

# Improving cultural responsiveness of health professionals through education reform

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## Aim

This paper will explore how the introduction of a nationally consistent Aboriginal and Torres Strait Islander health curriculum framework into undergraduate health qualifications and embedding Aboriginal and Torres Strait Islander content into health profession accreditation standards will improve the cultural responsiveness of Australia's rural and remote allied health workforce.

## About IAHA

Indigenous Allied Health Australia (IAHA) is the national peak organisation representing Aboriginal and Torres Strait Islander allied health professionals and students. IAHA was established in 2009, from a network of committed allied health professionals. IAHA currently has 441 members, including full and associate members.

All Aboriginal and Torres Strait Islander allied health professionals who have graduated from an allied health course with a recognised qualification and Aboriginal and Torres Strait Islander students who are enrolled in an allied health course are eligible for Full Membership of IAHA.

IAHA welcomes non-Indigenous allied health professionals, all allied health assistants and Aboriginal and Torres Strait Islander people studying or working in other health related fields as Associate Members.

## IAHA vision

IAHA appreciates all people working in Indigenous health and values the holistic approach to health care and education, in respect of Aboriginal and Torres Strait Islander people, their culture, spirituality, traditional healing, inspiring us to work collegiately in following our vision:

For Indigenous Australians to have access to professionally and culturally competent allied health services delivered by Indigenous allied health professionals who are recognised and acknowledged as an essential part of a holistic approach to Indigenous Health.

## IAHA purpose

To advance the health status of Indigenous Australians through IAHA's contribution to the national health agenda, facilitation of improved education opportunities for and representation of Indigenous allied health professionals.

## Relevance and rationale

IAHA asserts that a culturally responsive allied health workforce is imperative in order to ensure Aboriginal and Torres Strait Islander people, including those living in rural and remote locations, receive the health care required to significantly improve health and wellbeing outcomes.

Culture can influence people's decisions attitudes and beliefs around accessing and engaging in health care. This may include a person's acceptance or rejection of treatment options, commitment to treatment and follow up, success of prevention and health promotion strategies, perceptions of the quality of care and views about the facility and its staff<sup>1</sup>.

Cultural competence, cultural safety, cultural respect, cultural awareness and cultural sensitivity are all terms that have (often interchangeably) been used to describe the attributes required by health professionals to effectively work with Aboriginal and Torres Strait Islander people.

Health professionals may have undergone cultural awareness training, giving them an ‘awareness’ of the cultural attributes of certain population. They may have undergone cultural ‘safety’ training, giving them the skills and knowledge to provide culturally safe health service delivery. They may have been assessed as being culturally competent—although there are issues around who assesses cultural competence and if an individual can ever truly be competent. All of these can be important tools for health professionals to have at their disposal. However no matter what training and experiences a health professional has attained, the only thing that really matters to the person at the centre of care is how the health professional responds to them in any particular encounter. Health professionals need to ‘walk the talk’.

IAHA proposes that in the context of a holistic and person centred therapeutic relationship that health professionals need to be **culturally responsive**.

Culturally responsive care can be defined as an extension of patient centred-care that includes paying particular attention to social and cultural factors in managing therapeutic encounters with patients from different cultural and social backgrounds<sup>2</sup>. IAHA views it as a cyclical and ongoing process, requiring health professionals to continuously self-reflect and proactively respond to the person, family or community with whom they interact.

Being culturally responsive places the onus back onto the health professional to appropriately respond to the unique, physical, sensory, psychological, cognitive, social, emotional and cultural attributes of the person they are working with. Part of the challenge of becoming culturally responsive health professionals is learning to stretch beyond their personal comfort zone and be able to comfortably interact and work with people who are both similar and markedly different<sup>3</sup>.

It also places responsibility on the health provider governance structures to provide culturally responsive leadership to ensure that health professionals are encouraged and expected to respond to the needs of Aboriginal and Torres Strait Islander people effectively.

Although 2.4% of Australia’s population are Aboriginal and Torres Strait Islander, their geographic distribution across Australia is quite different. Aboriginal and Torres Strait Islander people comprise 1% of the population in major cities, 3% in inner regional areas, 6% in outer regional areas, 15% in remote areas and 49% in very remote areas<sup>4</sup>. Aboriginal and Torres Strait Islander people living in rural, remote and very remote areas will often bring unique cultural and social perspectives to all therapeutic interactions.

Therefore it is essential that health education providers are able to provide opportunities for their graduates to attain the necessary skills, knowledge and attitudes that will enable them to deliver culturally responsive care. This includes providing clinical experiences within rural and remote locations so that they are familiar with the unique needs of rural and remote Aboriginal and Torres Strait Islander populations.

All health profession graduates need to be both clinically competent and culturally responsive to affect positive Aboriginal and Torres Strait Islander health outcomes.

## **Approach**

IAHA has long advocated for the development of a culturally inclusive, interdisciplinary Aboriginal and Torres Strait Islander Health Curriculum Framework to be integrated into tertiary entry level health profession training and Health Workforce Australia (HWA) is now funding the development of this framework.

At the time of writing this paper, the successful Tenderer had not been announced. However through participation of the HWA Aboriginal and Torres Strait Islander Health Workforce Advisory Committee, of which the IAHA CEO is co-chair, IAHA plans to take an active role in leading its development.

IAHA has strongly advocated for the development and implementation of a framework similar to the existing CDAMS Indigenous Health Curriculum Framework within allied health courses. The medical profession's CDAMS framework was endorsed by all the Deans of Medicine and has been included in the Australian Medical Council's accreditation guidelines for basic medical education since 2006; requiring all medical schools to include core Aboriginal and Torres Strait Islander health content in their medical curricula.

However in order for any Aboriginal and Torres Strait Islander curricula framework to be implemented within health profession training it must be supported by and embedded within health profession course accreditation. IAHA has laid the foundation for the development and implementation of a nationally consistent Aboriginal and Torres Strait Islander Health Curriculum Framework by establishing strong relationships with HWA, the Australian Council of Pro Vice-Chancellors and Deans of Health Sciences and other key stakeholders to ensure that the framework can be implemented and embedded within health profession course accreditation. IAHA asserts that education providers need to be held accountable for the cultural responsiveness of its health graduates.

This will occur when Accreditation Standards for health professions explicitly address the processes, structures and curriculum requirements needed in order to produce graduates able to work with and deliver culturally responsive care to Aboriginal and Torres Strait Islander people.

IAHA has examined a number of Accreditation Standards for registered professions which has shown that there are varying degrees of importance placed upon Aboriginal and Torres Strait Islander health. Medicine<sup>5</sup> and Nursing<sup>6</sup> Accreditation Standards currently lead the way in setting high standards for education providers in the development and implementation of Aboriginal and Torres Strait Islander curricula and working collaboratively with Aboriginal and Torres Strait Islander communities.

IAHA would like to see all other health professions' accreditation standards meet or exceed these standards.

On 15 February 2013, IAHA worked with its Aboriginal and Torres Strait Islander OT members to submit input into the Review of the Accreditation Standards for the Occupational Therapy (OT) Profession. The submission made 11 recommendations that aim to build the capacity of education providers to produce OT Graduates who have the skills, knowledge and experiences to work effectively with and deliver culturally responsive care to Aboriginal and Torres Strait Islander peoples. The elements within this submission could be applied to all health professions.

IAHA asserts that all health profession accreditation standards should mandate that education providers:

- address Aboriginal and Torres Strait Islander peoples in their health program philosophy and purpose
- embed comprehensive curriculum coverage of Aboriginal and Torres Strait Islander Health (studies of the history, culture and health of Aboriginal and Torres Strait Islander people) across the program
- engage in education strategies that involve partnerships with relevant local Aboriginal and Torres Strait Islander communities, organisations and individuals
- outline strategies used to ensure that students have the requisite knowledge and skill in delivering culturally responsive care
- provides clinical learning environments that provide students with experience in the provision of culturally responsive health care to Aboriginal and Torres Strait Islander peoples living in urban, rural and remote locations

- uses educational expertise, including that of Aboriginal and Torres Strait Islander people, in the development and management of the program
- articulate how the educational facilities and resources are consistent with and support the program's Aboriginal and Torres Strait Islander philosophy and purpose
- ensure staff recruitment strategies are culturally inclusive and reflect population diversity and take affirmative action to encourage participation from Aboriginal and Torres Strait Islander people
- collaborate with Aboriginal and Torres Strait Islander health professionals and community members to provide feedback and advice to the program
- utilise strategies and admission policies that target groups under-represented in the program, highlighting initiatives for and numbers of Aboriginal and Torres Strait Islander students, to ensure student profile is reflective of the community profile.

If implemented, these recommendations will drive education providers to work collaboratively with Aboriginal and Torres Strait Islander people, particularly within rural and remote locations, to develop local partnerships and drive local health education program development.

## Conclusion

Widespread implementation of the Aboriginal and Torres Strait Islander Health Curriculum Framework will require complex reform of the ways in which health education providers operate. However this will result in those education providers producing a more culturally responsive health workforce.

It is anticipated that health outcomes for Aboriginal and Torres Strait Islander people, including those living in rural, remote and very remote locations, will only be improved when health care is delivered by health professionals who are better prepared to work with and respond to them appropriately. All health profession graduates need to be both clinically competent and culturally responsive to affect positive Aboriginal and Torres Strait Islander health outcomes.

## Recommendation

Accreditation standards of all health professions be reviewed and updated to explicitly set the standard for education providers around the processes, structures and curriculum requirements to produce graduates who are able to deliver culturally responsive care to Aboriginal and Torres Strait Islander people, including those living in rural, remote and very remote locations.

## References

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