2012

A prehospital perspective of 'Cultural Competency in Health: A guide for policy, partnership and participation'. National Health and Medical Research Council, Commonwealth of Australia. 2005

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GUEST EDITORIAL

Article 990255

**A prehospital perspective of 'Cultural Competency in Health:
A guide for policy, partnership and participation'**
National Health and Medical Research Council, Commonwealth of Australia, 2005

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An often claimed rationale for cultural competency training is the need to serve progressively more diverse populations which result from migration and globalisation. Consequently, the emergence and demand in recent years for culturally competent health care professionals to improve the access and quality of care for heath service consumers from culturally and linguistically diverse backgrounds gains momentum. In reality, we are all culturally diverse as each of us possesses our own unique cultural heritage; a collection of values and beliefs that often remain unquestioned, or at least until a situation or experience, such as people experiencing the health sector as a patient rather than as a health practitioner, forces them to reflect or reconsider their position. Cultural factors are crucial to understanding the way people think about health. It is therefore timely that in 2004 the Health Advisory Committee (HAC) of the National Health and Medical Research Council (NHMRC) identified the need for developing a framework and toolkit to increase cultural competency.

The working committee appointed to develop the framework and toolkit comprised a wide variety of members with multicultural health experience and involved community consultation at a national level. The consultative process revealed the need for intervention at policy level to raise awareness throughout the health system and to promote the integration of cultural competency into policy planning and practice. Consequently, rather than producing a toolkit, the NHMRC released *Cultural Competency in Health: A guide for policy, partnership and participation*. After independent assessment and HAC approval in December 2005, it became publicly available in June 2006. The *Guide* is the first federal initiative that actively promotes a model to help policy makers and managers plan and integrate cultural competency across all levels of the health sector to benefit the wellbeing of people from cultural and linguistically diverse backgrounds.

The focus on health influences all health care professionals and provides another initiative for 'paramedics to take action and champion this advance in an increasingly multicultural society'.[1] Since the *Guide* was released in 2006, some health services have begun to incorporate its elements into their Code of Ethics[2] and Position Statements.[3] An Australian academic retrospectively applied its principles to the Cornelia Rau case[4] and an overseas health service cites the *Guide* in a submission to develop cultural competency as a matter of urgency.[5] In writing this editorial, a search of the web revealed that only one Australian ambulance service listed information pertaining to cultural competency, multiculturalism or

ethnic communities.[6] Of the other emergency services, two fire brigades[7-9] and four police services[10-14] listed information, while all police services listed a cultural liaison officer on the Australasian Police Multicultural Advisory Bureau website.[15] On the other hand, the web search identified many key organisations, both nationally and internationally, that cited and promoted the *Guide*.

Paramedics passionate about the need for change will find research evidence in this 84 page *Guide* to promote cultural competence within culturally and linguistically diverse communities. The *Guide* contains eight sections. Firstly, the preface highlights the rights of all Australians to access health care appropriate to their needs and the hopeful desire for beginning nationally supported and sustained change. Following this, a summary outlining the *Guide's* purpose, importance, and a model for change to effectively promote healthier living and environments – community based emergency health – a place where paramedics can champion and influence change.

For those who are unfamiliar with these concepts, the third section can help paramedics and other health professionals understand 'Definitions of key concepts'. While cultural competence lies at the heart of the *Guide*, I am not an advocate of this concept, and the authors acknowledge that it is one of many different perspectives that exist. Even so, cultural competency, defined by Cross[16] in 1989, has become passé and engenders overtones of colonialism which suggests paramedics and other health professionals can occupy or own 'other' cultural knowledge. The term also gives the impression that health professionals can become 'competent' in 'other' cultures, or worse still, suggests that culture can be reduced to a technical skill for which training develops expertise.[17] No one can become competent in more than 200 cultures living in Australia and neither should paramedics have this expectation. My preferred term is 'cultural responsiveness' or 'culturally responsive health care', which enables paramedics and health care professionals to 'respond' to other cultural health beliefs while avoiding ownership of 'other' people's cultural beliefs. Other disciplines share this view and exemplify this perspective in their work.[18,19] This said, the widespread use of 'cultural competency' around the globe suggests that the concept will remain for quite some time.

The core of the *Guide* contains five sections:

Introduction
Readers discover that the Guide uses overweight and obesity to illustrate key principles based on universal human rights to demonstrate how to build a culturally competent health sector to ensure health service consumers receive appropriate care.

Importantly, the Working Committee identified risks associated with being unable to focus in-depth on Aboriginal and Torres Straight Islanders within the timeframe. To compensate for this omission, the Guide promotes exemplary work and recommends the development of specific resources. Given the history of Australian colonisation, this prudent decision is unlikely to offend Aboriginal and Torres Straight Islanders who would probably be reluctant to identify with the culturally and linguistically diverse (CALD) label being that indigenous peoples are the historical custodians of the land, and not new arrivals, like all other Australians.

Overview
A supporting rationale for cultural competency in health care gives a context to the *Guide*. Included is the historical complexity of how Australia became a diverse nation and how particular elements prevent or deter culturally and linguistically diverse (CALD) peoples from

Author(s): Caroline Spencer

accessing health care services. These elements, while not specific to paramedics, can be applied to their situation.

A model for increasing cultural competency for healthier living and environments
The introduction of the *Guide* indicates that the consultative process also produced key learnings that formed the basis for identifying principles to increase cultural competency and promote healthier living environments. These learnings are not evident, as promised in the introduction, unless referred to as universal human rights.

A four dimensional model presents a resource for action at the systemic, organisational, professional and individual levels. A disappointing factor is that Eisenbruch, a member of the working party committee, developed this model in 2001 and its inclusion leaves the reader wondering about the extent to which the community consultation influenced the developmental phase, particularly as key learnings lack visibility. This aside, the model is comprehensive and complemented by generic specifications to enable anyone from within the health sector, which includes the Australian ambulance services, to question governance structures, and mull over how creative change could improve these. The model establishes an important step that could potentially influence all aspects of the health care system, provided support from Chief Executive Officers or leaders at the highest level is forthcoming.

To apply the model to Australian ambulance services, and taking the first mentioned specification from each level in the *Guide*, then each service would:

- ° Acknowledge, at the systemic level, cultural competency as integral to core business;
- ° Recognize, at the organisational level, that its client base is diverse and includes peoples from a range of cultural and linguistic backgrounds based not simply on language or birth but on a rich diversity of heritage and culture and differing degrees of acculturation;
- ° Build, at the professional level, cultural competency into both generic and specialist training in professional development, and
- ° Understand at the individual level the importance of cultural understanding to achieve effective communication in practice.

Putting the model into practice
A flowchart gives guidance on how to put all four levels of the model into practice. Different strategies on how to plan, implement and evaluate health programs, projects and services offer guidance for engaging health service consumers from CALD backgrounds. Real life, collaborative scenarios support the strategies and encourage readers to appreciate how culturally competent best practice can infiltrate all levels of the health sector. Scenarios illustrate the strengths and weaknesses of national, State/Territory, regional and community initiatives. These include:

- ° How a national media campaign promotes health eating
- ° How a State Department supports cultural competency in language service provision
- ° A focus on overweight and obesity in a rural region
- ° Dealing with diabetes in a small community
- ° Physical activity and Muslim women in a local government, and
- ° Improving uptake of outpatient rehabilitation among Lebanese patients.

Health professionals and paramedics looking to incorporate cultural competency could adopt or adapt elements from these scenarios to their own professional situation.

Author(s): Caroline Spencer

Next steps
Opportunities for continuing development across all four domains of Eisenbruch's model provide inspiration to researchers and others committed to acting at the systemic, organisational, professional and individual levels. Readers are invited to test, review and evaluate the model to continue the debate towards developing a culturally competent health care sector for a diverse population.

Appendices
Three appendices provide further details about the development of the Guide, and include:
       A Membership and terms of reference of the Working Committee
       B Process Report
       C Useful resources and websites

Conclusion
The publication of Cultural Competency in Health: A guide for policy, partnership and *participation* is timely and relevant if the Australian health sector is to keep abreast of international schemes in how best to care for people who adopt cultural beliefs and practices different to conventional beliefs. As cultural competency gains momentum, the *Guide* offers policy makers, managers and health service providers, such as the Australian ambulance services, a good entrée into improving healthcare outcomes among culturally and linguistically diverse populations. The challenge now is for Australian Ambulance Services to interpret the *Guide* into enriching its core business.

Cultural Competency in Health: A guide for policy, partnership and participation
National Health and Medical Research Council
Commonwealth of Australia, 2005
ISBN Print 1864963206
Available from http://www.nhmrc.gov.au/publications/synopses/_files/hp19.pdf

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Author(s): Caroline Spencer

Key national and international organisations that have cited and promoted this *Guide*

Australian Indigenous Health Infonet
http://www.healthinfonet.ecu.edu.au/html/html_environment/environment_cultural.htm
Australian Policy Online
http://www.apo.org.au/linkboard/list.chtml?topic=Population,%20multiculturalism%20and%20ethnicity&_wb_offset=40
Global Health Council
http://globalhealth.org/sources/view.php3?id=1449
Health Communication Partnership
http://www.comminit.com/healthecomm/planning.php?showdetails=443
National Library of Australia
http://nla.gov.au/anbd.bib-an000040524674
National Resource Centre for Consumer Participation in Health
http://www.participateinhealth.org.au/victorian-CPH/resources.htm
Queensland Government – Queensland Health
http://www.health.qld.gov.au/multicultural/health_workers/support_tools.asp
The Department of Health and Human Services, Tasmania
http://www.dhhs.tas.gov.au/agency/publications/documents/MCHnewssept2006.pdf
Southern Division of General Practice Inc
http://www.apo.org.au/linkboard/list.chtml?topic=Population,%20multiculturalism%20and%20ethnicity&_wb_offset=40
United States National Library of Medicine
http://sis.nlm.nih.gov/outreach/multicultural.html
University of New South Wales, School of Public Health and Community Medicine
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United Nations Education, Scientific and Cultural Organisation (UNESCO)
http://www.unescobkk.org/index.php?id=5412
University of Utah Health Sciences Library
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