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Title: YARNING WITH A REMOTE ABORIGINAL COMMUNITY ABOUT THE FUTURE OF SKIN HEALTH

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Background & Aims: Bacterial skin infections are easily treated with antibiotics; however, can progress to more serious health conditions including Rheumatic Heart Disease (RHD) if untreated. Since 2019, remote Western Australian Aboriginal communities in the Kimberley have been participating the ‘See Treat, Prevent (SToP), skin sores and scabies Trial, aiming to reduce the burden of skin infections across the region. This intervention ceased in December 2022 and as such, there was a need for researchers to work with community members to determine ‘where to next’ regarding skin health. This sub-study aimed to identify skin health needs for a remote Aboriginal community in Western Australia.

Methods: Data was collected from a single West Kimberley community by using a yarning methodology framed by a participatory action research (PAR) approach. Yarning is a traditional Aboriginal way of sharing knowledge, which decolonises research and empowers Aboriginal ways of knowing, and being. PAR is a culturally responsive methodology that returns a balance of power to the communities as they take equal control of the research process as active participants in the co-design process. Indigenous research methodologies underpinned and informed the methodological framework. As such, one of the first methodological considerations made through an Indigenous lens was to seek and employ a community co-researcher (CCR) who was intimately familiar with the Country and community in which this study was based. All were interviewed about their experiences of skin health interventions as part of the SToP Trial, and recommendations for future skin health actions and research. Data was analysed using reflexive thematic analysis.

Results: This sub-study has evidenced the importance of engaging community members to co-facilitate the research and to consult with community at every research stage. Ample time must be allowed to find the right people in the community to participate in the research and to gain the trust of the community before engaging in any yarning or research tasks.

This sub-study identified that while the community does have significant knowledge of skin health including traditional ways, there is still a need to reach further into the community with awareness about the importance of skin health and the link to more serious conditions including RHD. Improvements in skin health have been achieved which can be attributed to the SToP trial skin checks, education and training of school and clinic staff, and the strength in relationships built during the trial. Future recommendations from community included widening the delivery of skin health education through skin health promotion campaigns and skin checks, to include the whole community (all ages) beyond the school and clinic. The community also requested continued external support for this with the ambition to build the capacity of community members to take on these roles in the future.

This project also explored the acceptability of “virtual skin health support”. While the community preference was for education and skin health checks to be done in person, if this is not possible, then they are open to exploring virtual training for clinic and school staff and skin checks.

Conclusions: This project has provided direction for the development of community-owned skin health resources/processes that value Aboriginal voice and knowledge and could make a significant contribution towards eliminating RHD from our Aboriginal population. It has also highlighted the need to recognise that answers to eliminating disparities and inequity that exist in Aboriginal health do not lie within the power and privilege of non-Aboriginal researchers; it lies within the community. Significant community consultation and employing a CCR were integral to informing the methodology and reflected the importance of valuing local knowledge and respecting cultural protocols while conducting research in partnership with community.