

Development of an online information hub to support culturally responsive palliative care for Aboriginal and Torres Strait Islander People

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CareSearch is funded by the Australian Government Department of Health.

“We acknowledge the Traditional Owners on whose country we are meeting. We thank them for allowing us to meet on their country and acknowledge their Elders past and present.”

WARNING: This presentation may contain images of, or have references to, deceased people. There may also be words or descriptions that could be culturally sensitive. This could upset some Aboriginal and Torres Strait Islander people; however CareSearch wishes no disrespect or distress.

What we will cover:

Why a Hub?

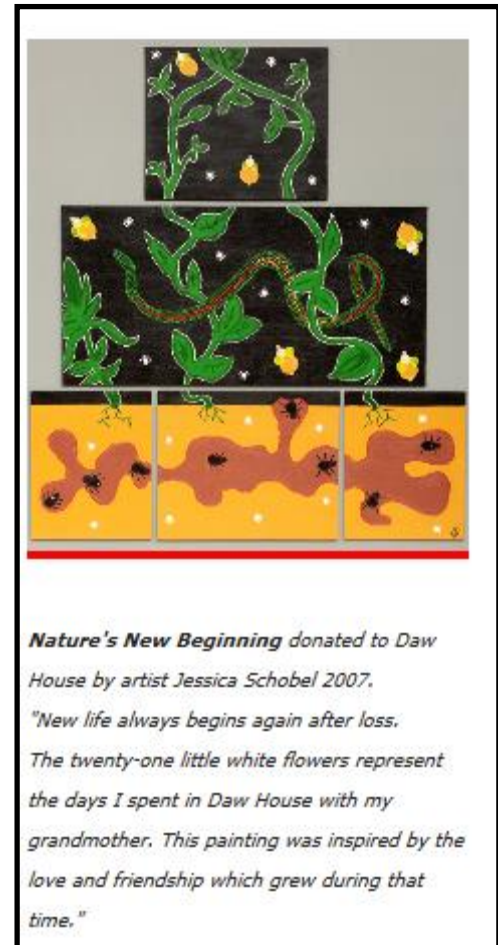
What will be in it?

How is it being developed?

Challenges and realities

Context for CareSearch

- Online palliative care resource promoting evidence based practice
- Aboriginal and Torres Strait Islander Health: Not just a policy agenda but justice and equity
- Interim solution: 'Aboriginal and Torres Strait Islander Resources' section alongside the other hubs on the CareSearch website



Aboriginal and Torres Strait Islander people are much more likely than non-Indigenous people to die before they are old.¹

1 Australian Indigenous HealthInfoNet (2016) Summary of Aboriginal and Torres Strait Islander health, 2015. Retrieved 2 Sept 2016 from <http://www.healthinfonet.ecu.edu.au/health-facts/summary>

Indigenous Australians

The death rate among Indigenous Australians is nearly twice that of non-Indigenous Australians.



Aboriginal and Torres Strait Islander Hub

- Funding available in the current CareSearch contract to formally develop a Hub
- Hubs: Information and resources that consolidate the knowledge base and practice issues for specific professional group or care issue²
- Recognise the needs of the community and support the health workforce to provide culturally safe and responsive care

2. Tieman JJ (2012) Filters and hubs: shortening the distance to palliative care evidence. *Australian Journal of Primary Health*, 2012, 18, 268–273

Patient as the centre

Good quality palliative care is built on the specific needs of the individual and responds holistically to these needs.

Culturally safe and responsive care is an important part, and an extension, of this care.

Need to recognise and attend to social and cultural context of the therapeutic encounter as well as the patient's physical and psychosocial issues

Culturally responsive approaches to care

“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”

“When clients are not from the same culture(s) as the service provider, the metaphors, rituals, and meanings of the client’s cultures are absent”.

“A complexity of historical, economic, social and cultural factors, including past approaches to health care, have created a health system in which there is inequitable access to health care and wellbeing programs, and inequitable health and wellbeing outcomes between Aboriginal and Torres Strait Islander Australians and non-Indigenous Australians”.

Creating the Hub: Overview

- Role of the PEPA Aboriginal and Torres Strait Islander Reference Group: Builds on existing knowledge and expertise
- Systematic search for relevant literature, evidence and resources
- Compile and organise resources
- Identify web page content
- Graphic design brief
- Draft and review content
- Promote and monitor use

Initial Content Structure

- Home Page
- Cultural Safety, Cultural Responsiveness, Cultural Capability in caring for Aboriginal and Torres Strait Islander People
- Aboriginal Health Workers and Practitioners
- Healthcare Professionals caring for Aboriginal and Torres Strait Islander People
- Information for Aboriginal and Torres Strait Islander Patients and their Families
- Finding Research and Evidence



Progress and changes

- Critical understanding of representing the importance of cultural safety and responsiveness
- Focus to be on the patient journey to model that the person is at the heart of all care activity
- Health professionals have a role because of the patient's needs
- Highlights importance of interprofessional care and continuity across setting and providers
- Revised structure to include strengthened patient, family and community content
- Discussions around presentation and language to be used including stories and visual representations
- Review of graphic design role within the Hub

Terminology

The use of terms in the Hub such as cultural awareness, cultural security, cultural safety, cultural responsiveness, and cultural competence were discussed. Position statements and standards by NACCHO, IAHA, and CATSINaM were highlighted. It was decided that it was important that the Hub include information on the following 3 areas:

- 1) 'cultural safety' (from the perspective of the client)
- 2) 'cultural responsiveness' (with health professionals working in a culturally responsive way to achieve cultural safety for their clients, and drawing upon the AIHA cultural responsiveness framework)
- 3) 'cultural capabilities' (at the organisational/service provider level, drawing on e.g., Queensland Health cultural capability framework).

Learnings

- Principles of palliative care are resonant with issues identified in Aboriginal and Torres Strait Islander health
 - Patient as the centre and heart of the illness journey
 - Patient and family and community
 - Needs and care are individual
- Services and systems need to ensure that environments are safe
- Health professionals need to be involved in changes
- It is worth getting the Hub right (or at least making it better)



Conclusion

- The Hub will consolidate the knowledge base and practice issues to support and encourage culturally safe and responsive care for Aboriginal and Torres Strait Islander people
- Health professionals need to recognise cultural and social contexts in the therapeutic encounter



CareSearch would like to thank the many people who contribute their time and expertise to the project, including members of the National Advisory Group and the Knowledge Network Management Group.

We would also like to thank the members of the PEPA Aboriginal and Torres Strait Islander Reference Group.

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