

Rising to the Challenge in Aboriginal Health by Creating Cultural Security

JULI COFFIN

*MPH&TM, Dip. Teach
Senior Lecturer in Aboriginal Health
Combined Universities Centre for Rural Health, The University of Western Australia*

The term “cultural security” has been used for many years but often quite loosely. Cultural security, as defined here, has a very practical meaning. The aim of this paper is to discuss the concepts of cultural awareness, safety and security and to propose how health care providers can gauge the degree of cultural security in their practice. Without a clear definition of terms it is easy for health services and staff to feel that they are already at an appropriate level, yet wonder at Aboriginal people’s resistance to use health care and services and lack of engagement in community activities.

Achieving cultural security is about the meeting of two different approaches in health, the Western definition and the Aboriginal definition, to achieve the desired outcome of improved health status. There are always going to be barriers and enablers in every community and organisation for the development and attainment of cultural security in health services, and time is the enemy when it comes to strengthening enablers and breaking down barriers. However, prioritising attaining cultural security will bring about one of the greatest impacts on the health of Aboriginal Australia.

Introduction

Cultural security is an essential component of health services for Aboriginal people yet is largely misunderstood or ignored¹. We need to consider what is cultural security. What does it really mean to Aboriginal people and how can health services and individuals help to create a culturally secure environment? Most of the existing literature considers cultural safety or awareness while discussion of security is limited^{2, 3}. For many Aboriginal people health care access can result in emotional and physical discomfort when cultural security is not an integral part of the service.^{4, 5} This in turn leads to inadequate use of health services and poorer health outcomes.⁶

When providing a health service in a community, awareness of cultural issues is just the beginning of what is really required. To really be successful in bettering Aboriginal health, cultural security is essential to every aspect of the health system. All health care providers, doctors, speech pathologists, social workers, school nurses, dentists, etc need to provide a culturally secure service no matter is what their role in provision of health care.⁴

Health services may consider they have a culturally secure service if they have Aboriginal staff or an Aboriginal liaison officer or they do cultural awareness training for all new staff. In fact, such strategies are the bare minimum and stopping at this stage can create problems. For example, employing only one Aboriginal liaison officer who is a female, not from the area and with no cultural connections in the area, means that the officer cannot fulfill all of the responsibilities of her role. In reality, the health service does not have an Aboriginal “face” and Aboriginal people do not have an adequate point of contact.

The large demand for training programs and other support indicate that health services are frustrated with their inability to create solutions to the issues when dealing with Aboriginal patients. Fortunately, there are many things that can be done to address these issues and move towards a more equitable health service provision for all.^{7, 8} The aim of this paper is to

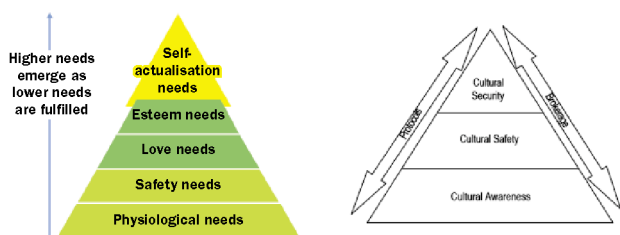
differentiate between cultural security, safety and awareness, to demonstrate their importance in a health service context and to give practical strategies for achieving and sustaining culturally secure services.

Defining terms

Cultural security or its absence can take many forms. Many Aboriginal people have been almost de-sensitised to even very blatant racism. After a life of continual stereotyping, negative or inappropriate treatment by the dominant culture often goes unrecognised, or becomes the ‘norm’ of an Aboriginal person’s life. Therefore, many Aboriginal people may not have the background or ability to explain to health care providers what they have felt or experienced.

For several years now I have used simple definitions which make the distinction between cultural security, safety and awareness. These very commonly used terms are often quite inappropriately interchanged. The definitions and their practical applications presented here are the basis of dozens of training sessions I have delivered to health science students and rural health care providers. Cultural awareness and cultural safety are important foundations for the attainment of cultural security. The first two levels must be addressed in order to progress to the next level (Figure 1). As per Maslow’s theory of self actualisation⁶, we cannot progress unless the more basic needs have been met.

Figure 1: Comparison of culture security and self-actualisation hierarchies.



Source: Data for diagram drawn from A. H. Maslow, “A Theory of Human Motivation,” *Psychological Review*, 50 (July 1943): 370-396.

The definitions are best made through practical examples. In this case, consider the management of an eight-year-old Aboriginal boy by a speech pathologist.

Awareness: *"I know that most Aboriginal people have very extended families."*

Although the speech pathologist demonstrates a basic understanding of a relevant cultural issue, it does not lead into action. There is no common or accepted practice and what actions are taken depends upon the individual and their knowledge of Aboriginal culture and cultural security.

Safety: *"I am going to make sure that I tell Johnny's Mum, Auntie and Nana about his appointment because sometimes he is not with his Mum."*

Safety involves health providers working with individuals, organisations and, sometimes, the community. More often though cultural safety consists of small actions and gestures, usually not standardised as policy and procedure.

Security: *"I am going to write a note to Johnny's family and ask the AHW to deliver and explain it. I will check in with the AHW if any issues were raised when explaining the procedure to the family and if transport is sorted out. I will ask to see if Sylvia (the AHW) can be in attendance at the appointment as well."*

Cultural security directly links understandings and actions. Policies and procedures create processes that are automatically applied from the time when Aboriginal people first seek health care.

Another practical application of the three levels can be seen in addressing how to organise waiting rooms. Awareness could simply be recognising that Aboriginal men and women do not wish to be grouped together in the same room. Safety is where two exits are provided and two different rooms are utilised for such purposes. In a culturally secure service, male and female doctors and appropriate staff also utilise two rooms for treatment of patients.

In other words, without the establishment of some awareness in a health context, it is hard to appreciate what safety and security in a cultural sense would look like. This does not mean that it would be necessary to know, for example, all about Men's business, but if treating an Aboriginal man, it is necessary to know who to ask for urgent information about appropriate care.

Security is likened to the highest attainment level. It is the hardest to achieve but, like a house if the foundations are good, it will stay strong and be easy to maintain for many years to come. It can even be added to later to make it better and more useful. Examples of strengthening security would be community engagement in decisions such as appointment of staff, training, job descriptions, and protocols. It means that there is a definitive compulsory action when an Aboriginal person is transferred from one hospital to the next, when someone passes away in hospital, etc. There is also a definite point of contact and actions are well established. It should not matter if the health service is manned by temporary staff. No matter who is in the health service, they know that these are the procedures to follow.

Achieving and sustaining cultural security

One of the biggest issues in Aboriginal health is stereotyping, and media depiction, which is often negative. Everyone will come to the table with preconceived ideas about Aboriginal people even if there has never actually been any physical contact!² The concepts of awareness, safety and security provide a structure that helps services to appreciate the impact of their policies on Aboriginal people. This begins to progress into real understanding which helps people to move forward to creating and maintaining safety mechanisms in their particular context. Some health services have a number of security mechanisms already in place. Increasing awareness and understanding among staff can demystify these mechanisms, making them more sustainable. For example, at the health service it is common practice for men to only see the male doctor. A new staff member may think that this is 'peculiar' but with a cultural awareness he or she will understand why this is so, and will be in a better position to ensure that these culturally safe practices continue.

In addition to improving the foundations of awareness and safety, two more elements must be developed to achieve and sustain cultural security: brokerage and protocols. They can be likened to the vehicle to reach cultural security in the appropriate way that will be then sustainable.

Brokerage is a mechanism to deepen awareness into understanding successful and safe practice. It involves two-way communication where both parties are equally informed and equally important in the discussion. Communication and respect are of the utmost importance^{8, 10}, values and ideas are not pushed but considerations from both sides are equally regarded. Good brokerage is a key ingredient in cultural security that must be developed with the Aboriginal community. This is about doing what you set out to do by building faith and trust. One of the largest parts of brokerage is listening and yarning.

Health services need to recognise that the Aboriginal health workers and elders in the communities are the health system's greatest resource. Even if there are no clearly identified elders in the locality, there is always someone of respect who health care providers should consult in endeavours to create an equitable and appropriate program or service.

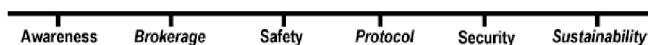
Protocols are a strategy that can take a culturally safe practice to a culturally secure one^{8, 11}. Protocols formalise the fact that in an Aboriginal context, health care delivery and programs need to be done in consultation with the elders and key stakeholders within the particular community (or context). The right people can actually support many of the processes, by advising on correct guidelines for community engagement. An example could be that after talking with the Aboriginal health worker, midwives discovered that the older ladies were the ones to speak to in relation to the young pregnant women. Now whenever anything with the young Mums arises there is an established point of contact to the older women first – thus an assurance is created for cultural security. Community leaders are made aware of the situation and involved. Community participation can then be progressed beyond just 'involvement.' Communities become partners in an equitable, culturally secure provision of service. This is the pathway to cultural security.

Measuring cultural security

All health care providers must know what cultural awareness, safety and security is and have a practical understanding of how it is maintained through appropriate brokerage and protocol.⁸ The first step to achieving cultural security is defining and standardising the language so to demystify confusion and allow people to plot themselves or their health service along a continuum and move forward or maintain the same level of cultural security if it is deemed to have been achieved. A starting point is required to put everyone on the same page, including community and health service staff and other health professionals.

If we were to draw a scale (Figure 2) and ask health care providers and health services to honestly plot themselves and their services along it, few would actually be at the end point of sustainable cultural security attainment. However, thinking about their place and where they want to be can be an important first step to change.

Figure 2: Cultural security scale.



Conclusion

The concept and attainment of cultural security is obviously extremely important. Hospitals, health services, private practices and individuals need to adopt practises and policies that recognise cultural security as mandatory. Cultural awareness alone does not equate to better health care¹¹.

As Aboriginal people, we need to be clearer in defining what is expected of the health care for our people and be more united in a voice that is based around actions to bring about change in creating a more equitable health care system. Aboriginal people are sometimes employed in health areas but are not heard.¹¹ Health services need to listen to the community while the community needs to be clear in what it wants.

The culturally secure health service will meet needs rather than represent more conventional views of what it should look like.

Health care providers who travel to another country for work find out about such aspects as religion, beliefs and cultural practises so they can treat patients successfully and with respect. Why is it that in Australia most health care providers know nothing about its Aboriginal people, its first people who are the ones in the most need of appropriate services? The need for cultural security is urgent and grossly unmet.

Acknowledgements

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Indigenous children are dying at almost three times the rate of non-Indigenous children

A call for health equality for Aboriginal and Torres Strait Islander peoples

Dear Prime Minister, State Premiers and Territory Chief Ministers, parliamentarians and Australian public,

We are deeply concerned that Aboriginal and Torres Strait Islander peoples have not shared in the health gains enjoyed by other Australians in the last 100 years. It is a national scandal that Indigenous Australians live 17 years less than other Australians. Indigenous Australians continue to needlessly suffer and die early, not from a lack of solutions or government commitments, but from a lack of political will and action.

We call on all Australian Governments to commit to a plan of action to achieve health equality for Indigenous peoples within twenty-five years.

This commitment must receive bipartisan support from federal, state and territory parliaments as well as all sections of Australian society.

Indigenous Australians die from preventable diseases such as rheumatic heart disease, which has been eradicated among the rest of the Australian population. They have lower access to primary health care and health infrastructure which the rest of Australia takes for granted.

This is not acceptable. We need to intensify our efforts and treat the Indigenous health crisis as a national priority.

There are already national commitments and policies in place to address Indigenous health inequality – what is missing are appropriately funded programs that target the most vulnerable. There are many stories of Indigenous success and high achievement that exist, which we can celebrate and learn from.

The signatories to this letter are committed to working in close and active collaboration with Indigenous peoples, communities and governments to achieve health equality within a generation. We commit ourselves to being engaged in identifying necessary actions and finding solutions.

At minimum, achieving health equality will require:

- * measures to ensure equal access for Indigenous peoples to primary health care and health infrastructure
- * increased support for developing the Indigenous health workforce
- * a commitment to support and nurture

Indigenous community controlled health services

- * a focus on improving the accessibility of mainstream health services for Indigenous peoples
- * an urgent focus on early childhood development, maternal health, chronic illness and diseases
- * supporting the building blocks of good health, such as awareness and availability of nutrition, physical activity, fresh food, healthy lifestyles, adequate housing and the other social determinants of health.

It is inconceivable that a country as wealthy as Australia cannot solve a health crisis affecting less than 3% of its population.

Rapid improvements can be achieved in the health of Indigenous peoples by comprehensive, targeted and well resourced government action, through partnership with Indigenous peoples.

We call on the support of the people of Australia to help stop this needless suffering. Supporters of the Close the Gap Campaign.