

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

Lisa Woodland
Manager, Priority Populations
South Eastern Sydney Local Health District

Multicultural Cancer Forum
Monday 18 June 2018



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 results 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



What is the best way to look after your family?
By taking care of yourself!

Regular health screening helps you to live a longer and healthier life.

Early detection of diseases and conditions, such as cancer, can **increase life expectancy** and **reduce serious complications**

There are three national screening programs in Australia: **Cervical Screening**, **Bowel Screening** and **Breast Screening**

At any time, if you have **any symptoms** or notice any changes in your body - **don't wait** - go to your **doctor/GP**

 Professional interpreters are available if you need help understanding or speaking in English. The staff can get an interpreter for you or you can call the telephone Translating and Interpreter Service (TIS) on 131 450.

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

Contact details

Lisa Woodland
Manager, Priority Populations
South Eastern Sydney Local Health District

lisa.woodland@health.nsw.gov.au

(02) 9382 8670

