The Community Board of Advice of the Hawkesbury District Health Service (Hawkesbury Hospital)

**The Community Board of Advice (CBOA)** is a volunteer advisory board that provides advice and recommendations to the management of the Hawkesbury District Health Service (HDHS) of the Hawkesbury Hospital. In January 2013, I made my first visit of the board room of the Hawkesbury Hospital for the monthly Community Board of Advice (CBOA) meeting. Months into being on the committee, I started representing the CBOA at the Hawkesbury Community Care Forum where I began to meet and liaison with managers of the community sector. Fourteen months later, I am now at TAFE attempting to hopefully work at a management level in the community sector.

According to The Australian Council of Social Services (2009), ‘the Australian Government is committed to pursuing a social inclusion agenda that advocates for social, civil and economic participation.’ **Social inclusion** can be defined as the end product that ensures that members of the community remain connected to and are not excluded from the community’ (The Family and Community Development Committee 2014). The United Nations Population Fund (UNPF) explains that:

“All people have the right to participate in and have access to information relating to the decision-making processes that affect their lives and well-being. Rights-based approaches require a high degree of participation by communities, civil society, minorities, women, young people, indigenous people and other identified groups” (United Nations Population Fund 2013).

This essay is a critical reflection of the work practices of the Community Board of Advice (CBOA). The first section will provide a profile of the main guidelines that direct the activities of advisory boards in Australia. The second part will discuss the major functions of the CBOA at an organisational level. The final section will examine my own attitude and values of cultural diversity and how these allow me to work appropriately in cross cultural situations at a personal level. For the purpose of this assignment, **cultural competence** will be defined as the application of a sound level of knowledge, awareness, understanding, sensitivity and appreciation of culture that brings a set of behaviours, attitudes and policies together to enable systems, organisations and individuals to work effectively across cultural systems (Voice 2005).

Systematic Level

At a systematic level, the work of the CBOA attempts to advocate for a culturally competent, ‘community-wide approach’ to ‘involve’ all people in the planning, implementation and evaluation of the Hawkesbury District Health Service (HDHS).‘Engaging with consumers allows service improvements through partnerships to enhance systems, processes, policies and model of care (Kirby et al. 2003).’

“Consumers should not only be the focus of the health system, they should be at the centre of decision-making in health. Both at a policy level and an individual level, consumer experiences and preferences should help lead health system reforms, alongside the evidence base.” (Kirby et al. 2003).

The most current CBOA recommendations were created to keep in line with New South Wales government’s ten year plan (NSW 2021), particularly focused on Goal 10 and 11 in the area that is aiming to return quality services to NSW Health. Five recommendations were focused towards Goal 10 – *Keep People Health and Out of Hospital;* and 5 recommendations were created for Goal 12 – *Provide World Class Clinical Services with Timely Access and Effective Infrastructure* (NSW Government 2013).

The CBOA also follows the Therapeutic Goods Administration (TGA) Advisory Board Guidelines (2010), the standards that ensure that advisory boards adhere to quality, safety, performance and professionalism. The three most important guidelines are managing ‘**Conflicts of Interest’** (i.e. ensuring that personal material interests such as shares, grants or financial involvement with products and services aren’t brought into the board’s activities), **Obligations of Confidentiality** (i.e. making sure that unauthorised or confidential information isn’t disclosed to anyone outside the committee) and **Freedom of Information** (i.e. a guideline that operates under *the Freedom of Information Act (1982)* to ensure that all people have a right to access documents created by the TGA). It is important that the board follows these guidelines, as obligations of confidentiality for example may make an individual within the board liable for persecution or being sued for any losses arising from a breach of the members’ obligation (The Therapeutic Goods Administration 2010).

Organisational Level

**The Community Board of Advice (CBOA)** is an important partin planning, policy development and evaluation of services of **the Hawkesbury District Health Service (HDHS)** of the Hawkesbury Hospital, a 127-bed private hospital that provides public health and community health services within the Nepean Blue Mountain Medicare Local area. The Hawkesbury District Health Service is located in Windsor in the Hawkesbury City, a fringe district of Sydney that comprises a population of 64 592 (Profile ID 2014). The hospital has operated as a convict hospital since 1823, but became known as the Hawkesbury District Health Service Ltd. (HDHS) in 1996 under the management of Catholic Health Services. The Community Board of Advice was placed in a contractual arrangement in 1996 as a means of ensuring consumer and community participation in Hawkesbury to determine the needs for specific communities (Harold and Hegarty 2014; Becoming and Hospitals in Pursuit of Excellence).

The CBOA consists of eleven members including the Hawkesbury Hospital general manager, a member of the medical staff council, a staff member, an executive board member, a chairman, deputy chairman as well as five community representatives. Meetings are conducted monthly in which members provide feedback from meetings and forums that representatives attend (The Hawkesbury District Health Service 2010). The Constitution of the CBOA (2006) (see Appendix 4) lists twelve roles that the advisory board is responsible for (see Appendix 1). This essay however will explore the two most vital roles that fulfil all functions of the CBOA constitution (The Hawkesbury District Health Service Constitution 2006).

The CBOA plays an important role in **providing recommendations** to the Hawkesbury District Health Service executive board (Hawkesbury District Health Service 2010). The CBOA Community Forum Organising Committee provides a collection of recommendations in a comparative analysis of the public forums conducted in 2001, 2011 and 2013 (Harold and Hegarty 2014). This was developed from the ‘Community Consultancy Plan’ drafted in the CBOA Constitution (2006) that provided the guidelines for conducting community consultations (see Appendix 2). A questionnaire was created in 2011 and facilitated by CBOA representatives at numerous focus groups, reaching numerous individuals, organisations and groups in the Hawkesbury. The common themes that emerged from these community forum reports came into two major categories - access and communication (See Appendix 3). These themes provided a summary of the issues and gaps in the HDHS services and the Hawkesbury community. The community forums that the CBOA facilitates provides an opportunity for community members and groups to share their stories, opinions, experiences, complaints and other forms of feedback to form recommendations to the HDHS executive board (Harold and Hegarty 2014; Hawkesbury District Health Service 2010).

The other major role of the CBOA is to **liaison with community members and groups** (Harold and Hegarty 2014). There are a number of internal forums that the CBOA communicates with including the Community Consultation (Forums) Working Party that facilitates community consultations, the chair attends the HDHS Executive Board meetings and there is a representative on Hawkesbury Hospital Quality Control Committee. The staff member on the board ensures that there is continuous communication with the engineering section of the hospital. CBOA representatives also attend numerous community group meetings and external forums such as The Nepean Blue Mountains Local Health Network Medicare Local Health Consumer Report Committee, Hawkesbury Community Care Forum and the Hawkesbury Disability Forum. Such networking allows me and other CBOA members to form partnerships with service managers and coordinators, professionals, specialists, primary care providers, other volunteers, service providers, customers, clients and carers within the community (Harold and Hegarty 2014; Hawkesbury District Health Service 2010)..

Individual Level

According to the CBOA Constitution (2006), all members of the CBOA have a responsibility to lead, represent and advocate for the Hawkesbury Community (Hawkesbury District Health Service 2010). As a representative, leader and advocate, it is imperative that I speak and behave in a culturally appropriate way without stereotyping, acting with prejudice, being discriminative or acting in a derogatory way (TAFE NSW 2014). When facilitating consultations to gain recommendations and liaising with the community, I must be aware of the cultural context, act ethically across cross-cultural situations and have an attitude of political correctness (PC) (Centre of Culture, Ethnicity and Health 2010). As I further my education, I must continue to develop conflict-resolution strategies to overcome conflict and misunderstandings as well as continually expand my cross-cultural communication skills (Centre of Culture Ethnicity and Health 2010). As a community leader, I must recognise and understand the cultural dynamics in interactions, as well as develop and acquire the skills needed to identify and assist patients from diverse cultures (TAFE NSW 2014).

As a leader, the first step to becoming culturally competent is to understand the local community and the role the organisation play within the community (Hospitals in Pursuit of Excellence 2013). The demographic data demonstrates that the Hawkesbury district is largely an Anglo-Saxon community with only 12% of people being born overseas, 5.3% people born in mainly non-English speaking countries and only a 1.7% Aboriginal descent (The Hawkesbury City Council 2006). This cultural demographic is however changing as a new wave of housing estates is developing in the North West Corridor of Sydney (The Hawkesbury City Council 2006). This changing culturally dynamic will bring with them benefits such as exciting new ways of life, as well as the possibility of greater cultural conflicts, misunderstandings and the realisation of fear and a lack of trust within the existing community (Voice 2005).

Through the CBOA, the Hawkesbury Hospital must build steps to becoming a culturally competent organisation. According to Hospitals in Pursuit of Excellence (2013) model, there are three criteria that leaders must aim towards to understand the local community and the role the organisation plays within the community. It recommends three phases - a community survey, community engagement and staff education.

At current, the CBOA is formalising a plan to conduct a community survey by conducting a situational analysis of the local demographic and the groups that composes the local community. It is in a new stage of conducting community engagement. A full realisation of cultural competence will only be achieved however when the situational analysis is complete so we can explore community and cultural groups in a proactive manner. The final step, staff education has been done at monthly CBOA meetings, however I think the training must expand into contemporary cultural activities such as social media and the internet.

The CBOA must adapt recruitment strategies, orientation education and a program for ongoing training to better represent the changing dynamics of the Hawkesbury community. Recruitment strategies must be proactive to ensure that there is an adequate representation of women, ethnic groups, disadvantaged groups, under-represented age groups (i.e. younger people), people with disability, indigenous Australians, Torres Strait islanders and people from CALD backgrounds participating on the board. Education for orientation must involve new volunteers participating in workshops and developing documents that relate to the organisational policies and protocols of the HDHS. Orientation must equip volunteers with the required attitudes, knowledge and skills necessary to deliver culturally competent consultations. Community representatives and advocates also require effective on-going training to overcome communication barriers associated with cultural diversity and ensure that every volunteer has the ability to inform and educate the local community in culturally appropriate ways (Voice 2005).

Conclusion

Through more effective recruitment, orientation education and on-going training, the CBOA members must be proactive in their roles of facilitating community consultations, providing recommendations to the HDHS board and liaising with community members and leaders. I wish to continue becoming a culturally competent advocate for social inclusion, participation and involvement so that I can break down cultural barriers, remove prejudices and ensure that there is better tolerance and acceptance of other cultures in the Hawkesbury community so that the Hawkesbury District can embrace cultural diversity to its fullest expression.

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Appendix 1: Roles of CBOA in CBOA Constitution

The Constitution of the Community Board of Advice defines the roles of the CBOA members. As members of the CBOA, two key roles of the HDHS fulfil the functions of the all others:

1. **Provide Recommendations to the Hawkesbury District Health Service**

* Make recommendations on the development of resourcing of community participation strategies (including special interest group consultations, community meetings and consumer surveys)
* Assist in the information flow to and from the community about the health service.
* Identify the health needs of the community
* Be involved in planning services, policy development and health service priorities.
* Raise with HDHS any community concerns and complaints and oversee the response and resolution of these matters (Conflict Resolution Plan?)

1. **Liaise with the community groups and individuals**

* Assistance in the promotion of the health service in providing a continuum of care to the Hawkesbury community with a focus on wellness
* individuals
* Encourage and support volunteers
* Liaise with the medical staff council
* Monitor the quality and standards of the health service
* Promote the health needs of the Hawkesbury district to funding authorities (including Bendigo Bank, LHN and NSW Department of Health?)
* Promote and maintain good relations between HDHS and Governments, Government instrumentalities, institutions, the professions and the community in general
* Provide board members to act as members of quality of service provision, planning and any other committee/forum
* Provide an annual report to HDHS for dissemination to the community on the activities and details of community consultation
* Devise and carry out a self-evaluation process each year

Apprendix 2

Appendix 2: The Community Participation Policy from article 4.1 of the CBOA Constitution

1. Be accountable to the individual consumer and the community that the HDHS serves.
2. Improve effectiveness of service planning and delivery through focusing on consumer needs
3. Ensure customer involvement in the quality improvement processes
4. Provide opportunities for the community to contribute to and gain a sense of ownership of the health service
5. Assist health service in determining service priorities and
6. Promote the ability of individuals and the community to improve health
7. Finally the community participation policy ensures that the board will assist the Health Service in determining service priorities and promote the ability of individuals and the community improve health. Nothing in the policy talks about cultural competence

Appendix 3: Gaps Found in HDHS

Appendix 3: Themes in CBOA Report: Access and Communication

The themes identified by the CBOA report came in two major categories - access and communication. There were 13 gaps associated with access and 15 issues related to communication. A summary of them is provided below.

1. **Accessibility Gaps**

* Transportation to HDHS services
* Waiting times for elective surgery
* Access to emergency, rehabilitation, cancer treatment and diagnostic testing services
* Limited respite care, disability, residential and mental health services
* Poor availability of dental and other allied health services
* The poor planning of services to enable the elderly and infirm to stay at home as long as possible

1. **Communication Gaps**

* A lack of information of what the HDHS does and the services it does or does not provide
* A lack of community engagement by the hospital
* A lack of planning for road distances or conditions for ambulance services
* A need to build a culture of feedback with the community to the health services.

Appendix 4: Outline of the Constitution of the Community Board of Advice

* Preamble
* Definitions
* Aims of the Community Participation Policy
* Role of the Board
* Membership of Board of Advice
* Method of Appointment of Board Members
* Terms of Appointment of Board Members
* Termination of Appointment
* Appointment Process, Orientation, Election Process of the Chair and Deputy Chair
* The Responsibilities of the Chair and Deputy Chair
* Orientation of New Members
* Proceedings of the Board of Advice
* Confidentiality and Indemnity
* Reimbursement of Expenses