Addressing the Determinants of Living

Identifying social complexity and redesigning maternity social support services for Indigenous women in an urban setting

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Indigenous Birthing in an Urban Setting Study
Midwifery Research Unit
Mater Research

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Aims

a) To identify key characteristics from the women’s life experiences that provide insight into the social complexity that may impact on access to maternity care and implement change to better support families.

b) To describe how translational research was implemented in the Birthing in Our Community

c) To present an option for extending our understanding of the ‘determinants’ of health
Birthing in Our Community
(health service)

Indigenous Birthing in an Urban Setting study
(research)

Participatory Action Research (PAR)

Women’s surveys
Tell My Story
Field notes
Staff surveys
Community engagement, activation & investment

Community voices

- Clinic great but not enough
- Lack of continuity of care
- Feeling abandoned & disappointed
- Not feeling safe

Strategic Multi-agency Partnership

ATSICHS
- Integrated allied health services i.e. OT, speech
- Aboriginal students
- Paediatric coordinator

IUIH
- Co-ordinator
- Clinical/cultural supervision, Social Worker
- Family Support Workers

Mater
- 24/7 MGP
- Indigenous Liaison Team
- Specialist tertiary birthing

Community voices

- High satisfaction
- Positive birthing experience
- Continuity of care
- Capacity building

Murri Clinic (Mater) Clinic Evaluation World Café MOU BiOC IBUS Salisbury Mums & Bubs
Methods

Recruitment

Mater Mothers

ACCHS → BIOC → ACCHS

Mainstream
Survey findings

- Strengthen families
- Redesign health systems
- Embed community ownership
- Invest in MIH workforce

Social Determinants
- Money worries
- Housing
- Grief and loss
- Family removals
Participatory action research opens doors: Mentoring Indigenous researchers to improve midwifery in urban Australia

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\textbf{ABSTRACT}

Problem: There is increasing demand for capacity building among the Aboriginal and Torres Strait Islander people (Indigenous) maternal and infant health workforce to improve health outcomes for their clients yet few studies describe the steps taken to mentor novice Indigenous researchers to create a quality evidence-base in this space.

Background: The Indigenous Birthing in an Urban Setting study is a partnership improving maternity services for Indigenous families in South East Queensland.

\textbf{Aim}: To describe our experience setting up a Participatory Action Research team with Indigenous women as research assistants on the Indigenous Birthing in an Urban Setting study.

\textbf{Methods}: Case study reflecting on the first six months.

\textbf{Findings}: Participatory Action Research was a very effective method to actively engage and involve community members in collaborative research practice, resulting in partnerships between researchers and research assistants describe learning to conduct research, including how to engage with Indigenous women and develop a research agenda.
PAR Process

Research as a tool for change

• Women’s voices
• Field notes
• Staff interviews & surveys
• Birthing in Our Community Steering Committee
Service redesign

• Fulltime social worker

• Maternal & Infant Health Workers → Family Support workers

• Wellbeing plans
Measuring what is meaningful

Maternal and infant health is measured in terms of clinical indicators, with less emphasis on the social complexity that may influence birthing outcomes.

Antenatal period – smoking in the first 20 wks
Labour and birth – induction of labour
Birth outcomes – small babies among births
Determinants of Living Health measures

Social determinants socioeconomic position help to explain both the gaps in the average health status of Indigenous Cultural determinants strength based perspective, acknowledging that stronger connections to culture and country build stronger individual and collective identities

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<thead>
<tr>
<th>Additional measures</th>
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<tr>
<td>Strength, resilience and agency</td>
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<td>Spirituality</td>
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<td>Inclusivity</td>
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<td>Community engagement, activation &amp; investment</td>
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<td>Social investment &amp; social benefit</td>
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<td>Knowledge creation &amp; building on that evidence</td>
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<td>Data sovereignty</td>
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- What assumptions are we making about the established measures?
- What is the primary outcomes of interest?
- What are appropriate secondary/proxy measures?
- Influence of values i.e. on research design, analysis and policy implications
- Do the variables reflect the aspirations of Aboriginal and Torres Strait Islander people?
- How do we ensure that there is integrity throughout the data creation and analysis process?
Key learnings

1. Mother and child (family) centred

2. Importance of PAR in research i.e. design, interpretation, analysis & implementation

3. Continue to build on the evidence and respond/implement changes in a timely manner.

4. Provision for early detection and appropriate management of issues that may have an impact on pregnancy, birth and parenting.

5. Inform strategic planning, decision making and resource prioritisation for service providers

6. Understanding where the greatest potential health gain is important for achieving the life expectancy gains

7. Reframing research paradigm, research framework, research questions and potential interventions that will continue to build on the health gains evident
Thank you. Any questions?

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