DELIVERING CULTURALLY RESPONSIVE AND SAFE CARE FOR CULTURALLY AND LINGUISTICALLY DIVERSE COMMUNITIES

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Overview

• How can the use of professional interpreters contribute to safe care?
• How can co-design of community information contribute to safe access to primary care?
• How can research contribute to safe messaging?
Case study 1: Safe inpatient care

Mr M, a 79 year old Mandarin speaking man* was admitted to a surgical ward of a major metropolitan hospital with a T12 spinal metastatic lesion, following a nephrectomy for renal cell carcinoma

* Details changed to de-identify the patient
Case study 1: Safe inpatient care

- Patient was recommended for surgery to reduce pain, reduce risk of spinal collapse and subsequent spinal cord compression which could likely result in paraplegia.
- Patient described himself as “too weak” to undergo the operation.
- Seen by orthopaedic team, medical oncologists, palliative care team, radiation oncology team and consultant urologist during 13 day inpatient stay.
- All consultations with the patient occurred in the presence of his wife and daughter (who acted as an interpreter).
- RN assigned to the patient’s care last saw him sitting by his bed at 13.00hrs before their lunch break; At 14.00 hrs he was found to be missing; At 15.00hrs, police advised that the patient had been found dead in a nearby street (suspected suicide).
Issues raised

- Professional interpreter was not used during 13 day inpatient stay
  - Language implications:
    - accuracy and completeness of the information interpreted
    - patient was not given the opportunity to speak with health professionals directly
  - Cultural implications:
    - cultural constraints around the patient:
      - raising sensitive issues in front of his wife and daughter e.g. gender sensitive issues; psychological distress
    - cultural norms around euphemistic terms for mental health issues “too weak” not explored
Case Study 2: Safe access to primary care

• Co-design of community resources around cervical screening in the context Renewal program

• Bangladeshi community:
  • identified risks of focussing on HP virus and mode of transmission
  • stigma associated with promiscuity; sexual relations outside marriage

• Clinical risks
  • Accepting HPV vaccine
  • Access to screening in primary care settings
  • Non-compliance with follow up of abnormalities
Case Study 2: Safe access to primary care

- Co-design promotes access to primary care
- Effective messaging:
  - general information about health screening
  - “The best way to take care of your family is by taking care of yourself”
- Focus on going to GP
  - symptoms, changes
  - questions about health screening
Case Study 3: Safe community messaging

- Research into waterpipe smoking in Arabic speaking community
  - Widespread across all age groups
  - Increasing in other populations
- Very limited knowledge of the harms of waterpipe smoking
  - Beliefs around waterpipe not being harmful associated with smoke being filtered through water and flavoured tobacco masking taste and scent

"Fruit flavour makes it less harmful. I don't believe it's as harmful as cigarettes."

“It just never seemed like a health risk. I mean, the tobacco was flavoured by organic apples, watermelon, or pears. And organic stuff is always healthy. After all, the products are from nature.”

Focus group participants
Case Study 3: Safe community messaging

- Traditional messaging around the harms of tobacco focus almost exclusively on cigarette smoking
- Risks of omission:

  “If waterpipe smoking was harmful the health department would have billboards telling us this; it would be up there like cigarettes”

  Focus group participant
Summary

Being culturally responsive and engaging with patients from CALD backgrounds and their communities:

• Establishes trust and enables safe care and community messaging
• Provides opportunities to identify and address
  • Gaps in health literacy
    • e.g. adding to what the person/community already knows about the health issue and the health system
  • Risk factors
    • e.g. smoking; use of waterpipe
  • Use of alternative/supplementary treatments
    • e.g. Traditional Chinese Medicine which may be contraindicated while undergoing chemotherapy
  • Language issues
    • e.g. need for interpreters and/or translated resources
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