

# Building cultural bridges and two-way understanding: Aboriginal people leading mainstream health

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## Abstract

**Background:** Aboriginal and Torres Strait Islander peoples living in rural and remote locations have a unique position and opportunity to lead mainstream health towards a more culturally welcoming setting and therefore increased access to services. Since 2010 Wimmera Primary Care Partnership (PCP) has led the Towards Cultural Security project and since 2014 has successfully delivered a bi-partisan model of cultural training using Aboriginal and non-Aboriginal facilitators.

**Method:** The method involved the recruitment of a local Traditional Owner with experience in delivering cultural training with local content. The expected outcome was the development of a reproducible training model usable across WPCP catchment areas and tailored to a health and welfare workforce audience. Complemented with physical environment audits of the service and reported recommendations, the methodology for supporting a more culturally inclusive model includes the provision of practical and realistic actions.

**Results:** Increased uptake in participants at training sessions from multiple sectors increasing the sustainability of the training. Positive action within the workplace including the adoption of relevant cultural protocols, policy change for Aboriginal employment and support and engagement of existing identified staff, identification of cultural champions, establishment of an Aboriginal Advisory Group to inform policy and Board and Executive endorsement to fulfil targeted outcomes.

The unexpected outcome was the unprecedented uptake from participants to attend the course voluntarily and development of a relationship of immense trust and respect between the partners/stakeholders which led to the cultural training being co-facilitated by Aboriginal and non-Aboriginal trainers and interest developed across sectors to include justice, police and education.

**Conclusion:** Measuring and reporting Aboriginal health in a rural setting using local qualitative and quantitative data provides evidence-based insights for service review for significant and positive change in mainstream health. Role modelling behaviours for 'black and white' working side-by-side promotes a shared understanding for cultural appropriateness for the health and wellbeing of rural communities.

Creating local grass roots solutions with top-down support enables consistency of relationships to grow with the level of trust and respect required for significant actions and outcomes. Aboriginal clients, family members and Elders delivering cultural education to staff within health and welfare agencies is recommended with the goal of increasing two-way understanding and building strong and positive relationships.

## Background

The Wimmera Primary Care Partnership is made up of 27 member agencies, including local government, welfare, disability, primary health care, health services, social services and education. It has four health services spread over fourteen campuses and two bush nursing centres. The Wimmera

Primary Care Partnership region covers some 28,041 square kilometres and services a population of 38,375 including the Local Government Areas of West Wimmera, Yarriambiack, Hindmarsh and Horsham Rural City.

The Wimmera is characterised by small towns spread over large distances. The area is mainly agricultural, producing broad acre crops. Other agriculture includes olives, native flowers, poultry, and lamb and wool production. At the time of Major Mitchell's expedition in 1835 it had been widely spread the Western Districts in Victoria had "terrain which favoured Europeans"<sup>1</sup> which the following year led to a squatting invasion and subsequent decimation of the region's Aboriginal population. Today the Wimmera is one of Australia's most dynamic agricultural regions in terms of new investment, new product and innovation.

The population of Australia's First People's in the Wimmera Region is higher than the Victorian State average with approximately 600 to 700 people (3.1%).<sup>1</sup> This figure is arguably much lower than reported locally which is validated by identified users of local healthcare services. The actual figure is more likely to be double that amount. The reasons for this gap are discussed further in this paper.

It is well recognised that Australia's First Peoples face barriers to accessing effective healthcare.<sup>2</sup> Given the health inequity faced by Aboriginal and Torres Strait Islander people and communities, it is important that interactions with healthcare providers are effective as possible.<sup>3</sup> Systematic errors in cross-cultural clinical practice, especially those linked to inadequate communication, are commonplace and affect quality of care.<sup>4</sup> Increased cultural competence, within a whole of service approach, can allow patients to be more comfortable with consultations and increase the effectiveness of healthcare delivery. Clinical training curricula require appreciation of the history and culture of Aboriginal and Torres Strait Islander peoples and how these impact on their health and healthcare delivery.<sup>5,6</sup> Education of a wider workforce is recommended and discussed also in this paper.

Aboriginal people die 10-12 years younger than their non-Indigenous counterparts. In spite of their poorer health status Aboriginal and Torres Strait Islander people receive lower standards of care when they present to health services—if they present at all. Aboriginal people presenting to hospital with cardiac chest pain are 40% less likely to receive revascularisation procedures in stroke care, Indigenous patients were less likely to receive timely allied health assessment and were three times more likely to die or to be dependent at discharge. Though there are many reasons for these disparities in care, it is clear that health services have an important role in improving the health of Aboriginal and Torres Strait Islander people.<sup>7</sup>

Under the *Close the Gap* funding period, a Wimmera PCP project titled "Towards Cultural Security" commenced in 2010 with an audit of participating member agencies (20) and their staff to measure and report on each agencies cultural competency overall. While reports were distributed in 2011/2012, recommendations from these reports laid dormant until further funds were achieved in 2014 through the *Koolin Balit* funding stream.

Koolin Balit is the Victorian Government's strategic directions for Aboriginal health from 2012 to 2022. Koolin Balit sets out collaboratively agencies will do to achieve the government's commitment to improve Aboriginal health. Koolin Balit brings together Victoria's total effort in Aboriginal health in an integrated, whole of life framework based around a set of key priorities and enablers. We aim to make a significant and measurable impact on improving the length and quality of the lives of Aboriginal Victorians in this decade.<sup>8</sup>

Efforts focused on six key priorities:

- a healthy start to life
- a healthy childhood
- a healthy transition to adulthood
- caring for older people
- addressing risk factors
- managing illness better with effective health services.

Three enablers provide a foundation for the key priorities, and support their achievement:

- improving data and evidence
- strong Aboriginal organisations
- cultural responsiveness.

Koolin Balit supersedes the former Closing the Gap 2009–2013 initiative.

In 2014 Towards Cultural Security Phase 2 commenced focusing on the three largest health service providers in the Wimmera Region. This included one health service, one welfare agency and one counselling service. The recommendations from each report were collated to establish a benchmark for each agency and to develop a standardised *Physical Environment Audit* [Audit]. The Audit was deployed by the project worker and relevant *Cultural Assessors*. The Cultural Assessors had to be identified Aboriginal and/or Torres Strait Islander community members who had either used or not used the service or had some to no knowledge of the service. The Audit also took into account the recommendations from Phase 1 and assessed if any recommendations had been actioned since that period.

The Audits provided each agency with both quantitative and qualitative data supported by recommendations, photographic evidence and collated comments from the unidentified Cultural Assessors. Each agency would then undergo another Audit 12 months from the first Audit to measure any action from the previous Audit report providing a 'before' and 'after' snapshot. Agency staff were at times surprised at the relative simplistic actions recommended for their service to be more culturally welcoming commenting they were 'fearful' of what might be required of them following the Audit.

In addition to the Audits, staff at each of these agencies had Cultural Awareness training made available to them. The training was accredited with the RACGP in 2013 as an Active Learning Module and to meet the needs of local employers in Phase 2 was reduced by 50% in length to 4-hours duration. At the request of the agencies the training was scheduled on a Friday when services were 'less busy' and administered by and delivered at a local training centre. This enabled Wimmera PCP to minimise any risk to the Traditional Owner facilitator for the delivery of cultural knowledge outside of the community.

The training package was developed by Wotjobaluk woman Joanne Clarke (Harrison) and includes generic information pre-colonisation accompanied by local Dreamtime stories, Government Policies and Acts over time and their impact on contemporary Aboriginal society today. As a second generation Stolen Generation Joanne delivers emotive training that resonates with her audience and

puts into perspective the timeline of Australia's ugly history; many of the audience (72%) not realising the Policies and Acts took place in their lifetime.

Over two and half years Joanne has delivered her *Yanng Ngalong Maligundidj*, meaning *Walk with the Wergaia people*, cultural awareness training with Wimmera PCP's Koolin Balit Project Officer, Felicity Johns to over 300 participants at nearly 20 sessions across 18 different agencies and 4 Local Government Areas. The co-facilitated delivery by a Traditional Owner and non-Aboriginal has enabled the discussion points to be open and honest and embrace a light-hearted approach of a very emotive content. The non-Aboriginal presenter adopting a role of a 'translator' to the non-Aboriginal, middle-class workforce works exceedingly well.

Uptake of the training has been overwhelmingly positive with 83% of participants reporting they attended voluntarily and 100% reporting they would recommend the training to others, that they felt the training would enable them to work in a more culturally responsive manner and the training met their professional development needs and expectations. The project and therefore the training has been deployed to an additional 10 agencies in Phase 3 of the project and now includes local council staff, homecare workers, the education sector and Victoria Police members.

The topic of conversation and line of questioning over the course of two and half years of delivering cultural awareness training has highlighted a rather simple theme. The workforce unanimously reports their dislike of asking THE question at 100% of the training sessions. THE question being the identification question each and every one of the must ask at some point, "Are you of Aboriginal or Torres Strait Islander descent?" The Australian Institute of Health and Welfare understandably states "it is important that the question is asked exactly as it is worded". Changing the standard Indigenous status question even slightly has the potential to alter the question's meaning, and this may in turn influence the patient's response. A standard way of asking people about their Indigenous status means the data collected is more reliable, and is more comparable across different services and data collections".<sup>9</sup> However, Aboriginal people have been researched all their lives and have been identified multiple ways using multiple methodologies since colonisation. Asking them to identify in this manner is culturally insensitive and culturally inappropriate as it places all First Nation's People's in another 'box' for identification.

*Towards Cultural Security* through its many facets of education and training in the Wimmera has developed a policy recommendation for the way the identification question is asked. While the need to ask the question as a national standard is understood, the policy recommendation has arisen from an understanding of why Aboriginal people don't like answering it and why the workforce don't like asking it. By changing the question to "what culture do you identify with?" the workforce report it is 'less clumsy' and much easier to ask, it opens up a dialogue with the client and increases 'opportunities for a shared understanding'. The Aboriginal community simultaneously report the question is also 'easier to answer', is 'less offensive' and allows them to associate themselves with 'the mob'. Intake workers report that it takes longer to answer the question because it creates further questions however the overall experience is reported to be more positive than with the standardised question.

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## Presenter

Joanne Harrison-Clarke is a proud Wotjobaluk woman from the Wimmera region in Western Victoria. Born in Morwell, Joanne grew up around Melbourne and country Victoria. She had to grow up fast, being one of five children with two of her siblings sadly being removed as part of the Stolen Generation. As a young girl, Joanne had left school and was caught up in the welfare system, being made ward of the state at the age of 14. Two years later she was to meet the love of her life while working in the childcare sector, and gave birth to two beautiful children by the time she was 20. By this time Jo wanted to get an education and a career in welfare. With support from Ballarat TAFE, Joanne achieved a Diploma in Indigenous Welfare Studies. This included travelling and working in Melbourne at the Victorian Aboriginal Health Service (VAHS) as an Aboriginal health worker. Over the course of 23 years Jo built her career working with various Aboriginal and government organisations. During this time she obtained skills and knowledge in Aboriginal health, welfare and justice, many of them leading to great opportunities that enhanced and further develop her career in education, community development/connectedness, and project management whilst building strong partnerships from a grass roots approach. Many of the organisations Joanne has contributed to include the Victorian Aboriginal Health Services (VAHS) where she began working as a health worker and mental health worker. At the Ballarat Aboriginal Co-operative Jo was hired as the Suicide Prevention Worker for Aboriginal children aged 12-25 years, which then lead her to Malmsbury Youth Detention Centre as a Koori Liaison Officer. By 2003, Jo and her family moved to Melbourne where she began work at the Victorian Aboriginal Child Care Agency (VACCA) working on the Larkinjaka program in the Child Protection Unit, and then for Victorian Aboriginal Community Controlled Health (VACCHO) Organisation where she was employed for a number of years as the Maternity Project Officer, Palliative Care Project Officer and Sexual Health Officer, and also achieved two diplomas in Frontline Management and Community Development while working for VACCHO. After her time at VACCHO, Jo decided to further her career in education, which led her to gain her TAA and TAE at Kangan Institute's Indigenous Education Centre in Broadmeadows. She went on to deliver cultural awareness training around Melbourne and surrounding areas as an educator and cultural facilitator for both the Indigenous Education Centre and RMIT University. Having contributed to the community in Melbourne Jo felt inspired to continue her work back home on country. With a new goal she set out and developed the first-ever cultural awareness training package specific to the five clans in the Wimmera region called Yanng Ngalung Maligundidj, which means, Walk with the Wergaia. The training is delivered to health professionals, Department of Health and Human Services, the Police Force, schools, and home and community care workers is presented within 2-4 hour sessions depending on targeted groups. When she isn't facilitating, Jo is employed two days a week as a support officer

developing the Reconciliation Action Plan on behalf of GWM Water. This involves working with Traditional Owners and their Land Councils/Aboriginal Registered Parties to create a RAP with input from the Aboriginal agencies.

Education and Immigrant Girls: Building Bridges between Cultures. WEEA Digest. Educational Development Center, Inc., Newton, MA.Â Cultural Awareness; \*Cultural Differences; Elementary Secondary Education; \*Equal Education; \*Females; Gender Issues; \*Immigrants; Mentors; Parent Participation; Sex Discrimination; Vietnamese People; \*Womens Education. ABSTRACT This digest features three articles on equal education for immigrant girls.Â The varied reasons people immigrate profoundly affect their possibilities and experiences in the United States. Regardless of the reasons for immigration, however, newcomers strive to succeed in their new home, and for children this most often means seeking an excellent education. Two-bedroom wooden-slab housing was erected (with no electricity) to replace tin shacks, tents and bough sheds. But no one thought about Aboriginal health except Aboriginal people themselves, when they needed medical and nursing attention. The health and wellbeing of Aboriginal people were in a sorry state.Â Being an Aboriginal nursing aide in the mainstream hospital system was difficult at times, and I experienced racism from staff and patients. For example, one time when I was working in a country town after completing my training, I needed to have my appendix removed.Â It is very important that Aboriginal people take responsibility for their own health, provided they are not too old, too young or too infirm to do so. The Aboriginal and treaty rights of the Aboriginal peoples of Canada are recognized and affirmed in the Constitution Acts of 1867 to 1982 (section 35). Section 35(2) indicates that Aboriginal peoples of Canada include Indian, Inuit, and MÃ©tis peoples.Â It is important that families be aware of the ways in which data on their childrenâ€™s achievement may be used by outside organizations. For example, the Fraser Institute reports on Aboriginal student achievement in jurisdictions that collect Aboriginal student data, such as British Columbia. Such reports tend to bring attention to low student achievement, and can have a negative effect on First Nation, MÃ©tis, and Inuit students and communities.