Campus and rural experiences: effecting systemic change in Indigenous health care delivery

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Overview

Focus

• Research exploring impact of new *Indigenous Cultures and Health unit* and *clinical practice initiatives*, on development of cultural capabilities in midwifery students (completed doctoral study 2016)

• Aim of initiatives: delivery of culturally secure health care to pregnant & birthing Aboriginal women

Areas covered in presentation

• Background: definitions; key developments in field of cultural competence/capabilities; gaps in knowledge on impact of CC
• Study context: pedagogical issues; why focus on midwifery students?
• Data gathering: mixed methods
• Findings: shifts in knowledge & attitudes; cultural immersion learnings; dilution of impact over time
• Conclusions; enough to effect systemic change needed?
Background: definitions

**Indigenous cultural competence**
Staff & students knowledge & understanding of Indigenous Australian cultures, histories & contemporary realities & awareness of Indigenous cultural protocols combined with proficiency . . . to work effectively. . . in Indigenous contexts. . . (Universities Australia, 2011)

**Cultural capabilities**
Skills, knowledge and behaviours that are required to plan, support, improve and deliver services in a culturally respectful and appropriate manner . . . (Qld Health, 2010)

**Cultural security**
An ethical commitment that the construct and provision of services offered by the health system will not compromise the legitimate cultural rights, views, values & expectations of Aboriginal people . . . (Shane Houston, 2009); closely related to cultural safety
Key developments in push for culturally competent (CC) health workforce:

- **Nursing & Midwifery:** CATSIN, Dr Sally Goold; Psychology (i.e. Flinders)
- Health professional regulatory bodies mandate compulsory Aboriginal content in curricula, but amount of content & approaches to delivery vary
- Recognition of racism as a social determinant of health; rise of anti-racism training (Paradies, 2007; Durey, 2010); NHMRC report (2006) on CC
- *Indigenous Cultural Competency in Australian Universities* report (Universities Australia, 2011), graduate attributes
- *Aboriginal & Torres Strait Islander Health Curriculum Framework* (Department of Health & Curtin University, 2016)
Background: gaps in knowledge

• Anticipated that new graduates will become future change agents & expose racism in workplaces

HOWEVER

• Little known about translation of learnings into practice

• **Limiting factors:** workplace environment, culture of medicine (hierarchical structure & power imbalances); lack of institutional commitment/support

• **CTG Progress & Priorities Report (2016):** called for heightened awareness among health professionals of issues confronting Aboriginal communities & increased opportunities to interact & build relationships

• Call prompted by evidence of deliberate or accidental racism in health service delivery; recognised as contributor to health disparities
Study context: curricula initiatives

• Introduction of compulsory unit *Indigenous Cultures & Health* into new, interprofessional common first year for students across the Faculty of Health Sciences (2011)

• Substantial Aboriginal input into design & teaching of unit; co-owned with Centre for Aboriginal Studies (partnership model)

• Centre piece was use of *vodcasts* as innovative teaching tool; Kim Scott (Noongar writer & academic) yarns with community members, brings diverse Aboriginal voices into classroom; case studies linked to health; introduction to language; use of community networks

• *Clinical practice*: selected final year midwifery students undertake remote placement on Ngaanyatjarra Lands: exposed to health disparities, social disadvantage, cultural beliefs around birthing; community strengths; role of grandmothers, creative lives
Study context: maternal health

Why midwifery students?

- *National Competency Standards for the Midwife (2006)* require midwifery practice to be culturally safe

- Aboriginal women have higher fertility & maternal mortality rates, birth at younger age; cultural beliefs around birthing

- Unsatisfactory maternal health services for Aboriginal women, especially rural & remote; birthing on country

- Sensitivity around Aboriginal “women’s business”; issues of access to services; socioeconomic disadvantage
Multi-phased mixed methods

Data gathering to determine impact of unit

Pre & post unit questionnaires: demographics, knowledge about Aboriginal issues, attitudes & factors shaping attitudes towards Aboriginal people; impact of unit on knowledge & attitudes + survey of students in later years of program (to determine longer term impact)

Classroom observations: An ‘unobtrusive/complete observer’ 2 hours a week across 12 teaching weeks, July – October 2012

In-depth interviews: selected students & tutor

Data gathering to determine impact of Ngaanyatjarra Lands remote clinical placement

In-depth interviews: students, clinical supervisor on the Lands, campus program coordinator
Findings

1. A well designed unit, conceived with substantial Aboriginal input and which privileges Aboriginal voices in the classroom can enhance knowledge and shift attitudes in a positive direction

2. Remote clinical placements have a profound effect on student learning by providing opportunities for interaction and observance of cultural protocols in authentic settings
Findings: enhanced knowledge & shift in attitudes

• Very positive response to intensive instruction with statistically significant shifts in understanding about Aboriginal cultures & health issues *plus* positive shift in attitudes

• Receptivity influenced by safe learning environment; informed & passionate tutor; carefully sequenced content; Aboriginal voices & interactions in classroom

• Small pockets of resistance related to fear of being labelled; socialisation, guilt & negative personal experiences
Findings: sustained impact of enhanced knowledge & shifts in attitudes

- Decline in retention of knowledge about Aboriginal health & cultures & less positive attitudes observed as students progressed through program (statistically significant)

- Students still perceived they were well prepared to work with Aboriginal women **BUT** raises questions about long term impact including when graduates enter workforce
Findings: community engagement & cultural learnings

• Experiential learning opportunities highly valued by students, requested more immersion experiences

• Facilitated application of knowledge acquired in classrooms into authentic setting; evidence of translation into urban setting

• Appreciated impact of tyranny of distance on access to services (especially relocation of pregnant women for birthing); cultural protocols & isolation of health professionals leading to increased responsibilities
Key themes

• Power of exposure to dispel stereotypes challenge assumptions (impact of unit)

• Role of reciprocity, trust & respect in relationship building (observed in remote clinical placement)

• Exposure and disquiet among students; impact on community members (in classrooms, in situ)

• Dilution of impact of intensive instruction over time
Conclusions

• Student receptivity to content optimised by privileging Aboriginal voices in classroom & substantial Aboriginal involvement in conception, design & teaching

• Early gains must be maximised through vertical integration of Aboriginal content throughout programs

• Exposure to Aboriginal people in classrooms & communities facilitates relationship building, encourages self-reflection (can be painful) & helps dispel stereotypes – must also consider risks/pressures on Aboriginal students & community members

Warning: Next slide uses names of Aboriginal people who have passed away
Is this enough to effect systemic change?

Accusations of institutionalised racism: some highly publicised cases

- Detention, hospitalisation and death of Ms Dhu in Port Hedland 2014: accused of faking illness, brutal treatment by police; coroner identified urgent need for cultural training, especially in the police force, hospital staff criticised (misdiagnosis)

- Unsafe conviction of Pintupi man Gene Gibson who suffered mental impairment, not fluent in English, imprisoned for manslaughter, overturned in 2017 after serving 5 years

- Aboriginal lawman Peter Lim buny (78) admitted to Katherine Hospital (2006) with chronic pneumonia, no English, no interpreter. Stabilised, discharged. Left at airstrip 5 kms from community, no-one advised. Tried to walk to his community. Found a week later by community members. Too late. NT Dept of Health agreed it was a total system breakdown BUT big changes at Katherine Hospital show what is possible (back from the brink)

http://www.abc.net.au/radionational/programs/backgroundbriefing/2017-03-26/8360398
Enough to effect systemic change?
It’s only part of the story

• Training in cultural competence is vital (turnaround at Katherine Hospital shows what can be done)

• New graduates need support to apply their cultural capabilities; barriers must be addressed, system failures identified & rectified, community advice sought & utilised; in-house training in CC

• Longitudinal studies required to explore new graduate experiences in the application of cultural capabilities in the health care system
Mother Goanna and Baby
Rover Thomas: 1989, Turkey Creek WA
Thank you

Questions?