Culturally Inclusive Health Assessment practices

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About CEH

CEH is a state wide project of North Richmond Community Health.

CEH’s two major program areas include:
- State wide Health Sector Development
  Funded by Department of Human Services
- Victorian Multicultural Gambler’s Help Program
  Funded by Department of Justice
CEH Services

CEH provides the following services:

- Education & Training
- Consultancy
- Health Promotion
- Information Services
Culture is....

- Shared values, shared perceptions of reality and shared symbols that people have by which their thinking and interpersonal relationships are connected
- Changes over time and generations, is not static
- Is affected by migration and time spent in a new country
What influences people in accessing services?

- Health belief systems
- Health care systems
- Settlement experiences
Health Belief Systems

• Bio-medical
• Magico-Spiritual
• Traditional
Health Belief Systems

- Understandings of health and illness
- Views about the causes of illness
- Views about the way in which illness should be managed
- Views about how illness can be prevented
- Views about the relationship between the practitioner and the client
Understanding of health and illness:

• Came to dominate Western thinking about health and illness after 1800
• Draws from natural sciences
• Relies on patterns of cause and effect to explain illness
• Mind and body as separate entities
Biomedical

Views about the causes of illness:

• Abnormalities in function of the body and organs
• Changes in body due to conditions or events (e.g., accidents, ageing, stress, smoking)
• Can have connotations of ‘weakness’ and locate causality under individual control
Views about the way in which illness should be managed:

• Clinician intervenes to limit damage
• Physical and biochemical processes are studied and manipulated
• Remove entity causing disease
• Focus is on body part rather than whole person
Views about how illness can be prevented:

- Health can be acquired by illness prevention activities such as medication and exercise
Views about the relationship between the practitioner and the client:

- Assumes individuals are responsible for their own bodies and have freedom to determine own lifestyles
- Treatment focused on individuals
- Practitioners highly educated, respected
- Expected to remain objective and use scientific skills to diagnose
Magico-spiritual

Understanding of health and illness:

• Based on traditions passed from generations
• More likely to be found in rural or remote communities
• Strong connection to spiritual world
• Supernatural forces control the world and individuals are at the mercy of the forces
Views about the causes of illness:

• Active intervention of supernatural forces (god, deity), non-humans (ghosts, ancestors, spirits) or human beings (witches, sorcerers)

• Forces are beyond an individual’s control
Magico-spiritual

Views about the way in which illness should be managed:

• Patient/victim must identify agent behind the act and then render it harmless

• Curers have supernatural powers and use magic practices and rituals

• Curers anxious to find cause of disease rather than cure it
Magico-spiritual

Views about how illness can be prevented:

• Maintenance of good social relationships, paying respect to ancestors through prayers and devotions

• May wear special clothing or jewellery for protection
Magico-spiritual

Views about the relationship between the practitioner and the client:

- Sick person is the victim and may be object of aggression with or without justification
- Curers have supernatural powers and use magic
- Shamans found in many cultures and thought to have healing powers
- Shaman is part of the community, usually holds shared beliefs of that community
Traditional Understanding of health and illness:

• Long tradition stretching back to ancient Greece, India and China. Traditional Chinese and Ayurvedic medicine over 2000 years old

• Human life is only one aspect of nature

• Any disturbance and imbalance causes illness, disease or misfortune
Traditional Views about the causes of illness:

- Health is seen as balance of elements in the body (heat/cold). Food, medicines, physical conditions may be given hot or cold properties.

- Illness caused by excessive heat/cold or dryness/moisture, entering the body and causing imbalance.
Views about the way in which illness should be managed:

- Chinese medicine - balance of yin/yang and flow of energy. Treatments include acupuncture, food, herbs, exercise and diet restrictions to restore balance of heat/cold in body.

- Ayurvedic medicine – finding internal remedies to restore harmony.
Traditional

Views about how illness can be prevented:

• Maintaining harmony in environment and social relationships. For eg, maintaining balance of yin (cold, dark, female) and yang (hot, fiery, male) in the body through good eating
Views about the relationship between the practitioner and the client:

- Individuals viewed as active, central participants in their health care rather than passive recipients
- Practitioners highly respected in Chinese cultures
- Ayurvedic medicine government funded in India (though universities) and coexists with Western medicine, which was imposed during British colonial period
Health care systems

- Level of need
- Exposure to western medicine
- Facilities and procedures
- Pharmaceuticals
- Access
- Specialists
- Costs

This document is managed by the Department of Education and Early Childhood Development, Victoria (as of 27 August 2007)
Settlement Experience

- Length of time in Australia
- Health status of family
- Experience of illness
- Experience of discrimination
- Community in Australia
Inclusive Health Assessment

When you are assessing the health or care needs of your clients, what are the cultural considerations in relation to:

- Communication
- Family values and customs
- Client history
- Health beliefs and practices
What are the client’s primary and secondary language, and their reading and writing abilities?

What is the client’s preferred language?

What is their non-verbal communication style?

How will you assess the need for an interpreter?

What is the appropriate form of address?
Inclusive Assessment:  
*Family values & customs*

- What is the client’s religion and what is its importance in their everyday life?
- What is the family’s role in the care of the client and client’s role in the care of the family?
- Which roles are relevant to health assessment, intervention and ongoing care needs?
- Who in the family is responsible for decision making?
Inclusive Assessment: 

Client history

- Where was the client born?
- What is the client’s ethnic affiliation?
- How long have they been in Australia and what were the circumstances of their migration?
- What is the client’s level of education and what was their occupation before and after migration?
Inclusive Assessment: 
*Health beliefs & practices*

- What are the client’s beliefs about health and illness, western medicine and health practitioners?
- How does your client express pain/ grief?
- What does your client believe about disability, death and dying?
Cultural Care: Summing up

- The meanings of care, attitudes about care, significance and knowledge of how to care and its processes, are transmitted by the culture of a particular people in a given context and time.

- In particular, it is transmitted by those people who bear the primary responsibility for care in that culture.
Cultural Care: Summing up

- Care behaviors, knowledge, practices and processes differ all over the world.

- To work effectively with our clients we need to develop an awareness of their understandings of care beliefs and practices.
Resources

Available from CEH website

www.ceh.org.au
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