NAIDOC Week online panel

Australian Institute for Disaster Resilience

Natural Hazards Research Australia

NIDR National Indigenous Disaster Resilience

Fires, Floods, Pandemics: Exploring Indigenous leadership in disaster response

Wednesday, 10 July 2024

2pm - 3.30pm AEST

aidr.org.au/events

AIDR acknowledges the Traditional Custodians of the various lands on which you all join us from today and the Aboriginal and Torres Strait Islander people participating in this event.

We pay our respects to Elders past, present and emerging and celebrate the diversity of Aboriginal peoples and their ongoing cultures and connections to the lands and waters across Australia.

Australian Institute for Disaster Resilience

Natural Hazards Research Australia

NIDR NATIONAL INDIGENOUS DISASTER RESILIENCE

Welcome

Dr Margaret Moreton

Executive Director, Australian Institute for Disaster Resilience (AIDR)

Australian Institute for Disaster Resilience

Natural Hazards Research Australia

NIDR NATIONAL INDIGENOUS DISASTER RESILIENCE

National Indigenous Disaster Resilience Gathering

24-26 September 2024, Lismore NSW

The NIDR Gathering is a multi-day, immersive event showcasing Indigenous leadership and excellence in disaster resilience, emergency management, community recovery and Caring for Country. Register now.

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NIDR NATIONAL INDIGENOUS DISASTER RESILIENCE

AJEM Indigenous Edition

The Australian Journal of Emergency Management (AJEM) is developing a special edition for publication in early 2025. We are calling for expressions of interest from Indigenous authors, or Indigenous-led research, community or government initiatives, programs or projects, who wish to contribute.

Australian Institute for Disaster Resilience

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NIDR NATIONAL INDIGENOUS DISASTER RESILIENCE

Australian Disaster Resilience Conference

4-5 September 2024, Sydney

The Australian Disaster Resilience Conference brings together a diverse and passionate crowd from a range of sectors to share knowledge and build connections for a disaster resilient Australia. Register now.

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NIDR NATIONAL INDIGENOUS DISASTER RESILIENCE

House Keeping

- You will remain muted and your camera will not be activated for the duration of today's event.
- Today's event will be recorded and made available after the event.
- Please enter questions for our speakers in the Q&A function, not the chat box.
- Please use the chat box to share any thoughts or reflections during the presentation – remember to select 'everyone' to ensure everyone can read your message.
- Please be respectful to each other when posting your comments or questions.

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NIDR NATIONAL INDIGENOUS DISASTER RESILIENCE

Introduction

Bhiamie Williamson

Program Lead, National Indigenous Disaster Resilience Project, Fire to Flourish

Australian Institute for Disaster Resilience

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NIDR NATIONAL INDIGENOUS DISASTER RESILIENCE

Panellist Introductions

Georgina Bruinsma

Senior Manager Aboriginal Leadership and Engagement, Social Futures

Patrick Rosser

Program Manager, First Nations Health Equity-Integrated Care, Gold Coast Health

Kristy Crooks

Aboriginal Program Manager, Public Health Aboriginal Team, Health Protection-Hunter New England Population Health

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NIDR NATIONAL INDIGENOUS DISASTER RESILIENCE

Panellist

Georgina Bruinsma

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Australian Institute for Disaster Resilience

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NIDR NATIONAL INDIGENOUS DISASTER RESILIENCE

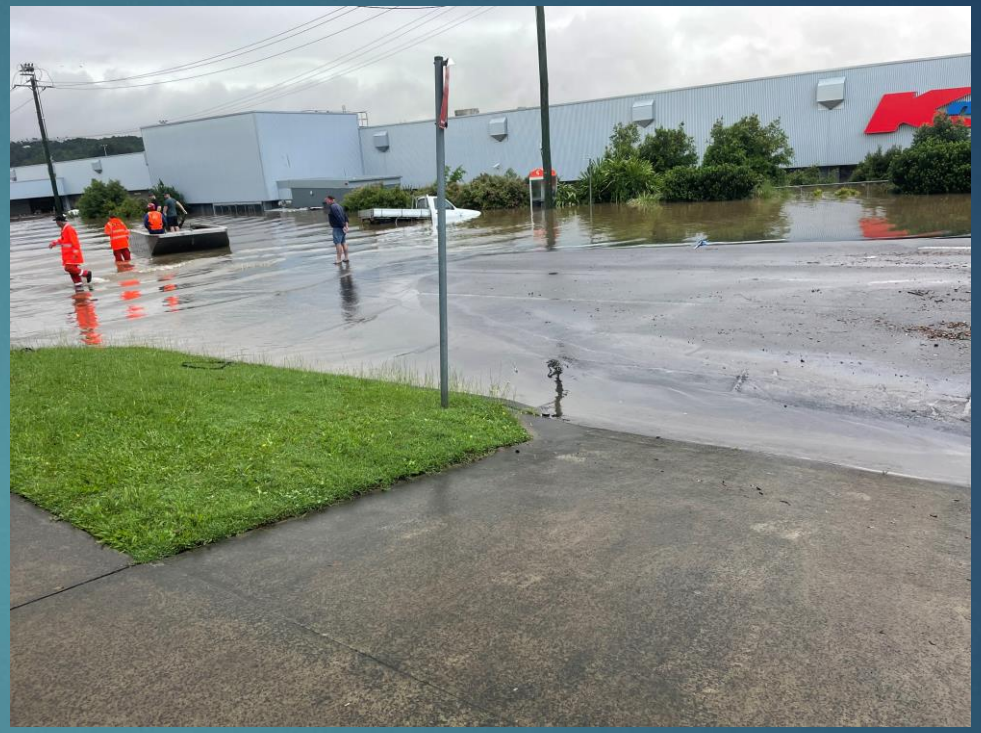

CELEBRATING NAIDOC WEEK
KEEP THE FIRE
BURNING!
BLAK, LOUD
AND PROUD
7–14 JULY 2024

Indigenous Lead Disaster Response

By Georgina Bruinsma

Who we are….


LISMORE SHOPPING
square
Kmart
woolworths
Kmart
BIGW
coles
coles
BIGW
80 SPECIALTY STORES
Kmart



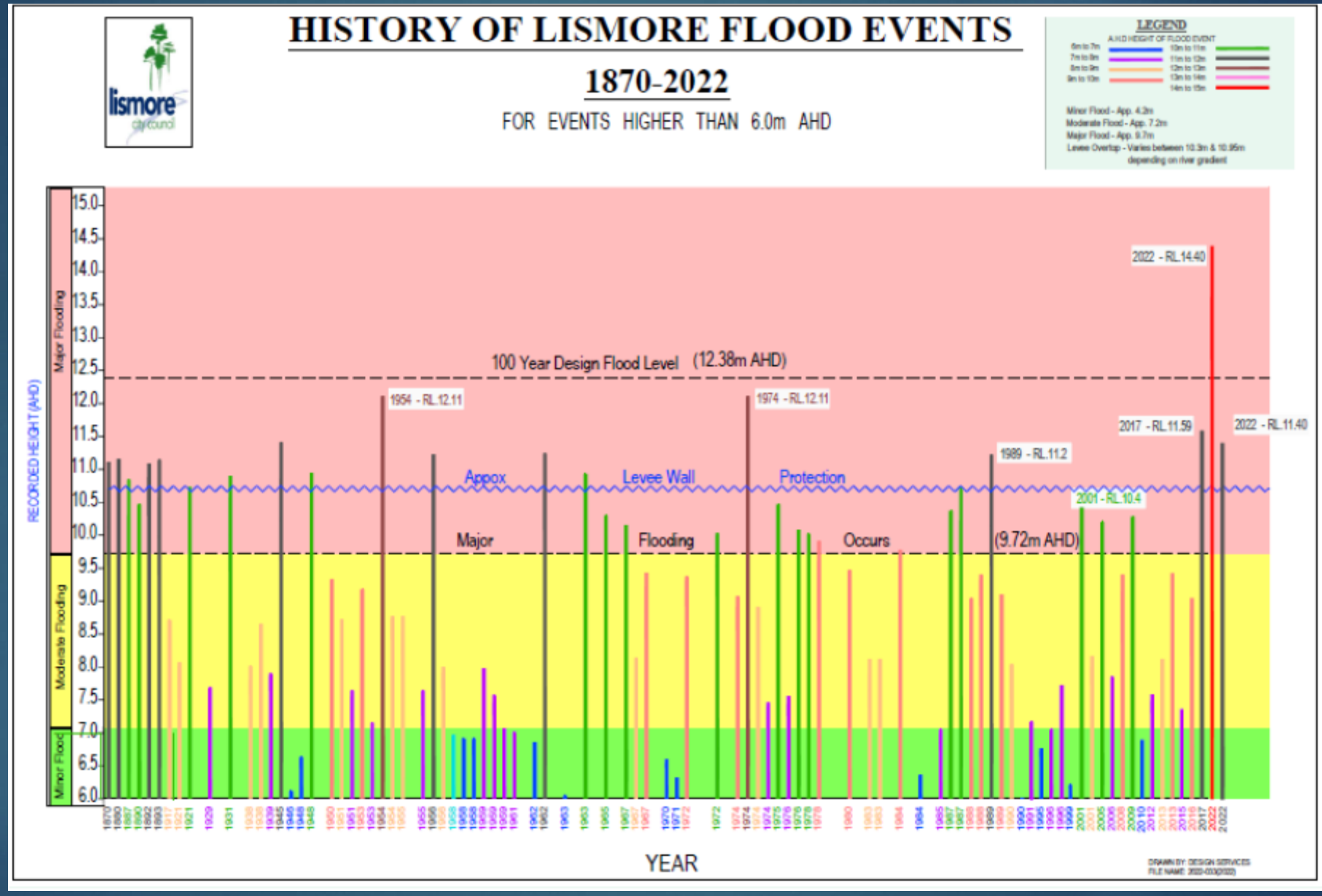

Square
Woolworths
Kmart
BIGW
coles
80 SPECIALTY STORES

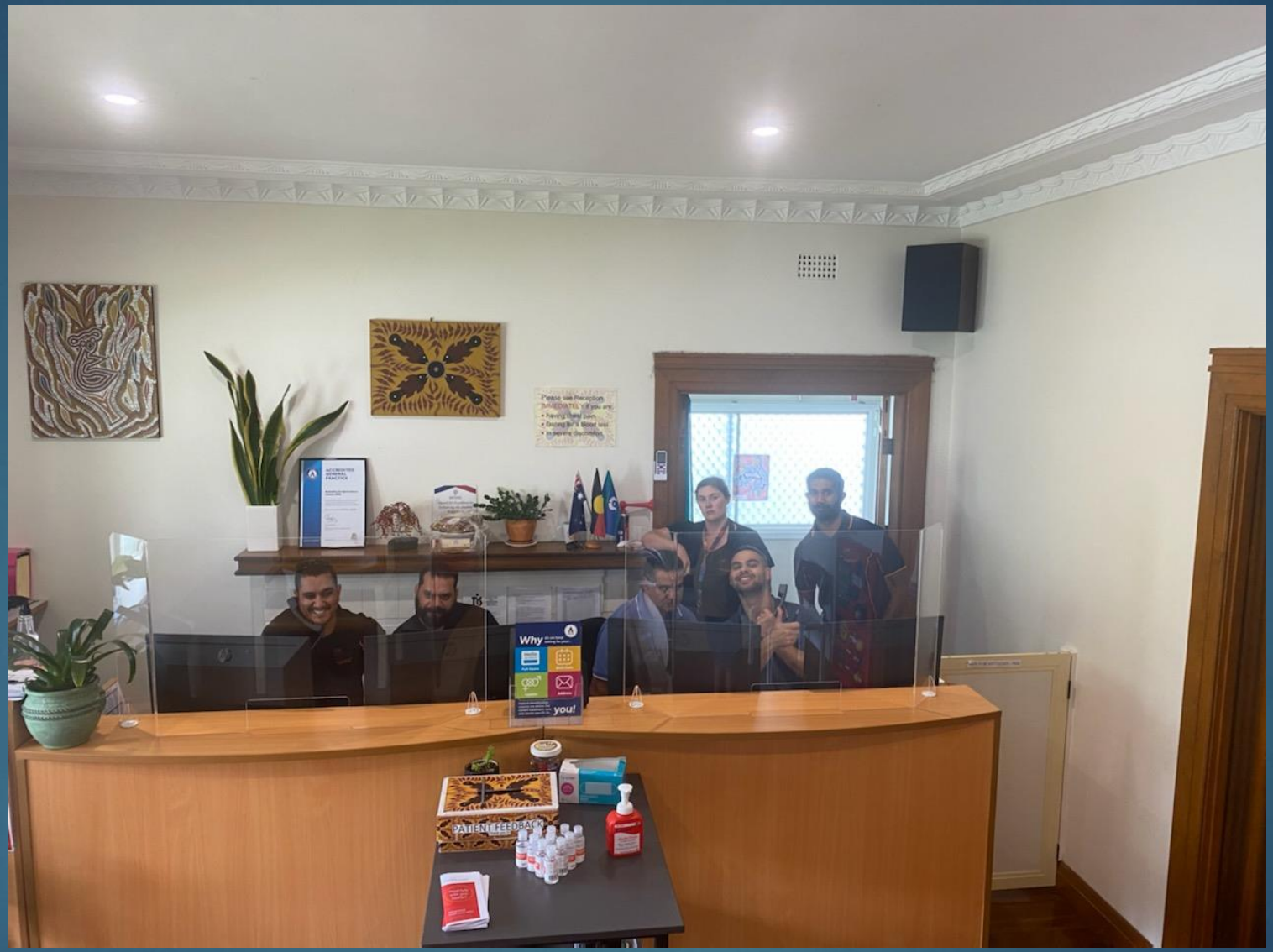

Square
Woolworths
Kmart
BIGW
coles
80 SPECIALTY STORES

HISTORY OF LISMORE FLOOD EVENTS

1870-2022

FOR EVENTS HIGHER THAN 6.0m AHD




Why
you!
PATIENT FEEDBACK

FLOOD RELIEF SUPPLIES

TODAY 10AM-2PM

@REKINDLING THE SPIRIT
25 URALBA STREET

VARIOUS NECESSITIES

CLOTHING - KIDS & ADULTS
PERSONAL CARE ITEMS
BEDDING
MOBILITY SUPPORT ITEMS
CLEANING & FOOD SUPPLIES

COME & CLAIM THE DISASTER PAYMENT AS WELL

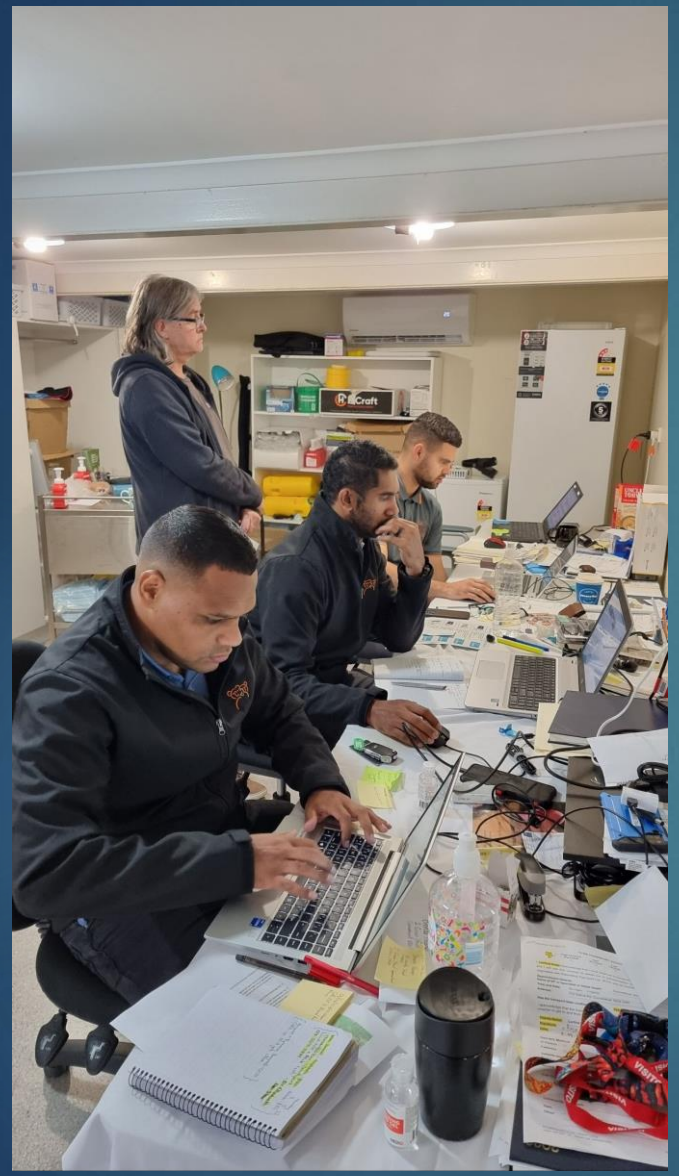
ENQUIRES CALL ON 0426 114 162


MUAY THAI


FLOOD LEVEL!!

A weaving circle at the Lismore healing hub Credit: SBS / Kingsley Haxton


Rekindling
the Spiri
Empowe lth and



Georgina Bruinsma

Senior Manager Aboriginal Leadership and Engagement

Social Futures

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0439 690 171

Panellist

Patrick Rosser

Program Manager, First Nations Health Equity-Integrated Care, Gold Coast Health

Australian Institute for Disaster Resilience

Natural Hazards Research Australia

NIDR NATIONAL INDIGENOUS DISASTER RESILIENCE

AIDR NAIDOC Panel - Floods, Fires, Pandemics:
Exploring Indigenous leadership in disaster responses

Patrick Rosser

E Patrick.Rosser@health.qld.gov.au

Program Manager
First Nations Health Equity – Integrated Care
Aboriginal and Torres Strait Islander Health Service I Corporate Affairs

goldcoast.health.qld.gov.au

Health Liaison Officer / Human Social Recovery Lead
Mental Health and Specialist Services

Co-Chair - Queensland Aboriginal & Torres Strait Islander Clinical Network
Clinical Excellence Queensland

Gold Coast Health acknowledges the Traditional Custodians of the Gold Coast, the Yugambeh-speaking people, whose lands, winds and waters we now all share; and we pay tribute to their unique values, and their ancient and enduring cultures, which deepen and enrich the life of our community.

We pay respects to Elders past, present and emerging, and recognise those whose ongoing efforts to protect and promote Aboriginal and Torres Strait Islander cultures will leave a lasting legacy for future Elders and leaders.

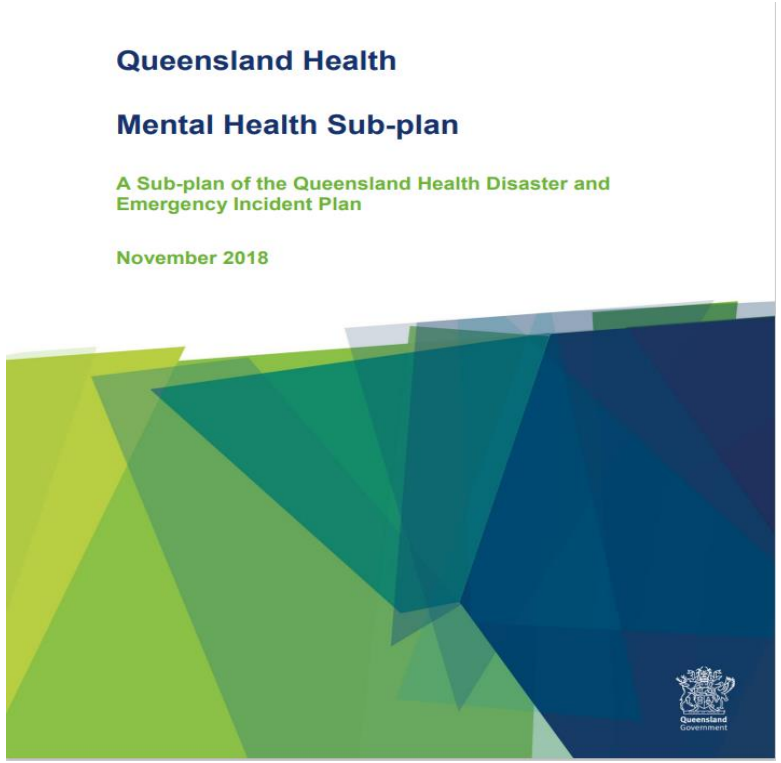
We acknowledge and value the perspectives of the consumers, carers and families of our service and all people with lived experience.

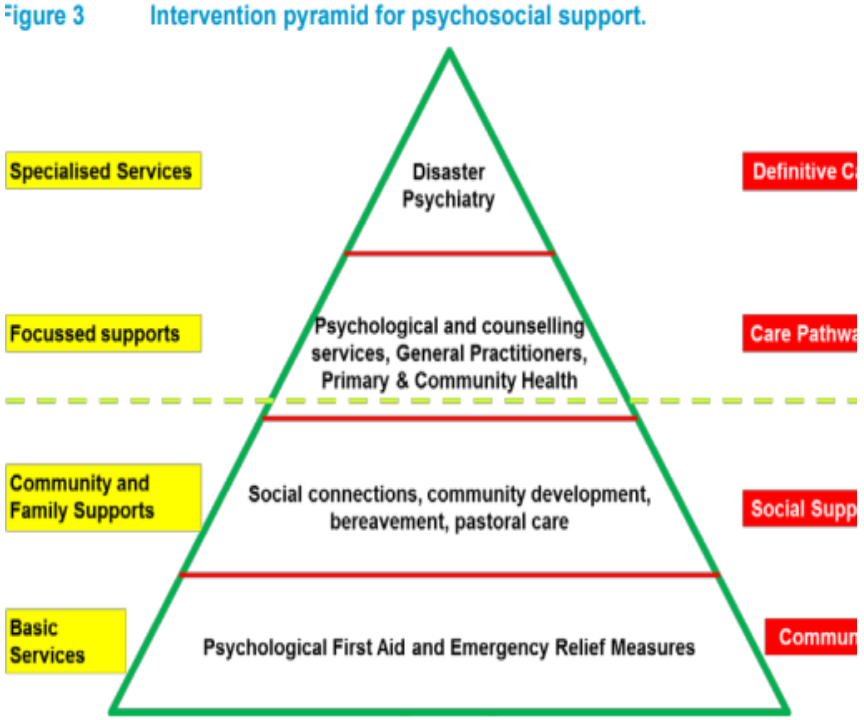
Exploring Leadership Journey – Disaster Resilience

Snapshot – Disaster Response / Recovery

- COVID-19 Response – Hotel Quarantine Program 2020 (Pandemic)
- Darling Downs > November 2023 (Fire)
- Cairns HHS > December 2023 (Flood)
- GC District HS Recovery Group > January 2024 (Storms)

Frameworks to Operationalise





GC Storm Event - Response & Activation

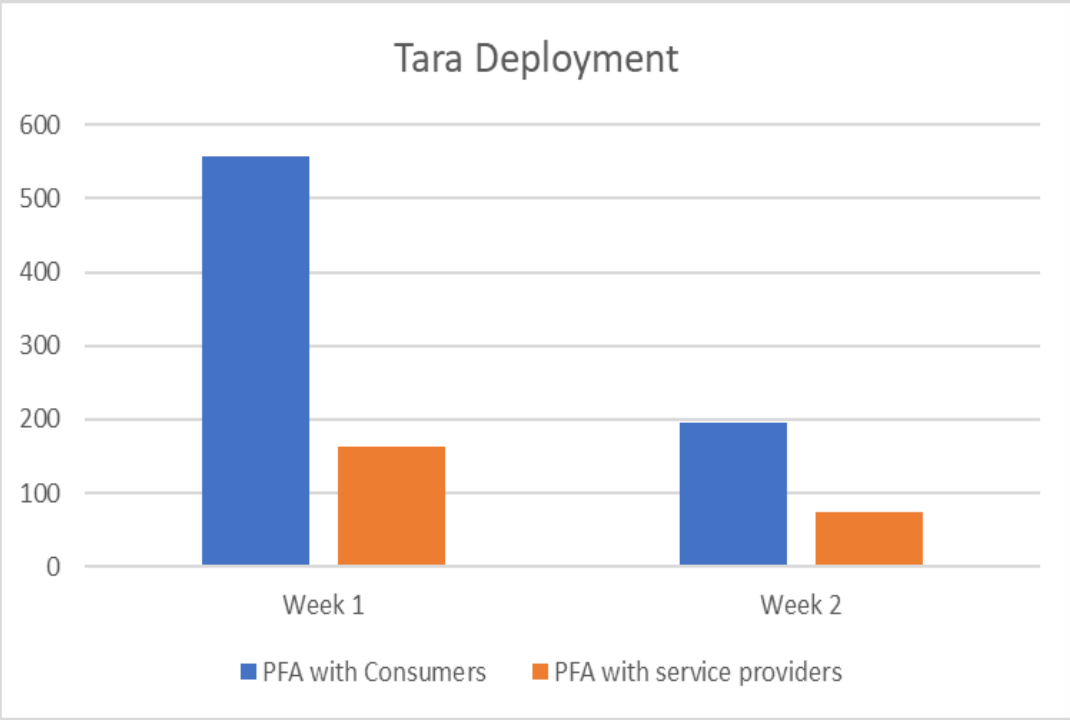
Preparedness

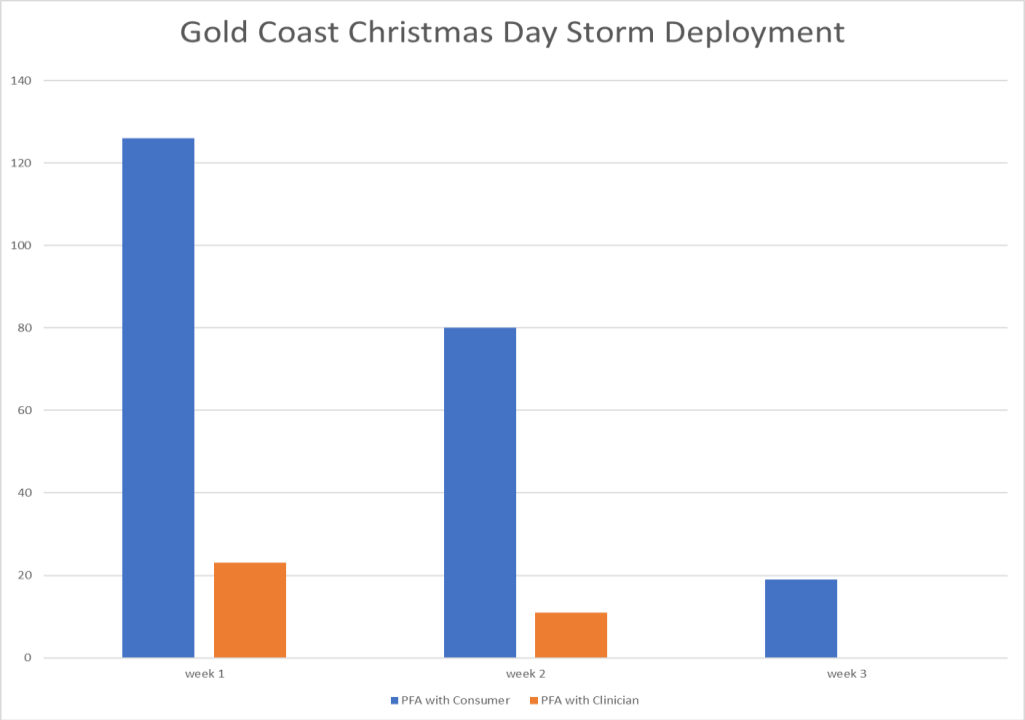
- HS Registry (credentialing, training, contact details, line manager support)
- Resource Availability (festive season)

Rapid Activation

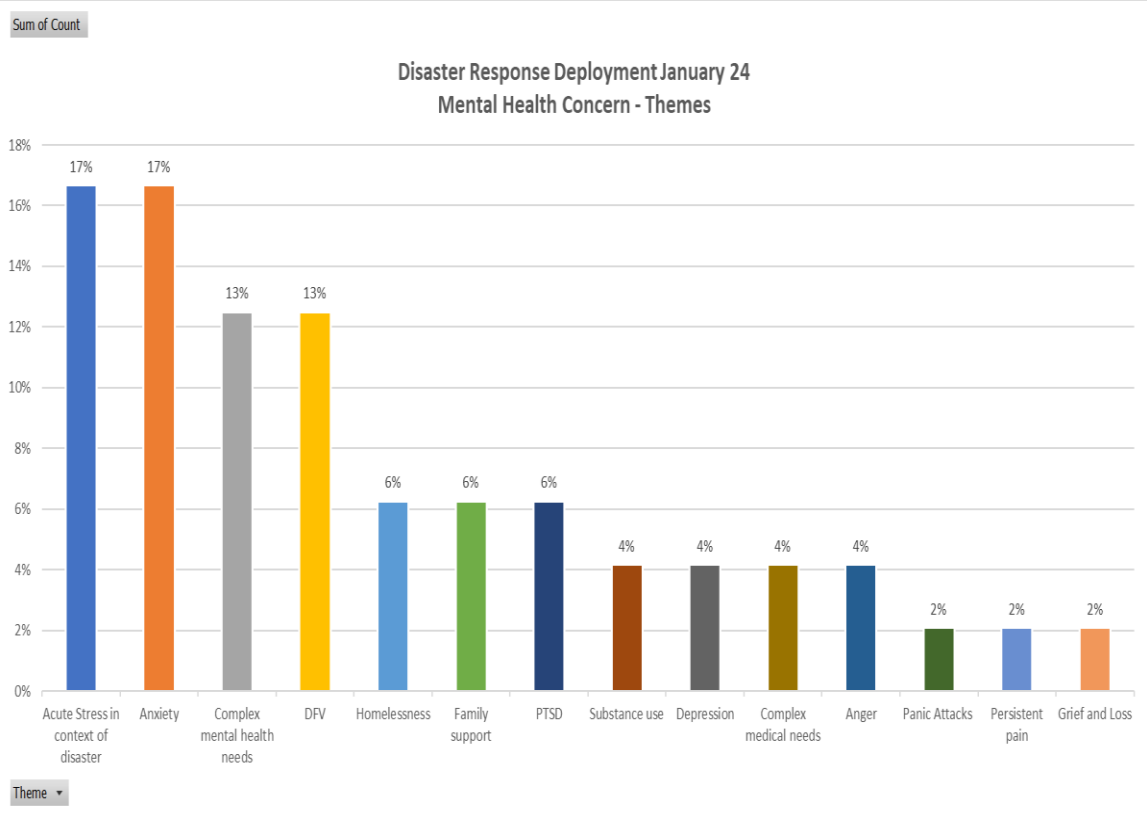
- Embedded in GCH HEOC / multi-agency D + LRG meetings
- Anticipated community recovery needs / capability / timeframes

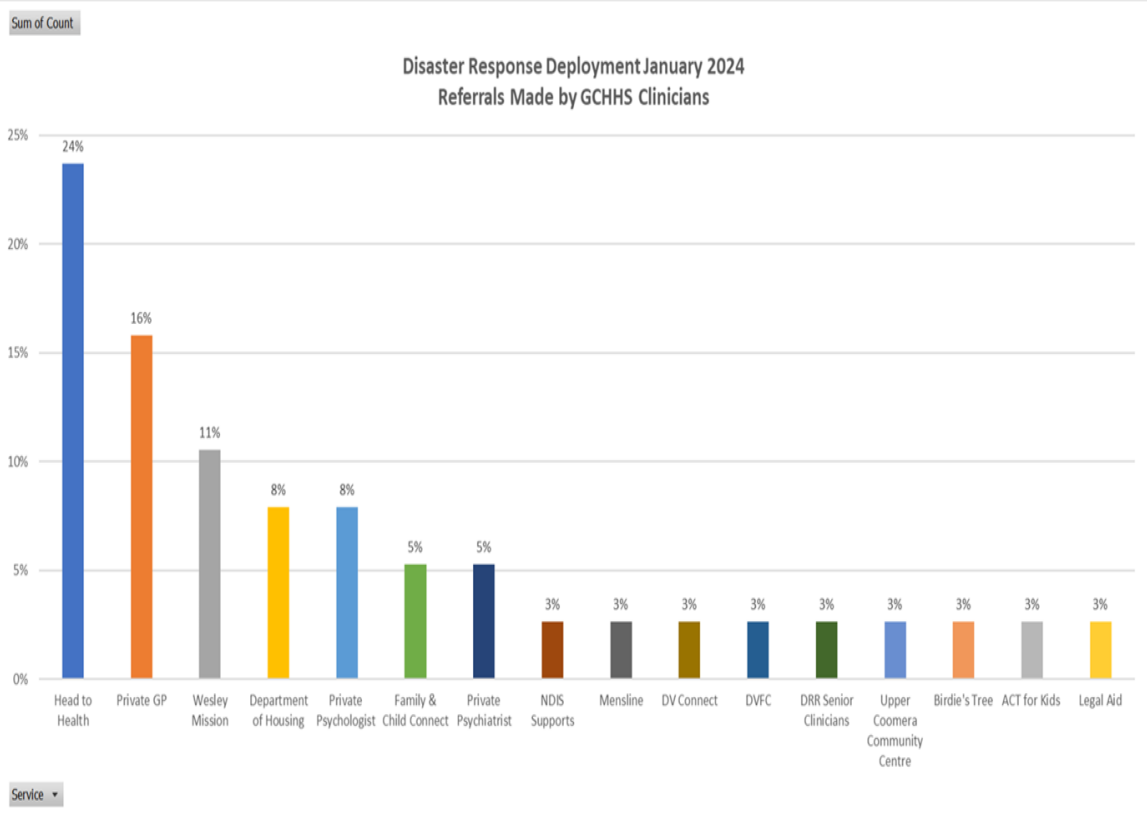
Activity Snapshop





Activity Snapshop Cont'd





Strengths

Resources

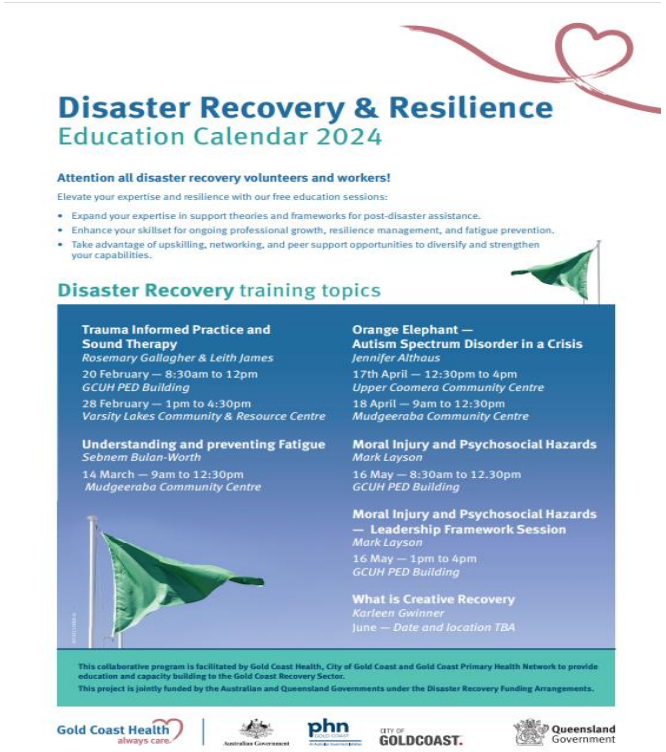
Capability

Preparedness

Partnerships

(All hazard, All agency)

Targeted Support & Building Capacity



Challenges + Learnings

- Geographical proximity – local deployment presented unique challenges (re: releasing staff, increase demand etc)
- Cross jurisdictional HS / Mental Health deployments
- Collaboration + Coordination of CR Hub set up / access / services & scope of practice
- CR models of service that adequately & safely meet needs of vulnerable / disadvantaged population groups
- Develop + sustain multi-agency relationships due to high demand, complexity & volume of rotating CR teams

Social and Emotional Wellbeing

"[Health] means not just the physical well-being of an individual but refers to the social, emotional and cultural well-being of the whole community in which each individual is able to achieve their full potential as a human being thereby bringing about the total wellbeing of their Community. It is a whole of life view and includes the cyclical concept of life-death-life (Office of Aboriginal and Torres Strait Islander Health, 1989)."

Panellist

Kristy Crooks

Aboriginal Program Manager, Public Health Aboriginal Team, Health Protection-Hunter New England Population Health

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Natural Hazards Research Australia

NIDR NATIONAL INDIGENOUS DISASTER RESILIENCE

Fires, Floods, Pandemics: Exploring First Nations leadership in disaster response

Experiences during COVID-19 from a local public health unit in New South Wales

Acknowledgement of Country

Who I am, where I'm from…

Overview


Advocates, allies and action
Background and context
Governance: Population Health
Pandemics and First Nations experiences
Governance: COVID-19 response
Governance: Health Protection
Governance: First Nations Community Panels
Construction of knowledge
Knowledge systems and practices
Determining needs and priorities
Developing the actions
Interpretation within context
Focus on community outcomes and benefit
First Nations Peoples

Hunter New England Local Health District

First Nations health and wellbeing

"For Aboriginal people, health is "not just the physical well being of the individual, but the social, emotional and cultural well being of the whole community … [and] ***a matter of determining all aspects of their life****, including control over their physical environment, of dignity, of community self esteem and of justice. It is not merely a matter of the provision of doctors, hospitals, medicines or the absence of disease and incapacity"*

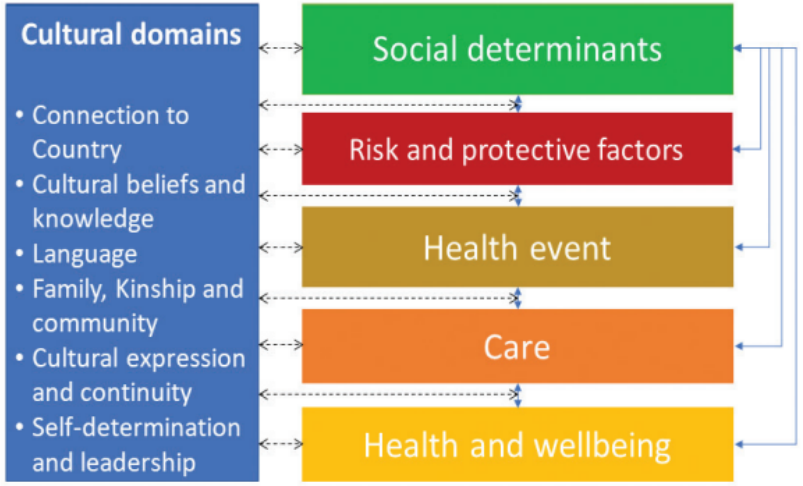


Figure 1: Mayi Kuwayu Study conceptual model

•Bond, C.J. (2005), A culture of ill health: public health or Aboriginality?. Medical Journal of Australia, 183: 39-41. https://doi-org.virtual.anu.edu.au/10.5694/j.1326-5377.2005.tb06891.x
•National Aboriginal Health Strategy Working Party. *A national Aboriginal health strategy*. Canberra: Australian Government Publishing Service, 1989.
•Marrathalpu mayingku ngiya kiyi. Minyawaa ngiyani yata punmalaka; wangaaypu kirrampili kara [Ngiyampaa title] In the beginning it was our people's law. What makes us well; to never be sick. Cohort profile of Mayi Kuwayu: the National Study of Aboriginal and Torres Strait Islander Wellbeing [English title] *https://mkstudy.com.au/wp-content/uploads/2021/03/Lovett-et-al_Mayi-Kuwayu_AAS-2020_2.pdf*

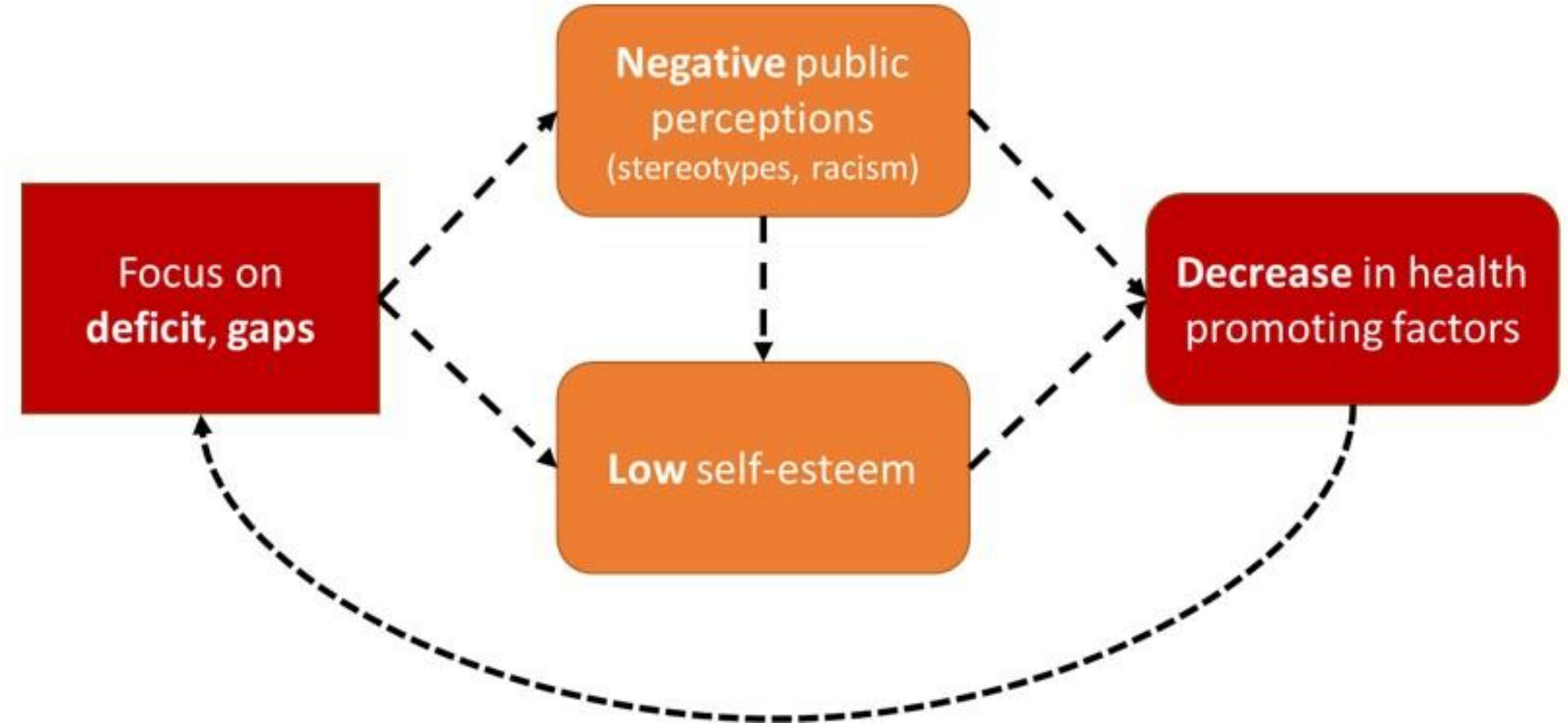
Who does public health think we are?

"**Epidemiology** has long been the conjoint of how Australians have come to "know" Aboriginal and Torres Strait Islander people. This "knowing" has painted Indigenous people into a bleak corner of humanity where they are reduced to a continuum of just four possibilities: **at risk of sickness, sick, dying, or dead**."

- Black to the Future: Making the Case for Indigenist Health Humanities

by Chelsea Watego,Lisa J. Whop,David Singh,Bryan Mukandi,Alissa Macoun,George Newhouse, Ali Drummond,Amy McQuire,Janet Stajic, Helena Kajlich and Mark Brough

Model A: Deficit discourse



Thank you to Katherine Thurber, Roxanne Jones, Emily Banks, Ray Lovett. Closing the Gap in child mortality: Ten years on. https://www.sbs.com.au/nitv/article/2018/02/13/closing-gap-child-mortality-ten-years

Race is a social construct. Race is not biological.

Our understanding of ‘race’ has changed over time. People have historically been grouped together based on skin colour, geographical location, culture or some other factor. However we now understand that there is no biological basis in which these groups are innately different from one another (Zack, 2018)

What is racism?

Racism is a pervasive social system of oppression, that assigns value and opportunity based on a person’s ‘race’. Racism persists as a cause of power imbalance throughout societies and manifests in ways in which perpetrate a racial hierarchy.

Original text we found in the report

Are Aboriginal people getting infected?

Aboriginal people are considered to be a vulnerable group for serious COVID-19 disease due to their high burden of chronic disease. Additionally, transmission within Aboriginal communities is likely to be high due to factors such as high number of people per household and barriers to accessing health care.

Updated text – noting “mainstream” was changed after further review

Aboriginal people

Aboriginal and Torres Strait Islander communities are recognised as a priority group due to key drivers of increased risk of transmission and severity of COVID-19 which include mobility, remoteness, barriers to access including institutional racism and mistrust of mainstream health services, crowded and inadequate housing, and burden of disease.

SoNG Appendix

Coronavirus Disease (COVID-19) CDNA National Guidelines for Public Health Units

Contents

Priority settings

- Priority settings include settings with high risk of adverse health impact (due to the presence of vulnerable people) and settings with high risk of social impact (such as critical industry). Settings with high risk of adverse health impact are those where the effects of an outbreak would be more serious due to health vulnerabilities among residents or patrons, or there is an increased risk of transmission due to the presence of people who are not fully vaccinated. A setting with high social impact risk is a setting which may impact essential services.
- In collaboration with LHDs, PHUs should assist in priority settings with vulnerable people to advise on controlling the risk of spread, including:
  - Aged care facilities
  - Disability services
  - Correctional facilities
  - Aboriginal communities
- The guidance documents below have been developed for the risk assessment and management of contacts in a range of special settings, these are self-help guides to empower early action and support self-sufficiency of workplaces and venues.
- Guidance has been developed to support special settings, as below.

Contents

Australian Government
Department of Health

Communicable Diseases network AUSTRALIA

Coronavirus Disease 2019 (COVID-19)

CDNA National Guidelines for Public Health Units

Version 6.7

22 March 2022

COVID-19 CDNA National Guidelines for Public Health Units

NSW GOVERNMENT

health.nsw.gov.au

SoNG Appendix

Coronavirus Disease (COVID-19) CDNA National Guidelines for Public Health Units

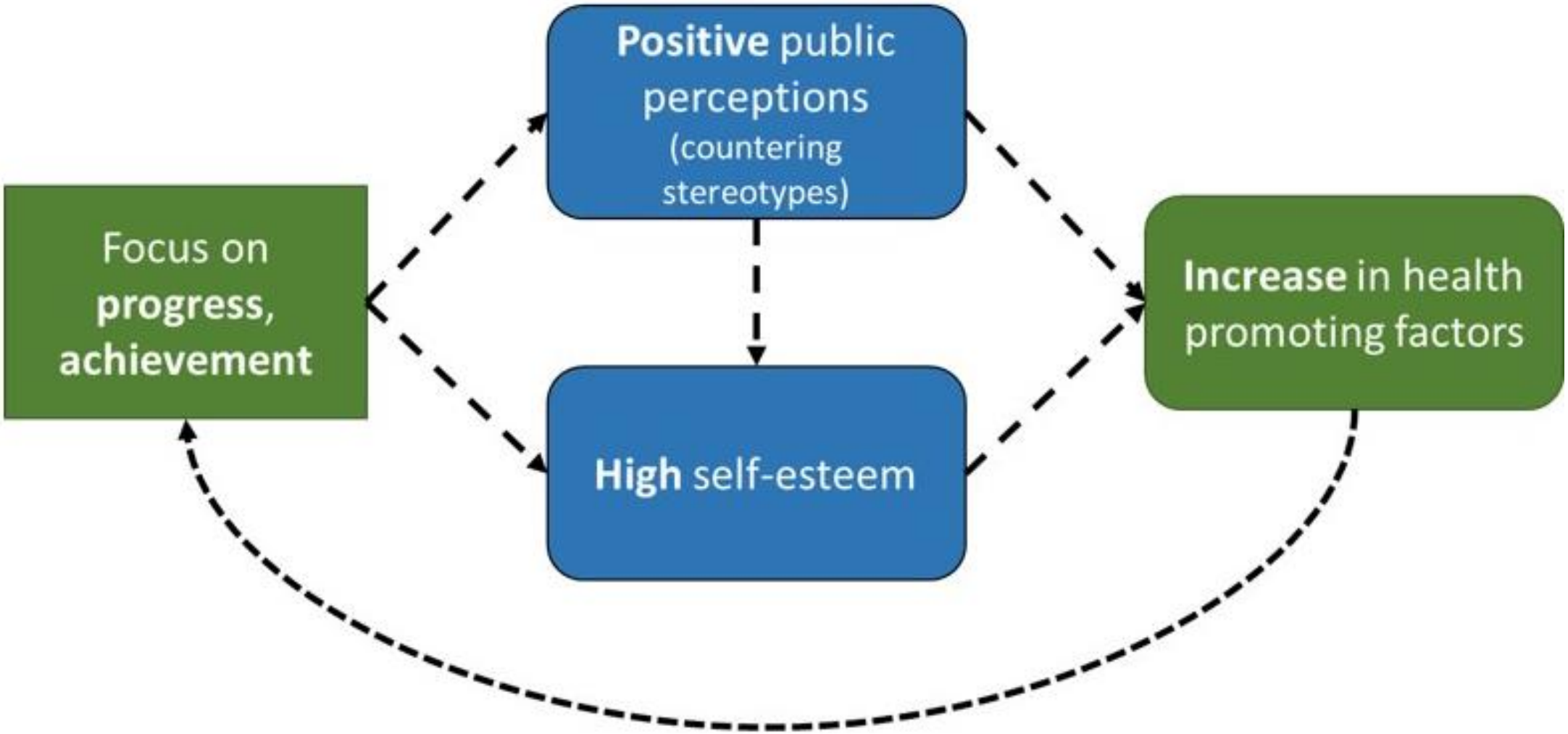
24 February 2022 © NSW Ministry of Health

February and March 2022

What is a strengths-based approach?

- Working from strengths, not problems
- Avoiding reproducing deficit discourse
- Does not mean “problem deflating”
- Moves away from focusing on problems perceived by others
- Focus on resources, assets, strengths that promote wellbeing (salutogenesis)
- Focus on “what works”, not “what’s wrong”
- Culturally-centered approaches
- Decolonising methodologies
- Shifting power to Aboriginal and Torres Strait Islander communities

Model B: Strength-based discourse



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Governance: Cultural redesign in HNE

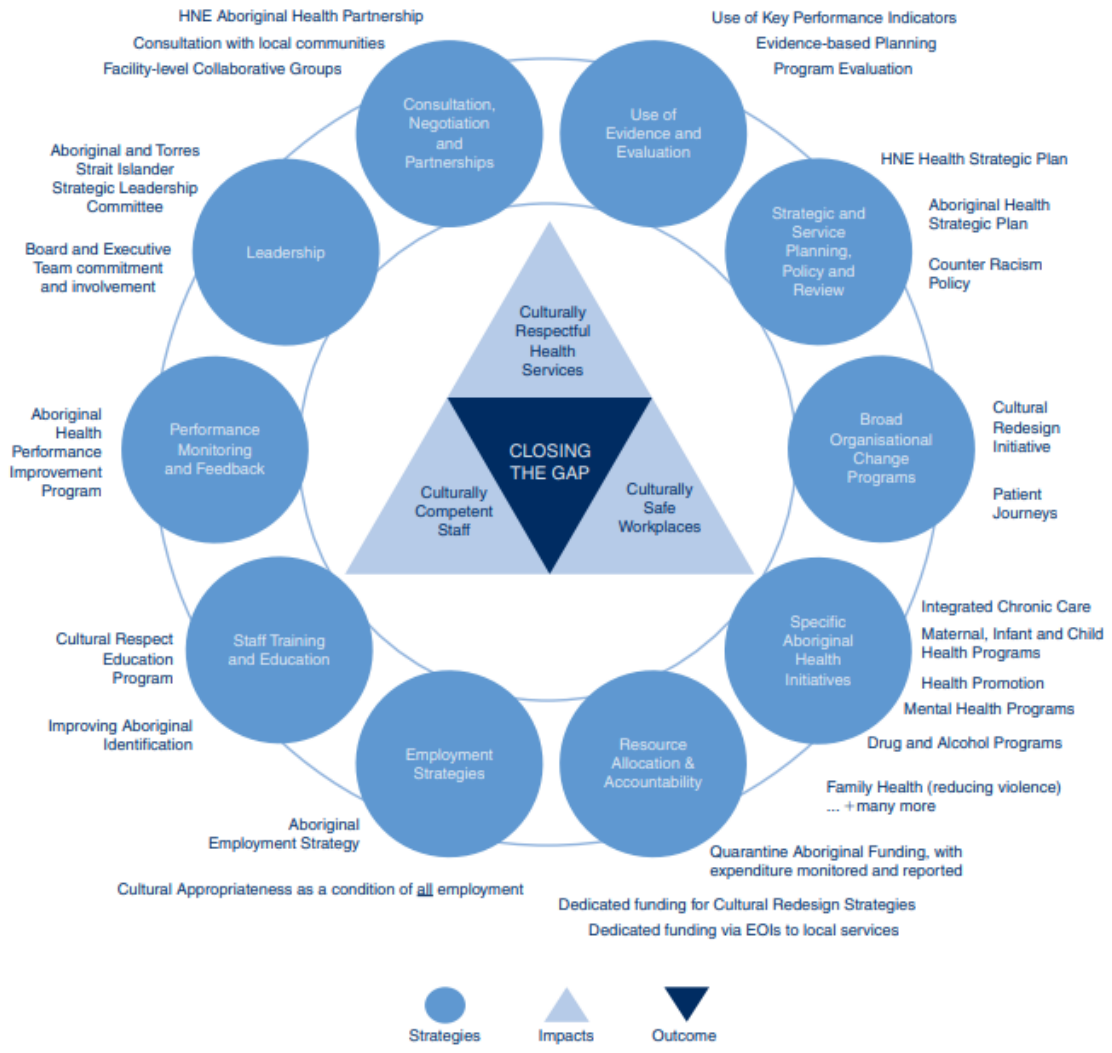


Figure 1. An overview of the multistrategic approach adopted by Hunter New England Health to address individual and institutional racism.

Governance: Population Health experience…

‘Mainstream’ health service

- Health Promotion, Health Protection, Corporate Services
- Approx. 120 staff (Newcastle, Tamworth, Taree), approx. 20 Aboriginal staff

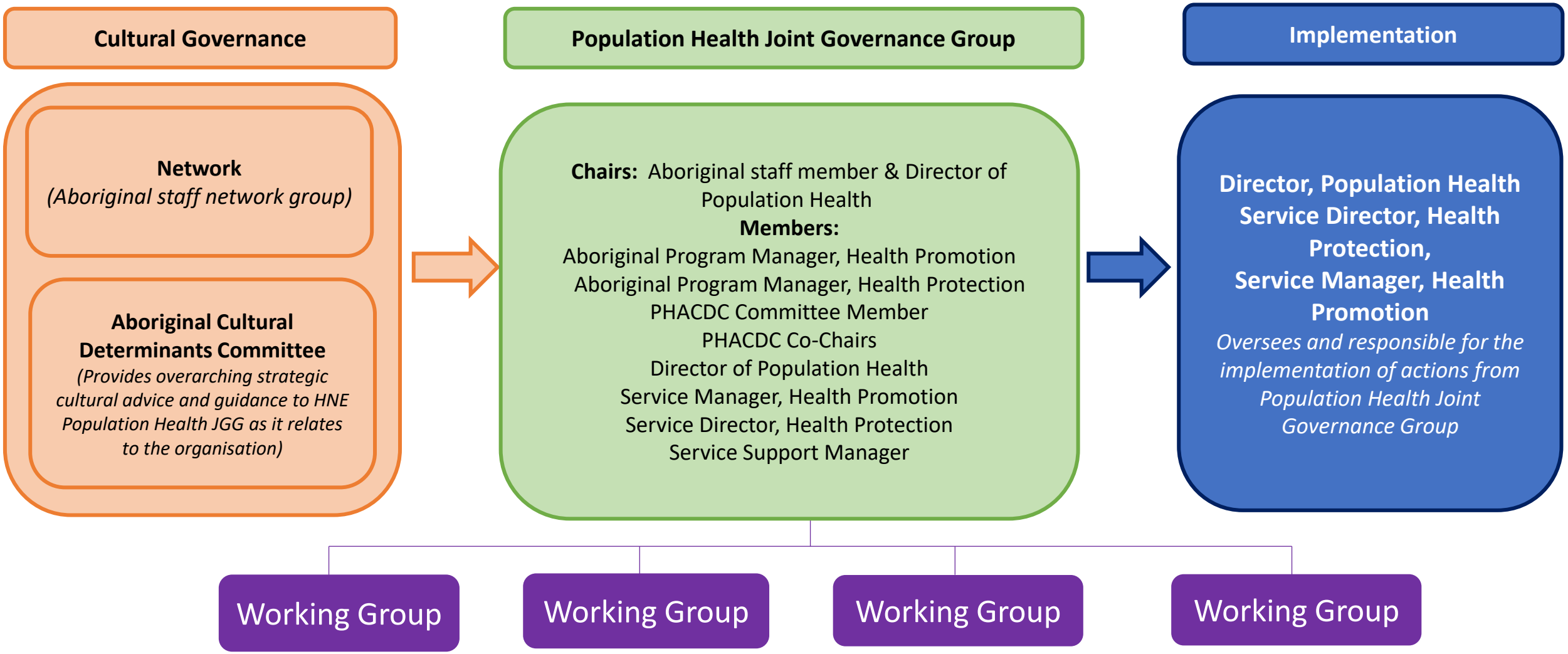
2006

- 3.5 Indigenous staff (3.5%)
- Inconsistent consideration of cultural appropriateness/safety of organisation and services
- Barriers to recruitment/retention of Aboriginal staff
- Leadership by Management Committee (Executive)
- Advice by Aboriginal Advisory Group (PHANG)
- Implementation by Cultural Respect Advisory Committee (CRAG) (Management sub-committee)

From 2017 onwards…

- Leadership by Joint Governance Group (Shared Executive)
- Advice by Population Health Aboriginal Cultural Determinants Committee (PHACDC)
- Networking (Population Health Aboriginal Network Group) (PHANG)

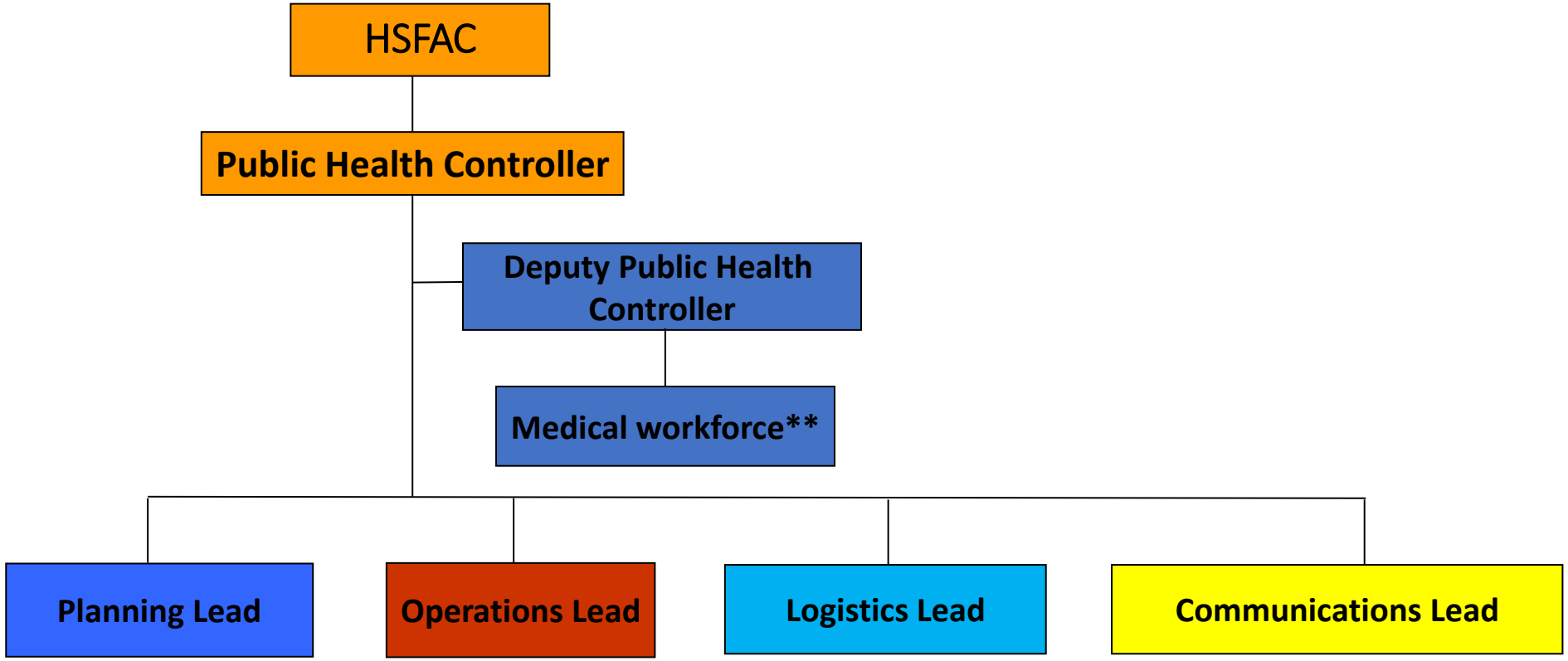
Governance: Population Health



Pandemics and First Nations experiences…

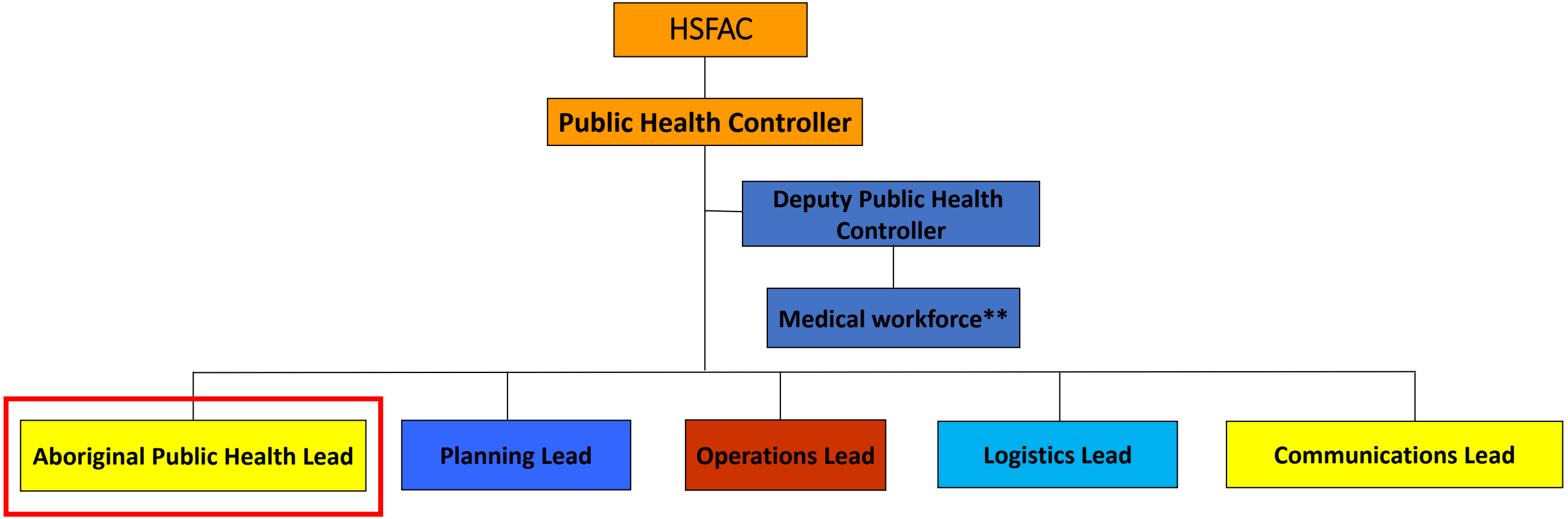
Influenza quarantine camp at Wallangarra, Queensland, 1919

Governance: Incident Command System



** Medical workforce is rostered as required by Public Health Controller to the various teams; after distribution the medical officer is directed by the Team lead

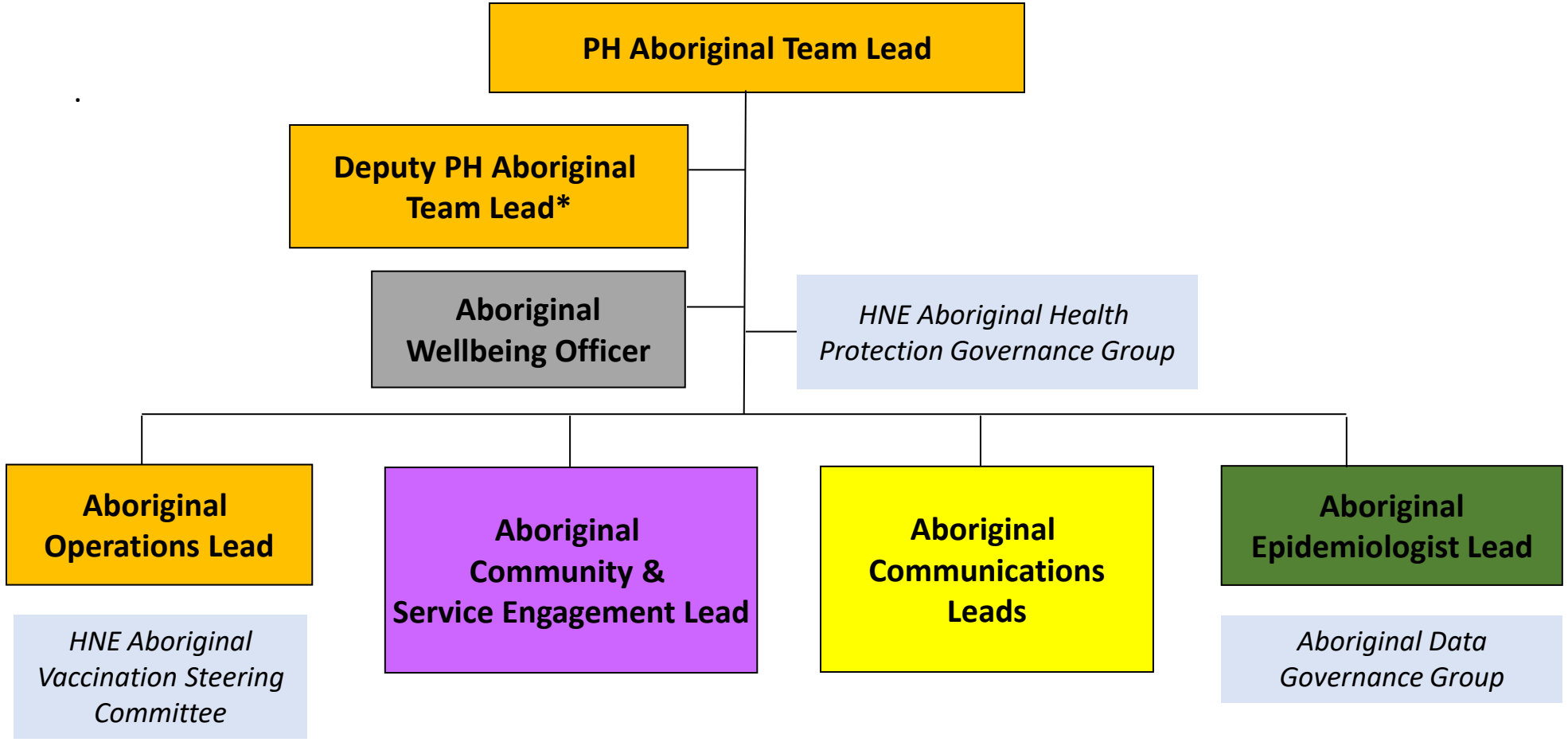
Governance: HNE Incident Command System



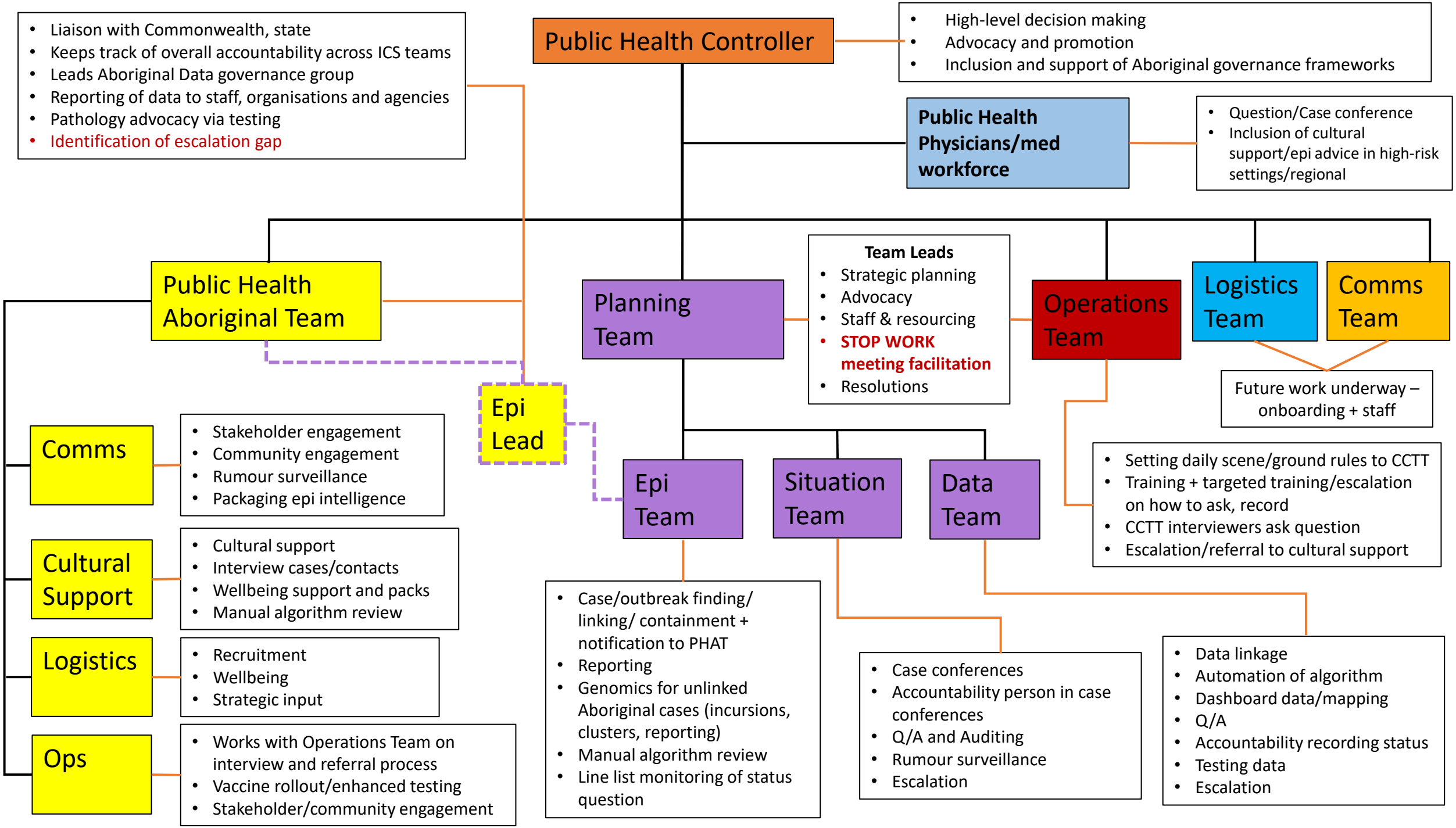
*PHU Aboriginal Team provides cultural governance across the entire ICS teams; including planning, operations and logistics.

** Medical workforce is rostered as required by Public Health Controller to the various teams; after distribution the medical officer is directed by the Team lead

Governance: HNE Public Health Aboriginal Team



*Deputy PHU Aboriginal Team Lead will have dual roles (Aboriginal Operations Lead role)
During low activity time only the positions of Team Lead, Deputy Team lead & Aboriginal Operations Lead will be active.

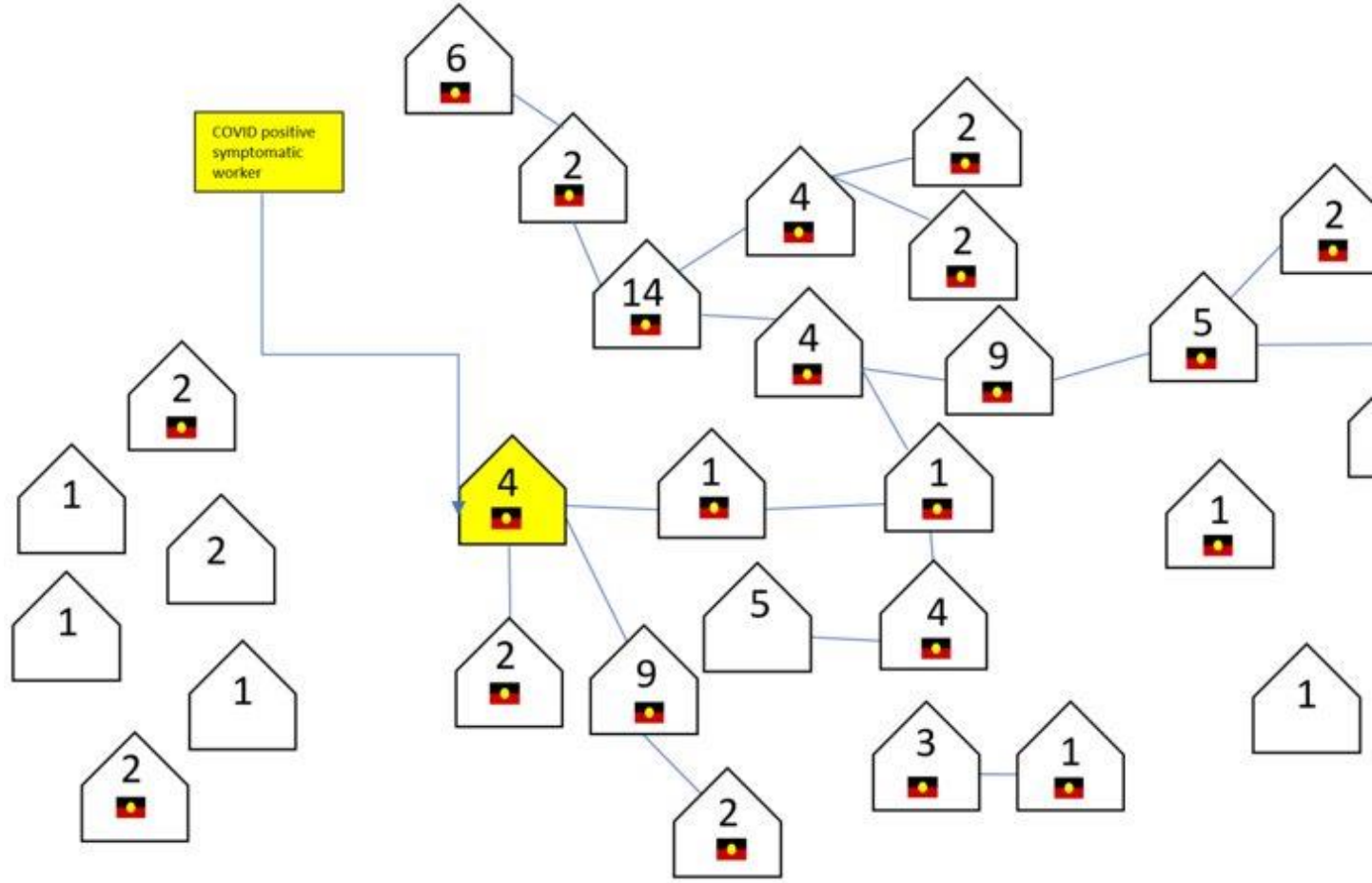

Liaison with Commonwealth, state
Keeps track of overall accountability across ICS teams
Leads Aboriginal Data governance group
Reporting of data to staff, organisations and agencies
Pathology advocacy via testing
Identification of escalation gap
Public Health Controller
High-level decision making
Advocacy and promotion
Inclusion and support of Aboriginal governance frameworks
Public Health Physicians/med workforce
Question/Case conference
Inclusion of cultural support/epi advice in high-risk settings/regional
Public Health Aboriginal Team
Planning Team
Team Leads
Strategic planning
Advocacy
Staff & resourcing
STOP WORK meeting facilitation
Resolutions
Operations Team
Logistics Team
Comms Team
Future work underway – onboarding + staff
Epi Lead
Comms
Stakeholder engagement
Community engagement
Rumour surveillance
Packaging epi intelligence
Cultural Support
Cultural support
Interview cases/contacts
Wellbeing support and packs
Manual algorithm review
Logistics
Recruitment
Wellbeing
Strategic input
Ops
Works with Operations Team on interview and referral process
Vaccine rollout/enhanced testing
Stakeholder/community engagement
Epi Team
Situation Team
Data Team
Setting daily scene/ground rules to CCTT
Training + targeted training/escalation on how to ask, record
CCTT interviewers ask question
Escalation/referral to cultural support
Case/outbreak finding/ linking/ containment + notification to PHAT
Reporting
Genomics for unlinked Aboriginal cases (incursions, clusters, reporting)
Manual algorithm review
Line list monitoring of status question
Case conferences
Accountability person in case conferences
Q/A and Auditing
Rumour surveillance
Escalation
Data linkage
Automation of algorithm
Dashboard data/mapping
Q/A
Accountability recording status
Testing data
Escalation

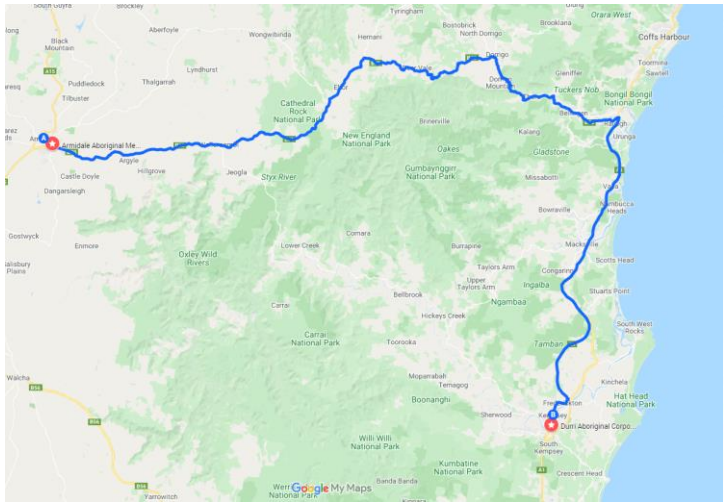
Governance: HNE Cultural Support

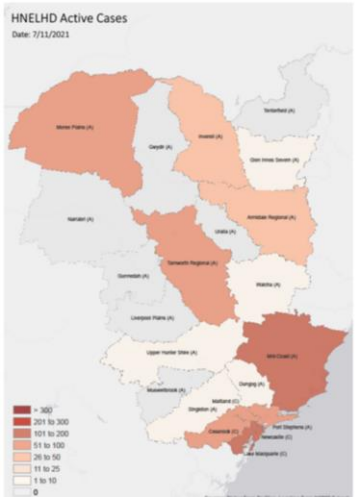
- Officially received 7,100 cultural support referrals
- Provided cultural support to more than 3,600 individuals
- Developed suite of resources to support the process
- Local and state directives shifts focus from individual support to supporting families
- Our Cultural Support model has been shared with the NSW MoH and other LHDs
- Featured case study on best practice in NSW MoH Public Health Response Debrief Report

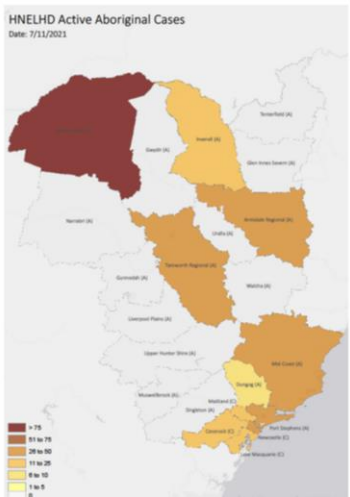
Governance: HNE First Nations-led surveillance

- Household mapping and kinship
- Local and cultural intelligence
- Enabled early activation of support
- Led to 29,751 people to be vaccinated in 5 weeks







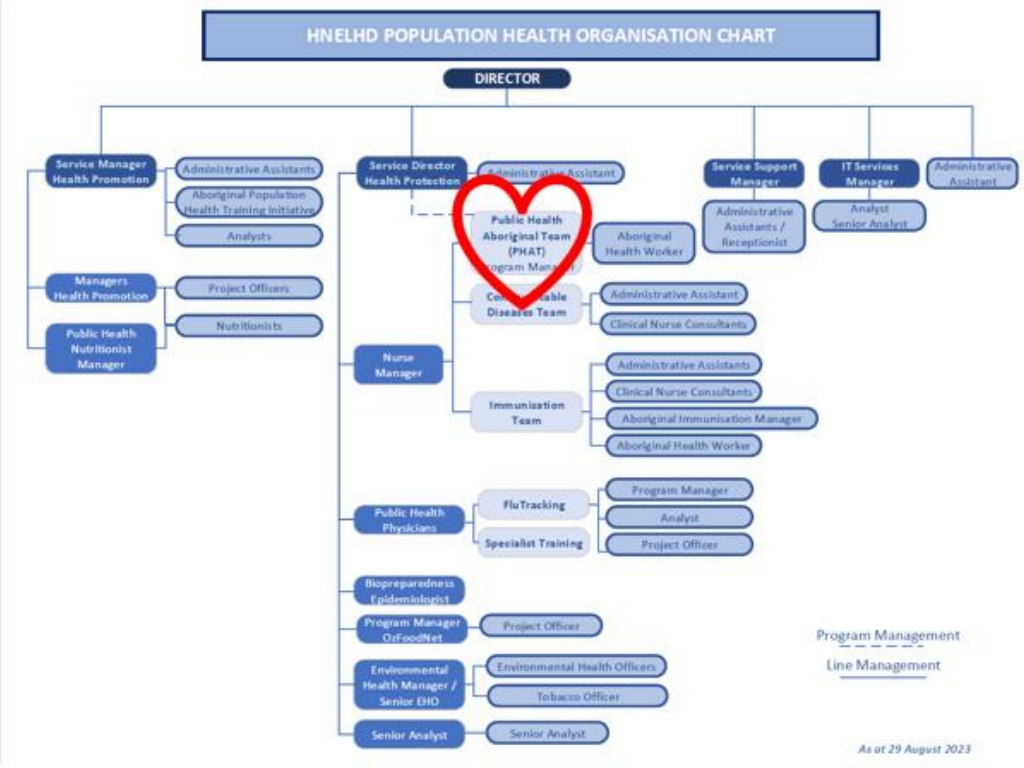


Governance: First Nations Community Panels

- Indigenized citizens juries' model
- Tested F2F and virtual with three First Nations communities (NSW/QLD/WA)
- Community governance, experts, contributing to own community governance but to national level
- Appropriate and acceptable way of engaging First Nations people in making important public health decisions
- Sharing knowledge, learning, challenging evidence to make informed decision making

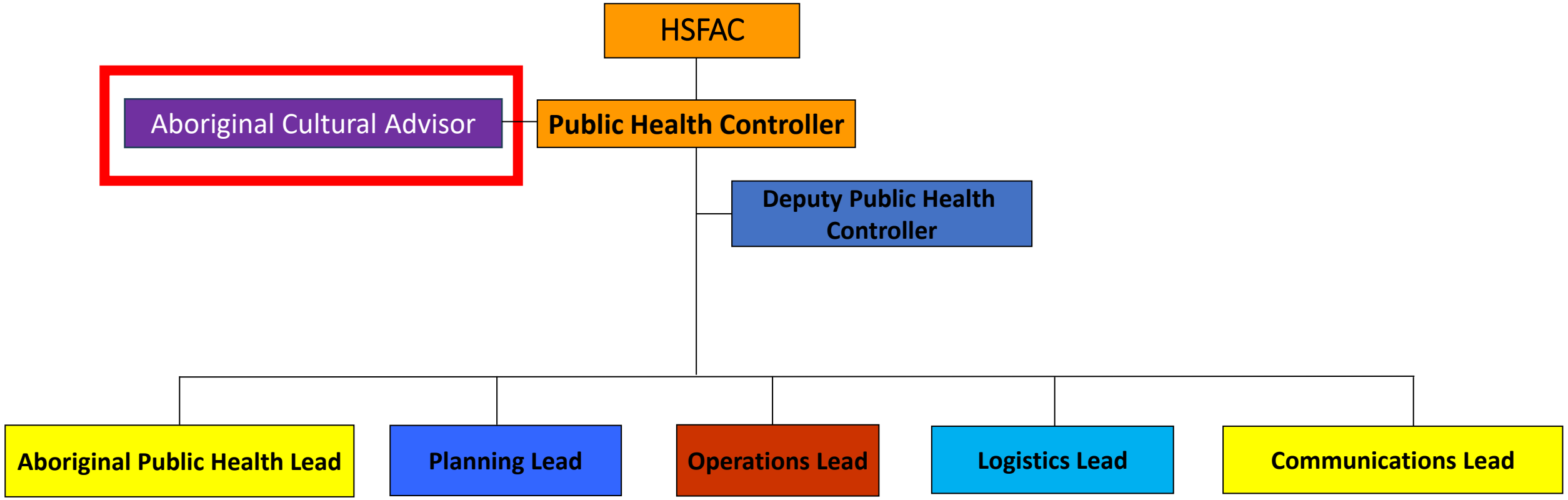
HNE Population Health After-Action Review

- No formalised First Nations leadership within the local ICS
- First Nations leadership recommended cultural inclusion be strengthened in the HNEPH ICS structure, and in Health Protection



Governance: Health Protection

Proposed ICS governance for future responses



*PHU Aboriginal Team provides cultural governance across ICS teams; including planning, operations and logistics.

Charter of Commitment

The Health Protection unit, in partnership with Aboriginal staff and communities, is committed to:

- Providing space and time whereby Aboriginal culture, and knowledge systems thrives in Health Protection
- Privileging Aboriginal voices and leadership
- Improving Aboriginal health outcomes
- Working to a level of cultural excellence
- Increasing and maintaining Aboriginal employment within the unit
- Providing a respectful and culturally responsive, engaging, inclusive, supportive and safe environment

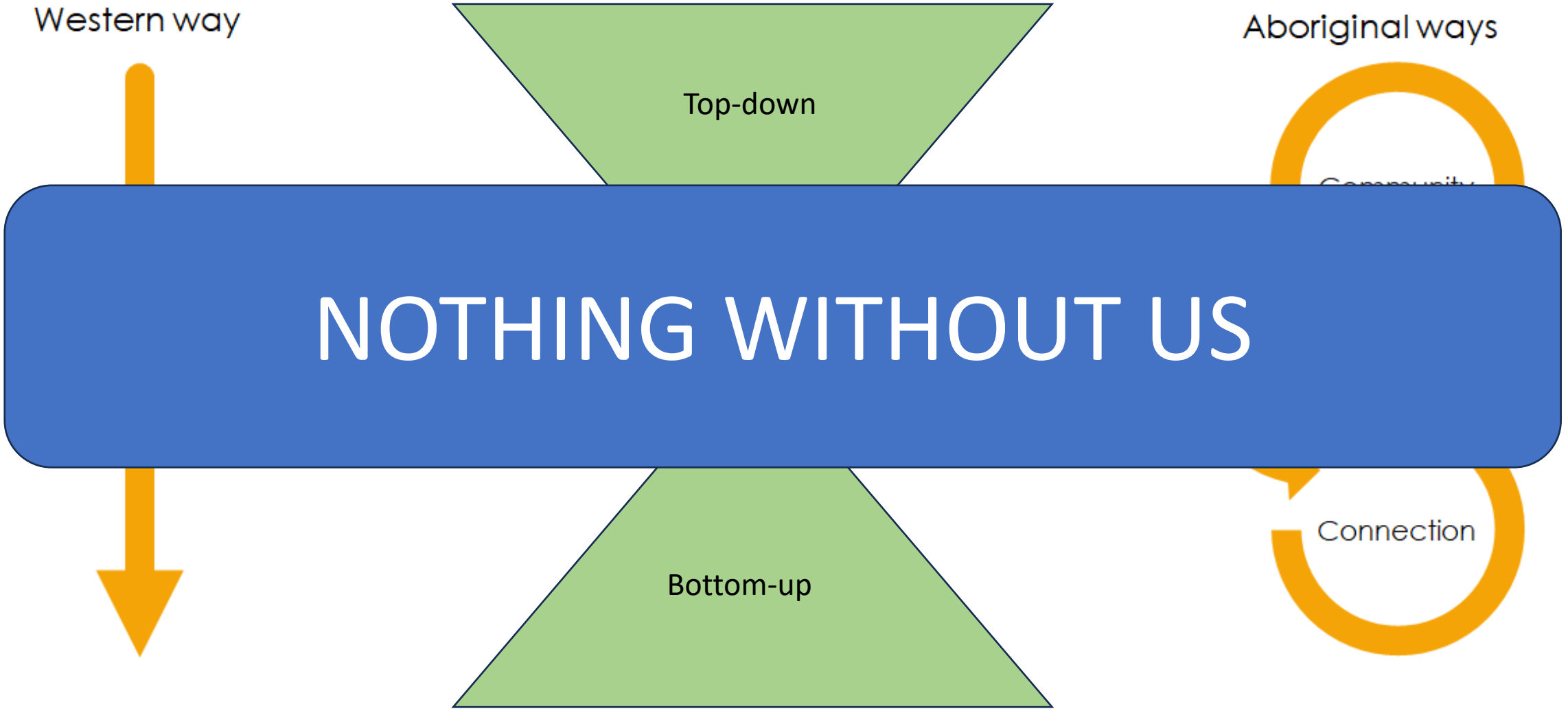
Advocacy to action…

- *NSW Public Health Emergency Response Minimum Standards* (Minimum Standards)
- AIM: The *Public Health Emergency Response Preparedness Minimum Standards* aim to support the statewide public health network's ability to prepare for, respond to and recover from major public health events and support an equitable and consistent approach to public health preparedness by identifying a set of minimum standards for all LHDs.

3.1. Governance

- Public health membership on the LHD(s) emergency committee(s) and regular engagement with emergency management committee representatives on preparedness, response and recovery.
- Business continuity plans are in place.
- Cultural governance is embedded within emergency response structures (For guidance, refer to: *Pandemic Preparedness and Response with Aboriginal Communities in NSW* and *Engage, understand, listen and act: evaluation of Community Panels to privilege First Nations voices in pandemic planning and response in Australia* and Embedding Aboriginal cultural governance, capacity, perspectives and leadership into a local Public Health Unit Incident Command System during COVID-19 in New South Wales, Australia)
- Working relationships exist between the public health unit and internal and external stakeholders as required and relevant in an emergency response. For example, local disaster managers and media and communications teams, LHD priority population and digital health teams (or equivalent agencies), pathology laboratories, Aboriginal Medical Services, Primary Health Networks and local councils.

Joint Governance



Thank you

•Family, friends and community
•Aboriginal Cultural Support Team Members, past and present
• Members of the Governance Groups:
•Aboriginal Governance Group on COVID-19
•Aboriginal COVID-19 Vaccination Steering Committee
•Aboriginal Data Governance Group
• Aboriginal Community Controlled Health Organisations
• Aboriginal communities across Hunter New England
• HNELHD Integrated Chronic Care for Aboriginal Peoples Program
• HNELHD Aboriginal Health Unit
• HNELHD COVID-19 response teams; Operations, Planning, Logistics, Medical Team, Public Health Controller

We thankfully acknowledge Aboriginal and Torres Strait Islander peoples past and present who paved the way to enable the work that our team can do in this space

Links to documents and resources

Crooks K, Law C, Taylor K, Brett K, Murray P, Kohlhagen J, Hope K, Durrheim DN. Embedding Aboriginal cultural governance, capacity, perspectives and leadership into a local Public Health Unit Incident Command System during COVID-19 in New South Wales, Australia. BMJ Global Health. 2023 Jul 1;8(7):e012709.

Crooks K, Taylor K, Law C, Campbell S, Miller A. Engage, understand, listen and act: evaluation of Community Panels to privilege First Nations voices in pandemic planning and response in Australia. BMJ Global Health. 2022 Aug 1;7(8):e009114.

Crooks K, Tully B, Allan L, Gillham K, Durrheim D, Wiggers J. Development and implementation of a shared governance model in a mainstream health unit: a case study of embedding Aboriginal voices in organisational decision making. Australian Health Review. 2021 Dec 23;46(2):178-84.

Australian National Disease surveillance plans:

- •https://www.health.gov.au/resources/publications/australian-national-disease-surveillance-plan-for-covid-19
- •https://www.health.gov.au/sites/default/files/documents/2020/05/coronavirus-covid-19-in-australia-pandemic-health-intelligence-plan.pdf

Mayi Kuwayu Study: https://mkstudy.com.au/indigenousdatasovereigntyprinciples/

Accuracy of reporting of Aboriginality on administrative health data collections using linked data in NSW, Australia: https://bmcmedresmethodol.biomedcentral.com/articles/10.1186/s12874-020-01152-2#:~:text=Enhanced%20reporting%20of%20Aboriginal%20people,planning%20and%20managing%20health%20services

Accuracy of reporting of Aboriginality on administrative health data collections using linked data in NSW, Australia: https://onlinelibrary.wiley.com/doi/epdf/10.1111/1753-6405.12114

Improved Reporting of Aboriginality in NSW Population Datasets using Record Linkage: A Feasibility Study: https://www.health.nsw.gov.au/hsnsw/Pages/atsi-data-linkage-report.aspx

Q&A

Don’t forget to enter you questions into the Q&A box.

Make sure you add the speakers name at the beginning of your question, so we know who to address it to.

Australian Institute for Disaster Resilience

Natural Hazards Research Australia

NIDR NATIONAL INDIGENOUS DISASTER RESILIENCE

Reflections

Professor Cheryl Desha

Science and Innovation Director, Natural Hazards Research Australia

Australian Institute for Disaster Resilience

Natural Hazards Research Australia

NIDR NATIONAL INDIGENOUS DISASTER RESILIENCE

Event concludes

Thank you for attending today's webinar.

Happy NAIDOC week!

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NIDR NATIONAL INDIGENOUS DISASTER RESILIENCE

NAIDOC Week online panel

Australian Institute for Disaster Resilience

Natural Hazards Research Australia

NIDR National Indigenous Disaster Resilience

Fires, Floods, Pandemics: Exploring Indigenous leadership in disaster response

Wednesday, 10 July 2024

2pm - 3.30pm AEST

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