THE UNIVERSITY OF MELBOURNE

UNSW SCHOOL OF PUBLIC HEALTH AND COMMUNITY MEDICINE

Culturally appropriate CDM in mainstream primary health services for urban Indigenous Australians - a literature review and model

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BACKGROUND – WHY?

CONCEPTUAL FRAMEWORK

AIM and METHODS

RESULTS

CONCLUSIONS

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Partnership → ACCHS + GP = close the gap

- 76% Indigenous Australians live in urban and regional areas
- In Victoria, 49% Indigenous people live in major cities, 33% live in inner regional areas, 18% live in outer regional areas.
- Current capacity of Aboriginal Controlled Community Health Services (ACCHSs) insufficient to cope with the "gap"
- Not all Indigenous Australians access ACCHSs for health care
- 1.5% of GP encounters are with Indigenous patients, equating to approximately 1 million consultations a year.
- Indigenous Australians present to GPs with essentially the same range of clinical conditions as do non-Indigenous Australians

➢ ***General practice must be a culturally competent partner with ACCHS if we are to successfully "close the gap"***

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Cultural competency (NHMRC definition)

Cultural competency applies at the individual, profession, organization and system levels. Key principles are:

1. engaging consumers and communities and sustaining reciprocal relationships;
2. using leadership and accountability for sustained change;
3. building on strengths — know the community, know what works; and
4. a shared responsibility — creating partnerships and sustainability.

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Patient-driven system

"We need to hold the health system – and that includes GPs – accountable for delivering help to Aboriginal people. The best one to do that is the consumer."

Indigenous participant in focus groups from our research

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What matters …

- **History matters, perhaps more so than culture**
- **Traditional holistic health beliefs, medicines and practices**

  {Maher P. A review of 'traditional' Aboriginal health beliefs. Australian Journal of Rural Health 1999;7(4):229-36.}
- **Connectedness at 3 levels:**
  Family - Community - Society

  {Thompson SJ, Gifford SM. Trying to keep a balance: the meaning of health and diabetes in an urban Aboriginal community. Social Science & Medicine 2000;51(10):1457-1472.}
- **Socioeconomic difficulties are substantial**

  {Australian Bureau of Statistics. The health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples 2008. Catalog 4704.0.}

Pathway to care

- Deciding to seek care;
- Identifying and reaching a health facility;
- Receiving appropriate assessment and diagnosis;
- Developing an appropriate care plan;
- Adhering to the care plan;
- Better health outcomes.

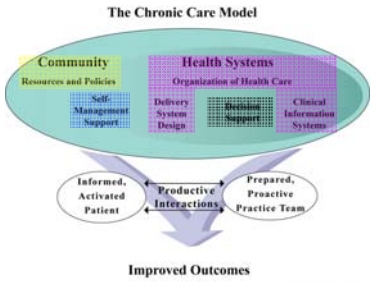
{MacAullay D, Sibthorpe B, Kruiman M. Evaluation of new diabetes screening method at Derbal Yerrigan Health Services. Australia and New Zealand Journal of Public Health 2004;28(1):43-46.}

Access to care

- Availability
- Accessibility
- Affordability
- Accommodation
- Acceptability

{Penchansky R, Thomas J. The concept of access. Medical Care. 1981;19:127-40.}

Chronic Care Model (CCM)



Chronic care is conceptualised in terms of contextual, community, patient, provider, and practice domains.

{Bodenheimer T, Wagner E, Grumbach K. Improving Primary Care for Patients With Chronic Illness. JAMA 2002;288(14):1775-9.}

Factors relevant to culturally appropriate general practice care

FACTORS	Provider factors	Relationship factors	Patient factors
Predisposing factors	• Ethnicity • Culture/spirituality • Cultural competence • Professional competence • Ethical practice	• Continuity of care • CCM/CDM • Self care e.g. CDSM • Cultural security • Brokerage • Ethical, legal, social issues	• Ethnicity • Culture/spirituality • Sociodemographics • Genetics • Obstetric/birth/child development factors • Readiness to change • Carer/Family factors
Precipitating factors	• Illness/dysfunction	• Relationship issues	• Illness/dysfunction
Enabling factors	• QACPD • CDSS	• Patient support groups • Self-help groups • Multidisciplinary teams	• Patient education • Patient aids
Environment factors	Health service resources, organization, databases, registries, etc		
	Local community and public health factors		
	Local government & community resources, organization and control		
	Government and policy factors		
	Environmental (built and natural) and infrastructure factors		

AIM

To determine the dimensions of cultural appropriateness of health services that could be incorporated into the design and development of chronic disease management models in urban mainstream general practice services for Indigenous people with diabetes.

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Methods

1. Regular discussions conducted within research team and with reference group to achieve consensus.
2. Used conceptual framework to
   a) determine the parameters of the literature review;
   b) develop search strategies and a list of keywords;
   c) define the scope of the literature search; and
   d) develop a report card to appraise the interventions found.
3. Used information collected from the literature to
   a) modify and enhance the conceptual framework; and
   b) deduce the desirable attributes of a culturally acceptable model for managing Indigenous patients in general practice.

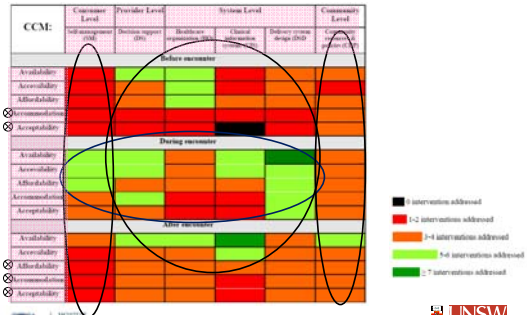
Documents identified

Number of papers	Category
72	Research – primary or secondary
45	Descriptive, commentary, opinion piece
37	Review
9	Report
7	Evaluation
2	Letter
1	Story telling

Assessment of interventions

- 10 interventions in remote, 1 in rural community
  - 4 multi-factorial interventions but mainly involved system changes;
  - 3 intensified screening or point-of-care screening programs;
  - 2 lifestyle interventions;
  - 1 medication intervention; and
  - 1 combined screening, lifestyle & medication
- All but 3 interventions not evaluated against a comparator
- Subjective and objective outcome measures used
- At least 3 interventions have evolved and incorporated into normal practice or existing services

Report Card: Chronic Care Model + Access to Care + Pathway to Care



Conclusions

- Most interventions applied some or all of the NHMRC principles for cultural competence to enhance successful implementation.
- The success factors found and the NHMRC principles of cultural competency are applicable within conceptual framework developed.
- The conceptual framework and principles can be applied flexibly in a modular fashion, much like a tool-kit, with specific strategies targeted at individual, professional, organisation and system levels.

Working together ….

"I think we need to take some responsibility ourselves as (Indigenous) workers in organisations and go to these mainstream services. Whether it's diabetes or drug and alcohol, we need to say look, you get funded to look after everybody, and we want to come here and tell you how to look after our people when they come to your centres."

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Take a global view…

"Young blackfellers today aren't like blackfellers were when he was their age thirty years ago. They're hooked up to the Internet. They've got a global view"

Lennie Clarke, Kirraewurrung man
Former Advisor to Vctorian Commissioner of Police
As quoted in "The Fight" by Martin Flanagan and Tom Uren (2006)

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From Ali to Mandela

"I am going to write him a letter. I am going to tell him (Mundine) that I know his uncle. I am going to tell him that he's learned enough from Muhammad Ali. It's time he learned about Nelson Mandela."

Tom Uren when asked about the "Anthony Mundine – Danny Green" fight in May 2006. As quoted in The Fight by Martin Flanagan and Tom Uren (2006)

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