

# An enduring partnership – Aboriginal Health Service Medical Clinic and local women’s health service working together to improve indigenous women’s health.

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## **Abstract:**

Ballarat and District Aboriginal Cooperative (BADAC) and Women’s Health Grampians (WHG) developed a unique partnership in 2007, to create options for improving local indigenous women’s health. Initially, WHG formed a collaboration partnership where twenty five percent of the Well Women’s Service (WWS) clinic hours were held at the Baarlinjan Medical Clinic at BADAC. This partnership was not unique for BADAC or other Aboriginal Health Service, but combining the ensuing collaborative health promotion initiatives were. Using creative consultation strategies, community relationship building and working responsively for specific Koori women’s needs the relationship grew for both organisations.

As a result, opportunities for advocacy grew and ensuring in service enhancement in areas of Chlamydia testing and increased contraception access.

The initial consultation process informed the early health promotion activities and from these events ongoing feedback has informed further work.

Both agencies long-term commitment has and is critical to the future success of the partnership and better health outcomes for local Koori women.

**Keywords:** Aboriginal women, Koori women, collaborative partnership, health

## **Paper:**

Ballarat and District Aboriginal Cooperative (BADAC) and Women’s Health Grampians (WHG) formed a collaboratively partnership to provide extended clinical services and health promotion initiatives to work to improve health comes for aboriginal women. We would like to share some of the unique characteristics in this particular partnership.

BADAC is an Aboriginal Health Service with over 200 Koori women that access their Baalinjan Medical Clinic which has both female and male doctors.

WHG’s is one of Victoria’s regional women’s health services and their catchment is the Grampians health region with a female population of 108,420<sup>1</sup>

WHG has worked collaboratively over many years with BADAC, often for “one off” health promotion activities. The challenge for WHG, as a busy health promotion non government organisation, is that the work load is undertaken by a small number of staff who do not have the capacity to maintain a regular ongoing involvement with the BADAC and local Koori community. Although after many of these events WWS clinics were provided to

increase Koori women's choice of health provider, however there was not the option of providing a continuous service.

Whilst the Baarlinjan Medical Centre's skilled staff often work in extended roles to provide quality care for the often complex needs of their clients, both time and capacity for regular health promotion activities is challenged by a rapidly expanding general practice, current BADAC building extensions and adequate time needed for client work.

BADAC also have many other allied health providers whose services were regularly held on site providing services to increase access for the indigenous community and so including the regular WWS clinics within Baarlinjan was not a unique experience.

One of the key enablers, that made this partnership possible, was the support of both BADAC Chief Executive Officer (CEO) Karen Heap and WHG CEO Patty Kinnersley. Patty, with the support of WHG Board, supported the commitment for 25% of the Well Women's Service (WWS) clinics to be co-located at the Baarlinjan Medical Centre at BADAC. This commitment has placed and continues to place considerable strain on the WWS based clinic at the Ballarat office where it is not unusual for women to wait three months for an appointment for a Pap test. However the preference to increase choice of provider for local Koori women takes precedence.

This decision was prompted following an audit of WHG's WWS clients in early 2007 where the number of Koori women accessing the WWS service was 0.3% in the 2005 – 2006 year. In line with Closing the Gap Strategies<sup>2</sup> and Indigenous women being recognized as having four times the rate of cervical cancer than non-Indigenous women,<sup>3</sup> it was important to provide increased Koori women's access options.

Similarly, at Baarlinjan clinic there was ongoing work being undertaken to continue improving the recording of Aboriginal and Torres Strait Islander (ATSI) status and their cervical screening participation.

Both services worked to address the challenges of setting up this regular WWS opportunity for local Koori women. Apart from encouraging the women to attend, there were also practical processes and procedures, such as how to integrate two services record systems. WHG used a hard copy client file and Baarlinjan used Medical Director. Processes needed to be developed to ensure both WHG's and Baarlinjan's records, results and recalls were kept up to date.

Katrina Hishon worked to inform and allay any concerns that the general practitioners (GPs) working at the clinic may have had with the new processes to be used in this partnership. Over time the relationship with the GPs continued to strengthen and greater collaborative work resulted. They all recognised that having a nurse provider gave women another choice of provider for their Pap tests.

Many strategies were used to encourage women to access the service, articles in the monthly BADAC newsletters, and casual chats with women accessing BADAC's services, but the two most successful strategies were when connections were made while the BADAC practice nurses were undertaking individual women's health assessments. Additionally, through relationships were built from the collaborative women's health promotion activities that were organised to address issues that women identified during the consultation processes.

During the planning for the clinic sessions and strategy building on how to inform women about the service, discussions also occurred on how both services could provide better testing for Koori women for chlamydia. Chlamydia rates for indigenous women are over ten times higher than for non-indigenous women<sup>4</sup>. A multi stranded approach was trialed, including discussions about chlamydia being raised during health assessments, clinic appointments and the GPs increasing testing for young people for chlamydia and other sexually transmitted infections as relevant.

One of WHG's health promotion priorities is sexual and reproductive health and one of their programs about chlamydia included the creative work of a young people's group developing a visual image of the bacteria chlamydia -nick named "Chlamy". Chlamy's presence on the practice nurse's desk during health assessments was a great chlamydia conversation started. The project also included the production of stickers, featuring Chlamy, with information about the website [www.chlamydia.net.au](http://www.chlamydia.net.au) which was developed in partnership with Ballarat Community Health, an information website identifying testing locations in the Grampians region which included Baarlinjan clinic and also other mainstream services where young people could access information and testing. A future plan for this program will include further work with the BADAC youth group, and specifically with young Koori women, in the near future.

Working together to increase access for young Koori women to emergency contraception was one of the outcomes of this collaborative partnership. Seeking advice from other local specialist sexual and reproductive health services assisted in informing and developing procedures for this work.

As the need for further health promotion work became our priority the planning began to undertake further consultation with the local Koori women. Both services were involved in planning for the consultation process and initially a focus group was held over an afternoon tea. Whilst seven Koori women attended and many good ideas were generated, we knew further consultation was essential. A summary of ideas was turned into a check list and BADAC staff asked women who attended the Baarlinjan clinic for their feedback. Ongoing groups such as the Elders group and young Mums group were also consulted.

As a result, a Koori women's health day was planned and held at Kirrit Barreet Cultural Arts Centre in mid 2008. Women had requested information about good bra fitting, Pap tests, managing anxiety and depression and low cost healthy eating. At the event, in this beautiful setting, there were also pampering sessions, great food and much sharing. Feedback from the day provided future direction for other health promotion activities or programs, bookings for women's health clinic checks, Pap tests at the WWS at Baarlinjan clinic and mammograms in groups to the local BreastScreen service resulted.

Prior to this women's health day, there were many times when the WWS did not have appointments filled or women didn't turn up. I was on a steep learning curve but with spare appointment time used to chat to women visiting the BADAC service and the slowly increasing awareness of who I was, and why I was running a clinic at BADAC, more women attended. I also participated in community events an example being last years Koori week celebration pitching in where ever I could. Last year I helped out in the animal nursery at the BADAC open day for NAIDOC week, which provided lots of opportunities to meet local community members, and chat as children and grandchildren enjoyed the animals. It was events such as this, which made me even more aware of the difference between the work with the Koori community and other health promotion partnerships, which can so often be facilitated by a quick email or a phone call. Many women's health

events have followed and with each one we have endeavoured to continue to access the hard to reach populations within the Koori community.

One particular success we would like to share was organising a group booking at the local BreastScreen Victoria (BSV) service. The plan was to take ten local Koori women for their routine mammogram, which sounds relatively simple however, some of the challenges included working through past experiences of the screening appointment section, who were reluctant to give us ten appointments, as Koori women were reported as not good at turning up. A target driven service meets Koori women's lives. Also when we asked for ten appointments the service struggled with not having names and the women's details until about a fortnight beforehand. From previous experience we requested that the customary appointment letters were not sent to women, as some had literacy challenges and in general the letters were confusing as they usually gave an individual appointment time which confused the plans we had to travel together with the women from BADAC. A request was also made of BreastScreen to book a session with two radiographers otherwise it would have taken three hours and twenty minutes to provide mammograms for ten women. This certainly would have been too long to make it a fun outing. The women traveled together in a mini bus, one elder joined the group as a support and to share her positive experiences of mammograms. The women gathered in a separate room, enjoyed lots of conversations over a cuppa and morning tea and it was a fun outing. The model was successful, with eleven women being screened, but there certainly was a push to fill at least ten appointments!

We have now held four collaborative health promotion activities and each one has provided an opportunity to gather both formal and informal evaluation feedback which has provided opportunities for a continuous improvement approach for future programs. The evaluations have also provided an opportunity to continue the consultation conversations about what women wanted for the future.

The outcomes identified in relation to the WWS clinic were that a flexible approach for appointment times was essential with a mixture of scheduled appointments and some blocks of flexible appointment times provided at short notice to be able to respond to women's urgent needs.

With regard to the joint health promotion programs it was essential to find the common ground between time lines and priorities of both indigenous and non-indigenous organisations. As a non-indigenous organisation we learnt to let go of the expectations we may have usually had and as a result our learnings about the Koori community have increased.

Other outcomes were identified when WHG undertook an audit of the number of Koori women accessing the WWS and identified an increase from 0.3% in 2005-2006 to 6.3% of women attending the service, that were indigenous, in the 2008-2009 year. Both services are working hard to maintain or increase this level of participation.

This collaborative partnership provided a building of relationships that survived the inevitable staff changes that all organisations experience, and also most importantly resulted in a building of relationships with women of the local Koori community.

We acknowledge the role the clinical service had in opening doors for the health promotion activities, and we also believe it continued to play an essential role in the success of our joint programs. This model of collaborative partnership is transferable to

other practices and health promotion settings. However the reserving of adequate time is considered an essential element for success. This type of partnership requires a long term approach and commitment and the often common reliance on “one off funded projects” does not lend itself to a sustainable health promotion partnerships in the Indigenous community.

**Acknowledgement:**

To the Wutherong community on whose traditional land this project was undertaken. Respect is made to their elders past and present.

**References:**

<sup>1</sup> Australian Bureau of Statistics 2006 census

<sup>2</sup> Closing the Gap –[www.http://ahmrc.org/Downloads/CTG.pdf](http://ahmrc.org/Downloads/CTG.pdf)

<sup>3</sup> PapScreen Victoria: 2008 Moving towards better health outcomes for Aboriginal and Torres Strait Islander women, Cancer Council of Victoria, Melbourne.

<sup>4</sup> [www://http.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/aboriginal\\_health\\_sexually\\_transmitted\\_infections](http://http.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/aboriginal_health_sexually_transmitted_infections)