

Cultural Competence Workshop

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Acknowledgements

- Local
- Many cultures
- Phyllis Tangitu and our Lakes DHB Maori health team
- Don Matheson – ASMS conference talk

Greetings

E nga kawai nui, e nga kahui rangatira

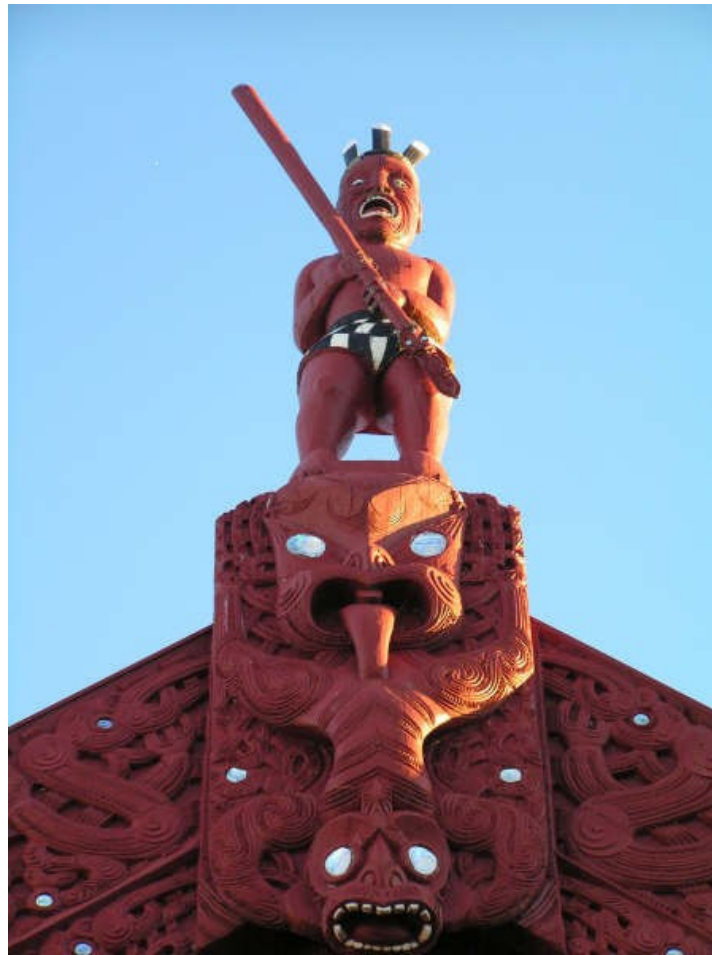
Tena koutou, tena koutou, tena tatau katoa.

Introductions

Shaun



Tametekapua



Workshop Goals

- Understand the “Essence of cultural competence”
- Demystify cultural competence
- Have some ideas and motivation re
 - Personal approach
 - How to develop a systems approach
 - Improvements in health equity

Background Aotearoa/NZ

- Treaty of Waitangi – defines relationship between Maori and the Crown – partnership
- 1889 - First maori medical doctor

Noema Williams wrote; *What is important for us is that we are, first and foremost, Maori. Before we're anything else we are Maori. We are proud to be Maori the way we engage with our children, engage with each other, and relate to people from/in the community and beyond.*

Understanding Kaupapa Maori and incorporating them in my leadership style I endeavour to make use of the following key principles:

- Respecting self determination
- Recognising cultural aspiration
- Acknowledging teaching styles and learning style are unique to Maori,
- Understanding the need to mediate and assist in the mitigation of unhelpful pressures and disadvantages experienced by Maori communities
- Whanau sitting at the core of Kaupapa Maori, understanding the collective vision, aspiration and purpose of Maori communities
- The Treaty of Waitangi is a crucial document which defines the relationship between Maori and the Crown in New Zealand
- Understanding of relationships and wellbeing when engaging with Maori.

What does
Cultural Competence mean

? Key attributes of high quality
care that define a high quality
doctor

Patient focussed

What are the essential ingredients

- Standard courtesies
- Introduction
- Giving people “enough” time
- Listening - for “long enough”
- Reflective learning – an iterative process
- Successive approximation process to increasing understanding
- Patients have to know that you care

Cultural Competence

- patient focussed
- practice focussed eg “everyone is part of a whanau “(family)
- Rx Whanau ora – when an at risk individual comes to the attention of the public system, once identified involved agencies eg health , welfare , education etc - create a “wrap around service”. Holistic.

Cultural Competence

- Relevant to many cultures
- Culture is evolving eg Photos are new and treasured – generally don't use photos of people who are alive or dead together eg at a tangi , part of a photo may be covered
- Culture is increasing in it's diversity , old cf new , maori are increasingly eclectic, there is significant intermarriage

How do you acquire it?











How do you acquire it

- The “will” to care for indigenous people – how do you get to “feel” this , not just “know” it intellectually
- Being part of a community
- Having friends in that community
- Appreciating the richness of that community
- Enjoying the culture – wisdom , music , art etc etc
- Being part of that culture
- Seeing it as “partly yours” and being given that inclusiveness

Lakes DHB

- Made easy for us
- 32 % Maori
- 16 lakes
- Mountains
- Geothermal Activity
- Well integrated maori – european

? Why is it important

Why is it important

- Improved access to care
- Improved self care
- Improved equity of health status
- Just society to be proud of
- Enrichment of us all

Systems approach

- Maximise the benefits of early intervention, proper integration of services, health promotion, and involvement of communities in developing their own solutions to their health issues.

Te Whakaruruhau Service

Te Whakaruruhau hei oranga mo te iwi Maori

Vision

He arataki i te iwi Maori, mai i Maketu ki Tongariro,
i roto i nga whainga hauora.
Excellence for Maori well-being

Mission

Quality partnerships to improve Maori well-being

We Value

Te Tiriti o Waitangi
Whanaungatanga
Integrity
Manaakitanga
Kaitiakitanga
Accountability

Memorandum of Understanding Principles of Operation and Understanding.

- Including Māori views on health and disability support services at all levels of decision-making by the Lakes DHB;
- Achieve health gain and continuing improvement of health and disability support outcomes for Māori in the Lakes DHB area;
- Reduce health disparities between Māori and non-Māori

Maori Services – Te Whakaruruhau

- We learn of concerns or ideas about how we can improve the services that are delivered
- We ensure Kaumatua/ Maori participation and involvement in events such as powhiri for VIPs, blessing ceremonies or karakia (prayer sessions) for patients and their whanau

Tu Kahikatea I te uru – through unity comes strength

- A large organisation is like a forest. It cannot alone say: "I am going to leap to become the largest and tallest forest in the world." Instead, it is totally dependent on the many individual trees that compete for resources within it, the individual projects that will take it upwards
- On the other hand a project, like a kahikatea tree seed, can say ".". Whereas organisations can normally only move slowly, projects can practice the leadership, teamwork, behaviours and processes.
- We need each other to do things well – work with people



Maori Services

- Multiple community provider health care organisations

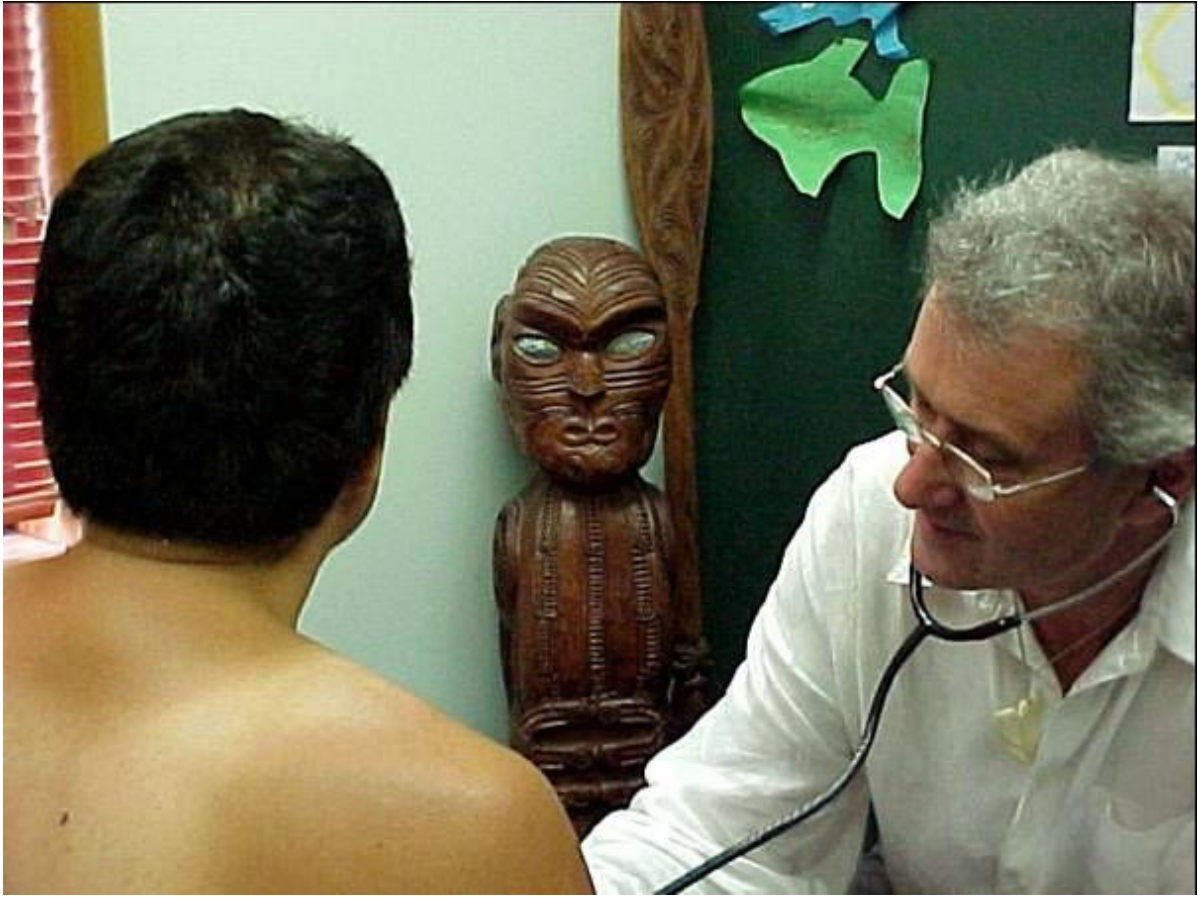
But still

- 6% of New Zealanders are for a range of reasons that include cost unable to access PHC when they need it.



Improved self care

- More likely to follow “being respected”
- More likely to follow from interaction with a “trusted” health professional

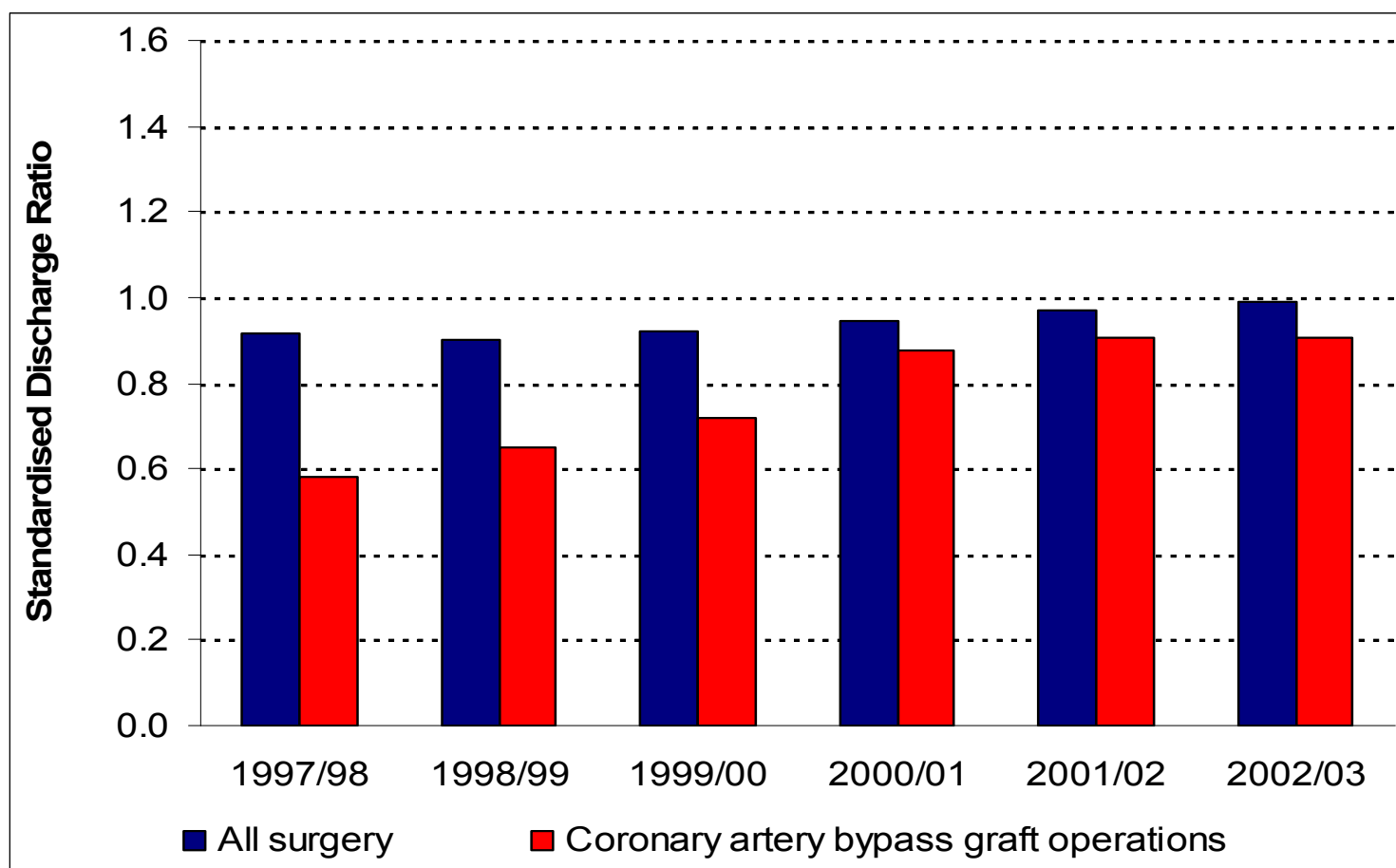




Improved equity of health status

- It is not the differences in the populations that is the issue, but the unfair and unjust nature of those differences.

Addressing Inequalities in Surgery for Māori : non-Māori Standardised Discharge Ratios (NZHIS data)

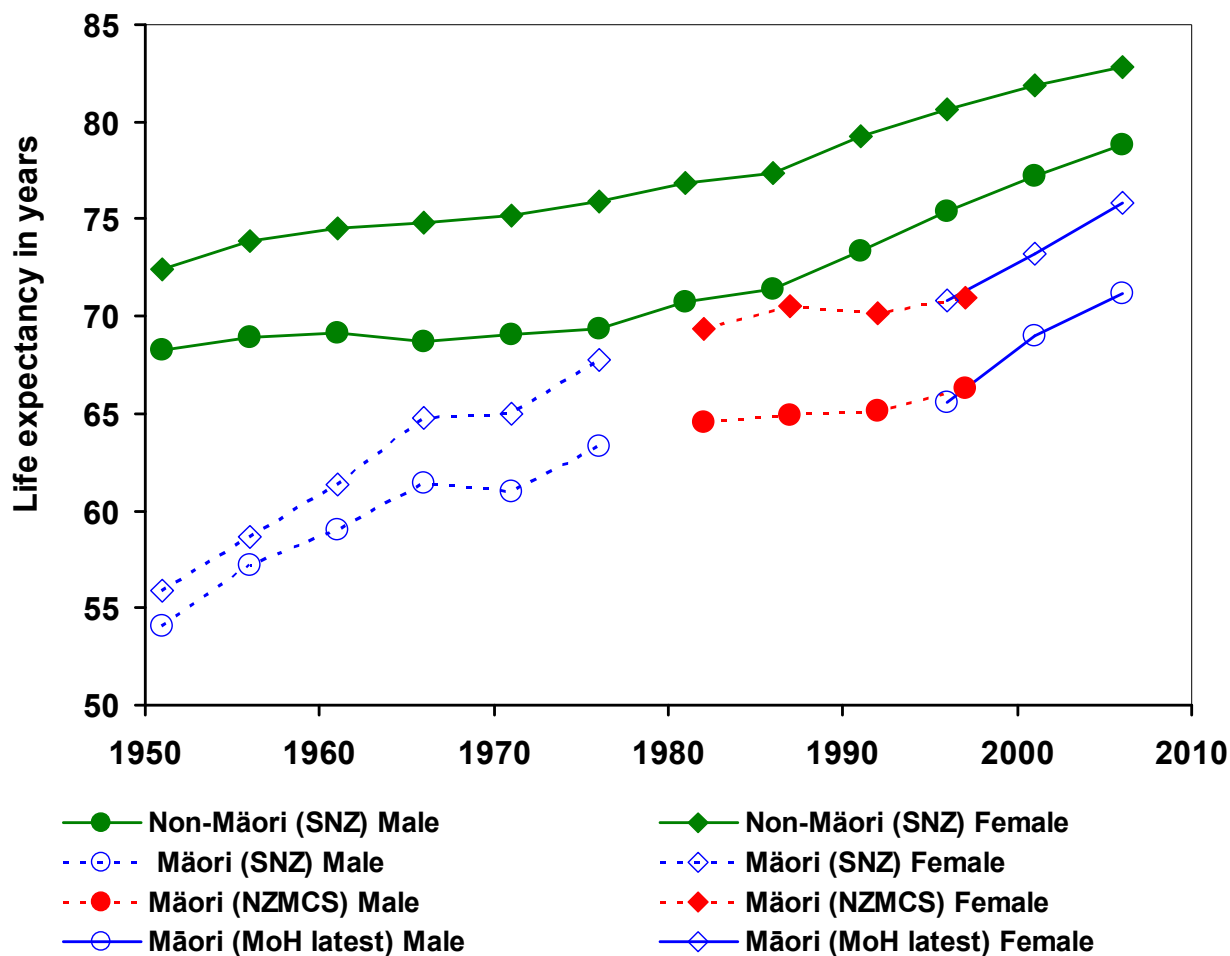


Achieving Health Equity

- Due to work inside and outside of the health sector. This graph shows that surgical intervention rates (all types combined) and CABG rates were lower for Maori than European ethnic groups (adjusting for age) until recently.
- Māori rates are still too low when adjusted for need (e.g. CHD mortality rates are double those of Europeans, yet CABG rates are similar).
- This highlights the importance of 'equity' being across the health sector, including the work of cardiac surgeons as in this case.

Improved equity of health status

Life expectancy trends by ethnicity



NZ – Improvement since the late 1990's

- There has been a return to improved life expectancy for Māori, parallel with the improvement for non-Māori
- A similar pattern of reducing inequality is seen with between low income and other citizens.

Nelson Mandela

Massive poverty and obscene inequality are such terrible scourges of our times – they have to rank alongside slavery and apartheid as social evils. ... Overcoming poverty is not a gesture of charity. It is an act of justice. It is the protection of a fundamental human right, the right to dignity and a decent life

Examples

TAONGA/VALUABLES

- Where possible, securely tape taonga to the body of the patient rather than removing it.
- Give patient or whānau the option of removing it themselves.
- Give whānau the option of caring for any taonga
- Inform patient and whānau of the risk of storing taonga and how it will be stored
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THE LORE OF TAPU AND NOA

- TAPU - Restrictions and prohibitions that protect tapu (wellbeing, dignity and sacredness) from violation.
- NOA - it is the state of freedom of mind and spirit that comes about through being acknowledged, enhanced, restored and healed.

THE LORE OF TAPU AND NOA

- Tapu and noa are key concepts that underpin many practices. For example, it is important to keep things that are tapu separate from things that are noa. In many cases, these align with good health and safety and infection control procedures that should be practiced by staff

THE LORE OF TAPU AND NOA

- Not passing food over a person's head.
- Not using pillowcases for any other purpose,.
- Using different flannels for washing the head and washing the body – where possible use different coloured flannels to differentiate.
- Washing the body in a strict order starting from the neck to genital and then anal area.
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THE LORE OF TAPU AND NOA

- Keep separate from food anything that comes into contact with the body or body fluids
- Combs and brushes not placed on a surface where food is placed.
- Do not sit on tables or workbenches and particularly not on surfaces that are used for food or medication

THE LORE OF TAPU AND NOA

- Microwaves used for heating food will not be used for heating anything that has come into contact with the body.
- Fridges or freezers used for food or medication storage should not be used for any other purpose.
- Receptacles used for drinking water should be used solely for this purpose.
- Bedpans/urinals must be placed in their own designated area – not mixed with food.

BODY PARTS/TISSUE/SUBSTANCES (Removal, retention, return or disposal of)

- As with any patient, full communication about the procedure, consultation with the patient and whanau about options for removal, retention, return or disposal need to be discussed.

BODY PARTS/TISSUE/SUBSTANCES

- Offer support from the appropriate Kaupapa Maori staff, eg: Hunga Manaaki, Te Oranga and Po Te Atatu Services.
- Offer the return of a tūroro/Māori patient's hair, fingernails and toenails - returned to the tūroro/Māori patient or whānau.
- Documentation in clinical notes completed and appropriate form filled in and faxed through to Anatomical Tissue Coordinator

Maternity

- Return of placenta
- Retention of umbilical cord

Questions

- ? Shared experiences
- How do you know when you're "getting there"
- What will you do to "help" yourself





Whakatauki

**Rapua te huarahi whanui
Hei ara whakapiri i nga iwi e
rua, I runga i te whakaaro
kotahi**

***Seek the broad highway
that will unite the two people
towards the common goal***

Closing

E nga totara haemata

Rau rangatira ma tena koutou katoa.

Three models

- Determinants model – focus on deficits eg education , poverty
- Cultural Difference
- Colonization

- Martin Tobias; Tony Blakely; Don Matheson; Kumanan Rasanathan; June Atkinson, 2009
Changing trends in indigenous inequalities in mortality: lessons from New Zealand, International Journal of Epidemiology; doi: 10.1093/ije/dyp156

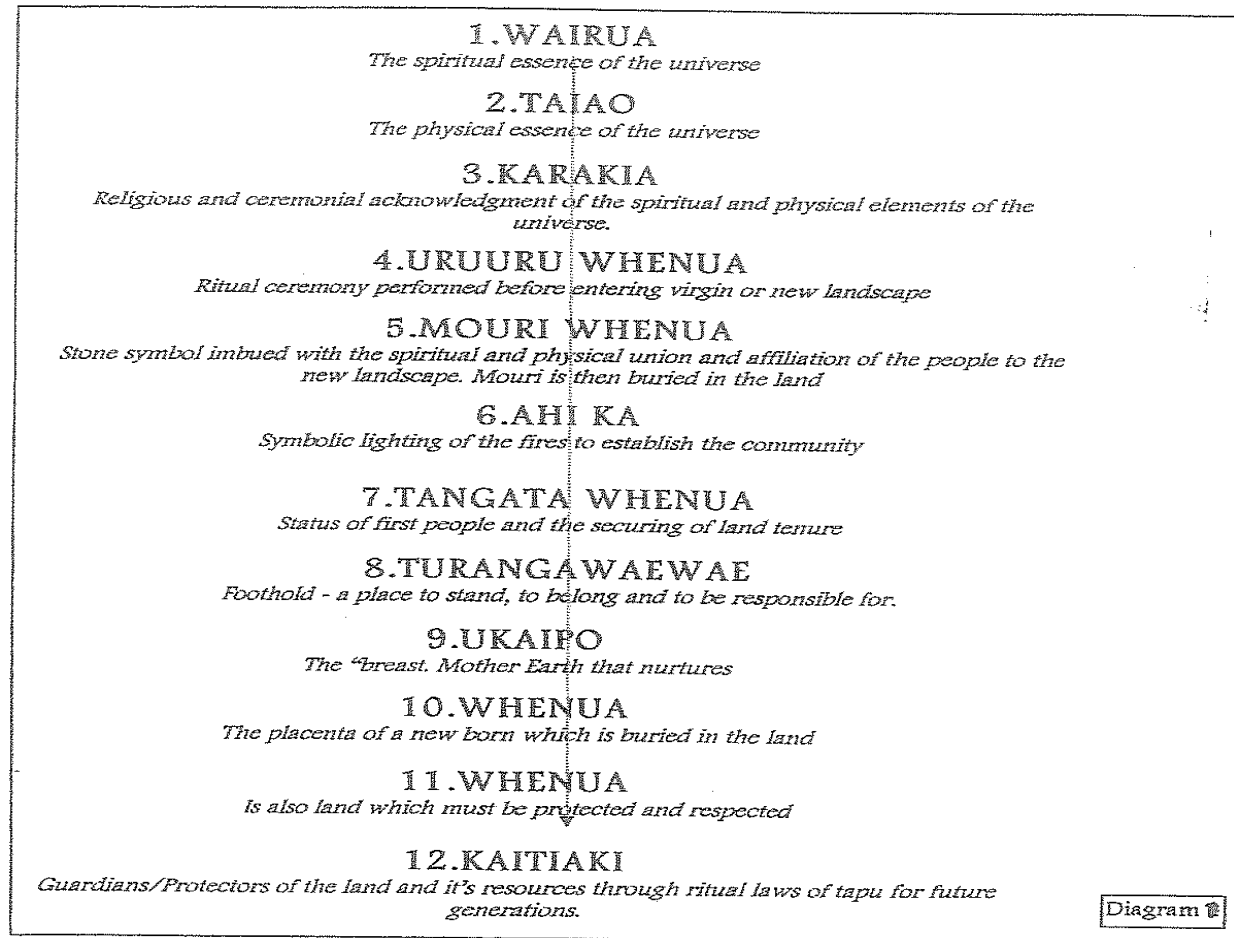


Diagram of framework to establish Mana Whenua. (Huirangi Waikerepuru)