

The Dughutti Muri Project: Optimising access to the Mid North Coast Brain Injury Service for local Aboriginal people

AIM

The NSW Aboriginal Health Plan 2013-2023 highlights that to address disparities changes must be made to the way Aboriginal health care is looked at and delivered. The Dughutti Muri project aimed to optimise access to the Mid North Coast Brain Injury Rehabilitation Services (MNCBIRS) for local Aboriginal people via a range of culturally appropriate strategies. Potentially modifiable factors to optimise access were initially identified, then developed and implemented over 2017 - 2019. This included the employment of a dedicated Aboriginal Health Worker for MNCBIRS.

METHODS

We envisaged a range of culturally appropriate strategies would optimise access to MNCBIRS for local Aboriginal people. An action research methodology was utilised, involving the simultaneous process of taking action and doing research. The Theory of Access developed by Penchansky and Thomas (1981) and modified by Saurman (2016) enabled conceptualisation of the approach used for the Dughutti Muri Project. A governing committee that includes local Aboriginal people and MNCBIRS clinicians was convened to oversee implementation of a range of culturally appropriate strategies including the employment of a dedicated Aboriginal Health Worker. Research involved exploratory sequential mixed methods within a participatory action framework. A clinical file audit collected data from the health records of twenty-seven MNCBIRS clients who identified as Aboriginal and had accessed services within the period 2014 – 2019. A total of eight interviews with clients or family members occurred to discuss their health experience following the Brain Injury. An iterative process was used where interview data was initially inductively coded and categorised through thematic analysis then deductively mapped back to themes consistent with the Theory of Access framework.

RESULTS

The file audit identified general trends relating to clinical pathway and service usage. Themes identified through the interviews highlighted consistent factors that then contributed to improving access and influenced our ongoing service delivery to Aboriginal people. Principal study outcomes included; (i) Access to a service can be optimised through an iterative process of developing a series of culturally appropriate strategies, (ii) Culturally safe and responsive services encourage Aboriginal people to access services (iii) Flexibility in service delivery is vital to ensuring a person-centred approach. Services should focus on and address what is important to the person including individual beliefs, needs and goals, (iv) creation of a genuinely effective partnership between Brain Injury staff and clients is vital for rehabilitation to be effective.

CONCLUSION

The Dughutti Muri Project has demonstrated that access to a service can be optimised through an iterative process of developing a series of culturally appropriate strategies including the employment of a dedicated Aboriginal Health Worker. Adapting MNCBIRS service delivery and structure to meet the needs of Aboriginal people and improve health outcomes is consistent with the recommendations to address Aboriginal health care disparities in the NSW Aboriginal Health Plan 2013-2023.



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Craig has a diverse work history as a Clinician and Educator but never really thought research was a viable option until joining RRCBP. He currently divides his working week across multiple jobs including work as a Speech Pathologist and Case Manager with the Mid North Coast Brain Injury Rehabilitation Service.

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