

ACC Cultural Competency Guidance

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Hosted by

Kylie Bryant
ACC Māori Health Lead



**He Kaupare. He Manaaki.
He Whakaora.**
prevention.care.recovery.



Karakia timatanga

E ō mai te tī

E ō mai te tā

Herea ki runga

Herea ki raro

Whiria kia mau

Whiria kia ita

Huakina te pō

Nau mai te ao

Ka ao, ka ao, ka awatea

Tihei mauri ora!

We call upon

One another

From the highest

To the lowest point

To work tirelessly

And devotedly together

Welcoming a new way of being

To bring light to all

Let there be light!

Welcome

Meet our speakers



Kylie Bryant
Māori Health Lead



Dr Peter Jansen
Mauri Ora Principal



Dr Riripeti Haretuku
Mauri Ora Principal



Merian Graham
Portfolio Manager

Kylie Bryant

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Cultural safety at ACC



ACC Kawa Whakaruruhau
Cultural Safety

Our approach

We want our kiritaki (clients) and whānau to be welcomed into culturally safe environments where they receive appropriate and equitable health care.

To support this, we've developed:

- ✓ Cultural competency guidance (updated)
Te Whānau Māori me o mahi
- ✓ ACC Cultural Safety policy
Te Kawa Whakaruruhau



Our timeline

- ✓ October 2022: Consultation closed
- November 2022: Complete review of sector feedback
- February 2023: Socialise final policy
- April 2023: Policy implemented

Year 1

Embed the policy with clear expectation, supporting resources and information

Year 2

Review and evaluate implementation

Keeping you informed

We'll keep you updated on the launch of our policy via:

- ✓ ACC Provider update
- ✓ our website
[Cultural safety and competencies \(acc.co.nz/cultural safety\)](https://acc.co.nz/cultural-safety)
- ✓ Policy webinar



Dr Peter Jansen & Dr Riripeti Haretuku

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Update to align with cultural safety

Mauri Ora Principals

Dr Peter Jansen

Dr Riripeti Haretuku

For more than 22 years Mauri Ora Associates have been involved with policy development, research and training to address health inequities.

For information see mauriora.co.nz

Acknowledgements

Expert Reference Group

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- Dr Karen Wright
- Dr Rawiri Jansen

Critical Reviewers

- Dr Fiona Cram
- Ms Taima Campbell

ACC Raranga Project team

ACC Cultural Competency Guidance

The importance of data

Reliable ethnicity data on health service access, became available in 1990.

The data showed unequal access to care for Māori compared to European – despite greater health need.

Cultural responsiveness

In 1996, the Health and Disability Commissioner published the Code of Rights:

Right 1 – The right “to be provided with services that take into account the needs, values and beliefs of your cultural, religious, social and ethnic group”.

Focus on health professionals

In 2003 the Health Practitioners Competence Assurance Act introduced a “*consistent accountability regime for all health professions*” through the establishment of Responsible Authorities.

The Act included a new concept of cultural competence in section 118 (Functions of Authorities)

“to set standards of clinical competence, cultural competence and ethical conduct to be observed by health practitioners of the profession”

Updated in 2019 to include competencies that “enable effective and respectful interaction with Māori”

Responsible Authorities – HPCA Act

- Dentistry, dental hygiene, clinical dental technology, dental technology, dental therapy and oral health therapy
 - Medical Laboratory Science, Anaesthetic Technology
 - Medical Imaging and Radiation Therapy
 - Occupational Therapy
 - Optometry and optical dispensing
 - Chinese medicine services
 - Chiropractic
 - Dietetics
- Medicine
 - Midwifery
 - Nursing
 - Osteopathy
 - Paramedic services
 - Pharmacy
 - Physiotherapy
 - Podiatry
 - Psychology
 - Psychotherapy

Access to ACC services – the evidence

- ACC reviews of access to services by ethnicity confirm inequality for Māori compared to non-Māori.
- Hauora Competencies added to ACC contracts in 2003, supported by Guidelines for Māori Cultural Competencies developed to assist providers.
- Initially published in 2005.



Cultural competency landscape

DHBs, PHOs, professional associations and medical colleges provided training (e.g., in-person or on-line seminars, readings, marae visits) to learn about the history of Aotearoa, the sobering data on health inequalities and insights into Māori preferences and experiences.

This has been helpful, but it hasn't achieved the expected outcomes.

More than 20 years since the Code of Rights required providers to treat everyone with respect, and nearly 20 years since the inclusion of cultural competence in the HPCA Act, persistent unequal disparities in access to care and outcomes remain.

It is time to move beyond acquiring knowledge about 'other cultures' and move to interventions that acknowledge and address biases and stereotypes.

Why update?

- Updates to the ACC guidance were envisaged in 2005.
 - Data shows that inequities persist.
 - Increasing moves towards the inclusion of cultural safety.
 - ACC policy for cultural safety outline the expectations of providers who are supporting Māori patients, whānau and communities.
- Meeting the requirements of ACC's Kawa Whakaruruhau (Cultural Safety) Policy will assist providers to:
 - achieve their goals of Māori health equity and responsibilities for cultural competence
 - provide culturally safe practice within professional standards.
 - The goal is to ensure services are delivered equitably to Māori clients/whānau and in a way that respects the values and beliefs of Māori clients.

Cultural competency landscape

Related to cultural competence is the concept of cultural safety.

Cultural safety developed in Aotearoa:

Health providers to recognise, respect, and nurture the unique cultural identity of a patient from another culture as determined by that person or family.

Cultural competence is having the attitudes, skills and knowledge needed to achieve cultural safety.

Cultural safety concepts

- Reflect on and address biases and stereotypes – historical and current.
 - Systematically monitor and assess inequities (in the workforce and health outcomes).
 - Focus on achieving health equity, with plans to make measurable progress.
 - Keep evidence of engagement with Māori communities and whānau.
- Undertake cultural safety training and performance monitoring for everyone – staff, supervisors and assessors.
 - Apply learning across all practice environments, systems, structures, and policies AND in individual patient care episodes (tailoring care to the individual and their whanau).

Towards health equity

ACC Kawa whakaruruhau / Cultural safety requirements apply to suppliers.

Evidence for:

- cultural safety training and performance monitoring for all kaimahi
- cultural safety activities incorporating personal self-reflection and self-awareness as part of kaimahi training and professional development
- cultural safety as a requirement for accreditation and ongoing certification
- systematic monitoring and assessment of inequities in their health workforce and health outcomes for kiritaki and whānau.

Overview of the guidance

ACC's commitment to health equity

- Barriers to care
- The impact of the culture of the health provider organisation

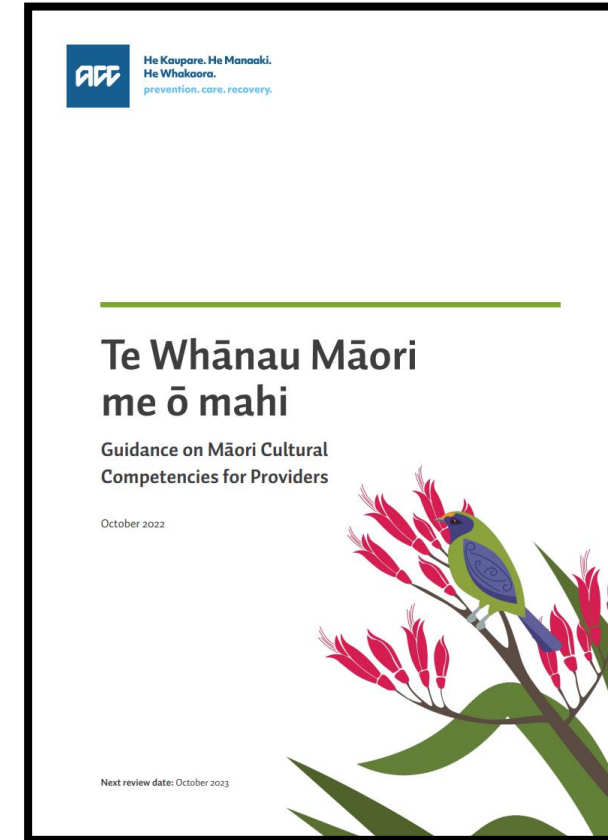
Supporting kiritaki Māori – some considerations

Tikanga Māori

- Communication – a key issue
- Supporting the preferences of whānau Maori

Appendix 1: Glossary of important terms

Appendix 2: Information on Māori and injury to Māori



Injury to Māori

Pages 28-30

- Māori males have lower claim rates than non-Māori males at all ages.
 - Māori females have lower claim rates than non-Māori females at all ages.
 - Māori entitlement claim rates are ~ 20% lower than for non-Māori
 - This disparity is far greater for non-earners - 46% lower.
- Māori continue to have higher rates of serious injury claims than non-Māori, ~ 43% higher for the 2017/18 year.
 - Māori are ~ 45% less likely to claim ACC compensation following a treatment injury than non-Māori.
 - The average cost of med fee-only claims is consistently lower for Māori than non-Māori, by ~ 20%.

What it means for providers

Page 10

ACC Kawa Whakaruruhau Policy requires providers to meet the needs of kiritaki Māori effectively and maintain records demonstrating compliance.

This means developing policies and plans that address:

- how the provider will consult iwi/Māori
- the effective collection of ethnicity data and the appropriate use of that data
- the identification and reduction of inequalities between Māori and other New Zealanders
- workforce development for kaimahi Māori
- training for all kaimahi in cultural competence, Māori preferences and cultural safety
- delivery of culturally responsive and appropriate service delivery.

What it means for providers

Training page 11

- Cultural safety training and performance monitoring for all kaimahi
 - Cultural safety activities incorporate personal self-reflection and self-awareness as part of kaimahi training and professional development
 - Cultural safety training and supervision
 - Barriers to effective care
- Communication skills with kiritaki Māori
 - Māori health frameworks and models of health and rehabilitation
 - Ethnicity data collection
 - Linking with Māori providers and iwi/hapori Māori
 - ACC Kawa Whakaruruhau Policy

Reflections

Pages 15-19

The guidance has questions to aid organisations to develop and review plans and self-reflections about consultations, e.g.

- Have you asked for and/or reviewed the needs of the population you serve and made any changes to the location, timing and availability of services to suit the preferences of kiritaki and whānau Māori?
 - What has been your response to someone declining to answer this question or identifying multiple ethnicities?
- Have you asked kiritaki and whānau about their preferences for receiving information within the consultation and as follow-up?
 - What are the assumptions and values that guide our activities today? (e.g., interactions with others) What are sources of those assumptions and values and are they accurate for this person on this day?

What it means for providers – discussion

- What does this mean for the patient/kiritaki and whānau?
- Personal self-reflection and self-awareness – how does that work?
- Systematic monitoring and assessment of inequities in health outcomes for kiritaki and whānau – what can we measure?
- Monitoring and assessment of inequities in health workforce – what can we measure?

Pātai? Questions?

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Poll: Your reflections

1. How likely are you to implement cultural safety changes in your work?
2. Have you gained new knowledge today that's applicable to your work?
3. Do you plan to apply what you have learned today to your practice?

Ngā mihi

For our guidance document and
resources visit:

acc.co.nz/culturalsafety

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