

Module 2: Cultural safety in healthcare practice

Study Guide



Building health equity and cultural safety in
Aotearoa/New Zealand

unepartnerships

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Module covered by this Study Guide: Cultural safety in healthcare practice

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Contents

Introduction	4
Lesson 1: Te Tiriti o Waitangi.....	6
1.1 Context	7
1.2 Needs-based rationale.....	7
1.3 Rights-based rationale	7
1.4 Te Tiriti o Waitangi principles	8
Summary.....	10
Lesson 2: Cultural safety in practice	11
2.1 Cultural safety for health equity	12
2.2 Creating cultural safety in practice	13
Summary.....	15
Lesson 3: Person and whānau-centred care.....	16
3.1 Person and whānau-centred care	17
3.2 Values	17
3.3 Te whare tapa whā	19
3.4 Practical steps	20
Summary.....	21
Lesson 4: Health literacy	22
4.1 What is health literacy?	23
4.2 The importance of health literacy.....	23
4.3 The practice manager’s role	25
Summary.....	26
Conclusion	26

Introduction

Welcome to Cultural safety in healthcare practice. On completion of this Module, students will understand cultural safety as a high priority strategy to achieving equity in health outcomes for disadvantaged groups. While cultural safety for all groups is broadly covered, this Module has a specific focus on providing culturally safe healthcare environments for Māori, thereby meeting the practice's obligations under Te Tiriti o Waitangi.

The Module provides guidance on steps the practice and team can take to demonstrate their commitment to their obligations under Te Tiriti o Waitangi, including demonstrating an understanding of how supporting health literacy and person and whānau-centred care can contribute to a culturally safe healthcare practice.

Outcomes

On completion of this Module, you should be able to:

- ✓ Understand the needs-based and rights-based rationale underpinning Te Tiriti o Waitangi
- ✓ Understand practical steps the Practice and team can take to meet obligations under Te Tiriti o Waitangi
- ✓ Understand cultural safety as a high priority strategy in achieving equity of health outcomes for Māori
- ✓ Understand person and whānau-centred care as a key strategy for providing cultural safety
- ✓ Understand health literacy as a key strategy for supporting cultural safety and health equity.

Structure

This Module is divided into the following Lessons:

- Lesson 1: Te Tiriti o Waitangi
- Lesson 2: Cultural safety in practice
- Lesson 3: Person and whānau-centred care
- Lesson 4: Health literacy.

Activities

Throughout this Study Guide you will notice a range of activities. These are intended to contribute to your learning by encouraging you to be active and involved. None are compulsory. They are intended to help you to learn but are not part of your formal assessment.



Activities with an **online interactive version** are identified with a mouse icon at the start.

Common activity types included in study guides are included below.

- **Knowledge check or Reflection:** These encourage you to confirm or explore your understanding as you progress.
- **Reading:** These may be uploaded to [my.unep](#) or provided as links to readings or websites to expand on the content of the lesson.
- **Video or Link:** These provide alternative perspectives and give visual and audio alternatives to your text. Please do not feel you are required to watch all videos or read through all the links provided in this Study Guide.
- **Find out more:** In some lessons we provide support for additional reading or activities that go beyond what is required in the unit covered in this course or provide a refresher for underpinning concepts that support the knowledge and skills for this unit.
- **Case study or Example:** There are a range of case studies and examples provided throughout this Study Guide, to support your understanding and to provide a resource for some activities.

The end of an activity is identified with a band, like the one below and the text 'End of activity'. This indicates the normal Study Guide text will resume.

End of activity



Common Terms: You will notice that throughout this Study Guide we use the term 'patient' to refer to the people your team provides services or support to. In your workplace, you might use other terms such as patient, client, staff, employees, volunteers, or stakeholders.

We use the term 'medical receptionist' or receptionist to refer to the administrative staff in your team. In your workplace, you might use the term secretary, front desk staff, administrative assistant, or another term. Additionally, you may be a receptionist in a different type of practice, such as general practice, specialist practice, allied health, psychology, or mixed practice.

We use the term 'practitioner' to refer to the clinical team working in the healthcare practice. This could include general practitioners, specialists, allied health practitioners, psychologists, or other health professionals working within or referring to your practice.

Lesson 1: Te Tiriti o Waitangi



In Aotearoa / New Zealand (NZ), cultural safety is a high priority strategy in the attainment of equitable health outcomes for Māori. It is important to understand the context and history of Māori within NZ, and the local and international research on the rights and needs of culturally disadvantaged groups in the access to appropriate healthcare. This Lesson introduces Te Tiriti o Waitangi and the implications and obligations for healthcare practices.

1.1 Context

In NZ, Māori experience significant inequities in health compared to the non-high needs population. These inequities result in a significantly shorter life expectancy from non-Māori New Zealanders.

Table 1: 2017-2019 Life Expectancy at Birth for Māori Compared to Non-Māori

	Māori	Non- Māori
Females	77.1 years	84.4 years
Males	73.4 years	80.9 years

Due to the complex interactions of multiple social determinants of health (detailed in Module 1), Māori experience a high level of healthcare need. However, Māori receive less access to the full spectrum of healthcare services from preventative to tertiary care, and poorer care throughout this spectrum. Addressing Māori health inequity is a legislated high priority across NZ, based on both the needs and rights of Māori and reinforced by Te Tiriti o Waitangi, also known as the Treaty of Waitangi¹.

1.2 Needs-based rationale

Māori have on average the poorest health status of any ethnic group in NZ. Māori health inequities are extensive and exist across multiple health indicators, culminating as poorer health outcomes and life expectancy for Māori as compared to non-Māori. The reasons for this inequity are broad and complex, including the social determinants of health, poor access to appropriate healthcare and the quality of care once it is accessed.

Māori have significantly worse health outcomes than non-Māori, including cardiovascular disease, heart failure mortality rate, lung cancer, diabetes and renal failure, infectious disease, mental health, suicide, interpersonal violence, oral health, infant health and unintentional injuries.

Although Māori experience a high level of healthcare need, they also receive less access to high-quality healthcare services. This demonstrates the needs-based rationale of health equity; Māori *need* better access to healthcare and high-quality care to achieve equity in health outcomes.

1.3 Rights-based rationale

High needs population people have a right to equity in health outcomes, and health services need to be delivered in a way that is accessible and provides high quality services for the user. Te Tiriti o Waitangi is the founding document of NZ. It establishes the basis for Māori rights to health equity, to be established through the principles of Partnership, Participation, and Protection.

¹ Curtis, E., et al, 2019. *Why cultural safety rather than cultural competency is required to achieve health equity: a literature review and recommended definition*, URL: <https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-019-1082-3> Retrieved 15 September 2021



Figure 1: The principles of Partnership, Participation, and Protection

The Te Aka Online Māori Dictionary² defines the following terms:



Iwi - extended kinship group, tribe, nation, people, nationality, race - often refers to a large group of people descended from a common ancestor and associated with a distinct territory.



Hapū - kinship group, clan, tribe, subtribe - section of a large kinship group and the primary political unit in traditional Māori society.



Whānau - extended family, family group, a familiar term of address to a number of people—the primary economic unit of traditional Māori society.

We'll now look at the principles of Te Tiriti o Waitangi and how these can be applied in your practice.

1.4 Te Tiriti o Waitangi principles

Te Tiriti o Waitangi places obligations on the Government of New Zealand which are interpreted into legislation, regulatory policy and advisory agreements. Health providers are in turn obliged to meet these obligations as advised by Government. Healthcare practices must demonstrate how they are meeting, or working towards meeting, their obligations under Te Tiriti o Waitangi.

In practice, this means the healthcare practice will have both an Equity Policy and Te Tiriti Policy embedded in their daily operations. It can be as simple as:

- learning to pronounce names correctly
- ensuring the practice allows for Māori customs when accessing healthcare such as supporting a meeting with the whole whānau to discuss health issues
- Māori used in the welcome
- bilingual signage.

² Moorfield, J. C., n.d. *Te Aka Online Māori Dictionary*, URL: <https://maoridictionary.co.nz/dictionary-info> Retrieved 15 September 2021

Equity and RNZCGPs quality programmes

Meeting the practices obligations to Te Tiriti o Waitangi and establishing an environment which promotes equity is central to the quality programmes. The Foundation Standard is about quality assurance and is mandatory for practices to receive government funding. An assessment occurs every three years to determine compliance and therefore funding.

Once practices have achieved the Foundation Standard, they are ready to begin the Cornerstone Modules which are focussed on quality improvement and include the Equity Module. The Equity Module enables practices to put the infrastructure in place to help them achieve equitable health outcomes for Māori as well as other underserved or marginalised groups.

Activity 1: Reading – The Foundation Standard

For further information on the Foundation Standard:

[Indicator 3: Rights and health needs of Māori](#)

For further information on the Cornerstone Equity Module:

- [Equity module](#)

End of activity

Te Tiriti o Waitangi outlines principles to deliver culturally competent care for Māori. This means that it is important to understand health and wellbeing from a Māori perspective and to understand and respect people's experiences of racism, discrimination, and marginalization. These experiences shape health, life opportunities, access to health care and quality of life. To provide a culturally safe healthcare environment, practices must demonstrate and support Te Tiriti o Waitangi principles, as follows.

Table 1: Practices must demonstrate and support Te Tiriti o Waitangi principles

Te Tiriti o Waitangi principles		
Principle 1	Kawanatanga	The right for the government to govern is qualified by the obligation to protect Māori Interests.
Principle 2	Tino Rangatiratanga	Māori have the right to exercise authority over their own affairs; an example of this is Iwi authority.
Principle 3	Te Orite	A provision which guarantees equity between Māori and other New Zealanders
Principle 4	Te Reitenga	A provision for the rites of Karakia, customs and spiritual beliefs



Activity 2: Reflection on Te Tiriti o Waitangi

As Health Workers, you need to be able to describe something that you do in your daily mahi / work that demonstrates how your workplace embraces and implements Te Tiriti o Waitangi. As a minimum, you can explain how you / your workplace is working towards this to reduce health inequities for Māori.

It is likely that you and the practice are actively working towards or implementing Te Tiriti o Waitangi principles. Jot down your ideas or projects to help crystallise you're thinking.

Consider if you can formalise and document your ideas, as sometimes the documentation is not prioritised in the day-to-day business of a healthcare practice.

End of activity

Summary

Every healthcare practice in NZ has a legal and ethical obligation to achieve equity in health outcomes for Māori by providing a culturally competent and safe healthcare environment. Māori have both a need and a right to health equity, and Te Tiriti o Waitangi places obligations on the New Zealand government to achieve health equity for Māori. These obligations are interpreted into legislation, regulatory policy and advisory agreements, which healthcare providers are obliged to meet. It is important to understand the principles of Te Tiriti o Waitangi and document how the practice is achieving, or working towards, achieving their obligations.

Lesson 2: Cultural safety in practice



The contemporary view on providing culturally appropriate services has shifted from cultural competence to cultural safety. Historically, cultural competence involved learning a set of 'rules' about a particular culture which can have the unintended consequence of grouping everyone from that culture into the same stereotype, leading a person to 'other' the other person. Cultural safety, on the other hand, includes a requirement for staff to demonstrate both cultural competence and provide a culturally safe healthcare environment. This includes both the physical environment and the culture of the healthcare practice. This Lesson introduces you to cultural safety and steps to take to achieve it for Māori.

2.1 Cultural safety for health equity

In recent times, there has been a focus on staff being ‘culturally competent’ to ensure they are able to provide a culturally appropriate healthcare service to diverse groups. Cultural competence involves a person having the attitude, knowledge and skills that are needed to function respectfully and effectively to work with and treat people of different cultural backgrounds. Cultural competence can, however, be seen as a ‘tick box’ requirement, where practice staff are required to complete a course and thereby are deemed to be ‘culturally competent’. Evidence shows that a competence-based approach alone will not deliver improvements in health equity, and this is where cultural safety plays an important role.

Cultural safety focuses on the patient experience to define and improve the quality of care. In a culturally safe environment, the patient will feel safe, connected to culture, and their identity will be respected.

Cultural safety can only be defined by those receiving the care.

For practice staff, providing a culturally safe healthcare environment requires the individual to self-reflect on their own attitudes, views, and biases, and how these may impact on the patient’s experience and care. As you have learnt in *Module 1: Health equity in practice*, ongoing self-reflection is required, and people need to hold themselves accountable for providing a culturally safe environment.



Figure 2: The attainment of equitable health outcomes

In NZ, cultural safety is of particular importance in the attainment of equitable health outcomes for Māori. If a person does not feel respected and safe accessing a health service, they are less likely to attend, respect the healthcare provider and therefore less likely to develop a positive relationship with their healthcare team. This negatively impacts their health outcomes.

Providing a culturally safe practice environment requires everyone in the team to understand and demonstrate awareness and reflection so that cultural safety is embedded in the practice culture. The practice leadership team have a responsibility to provide consistency so that a culturally safe environment is accepted as ‘just the way things are done here’. That way, new staff will quickly learn to be respectful and curious thereby supporting disadvantaged groups to access the practice safely and comfortably.



Activity 3: Video – Te Tiriti o Waitangi, colonisation and racism

Watch the video ‘Te Tiriti o Waitangi, colonisation and racism’ developed by the Health Quality and Safety Council of New Zealand (HQSCNZ). This is the second video in the series. You watched the first and third video in Module 1.

- [Te Tiriti o Waitangi, colonisation and racism](#)



Activity 4: Self-reflection – Culturally safe workspaces

As providing a culturally safe practice involves ongoing self-reflection, take this opportunity to reflect on your learning so far, including the Implicit Bias activity from Module 1.

Can you identify any opportunities for further:

1. personal development?
2. practice development, such as a quality improvement project to improve equity of access. For example, could the practice allow the entire whānau to attend appointments? Does the practice have the physical space in the consulting rooms? Enough chairs? Enough time? Will the whole whānau feel welcome and heard?

End of activities

2.2 Creating cultural safety in practice

Building a culture of values, consistency in behaviours and practices across the whole practice team is critical. The practice culture should be so consistent that providing a culturally safe and respectful practice “is just how we do things here”. Achieving this practice culture requires strong leadership from the top, including the practice manager.

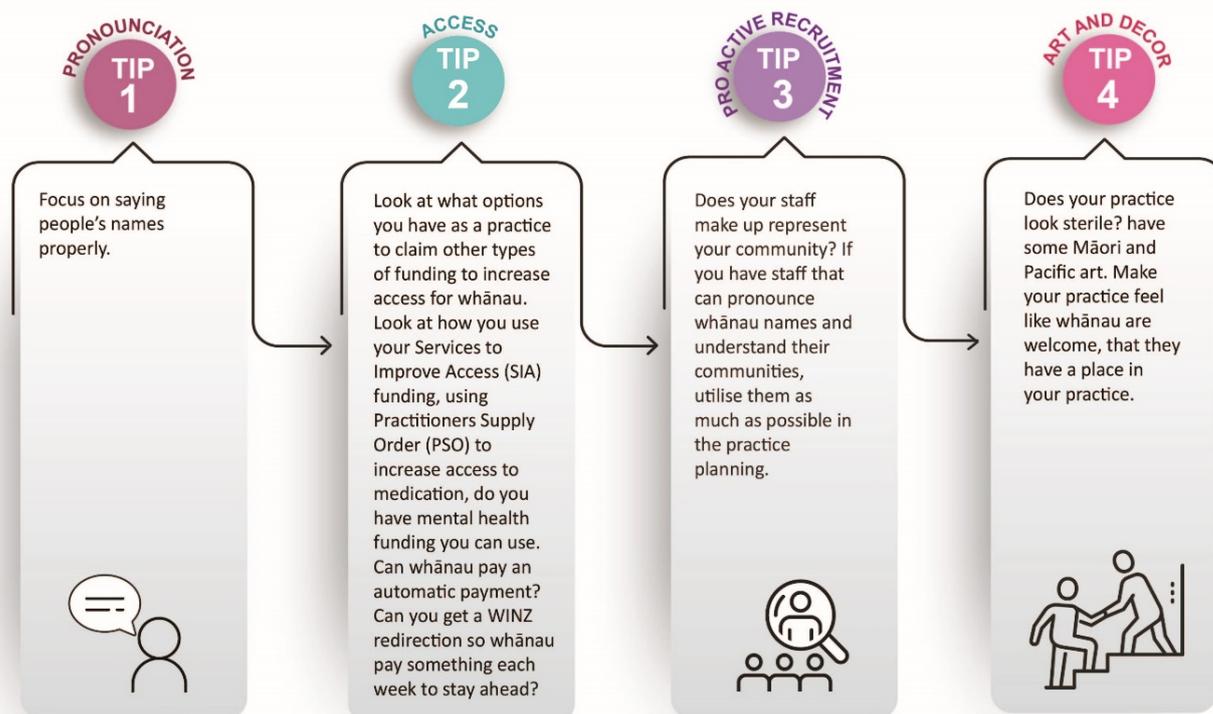
One important way to improve cultural safety within your practice is to consider the power differential between practice staff and patients from disadvantaged population groups. Examples of power differentials are shown in the following table.

Table 2: Power differentials

Workplace power differentials	
Front desk staff	The power to schedule the patient to see a doctor today or next week; the patient must argue their case successfully to get a priority appointment
Practice manager	Influences the culture of the practice through leadership and business operations. Is the physical environment welcoming to those from different cultures, and people who speak different languages? Is there enough space for whānau to join the patient?
Doctor	The power to diagnose, prescribe, and treat, and the power not to do these things
Practice nurse	The power to support collaborative care with patients by acknowledging their beliefs, culture, and values. Collaborative care will be unsuccessful if the patient feels disrespected or misunderstood and does not participate in collaborative care.

To provide a culturally safe environment in your practice, the team needs to identify ways to transfer power to the patient and their family through genuine patient-centred care and engagement with family and community groups, and to support patients in building their health literacy. These topics are covered in the next two Lessons.

The tips in the following diagram can be followed for achieving cultural safety³.



³ Turuki Health Care. 2021. *Understanding and Developing Matekite - Turuki Health Care*, URL: <https://turukihealthcare.org.nz/wellbeing/matekite> Retrieved 2 November 2021

To engage your practice team in quality improvement initiatives that improve cultural safety for disadvantaged groups, you need to understand the current situation regarding where the practice strengths and weaknesses are. Data is critical to understand the current situation and also to measure any changes. It is important to understand the capabilities of the Practice Management Software, which collects demographic data that can be used effectively.

Summary

Achieving a culturally safe practice requires leadership and commitment from the practice managers and others in the leadership team. It is important the practice culture is one of cultural safety, including open and transparent reflection and self-awareness, ongoing learning and curiosity about individuals and their experiences and beliefs. Cultural safety can only be defined by those receiving the care.

Lesson 3: Person and whānau-centred care



Person and whānau-centred care involve collaborative healthcare focused on meeting the needs, values and desired outcomes of individuals and whānau. It is a model of care of treating each patient with respect and dignity and as a partner and collaborator in their healthcare. Rather than treating individuals with the stereotypes associated with their culture or other identity, it is necessary to treat everyone as a unique individual with unique experiences, beliefs and priorities. Providing person and whānau-centred care is a tool to provide a culturally safe practice environment.

3.1 Person and whānau-centred care

Groups of people are not homogenous, including those who belong to disadvantaged groups. As such, there is risk in learning 'knowledge' related to a particular group and applying it to everyone in that group. For example, some common stereotypes may include:

- Muslim women will only be seen by a female doctor.
- Māori will be less compliant taking medications.

In practice, this means that there is no tick box or prescribed 'correct' way to provide a culturally appropriate service. It means that every person who walks through the door is an individual, with unique beliefs, experiences, and relationships with their whānau. It is important to understand and have knowledge of their culture, but rather than creating more stereotypes based on someone's ethnicity or identity, your team can actively view each patient as an empowered and respected individual.

One way to avoid stereotypes is to ask questions with genuine curiosity and respect. If you have a belief that could be a stereotype, respectfully check with the patient to validate your assumptions. For example:

- Would you prefer a female doctor?
- What do you understand about your condition?
- Is it ok with you if I explain this to your spouse / mother / sister?
- What will help you to take this medication / come back for a check-up?
- What is stopping you from attending your appointments?
- Do you have any assistance at home?
- Do you have transport to get to your appointment?
- What language are you most comfortable speaking?

A model of care that ensures the person and their whānau are treated with respect and valued as individuals is key to providing a culturally safe environment at your practice. Person and whānau-centred care places the person at the centre of the healthcare environment, empowering them and their whānau to partner and collaborate with their healthcare providers. There are key values and behaviours required to provide person and whānau-centred care.

3.2 Values

In Māori culture, and many other cultures around the world, whānau is critical to the sense of self. Whānau connects the individual to the whakapapa, spiritually and to their whenua the land, as well as to each other.

Therefore, in NZ, person-centred care must be considered as person and whānau-centred care. You cannot treat the individual Māori in isolation from their whānau, and a healthy whānau is a fundamental element of a healthy person.

To achieve person and whānau-centred care, the values in the following diagram must be demonstrated to all Māori.



Figure 4: Values for achieving person and whānau-centred care

To demonstrate these values, everyone in the practice should be demonstrating the following in every interaction they have:

1. Recognise the inherent value and worth of every person and whānau.
2. Hold each individual and whānau in high regard, providing them with proper consideration, care, and attention.
3. Enable individuals and their whānau to take control of their own healthcare, building their health literacy and confidence in managing their own health with appropriate levels of support.
4. Ensure all team members are prepared to work with individuals and their whānau in a partnership, to achieve positive health outcomes.

To provide effective person and whānau-centred care, it is important to see the patient as a whole person. A patient is much more than the symptoms or illness that causes them to present at your practice and they have a lifetime worth of experiences and stories that are not understood by staff. To respect an individual, it is important to see them more broadly than their symptoms, including consideration of their whānau, abilities, social and cultural background, their preferences and beliefs, and holistic wellbeing. Everyone is impacted by the situational and cultural influences on their lives, for example, their social determinants of health such as employment, education, housing, food security and previous experiences. All these factors are unique and influence an individual and whānau's understanding of their health and ability to engage with health professionals.

It is important to remember that these influences change over the course of a person's life and will not be static over their lifetime. Someone who has previously declined a treatment may change their mind.

Activity 5: Reading – Healthcare Homes Collaborative

The Healthcare Homes (HCH) Collaborative provides further information and support regarding how to establish your practice in the Healthcare Homes model, and the resources can be utilised even if your practice is not accredited as a HCH practice. For example, one practice modelled their reception on the HCH model and now has a telephonist room and a main reception (without phones), so the main reception staff can provide uninterrupted meet and greet services and health navigators.

There are significant benefits of becoming an accredited HCH practice, including the provision of culturally safe care to improve access for disadvantaged groups.

It is worth exploring the Healthcare Homes Collaborative website for resources.

- [Healthcare Homes Collaborative](#)

End of activity

To provide person and whānau-centred care to Māori, it is important to have cultural understanding and respect—cultural competence—to enable your team to achieve a culturally safe environment. Te whare tapa whā introduces understanding the dimensions of health and wellbeing for Māori.

3.3 Te whare tapa whā

For Māori, there are four cornerstones of health that must be taken care of to support their health and wellbeing, as defined by their elders at traditional tribal gatherings, and documented by Sir Mason Durie in 1984. This holistic model of health is called te whare tapa whā. The four cornerstones of health for Māori people are shown in the following diagram.

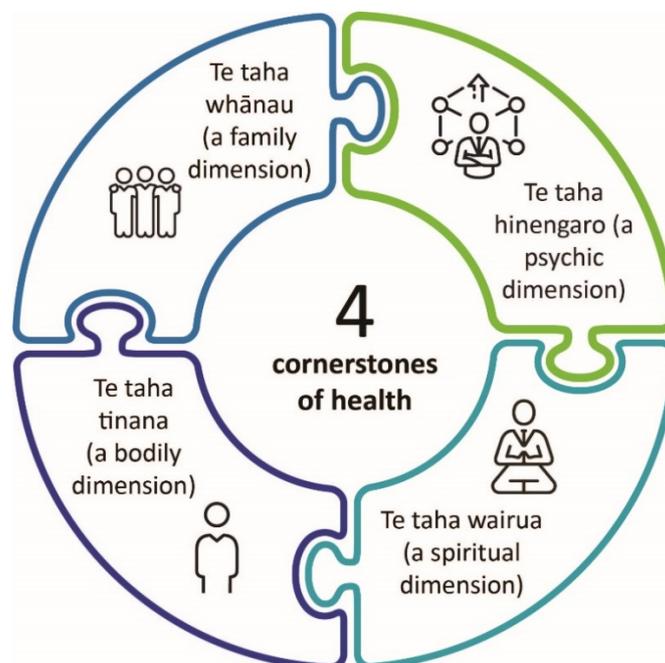


Figure 5: The four cornerstones of health for Māori people

The four dimensions are underpinned by connection with whenua (land). Whenua is the place of belonging and is a key element of identity for Māori. All five dimensions need to be nurtured and strengthened to support Māori health and wellbeing.

- **Taha tinana** is physical wellbeing. It is about how the body grows, feels, moves and how it is cared for. Achieving physical wellbeing by nourishing and strengthening it helps people to cope with the various ups and downs of life and be mentally well.
- **Taha hinengaro** is mind, heart, conscience, thoughts and feelings. It's about how people feel, communicate and think. When taha hinengaro is strong, people can better cope with life's challenges.
- **Taha wairua** is spiritual wellbeing. A spiritual essence is your life force—your mauri. This is who and what the person is, where they have come from and where they are going. Spiritual wellbeing is what someone believes and there is no right or wrong. Taha wairua provides a sense of meaning and purpose as well as experiencing a sense of connectedness to self, whānau, community, nature and the sacred.
- **Taha whānau** is family wellbeing. Whānau is about extended relationships including friends, hoamahi (colleagues), community and the people you care about. Everyone has a place and a role to fulfil within their whānau, and whānau contributes to your individual wellbeing and identity.



Activity 6: Video – HQSCNZ Improving cultural competence

To improve your knowledge and cultural competence for Māori, watch the videos developed by the Health Quality and Safety Commission of New Zealand and reflect on your own beliefs, experiences, and any bias you may have towards Māori.

- [Communicating with Māori in a health setting](#)
- [Māori Cultural Practices](#)

End of activity

3.4 Practical steps

In a healthcare practice, there are several strategies that can be implemented to provide a culturally safe environment for Māori, including providing person and whānau-centred care. Other steps your team could implement include:

1. everyone in the practice having an awareness of Māori rights and the issues they face in relation to equity of health outcomes
2. understanding and implementing the Treaty-based requirements in the provision of healthcare to Māori
3. reviewing practice policies and procedures to improve Māori participation and partnership
4. ensuring the practice provides a culturally safe environment, both physically and in all interactions with staff at the practice.

Summary

This Lesson introduces the person and whānau-centred care as a key strategy in providing a culturally safe healthcare environment. Each individual should be valued for their experiences and beliefs and be treated with dignity and respect. A respectful relationship enables the healthcare team and individual to work together in partnership, collaborating to achieve equitable health outcomes across all groups.

To meet the obligations of Te Tiriti o Waitangi and provide a culturally safe environment, it is important for all practice staff to demonstrate cultural competence, including an understanding that for Māori, there are four cornerstones of health that must be taken care of to support their health and wellbeing; this holistic model of health is called te whare tapa whā.

Lesson 4: Health literacy



Poor health literacy is a key contributing factor to inequitable health outcomes. People need to be able to understand and navigate both the health system and relevant health information to be able to make informed decisions regarding their healthcare. The provision of person and whānau-centred care relies on the individuals and their whānau having an appropriate level of health literacy to make informed decisions about their healthcare.

Your practice can help patients achieve equity in health outcomes by supporting them to improve their health literacy.

4.1 What is health literacy?

For a healthcare practice to be culturally safe, it must also be accessible to people from disadvantaged groups. A key component of improving access to healthcare is to improve the health literacy of target groups.



Health Literacy: the capacity to obtain, process and understand basic health information and services in order to make informed and appropriate health decisions.⁴

The definition above should not be interpreted as a deficit of the patient. Rather, the health system, practices and health practitioners themselves all have a crucial role in health literacy. At a healthcare practice level, you have a responsibility to communicate information and deliver services. The practitioners themselves are responsible for providing information that makes sense to their patients and removing barriers the patient has in actioning the new health information they have received.

4.2 The importance of health literacy

The reason health literacy is so important is due to the strong link between health literacy and health status. Poor health literacy increases health inequities.

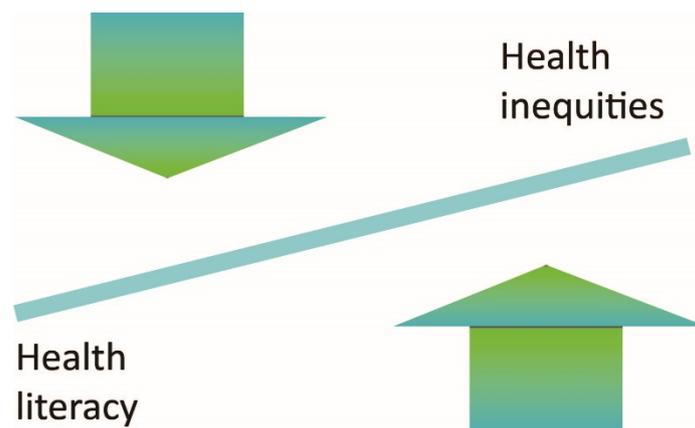


Figure 6: The relationship between health literacy and health inequities

Areas with the following factors are likely to have lower levels of health literacy:

- larger high needs populations
- larger population of older people
- communities with high levels of disadvantage and low general literacy levels
- areas with high turnover of health professionals and use of locums
- areas using high levels of overseas-trained doctors with English as a second language.

Individual health literacy is determined by a range of social, economic, cultural and health factors and, as such, it can change depending on the circumstances. Health literacy is influenced day-to-day by factors including:

- physical barriers such as transport, caring or other commitments, geography / remoteness

⁴ Healthliteracynz, n.d. *What is health literacy?*, URL: <https://www.healthliteracy.co.nz/page/about-health-literacy/> Retrieved 18 November 2021

- poor general literacy
- language barriers
- poor access to, or confidence using, digital technology
- workforce issues
- anxiety
- stigma (as perceived by the patient)
- poor health.

The shift towards patient and whānau-centred care gives the patient a greater degree of responsibility and ownership over their health. To successfully navigate the healthcare system and advocate for themselves and their families, consumers need to build their health and ‘system’ knowledge. By building their health literacy, consumers become more independent and less reliant on health professionals to access information and resources.

Improving health literacy is not just about using plain language and having handouts. The health system itself must change.

Activity 7: Video – Health literacy amongst Māori

Watch this video developed by the Health Quality and Safety Commission of New Zealand and reflect on your own beliefs, experiences, and bias you may have towards Māori and Pacific Islander groups.

- [Health Literacy Amongst Māori](#)

Reflect on other disadvantaged groups who attend your practice and consider the implications of poor health literacy, such as for older people.

Activity 8: Reading – Health literacy resources

The health literacy booklet is an excellent resource for practice staff on how to support your patients in building their health literacy.

- [Health-literacy-booklet-3-steps](#)
- [About-health-literacy](#)

End of activities

4.3 The practice manager’s role

As a healthcare practice, everyone in the practice has a role in supporting people to improve their health literacy. This includes helping people to navigate the system, make informed decisions about their needs and access timely care. Some examples to discuss with your team include:

1. Does a patient who has a newly acquired disability (e.g., a stroke, multiple sclerosis) and understand which Allied Health professionals can assist? Is a referral required, and what are the funding options available to them?
2. Fees should be discussed up front with all patients and whānau, including out-of-pocket expenses. If payment plans are available, raise this. This is called Informed Financial Consent.
3. services for new mothers/young families
4. interpreters.

There are steps everyone in the practice can take to improve health literacy for patients. The following table provides some examples.

Table 3: Improving health literacy

Practices which improve health literacy	
Front desk staff	<p>Support patients who contact the practice to triage effectively. Give them time to explain their problem and the urgency they feel in seeing a doctor.</p> <p>Ensure all patients and whānau are treated kindly, with respect, even when the phone won't stop ringing and patients are lined up at the reception desk. If people feel rushed or like they are a burden, they are less likely to ask questions.</p> <p>Provide billing information at the time of booking the appointment, including any funding / payment options.</p>
Practice manager	<p>Be prepared to support staff in having time to spend with patients and whānau to explain both clinical information and navigating the system.</p> <p>Provide billing information at the time of booking the appointment, including any funding / payment options.</p> <p>Train staff in supporting health literacy.</p> <p>Talk to patients and whānau about healthcare options and funding models.</p>
Doctor	<p>Be prepared to spend the time asking questions to determine baseline knowledge and assumptions.</p> <p>Use plain English rather than jargon when talking to patients and ask them questions to confirm their understanding.</p> <p>Use diagrams / pictures in explanations.</p>
Practice nurse	<p>Review and potentially re-write the practice's letter template to be plain English / easy-to-understand, removing jargon, and having options for other languages.</p> <p>Use plain English rather than jargon when talking to patients and ask them questions to confirm their understanding.</p> <p>Use diagrams / pictures in explanations.</p>

Summary

Supporting patients to improve their health literacy will make a significant impact on achieving equity in health outcomes. Oftentimes, health literacy support requires time: time to ask open ended questions of the patient and their whānau, time to gauge their understanding and experiences, time to talk through the options with them. When a patient feels uncomfortable and unknowledgeable, they are less likely to feel respected and ask questions. Unfortunately, a rushed, harried clinic with clear time pressure is not conducive to supporting patients in improving their health literacy.

Conclusion

This Module has introduced you to cultural safety in practice with a particular focus on Māori. It is important to understand the practice's obligations under Te Tiriti o Waitangi and demonstrate how the practice is meeting these obligations, including the four principles described in the following table.

Table 4: The four principles of cultural safety

Practice obligations under Te Tiriti o Waitangi	
Kawanatanga	The right for the government to govern is qualified by the obligation to protect Māori interests.
Tino Rangatiratanga	Māori have the right to exercise authority over their own affairs. An example of this is Iwi authority.
Te Orite	A provision which guarantees equity between Māori and other New Zealanders
Te Reitenga	A provision for the rites of Karakia, customs and spiritual beliefs

The practice also has ethical obligations in providing a culturally safe healthcare environment for disadvantaged groups, and strategies including engaging with and providing person and whānau-centred care. Supporting patients to improve their health literacy will ensure the practice provides a culturally safe healthcare environment for Māori and other disadvantaged population groups.