



Improving Health Equity Across First People

Speaker 1:

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Rebecca Griffin - Host:

Dr. Kerry Hall, welcome to Health Tech Talks.

Dr Kerry Hall - Guest:

Great, thank you. It's great to be here.

Rebecca Griffin - Host:

Kerry, you completed your hospital training as an enrolled nurse some 35 years ago. You're an aboriginal health practitioner and you've completed a PhD in Indigenous Children's Health and in doing so, became the first aboriginal enrolled nurse to be awarded a PhD. You now lecture at Griffith Uni on First People's Health and have extensive experience working in Aboriginal and Torres Strait Islander Health and Education, and you're passionate about health equity and access to culturally safe care. It's wonderful to have this opportunity to talk with you, Kerry. And I wanted to start by asking you about you, where you grew up and how you got into nursing.

Dr Kerry Hall - Guest:

So I'm from far north Queensland. I did my high school in Mareeba and I did my nursing training at Mareeba District Hospital and I started there in 1987. The reason I got into nursing was my mum became very ill with a rare autoimmune disease when I was in grade 11. And the way she was treated at times by the healthcare system sort of changed me. I was always going to be a hairdresser. And then I changed from becoming a hairdresser to going into nursing.

Rebecca Griffin - Host:

Kerry, that's a great story. Tell us about your training.

Dr Kerry Hall - Guest:

So we were interviewed by the nursing tutor and the matron, which was a very scary affair back in those days because nursing back then was very strict and we had really strict protocols on how we had to act and where we could live. We all had to live in the nurses' quarters and we weren't allowed to have visitors and no male visitors unless they were your dad, your brother or your grandfather. So we started with four weeks of lectures and then after that we were straight onto the wards and then we'd have a week of lectures once a month, and then we'd go straight back on the wards and then we'd have to sit two exams. So the course was 12 months. We had to sit two exams, we had to sit the hospital board exam. And then about a month later you had to sit the state exam, which was both from the Queensland



Nursing Council. And you had to pass both of those to be able to be registered as an enrolled nursing Queensland back then.

Rebecca Griffin - Host:

Then where did you go to from there with your nursing?

Dr Kerry Hall - Guest:

I worked at Mareba Hospital while I had my first two children. I had them and went back to work. And then when I had my youngest, I took a break because three kids under six was a little bit busy. The nursing then changed in that period from a Queensland Nursing Council to APRA and then I had to do some retraining, but I was luckily able to do the back at Mareba Hospital. Then I worked at a nursing home, a privately run nursing home in the middle of the rainforest, which was a pretty spectacular place. And in there we had a high Aboriginal Torres Island population for residents. So that was a really cool place to work. We'd sometimes get flooded in for days at a time and you could only walk up the road to the local hotel and that's the only pleasure you could go.

Or if people decided they wanted to wander off, it was through Cane Fields. So it was all very exciting. And then I went back to Moreba hospital. I got offered another job there and then some personal issues happened in my life and I went to New Zealand and I worked in New Zealand for two years, firstly at a nursing home on night shift. And we had some exciting stories there as well. And then I went from there to working for Med Lab Hawkes Bay, which was back then was the sister company for Sullivan Nickelades. They were owned by the same company. So I then did that as the mobile phlebotomist, going home visiting. And that was in Hawkes Bay. So my husband, we lived in Napier and we came back to Australia in 2003. And I've been in Brisbane ever since. And from there I've worked at Red Cross Blood Service. I worked there for four years and then sort of in and out of education and then back into Aboriginal Torres Elder Health.

Rebecca Griffin - Host:

So Kerry, you said there that you became a phlebotomist. Why was that?

Dr Kerry Hall - Guest:

The nursing homer worked at in the middle of the rainforest, if residents became unwell or sick, we couldn't get just QML or a pathology coming to come out to draw blood. So we used to have to do it. And then our transport driver, our entertainment officer then would run the bloods to the nearest town where they could be tested.

Rebecca Griffin - Host:

Kerry, you were then drawn to study and you did indigenous children's health. How did that come about?



Dr Kerry Hall - Guest:

I was working in high schools as an indigenous education officer and an advertisement came across my desk and I thought, oh no grade twelves have those qualifications, but I do. So I thought I'd apply and I actually got the job as a research assistant at the then QCMRI in Brisbane. And my boss said, "Oh, have you ever thought of doing extra study?" And I went, "No, I'm too old for this." And anyway, so she convinced me that I should enroll in a master's to see if I would be accepted because I don't have an undergrad. It was just on work experience and they accepted me. So then that started the process. I did a lit review and articulated up to a PhD in 2014.

Rebecca Griffin - Host:

That's amazing. And so your thesis was acute respiratory illness in urban Aboriginal and Torres Strait Islander children under five years of age. Why that topic?

Dr Kerry Hall - Guest:

Respiratory illness in Aboriginal Torres Islander is one of the reasons that Aboriginal Torres Islander is still mainly hospitalized Today we have cases of pneumonia, Aboriginal Torres Islander higher than Sub-Saharan Africa children. Asthma is still one of the leading contributors to the burden of disease in Aboriginal Torres Islander children today. And most of the research in this space in Australia has been done in rural or remote communities. And the findings then have just been sort of transferred to urban communities.

So my study was the first of its kind in Australia, and we think in other countries like Alaska and New Zealand where an urban population was followed for a period of time. And we found that many of the things that were impacting rural and remote communities were still impacting urban children at the community setting. A lot of the other studies are done in rural and remote or in the hospital setting. So there's a big difference if a child ends up in hospital, they're usually pretty ill. But we wanted to look what was happening in the community and what those levels were,

Rebecca Griffin - Host:

What happened from there? You did your PhD and you were there, as we said in the intro, your first aboriginal enrolled nurse to be awarded a PhD. Where did that take you from there?

Dr Kerry Hall - Guest:

A friend of mine that I'd worked with, she left where we at QUT where she was working, aim to Griffith, and she sent me a job interview. This seems to be the way things happen. I get something across my desk and she convinced me that I should apply. And I got a job at Griffith as a research follow on a research project looking at pharmacy in primary care for Aboriginal Torres Islander Peoples. And then, yeah, I went from there to the First People's Health Unit.

Rebecca Griffin - Host:

And you're lecturing now?



Dr Kerry Hall - Guest:

And I'm lecturing now, yes.

Rebecca Griffin - Host:

The role that you're doing, what's it enabling you to do for the health of Indigenous people?

Dr Kerry Hall - Guest:

The role I'm doing now in the First Peoples' Health Unit as a lecturer is the focus on what we are doing is to be change agents for the next generation of health professionals that are graduating from tertiary settings. We are talking about cultural safety First Peoples, what that means for First Peoples. And we're talking about some of the barriers of why people don't access healthcare due to past government policies and interventions that have happened in First Peoples in Australia.

Rebecca Griffin - Host:

Just going back to the fact you said you work at the First Peoples Unit at Griffith University. Why is the need for a separate unit?

Dr Kerry Hall - Guest:

So the First Peoples Health Unit, where they're basically to bring the focus to First Peoples Health and the disparities in health for First Peoples. Yeah, the unit's been around since 2015, so this is our eighth year. I've been there since 2019 and at the moment we are leading across Griffiths Health Group, embedding indigenous content into the health curriculum. So that's our primary role at the moment. So

Rebecca Griffin - Host:

What are the main challenges in First People's healthcare?

Dr Kerry Hall - Guest:

A lot of it is to do with racism, systemic racism and past policies that have impacted first peoples, like the stolen generations and all the policies that have come from the colonization of Australia, equity, health equity access, especially in rural and remote areas, access to services, transport, the cost of services. Where services set up, how they're set up. So they're all barriers.

Rebecca Griffin - Host:

Are there some really easy practical things that you could share with us that healthcare professionals could do to break down those barriers?

Dr Kerry Hall - Guest:

I think that if you're going to work in a community where you know there's a big indigenous population and there's a local Aboriginal Medical Service, go on and introduce yourself. Say who you are and what you are in the community for and get to know the people in the Aboriginal Medical Service because they



will have links to community. Become friends with your Aboriginal health practitioners or your Aboriginal health workers because they probably know the community better than anybody else because they're part of the community, they live there and they will become your conduit to getting to know the community. And always do a bit of an investigation on your community before you go find out what's happening there, what services are there so that you know can go in a bit prepared.

Rebecca Griffin - Host:

And one of the things we spoke about before we started the recording was building trust in the community as well. How can people do that?

Dr Kerry Hall - Guest:

You have to be genuine. If you go into a community and you say you're going to do something, you have to follow through and do that. If you're going into a community research, even as to do research in a community, you need to work with community from the very beginning of a research project. Just don't come in and get information out of the community and leave and never come back because that will break any trust that you may have. You just have to be your authentic self, I think. And if you make a mistake in a community or you make a mistake in somewhere, just apologize. Say I'm sorry, I didn't mean to cause any offense or anything like that. Who can I talk to or what can I do better? If you come across as an empathetic, genuine person, you will build those relationships because in communities is the relationships about trust and rapport and two-way learning off each other.

Rebecca Griffin - Host:

And is this the sort of thing that you're teaching in your lectures?

Dr Kerry Hall - Guest:

Yes. This is the sort of stuff that we are teaching. I'm about practice and transition to practice because I have practiced a lot and it's about building the trust and how to send graduates out so that they also don't come up against something that can impact their future role as a health practitioner. Because if you have a really bad experience, that can impact you and whether you want to go forward in that profession as well.

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Rebecca Griffin - Host:

So given the challenges, what opportunities Kerry are available to help improve access to healthcare?



Dr Kerry Hall - Guest:

I think looking at the Nacho model, so Nacho's the National Aboriginal Community Controlled Health Organization in Australia. So it is the governing body for the Aboriginal Medical Services in Australia. Quake is the body in Queensland and they have a real holistic model of health. So when you go to an archer or an AMS, you're not just there to see the doctor. You might go and you'll see the health worker or the health practitioner first, you'll see the doctor and then you might need to see the psychologist. So a lot of people are there in the building under the same roof. And you can sort of tailor the care so that a person needs to come in once, do what they have to do, they don't have to come back day after day, refer repeated visits. I think the Archer model is about holistic. It's about caring for everybody in the community. For aboriginal Torres Strait Island peoples, the community is at the center of our health. Cultural safety is for people, community and family. So if you have that AMS model, that's how that works.

Rebecca Griffin - Host:

What are the main innovations in First People's health?

Dr Kerry Hall - Guest:

Well, one of innovations I'd like to see would be a cultural hub where people could come together and just share knowledge. Especially I heard an incident on the weekend, a friend of mine's younger sister's just had a baby. She was discharged four hours after birth. She didn't even know how to bath a baby. So it's like having a place where people can come and just share knowledge, like community members can come and share stories, or midwives can come and sit there. It's a sort of a big drop in center, but it's a culturally safe space so people can feel safe and welcome. There's this whole thing, it takes a village to raise a child. It's like recreating the village.

Rebecca Griffin - Host:

Wouldn't that be wonderful?

Dr Kerry Hall - Guest:

So people could come in and just not necessarily, there's no be no charge for any services, it's just a knowledge exchange. It's both ways. Learning. When we Aboriginal Torres, we have this circular learning, so stuff goes around in circles, so there's whole education models around that. So it's that going backwards and forwards and sharing knowledge constantly.

Rebecca Griffin - Host:

Kerry, we're doing the interview today from Lumina on the Gold Coast. How can Lumina support advances in First people's healthcare, do you think?

Dr Kerry Hall - Guest:

I'd love to have a space somewhere. And it's not necessarily about an organization, it's about community groups and people that are doing sort of stuff in silos coming together in a place. It's a bit idealistic I



suppose, but it's something like that would be, I think would be wonderful. And just making it... I don't know if you know much about in New Zealand that have Marise, like it's meeting houses and communities come and do lots of stuff there and it'd be... I'd like to see a similar sort of concept here where people can come and just share knowledge.

Rebecca Griffin - Host:

Yeah, it's a really important part of First Nations culture, isn't it? That sharing and talking and-

Dr Kerry Hall - Guest:

Yarning.

Rebecca Griffin - Host:

Yeah. Is that what helps people feel safe in a space?

Dr Kerry Hall - Guest:

Yeah, so if you yarn, it's about a knowledge transfer, but everyone is equal in that space. There's no hierarchy in that space. If I'm having a yarn with a group of people, I'm not the person in charge. Everyone has the equal voice in that space.

Rebecca Griffin - Host:

Are there any type of companies that you would like to see co-locate here that would help improve first people's health?

Dr Kerry Hall - Guest:

I'd like to see one of the medical centers to have a space here, but not necessarily to be a full-time medical clinic, but they could sort of run a drop-in center. So if people we, it could be manned by maybe people from the university could volunteer some time just to come and talk to community staff. Like the story about the new mom who hadn't know how to bath a baby, come in and talk to somebody about, have a practical demonstration, let them unpack any concerns they may have and know that if anything goes wrong, you can always come back or someone's always available to talk to. Yeah.

Rebecca Griffin - Host:

What's the one key message that you would share with health practitioners in terms of First Nations people's health? What key message would you give to them?

Dr Kerry Hall - Guest:

I'd say you need to have a real understanding of Australia's past and our history, and then realize that cultural safety is important to the people that you work with. But it's also important to you as a practitioner because as a practitioner you also need to keep yourself safe so you can practice safely.



Rebecca Griffin - Host:

How can people create that safe space?

Dr Kerry Hall - Guest:

Well, when you're meeting with p... You need to have a space that's neutral, I guess would be the best place. Have a neutral space. At our local campus, we have a dedicated yarning circle where people can come and sit. It's a quiet space, it's in nature. So it's a neutral space where people feel comfortable. So there's no sort of images of hierarchy or all that sort of stuff. When I've worked, I've actually sat under lots of trees in car parks and picnic benches, talking to community members about health things because they didn't feel safe within the confines of four walls. So I'd take it outside.

Rebecca Griffin - Host:

Can you think of any career highlights from your actual practical nursing?

Dr Kerry Hall - Guest:

Probably the test. If you work with Aboriginal Torres Islander communities, you will be tested. There's this test you have, you don't know, you're being tested till you pass the test and then you're accepted. And I was doing my PhD, a community tested me for 18 months, tried to push my buttons, and it was just to see if I was genuinely who I said I was and if I was going to do what I said I was going to do. And after 18 months in, we finally had this bit of a, we come to an impasse and we had a slight discussion and then she goes, yep, you're all right. And then after that, when anything went wrong with her or her family's health, she would come and seek me out. So then I knew I'd sort of pass the test

Rebecca Griffin - Host:

And just finally, what's next for you?

Dr Kerry Hall - Guest:

Continue to do what I'm doing because I really, I love what I'm doing at the moment and just seeing the change that in some people that I'm working with and an understanding of the importance of educating about First People's health and the barriers that exist today from past policies. A lot of people aren't aware of that. So if you don't know, you don't know. If you don't know, you ask. And if you don't know, well you try and find out. So yeah.

Rebecca Griffin - Host:

Awesome. Thank you so much for talking with us today, Kerry, and all the very best with your important work.

Dr Kerry Hall - Guest:

Thank you, Rebecca.

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