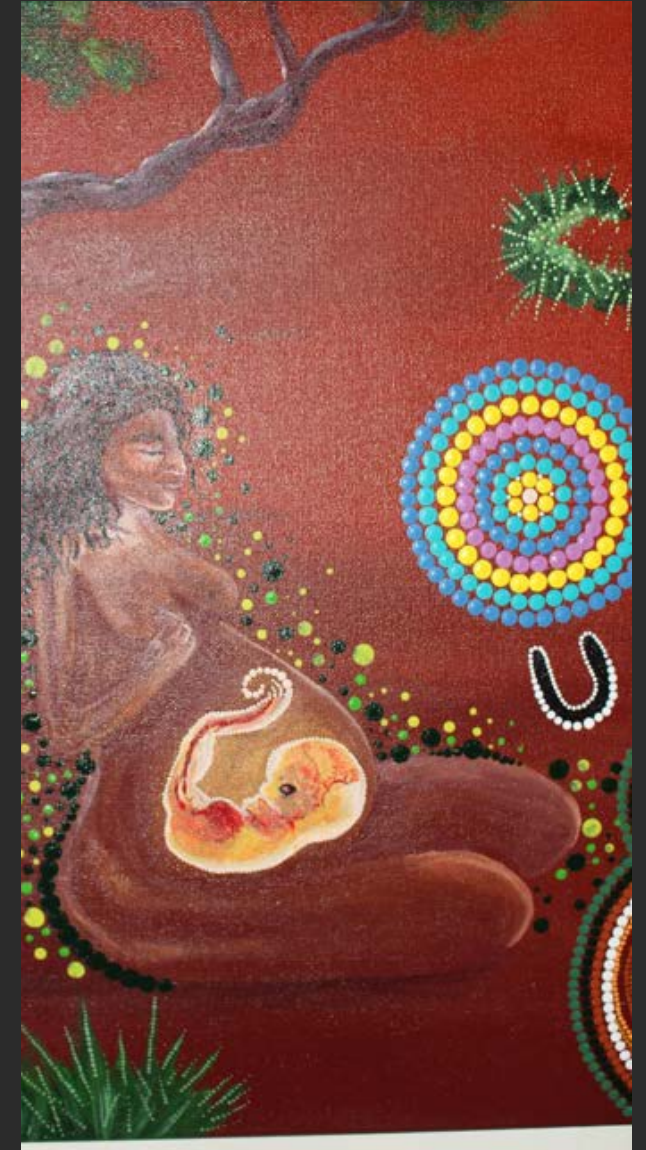
Once upon a time, there was a 15 year old boy called Asot. Asot had a brother called MacCallum, who couldn't keep his ass-off (Aschoff) caterpillars, yes he loved to sit on caterpillars and he had a mouth like a fish. Unfortunately MacCallum drowned when he was 3 years and 1 month old in a waterhole; Asot was 5 years old at the time when MacCallum drowned. Asot loved MacCallum with all his heart and some say that MacCallum was Asot's heart, as when MacCallum died so did a bit of Asot. Asot's uncle also lived here and his name was Jonesey, he was a Medicine man; he was 60 years old. Now there is usually a lot of water in these areas, however they were going through a dry period. So all the waterholes were empty; however there was one waterhole that always had water in it. This waterhole was called STREPTOCOCCUS, and yes this is where Asot's brother MacCallum drowned.

Now Jonesey always told Asot not to drink from this waterhole, as MacCallum's spirit can make a man very sick. But the spirit won't make every man sick, mainly the people who knew MacCallum very well!

Although Asot knew this there was a point about 2 or 3 weeks ago that he was so thirsty that he drank from Streptococcus. Asot started to worry as he remembered that his throat was sore after his drink, and that his joints were also now very sore. Asot didn't tell Jonesey and quickly ran off to rest.



- Dreamtime stories are part of the religious/cultural framework!
- It connects to the Dreamtime and Dreaming!
- It one of the essential factors that holds a community together!
 - It's how we learn!
- It could be a way how we can be connected to our health care system!
- It's a way how the health care systems can be connected to us!
- Therefore, making health care systems fairer, and more effective, leading to improved outcomes.








Welcome to the
Yapatjarrathati Project



Local champions felt children were being left behind



3 hospitals, 3 universities, 3 local health services



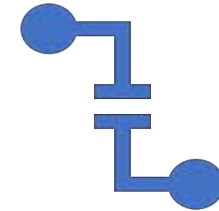
Fetal Alcohol Spectrum Disorder (FASD)

- highly prevalent neurodevelopmental disorder (3-19% prevalence)
- early identification improves functioning for individuals and reduces costs to society
- gold standard methods of diagnosing FASD rely on specialists to deliver intensive, multidisciplinary assessments

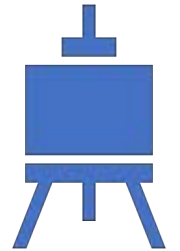
Connected with the right elders & community members, co-design began



Yapatjarrathati Solution



Abbreviated
neurodevelopmental
assessment



Co-designed



First Nations
worldview



Local

Image: Theresa McDonald, Aboriginal Health Worker doing Tier 3 of the Tracking Cube

The foundation of this solution is **connection**.



It starts with a dreamtime story

written by Dr Marjad Page, a Christian from the Kalkadoon, Waanyi, and Ganggalidda Nation groups and a Rural GP

illustrated by Ms Shirley Dawson is from the Eastern Aranda people of the Harts Range area, Northern Territory



“You are you, and I love you”

--- A dreamtime story written by Dr Marjad Page,
illustrated by Ms Shirley Dawson

“Dreamtime stories are not just stories, but are writings with cultural importance for the betterment of a community. Dreamtime stories are also a method of remembering vital information that aids in improving one's life by following the right processes and protocols of the community, Elders and key stakeholders.”

- Dr Marjad Page

The Tracking Cube

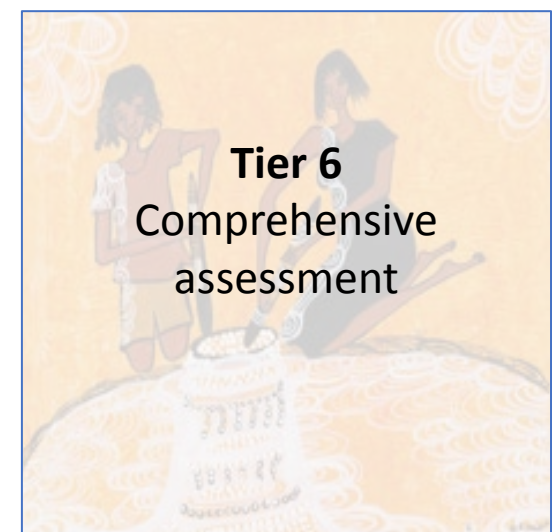
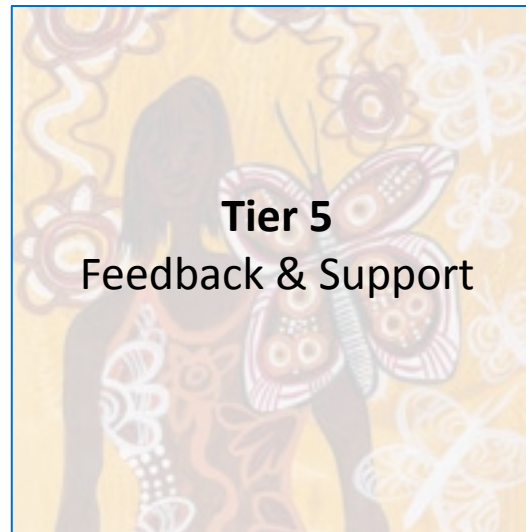
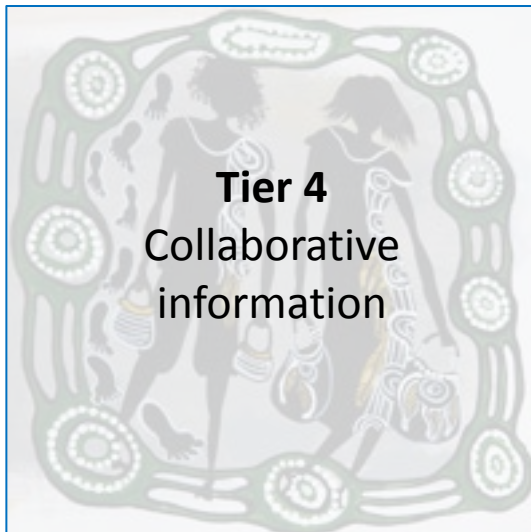
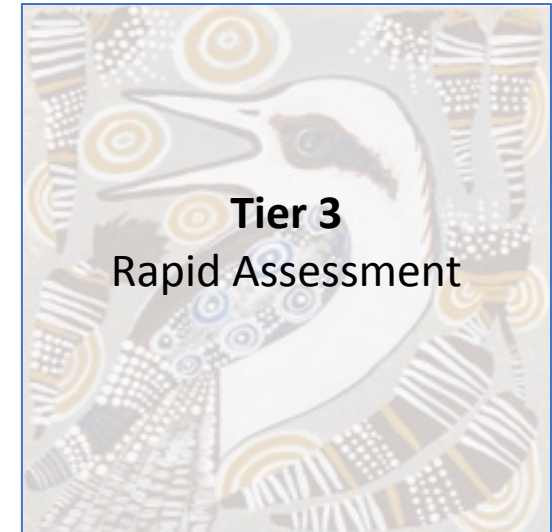
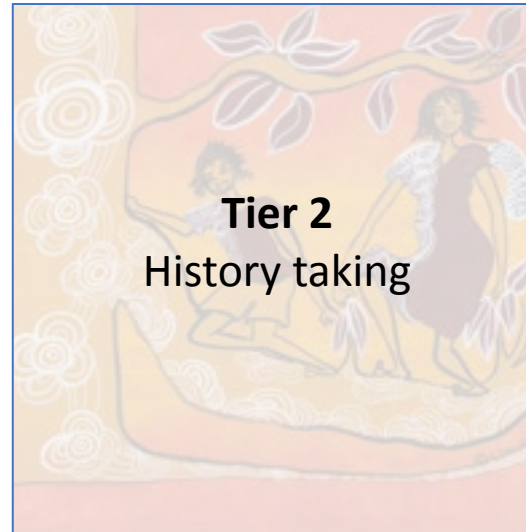
- 6 tiers (6 sides of the cube)
- track child development across 10 neuro-developmental domains
- uses valid and reliable tools
- flexible administration (complete tiers in many orders, repeat tiers as



Tiers 1-6



Tiers 1-6





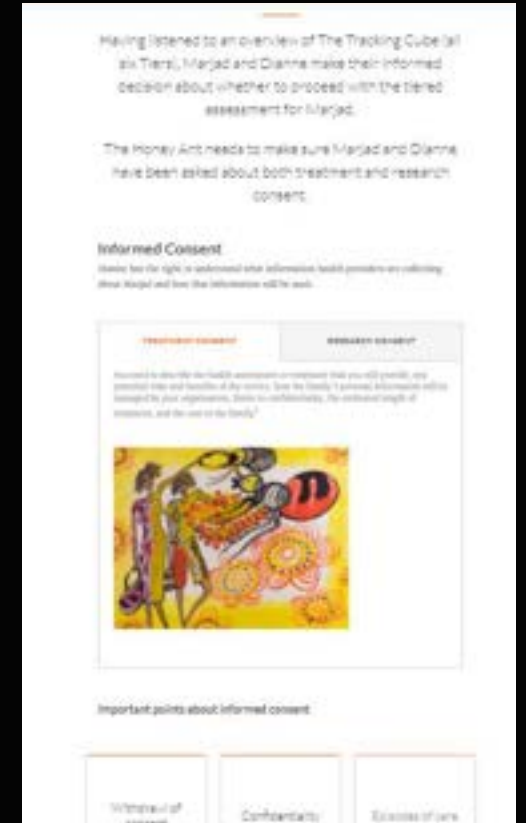
A local rural and remote
primary care service


Gidgee Healing

became the homepoint
of coordination

Upskilled local workforce

- Workshops
- Tele-mentoring
- Train the trainer



A photograph showing two individuals, likely health providers, sitting at a white circular table. They are both focused on a light-colored, patterned garment laid out on the table. The person on the left is wearing a black t-shirt with a graphic and has a large, dark, circular tattoo on their left forearm. The person on the right is wearing a maroon t-shirt. The background is a plain, light-colored wall with a power outlet visible. The text is overlaid in white, sans-serif font at the bottom of the image.

Local health providers took pride
and ownership over the project,
embedded it into everyday practice

Health Check

Built the Tracking
Cube into child
health checks

| | |
|-------------------------------------|-----------|
| <input checked="" type="checkbox"/> | Very Good |
| <input type="checkbox"/> | Good |
| <input type="checkbox"/> | Not |



Now every child at Gidgee Healing has their development tracked and supported when not-on-track

Support first






- How we can best support a child with the information we have

Small but significant paradigm shift

- comprehensive assessment typically comes before starting interventions



Pathways of support

| Image | Image Meaning | Pathway | Patients identified as |
|---|---|--|---|
|  | Digeridoo: Like the diggeridoo, spiritual connection soothes your soul, heals, and represents the powerful origins of Australian First Nations' culture. | The GREAT Way (Get Reconnected and Enjoy Aboriginal and Torres Strait Islander Ways) | Wanting to better connect to country, community (mob), or culture |
|  | Spear: Like the spear, serious medical, surgical and mental health issues are significant, they strongly affect First Nations people and require immediate intervention. | IS (Is Serious) | Having serious medical, surgical and serious mental health conditions |
|  | Coolamon: Like a baby held in a Coolamon, "MY CALM BABY" (acronym for assessing ten neurodevelopmental domains) gives children the extra love and care that those with prenatal alcohol exposure need to prevent future risks. | Yapatjarrathati (Kalkadoon meaning: To get well) | Having developmental concerns with prenatal alcohol exposure |
|  | Boomerang: Like the boomerang, children with developmental concerns require close monitoring. These children need to come back quickly for assessment and support to prevent future risks. | No Muckin' Around | Having developmental concerns without prenatal alcohol exposure |
|  | Message stick: Like the message stick, health practitioners hold children's health messages in a confidential and culturally safe way. Information is shared with the right people as their health journey progresses. | Follow-you, Follow-me | No significant concerns, regular GP follow-up throughout development |

Clinical Decision Making: Interprofessional Meetings

Image



Image Meaning

Like a rock,
this meeting
created stability

Meeting

Rock (Triage): decide on
the best service for the
patient

Description

New cases were placed on pathways of support
with the information available. Referrals were
commenced.



Like water, this meeting
got things moving

Water (Progress): discuss
what was working for
the patient and what
more was needed

Multi-disciplinary discussions about
ongoing assessments, potential diagnoses, and
the effectiveness of supports provided to
children. Complex patients were progressed to
the river meeting.



Like a river, this
meeting got things
flowing when water
became stagnant

River (Diagnosis):
Consult with specialists
for complex patients

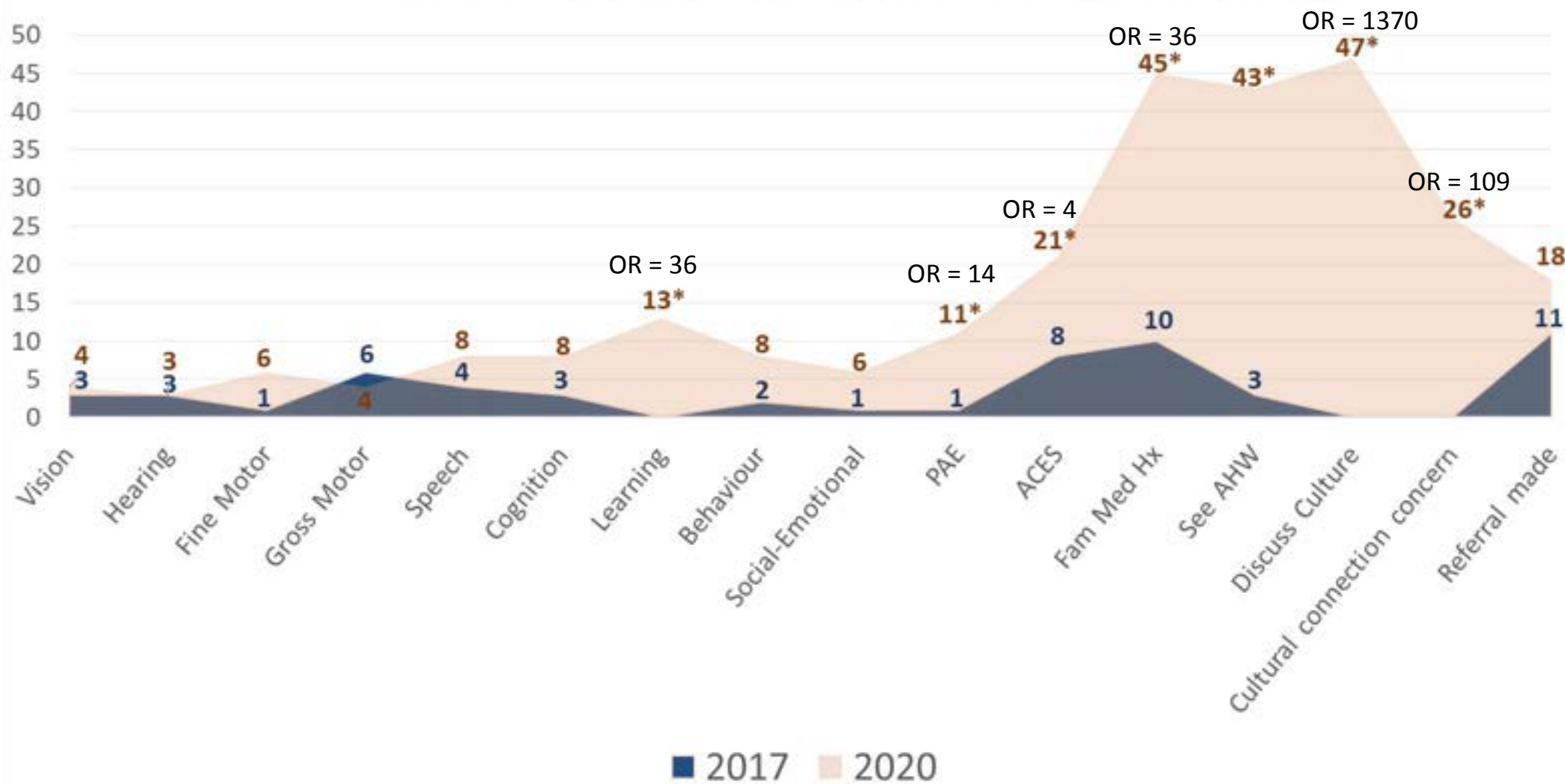
Specialists attended monthly river meetings
via secure telehealth connections to consult
on the diagnosis and support complex cases.

Outcomes to date

- So far, 632 children have progressed through this model of care (ranging in age from 1 month to 17 years old)
- Of these, 23% have had suspected prenatal alcohol exposure
- 57% have been screened as having at least one neurodevelopmental concern



Concerns Identified using the Tracking Cube (n=50)



The Yapatjarrathati Project: transformative change

True partnerships between community Elders, health practitioners, and university researchers

An Aboriginal Health Worker led model of care

Sustained change: train their own staff as part of induction

Going forward....

Use the Tracking Cube to help primary care efficiently and effectively manage all neurodevelopmental concerns

Requests from health services to scale-up nationally and internationally





Yapatjarrathati Community Advisory Group

- Aunty Karen West
- Aunty Joan Marshall
- Uncle Alec Marshall
- Aunty Betty Jack
- Aunty Evelyn Neade
- Aunty Topsy Rose
- Aunty Julianne George
- Aunty Edna Punch
- Ms Kerry Major



Yapatjarrathati Steering Committee

- A/Prof Dianne Shanley
- Dr. Marjad Page
- Dr. Erinn Hawkins
- Dr. Wei Liu
- Dr. Natasha Reid
- Dr. Doug Shelton
- Dr. Heidi Webster
- Prof. Karen Moritz
- Prof. Jenny Ziviani
- Prof. Shirley Morrissey

- Ms Hannah Christensen



Gidgee Family Health

- Ms Sarah Horton
- Ms Theresa McDonald
- Dr Michelle Parker-Tomlin
- Ms Venessa McDonald
- Ms Shirley Dawson
- Ms Veronica Sammon
- Ms Kara Ruden
- Mr John Bathern
- Ms Jayde Yorkston
- Mr Chris Doyle



For more information contact:

A/Professor Dianne Shanley (d.shanley@griffith.edu.au) about the Yapatjarrathati Project

Dr Marjad Page (marjad.page@kambuhealth.com.au) about its implementation at Kambu Health