



Pharmaceutical  
Society of Australia

***An Introduction to Cultural Orientation for  
Participating Pharmacists***

Pharmaceutical Society of Australia  
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## Abbreviations

1. QUMAX – Quality Use of Medicines maximised for  
Aboriginal and Torres Strait Islander People
2. NACCHO – National Aboriginal Community Controlled  
Health Organisation
3. ACCHS – Aboriginal Community Controlled Health Service
4. MAAPS – Medication Access Assistance Packages
5. PBS – Pharmaceutical Benefits Scheme
6. HMR – Home Medicines Review
7. DAA – Dose Administration Aids
8. QUM – Quality Use of Medicines
9. PSA – Pharmaceutical Society of Australia
10. AHW – Aboriginal Health Worker
11. CARPA – Central Australian Rural Practitioners Association

Contributions to and review of this material has been provided by various people through NACCHO and its State Affiliates, The Pharmacy Guild of Australia and the QUM appointed pharmacists. The Pharmaceutical Society of Australia has also utilised the services of independent pharmacists who have experience in working with Aboriginal Controlled Health Services as reviewers of the material.

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# Quality Use of Medicines Maximised for Aboriginal and Torres Strait Islander People Program (QUMAX Program)

## **An Introduction to Cultural Orientation for Participating Pharmacists**

*'Our services are tired of seeing patients go without medicines and get really ill because they physically can't get to a chemist shop, or because they can't afford their medicines. They're also tired of seeing patients come back sicker because they didn't have the right people on hand to explain properly to them how to use the medicines, and so they didn't take them or they made mistakes with them.'*<sup>1</sup>

**The late Dr Puggy Hunter, October 2000**

## Quality Use of Medicines Maximised for Aboriginal and Torres Strait Islander People Program (QUMAX Program)

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This guide has been developed for community pharmacists participating in the QUMAX Program. Much of the content will also be useful to community pharmacists providing services to Aboriginal and Torres Strait Islander people, for example through Section 100 (under the National Health Act 1953) arrangements to remotely located Aboriginal Community Controlled Health Services (ACCHSs).

The QUMAX Program is managed by the Pharmacy Guild of Australia in partnership with the National Aboriginal Community Controlled Health Organisation (NACCHO). The program is funded by the Commonwealth Government Department of Health and Ageing as part of the Fourth Community Pharmacy Agreement.

QUMAX seeks to improve the health outcomes of Aboriginal and Torres Strait Islander peoples receiving care from participating ACCHSs in rural, regional and urban Australia, by trialling interventions that aim to:

- improve Quality Use of Medicines (QUM) and medicine concordance and
- support improved access to medicines under the Pharmaceutical Benefits Scheme (PBS) by addressing the barriers to equitable access.

A QUM Work Plan will be developed by each participating ACCHS with the assistance of a QUM Support Pharmacist (employed by The Pharmacy Guild of Australia) and the State Affiliates of NACCHO.

Community pharmacists, in collaboration with the ACCHS staff, will be involved in providing the following services, known as Medication Access and Assistance Packages (MAAPs) to eligible clients. There are five MAAPs components incorporated into the QUM Work Plans which include:

- *financial assistance (through the payment of prescription co-payments) to eligible clients* with medicine requirements, for whom financial or personal hardship prevents them obtaining their medicines
- *provision of Dose Administration Aids (DAAs) for eligible clients* who are at high risk of unintentional medicine non-concordance
- *transport support* for the delivery of prescriptions or medicines between the ACCHS and a local community pharmacy, client transport to a local community pharmacy or transport of an accredited pharmacist to a community in order to undertake HMRs

- improved recording of *PBS safety-net entitlements* of ACCHS clients and their families. Aboriginal Health Workers will work with Community Pharmacists to raise awareness of the Safety Net Scheme and create lists of eligible family members to be linked together
- *on-call pharmacy/pharmacist assistance* to the ACCHS for urgent medicine queries or after hours dispensing of medicines

Under the QUMAX Program, community pharmacists may also be involved with QUM training activities within an ACCHS and in raising awareness about other professional pharmacy programs such as Home Medicines Reviews (HMRs), the Diabetes Medication Assistance Scheme (DMAS) and Patient Medication Profiling (PMP).

## Introduction

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Pharmacists may have had little or no training in health and cultural issues relating to Aboriginal and Torres Strait Islander peoples. As a consequence, they may not effectively communicate messages about medicines to their Aboriginal and Torres Strait Islander clients.

Aboriginal Health Workers (AHWs) who are qualified in providing health services to Aboriginal and Torres Strait Islander clients can play a vital role in providing cultural awareness training to pharmacists and their staff. Training in cultural awareness and the development of culturally appropriate communication will enhance the effectiveness of communication and build rapport with ACCHS staff and clients.<sup>2</sup> There are also opportunities for pharmacists to undertake culturally appropriate training of AHWs in Quality Use of Medicines (QUM) principles.<sup>3</sup> This may help to contribute to an improvement in health outcomes by providing the opportunity for AHWs to reinforce key QUM messages.

The purpose of this guide is to assist pharmacists in developing cultural awareness and improving communication with Aboriginal and Torres Strait Islander clients. This guide should be used in conjunction with verbal advice and training from local AHWs and ACCHSs in order to be effective.

Pharmacists providing services to Aboriginal and Torres Strait Islander peoples should also refer to the following documents which are available on the PSA website:

- The Provision of Pharmacy Services to Aboriginal and Islander Health Services (ref) <http://www.psa.org.au/site.php?id=1087>
- Aboriginal and Torres Strait Islander Health <http://www.psa.org.au/site.php?id=642>

Aboriginal Community Controlled Health Services (ACCHSs) are one of three main service providers in Aboriginal and Torres Strait Islander Health care. The other providers are state and territory funded and operated services, and general practitioners.

Aboriginal communities around Australia have been establishing ACCHSs since the early 1970s. Over 140 ACCHSs are now operating across Australia, in all states and territories. These range from large multi-functional services employing several medical practitioners and providing a wide range of different health services to small services without medical practitioners which rely on Aboriginal Health Workers and/or nurse practitioners to provide the majority of comprehensive primary care services. The services form a network, but each is autonomous and independent both of each other and of Government.

An ACCHS is governed by a board that is drawn from the local Aboriginal and Torres Strait Islander community. The board is responsible for the governance, policy and oversight of operations of the service and appoints managerial staff. A large number of the staff members employed in an ACCHS are of Aboriginal and/or Torres Strait Islander descent and many are employed as AHWs.

## **Aboriginal and Torres Strait Islander Cultures**

Aboriginal culture is one of the oldest living cultures in the world,<sup>4</sup> however there is significant heterogeneity within the population, which consists of diverse nations with their own languages and traditions.<sup>5</sup> Torres Strait Islanders are a separate people with their own distinct culture and traditions.<sup>5</sup>

Culture is central to how Aboriginal and Torres Strait Islander people view individual, family and community health and wellbeing. Culture can influence Aboriginal and Torres Strait Islander people's decisions about when and why they should seek services, their acceptance or rejection of treatment, the likelihood of adherence to treatment and follow up, the likely success of prevention and health promotion strategies, the client's assessment of the quality of care and their views about the facility and its staff.<sup>4</sup>

Health is viewed traditionally by Aboriginal and Torres Strait Islander people as not just the physical wellbeing of an individual, but the social, emotional and cultural wellbeing of the whole community in which each individual is able to achieve their full potential as a human, thereby bringing about the total wellbeing of the community.<sup>6</sup> The relationship to the land and/or sea is considered fundamental to the wellbeing of many Aboriginal and Torres Strait Islander people, both individually and collectively as a community.

A sense of belonging to community and to land is an important aspect of health for Aboriginal and Torres Strait Islander people. If a person doesn't have a sense of belonging to community and land, this may contribute to a sense of powerlessness and subsequent ill health. Social withdrawal and depression may lead to self-harm, substance abuse and suicide, which is more common among Aboriginal people than non-Aboriginal people.<sup>5,7</sup>

Pharmacists need to develop a holistic understanding of Aboriginal and Torres Strait Islander cultures in order to communicate effectively with Aboriginal and Torres Strait Islander people about their health and medicine related issues. Pharmacists are trained in the Western biomedical model of medicine and tend to be health-orientated in their thinking. This has been described by Dr Puggy Hunter as the "Body Parts Model",<sup>8</sup> and in many ways is the direct opposite to the holistic view of health observed by Aboriginal and Torres Strait Islander peoples. Having to take regular medicines does not "fit" well with the Aboriginal and Torres Strait Islander understanding of the role of medicines, which are usually used for the symptoms of acute conditions.<sup>9</sup> Pharmacists should consider using a number of different strategies to achieve the best possible Quality Use of Medicines. These strategies could include the use of different dose forms, changing the medicine regime to minimise the number of doses, or involving the expertise of an AHW to develop culturally appropriate educational tools that explain the role of medicines and encourage their use.<sup>9</sup>

## **Providing an environment of cultural security**

There are several concepts that need to be understood when working with Aboriginal and Torres Strait Islander people to ensure that health and community services are delivered within a culturally appropriate framework.

**Cultural Security** seeks to ensure that the construct and delivery of health and community services occurs within a framework that sensitively unites Aboriginal and Torres Strait Islander cultural rights, views and values with the science of human services. A health or community service operating within a model that embraces cultural security optimises the benefits for Aboriginal and Torres Strait Islander peoples accessing that service.<sup>4</sup>

Cultural security is not possible without the following elements:

- Health and community service providers need to possess **Cultural Awareness** – an understanding that there is a difference between cultures and that people have a right to be different. Cultural awareness programs focus on:

- increasing participants' awareness of the various cultural, social and historical factors applying to Aboriginal and Torres Strait Islander peoples and to specific groups and/or communities<sup>10</sup>
- promoting self-reflection about the participant's own culture, biases and tendency to stereotype, gaining a better understanding of the diversity of values, beliefs and behaviours<sup>10</sup>
- Health and community service providers need to be **Culturally Sensitive** – A culturally sensitive health or community service practitioner is sensitive to the ways in which community members' values and perceptions about healthcare differ from his or her own. Culturally sensitive health practitioners are willing to use knowledge about their clients' culture to assist in discussing and planning care and treatments options<sup>11</sup>
- Health and community service providers need to show **Cultural Respect** to their clients – the recognition, protection and continued advancement of the inherent rights, cultures and traditions of Aboriginal and Torres Strait Islander people. Cultural respect is achieved when the health or community service system is a safe environment for Aboriginal and Torres Strait Islander people where cultural differences are respected<sup>12,13</sup>

These three elements make a health or community service provider culturally competent: **Cultural Competence** is a set of congruent behaviours, attitudes and policies that are incorporated within a system or agency, or amongst professionals to assist them to work effectively in cross cultural situations. It is much more than an awareness of cultural differences, as it focuses on the capacity of the health or community service system to improve health and wellbeing by integrating culture into the delivery of health services.<sup>14</sup>

### Factors that may affect Aboriginal and Torres Strait Islander peoples' access to health and pharmacy services

The diversity of Aboriginal and Torres Strait Islander cultures across Australia requires pharmacists to be flexible in the provision of culturally competent services. Some Aboriginal and Torres Strait Islander people may utilise health services effectively without major issues, however others are at risk due to poor accessibility to health services.

Some of the many factors that have been identified as barriers to access to healthcare include:<sup>15</sup>

- **Distance:** some groups may prefer to live in traditional meeting places. The increased cost of inner city housing

in recent years means that affordable housing may be located a long way from established ACCHSs. The Victorian Aboriginal Health Service in Melbourne, for example, is located in Fitzroy which has become an expensive suburb; many clients who previously lived nearby have been forced to move further away and now have to travel long distances to access their health services.

- **Transport:** Challenges include availability of private or public transport and the condition of the roads, especially in flood prone areas. In situations where transport is provided by an ACCHS, demand often exceeds the capacity of the transport service.<sup>15</sup>
- **Building structure:** the regimented structure of a waiting area and the barriers of a desk and walls in a counselling room can be off-putting or intimidating for some Aboriginal and Torres Strait Islander clients, who may have a fear of confined spaces. Community and family members attending with the client should be able to witness the healing event that occurs with the client for they may be called upon to attest to the community what events occurred in the healing process of the client. The structural arrangement of the interview area is important. For example, open circle formats are more conducive towards effective interaction.

For a number of reasons, many Aboriginal and Torres Strait Islander people may be distrustful and reluctant to enter institutions such as hospitals. It therefore may be more appropriate to hold meetings with Aboriginal and Torres Strait Islander clients in familiar and comfortable surroundings.

- **Finances:** Aboriginal and Torres Strait Islander people often experience financial and material disadvantage which can impose barriers to accessing health care.<sup>5,7</sup>

Furthermore, an employed Aboriginal or Torres Strait Islander person may be responsible for supporting a number of family members and remain in poverty through meeting their social obligations. Some of the diseases that affect Aboriginal and Torres Strait Islander communities can be considered as diseases of poverty; the rates of rheumatic fever, skin infections and otitis media could be dramatically reduced by public health initiatives such as improved housing and sanitation, and by improving the socio-economic status of Aboriginal and Torres Strait Islander peoples.

- **Social Supports:** Aboriginal and Torres Strait Islander people are "socio-centric"; this means that the person's identity is embedded in the context of the social group

to which they belong,<sup>6</sup> and as a result, cultural and family obligations are very important to Aboriginal and Torres Strait Islander people. This may mean that clients have to bring family members with them to healthcare appointments, which may increase the transport costs associated with accessing the health service. Health service providers also need to think about issues relating to childcare and establishing resources to occupy children.<sup>15</sup>

- **Cultural in-appropriateness:** An often cited cause for hesitation is uncertainty about cultural appropriateness. The cultural appropriateness of a health service provider will be determined by the degree of Aboriginal and Torres Strait Islander involvement in the facility, the level of awareness, sensitivity and trustworthiness of the health practitioners, and the style of communication observed. The observance of gender boundaries is also important, for example the appropriate handling of men's and women's business by health professionals of the same gender.<sup>15</sup>
- **Paperwork:** Attainment of appropriate formal identification such as a Medicare card, Healthcare card or driver's licence is difficult if clients have no birth certificate, have trouble negotiating the bureaucracy of government or have difficulties completing forms because of low literacy.<sup>15</sup>
- **Fear:** Hospitals are places that are generally viewed with fear and distrust. Historically, hospitals have been places of discrimination, where Aboriginal and Torres Strait Islander patients were treated differently from non-Aboriginal and Torres Strait Islander patients. Aboriginal and Torres Strait Islander patients still face racist attitudes in some hospitals today.<sup>16</sup> These experiences mean that they often have a mistrust of hospitals and view them as a threatening environment that culturally alienates them.<sup>16</sup> From a clinical perspective, this means that an Aboriginal or Torres Strait Islander person may delay seeking treatment or discharge themselves from hospital earlier than advised.<sup>16-18</sup>

### **Establishing rapport with the Aboriginal and Torres Strait Islander community and the ACCHS staff members**

It is essential for community pharmacists to develop a rapport with their Aboriginal and Torres Strait Islander clients. Building rapport and effective communication requires the pharmacist to understand as much of the Aboriginal and Torres Strait Islander culture as possible. It is important for pharmacists to take the time to listen and learn from the stories of their Aboriginal and Torres Strait Islander clients and staff members

at the ACCHS. All pharmacists working with ACCHSs are strongly encouraged to undertake appropriate cultural awareness training. Pharmacists should attend functions and events held by the local community, for example NAIDOC Week, Reconciliation Week and Sorry Day events.

When establishing contact with the ACCHS, pharmacists should be aware of the need to adhere to the local policies, guidelines and protocols of the ACCHS. When visiting an ACCHS, pharmacists may be visiting traditional lands and should obtain consent and the necessary permits before visiting. All pharmacy staff must be trained fully in their responsibilities in observing the cultural beliefs and traditions of the Aboriginal and Torres Strait Islander community and ACCHS they are providing services to.

Aboriginal and Torres Strait Islander communities emphasises courtesy and kindness. It is absolutely essential to be truthful at all times even though this may be challenging. Failure to do so may result in loss of credibility and a breakdown in rapport, which is unlikely to be regained.

### **Cultural Issues pharmacists should consider when providing services to Aboriginal and Torres Strait Islander clients**

Pharmacists should do their best to provide a setting which is comfortable and non-threatening when undertaking medicine counselling. Creating a safe and congenial environment allows the client to feel comfortable and receptive to the pharmacist's advice and thereby creates better health outcomes.<sup>16</sup> Advice from an Aboriginal Health Worker at your local ACCHS may help you to arrange an appropriate counselling area within your pharmacy. Privacy and confidentiality are of major importance to Aboriginal and Torres Strait Islander peoples, and clients may be uncomfortable discussing their medicines in front of others. Similarly, for a Home Medicines Review (HMR), an AHW can assist in negotiating a suitable location with a client, which doesn't have to be indoors.<sup>18</sup> The strong connection to land felt by Aboriginal and Torres Strait Islander peoples makes an outdoor setting very acceptable for an HMR.

When providing services to clients, pharmacists should always keep in mind that the Aboriginal and Torres Strait Islander concept of health is holistic, rather than the biomedical model observed by pharmacists. Health issues are closely intertwined with issues relating to land, community, spirituality, self-esteem, housing, education, employment and nutrition. Aboriginal and Torres Strait Islander people do not see illness as discrete. Wellbeing is a holistic and collective issue, with specific individual health problems of little relevance if not considered as part of the wider spectrum of social, spiritual

and community health. Many Aboriginal and Torres Strait Islander people have a cyclical concept of their life which is best described as "life is health is life". When providing medicine counselling, pharmacists should be prepared to acknowledge and address broader issues which may impact upon the person, such as trauma and grief, loss of culture and separation from family and community.

Relationships and context are important to Aboriginal and Torres Strait Islander peoples, yet often assessment and treatment is conducted far from home and family, which can cause stress and discomfort. Some Aboriginal people may feel unable to speak for themselves when they are unwell and may prefer to have other family members or elders involved in discussions about health or medicines.<sup>16</sup> The pharmacist may have to develop additional skills to communicate effectively with a number of people at the same time, as counselling and decision making will be a collective process.<sup>16</sup> This process will take time as the family members come to an agreement before making an important decision;<sup>16</sup> the pharmacist should allow the discussion to take its natural course.

In some instances the client may request that the discussion is undertaken with a staff member of the same gender. The segregation of men's and women's business is very important in some communities. For example, some senior men do not consider it appropriate to discuss their health issues with female AHWs. In a one-on-one consultation the pharmacist should be aware that this issue may arise. The pharmacist should always ask "May I speak to you about ....?" In these situations, the pharmacist must always try to determine whether the client is being polite with their reply or if they are uncomfortable with the direction of the conversation.

For many Aboriginal and Torres Strait Islander people, especially those living in remote areas, English may be the third or fourth language spoken.<sup>18</sup> Despite there being a Commonwealth funded telephone interpreter service for over 100 non-Aboriginal languages, there are limited interpreter services available for Aboriginal languages, and these are mostly based in the Northern Territory.<sup>19</sup> In most cases, a qualified interpreter will be difficult to source for an Aboriginal or Torres Strait Islander client. The available alternatives are family members, Aboriginal Health Workers or Aboriginal Liaison Workers. However, using each of these options raises issues that need to be considered. It makes an assumption that the level of English proficiency and Western cultural and medical knowledge are sufficiently good to prevent serious mis-communication.<sup>19</sup> This is a complex issue, for which there are few answers at the moment. Pharmacists should make use of more than one mode of communication to get their message across, such as diagrams, models and key language concepts which will be discussed later.<sup>9,20</sup>

Any relevant notes should be kept on the client's file to enable other pharmacists involved in their health care to have some background knowledge about the client. It can be particularly useful to make notes on family and social connections. This is useful in cases where clients cannot be contacted (for example, telephone lines have been disconnected). Knowledge of social and family connections can help locate clients more easily.

Aboriginal and Torres Strait Islander people are more receptive to health information when trust is gained, but this takes time to develop. Relationships should be based on trust, solidarity and reciprocity. It is advisable for pharmacists to admit to their limited experience and knowledge about Aboriginal and Torres Strait Islander culture, and show a willingness to learn from their clients.<sup>3</sup>

Practice Points for communicating effectively:<sup>15</sup>

- Use open-ended questions wherever possible to allow the client to tell their own story, in their own time. Good open questions include:
  - How have things been for you?
  - What has happened to worry you?
  - Has this been happening for a few days or a long time?
  - How has this affected you?
  - Is there anything else that you can tell me about that?
- Speak clearly without being simplistic or patronising
- Do not use jargon or acronyms
- Speak steadily with normal loudness; ear disease is quite prevalent in the Aboriginal and Torres Strait Islander peoples because of uncontrolled otitis media<sup>18</sup>
- Be aware of your own non-verbal behaviour and the way you interpret that of others
- Give information in a clear, organised sequence
- Avoid talking incessantly
- Be direct, but have the patience to allow the client time to process information and to respond
- Back up verbal information with demonstrations
- Ask the client to re-tell the message
- Some understanding of the client's living arrangements will help you tailor your counselling and recognise any barriers that may exist to concordance, but be very tactful in eliciting this information

- If you need to consult with family members or others, ask permission of the client to consult with these people
- Be aware that some communities may separate men's and women's business, and that it may be more appropriate for counselling to be undertaken by a pharmacist of the same gender
- Although not every client will be able to read English, they may have relatives who can read material for them. It is important to reinforce written material with verbal descriptions

## Communication tools

To explain the effect of a particular medicine on the body, a pictorial description or a three dimensional anatomical figure is sometimes easier to understand than the written or spoken word. Work has also been undertaken in some communities to develop "key language concepts" in the local language which provide descriptions of a medicine's use in a way that is culturally relevant.<sup>9,20</sup> Materials for a specific community should be developed in close collaboration with the local ACCHS staff members. It is preferable to consult with the ACCHS staff before developing materials, rather than presenting them with a draft of a tool that you propose to use with their community members.

In traditional Aboriginal and Torres Strait Islander cultures, direct eye contact was used as a way of asserting power or reprimanding someone. It may be considered a sign of disrespect to make direct eye contact with an elder; therefore, when an Aboriginal or Torres Strait Islander patient avoids direct eye contact, it is not a sign of bad communication, but a way of showing respect. If an Aboriginal or Torres Strait Islander patient is clearly avoiding eye contact, it may be appropriate for the pharmacist to look away too, as this will make the patient feel more comfortable. In major cities, more Aboriginal and Torres Strait Islander clients are comfortable with direct eye contact, which aids communication because it provides clear non-verbal signals as to whether the patient understands the pharmacist's directions.<sup>16</sup>

Aboriginal and Torres Strait Islander cultures have a different concept of time. To determine the length of time a symptom has been present, it is more effective to give reference cues to help the patient such as: "have you had the symptom for one hour?" or, "since yesterday?" or, "has it been since Easter?".<sup>15,16</sup>

When establishing an appointment for counselling or a Home Medicines Review (HMR), pharmacists need to be sensitive to the factors which may prevent the client from keeping their appointment, such as "sorry business", a funeral, a death or

a day of mourning. Obligations to other family members are also taken very seriously and may be considered higher priority than individual need.<sup>15</sup> Days like "pay day" may not be the best day to make an appointment as the client may have other household errands to run for the family and other relatives. It is important that the pharmacist is flexible and shows a willingness to work with the client and the AHW to arrange an appropriate appointment. Arranging to have the client contacted the day before the appointment may reduce missed appointments.

The concept of family in Aboriginal and Torres Strait Islander cultures differs from western culture; responsibilities are often shared and it is not uncommon for grandmothers and aunties to be involved in the responsibility of mothering, together with the child's biological mother.<sup>16</sup> This can be a very delicate area when dealing with issues of whose permission should be gained to discuss a child's medical issues. It is especially important that all people responsible for caring for the child are well informed and are able to develop trust in the pharmacist through his or her interaction with themselves and the child.

As is the case with all clients, Aboriginal and Torres Strait Islander people should be reassured about attempts to improve their health and wellbeing, and this should be done in a non-judgmental manner. When dealing with Aboriginal people it is important to remember that actions speak much louder than words. It would be easy to undo all the progress that has been achieved with the client by using inappropriate behaviour or body language.

## Treatment

A positive outcome of treatment is much more likely when the patient is involved in decision making and understands clearly what is expected.

The following questions are useful in determining issues that may affect the client's treatment:<sup>15</sup>

- Does the client have transport to the pharmacy for follow up medicine and can they afford the medicine or treatment method prescribed?
- Does the client understand the quantities, such as 5 ml = 1 teaspoon, and do they have access to items like measuring cups or syringes?
- Can the client store the medicine appropriately? Some clients may not have a refrigerator.
- Is the medicine timing linked to identifiable times in the day, like first thing in the morning, or breakfast, lunch and dinner etc.? There are stickers available for easy identification of times of the day, such as suns and moons.

- Can the client read the label and do they understand what it means in practical terms?
- Will confusion occur if the person has to use different providers to supply their medicines? For example, if an Aboriginal or Torres Strait Islander client moves between different communities to meet family obligations and has to attend another ACCHS to obtain their medicines, will there be different brands of generics used, with different shapes and colours?
- Does the client have adequate and appropriate nutrition and fluid intake in their home environment to get the best from their medicines?
- Does the client understand the need for taking the medicine at appropriate times in relation to food and drink intake?
- Does the client need family support to use or organise their medicines appropriately?
- Will the client need follow up or reminders by their local health workers?
- What does the client think they can do to improve their health?
- Will the client persist with their medicines if they start to feel well after the first few doses?
- Will the client return to their traditional bush medicine if the treatment plan that is being proposed does not work for them?
- Does the client understand that the illness can be given to others? This is sometimes a difficult concept.
- Does the client comprehend what could happen over time, that is, either with their illness, habit or treatment?

## Bush Medicines

The use of traditional bush medicine still plays a significant role in Aboriginal health care, particularly in remote areas of Australia.<sup>9,21</sup> In some situations the client may not use traditional medicine but their understanding of their whole-of-health outcome may follow a more traditional medicine paradigm. When taking medical histories, pharmacists should not exclude the possibility that an Aboriginal or Torres Strait Islander client may be taking traditional bush medicines.<sup>16</sup> Little research has been undertaken to assess potential interactions of bush medicines with prescribed medicines. This means that a pharmacist should always consider the potential of a traditional bush medicine interacting with a prescribed medicine and causing unusual symptoms or possible side effects.

Traditional bush medicine is generally only used when a client is symptomatic,<sup>21</sup> so the concept of taking regular medicine each day when a client feels fine (such as for hypertension) may not be consistent with their understanding of how medicines should be used. Consequently, when a client is asymptomatic, pharmacists have to emphasise and explain the importance of taking regular medication.<sup>9,16</sup>

## Tools to assist QUM in Aboriginal and Torres Strait Islander Clients

### Dose Administration Aids (DAAs)

Dose Administration Aids (DAAs) are one aspect of the Medication Access and Assistance Packages funded under the QUMAX program.

If a pharmacist has been asked to prepare a DAA for an Aboriginal or Torres Strait Islander client, they should liaise with the medical practitioner to formulate a medicine plan. Every effort should be made to minimise the number of doses per day that need to be taken. Generally twice daily dosing is preferred.<sup>9</sup> When meeting with the client for the first time, the pharmacist should encourage the client to bring their existing medicines with them. The pharmacist should give the client an opportunity to tell the story of their experiences with their medicines – how the medicines have worked for them, whether there are any side effects and if the client has decided not to take a medicine, exploring the reasons why that decision was made.

It is best practice to use and teach the client generic names of medicines. The brands of medicines dispensed should be consistent, as shape and colour changes can be confusing.

In developing a medicine management plan it is vital that the pharmacist understands the routine of the client's day. If a client is a carer for a large and extended family and spends three weeks in a different community, then they may need their DAAs to be prepared in monthly allocations. If this means that the DAAs may be exposed to extremes of temperature or humidity, the pharmacist must ensure that the medicines will remain stable in the relevant environment. Some medicines are very sensitive to humidity and heat, and will come in special tropical-strength packages from the manufacturer. For example, it is not suitable to pack a medicine like ranitidine in a monthly DAA as it will disintegrate. A less temperature-sensitive alternative should be used in such situations.

The pharmacist should encourage the use of medicine lists for all clients when they travel. The tear-off copy from the back of the DAA is an easy list to show to different doctors or nurses in clinics if the client travels to remote communities.

## Home Medicines Review

As with any client, forward planning is essential when organising an HMR. Best results will be achieved when the pharmacist works in partnership with ACCHS staff. An Aboriginal Health Worker may be the best person to reassure the client about the process and should be involved in negotiating the place and time of the Review. It may be advisable to include the AHW in the interview process, promoting a collaborative and multidisciplinary approach.

While conducting the HMR, the pharmacist should try to establish an atmosphere in which the client and their family members feel empowered to participate in the decision making process, which will allow them to take a self management approach.<sup>18</sup>

## Conclusion

This guide provides an introduction to the culturally appropriate services for Aboriginal and Torres Strait Islander clients.

A comprehensive list of recommended resources that can be used to increase the skills and knowledge of professionals providing services to Aboriginal and Torres Strait Islander people is included at the end of this guide. Some of the resources consider cultural awareness in different groups. These resources must be used in conjunction with advice and guidance from the local ACCHS.

When working in an urban and metropolitan setting there will be a diverse range of Aboriginal and Torres Strait Islander clients who will access the community pharmacy. Many will be quite comfortable in the community pharmacy setting but many will not and the pharmacist will need to be aware of the needs of these clients.

Working with the staff and practitioners in an ACCHS can be a rewarding and fulfilling experience when everyone is aware of the protocols and systems to be followed. Building rapport and developing relationships with both the clients and the staff will be fundamental to the success in providing excellence in pharmaceutical care to this population.

# Appendix 1: Resources list

## Websites and articles

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- **National Aboriginal Community Controlled Health Organisation**  
<http://www.naccho.org.au/aboutus/aboutus.html>  

The National Aboriginal Community Controlled Health Organisation (NACCHO) is the national peak Aboriginal health body representing Aboriginal Community Controlled Health Services throughout Australia.

The website provides access to a wide range of resources including Resources and Health Information, Policies, Reports and News about the sector.
- **RACGP Aboriginal health website and resource list.**  
**Available at:** <http://www.racgp.org.au/aboriginalhealthunit>
- **RACGP website of cultural and linguistically diverse hyperlinks** <http://www.racgp.org.au/cald>
- **National Guide to a preventative assessment in Aboriginal and Torres Strait Islander peoples**  
<http://www.racgp.org.au/guidelines/nationalguide>
- **Indigenous Health Infonet website: a “one-stop” shop for information about all aspects of Aboriginal and Torres Strait Islander health.**  
<http://www.healthinfonet.ecu.edu.au/>
- **NSW Health Chief Health Officer’s Report, Aboriginal health chapter: Summarises the most recent statistics about Aboriginal health in NSW. Available on line at:**  
<http://www.health.nsw.gov.au/public-health/chorep/>
- **Medical Journal of Australia’s collection of Aboriginal health papers. Available at:**  
<http://www.mja.com.au/Topics/Aboriginal%20health.html>

## Other organisations’ resources

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- **Making Decisions about Tests and Treatments: Principles for Better Communication between Health Care Consumers and Health Care Professionals.** National Health and Medical Research Council (NHMRC)  
[http://www.nhmrc.gov.au/publications/synopses/\\_files/hpr25.pdf](http://www.nhmrc.gov.au/publications/synopses/_files/hpr25.pdf)

- **Beyond Band-aids: Exploring the underlying social determinants of Aboriginal health** [http://www.craah.org.au/publications/beyond\\_band-aids.html](http://www.craah.org.au/publications/beyond_band-aids.html)
- **Expenditures on health for Aboriginal and Torres Strait Islander peoples 2004-2005**  

This report, the fourth comprehensive analysis of expenditures on health for Aboriginal and Torres Strait Islander peoples, examines expenditure in 2004-05 on health for Indigenous Australians and compares this with health expenditure for the rest of the Australian population. The report examines health resource distribution and funding by levels of government, the private sector, by region and by primary and secondary/tertiary health care. Estimates of health expenditure in 2004-05 are compared with estimates for previous years. The analyses presented here enable a better understanding of the different patterns of health service use by Aboriginal and Torres Strait Islander peoples.

Authored by Deeble J, Shelton Agar J., & Goss J.  
Published 29 February 2008  
<http://www.aihw.gov.au/publications/index.cfm/title/10546>
- **Interactive ochre - A workplace guide.**  
This is a cultural awareness training guide  
[http://toolbox.flexiblelearning.net.au/demosites/series9/907\\_demo/907/index.htm](http://toolbox.flexiblelearning.net.au/demosites/series9/907_demo/907/index.htm)
- **Ensuring the Quality use of medicines amongst indigenous Australians: key directions for policy, research and practice for cardiovascular health.**  
An initiative of the Heart Foundation pharmaceutical roundtable. Alex Brown 2007 [http://www.heartfoundation.org.au/Professional\\_Information/Indigenous\\_Health/Resources.htm](http://www.heartfoundation.org.au/Professional_Information/Indigenous_Health/Resources.htm)

## Cultural Competence and Awareness

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- **The Cultural Competence in Health Care Position Paper 2006** from the Diversity Health Institute includes a substantial list of useful references and resources (many Australian).  
<http://www.dhi.gov.au/wdet/pdf/Cultural%20competence.pdf>
- **Cultural awareness workbook for GPs** – Medicines Australia <http://www.medicineau.net.au/clinical/abhealth/abhealth3506.html>

- **Cross-cultural primary care: a patient-based approach**, Carrillo JE, Green AR, Betancourt JR . Ann Intern Med. 1999 May 18;130(10):829-34. <http://www.annals.org/cgi/reprint/130/10/829>
- **Practising medicine in a multicultural society**, Dosami S. BMJ. 2003 Jan 4;326(7379):S3. <http://careerfocus.bmj.com/cgi/content/full/326/7379/S3>
- **Cross-cultural medicine**, Juckett G Am Fam Physician. 2005 Dec 1;72(11):2267-74. <http://www.aafp.org/afp/20051201/2267.html>
- **Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2004-2009** – Australian Health Minister's Advisory Council 2004 [http://www.cywhs.sa.gov.au/library/sah\\_aboriginal\\_cultural\\_respect\\_framework.pdf](http://www.cywhs.sa.gov.au/library/sah_aboriginal_cultural_respect_framework.pdf)
- **Cultural Competency in health** – a guide for policy, partnerships and participation – NHMRC 2005 <http://www.nhmrc.gov.au/publications/synopses/hp25syn.htm>
- **Communicating positively**: A small booklet developed by NSW Health and the AH&MRC about terms used to talk about Aboriginal people, and about welcome to country protocols. Available online at: <http://www.health.nsw.gov.au/pubs/2004/aboriginalterminology.html>

## Courses and Manuals

- University Departments of Rural Health (UDRH) offer cultural awareness programs, often for undergraduate health students. The list of UDRHs with Pharmacist Academics can be found at: <http://www.guild.org.au/rural/content.asp?id=218>  
**Aboriginal Cross Cultural Training Program – South Australia** [http://www.ruralsolutions.sa.gov.au/\\_\\_data/assets/pdf\\_file/0005/6881/crossculture\\_brochure.pdf](http://www.ruralsolutions.sa.gov.au/__data/assets/pdf_file/0005/6881/crossculture_brochure.pdf)
- **Cultural Awareness Training (Victoria)** [http://www.koorieheritagetrust.com/education/cultural\\_awareness\\_program](http://www.koorieheritagetrust.com/education/cultural_awareness_program)  
The Koorie Heritage Trust can provide cultural awareness training Ph 03 86222600.
- **Cultural Resource Centre** [http://www.cultureresourcecentre.com.au/?gclid=CJaU09WhkZICFRYoawodtxMN\\_g](http://www.cultureresourcecentre.com.au/?gclid=CJaU09WhkZICFRYoawodtxMN_g)
- **Cultural Training Manual for medical workers in Aboriginal Communities**, Gordon O'Brien & Daniel Plooj, School of Social Sciences, Flinders University, South Australia, 1973 <http://www.medicineau.net.au/clinical/abhealth/manual.html>

- **Cultural Safety Training Program** <http://www.ahca.org/culturalsafety.html>
- The Aboriginal Health Council of Western Australia can provide cultural safety training nationally. They have a QA and CPD accredited course with different learning outcomes which they developed for the RACGP. On request they are willing to provide training for groups of pharmacists nationally, Ph 08 9227 1631  
Indigenous Awareness Training – National  
Two courses are provided:
  1. Indigenous awareness training
  2. Indigenous awareness advanced training <http://www.diversityatwork.com.au/training/package/931>

## Books

- **The Medicines Book for Aboriginal Health Workers** – available from Central Australian Rural Practitioners Association Incorporated [http://www.carpa.org.au/fmanual\\_reference.htm](http://www.carpa.org.au/fmanual_reference.htm)
- **Aboriginal Primary Health Care** – An Evidenced Based Approach – Sophie Couzos and Richard Murray. <http://www.naccho.org.au/resources/primecare07.html>

This Book is a reference document from which health providers and organisations can access summarised evidence relating to health problems faced by Aboriginal and Torres Strait Islander people but it also serves to guide clinical practice.

It is a product of the ACCHS sector – the Kimberley Aboriginal Medical Services Council (KAMSC) and NACCHO. It is a national resource and comprises the work of more than 40 authors across Australia with 23 chapters. As the primary resource on this subject for universities and other teaching institutions, it has revolutionised curricula, and is educating a cohort of health professionals that now have a greater evidence-based appreciation of the causes and solutions to health problems affecting the Aboriginal and Torres Strait Islander population.

- **Binan Goonj – Bridging cultures in Aboriginal Health** – Anne Eckermann, Toni Dowd, Mary Martin, Lynette Nixon, Roy Gray, Ena Chong; more Information available at [http://www.healthinonet.edu.edu.au/html/html\\_bulletin/bull\\_61/current\\_topics/bulletin\\_ctopics\\_binan\\_goonj.htm](http://www.healthinonet.edu.edu.au/html/html_bulletin/bull_61/current_topics/bulletin_ctopics_binan_goonj.htm)
- **Overview of Australian Indigenous Health** – Healthinonet, Available at [http://www.healthinonet.edu.edu.au/html/html\\_overviews/overviews\\_our\\_index.htm](http://www.healthinonet.edu.edu.au/html/html_overviews/overviews_our_index.htm)

## Videos

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- <http://www.racgp.org.au/aboriginalhealthunit/video#1> – this is a set of videos developed by the RACGP and NACCHO covering the topics of Aboriginal Health Workers, insight into Aboriginal community control, cross cultural awareness and doctors in Aboriginal health.
- **RHEF Aboriginal health DVDs and videos:** Educational audiovisual resources about a range of Aboriginal health topics. Available for free as videos or DVDs or for viewing online at: <http://www.rhef.com.au/programs/groups.html#Aboriginal>

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# QUMAX Introduction to Cultural Orientation Guide

## Declaration

Name of Pharmacist .....

Pharmacy .....

Address .....

.....

I declare that I have read the material contained within this Guide. I have briefed my staff members about the material contained within the Guide.

Signature .....Date .....

Fax one copy of this declaration to: The Pharmacy Guild of Australia: **02 6270 1800**

Keep one copy for your Aboriginal Community Controlled Health Service (ACCHS).  
You may be requested to forward it to your ACCHS as part of their QUMAX procedures and policies

