ROYAL AUSTRALIAN COLLEGE OF GENERAL PRACTITIONERS (RACGP) ABORIGINAL AND TORRES STRAIT ISLANDER WOMEN'S PROJECT

PLANNING AN RACGP PILOT PROJECT, A COLLABORATIVE APPROACH.

DR FIONA B MILLARD, KAREN ANDREW AND KIM BARBA

MACKAY ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITY HEALTH SERVICE

37 MILTON ST, MACKAY, QUEENSLAND 4740. AUSTRALIA

ROYAL AUSTRALIAN COLLEGE OF GENERAL PRACTITIONERS (RACGP) ABORIGINAL AND TORRES STRAIT ISLANDER WOMEN'S PROJECT

PLANNING AN RACGP PILOT PROJECT, A COLLABORATIVE APPROACH.

ABSTRACT

Screening programs for breast and cervical cancer have been less successful for Aboriginal and Torres Strait Islander Women than for other Australian Women. This project focuses on ways for general practitioners to improve health care screening of breast and cervical cancer in the Indigenous population.

INTRODUCTION

The RACGP is coordinating a twelve-month project to support General Practitioners (GPs) in improving screening and management of breast and cervical cancer in Aboriginal and Torres Strait Islander women.

This involves implementing local plans in three sites within Australia where GPs and Aboriginal and Torres Strait Islander (TSI) health organizations are interested in collaborating on joint projects.

The Mackay Aboriginal and Torres Strait Islander Health Service (ATSICHS) and the Mackay Division of General Practice (MDGP) have agreed to work together as an example of a collaborative approach in a rural region.

The project seeks to identify barriers to the provision of effective screening and management of breast and cervical cancer in Aboriginal &TSI women by general practitioners (GPs), to propose strategies which would enable GPs to overcome these barriers, and to develop and implement a plan at the local level which would incorporate the strategies identified.

The project will be evaluated after a twelve-month period, and the results used to suggest a national framework to support local interventions for improving GP prevention and management of breast and cervical cancer in Indigenous women.

PROJECT STRUCTURE

The project is funded for 8 hours per week of Aboriginal or TSI Health Worker time and four hours per week for a GP to implement the project locally. The project runs from October 2001 to October 2002.

The pilot team in Mackay consists of Dr Fiona Millard, GP and Project Manager, Kim Barba & Karen Andrew, Indigenous Project workers and Barbara Hearl, Liaison Officer ATSICHS. The Mackay ATSICHS hold the project funds and is responsible for the employment of all the project workers. The board of the Mackay ATSICHS receives regular progress reports about the project, and opportunity at Board meetings for discussion with a team member.

The progress of the project is monitored by Dr Marion Carey, Dr Jenny Reath and the Steering Committee of the RACGP Aboriginal & TSI Women's Project.

AIM

The overall aim of the Mackay project is to improve the preventive health services provided by GPs in the Mackay area to Indigenous women, particularly for breast and cervical cancer, and to make those services more accessible and acceptable to Aboriginal and Torres Strait Islander women.

OBJECTIVES

The project has the following objectives:

(i) To raise the awareness of local GPs about the preventive health care needs of Indigenous women, particularly in relation to breast and cervical cancer.

(ii) To encourage GPs to improve their existing services to Indigenous women.

(iii) To improve GP awareness of cross-cultural issues.

(iv) To raise awareness amongst local Indigenous women about the need for screening for breast and cervical cancer and the availability of existing services, and encourage participation by reducing known barriers.

GETTING STARTED

Developing trust with the Aboriginal and Torres Strait Communities:

It is important that the team has the trust of the local Indigenous Community. This is a diverse group of Aboriginal and Torres Strait Islander, many of whom also have connections with the South Sea Islander community. Two Indigenous project workers have been selected to represent this cultural diversity. Both have personal experience of the value of health screening and are actively involved in their communities.

Ongoing Consultation with the Aboriginal and Torres Strait Communities:
From the outset there has been consultation with the Indigenous Women and their health representatives.

Consultation with existing services:
In the first months of the project, local stakeholders in breast and cervical screening were invited to a meeting to discuss and contribute to the planning. The team wished to make the best use is made of existing resources and were gratified by the response. The Breast Screening Service have been generous in tutoring the project workers about breast problems, as has Barbara Hearl, Sexual health Worker at the ATSICHS who has provided tutorials and educational material in cervical cancer screening. There is a continuing dialogue with other Health workers in the field.

Setting priorities:
The Indigenous community gives direction to the project team, liaising through the ATSICHS and the project workers. The team seeks to be responsive to their input, using their ideas to develop the strategies for general practitioners.

PROPOSED STRATEGIES

Collaboration and cooperation between the project team, ATSICHS and MDGP has developed the following program:

(1) Organise continuing medical education (CME) and quality assurance (QA) activities for GPs/practice staff in the Mackay area around issues of Indigenous women's health and cross-cultural awareness.

(2) Support the development of a group of GPs who express an interest in Aboriginal Health.

(3) Provide information on Aboriginal &TSI Women's Health issues for circulation in the Division's newsletter.

(4) Involve Indigenous health workers in a liaison and support role for GPs' Aboriginal & TSI clients where requested.

(5) Review existing services for breast and cervical screening and follow-up in Mackay, to assess how accessible and acceptable they are to Indigenous women and make recommendations for improvement.

(6) Review current strategies and resources for reminder/recall of Indigenous women clients of Mackay ATSICHS and make recommendations for improvement.

(7) Design and implement appropriate health promotional activities about cervical and breast screening for local Indigenous women, in cooperation with relevant women's services and groups.

DISCUSSION OF PROGRESS SO FAR

Indigenous consultation:

The project has taken its direction from the Indigenous community. Although the Indigenous people consist of Aboriginal and Torres Strait Islander (TSI), there are 3 distinct cultures, each proud of their own identity. The Indigenous population in Mackay is 2.89 % in the 1996 Census of Population and Housing. In Queensland, 83% identified as Aboriginal and 22% as TSI, 5 % identifying as both. The Australian South Sea Islanders (ASSI) are non-Indigenous, the descendents of indentured labourers brought from the Pacific Islands to Australia between 1863 and 1904. Many are intermarried with the Indigenous population, but see themselves as separate. They share many of the health problems of Indigenous people but until recently, statistical information has been scarce and health funds targeting this group have been virtually nonexistent. A meeting with their local organization, MADASSIA, established that they did not wish to be included in this project and we respect their request to be separate from an Indigenous project. The Indigenous population in Mackay SLA was 3626 in 1996 and those of ASSI descent approximately 6000.

A community needs analysis by the MDGP in 1998 brought recommendations from focus groups, including Indigenous. They stated that their people do not like the government collecting their statistics and making the situation with ATSI/SSI health look bad. They requested that each group have separate consultation and

support so that they can be empowered to manage their own health. We are mindful of their right to ownership of matters relating to the health of their community and are grateful to the project workers and ATSICHS project Liaison Officer, Barbara Hearl for continuing advice and guidance.

The project workers have established links with and recognition by their communities. The project is in its early stages but already they have been welcomed with enthusiasm at women's meetings for information and advice. We anticipate that their social support will assist compliance with attendance at screening appointments

Consultation with Stakeholders:

A meeting was called in early February for stakeholders and community members identified by the team as interested in Indigenous Women's health screening. We presented the aims of the project and invited input. There was one male participant from the Indigenous community who offered to retire if his presence was a problem. It was acknowledged that Indigenous men have a strong influence on health screening of women, and it was agreed that his presence and input was welcome and valued. Contact was established with the breast screening clinic and offers of cooperation and collaboration between Queensland health Indigenous health workers and our team. It was helpful to the team to meet other people involved in health screening and disappointing that no other general practitioners were present.

CME and QA activities for GPs

After discussion with the MDGP CEO, Christian Grieves and CME coordinator, Dr Gregg Cruickshank, it was apparent that there was little prospect this year of a GP CME event targeting cultural issues. There is opportunity, however, to speak to practice staff in a Staff Development Training workshop in May and this may be a more rewarding way of addressing cultural issues in general practices.
The project team have expressed interest in attending a Binan Goonj three-day cultural awareness workshop. One is to be held in Mackay and we will encourage other GPs to attend as part of their cultural awareness training.

Although Indigenous Women express a preference for a female doctor, the greatest deterrent to attendance may be lack of social support and a feeling of 'shame'. We believe a supportive practice staff could help overcome this.
1

Identifying GPs who have an interest in Aboriginal and TSI Health

A group of GPs interested in Indigenous health has yet to be identified. A stakeholders meeting held in January registered zero attendance by GPs. It is possible that doctors providing the bulk of services for the Indigenous Community are not aware that this is so. Our project workers hope to generate interest in their people's health when they visit local practices. They will discuss opportunities for cultural awareness training and involvement in the Indigenous community.

Liaison between Indigenous community and general practitioners

Our project workers are in the process of visiting general practices in Mackay and may generate interest by general practitioners in the health of their people. We

hope to establish where Indigenous people are consulting by a questionnaire to be sent out with the MDGP newsletter. Medicare payments are available to the doctor for making a Care Plan, with the patient's approval, for an ongoing health problem. The plan must involve at least three health workers and it is suggested in the MDGP Newsletter article that practices consider incorporating the services of a project worker or health worker, who could provide support for women with identified breast or cervical problems.

Identifying existing services

Our project workers have established that many Indigenous women attend bulk-billing clinics and Base Hospital A&E. They find attractive the longer opening hours, and lack of appointment systems. Both services do provide health screening, with the hospital running a women's clinic as part of their staff-training programme. One bulk-billing clinic is setting up a recall system. To access health screening at these clinics, the women need to ask. Our project workers are encouraging their women to ask for pap smears. Once they have had a pap smear, the Queensland Cervical Smear Register will remind them when their next smear is due. If we can get the young women to have pap smears, hopefully, with community support, they may respond to a two yearly recall. The women have not volunteered that cost or a male doctor is a barrier to consulting for a pap smear. Their expressed problems are feelings of shame, being frightened of what will be found and dealing with treatment in the white man's system.

Distributing information to GPs about the project

An article was published in the MDGP February Newsletter introducing the project and inviting practices to contact the project workers to improve attendance

of their indigenous Women. We plan to provide a progress report for each newsletter. We have arranged to discuss the project with the Board of MDGP in April.

The RACGP have produced a project pamphlet that is being distributed to GPs by the project workers as an introduction to the project.

Current recall systems

The ATSICHS has had a manual recall system for many years but it is difficult to implement due to privacy issues in contacting families and the transient nature of many of its young clients. ATSICHS is currently reviewing the screening of all women aged 18 to 65 who have consulted in the past 3 years. We have established that 95 pap smears were taken at ATSICHS January 01-Dec 2001 inclusive with 1911 adult female attendances. Some of these women will have attended several times. Health data suggests adults consult an average of 3 times a year. If we assume that no woman has more than one pap smear each year, then 633 adult women attended, and approx 1 in 7 women have had a pap smear in the past year.

Since the computerised medical records began in June 2001, the manual recall system is being replaced by a computerised system.

Health promotion for Indigenous women

Our project team has produced its own pamphlet for Indigenous women, inviting them to make contact. This is also being distributed to general practices.

The project workers are taking every opportunity to attend young family and women's meetings run by ATSICHS. These are proving an excellent opportunity for one on one discussion in a relaxed environment. From this venue, women have progressed to screening. The women have requested evening meetings with a focus on women's health issues. Barbara Hearl, ATSICHS sexual health worker, is already involved in this work. The project workers are offering to support the women by arranging and going with them to their appointments. There are requests for a Saturday morning 'Women's Business' clinic, to cater for groups of women and those who are working. A letter requesting this service has been submitted by the women to the board ATSICHS.

COMMENTS ON EVALUATION

Evaluation of CME activities

Questionnaires are routinely used to evaluate CME events, with participating GPs answering questions at the completion and, at times, also the beginning CME events. This data will be gathered at MDGP meetings where the team participate, and also when project workers have one to one contact with practice staff and doctors.

Documenting GPs interested in Indigenous health.

The project team aim to increase awareness of indigenous health issues with GPs and staff through individual and group contact. There may be opportunity for some to attend a Binan Goonj workshop to be held in Mackay in July, and other cultural awareness programmes are available outside Mackay.

GP registrars attend cultural awareness programmes as part of their training. Some registrars may eventually take up practice in Mackay. The project team propose that RACGP recommend all overseas trained doctors attend cultural awareness training as a pre-registration requirement.

Documenting number and type of articles provided for Divisional newsletter

There has been one article published so far and the plan is to include articles each month updating the progress of the project.

Documenting improvements to GP service provision to Indigenous women

A questionnaire is being sent to GPs regarding their consultations with the Indigenous community. We plan to make this an attachment to the MDGP newsletter in March and repeat the questionnaire in August to assess any changes.

Documenting number of GPs/practice staff involved in cross-cultural training

Some of these numbers will be a captured population of those who accept a visit from one of our project team or those attending general workshops with an Indigenous module. Those attending specific cultural awareness programmes such as Binan Goonj will be doing so as a personal choice.

Documenting occasions of service where Indigenous health workers were asked to provide social/cultural support for GP clients

The support provided by our project workers may be initiated by the worker or by the GP. Both of these are being documented

Reporting barriers to Indigenous women accessing existing screening and follow-up services

Our project workers are documenting the reasons women give for declining screening and listening to the women's comments.

Reporting on adequacy of present ATSCH reminder/recall system for cervical screening.

The current recall system at ATSICHS is under review since the installation of a computerised medical record system late last year. The previous manual recall system is being checked for accuracy. Each female adult has her screening data updated at the time of consultation.

Documenting health promotional activities with target group and provide number of women participating.

The project workers keep a confidential record of all contacts. Each contact is numbered consecutively and data pooled under the numerical identification.

Documenting any increase in participation of Indigenous women for cervical screening during the course of the project.

Pap smear data for Indigenous women is available at ATSICHS and past and present screening rates can be compared. The team are recording numbers attending for pap smear as a result of contact with the project workers. The Breast Screening clinic has data for attendance. The laboratory are looking into the possibility of recording ethnic details on pap smears. Without this it is still possible that any increase in the pap. smear rate for the area could reflect on the project activity, being the only new local initiative to promote screening for women. Any women contacted by our team who has a first pap smear or who have not had one for 5 years, or any women having her first mammogram, can be seen as a specific success of the team's efforts.

Any evaluation activities involving patient records will ensure maintenance of confidentiality, and if not part of general QA activities, will be submitted for ethics approval.

SUSTAINABILITY AND COMMENTS ON PROGRESS TO DATE

No new clinical services will be initiated during the period of the project, but the results of the project will inform the future service needs in the area and may be the basis for applications to other funding bodies. The development of a collaborative approach between the MDGP and the ATSICHS will facilitate a sustained and formalized framework for ongoing cooperation. There is already some pressure to commence a once a month Saturday morning 'Women's Business' clinic but any decision to provide this rests with the ATSICHS Board.

The project is on schedule with the local planning and formation of a project team complete. From March to August we will be following the proposed strategies, adapting and refining them if needed.

The project workers are having no problem accessing and working with both the Indigenous community and health provider stakeholders. At the same time they are building their own personal resources that should remain an asset to their community at the completion of the project. There is less obvious enthusiasm amongst the GPs who have plenty of work and do not need to look for appointments with patients who may be reluctant to attend.

The Medicare 'Enhanced Primary Care' items pay the doctor to manage chronic conditions by writing a 'Care Plan' with the patient's agreement. This will hopefully encourage GPs to pursue follow-up of missed screening opportunities. We are encouraging general practitioners to offer health screening to their Indigenous patients. We are also supporting the Indigenous women so that they may feel empowered to seek screening themselves.

Defaulted appointments and poor compliance with follow-up can cause frustrations for the GP with Indigenous clients. This inconvenience would be better tolerated by increasing knowledge of cultural expectations and customs. The aim of the project is to facilitate the GPs health screening of Indigenous Women by matching the Indigenous client needs with the service provided. Both patient and doctor should benefit.

REFERENCES

Queensland Government, Bulletin, *ATSI population 2001*

Waite,S. 2000, *Mackay & District Australian South Sea islander Association Protocols Guide* (p2)

Mackay Division of General Practice,(1998) *Community Needs Analysis*

Reath,J.(1999) Preventing cervical cancer :strategies of a remote Aboriginal community. *Aboriginal and Torres Strait islander Health Worker Journal 23*(3):7-10

Harris,M.A.et al (1998) screening for cervical cancer. *Health Promotion Journal of Australia 8*(3):167-172

Toussaint,S., Mak,D., Straton,J. (1998) Marin Business:anthropological interpretations of cervical screening among Australian Aboriginal women. *Australian Journal of Primary Health Care-Interchange 4*(2):43-52

Gribben,B(1999) Ethnicity and resource use in general practice in West Auckland, *Experience in Practice,Vol1* No 1,31 March 99