

Caring for Aboriginal People at Austin Health

CLOSING THE GAP

Despite equality of care provision, Aboriginal people endure higher illness and mortality rates than people from other cultures in our community due to:

- Limited access to health services
- Limited access to culturally appropriate information
- Limited funds to spend on good food, health care, medications, etc.
- Limited transport options
- Lack of cultural awareness of health professionals and other workers
- Distrust of mainstream services
- Inappropriate treatment and referral options

MAKING THE AUSTIN A SAFE PLACE FOR ABORIGINAL PEOPLE

Through raising cultural awareness and making the hospital experience safe and non-threatening we can start making a difference for Aboriginal patients and their extended care network.

Each positive experience is more likely to encourage the patient, their family and their community to feel safe and comfortable in presenting for health care in the future.

Ngarra Jarra Aboriginal Health Program

This program employs an Aboriginal Hospital Liaison Officer (AHLO) to deliver cultural services to Aboriginal people who attend Austin Health that are

- accessible
- acceptable
- appropriate

ICAP GUIDELINES

The Department of Health **Improving Care for Aboriginal Patients (ICAP) guidelines** outline four main responsibilities of the program:

1. To identify, assist and advocate for Aboriginal patients
2. To build relationships with Aboriginal communities and to assist with access to relevant services.
3. To provide knowledge and information through education to health professionals regarding cultural awareness.
4. To assist discharge planning and primary care referrals

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An Aboriginal Hospital Liaison Officer (AHLO) should be advised whenever an Aboriginal person presents at the Austin, Repat, Royal Talbot and/or Outpatient clinics



Caring for Aboriginal People



Aboriginal people have a traditional health framework that encompasses the spiritual, physical and emotional well-being of the individual, not just for themselves but for their whole community.

Cultural differences to keep in mind when working with Aboriginal people:

COMMUNICATION

Many Aboriginal people have not had good past experiences of mainstream health services.

Gaining trust and establishing rapport with an Aboriginal person is important in assisting the delivery of good health care. Without this rapport communication may be difficult. Humour can be used to help break the ice.

CULTURAL IDENTITY HAS MANY DIMENSIONS

Aboriginal people have many different beliefs and traditions.

Do not assume that Aboriginal people are all alike. Treat each person as an individual and avoid generalising. If in doubt, it is ok to ask.

EYE CONTACT

It can be respectful in Aboriginal culture to avert one's gaze while listening as a sign of respect.

Some people may find it unacceptable to maintain prolonged eye contact with other people because it shows a lack of respect. Listening does not need to include looking.

FEAR OF BEING ALONE

Aboriginal people often live in extended family groups.

Some people may be unused to sleeping in a room or bed on their own. Family members should be encouraged to stay with the patient, a limited number at a time. The social worker can arrange accommodation for the extended family.

NON VERBAL COMMUNICATION

Aboriginal people place a high value on body language for communicating.

Be aware of non-verbal communication, including blinks of eyes, nods of head and other responsive gestures. Aboriginal people may give the impression of being withdrawn and non communicative, however this maybe due to shyness.

TIME

Aboriginal people may have a different concept of time that is flexible and not clock driven.

This may cause difficulties when asking Aboriginal patients to perform routine or regular tasks. Try to hang instructions onto an activity, rather than a time to ensure adequate information is give in regards to medication or other routine medical treatment e.g. 'take these tablets at bed time', 'do your exercises while watching the footy'...

FAMILY OBLIGATIONS

Aboriginal people have a definition of family that extends to many people and can include cousins, close friends etc.

Aboriginal people value connection to family and with this comes obligations. These may sometimes transcend the importance of immediate personal health care. This may be the reason a patient might voluntarily sign themselves out of hospital. If this occurs staff should follow up with the Aboriginal Hospital Liaison Officer.

TONE

Aboriginal patients are wary of being patronized by professionals.

Using a natural conversational tone will make interactions more positive.

TRADITIONAL MEDICINE

Some Aboriginal people have strong spiritual traditions and beliefs.

Patients may wish to bring traditional medicines with them to hospital. Respect for another person's beliefs is an important aspect of cross- cultural caring. Staff should inquire if a patient is taking traditional medicines.

LOW LITERACY LEVELS

Some patients may be unable to read or write, or only to a primary school level.

Ensure that assistance and adequate instruction are given clearly. Ask Aboriginal patients to describe back in their own words what they understand about any information you have given them to make sure they have understood.

MEN'S AND WOMEN'S BUSINESS

Sometimes cultural lifestyles do not permit men and women to mix freely.

There is Men's Business and Women's Business. This can create problems. Although cross-gender contact is unavoidable in the hospital situation, staff should be aware of any discomfort and attempt to minimise it. If in any doubt, remember it is always ok to just ask.