



Aboriginal women ask – Are you engaging with us or just letting us in?

What's the difference?

**BreastScreen Australia conference
Canberra, March 2024**

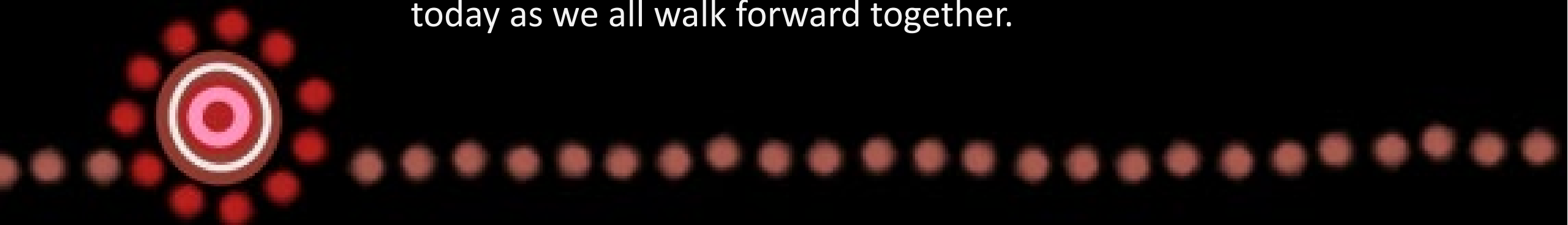
**Leanne Pilkington
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Acknowledgement

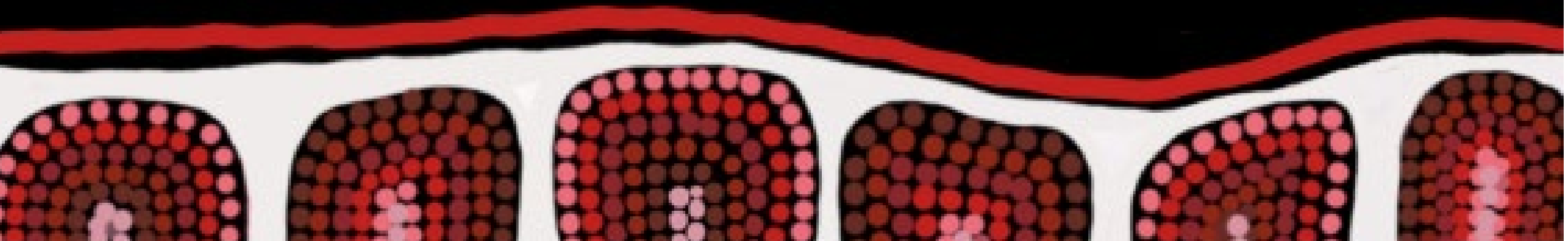
I acknowledge the traditional custodians of this country we stand on. As a Bindjarep woman, I pay my respects to the ancestors and Elders past and present and know our countries have never been ceded.

I also acknowledge other Aboriginal and Torres Strait Islander custodians and non-Aboriginal and Torres Strait Islander people attending today as we all walk forward together.



Overview

- Background
- Activities
- Thinking outside the box
- Challenges and Strategies
- Cancer and Aboriginal People
- Improving cancer screening rates and outcomes for Aboriginal people



Activity 1 - Ice Breaker

- **Talk to three people near to you**
- **Find out what country they are from – within Australia**
- **Who are the traditional custodians and language of that country**

Pre-Colonisation

Aboriginal people have always been here

- Lore is connected to the “Dreaming” and provides the framework for life rules, it is expressed through story telling, songlines, dance and art. It encompasses:
 - Family and Kinship;
 - Cultural practices – men & women’s roles and business; Sorry business;
 - Language;
 - Rituals and customs; and
 - Boundaries (Country).



- There were over 800 different nations/languages/dialect groups across Australia
- Now, only about 123 still spoken
- As of June 2021, Aboriginal and Torres Strait Islander people make up 3.8% of Australian population



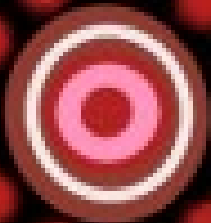
Traditionally

Aboriginal people:

- Worked collectively to benefit the community
- Well-being of family, community, country – more important than the one
- Holistic approach – mental, physical, emotional, spiritual
- Intergenerational caring, teaching and learning from each other
- Looked after country, performed ceremonies
- Genetics, aerodynamics, astrology, land management

THEN

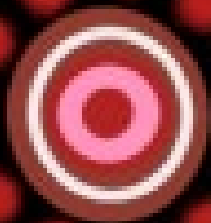
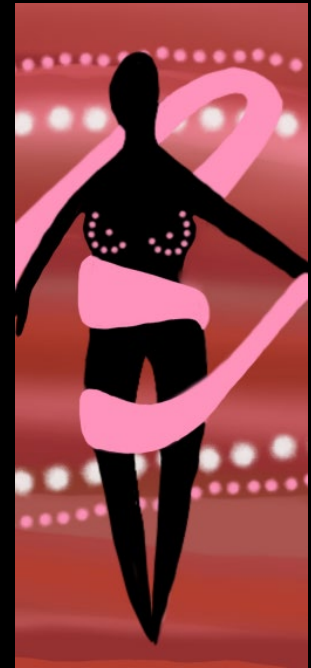
- Invasion, massacres, stolen lands, language and breeding out –
- Slave labour, domestics, farm labourers, pearl diving, cattle stations
- Stolen generations, many children taken from hospitals, stolen wages
- Under total control of chief protector – needed permission for everything



Activity 2

Tell us about the designated table

- Where from originally
- First language
- History
- Education level
- Work, family, social

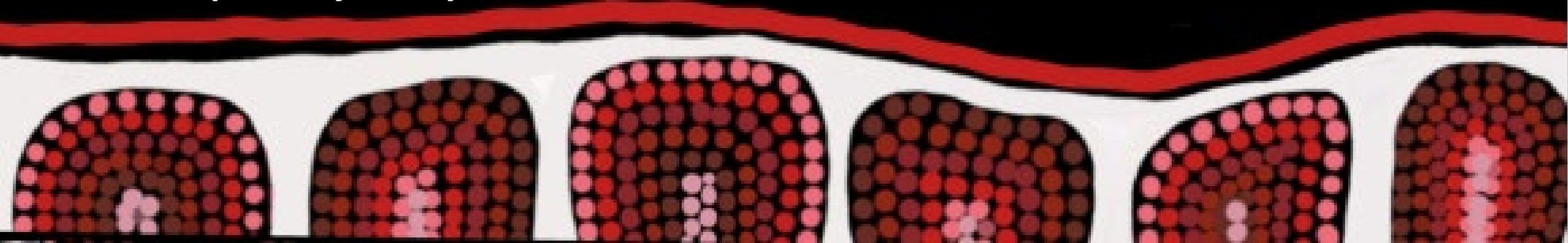


Accessing health services

Aboriginal consumers are more likely to access health services where they feel **culturally safe**. Where they can see themselves reflected in the service.

Where staff:

- demonstrate respect - communication and practice
- have awareness and understanding of culture
- build good relationships with Aboriginal consumers, and
- where Aboriginal Health Workers are part of the health care team and support their patient journey

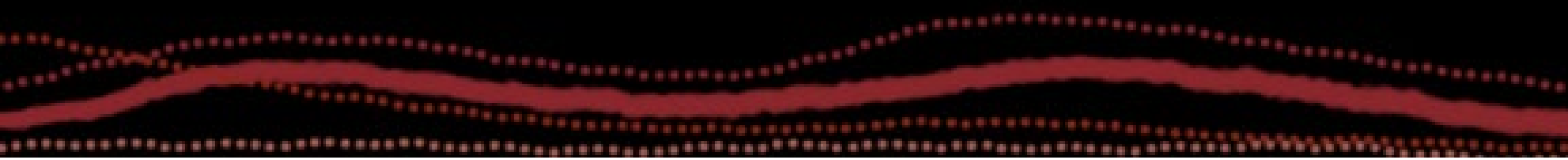


What impacts on accessing cancer screening

- Culture - Spiritual beliefs, practices, fatalism, cultural obligations
- History – distrust, past experience, fear
- Language – verbal, body, words
- Competing priorities – family, Lore/law times
- Distance and isolation
- Low knowledge and understanding of cancer – AHP/community
- RACISM, BIAS, low feeling of cultural safety

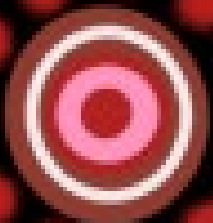
“Too busy or other priorities”

“Don’t need one, I’m not sick.”



What can we do?

1. Recognise the cultural and geographical diversity within Aboriginal populations
2. Equitable Access – transport, accommodation, block bookings
3. Be empathetic, consider person's fears and anxieties
4. Be aware of body language – yours and the patients
5. Seek partnerships – AHWs, AMS, other agencies, community groups
6. Increase Aboriginal workforce



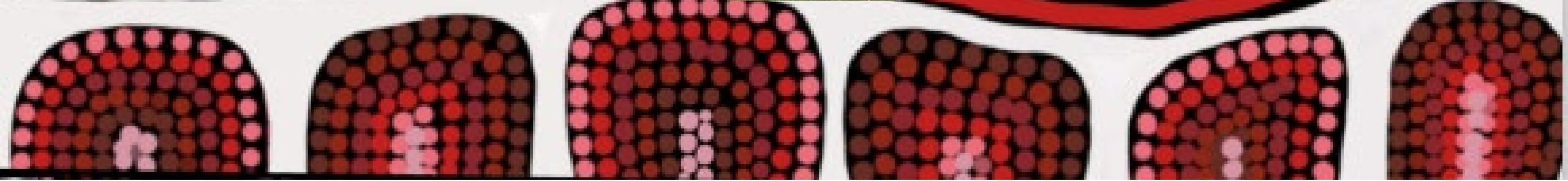


Block bookings, transport

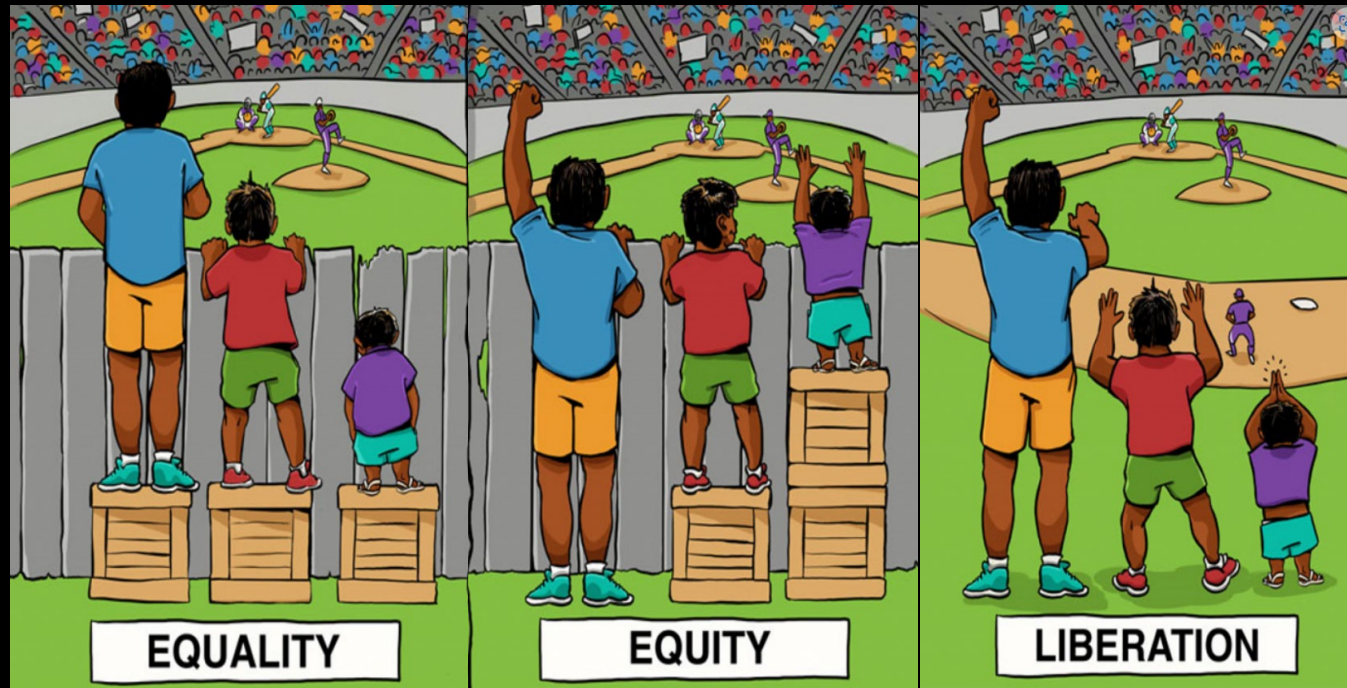
Partnerships



Partnerships



More than treating everyone the same

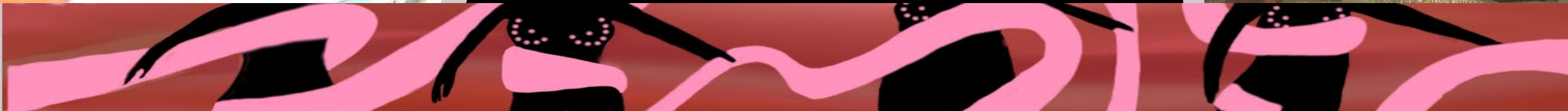


Engage in a comfortable environment





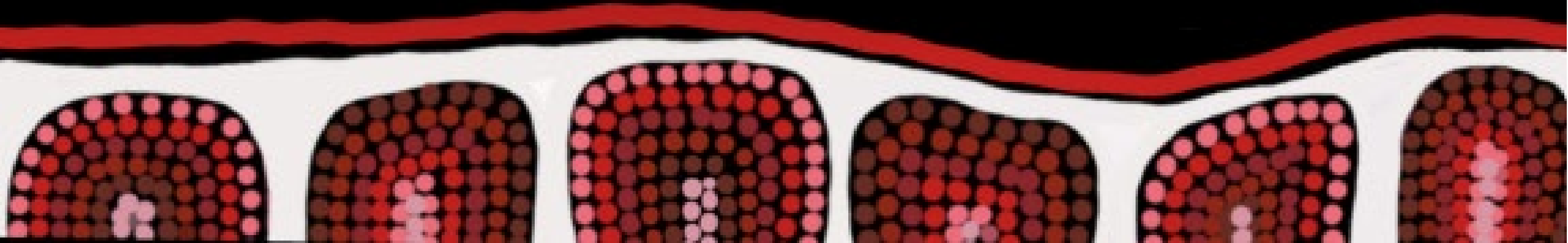
Take it to the streets – or
the park, or the bush...



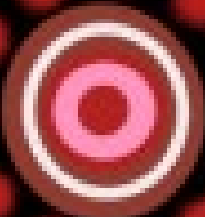
What else?



1. Resources – Targeted, culturally appropriate, community input/feedback (BSWA - AWRG), video,
2. New and innovative ideas, but also build on what's working elsewhere (BSVic shawl).
3. HP & recruitment – be flexible, yarning sessions, partner with local agencies/groups, not just health ones
4. Early and regular engagement with community – especially champions, people with lived experience
5. Make the experience as comfortable as possible – encourages people to return for next round

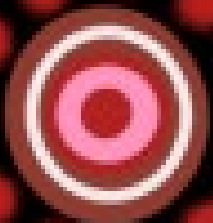


Training, education sessions, NAIDOC week



Conclusion

1. Culturally responsive
2. Listen actively and be patient, engagement may take time
3. Use visual aids
4. Be empathetic, consider person's fears and anxieties
5. Be aware of body language – yours and the patients
6. Seek partnerships – AHWs, AMS, other agencies, community groups
7. Early and regular engagement with community





Questions??