



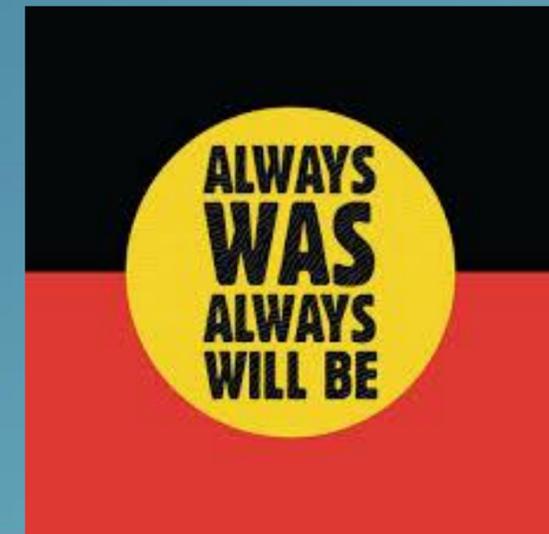
# Doing alcohol research in primary care in a way that works for community

Claudette 'Sissy' Tyson  and Bena Brown

Southern Queensland Centre of Excellence in Aboriginal and Torres Strait Islander Primary Health Care



## Acknowledgement of Country





Nothing to disclose

# Positioning ourselves

- White, with Nordic, Irish and English ancestors
- My family are settler-colonists
- Born on the lands of the Motu and Koitabu people
- Live on Jagera and Turrbul land, work on Yuggera land
- My parents born and raised on Kamilaroi Country (northwestern NSW)
- Middle class and privileged
- Finished high school, university and PhD



- Proud, strong Aboriginal woman
- Kuku Yalanji tribe, Far North Queensland
- Grew up in Inala and Acacia Ridge
- Inala (suburb in southwest Brisbane) is my Community
- I am the eldest of 3, have 5 children, and 10 grandkids
- My mother was one of 17 children, a twin – one of 5 sets
- Helped raise my younger siblings, cousins





# The Inala Aboriginal and Torres Strait Islander Community



- Traditional lands of the Yuggera people
- Current population of Inala = 15, 273 (ABS, 2021)
- 2.9% population growth over 5 years
- 6.6% identify as Aboriginal and/or Torres Strait Islander (increased by 1.1% over 5 years)
- A number of Community Controlled organisations
- Named by the Surveyor-General in 1952
- Housing Commission purchased land to cater for housing need after WWII
- Home to mob from many locations
- High level of pride in and connection to Inala by mob



‘Inala’ – ‘resting place’ in Bundjalung language, Yugumbir dialect



# The Health Service: Southern Queensland Centre of Excellence in Aboriginal and Torres Strait Islander Primary Health Care

MJA 2009; 190: 604–606

- Opened in 1995
- Early research in the 1990s found only a small number of Aboriginal and Torres Strait Islander people attended the mainstream health clinic.

## Why?

- Unwelcoming environment that Indigenous people could identify with
- Lack of Indigenous staff
- Staff perceived as unfriendly
- Inflexibility regarding time
- Intolerance of Indigenous children's behaviour



## Improving Indigenous patients' access to mainstream health services: the Inala experience

Noel E Hayman, Nola E White and Geoffrey K Spurling





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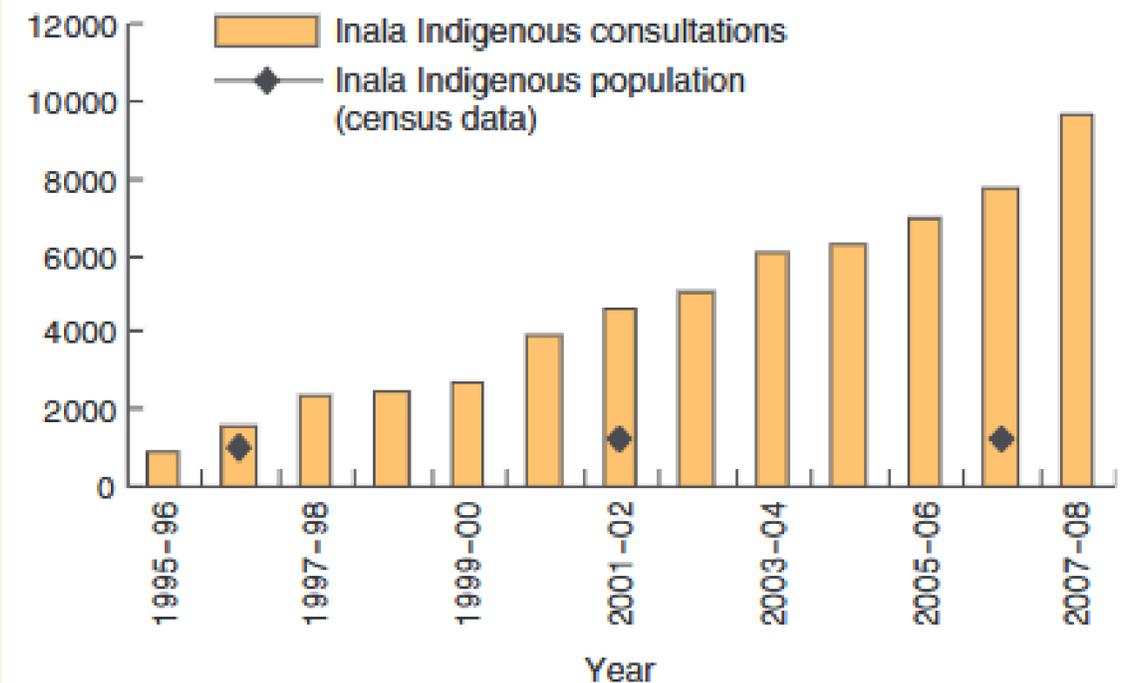
## Improving Indigenous patients' access to mainstream health services: the Inala experience

Noel E Hayman, Nola E White and Geoffrey K Spurling

Implementation of strategies to address access to the  
service:

1. Increase Aboriginal and/or Torres Strait Islander workforce
2. Create an environment that is culturally welcoming
3. Ensure all staff have cultural awareness training
4. Build connections and relationships with local Community and services
5. Promote intersectoral collaboration

### 2 Improved access to the Inala Indigenous Health Service, 1995–96 to 2007–08 financial years





Health Research –  
the Inala Way

# Our Research Governance Model: Inala Community Jury for Health Research

- Inala Community Jury for Health Research, established 2010
- 14 Aboriginal and/or Torres Strait Islander people from the Inala Community
- Members are either clients of the service, or represent Community Controlled organisations in the area
- Jury ensures research is ethically sound, culturally safe, locally relevant and benefits the Community
- Jury members decide how business is done
- Researchers present proposal face-to-face
- Jury interrogates methods, resources, capacity building, and impact on Community/health service



**“It puts a human face on the researched” –  
A qualitative evaluation of an Indigenous  
health research governance model**

Chelsea Bond,<sup>1</sup> Wendy Foley,<sup>2</sup> Deborah Askew<sup>2,3</sup>

Australian and New Zealand Journal of Public Health  
© 2015 Public Health Association of Australia



## Monitoring and maintaining a relationship with the Inala Community Jury for Health Research

- Researchers are expected to maintain their relationship and connection to Community Jury throughout the life of the research
- Researchers are required to provide:
  - Regular progress updates to Community Jury
  - Final update at project completion
  - Create a Community report for dissemination to the Inala Community
  - Seek approval following data analysis of results to present or publish the data
  - Community Jury to review manuscript prior to submission for publication



# Grog App team engagement with our Community and health service

**Title of Project: Grog Survey App**

**Researchers:** Kate Conigrave, Kylie Lee, Robin Room, Tanya Chikritzhs, Noel Hayman, Dennis Gray, Scott Wilson, Ted Wilkes, Sarah Callinan

April 2016  
First visit to Community Jury

April 2018  
Report final update to CJ about Grog App

Feb 2021  
Drug App

June 2023  
Update Grog App and Drug App

August 2024  
Update Grog App and Drug App (+ education re: MRFF and NHMRC projects)

Nov 2025  
Update Grog App and Drug App

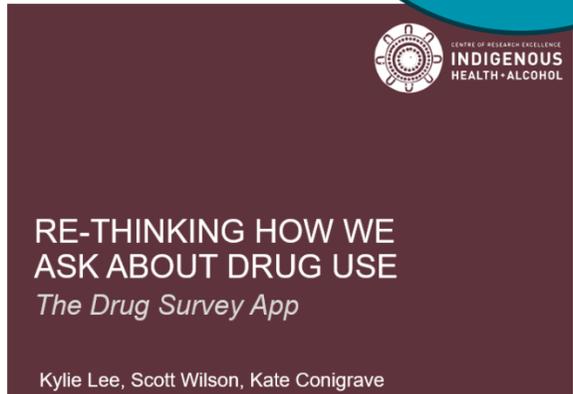


Submission for Inala Community Jury for Aboriginal & Torres Strait Islander Health Research

**Title of Project:** "Making it easier for Indigenous primary care services to reduce the harms from alcohol"

**Researchers:** Kate Conigrave, Paul Haber, Noel Hayman, Kylie Lee, Rowena Ivers, Tim Dobbins, Dennis Gray, David Johnson, Scott Wilson

**Institutions:** Sydney and Curtin Universities; Royal Prince Alfred Hospital; Illawarra Aboriginal Medical Service (NSW), Aboriginal Drug & Alcohol Council SA



iPad

CRAC SURVEY

# How many people were you drinking grog with?

(Drag how many people were in your drinking circle)



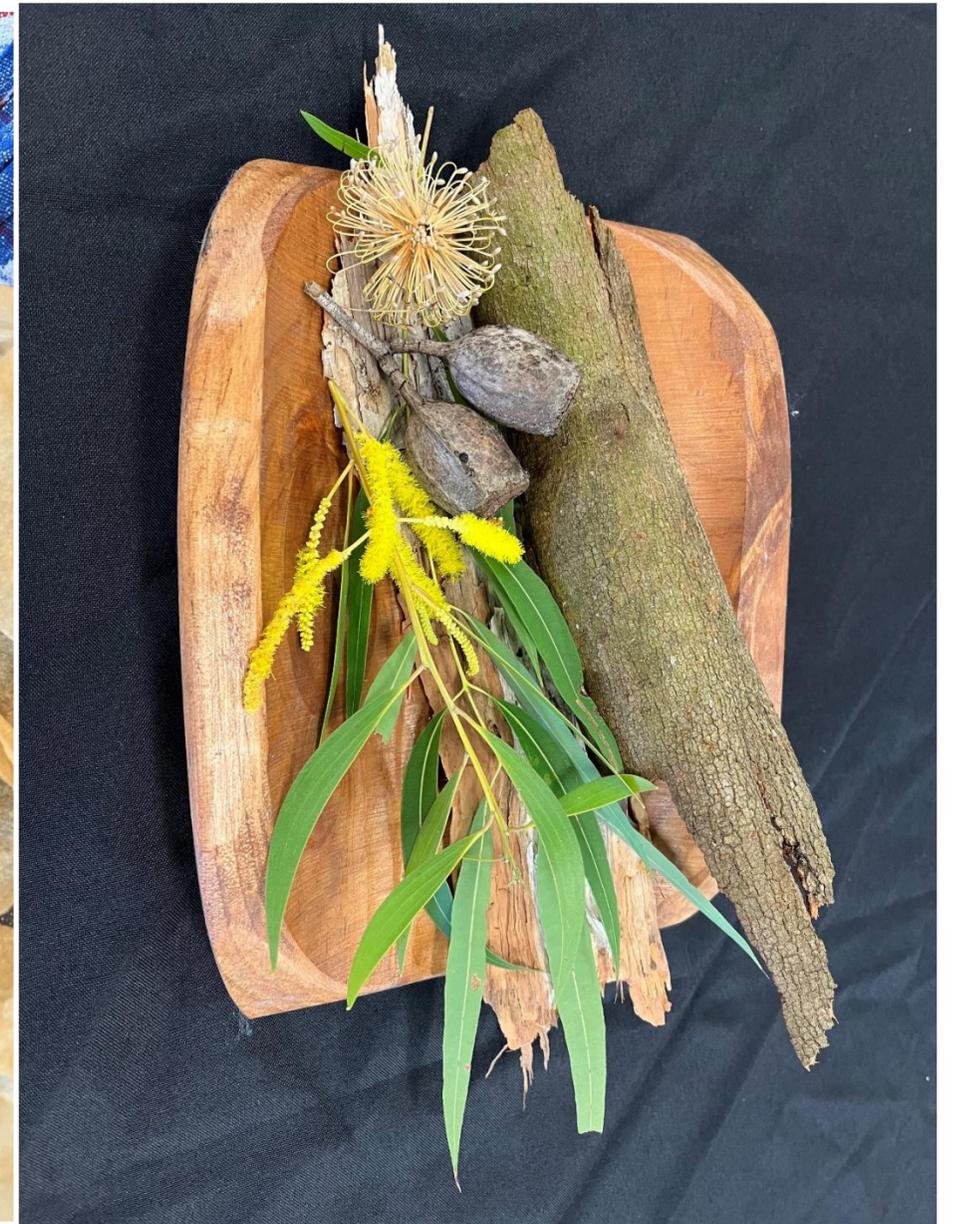
5 people



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## Conclusions and next steps

- Feedback from Community and health service supporting the build of the Grog Check in primary care
- Validation study in 2026
- Grog Check implementation into SQCoE clinic
- Technology connection between app and clinic software
- App to support clients to discuss grog with their health care team
- App to support health care team to provide better care to mob





[claudette.tyson@health.qld.gov.au](mailto:claudette.tyson@health.qld.gov.au)



[bena.brown@health.qld.gov.au](mailto:bena.brown@health.qld.gov.au)