Cross Cultural Community Engagement Matters

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Acknowledgement

• The original inhabitants of the land
• ASHM
• CALD Communities
• People living with BBV
• Colleagues
Disclosure

• No conflict of Interest
Expectations

✓ Everyone is heading to the same destination
✓ We differ in how to get there

Please be open to a new way of thinking
This presentation aims to:

1. Explore meaning of cross cultural community engagement
2. Address the fundamentals of working cross culturally
3. Highlight ideas for future actions to collectively respond to HBV
Community Engagement??

- We all do it
- We measure how much and how well, but not what difference did we make
- What vision and purpose do we have?
- Do we give attention to communities’ local knowledge and lived experiences?
- Focus on getting the diverse community to understand our scientific views
Community Engagement

is not an event

It is a process
P.E.A.C.E. Multicultural Services is a Service of Relationships Australia (SA)
Definition of Community Engagement

“Community engagement is the process of working collaboratively with community groups to address issues that impact the well-being of those groups”

“Community engagement activities often take considerable firms' resources and time, but there is widespread agreement for most firms involved in community engagement that such efforts are highly rewarded”

*Financial Times website 2016*
Cross Cultural Community Engagement

✓ Is about bringing the diverse views and perspectives to create new possibilities / innovation
✓ It takes time
✓ It requires commitment
✓ It happens in periods of high and low activity
The Social Context

✓ Resources??
✓ Social networks??
✓ Agency dependant??
✓ Psychosocial and physical problems??
The Psychosocial Contexts:

- History of pre and post colonisation
- Complex trauma
- Powerlessness
- Poverty / homelessness
- Stigmatisation - multiple
- Racism / sexism / ageism
- …etc
Practice Issues Associated with Community Engagement

Engage to engage

Engage to co-learn

Engage to empower
# High context Vs Low context

(As described by anthropologist Edward Hall)

<table>
<thead>
<tr>
<th>Context (Relationships)</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Trust and slowly</td>
</tr>
<tr>
<td>✓ Boundaries are not clear</td>
</tr>
<tr>
<td>✓ Things get done- relationships and group processes</td>
</tr>
<tr>
<td>✓ Identity is rooted in groups</td>
</tr>
<tr>
<td>✓ Socially acceptable outcomes</td>
</tr>
<tr>
<td>✓ Responsibility is at the top.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Context</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Begin and end quickly</td>
</tr>
<tr>
<td>✓ Boundaries are clear</td>
</tr>
<tr>
<td>✓ Things get done- following procedures and focus on goals</td>
</tr>
<tr>
<td>✓ Identity is rooted in oneself and accomplishments</td>
</tr>
<tr>
<td>✓ Logical reasoning</td>
</tr>
<tr>
<td>✓ Everyone is responsible</td>
</tr>
</tbody>
</table>
### High context Vs Low context

<table>
<thead>
<tr>
<th>Context</th>
<th>(Communication)</th>
<th>Context</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Focus on nonverbal</td>
<td>✓ Focus on words</td>
<td></td>
</tr>
<tr>
<td>✓ Meaning is in the context</td>
<td>✓ Meaning is found in words</td>
<td></td>
</tr>
<tr>
<td>✓ Communicate to engage</td>
<td>✓ Communicate to exchange ideas/knowledge</td>
<td></td>
</tr>
<tr>
<td>✓ Speak up in limited circumstances</td>
<td>✓ People will ask questions</td>
<td></td>
</tr>
<tr>
<td>✓ Disagreement is easily personalised</td>
<td>✓ Disagreement is not personalised</td>
<td></td>
</tr>
<tr>
<td>✓ Learning through multiple sources-group-observing, practicing</td>
<td>✓ Learning through knowledge and giving directions</td>
<td></td>
</tr>
</tbody>
</table>
### High context Vs Low context

<table>
<thead>
<tr>
<th>High context</th>
<th>Low context</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Everything has its own time. Time is a process</td>
<td>✓ Focus on deadlines and task oriented</td>
</tr>
<tr>
<td>✓ Needs of people and relationships take priority</td>
<td>✓ Work is done efficiently as time = money</td>
</tr>
<tr>
<td>✓ Change is slow. Things are rooted in the past.</td>
<td>✓ Change is fast. One can make change and see immediate results.</td>
</tr>
</tbody>
</table>
Our work must be:

- Directed at individual and social environment
- Participatory and transformative
- From individual to family/group to community back to individual
Factors influencing behavioural change  
(Martin Fishbein theory)

1. positive intention or commitment
2. no environmental constraints
3. has the skills and recognises the different circumstances
4. believes that the advantages outweigh the disadvantages
5. perceives more social pressure (normative)
6. does not violate personal standards
7. Has positive emotional reaction
Health Literacy for people living with CHB

- Has supportive Network
- Understanding the virus and the disease
- Adherence to Care and treatment
- Ability to navigate the system
- Ability to address Stigma and disclosure
- Ability to function through potential challenging situation
Using real life stories

1. To make sense of our lives & lived experience
2. Utilises people’s own strengths and expertise
3. Creates the context and promote thinking
4. Creates opportunities for people to experience and experiment with new knowledge and practice
5. Assists in developing action plan for preferred outcome
Moving forward:

Cross Cultural Community engagement matters

• It must guide our actions

• It is not good enough to simply have good intentions.

Good intentions must be backed by motivation, knowledge and skills
Cross cultural practice-self assessment:

1. Level of interest and energy
2. Sense of rewards
3. Sense of confidence and degree of openness
4. The extent to which you understand culture
5. The ability to understand cross-cultural situation and meaningfully manage it
6. The flexibility and ability to use verbal and non-verbal behaviours
Moving forward:

We must acknowledge and recognise the following enabling factors:

- The role of interpreters
- The social and psychological contexts of the priority populations
- The development of resources to address health literacy issues
Moving forward:

The biggest enabling factor is:

✓ The responsibility of the workforce to adapt their practice
  – Develop trust and strong relationships
  – Understand differing world view and knowledge
  – Work on own cultural fitness
Moving forward:

Our collective practice must move from:

1. Competition To Collaboration
2. Evaluation to Learning
3. Pathologising community to understanding the roots of non-responsiveness
4. Locating the problem within the community to locating it within the system
“Be the change you want to see in the world”

Mahatma Gandhi

“It is not only for what we do that we are held responsible, but also for what we do not do.”

JeanJean--Baptiste Moliere