

THE GUDAGA STORY

DESCRIBING THE HEALTH OF ABORIGINAL BABIES IN CAMPBELLTOWN

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The Centre for Health Equity Training, Research and Evaluation (CHETRE) (one of the UNSW Research Centres for Primary Health Care and Equity) is currently undertaking an NHMRC funded longitudinal, birth cohort study of 157 Aboriginal babies born in Campbelltown (south west Sydney) from October 2005 to April 2007. The project is known as the Gudaga (“healthy baby”) project. It is the first time a project of this scale and scope has been undertaken on the east coast of Australia.

The aims of the Gudaga study are:

1. to establish how well Aboriginal infants are identified through health services;
2. to describe the obstetric outcomes and health service use for mothers of Aboriginal infants;
3. to describe the health, development and health service use of Aboriginal infants aged 0-12 months; and
4. to identify issues participating mothers would like addressed to improve the health and wellbeing of themselves and their families.

These aims are operationalised in three ways. Firstly, from October 2005 to April 2007 we surveyed all mothers admitted to the maternity ward of Campbelltown Hospital following the birth of their child to identify babies with an Aboriginal mother or father. This information will be used to extract routine antenatal data to compare mothers of Aboriginal babies with mothers of non-Aboriginal babies (Aims 1 and 2). Mothers of Aboriginal babies were invited to participate in the study. Secondly, we are visiting the mothers and their babies at 2-3 weeks, six and twelve months, to complete a number of anthropometric measures and a questionnaire on health status and health service use. At 12 months all participating babies are examined by a paediatric registrar (Aim 3). Finally we are documenting the stories of mothers’ experiences using available health services (Aim 4).

This work cannot be done without the support and active participation of the local Aboriginal community. In identifying and working with the Aboriginal community at least seven groups were identified with key interest in this work. These groups are identified in Figure One.

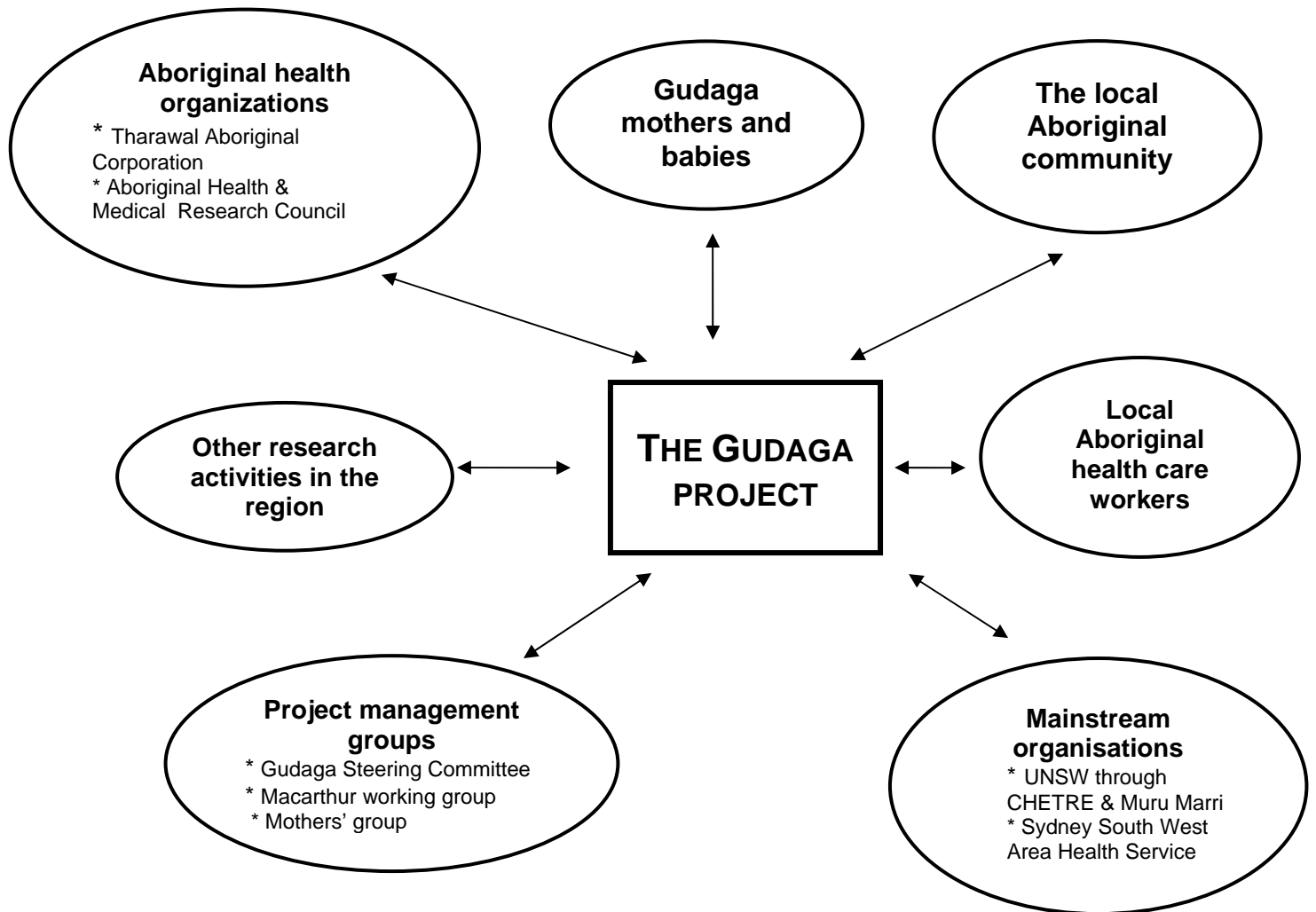


Figure One
The Gudaga Community

The following discussion will identify the strategies we are employing when working with the four groups from the Aboriginal community

The Gudaga mothers and babies: The Gudaga mothers are the lynchpin of this project. Without them, and their longterm commitment to the project, it would be impossible to maintain the cohort over time. The written consent of each mother was obtained at the outset of the project and they were provided with a detailed information sheet and contact details should they wish to make a complaint or withdraw.

We have invested considerable time in building strong links with the Gudaga mothers and we strive to make the project a “win-win” for not only for the research team, but the mothers as well. Each time we make a home visit we leave a health pack with the mother as a thank you for her time. These packs include small token gifts for both mother and baby as well as information on age appropriate health issues such

as SIDS (first home visit), transition to solids and immunisation (six month visit), and dental care (12 month visit).

The local Aboriginal community: there are several facets to our commitment to working in partnership with the local Aboriginal community. CHETRE has a very long standing involvement in, and working relationship with, the local Aboriginal community. This research project has evolved out of that relationship and the concern of elders and Aboriginal mothers and grandmothers. Many of the issues we are studying have been identified by the community as of concern to them (eg breastfeeding and otitis media). There has always been agreement between us, the researchers, and the community on issues such as the rights of the community to control their participation in the study and have input into publications arising from the study. We are already setting in place protocols and mechanisms to present and discuss results with the community.

In terms of the day to day operation of the project, we considered it imperative that the public face of the project (the Project Officer positions) be filled by local Aboriginal mothers. We have employed two Project Officers. Both have young children, come from high profile families in the area and are very well known within the community. These women are, without a doubt, the project's greatest asset. We are certain their strong links to the community are making a significant contribution to the success of the project.



We are also “badging” the project to give it a profile and recognition within the community. A local young Aboriginal mother designed a logo (rich in maternal/child symbolism) for the project. We use the logo extensively. It is, for example, featured on all promotional material including posters and brochures that inform the community of the project. The logo is also on the shirts worn by staff and the gifts we give the mothers (coffee mug) and babies (“I’m a Gudaga baby” t-shirt and sunhat).

Local Aboriginal healthcare professionals: within the region there are a number of Aboriginal healthcare professionals who are responsible for the health and welfare of Aboriginal babies and their families. Some are employed by Tharawal Aboriginal Corporation (the area’s Aboriginal Community Controlled Health Service), while others work for the local Area Health Service, either in Aboriginal Health or as part of the Aboriginal Home Visiting Service. We have attempted to involve these healthcare professionals in the project on a regular basis.

Aboriginal health organisations: the involvement of the Tharawal Aboriginal Corporation (which includes the local Aboriginal Health Service) is fundamental to the project’s success. From the outset the staff at Tharawal has played a key role in the project. The Corporation’s CEO is an associate investigator to the project. The project’s monthly bulletins are tabled at each Board meeting and members of the research team meet with the Board on a semi-regular basis to keep them informed of the project’s progress.

In line with all Australian based research projects working with Aboriginal communities, the project also works with the Aboriginal Health and Medical Research Council. Ethics approval was sought from the Council at the very outset of the project and we adhere strictly to the Council's annual reporting requirements.

The values that underpin and sustain Gudaga are trust, respect, reciprocity, a commitment to open communication and staying connected. Values such as these lie "at the heart" of the NHMRC's two key documents on researching with Aboriginal communities: *Strategic framework for improving Aboriginal and Torres Strait Islander health through research* and *Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research*. Gudaga is demonstrating, in a very practical way, what it means to translate the values espoused in these documents into day to day reality.

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