the Lowitja Institute
Aboriginal and Torres Strait Islander Health CRC

Cultural Competence of Mainstream Health Services and Systems Roundtable

Roundtable to identify priorities for collaborative research to develop the evidence base on how to build workplaces, service delivery and health systems that provide optimal care for Aboriginal and Torres Strait Islander people.

Report

The Lowitja Institute, Melbourne

20–21 November 2014

Contents

An Australian Government Initiative

CRC AUSTRALIA

Overview

Since 1997, the Lowitja Institute and its predecessor CRC organisations[1] have led a substantial reform agenda in Aboriginal and Torres Strait Islander health research by working with communities, researchers and policymakers, with Aboriginal and Torres Strait Islander people setting the agenda and driving the outcomes. At present, we work in partnership with twenty-one participants around Australia, including Aboriginal and Torres Strait Islander health organisations; State and Australian government departments; and academic research institutions. Together, we aim to achieve demonstrable impact in better health outcomes for Aboriginal and Torres Strait Islander people through research, capacity building, workforce development, knowledge exchange and research translation.

Building on its rich history of achievement, the Institute has established three research programs:

Program 1: Community Capability and the Social Determinants of Health

Program 2: A Health Workforce to Address Aboriginal and Torres Strait Islander Health

Program 3: Health Policy and Systems.

This roundtable bridged Programs 2 and 3, the relevant goals of which are to develop knowledge, tools and resources that will enable end-users (policymakers, health services and community) to:

- enhance the capability of the health workforce to be effective in the delivery of health care for Aboriginal and Torres Strait Islander people
- provide culturally competent and culturally safe working environments that facilitate entry and career pathways for Aboriginal and Torres Strait Islander people in the health and health research workforce
- reform health and social policy and program implementation, to enhance the capability of health care and other services to deliver timely, high quality, and culturally competent care to Aboriginal and Torres Strait Islander people.

Roundtables are an important part of the Lowitja Institute's approach to research agenda setting and commitment to community-driven projects. This roundtable brought together stakeholders from Aboriginal community controlled services, mainstream health care providers, professional health bodies, academic institutes, government agencies and others involved in cultural competence training and implementation to share ideas and shape the Institute's research agenda in this area.

The two-day roundtable was organised in consultation with an expert Reference Group with the following membership:

- Gail Garvey – Associate Professor and Leader of Division of Epidemiology and Health Systems, Menzies School of Health Research (Lowitja Institute Research Leader)
- Judith Dwyer – Professor, Health Care Management, Flinders University (Lowitja Institute Research Leader)
- Deb Butler – Program Director, Policy Office of Aboriginal Health Policy & Engagement, Northern Territory Department of Health (NATSIHSC representative)

[1] Cooperative Research Centre (CRC) for Aboriginal and Tropical Health, CRC for Aboriginal Health, CRC for Aboriginal and Torres Strait Islander Research

- Angela Durey – Associate Professor, School of Dentistry, The University of Western Australia
- Shaun Ewen – Professor/Director Poche Centre, The University of Melbourne
- Suzanne Ingram – Communications and Engagement Officer, The George Institute
- Karen Mills – Indigenous Health Manager, Central Queensland Medicare Local
- Ariana Tutini – Deputy CEO, Miwatj Health Aboriginal Corporation
- Roianne West – Expert Advisor and Professor of Nursing, Griffith University.

The facilitator for the roundtable was Professor Cindy Shannon, a descendant of the Ngugi people from Moreton Bay, Pro-Vice-Chancellor (Indigenous Education) at The University of Queensland, and former Chair of the Aboriginal and Torres Strait Islander Research Advisory Committee (2005–2012) of the National Health and Medical Research Council.

A full list of participants can be found in Appendix 1, as can a program of the roundtable (Appendix 2).

This report was compiled for the Lowitja Institute by Deb Knoche, Jane Yule and Cindy Shannon with advice from the roundtable Reference Group.

Introduction

The CEO of the Lowitja Institute, Mr Romlie Mokak, welcomed participants to the roundtable followed by a Welcome to Country from Wurundjeri Elder, Ms Georgina Nicholson.

Professor Cindy Shannon provided the following opening comments as a context for the discussions and approach to the roundtable:

- that the language in this area is challenging and contested – cultural appropriateness, respect, competence, awareness – but that it is important for participants not to get bogged down in terminology. At the heart of Aboriginal and Torres Strait Islander health research priorities the overarching aim of increasing capability and building capacity
- over the past few decades of working in health services research there has been a change in health education and professional training to have a greater inclusiveness of Aboriginal and Torres Strait Islander perspectives. This has made it clear that successful approaches to training need to integrate a cultural component
- participants were challenged to think through the complexity of what is valued and measured as evidence in the area of cultural competence with a view to identifying knowledge gaps and key priorities for future research
- there is also much to be learned about cultural competence in Aboriginal and Torres Strait Islander settings that could inform priorities for this roundtable, with its focus on mainstream health settings.

Roundtable research areas

This roundtable aimed to identify priorities for collaborative research to develop the evidence base on how to build workplaces, service delivery and health systems that provide optimal care for Aboriginal and Torres Strait Islander people.

With its multi-level approach to addressing the many factors that impact on timely access to high quality health care for Aboriginal and Torres Strait Islander people, cultural competence offers a framework to address this goal. Therefore, the roundtable's scope was wide-ranging: from the skills and knowledge of individual health workers, to the approaches of professions and occupations, to the programs through which both personal health care and community and public health programs are undertaken, to the operational policies and leadership that shape health care delivery at clinical unit and health service level, and to the 'high policy' of health systems and governments.

The focus in policy, training and programs to support cultural competence is often on the skills and knowledge of the workforce, but the evidence already available about differentials in access to good care for Aboriginal and Torres Strait Islander people suggests that the ordinary policies and programs of the health system are at least as important as the competence of health care staff.

Roundtable participants

The roundtable brought together 43 participants from the Aboriginal community controlled health sector (ACCHS) (5), health care providers (7), policymakers (5), peak professional health bodies (3), and universities and research institutes (23). A full list of participants can be found in Appendix 1.

Feedback on the roundtable was sought through an evaluation and the overall responses were positive. The majority of participants rated the content and discussion of as good [13%], very good [57%], and excellent [30%]).

Day 1: Presentations and Defining Research Themes

Individual presentations

Three speakers presented an overview of research evidence and key principles for consideration; key points from these presentations are included below.

Organisational cultural competency: The research evidence

Ms Mandy Truong, PhD Candidate, Centre for Health Equity, The University of Melbourne

In a systematic review of 19 reviews of cultural competency interventions, most noted methodological limitations, such as: small samples, poor methodological rigour, no or few long-term studies, reliance on self-reporting measures, lack of detail about interventions, and lack of patient outcome measures.

It also found few published studies investigating the issues of cultural competence at the organisational level, with the majority of these from the US. It did find, however, organisational reports and evaluations of cultural competence assessments and interventions in the grey literature.

As a result, conclusive statements about the effectiveness of interventions to increase cultural competency are limited, and it is recommended that further research be undertaken in:

- the evaluation of organisational cultural competency models and assessment tools
- objective measures of cultural competence e.g. patient/client feedback, organisational audits
- cost-benefit analysis of interventions.

Health workforce development and Indigenous health curriculum

Professor Shaun Ewen, Melbourne Poche Centre for Indigenous Health, The University of Melbourne

The aims of an Indigenous health curriculum are to:

- improve Indigenous health outcomes
- strive for equity and social justice
- make explicit the policy of the profession and the policy of the faculty.

What is the link between workforce development and patient outcomes?

We don't know the impact on health outcomes, but we do know something about the impact on learners.

The challenge is to begin designing methods that focus on evaluating the impacts of the curricula on patient outcomes, while continuing to measure the impact on the learner.

Cultural Competence? (Awareness? … Safety?): Avoiding the terminology trap

Professor Dennis McDermott, Poche Centre for Indigenous Health and Well-Being, Flinders University

To develop the idea of a Cultural Competency Continuum, Wells synthesised various approaches to the topic into the Cultural Developmental Model:

> Cultural Incompetence → Culture Knowledge → Cultural Awareness→ Cultural Sensitivity → Cultural Competence → Cultural Proficiency

Can we be 'proficient' in someone else's culture? Cultural Competence also critiqued by Tervalon and Garcia – proposed Cultural Humility instead.

Taking a more integrated approach led to the Gabb & McDermott Integrated Model of:

- cultural awareness: a *localised* phenomenon
- cultural competence: using knowledge and skills *flexibly* to work effectively –as with *Weaver's Native American* depiction
- cultural safety: *power dynamics* in the health encounter are addressed and *clinician cultural underpinnings* are *a critical focus*
- cultural ease: Aboriginal and Torres Strait Islander protocols and 'ways' *incorporated seamlessly* into the health professional's repertoire.

We need an integrated, flexible, non-checklist approach to cross-cultural work that is regardful of difference.

Facilitator's reflections on individual presentations and summary of key issues

Key points raised include the following:

- any future research should be rigorous and methodologically sound, with clear measures of success identified
- should there be a shift away from measures of cultural competence to a focus on health outcomes, while ensuring one of the drivers for change is cultural competence?
- there is a need to understand and address institutional barriers to achieving cultural competence
- training a future workforce and empowering communities is only a component of the response required for an institutional response – policy changes as well as new funding and services models also need to be considered.

Panel presentations

A panel was established to provide a range of sector-based perspectives on current approaches to cultural competence across the health system. The panel presentation provided a valuable primer for discussion. These presentations are summarised below.

Does cultural safety training influence the practice of nurses and midwives with Indigenous patients?
Associate Professor Wendy Edmondson, Poche Centre for Indigenous Health and Wellbeing, Flinders University

To explore the influence of cultural safety training on the practice of nurses and midwives with Aboriginal and Torres Strait Islander patients, a knowledge interface approach was used:

- cultural safety principles
- reflective practice
- minimising the power differentials
- engaging in dialogue
- regardful care.

This led to the formulation of a Matrix of Practice:

Stage 1: Don't know how – oblivious to difference and power imbalances; unaware of others' considerations

Stage 2: Too scared, guilty, unsure

Stage 3: Too hard; aware but feel powerless to change; too difficult to reduce it; revert back to the colonial discourse, the default position

Stage 4: Barrier breaker.

There is a 'soul wound' in settler nations—the anger, the guilt, the denial, the rejection—and we can't move forward until that's acknowledged.

The role of cultural competency in the health and wellbeing of Aboriginal people

Ms Tanya McGregor, National Aboriginal and Torres Strait Islander Health Standing Committee

The National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data has been examining the role of cultural competence in health and wellbeing. As a lot of the focus was on First Nations peoples we needed to take an Aboriginal and Torres Strait Islander perspective.

The group undertook nation-wide consultations and sought input from government, and formulated three domains: organisational, systemic and individual.

Many of the bureaucrats talked more about trying to measure how we can make people culturally aware through staff development, diversity, community involvement etc. But Aboriginal and Torres Strait Islander people felt that the organisations had to change rather than individuals, as they can't effect change on their own.

To change the system we need to focus on quality and safety, and work on influencing standards.

Cultural competence and mainstream health services

Dr Mark Wenitong, Apunipima Cape York Health Council and Associate Professor (Adjunct), School of Public Health, James Cook University

One of the key issues is finding pathways for Aboriginal and Torres Strait Islander people through the health system, (PHC, secondary/tertiary and back to PHC) as well as allied, radiology, pathology, community health, specialist) as:

- no NACCHO/Aboriginal and Torres Strait Islander Health Authority for secondary/tertiary care (champion/lead agency)
- question the authority/resources of jurisdictional Aboriginal and Torres Strait Islander units (can they lead this)
- other priorities re politics, KPIs, (waiting lists etc.) taken up by hospital
- not enough high-level change champions, especially clinical
- a lack of accountability, CQI processes, reporting requirements/KPIs.

Organisational change needs to be structured around:

Board – needs to be Aboriginal and Torres Strait Islander input: no black face = no black thoughts, or at least perhaps a community advisory subcommittee.

Senior management – potentially hospitals could get advice from external clinicians from the ACCHS (regular regional advisory committee).

Senior clinicians – practical leadership, embed in the education of junior clinicians, ensure two grand rounds/year on Aboriginal and Torres Strait Islander health from a senior clinician or based on local hospital based research.

Allocation of resources – commit to Aboriginal and Torres Strait Islander health re CQI activities, staff cultural orientation, data analysis and research.

Accountability – embedded into KPIs, review process, audits, feedback, training, research.

The ACCHS currently advocates for patients and helps to guide them through the mainstream system, so if we want change, we need the health system to have accountability for Aboriginal and Torres Strait Islander patients accessing mainstream services and hospitals.

Continuous Quality Improvement approach to improving the cultural competency of hospitals: A practical approach to system change

Mr John Willis, St Vincent's Hospital Melbourne

The CQI approach has identified a range of critical success factors:

a) partnerships with local Aboriginal and Torres Strait Islander community
b) support for an Aboriginal and Torres Strait Islander workforce
c) enabling state and federal government policy environment
d) leadership by hospital boards, CEOs, Executive, managers, key clinical staff
e) strategic policies within the hospitals and structural and resource supports.

To improve this approach further, we need:

- increased research (and publication) into the efficacy of interventions used to improve cultural competency for Aboriginal and Torres Strait Islander people in the hospital setting
- rigorous evaluation of cultural competency CQI interventions using both qualitative and quantitative data (process and outcome evaluation).

Hospital accreditation should be used to facilitate improving cultural competence as hospitals take this seriously.

Group discussion to identify potential areas of research

The main focus of the roundtable was interactive group discussion, where participants articulated the major concerns and knowledge gaps in their areas of work. Day 1 of the roundtable identified and generated potential research areas. How the research is conducted was also critical to this discussion, including:

- build the evidence across all research themes
- use appropriate methodologies and theoretical approaches
- be clearer and more rigorous in our research methods
- produce longitudinal and sustainable research
- strike a balance between qualitative and quantitative research
- the role of action research.

Participants identified **six key themes** they felt were crucial to research this area:

Evaluation and evidence

- Identify successful approaches and programs and the transferability of good practice.
- Prioritise which of these programs need to be formally evaluated.

- Evaluate evidence-based training practices, e.g. the growing use of online training.
- Health economic evaluations are needed so the benefit of interventions can be measured.

Leadership and governance

- What is the role of Aboriginal and Torres Strait Islander people at governance levels?
- Change the attitudes and behaviours at senior clinician and executive levels.
- The role of the Aboriginal and Torres Strait Islander health workforce in leading this agenda without being accountable for it.
- Current interface between Aboriginal and Torres Strait Islander and non-Indigenous leadership within the hospital system and what should it be for culturally competent practice?

Patient outcomes

- Appropriate and accountable measures that are linked to better health.
- How to measure patient/client outcomes.
- Links between culturally capable workforce and patient outcomes.
- Focus on health outcomes that include quality of care.

Health system change

- Do improvements in systems and processes lead to better care?
- How do you prove which improvements were responsible for change?
- Identification of Aboriginal and Torres Strait Islander patients – at the clinical level, not just administrative.
- The role of accreditation in driving hospital reform.
- Multi-level research into organisations.
- System responsibility for improving the Aboriginal and Torres Strait Islander patient journey.
- System integration with other sectors (e.g. prisoner health, mental health).

Collaboration, coordination and partnerships

- Improving collaboration with universities as to what to research.
- More cohesive approach to research between universities, community and hospitals.
- Translational research that is useful to communities.
- Lessons from the community controlled sector.

Workforce development

- Minimum standards for professional registration requirements.
- The intersection of clinical and cultural capability.
- Cultural competency training as distinct from Aboriginal and Torres Strait Islander health teaching.
- The role of Aboriginal Health Liaison Officers (AHLOs) in multidisciplinary teams.

Day 2: Refining Research Priorities

In the first session of Day 2, participants discussed the six themes (plus how the research is conducted) from Day 1. Participants decided to place the themes of **leadership and governance**, and **collaboration, coordination and partnerships** as sub-groups of **health system change**, as both were integral to changing mainstream health system practices.

Research conduct, including methodologies and implementation, was identified as relevant and applicable across all themes. From the Lowitja Institute perspective, we need to ensure that any research undertaken makes a significant contribution to improved health and wellbeing in Aboriginal and Torres Strait Islander communities.

Participants then self-selected—based on their expertise and interest—to join one of the groups to discuss the following 4 themes (with 2 groups focusing on Health System Change as it encompasses so many issues):

- evaluation and evidence
- patient outcomes
- workforce development
- health system change (including the themes of **leadership and governance**, and **collaboration, coordination and partnerships**).

Participants were then asked to focus on the following three questions:

- define the priority research question
- what will it tell us and why is it important?
- what issues does it raise in terms of implementation and funding?

NB: some of the groups came up with specific **challenges and strategies**, while others incorporated these in the broader discussion. The **patient outcomes** group, for example, devised a project outline for an actual project, which can be found in the appendices. All groups reported back on their discussions, and all identified at least one key priority research question (see p. 11).

Key points from group discussions

Evaluation and evidence group

- Who undertakes the training? Is it compulsory? Are there incentives? What types of programs (models) are offered?
- What are the impacts of training programs on the learner and/or the patient?
- What partnerships are required between mainstream health services and the Aboriginal and Torres Strait Islander community in the training?
- Can we identify if the training contributes to better health outcomes; e.g. better patient communications; that people feel welcomed, respected?
- How is it measured? E.g. pre- and post-training case studies/increased access to services, improved follow-up/better patient attendance.
- What are we evaluating?
    - Effect of better partnerships between health services/Aboriginal and Torres Strait Islander people?
    - Changes in knowledge and attitudes of service providers?
    - Whether knowledge is translated into practice?

- Short- and long-term evaluations – are changes inspired by the training sustained in the longer term.

Challenges:

- funding – evaluation/evidence to support need for funding
- services being motivated to provide training
- ensuring implementation and sustainability of any interventions, policies, strategies.

Possible strategies:

- pilot evaluation – e.g. Lowitja Institute to partner with RACGP to evaluate effectiveness of online training in improving health outcomes for Aboriginal and Torres Strait Islander people.

Patient outcomes group

- Focus on a specific hospital, what programs are in place, build on the limited evidence, explore patient experience from a cultural competence perspective.
- How do we measure this experience? Qualitative or quantitative or mixed methods?
- Does the patient experience vary between clinics, e.g. cardiac vs cancer?
- If so, what it is about one system or area that might be working better than others?
- Assess where the gaps lie and develop and implement intervention/s, and then reassess patients' experiences.
- AND document the Aboriginal and Torres Strait Islander voice: feedback to hospital system from ACCHOs and Aboriginal and Torres Strait Islander staff, e.g. AHLOs and AHWs: ask AHLOs about their cultural competence experiences, and meet with ACCHOs to assess theses experiences.

Challenge:

- to capture information about the patients who do not experience a good patient journey in the system – what are the gaps in care?

Possible strategies:

- environmental scan of hospital, what is done, try and build on the limited evidence – patient experience (see diagram in Appendix 3).

Workforce development group

- There is a growing pool of early career professionals who are well trained in cultural competence but being supervised by more senior clinicians without this training. Thus, despite a lot of work in this area, old attitudes are stifling development.
- Need to get consistent quality education and training in the university sector, and then ensure there is a continuity of learnings once practitioners begin work in the health system (including professional development).
- Need to measure the links from training the health workforce in cultural competence to its effects on better health outcomes, e.g. using qualitative interviews with stakeholders privileging patient voices.

Health system change group A

- Need to learn from the ACCHS (by partnering) as to what cultural competence care and training works and what might be transferable to the mainstream.
- Evaluate an intervention to improve cultural competence at the hospital level, one that is measurable in patient outcomes and public reporting of incentives.
- There is no single approach to support system change and measurement of any changes that are happening – need to develop a national minimum standard.
- Cultural competence is a strategy for effecting change in the health system.
- A study is needed about ways of exposing and addressing the issue of systemic racism in the health system (without putting people off) – How to get the system to reflect on the past and the results of racist policies.

Health system change group B

- How do we improve the evidence to institutionalise best practice to drive system change? For example, identify current best practice and evidence in hospital-based intervention research and take it to senior policymakers.
- How do we rate the performance of hospitals on their cultural competence policies and processes? For example, develop a MyHospital.com website (audit of hospitals) to assess performance.
- How do we position ACCHOS/Aboriginal and Torres Strait Islander communities to have a voice, systematise their feedback within the hospital system, use local Aboriginal and Torres Strait Islander Elders and experts and learn from them (partnerships/ collaboration).
- How do we create incentives for hospitals to embed cultural competence into their practice? For example, mandatory training or no job, cheaper insurance premiums, show the dollar value in doing so by providing evidence that racism costs the system.

Priority research questions identified by groups

(NB: Numbering of questions at this stage is not by order of priority)

1. Evaluate the impact of cultural competence training programs – are they effective, i.e. does cultural competence training work?
2. Document the journey of Aboriginal and Torres Strait Islander patient experience of the hospital system and move through the system with a focus on cultural competence.
3. How do we ensure continuity of culturally competent care, which is informed by Aboriginal and Torres Strait Islander voices, from university to the workplace and beyond?
4. How do we learn from the ACCHS (by partnering) as to what cultural competence care and training works and what might be transferable to the mainstream.
5. Evaluate an intervention to improve cultural competence at the hospital level, one that is measurable in patient outcomes and public reporting of incentives
6. A way of exposing and addressing the issue of systemic racism in the health system (without putting people off) – How to get the system to reflect on the past and the results of racist policies.
7. How do we improve the evidence to institutionalise best practice and drive health system change?
8. How do we position ACCHOs to have a voice in mainstream health services?

Preliminary Assessment of Research Priorities

Once the groups reported back on their discussions, participants were asked to cast votes on which of these research questions they felt to be the most important in order of priority. Using a weighted scoring system, the following numbers of votes were cast to refine the priority research questions further.

Broad priority research area	No. of 'votes'	Research questions
1. Hospital Best Practice	37	○ Evaluate an intervention to improve cultural competence at the hospital level, one that is measurable in patient outcomes and public reporting of incentives ○ How do we improve the evidence to institutionalise best practice and drive health system change?
2. Patient Outcomes	23	○ Document the journey of Aboriginal and Torres Strait Islander patient experience of the hospital system and move through the system with a focus on cultural competence
3. Systemic Racism	18	○ A way of exposing and addressing the issue of systemic racism in the health system (without putting people off) – How to get the system to reflect on the past and the results of racist policies
4. Evidence and Evaluation	17	○ Evaluate the impact of cultural competence training programs – are they effective, i.e. does cultural competence training work?
5 Workforce Development	12	○ How do we ensure continuity of culturally competent care, which is informed by Aboriginal and Torres Strait Islander voices, from university to the workplace and beyond?
6 Partnerships and Collaboration	10	○ How do we learn from ACCHOs (by partnering) as to what cultural competence care and training works and what might be transferable to the mainstream? ○ How do we position ACCHOs to have a voice in mainstream health services?

During the process of priority identification and discussion, it was noted that there was a significant amount of overlap between research questions identified by each group and the emergent research areas discussed. These require further consideration and refinement to generate research projects.

Conclusions and Priority Research

Based upon the combined efforts of the participants and discussion by the Reference Group two distinct areas of research have been identified:

1. **Workforce development,** with a particular focus on the effectiveness of cultural competence training and the interaction between training (learner outcomes), practice (how individuals implement training in the workplace), workplaces (systemic barriers which prevent learning form being applied) and Aboriginal and Torres Strait Islander health outcomes, and;
2. **Health systems change,** with an emphasis on hospital good practice, the patient journey and health outcomes.

Roundtable participants also identified that the Lowitja Institute has a key role to play in enabling and supporting collaboration across sectors and stakeholders working towards building cultural competence. Particularly in providing more networking opportunities to support collaborative research between community, academic researchers, service providers and policymakers with the view to improving services and health outcomes for Aboriginal and Torres Strait Islanders people.

Appendix 1: Cultural Competence Roundtable Participants

(NB: *Asterisks denotes participation in only one day of the roundtable*)

Surname	First Name	Organisation
Addai	Astrid	Commonwealth Department of Health
Banks	Margaret	Australian Commission on Safety and Quality in Health Care
Cassar*	Nicole	Victorian Aboriginal Community Controlled Health Organisation
Clinch	Darren	Aboriginal Health Branch, Department of Health, Victoria
Coombes	Julieann	The George Institute for Global health
Drew	Neil	Australian Indigenous Health*InfoNet*
Durey	Angela	University of Western Australia
Dwyer*	Judith	Department of Health Care Management, Flinders University
Edmondson	Wendy	Poche Centre for Indigenous Health and Well-Being
Ewen	Shaun	Melbourne Poche Centre for Indigenous Health
Garvey	Gail	Menzies School of Health Research
Gorrie	Ben	The Congress of Aboriginal and Torres Strait Islander Nurses and Midwives
Gridley*	Heather	Australian Psychological Society
Gupta*	Ash	St Vincent's Hospital Melbourne
Guthrie	Mary	The Lowitja Institute
Hollinsworth	David	University of the Sunshine Coast
Ingram	Suzanne	The George Institute for Global Health
Kastamonitis	Angelina	Victorian Aboriginal Community Controlled Health Organisation
Kelaher*	Margaret	Centre for Health Policy, The University of Melbourne
Knoche	Deb	The Lowitja Institute
Lau*	Phyllis	General Practice and Primary Health Care Academic Centre, University of Melbourne
Lloyd	Jane	University of New South Wales
Lochert	Cristina	The Lowitja Institute
Lowell	Anne	Charles Darwin University
Marie	Henrietta	The University of Queensland
McDermott	Dennis	Poche Centre for Indigenous Health and Well-Being, Adelaide
Mcgregor	Tanya	Department for Health and Ageing SA
Mills	Karen	Central Queensland Medicare Local
Monson-Wilbraham*	Luella	The Lowitja Institute
Padilla*	Dennis	Deputy Director of Makewe Hospital, Chile (Visitor)
Paxton*	Sam	Victorian Aboriginal Community Controlled Health Organisation
Phillips*	Gregory	ABSTARR Consulting
Pratt	Gregory	QIMR Berghofer Medical Research Institute
Rix	Liz	The University of Sydney
Rogers	Julie	Children's Health Queensland Hospital and Health Service Queensland Health
Roufeil	Louise	Australian Psychological Society
Shannon	Cindy	The University of Queensland
Silburn*	Kate	La Trobe University
Stuart	Adam	Ministry of Health NSW

Taylor	Ryan	New England Medicare Local
Thorpe	Alister	Onemda, The University of Melbourne
Truong*	Mandy	University of Melbourne
Tutini	Ariana	Miwatj Health Aboriginal Corporation
Tynan	Michael	The Lowitja Institute
Tyter	Sharyn	Hunter New England Local Health District
Wenitong	Mark	Apunipima Cape York Health Council
Williams	Robyn	Charles Darwin University
Willis	John	St Vincent's Hospital Melbourne
Yule	Jane	Publishing consultant

Appendix 2: Cultural Competence Roundtable Program

the Lowitja Institute
Aboriginal and Torres Strait Islander Health CRC

Cultural competence of mainstream health services and systems

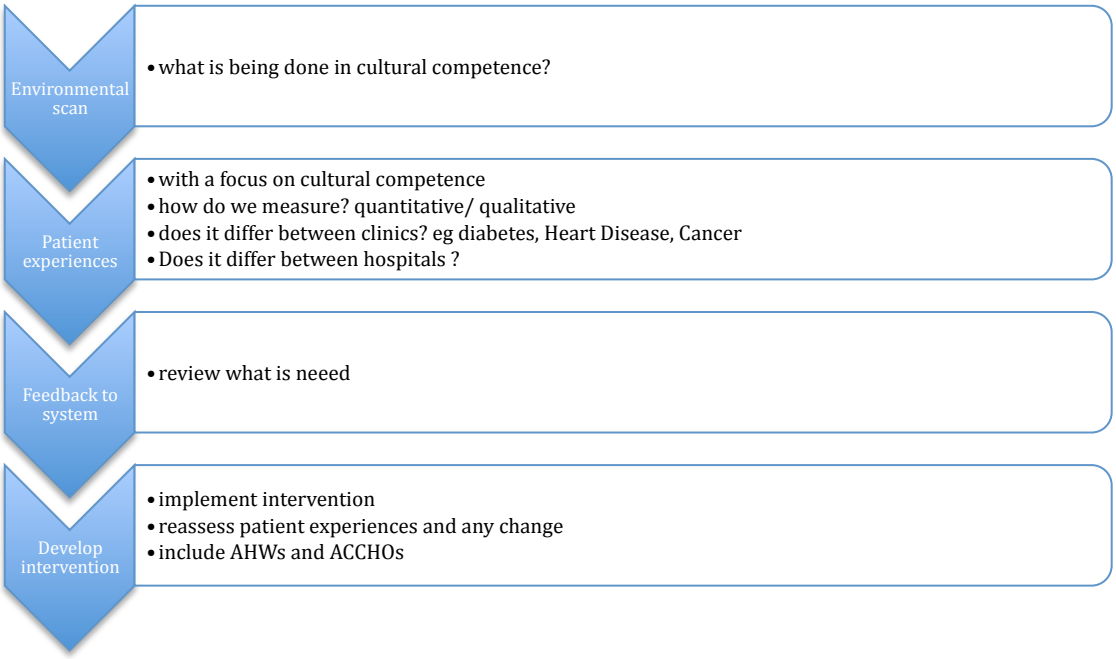
20–21 November 2014, Melbourne

ROUNDTABLE PROGRAM

TIME	ITEM
Day 1	**Thursday 20 November**
1:30pm	Registration, tea and coffee
2:00pm	Welcome to Country **Georgina Nicholson** Welcome to the roundtable **Romlie Mokak**, **CEO, The Lowitja Institute**
2:25pm	Introduction of roundtable, reference group members and roundtable participants **Professor Cindy Shannon, Facilitator**
2:45pm	Working agreement, outline of the day, explanation of goals and scope of roundtable and house keeping **Professor Cindy Shannon, Facilitator**
2:55pm	***Overview presentations: The research evidence and key principles*** • **Ms Mandy Truong,** PhD Candidate, Melbourne School of Population and Global Health, University of Melbourne • **Professor Shaun Ewen,** Foundation Director, Poche Centre, The University of Melbourne • **Professor Dennis McDermott,** Poche Chair, Poche Centre, Flinders University
3:20pm	***Panel and facilitated discussion: Current approaches to cultural competence across the health system*** • **Assoc. Professor Wendy Edmondson,** Associate Professor in Indigenous Health, Poche Centre, Flinders University • **Ms Tanya McGregor,** National Aboriginal and Torres Strait Islander Health Standing Committee representative and Principal Advisor, Aboriginal Health Workforce Improvement & Development, SA Department for Health & Ageing, Flinders University • **Dr Mark Wenitong,** Medical Advisor, Public Health Medical Advisor, Apunipima Cape York Health Council & Senior Medical Officer, Associate Professor (Adjunct) School of Public Health, Tropical Medicine and Rehabilitation Sciences James Cook University, Cairns. • **Mr John Willis,** Mission Development and Social Justice Manager, St Vincent's Hospital, Melbourne.

TIME	ITEM
4:00pm	Afternoon tea
4:15pm	Discussion and generation of potential research areas
5:30pm	CLOSE
7:00pm	**Dinner – Charcoal Lane (136 Gertrude Street, Fitzroy)**
Day 2	**Friday 21 November**
8:00am	Tea/coffee available on arrival
8:30am	Review of Day 1 Confirmation/revision of potential research areas and establishing groups for further work
9:00am	Group work to develop proposed research areas
10:30am	Morning tea
10:45am	Presentation of proposals Group process to determine top priority areas and further questions
11:15am	Discussion of outcomes – Are these priority projects the most important? What's missing?
11:55am	Thank you and next steps **Dr Michael Tynan,** Assoc. Director, Research, the Lowitja Institute
12:00pm	Close and Lunch

Appendix 3: Patient Outcomes Group Project Outline



Acronyms

AHLO	Aboriginal Health Liaison Officer
AHW	Aboriginal Health Worker
ACCHO	Aboriginal Community Controlled Organisation
ACCHS	Aboriginal Community Controlled Health Sector
CQI	Continuous Quality Improvement
CRC	Cooperative Research Centre
KPI	Key Performance Indicators
NACCHO	National Aboriginal Community Controlled Organisation
PHC	Primary Health Care
RACGP	Royal Australian College of General Practitioners