

Ballarat and District Aboriginal Cooperative clinic combines community trust, systems capacity building and perseverance to significantly increase cervical screening

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Baarlinjan Medical Clinic



Ballarat & District Aboriginal Co-operative



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Acknowledgement

I would like to pay my respects to the Turrbal and the Jagera people the traditional owners of the land where we meet today and to the Wathaurong people with whom I have the pleasure to work alongside.

Without the partnership of these wonderful Aboriginal and Torres Strait Islander women there would not have been anything to report to you today.

I would also like to pay my respects to the Turrbal, Jagera and Wathaurong elders both past and present and future and any community elders present today.



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Identifying the cervical screening challenge

When the PCS clinical audit tool was first used into the clinic in 2009 there where:

- 135 eligible Aboriginal and Torres Strait Islander women aged 18-69 years
- 29% had been screened
- 66% had no Pap test record



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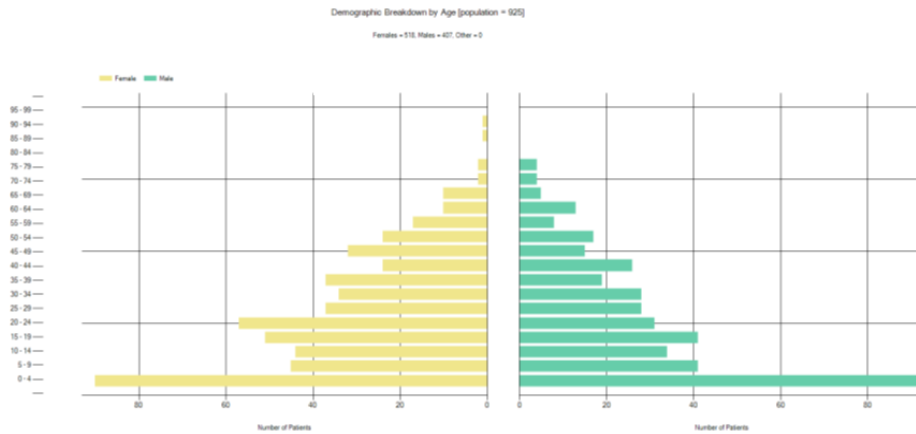
Baarljan Medical Clinic takes action Where to start?

- Awareness of the low cervical screening level increased incidental screening
- Access to female doctors and nurses was a challenge
- The clinic formed a partnership with Women's Health Grampians and the women health nurse ran clinics at BADAC once a month
- The nurse was an outsider but slowly trust was built through 'word of mouth', involvement in activities of the organisation



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Aboriginal and Torres Strait Islander population ages at the clinic 2016

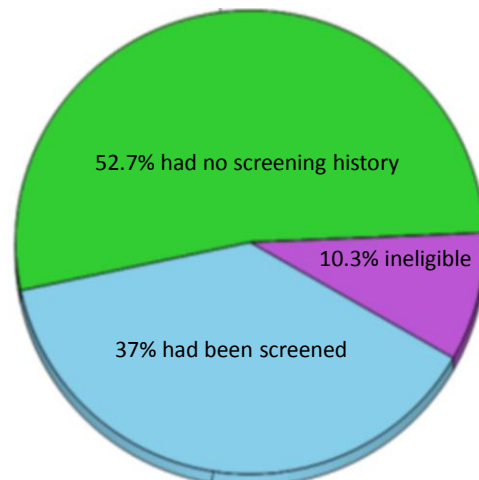


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Aboriginal & Torres Strait Islander cervical screening – 5 January 2011

Of the 167 ATSI women's recorded screening population:



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Clinic staff changes in 2011

- The Baarlinjan Medical Clinic employed a designated women's health nurse for two days a week
- The experience of the community members and a skilled clinic team informed the approach to increase community awareness
- The support of the local female elders was pivotal in encouraging women to screen



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Challenges identified

- Building and maintaining an ATSI workforce
- Recalls systems had limitations
- Knowledge, experience and time to integrate the quality improvement systems such as PenCAT
- Mobility of Aboriginal and Torres Strait Islander women's place of residence could cause history of abnormalities to be lost
- Pap tests are not a high priority



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Accessing women's screening history

Developing a permission system to access cervical screening history

- Simple permission from developed to access Victorian Cervical Cytology Register
- Permission also added into Aboriginal and Torres Strait Islander health checks
- New patient clinic registration forms included permission
- Mother's permission added to baby registration for maternal and child health services



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Accessing screening history

- The role of Victorian Pap test registry and other registries in following up histories
- The permissions requests were a non threatening starting conversation

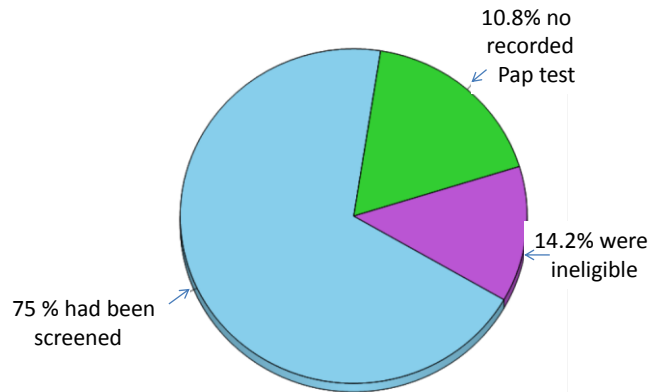


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ATSI women cervical screening 30 March 2016

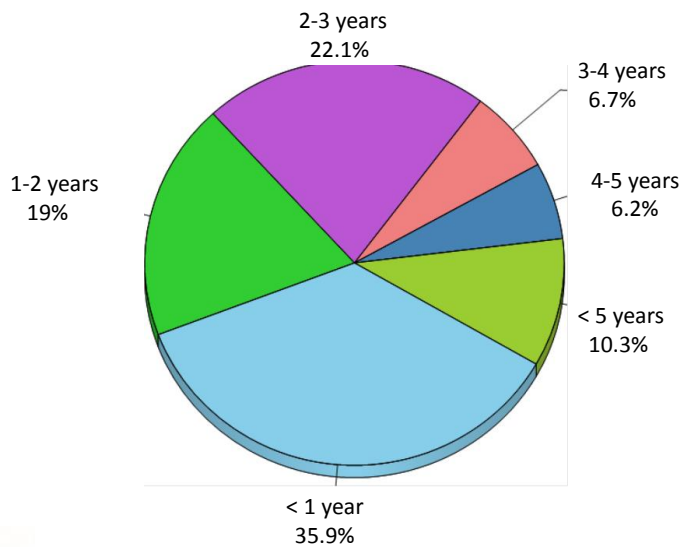
Of the 282 ATSI women's recorded screening population:



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ATSI women time since last pap test - 1 February 2015

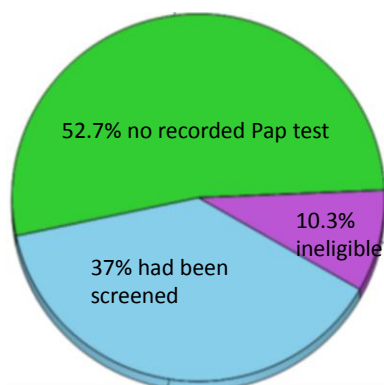


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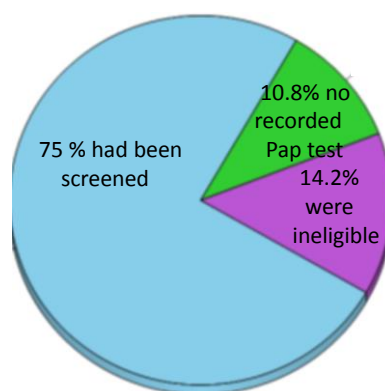
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ATSI women cervical screening – 2011 to 2016

Of the 167 women screened in 2011



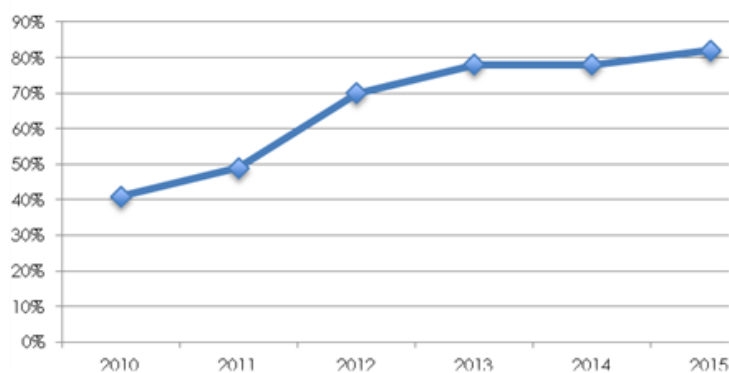
Of the 282 women screened in 2016



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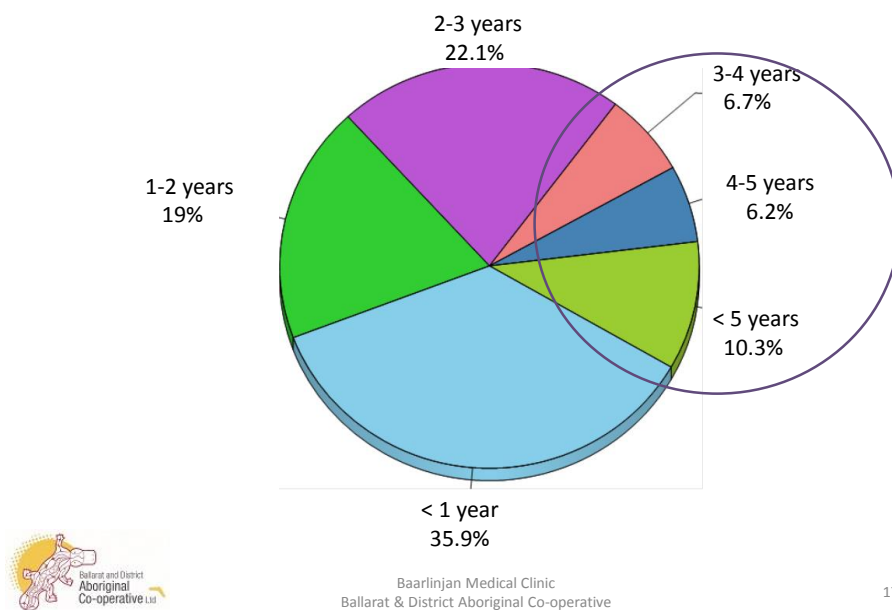
Percentage of eligible Koori women who have a Pap test recorded



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ATSI women time since last pap test – 30 March 2016



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Baarlinjan clinical nurses and Aboriginal Health workers - that make it all happen



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Going forward - building the screening numbers for ATSI women

- Continue to have cervical screening as part of routine health checks
- Regularly review recalls and invite women to be screened providing choice of health professionals
- Continue the conversations with the women identified in the no Pap test history to discuss if options such as self sampling may suit them in the future
- As always it takes a team approach to maintain good screening levels
- Community elders are your best advocates



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In conclusion

At the Baarlinjan Medical Clinic cervical screening is just one of the sexual and reproductive health services provided

The quality improvement strategies used in cervical screening have been applied to other areas such as BreastScreen, National Bowel Cancer Screening program etc

None of these improvements would have been possible without the participation of the Aboriginal and Torres Strait Islander women of the local community



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