CREST

CULTURAL RESPECT ENCOMPASSING
SIMULATION TRAINING

THE UNIVERSITY OF
MELBOURNE

VICTORIA
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MELBOURNE AUSTRALIA

Acknowledgement of Country

We are here today on the land of the traditional owners;

We pay our respect to Elders past and present; and

We acknowledge our Aboriginal and Torres Strait Islander students, colleagues and friends with us here today.

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Acknowledgement of funders

HealthWorkforce AUSTRALIA

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Welcome
and introductions

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Communication and Indigenous Health Care

Dr Phyllis Lau

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For the purpose of today's workshop, we will respectfully use the term 'Indigenous' to mean Aboriginal and/or Torres Strait Islander.

We understand that this is a generic term and the full description is still the preferred acknowledgement.

Today, we will explore

the importance of cultural safety to enhance an Indigenous patient's desire and ability to seek health care.

Primary Learning Objectives

Gain an understanding of

- the national Closing The Gap health initiatives for Indigenous Australians
- the diversity and uniqueness of the Indigenous cultures and the way they can affect a patient's identity, desire and ability to seek help
- the importance of cultural safety and security for Indigenous patients
- using the Kleinman's explanatory model and the cross cultural negotiation framework to influence decision-making.

Activity 1: Discussion

- What do you understand about the Commonwealth government's Closing the Gap initiatives?
- In your experience, have you seen how these initiatives worked or did not work?

Life expectancy gap and the burden of disease

- Average life expectancy are 73.7 years for females and 69.1 years for males – 9.5 (females) to 10.6 years (males) less
  - Leading contributor: cardiovascular (23%), diabetes (12%) and mental health disorders (12%)
- Proportion of time Aboriginal people live with a disability is greater (13% cf 10%)
- Indigenous people experience 2.5x greater total disease burden
  - Leading causes: cardiovascular disease (17%), mental disorder (15%), chronic respiratory disease (8%), diabetes (8%) and cancers (8%)

COAG Closing the Gap

20 December 2007

COAG agreed to partnership between all levels of government to work with Indigenous communities to close the gap on Indigenous disadvantage.

20 March 2008

Statement of Intent - to achieve equality in health status and life expectancy between Indigenous and non-Indigenous Australians by 2030 across urban, rural and remote areas.

Since 29 November 2008

$4.6 billion has been committed to the National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes

Total government expenditure on Indigenous health has risen significantly since the commencement of CtG in 2009-10 and now represents about 5.1% of total government health expenditure.

Russell, L. Closing the Gap on Indigenous Disadvantage: An analysis of provisions in the 2013-14 Budget and implementation of the Indigenous Chronic Disease Package. Menzies Centre for Health Policy. 2013.

7th Annual CTG Report Card (2015)

Target	Target year	Progress	Results
Close the gap in life expectancy within a generation	2031	Not on track	Limited progress.
Halve the gap in mortality rates for Indigenous children under five within a decade	2018	On track	Long term progress.
Ensure access for all Indigenous four-year-olds in remote communities to early childhood education	2013	Not met	In 2013, 85 per cent of Indigenous four-year-olds were enrolled compared to the target of 95 per cent.
Close the gap between Indigenous and non-Indigenous school attendance within five years	2018		New target, baseline 2014.
Halve the gap in reading, writing and numeracy achievements for Indigenous students	2018	Not on track	There has been no overall improvement in Indigenous reading and numeracy since 2008.
Halve the gap for Indigenous Australians aged 20-24 in Year 12 attainment or equivalent attainment rates	2020	On track	The gap is narrowing in Year 12 or equivalent attainment.
Halve the gap in employment outcomes between Indigenous and non-Indigenous Australians	2018	Not on track	There was a decline in employment outcomes since the 2008 baseline.

Landmark report Scale of indigenous disadvantage revealed

'Close the gap' falls short

Michael Gordon

Levels of self-harm and incarceration for indigenous Australians have increased at alarming levels despite the efforts of both sides of politics to "close the gap", the most comprehensive report on indigenous wellbeing has found.

The landmark report also finds that virtually no progress has been made in reducing alcohol and substance abuse or in addressing high rates of chronic disease and disability among Aborigines and Torres Strait Islanders.

Although there is progress on a range of fronts, with less reliance on welfare, more home ownership and a big improvement in infant mortality rates, there has been virtually no change in literacy and numeracy outcomes at schools, especially in remote areas.

In the Abbott government's three priority areas of school attendance, employment and community safety, the report finds no clear evidence of progress in the years before it came to power.

The release of the report on Wednesday is certain to prompt calls for the state and federal governments to restore funding to frontline indigenous legal services, set specific "close the gap" targets on incarceration, mental health and disability and back approaches that have delivered results.

"This report should be compulsory reading for anyone interested in outcomes for Aboriginal and Torres Strait Islander Australians or working in service delivery or program design," says Productivity Commissioner Patricia Scott.

Key findings of the report, called *Overcoming Indigenous Disadvantage, Key Indicators 2014* and spanning more than 600 pages, include: hospitalisations for intentional self-harm increased by 48 per cent between 2004-05 and 2012-2013, with the proportion of adults reporting high levels of psychological stress increasing by 27 per cent in the same period, and the adult imprisonment rate for indigenous Australians increased by 57 per cent between 2000 and 2013, with juvenile detention rates fluctuating at about 24 times the rate for non-indigenous youth. There was a narrowing of the life expectancy gap from 11.4 years to 10.6 years for males and from 9.6 years to 9.5 years for females.

Preparation of the report, the sixth since 2003, was overseen by senior officials from federal, state and territory governments and a working group chaired by Ms Scott.

The gap also widened on access to clean water and functioning sewerage and electricity services. The proportion of Aboriginal and Torres Strait Islander households living in houses with adequate services fell from 83 per cent in 2008 to 78 per cent in 2012-13.

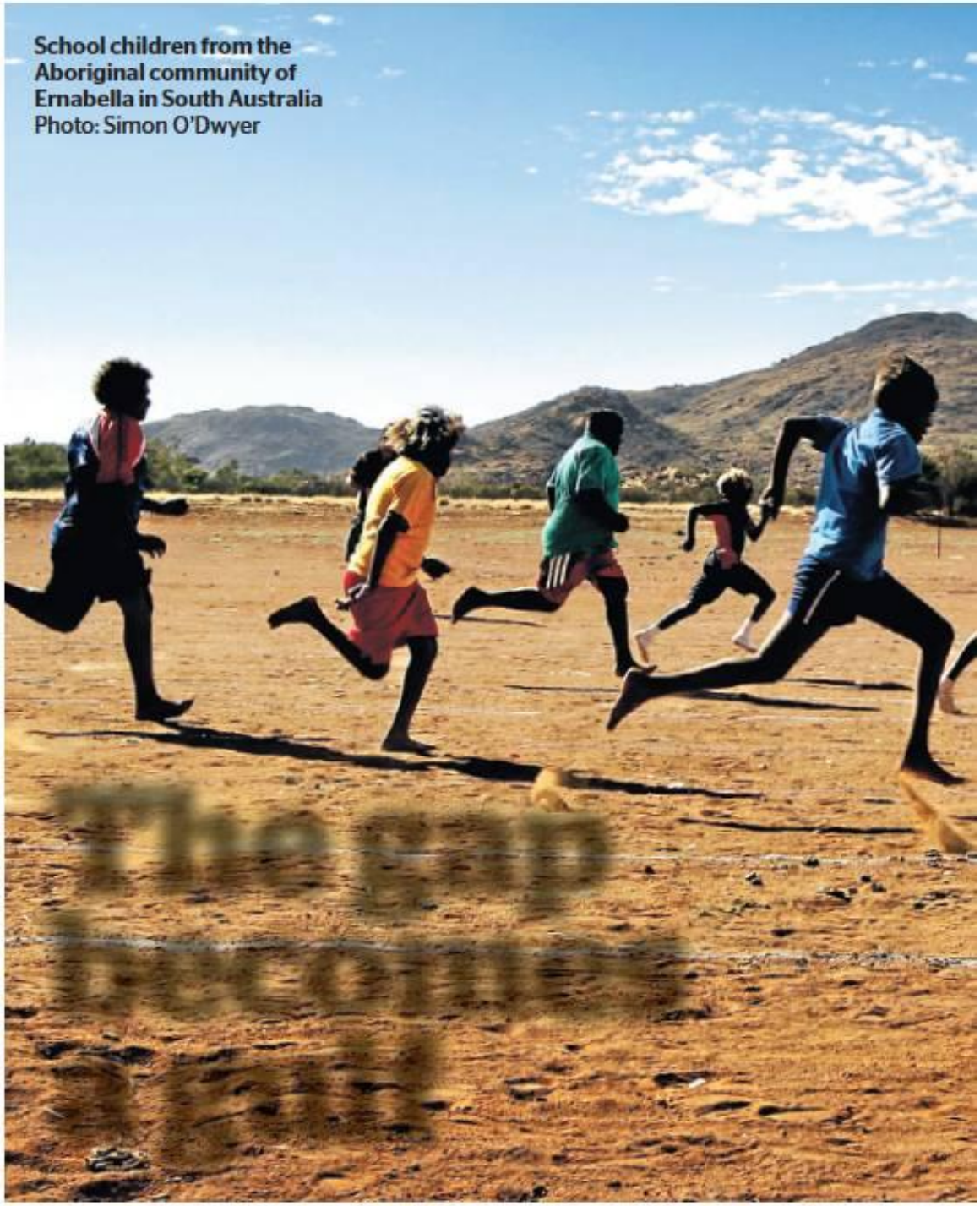
While governments agreed to set "close the gap" targets in six areas since 2008, they have agreed to add a seventh of school attendance pushed by Prime MInister Tony Abbott. The findings will bolster the case of groups arguing that more targets are needed, especially to cut imprisonment rates.

Ms Scott said the report highlighted the importance of local engagement in policy development and the need for continued funding for well-targeted programs that worked. Among them is the Alice Springs Domestic and Family Violence Outreach Service, which supports women facing domestic and family violence.

Spelling it out: The lack of improvement in some areas is concerning. Photo: Justin McManus

THE AGE, NEWS page 7

WEDNESDAY
NOVEMBER 19, 2014



School children from the Aboriginal community of Ernabella in South Australia
Photo: Simon O'Dwyer

Activity 2: Let's have a yarn

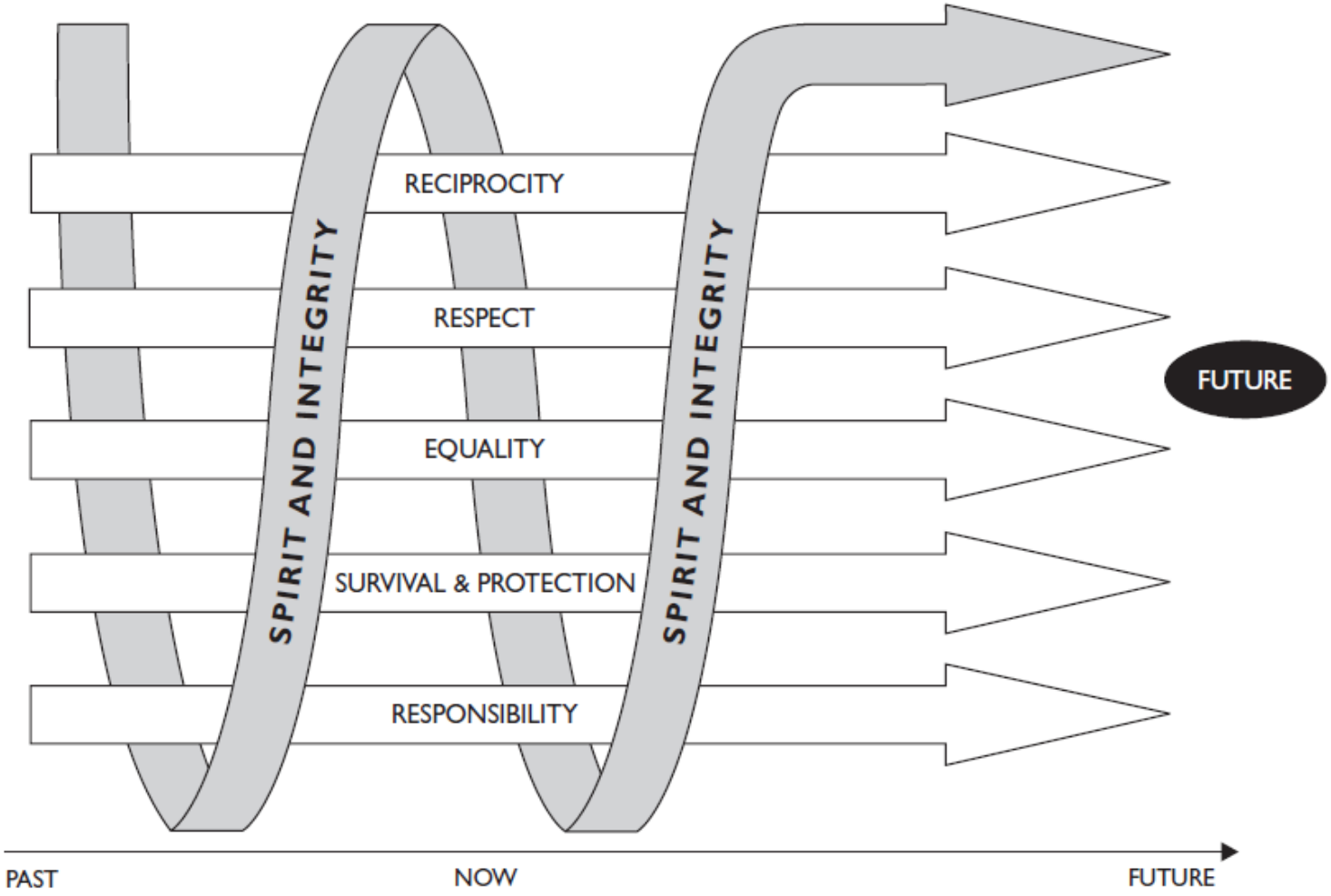
- What are your experiences when working with Indigenous patients?
- Why do you think cultural respect is or is not important?

Cultural Respect Framework

…developed to influence the corporate health governance, organisational management and delivery of the Australian health care system to adjust policies and practices to be culturally respectful and thereby contribute to improved health care and outcomes for Aboriginal and Torres Strait Islander peoples.

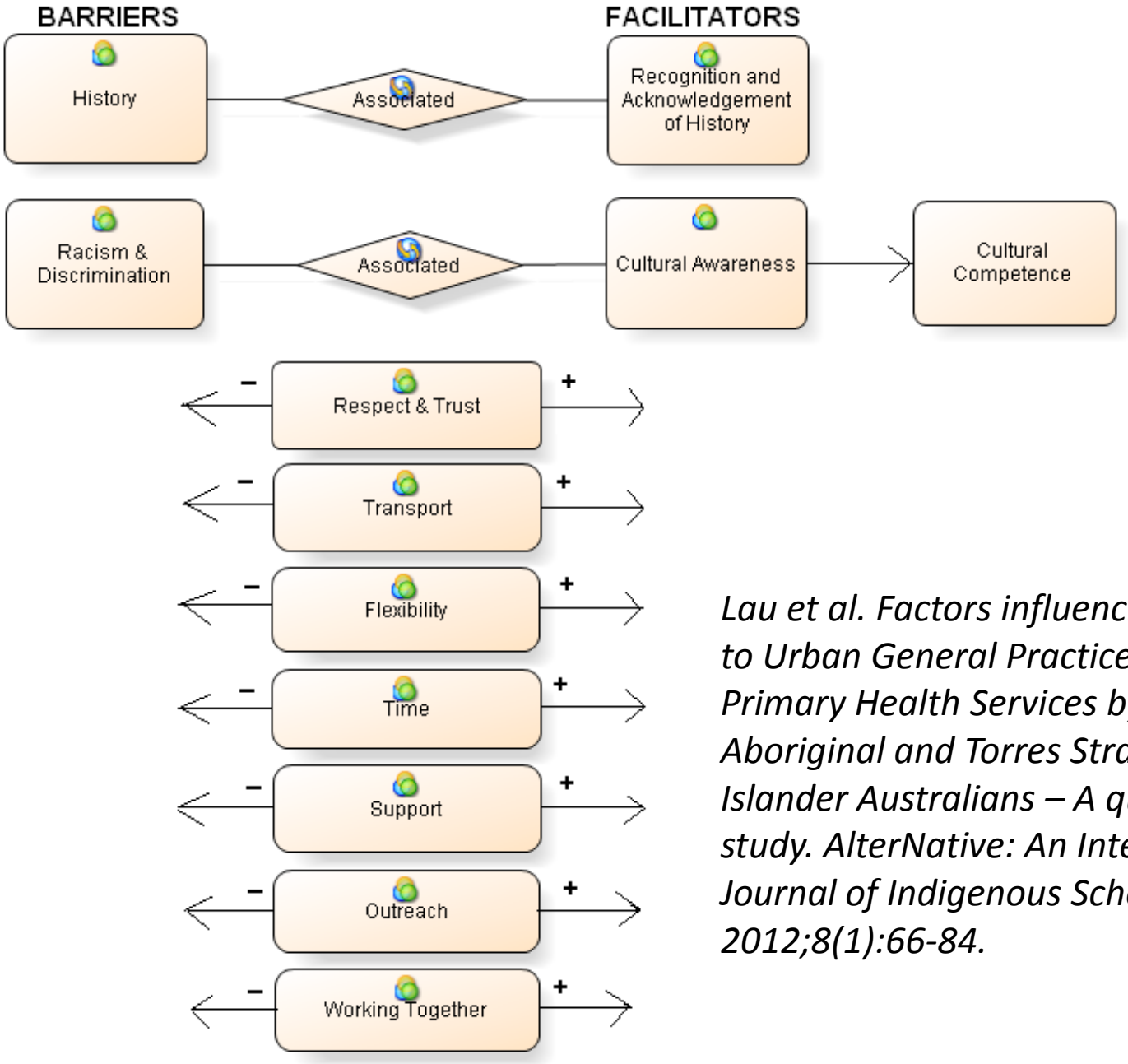
AHMAC. Cultural Respect Framework for Aboriginal and Torres Strait Islander Health, 2004 – 2009. Canberra, ACT.

Aboriginal and Torres Strait Islander Peoples values relevant to health care



Activity 3: More yarning

- What are some of the issues and challenges an Indigenous person might faced in terms of accessing and using health care services?
- What are the some of the considerations and/or strategies when caring for an Indigenous patient?



Lau et al. Factors influencing access to Urban General Practices and Primary Health Services by Aboriginal and Torres Strait Islander Australians – A qualitative study. AlterNative: An International Journal of Indigenous Scholarship. 2012;8(1):66-84.

CTG (health) measures relevant to patients

- Aboriginal Health Assessment (MBS item 715) which could flow onto
  - Health services provided by a PN or AHW
  - Allied Health Services
- Indigenous Chronic Disease Package (ICDP)
  - Practice Incentives Program Indigenous Health Incentive (PIP IHI)
  - Care Coordination & Supplementary Services Program (CCSS)
  - PBS Co-Payment Measure

Closing the Gap: Tackling Indigenous Chronic Disease Package

The Indigenous Chronic Disease Package aims to achieve a reduction in chronic disease by providing support to the health sector and better access to health care by and for Indigenous Australians.

Page last updated: 27 November 2012

The Indigenous Chronic Disease Package (ICDP) provides:

- funding for preventative health focusing on Aboriginal and Torres Strait Islander individuals, families and communities;
- support and funding for more coordinated and patient-focused primary health care for Aboriginal and Torres Strait Islander people in both Aboriginal Community Controlled health services and mainstream general practice; and

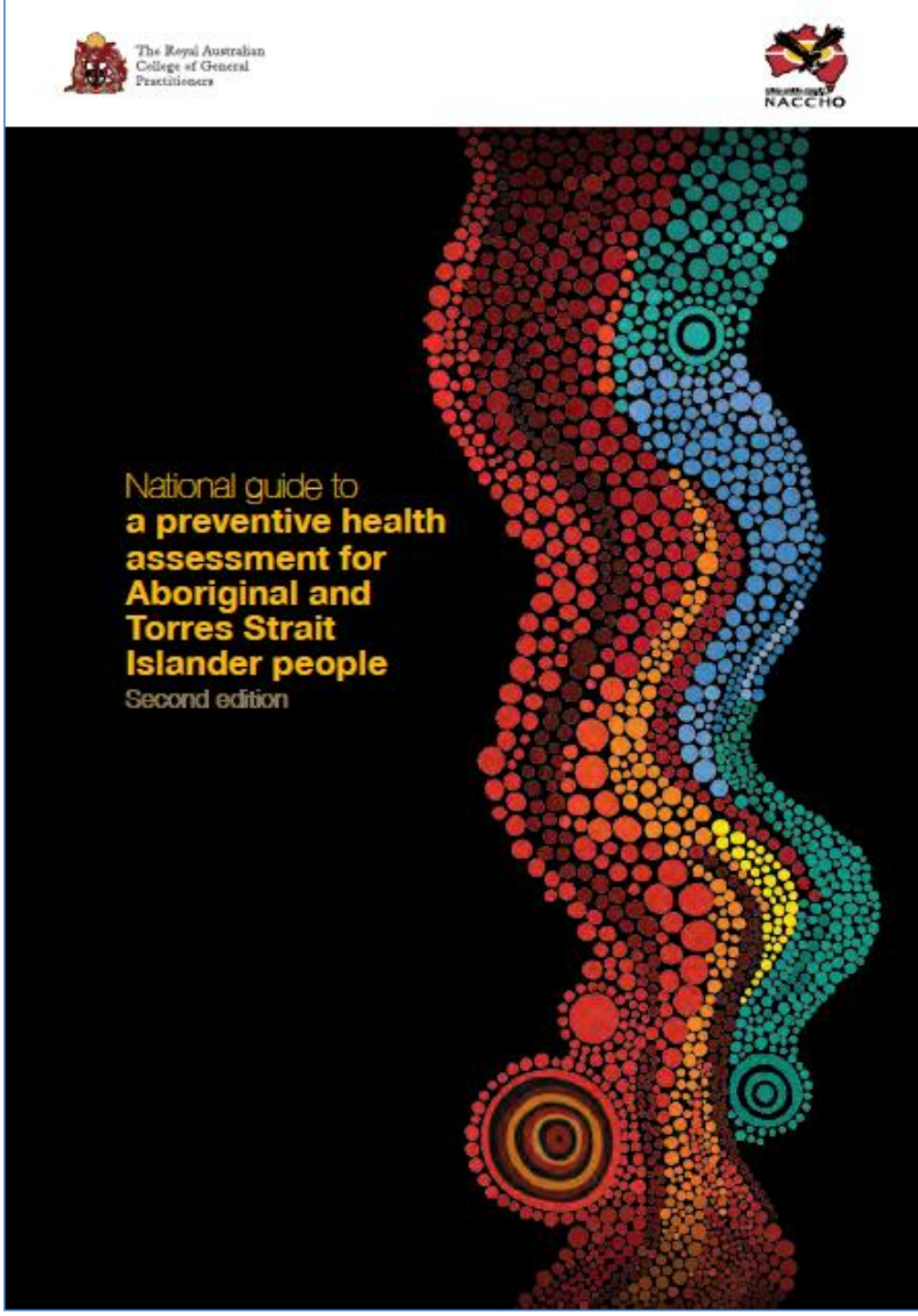
HEALTH WORKFORCE

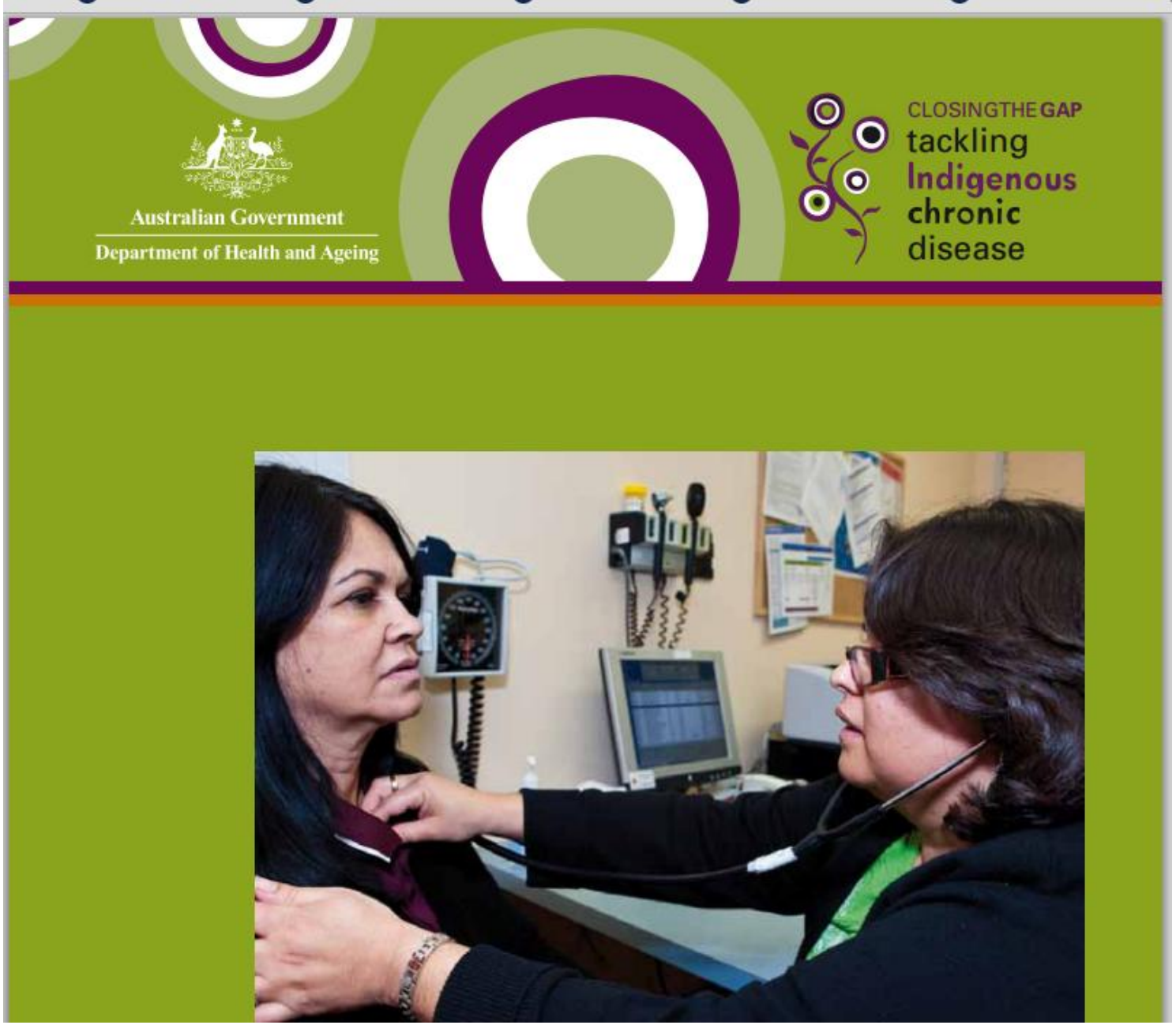
General Practitioners
Health practitioners
Medical Specialists
Dentists
Nurses
Midwives
Allied Health Professionals
Students / trainees
Aboriginal and Torres Strait Islander people
Programs serving specific communities

http://www.health.gov.au/internet/main/publishing.nsf/Content/work-ab-gap

RACGP National Guide

http://www.racgp.org.au/your-practice/guidelines/national-guide/





http://www.naccho.org.au/download/projects-activities/close_the_gap/icdp.pdf

Cross Cultural Negotiation Framework

Step 1 Explore the patient's/client's perspective

Step 2 Explain your perspective

Step 3 Acknowledge the difference in opinion

Step 4 Create common ground

Step 5 Settle on a mutually acceptable plan

Green A, Betancourt J. Cultural Competence: A Patient-Based Approach to Caring for Immigrants (Chapter 8), pg.95 – Box 8.7 A framework for cross-cultural negotiation. In: Walker FW, & Barnett DB. Immigrant Medicine. 2007. Saunders Elsevier, USA .

Explanatory Models

"Explanatory models are notions that patients, families and practitioners have about a specific illness episode. These informal descriptions of what an illness is about have enormous clinical significance; to ignore them may be fatal."

Kleinman, A. Conflicting Explanatory Models in the Care of the Chronically Ill (Cahpter 7). In: The Illness Narratives: Suffering, Healing and the Human Condition. 1988. Basic Books, New York.

"Eliciting the patient's (explanatory) model gives the physician knowledge of the beliefs the patient holds about his illness, the personal and social meaning he attaches to his disorder, his expectations about what will happen to him and what the doctor will do, and his own therapeutic goals."

Kleinman A., Eisenberg L., Good B. Culture, illness, and care: clinical lessons from anthropological and cross-cultural research. Ann Intern Med 1978;88:251–88.

Kleinman's Questions

- What do you think has caused your problem?
- Why do you think it started when it did?
- What do you think your sickness does to you? How does it work?
- How severe is your sickness? Will it have a short or long course?
- What kind of treatment do you think you should receive?
- What are the most important results you hope to receive from this treatment?
- What are the chief problems your sickness has caused for you?
- What do you fear most about your sickness?

Closing the Loop or 'Show Me' or 'Teach-back'

- Suggested approaches include:
- "I want to be sure that I explained your medication correctly. Can you tell me how you are going to take this medicine?"
- "We covered a lot today about your diabetes, and I want to make sure that I explained things clearly. So let's review what we discussed. What are three strategies that will help you control your diabetes?"
- "What are you going to do when you get home?"

Activity 4: Peer Role Play Exercise

AIM: Practice using the Kleinman's explanatory model and the Cross Cultural Negotiation Framework.

1. Break into groups of 2 to 3
2. Pick one person to play a patient and another to play a health care practitioner – rehearse key questions based on the Kleinman's model and the negotiation framework
3. Role-play for 5 mins for each interview including giving feedback to one another

Information for the 'Doctor'

Patient presents today with persistent chesty cough and tightness in the chest. After examination, you have determined it is chronic bronchitis attributed to his/her smoking. Please discuss with patient to understand his/her perspectives about quitting smoking.

Information for 'PATIENT' ONLY

You have smoked since you were 14 years old. You can't remember why you started smoking. All your friends smoke and the majority of your family members smoke. It is difficult to say no when people share cigarettes with you! You have never tried to quit. Using nicotine patches will be embarrassing.

A critical issue: you distrust doctors!

Activity 5: Simulation

Case Presentation:

Patient presented today with diabetes requiring repeat prescriptions of Diabex, Atacand and Caduet.

Health care setting and context:

Local Community Health Service – Doctor is here to discuss and understand patient's symptoms better.

Aim of the interview:

Use the Kleinman model and the cross Cultural Negotiation Framework to elicit and understand patient's perspectives and negotiate an **outcome**.

Take Home Messages

- Cultural respect and safety are fundamentally important when communicating with Indigenous patients;
- The role of a health care provider is to be empathetic and supportive to the patient and to the family; not to judge or impose our own values and beliefs.
- For many Indigenous patients, identification, ability to follow-up and adhere to treatment plans are issues that need to be discussed and resolved.
- Health care providers should have a good understanding of the support available to Indigenous patients

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