

Shifting Dynamics: Building Solidarity, Trust and Knowledge Sharing between Aboriginal and Torres Strait Islander Health Workers and their non-Indigenous Clinician Colleagues in Far North Queensland

Authors:

Natasha Chong¹, Morgan Dempsey¹, Elisha Maher¹, Erin McBride¹, Kari Vallury², Shelly Makleff²

¹ *Pregnancy Options and Culture Project, Cairns, Australia*, ² *Centre for Health Equity, University of Melbourne, Melbourne, Australia*

Background/Purpose:

Over the last three years, two Indigenous health workers and one non-Indigenous nurse in Far North Queensland developed the Pregnancy Options and Culture Project. This community-led approach enables access to safe, timely and non-judgemental pregnancy options, including abortion care, for Aboriginal and Torres Strait Islander people. The project has come up against systemic barriers that can make it difficult for Indigenous and non-Indigenous staff to collaborate to support their patients. We will describe these barriers and potential approaches to overcome them.

Approach:

Working with trusted researchers, we have documented (1) how health system hierarchies can reduce the safety, timeliness and quality of abortion care for Indigenous people, and (2) our approach to building collaboration between Indigenous and non-Indigenous health workers for the benefit of our patients.

Outcomes/Impact:

The idea that a clinician has more knowledge than a non-clinical Indigenous Health Worker is an example of a health system hierarchy that limits provision of care for Aboriginal and Torres Strait Islander pregnant people. Our approach questions this knowledge imbalance by promoting two-way learning that equally values Indigenous Health Workers as experts in cultural knowledge. We encourage clinicians to ask for support from Indigenous Health Workers to find the best approach for each patient. We have seen trust and solidarity develop between Indigenous and non-Indigenous staff when they learn about each other's roles and abilities, share knowledge, and observe how collaborating can benefit the patient.

Innovation and Significance:

Building trust, solidarity and knowledge-sharing between Indigenous and non-Indigenous staff is crucial to improve the person-centredness and quality of care provided to Aboriginal and Torres Strait Islander pregnant people. Our approach can be applied across the health system to address the colonial power structures that limit health workers from collaborating and working to their strengths in ways that benefit Indigenous patients.

Disclosure of Interest Statement:

This work was funded by a Seed Grant from the Reproductive Justice Hallmark Research Initiative at the University of Melbourne.