

Communique

Meeting 4 2018

The Victorian Clinical Council (the council) met on Thursday 22 November 2018 to discuss diversity and cultural safety.

In the morning we heard from Kym Peake, Secretary, Department Health and Human Services. She provided feedback on previous council advice – both the short-term impacts on policies and investments of the current government and using council advice to inform the new government in the months to come.

Kym asked the council to consider the way care is delivered to ensure it is inclusive, culturally safe and will have a real impact on health outcomes. She discussed what self-determination means in a health context and how models of care can bring together culture, clinical excellence and clinical evidence, to help establish priorities for improving health outcomes for diverse groups in Victoria.

DIVERSITY AND CULTURAL SAFETY: SAFE, RESPONSIVE AND INCLUSIVE SERVICES FOR EVERYONE

PURPOSE

The purpose of this meeting was to:

- support the Victorian health system to understand the significance of unconscious bias and cultural safety on health and wellbeing outcomes
- advise a whole system approach considering intersectionality across diverse groups.

DISCUSSION

The council heard from local and international speakers including:

- Professor Bernard Crump, Professor of Practice, Warwick Medical School, UK
- Associate Professor Jane Yelland, Murdoch Children's Research Institute, Melbourne
- Associate Professor Michelle Telfer, Head of Department, Adolescent Medicine and Director, Gender Service at The Royal Children's Hospital, Melbourne
- Dr Ruth De Souza, Academic Convenor of The Data, Systems and Society Research Network (DSSRN) and Honorary Senior Research Fellow in Clinical Informatics and Population Health Informatics at the University of Melbourne.
- Dr Philip O'Meara, Director, Diversity and Community Participation at the Department of Health and Human Services

Unfortunately, the speakers we had engaged to represent Aboriginal and Torres Strait Islanders were unable to attend on the day

Professor Bernard Crump provided an overview of safety and quality from an NHS perspective. He discussed the interface between health and social care, using the example of Mid Staffordshire Hospital's apparent excess in hospital mortality that prompted an inspection and led to the Francis Report. The report identified many failings within the organisation, especially in relation to its culture, and resulted in incentives for health agencies and local authorities to work together.

A/Professor Jane Yelland developed partnerships for change in refugee child and family health. In 2016, over 79,000 women gave birth in Victoria and almost 40 per cent of those women were born overseas. Jane and her team looked at the evidence of health disparities, the impact of refugee experiences, and what matters to refugee families having a baby in a new country. They found women's priorities included access to care close to home, professional interpreters before the birth, meeting others in their community also having a baby, learning how to stay healthy during pregnancy and what to expect during labour and childbirth. This led to an interagency collaboration which improved access to antenatal care, reduced social isolation and enhanced health literacy.

A/Professor Michelle Telfer treats trans and gender diverse children and adolescents in a culturally safe environment. She spoke about rapid social change driving clinical, legal and political change. Transgender adolescents suffer high rates of exclusion, abuse and mental health problems. Michelle shared three key lessons: work with the community, listen and be open to change; and create safe environments. For example, visible symbols show patients and families they can discuss related issues in a safe way, gender neutral toilets, guidelines for respectful and gender affirming healthcare and language. Michelle said it is vital we improve electronic medical records to enable use of a person's preferred name and pronouns.

Dr Ruth De Souza presented an overview of cultural safety. She suggested instead of focusing on diversity, we should focus on power, privilege, intersectionality, cultural safety and assumptions. Ruth spoke about cultural awareness (understanding difference) compared to cultural sensitivity (legitimising difference). She shared her five facts about cultural safety, including that one-size healthcare does not fit all, it results in systems designed for white people or the dominant group rather than cultural minorities. Ruth advised the council to ask disruptive questions and explore alternative ideas and perspectives. She spoke about the power of a smile and what this tells a person: I'm here, I see you, I'm trying to understand you and take care of you.

'If you get it right for the most vulnerable, you'll get it right for everyone.'

Dr Philip O'Meara shared the department's Designing for diversity framework. Victoria's health system is underpinned by principles of access and equality: access to care should be driven by need, regardless of gender, sexual orientation, social circumstance, location, ethnicity or cultural background, or mental health. Despite this, outcomes remain poor for some communities. For example; 97 per cent of Aboriginal and two-thirds of CALD people surveyed in Victoria had experienced racism in the previous 12 months. Homophobia and transphobia significantly increase depression, self-harm and suicide among LGBTI people. To address these health inequalities, the department developed tools and resources to highlight diversity considerations, intersectionality and identify gaps in the design process where diversity may not have been adequately addressed.

'Change can begin anywhere, start from where you are. Small symbolic actions make a big difference.'

KEY DIVERSITY CHALLENGES AND OPPORTUNITIES IN VICTORIA

Council members participated in two workshops to address:

- Understanding unconscious bias and diversity in healthcare
- Intersectionality – designing for diversity within diverse groups to create services that are both universally accommodating as well as tailored to particular population groups

CONCLUSION

Outputs from the workshops will be used to develop formal advice in a report providing recommendations to the department, Safer Care Victoria and the Victorian Agency for Health Information.

The next council meeting will be held Thursday 21 March 2019 and we will discuss communicating for safety.

RESOURCES

- The Department of Health and Human Services. 2018. Designing for diversity tools. Accessed 8 November 2018. <https://www2.health.vic.gov.au/about/populations/designing-for-diversity>
- Lavery, M. and McDermott, T. 2017. Embedding cultural safety in Australia's main health care standards. *Medical Journal of Australia*, 2017; 207(1); p15-17.
- FitzGerald, C. and Hurst, S., 2017. Implicit bias in healthcare professionals: a systematic review. *BMC medical ethics*, 18(1), p.19. Abstract only
- Kapilashrami, A. and Hankivsky, O., 2018. Intersectionality and why it matters to global health. *The Lancet*, 391(10140), pp.2589-2591.

Australian Health Practitioner Regulation Agency. 2018. Aboriginal and Torres Strait Islander Health Strategy: Statement of intent. Accessed 8 November 2018.

<https://www.ahpra.gov.au/About-AHPRA/Aboriginal-and-Torres-Strait-Islander-Health-Strategy/Statement-of-intent.aspx>



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Chair, Victorian Clinical Council