

Cultural competence in Australia

Jo Travaglia

Research Fellow, CCGR, Faculty of Medicine, University of NSW



Q1. Why is cultural competence important?

Because there are disparities in the health and wellbeing of different groups in Australia...
and cultural competence might help improve this situation



2. Why are there disparities?

The evidence is patchy, but in the broadest terms there are two issues:

- Inequalities
- Inequities



Inequities

Inequalities

Is the generic term used to designate difference, variations, and disparities in the achievement of individuals and groups

A factual matter

Descriptive or monitoring

Inequity

Refers to those inequalities in which are deemed to be unfair or stemming from some form of injustice

An ethical judgment

Goal or target oriented

Disparities



3. Why do we have inequities?

The answer (in relation to cultural competencies) is because services and service providers are “lacking” in all or any of:

- Knowledge
- Skills
- Attitudes



4. Why don't services and professionals have the competencies required?

Answer A because:

- They are not prepared adequately (education)
- They are not developed appropriately (training)
- We do not have a set of appropriate Australian cultural competencies (standards)



This is partially true, but...

Since (at the very least) the Galbally report (1977) there has been...

- ?\$millions on research reports and funding at every level of government
- Hundreds of independent research studies
- Institutions such as AIMA, OMA, BIMPR
- ?\$100,000s cross/multi/cultural/diversity/language training and education (since 1965)
- Thousands of projects, programs, pilots
- Australian cultural competencies already exist for adult education and training, palliative care, mental health, health promotion, needle and syringe exchange, aged care, public service managers...plus there are cultural competencies in existing professional standards



So why are we here?

- Those who [are made to] forget history...end up in a recursive occlusion
- Hegemony/politics
- Organisational marginality
- Quality
- The flag bearers...
- The filing cabinet



A timeline

- Diversity, plurality, holism, health
- Invasion, colonization...
- Assimilation (1940s -1960s)
- Integration (1970s)
- Multiculturalism (1980s)
- Productive diversity (1990s)
- Social justice & human rights (1990s RIP)
- "Responsibilitism" (1990s-2000s)
- Post-multiculturalism (Lathanism)
- Symbolic violence and normalised presence



4. Why don't services and professionals have the competencies required?

Answer B (the SOFI model) because the:

- "System" which includes political and funding bodies have never been committed to addressing inequities, and are even less so now
- Most organisations still address inequities in terms of reporting processes (to the bodies that don't give a damn in the first place)
- (Functional) Units, teams, facilities are under resourced – particularly in the area of highest need, and at best see inequities as optional extras
- Professionals are 33%, 33%, 33% (give or take a lot...)



5. Why do we think cultural competence will do what nothing has done before?

... and more importantly, how can we ensure that it does...



Challenge # 1

How will cultural competence ensure that our services are:

Safe, effective, patient-centred, timely, efficient and equitable (*Crossing the Quality Chasm*)

And more importantly, how will it help us ensure that we achieve:

- Equal access
- Equal utilization
- Equal quality of care
- Equal outcomes



Major patient safety inquiries

- King Edward Memorial Hospital (women)
- Royal Melbourne (elderly patients)
- Winnipeg Health Services Centre (children)
- Cartwright, Gisbourne (women)
- Southland (psychiatric patient)
- Alder Hey (children, parents)
- Allitt (children)
- Ashworth (psychiatric patients)
- Bristol (children)
- Cardiff (long stay patients)
- Middlesex (people with learning disabilities)
- Shipman (elderly women, the isolated)
- Wakefield (elderly persons)
- Kent and Canterbury (women)
- Gilbert (elderly)
- Camden and Campbelltown (locational disadvantage)
- Bundaberg (locational disadvantage)



Challenge # 2

When we develop cultural competencies, how will we ensure that the ethics of inequities are addressed?

knowledge, skills & attitudes



stance



The principle of equity involves:

- ensuring that (health) care services serving disadvantaged populations are not of poorer quality or less accessible;
- that the allocation and application of resources are in relation to need and;
- ensuring that positive efforts are made to achieve greater uptake and use of effective services by making extra efforts to reach those whose (health) is worse.

Independent Inquiry into Inequalities in Health (Acheson Report)



Barriers to Effective Action on the Social Determinants of Health

- Ideological - What is health and its determinants?
- Political - How do government actions affect health?
- Institutional - What is appropriate health action?
- Personal - Do I have the knowledge to affect health?
- Attitudinal - Do I need the hassle?



Challenge # 3

How do we avoid selective responses to elements of diversity? Compartmentalized, enough, but not too much difference...



Which has resulted in...

(Worst case scenarios...)

- Response by category ("that's when we call DOCs")
- Individual by culture ("but you are both Italian")
- Culture by difference ("men don't wash up")
- Difference by diversity ("does anybody here speak English, anybody...")
- Diversity by service ("but some of us are hopeful ...")



Challenge # 4

How will we be able to use cultural competence to work against:

- Normalised absence
- Pathologised presence
- Normalised presence

} Ann Phoenix



Normalised absence

- Denial of all forms of dominant culture
- Cultural construction of institutions
 - Differential power relations
 - Institutionalized, cultural and individual racism
 - Toleration of systemic absence/loss of knowledge
- Systematic denial of service and information
 - Focus on access
 - Forcible queuing
 - Inferior quality
 - Perpetual transience



Pathologised presence

- Continuation of pseudo-anthropology
- Focus on the exotic/unusual/"fascinating"
- Privileging of individual/acceptable/appropriable/reducible representations
- Re-emergence of cultural oppression discourse




Normalised presence

- Uncritical and uncontested theories
 - culture
 - modification of norm
 - communication
- Privileged representations
 - ethnicity as culture
 - denial of emergent cultural forms
 - privileged representations



Challenge # 5

How do we stop cultural competencies from being another set of papers on the shelf?



One possible answer: the missing piece of the puzzle

Critical cultural competence:

- Question all knowledge and its construction including engaging and encourage critical and uncomfortable views of culture(s) (critical knowledge)
- Acknowledge and address the historical and quotidian enactment of inequity, discrimination and racism (critical stance)
- Insist on the contextualisation (placing, spacing and temporizing) and reflexivity of ourselves and others (critical attitude)
- Expose, educate, enforce (Loden) embed and empower ourselves and others (critical skills)

A little parable...

