

Good Start to Life – Co-designing optimal maternal and infant nutrition resources for and by Maori and Pacific Islander families living in Queensland, Children’s Health Queensland

ALOFA MAGELE: We held a launch of our resources but the consumers were the guests of honours. The directors and all the preventive health experts were also invited but our consumers were the guests of honour. Not only was it cultural appropriate but it recognises the significance of their contribution because without it who knows what we could have ended up with? We also found that we're also continuing our relationship with those consumers and they're going to feed into our bigger and broader objectives so it fosters long-term involvement in our program. Our key learnings from this project is number one, consumer involvement is fundamental, so I said that so many times already in this space, but basically we were able to effectively cater for the wants and needs in the community. We were able to appropriately discuss sensitive topics which again were highlighted for us so culturally there are things that exist such as mens and women's business and we needed to be respectful and mindful of those things. It allowed us to tailor for cultural differences because even though we share similarities as Pacific people we acknowledge there are differences as well and we also found that that cycle methodology allowed to us keep tapping with consumers and saying "this is how the project is going, would you like more into, or feedback more into this?" Some of our broader learnings from doing this project, we now now that consumer engagement is really the underpinning of all preventative health projects so it allows health professionals and services to decide with the community, not for them. It creates community ownership so our community members that were involved in this project so there was a total of over 100 consumers involved, they now feel ownership

over these resources and have continued the distribution of these resources. We have created long-term relationships. We also learnt that consumer engagement is really dynamic and we as a program have to be flexible so even though we might be rostered to work 9 to 5 we need to be mindful so our consumers might have that same roster so we need to be flexible in the way we communicate, whether it be face-to-face, at a time and location that's appropriate for them, if they would prefer a phone call, that's fine, we'll give them a phone call. If they want to email, awesome, it's no problem. We have to be flexible. We believe these broader learnings can extend to other projects, not just our program but also other hospital and health services. Where to from here? Again we say the resource development phase of the good start to life project is only the start so we have a lot more to go and I might invite Kristine to stay where the good start project is going from here.

KRISTINE KIRA: On our charter it is quite ambitious on the entire program but with regards to this particular project, we are looking at doing education sessions with the mums and the children as well. During this week we recognised that we forgot about the dads and so they felt that the dads always do the job behind the scenes and quietly do so. We are looking at doing more cooking videos so through this we're also looking at developing our social media a bit better. We need to go into the community at times and in a manner that they're used to. We are starting to utilise if Facebook more and just show our faces a bit more on Facebook a bit. Just thinking about that connection with the community and the mums and are also looking at making the resources more readily available for everyone so they're currently available, you can download them on our website, but we're looking at just making it a bit more broader and just so that it's more available. We just wanted to highlight this year's theme of Power and Passion because during this project the good start to life project, we really felt that it highlights for us how paramount our consumers are and that really ignited our passion to always continue and strive to do better in that aspect. We have created this culture within our team where it's just what we do every day. It's no different. It's not abnormal. It's just what we do. So every day we're in touch with consumers, wanting them

involved, asking them questions, what their wants and needs are so we feel now it's just what we do as a program. Thank you.

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ALOFA MAGELE: Are there any questions at all?

NEW SPEAKER: Thank you for the presentation. With what you discovered about the literacy levels within your communities were you able to sort of turn around to your colleagues within the health system and educate them using what you learnt through the program and have they taken that on board?

ALOFA MAGELE: Excellent question. Part of this as well which we didn't touch over was using these resources with our colleagues within the industry. You'll find that sometimes it's not so much the literacy level of the patients. For example I used to be my mum's carer. I can't speak fluent Samoan. I'd sit there and the doctor would walk in and say, "No you need to do this every day." My mum would look at me and I'd said say he said you have to do this every day. It's saying the same thing but from a trusted source. A lot of our training around the health professionals will be more around how to address our people and just get a bit of trust there. It's more around the trust rather than literacy and just speaking slowly if that's better.

KRISTINE KIRA: It's really really interesting because in doing this and kind of unearthing that we can create documents at that literacy level, we have now been invited to be on multiple panels for literacy level for educational resources. So we have been invited on nutrition education materials, as well as just medical nutrition, panels to give them advice and direction on how to create documents that are appropriate in terms of health literacy. Yes we have tried to be more involved with other - within our own hospital and health services team but also other hospital and health services teams.

NEW SPEAKER: I've worked with Pacific islander communities and I'm now married to a Samoan. Being outside of that, being a white person, sorry, the thing I notice that I've

looked at your good start resources around the schools and education, traditionally obviously from the health profession perspective, how do you experience Samoan culture particularly. I can't imagine my son learning something at school and being able to tell mum and dad this is what I need. How do you find working with that and what sort of strategies do you use?

ALOFA MAGELE: That's a really good question and that is one of the challenges that we do face all the time and there's always a level where we have to be very careful that we don't cross over. What we found, some of the opportunities that we have there, involving mum and dad as well so just for example we have one of our mothers groups, they'll drop their kids off at school so we created a group around them and we showed them how nutrition, how to cook at home. That was realistic. And also what we also are doing as well is just educating. We also are getting involved with the schools a bit more. Been success in connecting more with the tuck shops, the departments in the school that are relevant and that can help in that area. Home economic, tuck shop, PE department. I can say that but it's still at its infancy stage. It is a balancing act.

KRISTINE KIRA: We have only been in existence for five years. Absolutely that is something we have come across in developing or school base and promotion and we started with school based health promotion and that's why we extended it to our community. There's only so much we can do without - when the children aren't buying the food and making those decisions but in terms of our education for the students, we do a lot of messages so traditional health, say for example around soft drinks, would be just don't drink soft drinks. We do a lot of cultural foundations as well so our foundation being we are all Pacific people. Increase water consumption. We target those positive strength-based messages. We take those positive health behaviours back to parents, seems to integrate a lot better.

NEW SPEAKER: I'm a mid-wife. I'm fascinated. Are you planning on engaging with health services and antenatal clinics where you can provide education, having conversations with women about healthy eating and choices? How do you initiate a conversation in a culturally appropriate way and meaningful way?

KRISTINE KIRA: We understand that services are finding it difficult to engage multi-Pacific Islander families and are finding it hard to create a culturally appropriate environments for them. Part of our next phase of that project is engaging with consumers and health services to understand how those health services and health professionals can provide culturally appropriate and safe care for our families, because if we provide education and encouraging or supporting families to attend services and then the service doesn't quite meet the cultural expectations that we have set, then that will not have a positive impact. So absolutely, that is in development now as we run through how we're going to run education sessions with our community is how we're going to engage health services as well.

ALOFA MAGELE: We touched earlier about having the community ownership of it. As much as the health services can provide it for the community, the community also does need to own part of the problem as well and really encourage their mothers to use the services so just that community engagement, just keeping up with our community engagement. I think that will be key as well.

NEW SPEAKER: With your health service, did it focus on one or a particular hospital?

KRISTINE KIRA: Across the state. We're a State-wide service. Children's health Queensland. We have an office in Cairns as well as Brisbane and we go out to Logan,, Ipswich, Gold Coast. We are quite careful in ensuring we have different from different socioeconomic and demographic backgrounds. We were able to incorporate all of that, those considerations as well. It was a challenge.

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