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MEDIA RELEASE

CULTURAL RESPECT PROGRAM SHOWS LITTLE IMMEDIATE IMPACT ON PATIENT OUTCOMES

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A YEAR-long program designed to improve cultural respect in general practice and improve health outcomes for Aboriginal patients, has failed to either increase the rate of Indigenous health checks or improve cross-cultural behaviours, according to the authors of research published in the *Medical Journal of Australia*.

The Ways of Thinking and Ways of Doing (WoTWoD) program was developed by a team led by Professor Siaw-Teng Liaw, professor of General Practice at the UNSW Sydney and the Ingham Institute of Applied Medical Research. It was designed to “translate the systemic, organisational, and clinical elements of the Australian Health Ministers’ Advisory Council Cultural Competency Framework into routine clinical practice”.

“Cultural respect reflects the attitudes and behaviour of the entire medical practice, from reception to consulting room,” Liaw and colleagues wrote. “In addition, general practice organisations must work in partnership with Indigenous community-controlled organisations to reduce health care disparities, address social determinants of poor health, and increase access to safe, effective and culturally respectful care.

The WoTWoD program includes “a toolkit [comprising 10 scenarios that illustrate cross-cultural behaviour in clinical practice], one half-day workshop, cultural mentor support for the practice, and a local care partnership of participating Medicare Locals/PHNs and local ACCHSs for guiding the program and facilitating community engagement”.

In evaluating the program, Liaw and colleagues introduced WoTWoD to 28 intervention general practices and compared the results after 12 months with 25 control practices. After 12 months “the rates of MBS item 715 claims (health assessment for Aboriginal and Torres Strait Islander People) and recording of risk factors for the two groups were not statistically significantly different, nor were mean changes in cultural quotient scores, regardless of staff category and practice attribute”.

Liaw and colleagues wrote that the negative results may be attributable to “variability in the fidelity of the intervention, especially the local care partnership ... the clinical and organisational reasons for low usage rate [of the MBS item 715] ... and the length of the trial”.

“The length of the trial (12 months) may not have been sufficient to detect significant changes in professional practice dependent on organisational changes that require time to formulate and implement.

“Nevertheless, it is encouraging and promising that the data trends over the 12 months within each group were positive and participant perceptions of the WoTWoD were very positive.

“Further collaborative and participatory mixed methods research is required to examine the complexities of co-creating, implementing, and evaluating programs that integrate ‘thinking and doing’ cultural respect in the context of the changing needs and priorities of general practice and Indigenous communities,” Liaw and colleagues concluded.

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