Victorian Clinical Council

Advice

DIVERSITY AND CULTURAL SAFETY
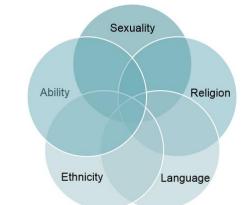
INTRODUCTION

In November 2018 the Victorian Clinical Council (the council) met to discuss diversity and cultural safety to provide advice on how to design safe, responsive and inclusive services for everyone.

Health system design can create barriers for diverse groups. The council has specifically considered people from:

- lesbian, gay, bisexual, trans and gender diverse, and intersex (LGBTI) communities
- Aboriginal and Torres Strait Islander people
- people from culturally and linguistically diverse backgrounds and faith communities
- refugees and asylum seekers
- people with a disability.

Issues experienced by diverse populations include accessing services, increased risk of social isolation, exacerbated social and economic disadvantage and housing insecurity. These barriers contribute to poor health and wellbeing outcomes for diverse populations.

Evidence indicates that unconscious bias contributes to a lower standard of care for individuals from diverse backgrounds. It potentially worsens known issues with a patient's anticipation and experiences of discrimination. These issues are associated with healthcare system distrust and can prevent individuals seeking medical advice and using preventative health services.

Intersectionality: a theoretical approach that understands the interconnected nature of social categorisations which create overlapping and interdependent systems of discrimination or disadvantage for either an individual or group.

Creating a responsive health system requires services to be both universally accommodating as well as tailored to individual needs. Health providers should design for diversity, recognise intersectionality and address the unique experiences of individuals in the health sector.

Some services in the health sector have successfully created culturally safe environments. Involving consumers in service co-design has been vital in improving outcomes for diverse communities. The council has explored what is working, what needs to be done and what should be prioritised to improve health system design across Victoria for diverse populations.

MEETING 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.

COUNCIL DISCUSSION

The following speakers presented to the council:

- Ms Kym Peake, Secretary, Department of Health and Human Services.
- Professor Bernard Crump, Professorial Teaching Fellow in Medical Leadership at Warwick Medical School.
- Associate Professor Jane Yelland, Healthy Mothers Healthy Families Research Group at the Murdoch Children's Research Institute (MCRI)
- Associate Professor Michelle Telfer, Head of Department of Adolescent Medicine at The Royal Children's Hospital (RCH) 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 Phillip O'Meara, Director, Diversity and Community Participation, Department of Health and Human Services.

Council members took part in two workshops, facilitated by consumer members.

The first workshop reflected on unconscious bias in healthcare and embedding diversity in healthcare service design. Members were challenged to think about their own experiences and recognise how this influences the council's discussion and their own day to day practice.

The second workshop discussed intersectionality, designing the health system to address diversity within diversity, and recommendations on how the healthcare sector can provide safe, responsive and inclusive services for everyone.

RECOMMENDATIONS ON DIVERSITY AND CULTUAL SAFETY

Council recommendations overview

Governance

1. Governing bodies within the health sector provide leadership to ensure their organisation creates culturally safe environments for diverse communities.

Defining goals and outcomes

2. Health services better understand the diversity of the people they serve to support high quality service delivery.

Workforce development

3. All staff in the health sector develop competency regarding diversity, intersectionality and cultural safety, and have the skills to respond to the varying needs of diverse populations.

Consumer participation and co-design

4. Consumer participation and co-design are used to create culturally safe environments within the health sector.

GOVERNANCE

The council acknowledges the power imbalance and the privileged position of those who govern in the healthcare sector. Health service boards should reflect on their own unconscious bias and how this may influence their decision making and their local communities.

The tone of organisational culture is set by those in leadership positions. A top down approach is required within health services to lead positive organisational culture change. Leadership and accountability related to health outcomes for diverse communities are required to stimulate change.

Access to data will enable health service boards to lead change by highlighting inequalities that exist in the populations they serve. Availability of data will lead to the development of measures that target diverse populations to drive improvement in health outcomes (refer to recommendation 2).

RECOMMENDATION

1. Governing bodies within the health sector provide leadership to ensure their organisation creates culturally safe environments for diverse communities.

Intended outcomes

1.1 Increased diversity of health service boards and executives that better reflect the communities they serve.
1.2 Boards are held to account for reducing health inequality in the diverse populations they serve.
1.3 Recruitment practices across the sector include cultural competency as a selection criterion.
1.4 The Victorian Clinical Council membership has increased diversity.

DEFINING GOALS AND OUTCOMES

Specific outcomes are required to recognise the needs of different communities when designing for change. Defining outcomes will help to measure how effective the changes are in the long term.

The council acknowledges the need for good data to drive system level change that responds to the needs of individuals. Establishing minimum data requirements relating to diverse populations is critical to understand and meet healthcare needs. Good data includes the systematic collection of:

- Aboriginal and Torres Strait Islander status
- country of birth
- preferred language
- need for interpreter
- education level
- gender expression
- sex
- healthcare card or pensioner concession card as an indicator of socio economic status
- religion
- visa status

RECOMMENDATION

2. Health services better understand the diversity of the people they serve to support high quality service delivery.

Intended outcomes

2.1 Data that relates to diversity is used for health service improvement.
2.2 Patient reported outcome and experience measures reflect diversity.
2.3 Electronic medical records have the functionality to capture demographic information that enables appropriate and safe recognition of diversity. The council advocates for a 'prefer not to say' option to be included.

WORKFORCE DEVELOPMENT

The council recognises that unconscious bias within the heath sector is likely to influence decision making relating to both health system design and healthcare provision. To improve health outcomes for diverse communities, the health sector workforce requires self-awareness and ongoing skill development. Embedding culturally competent practices and culturally safe environments will involve an incremental approach to the development of cultural intelligence over a health practitioner's working life.

To augment the development of cultural intelligence, health practitioners require enhanced communication skills to encourage inclusive practices and positive experiences. To enable this, health practitioners must:

- understand 'what do I bring to the encounter' – every encounter is bicultural
- not make assumptions
- engage and build trust
- identify individual needs
- listen with interest and respect
- explore patient preferences, values, health beliefs, health literacy and decisions.

RECOMMENDATION

3. All staff in the health sector develop competency regarding diversity, intersectionality and cultural safety, and have the skills to respond to the varying needs of diverse populations.

Intended outcomes

3.1 All employees in the health sector are educated in cultural competence, cultural safety, cultural intelligence, diversity responsiveness and unconscious bias.

3.2 Incremental education programs that enhance communication skills with diverse populations are available for health professionals.

CONSUMER PARTICIPATION AND CO-DESIGN

Working with consumers to create culturally and diversity safe environments will encourage individuals with diverse backgrounds to engage with the health sector. Sustainable models of care that are co-designed with consumers are required. Sharing successful stories of co-design will challenge existing norms and encourage the sector to listen and be open to change.

The council emphasises the importance of understanding risk factors and health outcomes that are specific to diverse populations. Person-centred care should be prioritised to manage individual needs. Individuals need to be health literate to ensure they can convey their values, needs and unique circumstances in relation to their care.

4. Consumer participation and co-design are used to create culturally safe environments within the health sector.

Intended outcomes

4.1 Symbols and icons that welcome diverse groups are used to create culturally and diversity safe environments.

4.2 Care delivery models involve co-design with local communities and include the use of interpreter services at the appropriate time.

4.3 Partnerships exist between healthcare providers, consumers, community groups, researchers and policy makers.

4.4 Consideration is given to the feasibility and role of peer workers, who are from similar backgrounds to consumers with lived experience, to assist with health literacy.

RELEVANCE TO PREVIOUS ADVICE

At this meeting, the council discussions highlighted the role of integrated care and funding models contributing to positive change between social and health care.

The council has previously provided advice on:

- *Integration of care: from fragmented to seamless*
- *Value-based healthcare: an approach for Victoria*

Progress in both these areas should have a focus on how new integration and funding models can improve health outcomes for diverse populations.

NEXT STEPS

The council recognises that there is shared responsibility between the department, Safer Care Victoria, the Victorian Agency for Health Information, and health services to initiate change that improves health outcomes.

The council's advice will be shared with the relevant government agencies who are responsible for system level change.

The advice will also be shared with health service CEOs, from public and private sectors, to enable relevant advice to be implemented at a local level.