

Welcome to Country

A practice that shows respect to the traditional owners of a particular region. traditionally performed by an Australian or Torres Strait Islander custodian/elder from the local region to welcome people to their land, through speech, song, dance or ceremony.

Closing the Gap campaign

A campaign aimed to equalise the disparity between indigenous and non indigenous health in Australia

What is the Cultural Security Scale? (A.B.S.P.S.S)

A scale that shows what level of understanding and sensitivity of foreign culture a person has. It includes awareness, brokerage, safety, protocol, security and sustainability

Why do we need Cultural Security?

For positive health outcomes, for Indigenous patients to continue to receive treatment, feel safe, form connections
Obtaining cultural knowledge, involves self awareness, listening & yarning, developing culturally tailored interventions.

(A) Cultural Awareness - Obtaining cultural knowledge

Involves understanding A&TSI peoples by learning about their beliefs, values, practices and experiences.

(B) Brokerage - Communication

Two way communication where both parties are equally informed and equality important in the discussion.
It involves self awareness, active listening and yarning

(S) Cultural Safety – A&TSI peoples feeling safe

It focuses on the subjective experience of the aboriginal person.

Aboriginal people should be able to access health care without feeling challenge, assault or deny their cultural identity.
When there is an absence of cultural safety an Aboriginal person will sometimes refuse treatment even if the condition is life threatening.

example: "I am going to make sure that I tell Toms Mum, Aunty and Nana about his appointment because sometimes he is not with his mum" Safety involves health providers working with individuals, organisations and sometimes the community. More often though cultural safety consists of small actions and gestures usually not standardised as policy and procedure

(P) Protocol – Culturally tailored interventions

Strategy that can take a culturally safe practice to a culturally secure one in an Aboriginal context to improve quality of care.

example: Men & Womens business (Female GP for female patient, do not have a male GP discuss menstrual issues, male GP to discuss mens health), allowing multiple family members to visit and outside of visiting hours, assisting the help of an Aboriginal liaison officer

(S) Cultural Security – taking action

Links our understanding of different cultures into action. Intercultural teams working together to provide culturally secures services.

Coffin (2007) states that achieving cultural security are when two different approaches are collaborated specifically when the Western definition of health is utilised with the Indigenous definition of health.

(S) Sustainability - consistency

Consistency of high quality and culturally safe care. Combining system level intervention (i.e. different hospital practices) with best-evidence based intervention to help to reduce disparities in health care delivery.

What is health?

'Wellbeing' is the word for health used by Aboriginal Australians. Physical, mental, emotional health, spiritual and community health; All components need to be taken into consideration in order to be healthy.

WHO and Aboriginal health definitions are different: *WHO defines it as - a state of complete physical social and emotional wellbeing and not merely the absence of disease or infirmity.*

National aboriginal health strategy working party defined it as - not just a physical, but emotional social and cultural wellbeing of the whole community in which each individual is able to achieve their full potential as a human being.

What is public health?

Dealing with everyone. Improving health of public. Also called **population health**

What is health promotion? Educating and informing population

What is primary, secondary and tertiary prevention?

Primary - prevent before it occurs

Secondary (when you have disease) - strategies in place so it does not worsen

Tertiary (has diagnosed condition) - maintain level of condition. Maintenance phase

MODELS

Biopsychosocial model

It is a way of explaining and describing how biological, psychological social factors combine and interact to influence our physical and mental health

Health carers that use this model recognise the links between socioeconomic deprivation and poor health
Health carers understand to include health and wellbeing and the quality of life, not just the illness.

Model doesn't take into account western downward forces forces (land, racism, history).

Identified criticisms of the biopsychosocial model - by emphasising the tole of lifestyle, the model may result in health professionals making judgements about the level of control people have over their own health outcomes. Those patients that don't 'behave' in healthy ways can be judged and labelled as deviant and victim blaming for their own poor health outcomes.

Differences between the biopsychosocial model and the aboriginal model - Aboriginal model as a strong association with the land and its framework is based on a more holistic view. ancestors, culture, caring for land. The aboriginal takes into account things that have happened over time (western/down forces) and not just what is current or present

Similarities between the biopsychosocial model and the Aboriginal model - both models recognise the connection between health, experience, biological and social environment

What are the western/downward forces?

politics

health issues

loss of land

racism

native title

colonisation

destruction and recognition of country

Iceberg and River Models

Iceberg - interventions, top of the iceberg is what people see, but below the water is what people don't see, more effect on the person

River- don't just look at surface information, we focus on downstream actions and fixing the issue, but need to focus more on upstream

Iceberg model - a model to show the relationship between the determinants of health behavioural and lifestyle factors and the health and well being of a population.

Tip - physical health status

Mid - behavioural and lifestyle factors

Bottom - social determinants that have the greatest impact on health status and influence the opportunities, exposures and behaviours that contribute to health.

Observable vs unobservable (out of your awareness) characteristics

Don't just look at the surface, what other factors could be contributing to poor health?

River model - upstream – midstream - downstream

McKinlay & Gartley (1974) suggested that illness is represented by the fast flowing water, they argue that health professionals are so caught up in rescuing victims from the downstream that they have no time to look upstream to see who was pushing them in.

Don't just focus on the health issue and outcome, look further upstream and see what interventions might help to prevent the issue

example. violence to women the downstream is crisis care emergency housing and mens violence programs. midstream is successful relationships standardised risk assessment by community services and upstream is income equality access to childcare family friendly workplace.

Health belief model - taking a snapshot and looking where that person is in regards to their health

<http://recapp.etr.org/recapp/index.cfm?fuseaction=pages.TheoriesDetail&PageID=13>