

Breaking down barriers and the importance of Aboriginal consumer engagement

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Laura Elkin is a Koori woman and the Aboriginal Consumer Participation Coordinator at HCC. As someone who is still finding her own family and roots, she is a member of the national Stolen Generations Alliance and passionate about rights education and giving people the chance to have their own say, their own way.

William Trott is a Wongi man originally from Kalgoorlie in the goldfields of WA. Billy is a proud father of three and has worked across the country with a background spanning education, performing arts and more recently in drug and alcohol and youth work. Billy is the Aboriginal Consumer Complaints Coordinator and is passionate about improving health service outcomes for Aboriginal people.

Aim

In order to improve the delivery of health services to Aboriginal people it is essential to engage Aboriginal consumers at a grass roots, community level to seek their views on barriers they experience accessing services, and their views on what will create improvements. Aboriginal consumers should be central to the design, development, implementation and evaluation of health programs and service delivery.

Theme

Challenges to access and the importance of Aboriginal consumer engagement in shaping health services.

Methods

The Health Consumers' Council WA is an independent community-based organisation advocating for the consumers' voice in health policy, planning, research and service delivery. Our Aboriginal Consumer Participation Program employs two Aboriginal staff who, since October 2006, have been talking with Aboriginal consumers about their experiences and views when accessing health services in WA; promoting consumer health rights, including complaints mechanisms; and then raising these issues with various health services as well as hosting forums for consumers and service providers to come together.

Results

Many Aboriginal consumers have reported barriers to accessing and orienting their way through health services. These barriers include physical distances and having no services, including specialists, doctors or counsellors at home; difficulties when people have to travel to the city to access tests and treatment; racism and discrimination; miscommunication; lack of understanding of Aboriginal cultures and languages; unwelcoming mechanisms and processes for addressing problems; lack of cultural security; a perception that services don't care about Aboriginal people.

We will have a closer look at these barriers; some case examples of advocacy will be provided and discussed, including how we've addressed them and Aboriginal consumer recommendations for overcoming them.

Conclusions

Many of the problems and concerns that have been raised with us by consumers would not otherwise be known about by the service. It is of concern to us that the most vulnerable consumers (who may have added barriers because of language, culture, or not knowing how to ask questions in ways that are understood by health service staff) and the difficulties they experience are not being addressed and possibly aren't even on the radar. In order to improve health outcomes for Aboriginal people, services need to employ more Aboriginal staff and develop consumer evaluation mechanisms that allow Aboriginal consumers to identify issues and then need to develop achievable and targeted plans of measurable action together.