

CONFERENCE ABSTRACT

A journey towards culturally safe cancer care: Steps in reducing the unwarranted variations in Aboriginal cancer outcomes in Parkville Precinct Health Services

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Introduction: Background: Building respectful relationships between Aboriginal people affected by cancer and health service providers is integral to the provision of culturally inclusive, responsive and safe care.

Problem statement: The Parkville Precinct health partners, consisting of Peter MacCallum Cancer Centre, the Royal Melbourne Hospital and The Royal Women's Hospital have identified a common goal of establishing an Aboriginal Health Directorate that is culturally safe and responsive to the healthcare needs of Indigenous people across the precinct.

Theory/Methods: This mixed methods scoping project examined current practices and barriers to the provision of culturally appropriate and responsive cancer care against literature and best practice.

- Quantitative data collection was based on a cultural safety self-assessment gap analysis tool
- Qualitative approaches included extensive literature review and a series of interviews with stakeholders to inform evidence-based recommendations for improvement against gap analysis for each health service.

Results:

- Health services are in varying maturity of a whole of organisation approach to a cultural competency strategy
- Value of partnering with local Aboriginal and Torres Strait Islander communities to inform organisational policy and procedures
- Positive impact of sharing Aboriginal and Torres Strait Islander patient experience stories
- Improving Indigenous patient identification on admission/presentation to hospital and cultural safety with health care providers was identified as priority areas for improvement
- Comprehensive strategies and recommendations developed as informed by the gap analysis

Discussions: The project emphasizes on simple, cost effective ways for implementation with existing resources such as:

- Ensuring that the Aboriginal Health Liaison Officer role is hired in pairs to address social isolation in the workplace.

- Generating a report of all Aboriginal and Torres Strait Islander patients attending health services to better identify and respond to their needs.
- Visible cultural presence such as flags, artworks, murals, and commemoration plaques.

The recommendations above are short term goals for each health services to achieve, and they lay the vital foundation towards collaborative long terms goals.

Conclusions: The establishment of a Precinct Aboriginal Health Directorate should be an Indigenous-led model of care and this would ensure provision of comprehensive Aboriginal public health care with a holistic approach and flexible models of care with a diverse workforce that is culturally safe, responsive and accessible.

Lessons learned:

- Executive engagement with whole of organisational commitment/approach is integral.
- Partnering with Aboriginal health agencies and local Aboriginal communities, bearing in mind the principle of self-determination.
- Cultural Awareness fosters respect towards Aboriginals; to build better relationships and work effectively without bias or prejudice.

Limitations:

- Legal and financial constraints – Coordination with three major public health services would require intricate planning and sensitivity in regards to these issues.
- Sample size and selection criteria – scoping of stakeholders did not involve Indigenous patients directly.

Suggestions for future research:

- Strategies to improve Indigenous patient identification on admission/presentation to hospital
- The impact of cultural safety training with healthcare providers