



Cape York communities own solutions
to live long healthy lives, strengthening
our culture and regaining our spirit

BRINGING HEALTH INTO CULTURE – NOT CULTURE INTO HEALTH

CULTURE AND COMPETENCE – REMOTE ABORIGINAL AND TORRES STRAIT ISLANDER PERSPECTIVES

Dr Mark Wenitong (Kabi Kabi)
Prof (Adjunct) QUT,
Apunipima Cape York Health Council

MEDICINE NQ STYLE



Cape York communities own solutions
to live long healthy lives, strengthening
our culture and regaining our spirit

- ✘ **Dr P.** Palm Island- frequently “boxed” the ears of aboriginal patients, hardly wins the confidence of aboriginals who would not bring children along unless close to death (Dr Johnson Qld Health SMO)
- ✘ **Dr B.** 20-30 on Opium- veritable “drug paradise” Dr Cilento.
- ✘ **Protector report** - Cooktown Police – ...a drunken venal incompetent....



Cape York communities own solutions
to live long healthy lives, strengthening
our culture and regaining our spirit

BRINGING HEALTH INTO CULTURE, NOT CULTURE INTO HEALTH

....not just the physical well-being of an individual but refers to the social, emotional and cultural well-being of the whole Community in which each individual is able to achieve their full potential as a human being, thereby bringing about the total well-being of their Community.

(NACCHO)

Health care services should strive to achieve the state where every individual is able to achieve their full potential as a human being and this bring about the total well-being of their community.”

Cultural competence is more than cultural awareness—it is the set of behaviours, attitudes, and policies that come together to enable a system, agency, or professionals to work effectively in cross-cultural situations.

- Developing and embedding cultural competence in health services requires a sustained focus on knowledge, awareness, behaviour, skills and attitudes at all levels of service, including at the operational or administrative service level, health practitioner level, practitioner-patient level and student-training level.

Cultural competency in the delivery of health services for Indigenous people
Issues paper no. 13 produced for the Closing the Gap Clearinghouse
Roxanne Bainbridge, Janya McCalman, Anton Clifford and Komla Tsey
July 2015

LITERATURE



Cape York communities own solutions
to live long healthy lives, strengthening
our culture and regaining our spirit

- Consulting with Indigenous Australian health services and communities.
- Tailoring service delivery to the needs and preferences of specific communities.
- Embedding cultural competence within the health care organisational culture, governance, policies and programs.

Lit review:

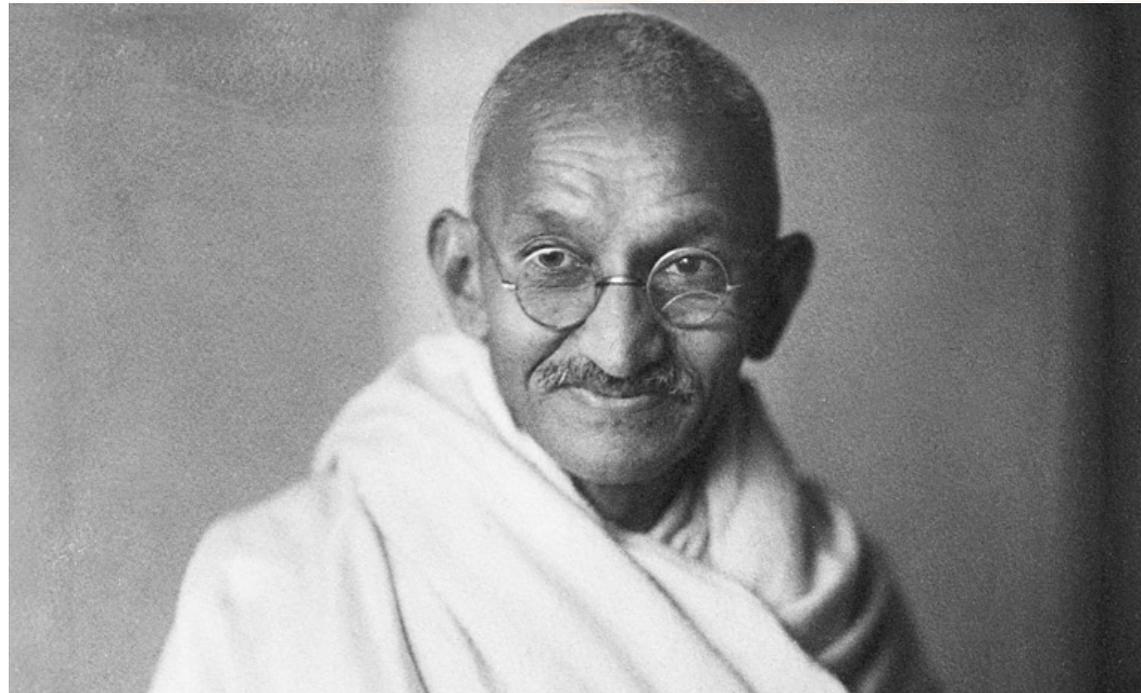
Several studies suggested that key to reducing health disparities for Indigenous populations was health care workers developing partnerships, eliminating bias through self-reflection, and building relationships with Indigenous people.

Cultural competency in the delivery of health services for Indigenous people
Issues paper no. 13 produced for the Closing the Gap Clearinghouse
Roxanne Bainbridge, Janya McCalman, Anton Clifford and Komla Tsey
July 2015

CULTURAL COMPARATORS

Journo “ after visiting the US, what do you think about western civilisation?”

Ghandi “.....I think it would be a good idea”





Cape York communities own solutions
to live long healthy lives, strengthening
our culture and regaining our spirit

DOES CULTURAL COMPETENCE MATTER – WHAT IS THE EVIDENCE

220 year control trial – medicine without CC hasn't worked

We practice the clinical EB – slow progression – what's missing?

Yep- some SD issues etc, but if you have 90% non compliance there's probably a problem with your service....

If patients never come to your service, especially where there is no alternative – there will be a negative clinical outcome.....



Cape York communities own solutions
to live long healthy lives, strengthening
our culture and regaining our spirit

Limitations of cultural competence largely fall into three categories:

- lack of clarity around how the concept of culture is used in medicine,
- inadequate recognition of the “culture of medicine” and
- the scarcity of outcomes based research that provides evidence of efficacy of cultural competence strategies.

MJA Thackrah, Thompson doi: 10.5694/mja13.10499

KANYINI VASCULAR COLLABORATION.(GEORGE INST)

.....when faced with acute health issues, Aboriginal and Torres Strait Islander participants did prioritise care, provided that the service was both *physically and emotionally welcoming*.

Trustworthiness of healthcare providers and strong relationships with patients were the most important factors for encouraging sustained engagement over time..... http://www.kvc.org.au/wp-content/uploads/2016/10/Davy_et_al-2016-Australian_and_New_Zealand_Journal_of_Public_Health-1.pdf



Cape York communities own solutions
to live long healthy lives, strengthening
our culture and regaining our spirit

Harvard Global Health Institute – High Quality Health Systems 2017

“WHEN PEOPLE WALK OUT OF A HEALTH CARE ENCOUNTER FEELING NEGLECTED, DISSATISFIED, OR NOT TREATED WITH DIGNITY OR RESPECT, *THEY DON'T TAKE THE TREATMENTS YOU GIVE THEM. THEY DON'T COME BACK WHEN THEY HAVE COMPLICATIONS.*” IF THE GOAL IS TO MAKE PEOPLE BETTER, HE SAID, IT'S IMPORTANT TO TREAT THEM RESPECTFULLY. JHA – DIRECTOR- HARVARD GLOBAL HEALTH INSTITUTE ROUND TABLE 2017

TRAUMA INFORMED



Cape York communities own solutions
to live long healthy lives, strengthening
our culture and regaining our spirit

Safe welcoming environment

Consistency, predictability

Non-shaming, non-blaming, nonviolent

Privacy and confidentiality

Clear explanations about what is happening and why

Respect, information, connection, hope

Healing in the context of the interpersonal relationship

Flatten the hierarchy – no 'power over' experience

Explicit rights understood

Doing 'with' rather than 'to' or 'for'

Consumer is the ultimate expert

KANYINI STUDY



Cape York communities own solutions
to live long healthy lives, strengthening
our culture and regaining our spirit

Candidacy Kanyini Advocacy

Candidacy - A number of studies have contributed to an improved understanding of the social, emotional and logistical challenges that underpin tenuous patient-provider relationships and/or drive Aboriginal and Torres Strait Islander peoples to disengage from healthcare.

Influencing factors include cultural differences, lack of culturally appropriate care, different constructs of health and illness, dislocation from family and country, cultural obligations, miscommunication, feelings of disempowerment, mistrust and racism.

In addition, the concept of candidacy, which proposes that peoples' eligibility to access healthcare services is the product of negotiation between individuals and health services may not apply in this context, given the tenuous relationships that we identified between some Aboriginal and Torres Strait Islander peoples and Western models of health service provision.

Kanyini – holding/caring – supports continued engagement.

Advocacy and pro-active navigation of the health system

These Medications Have Changed

No Medications Reported

Stop Taking

No Medications Reported

Discharge Instructions

Never drink like that again.

Durable Medical Equipment

Most Recent Value

Current Equipment

--

Needs

--

Date Ordered

--

Planned Delivery Date

--