



the  
**Lowitja**  
Institute  
Aboriginal and Torres Strait  
Islander Health CRC

## **Cultural competence of mainstream health services and systems** 20–21 November 2014

### **Background**

The Lowitja Institute's vision is equity in health outcomes for Aboriginal and Torres Strait Islander peoples. We will work towards this vision through research in three program areas:

1. Community capability and the social determinants of health
2. A health workforce to address Aboriginal and Torres Strait Islander health
3. Health policy and systems

This roundtable bridges two program areas (Program 2: A health workforce to address Aboriginal and Torres Strait Islander health and Program 3: Health Policy and Systems). The relevant goals of these program areas are to develop knowledge, tools and resources that will enable end-users (policy makers, health services and community) to

- provide good culturally competent/safe working environments and practicable entry and career pathways for Aboriginal and Torres Strait Islander people in the health and health research workforce
- enhance the capability of the health workforce to be effective in the delivery of all aspects of health care for Aboriginal and Torres Strait Islander people
- reform health policy and program implementation and enhance the capability of health care services so that Aboriginal and Torres Strait Islander people can rely on real access to high quality culturally competent/safe health care.

### **Roundtable format**

Roundtables are an important part of the Lowitja Institute's approach to research agenda setting and commitment to community-driven projects. Roundtables bring together stakeholders in all aspects of the research to share ideas and shape the Institute's research work.

The purpose of this paper is to provide some background information that may help facilitate discussion at the forthcoming roundtable. To complement this brief overview a few sample papers are provided as background reading for the roundtable:

- A systematic review: Truong, M., Paradies, Y. C. & Priest, N. (2014). Interventions to Improve Cultural Competency in Healthcare: A systematic review of reviews. *BMC Health Services Research*. Vol. 14(1): 1–17.
- An example of a regional approach: Martin, T. & DiRienzo, M. (2012). Closing the Gap in a Regional Health Service in NSW: A multistrategic approach to addressing individual and institutional racism, *NSW Public Health Bulletin*. Vol. 23: 63–67.
- A brief overview of jurisdictional approaches: Australian Health Ministers' Advisory Council (2012). Aboriginal and Torres Strait Islander Health Performance Framework 2012 Report. AHMAC, Canberra, pp. 135–138.

The reading provides an overview of the current evidence-base and some examples of current approaches being taken in Australian health systems to the development of cultural competence/safety. This information will also be explored in presentations at the roundtable. The roundtable will also be cognisant of the work occurring across a range of related concepts and perspectives across the health system including cultural awareness, cultural capability, cultural security, cultural safety, cultural respect and cultural integrity.

### **Roundtable aim and focus**

Given the goal of the roundtable is to identify priorities for collaborative research and action, and the wealth of knowledge that will be brought to the roundtable by the participants, presentations will be kept to a minimum. As much as possible of the time will be spent in active discussion and deliberation to help participants articulate the major concerns and knowledge gaps in their areas of work and experience.

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 people suggests that the ordinary policies and programs of the health system are at least as important as the competence of health care staff.<sup>1</sup> Therefore, participants' expertise will be harnessed to identify priorities for collaborative research that will 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.

Our suggested approach will be to apply a cultural competence framework to this goal of optimal care, because it offers a comprehensive multi-dimensional framework with action at individual, professional, organisational and system levels.<sup>2</sup> This framework extends 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.

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<sup>1</sup> Dwyer J, Willis E and Kelly J (2014). Hospitals caring for rural Aboriginal patients: Holding response and denial, Australian Health Review, DOI: 10.1071/AH14060. At: <http://www.publish.csiro.au/?nid=270>

<sup>2</sup> NHMRC (2006), Cultural Competency in health: A guide for policy, partnerships and participation. At <https://www.nhmrc.gov.au/guidelines/publications/hp19-hp26>