

# Inaugural HPCSA Conference

**Does being context naïve and context ignorant impede best practice?  
Deliberations from the Speech-  
Language and Hearing Professions**

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**Declarations:** Academic and SLH Board Hats



# CONTEXTUAL CHALLENGES

- Lack of appropriate **skills**,
- Unfavourable **professional-to-patient ratios** (demand: capacity)
  - with obvious incongruence between supply and demand, (1 out of 15)
- **Infrastructural** constraints
  - access to health care services is severely compromised by limited well-functioning public health facilities,
  - Health spending budget cuts
- General lack of **resources** for the size of the population requiring health services,
- Public vs Private (80 to 20) (?**Universal Healthcare Coverage** - ?**NHI**)
- Risk versus benefit assessments predicaments,
- Challenges with **translating knowledge and policies into practice** for various reasons
  - including linguistic and cultural diversity quandaries (**lack of transformation**)

- Some Challenges with provision of healthcare services: realities
  - lack of a **government mandate** for a number of clinical programmes e.g. in SLH - ECI (UNHS)
  - high **burden of disease** (healthcare priorities)
  - poor **social determinants of health**
    - “...the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness.”  
(WHO Commission on the Social Determinants of Health, 2008)
  - 4<sup>th</sup> Industrial Revolution (**tele-practice**) – benefits: risks
    - are we ready? Any implications?
  - **linguistic and cultural diversity** challenges – (professionals vs patients incongruency)
    - Also lack of enforceable mandate for language and culture in healthcare
  - **Collaboration** between health and other sectors (e.g. education, social development)?
- And so??? Confront the realities: ?***‘doing better with less’ approach***
  - ***?Paradigm shift***



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## **COLLABORATION BETWEEN HEALTH AND EDUCATION SECTORS**

- **Continuity of care – holistic patient management**
- ***Access and success***
- **Efficacy of care**



# South African context cont...

- The White Paper on NHI
- Public and private health
- The World Health Organization – UHC
  - In SA: Universal Health Coverage through implementation of NHI
  - countries “take different paths – using either public or private providers” – we need to know how, as ECI practitioners we will get this
  - SA NOT anywhere near achieving universal health coverage (UHC), although NHI plans continue even without a date for its implementation **BECAUSE**

## DEMAND VS CAPACITY AND RESOURCES

- Shortage of healthcare workers (average 1 in 15 HCW in public service – 80% SA population)
- De-centralizing and professionalizing
  - minimum standards for training of the no-professionals
- Scopes of practice
- Health spending
  - **Now:** Public health in staff crisis, with Gauteng taking the brunt
  - Health budget slashed by R9bn, with the *quality of care compromised and remaining staff overworked*
- migration-aware health system in South Africa
  - health-systems response to migration and health
  - people moving internally within South Africa
  - Location of registered practitioners

## **QUADRUPLE BURDEN OF DISEASE**

### **HIV/AIDS**

- Mortality and morbidity
- Primary (virus itself), secondary (opportunistic infections), iatrogenic (effects of treatments)

## **SOCIO-ECONOMIC**

### **Social determinants of health**

- “...the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness.”

### **(WHO Commission on the Social Determinants of Health, 2008)**

- potential of PHC reengineering strategy and the NDP

### **Recommendations and suggestions e.g.:**

- stronger advocacy role

## **LINGUISTIC AND CULTURAL DIVERSITY**

Part of *triple threat*

# TELE-PRACTICE??

## ? health technology assessment (HTA) in South Africa

- no specific provision in the National Health Act
- narrowly and incompletely defined
- call for the National Department of Health to host a HTA summit

## Benefits and risks of tele-practice in SA (including ethics)

Three factors covered thus far (linguistic diversity, cultural diversity, contextual challenges) -----*triple threat* to ECI professions' survival



# LINGUISTIC AND CULTURAL DIVERSITY CHALLENGES

- **Global Health Evidence**
- **Constitution - Health Professions Act, 1974**
- **Health Seeking behaviors & Health interventions adherence behaviors**

## **Context**

- **Relevance**
- **Responsiveness**
- **Responsibility**



## Evidence on global health:

- Groups who do not form part of the dominant **culture** have worse **health outcomes** than the dominant populations – with language as an example of a barrier to health care (Flood & Rohloff, 2018).
- Indigenous languages are important for reasons of autonomy, rights, **research ethics**, **programme efficacy**, and revitalisation of these languages;
- Health programmes **conceived and delivered using the clients' languages** (and considering clients' culture) are likely to be more **efficacious** (Flood & Rohloff, 2018).

## Indigenous languages and global health. *Lancet Glob Health*. 2018; 6: e134-e135

- Patients seen by clinicians from **ethnic backgrounds and languages** similar to theirs – **remain in treatment longer** (adherence) (Sue & Sue, 2003)

## Ethics and accuracy

- SLH Board believes that actual diagnosis and treatment of language disorders cannot ethically and accurately happen without considerations of language and culture influence (**Guidelines for practice in a culturally and linguistically diverse South Africa, 2019**)



- **language** (English/Afrikaans) and **cultural** (Western) barriers
- SLH: only **5% are Black African language speakers**
  - In over 70% Black African language speakers context

## Implications for (SLH) professions

- **core function of SLH** is to assess and treat language and communication pathology in patients
- **Mismatch** in demographic and linguistic profiles of country to professions

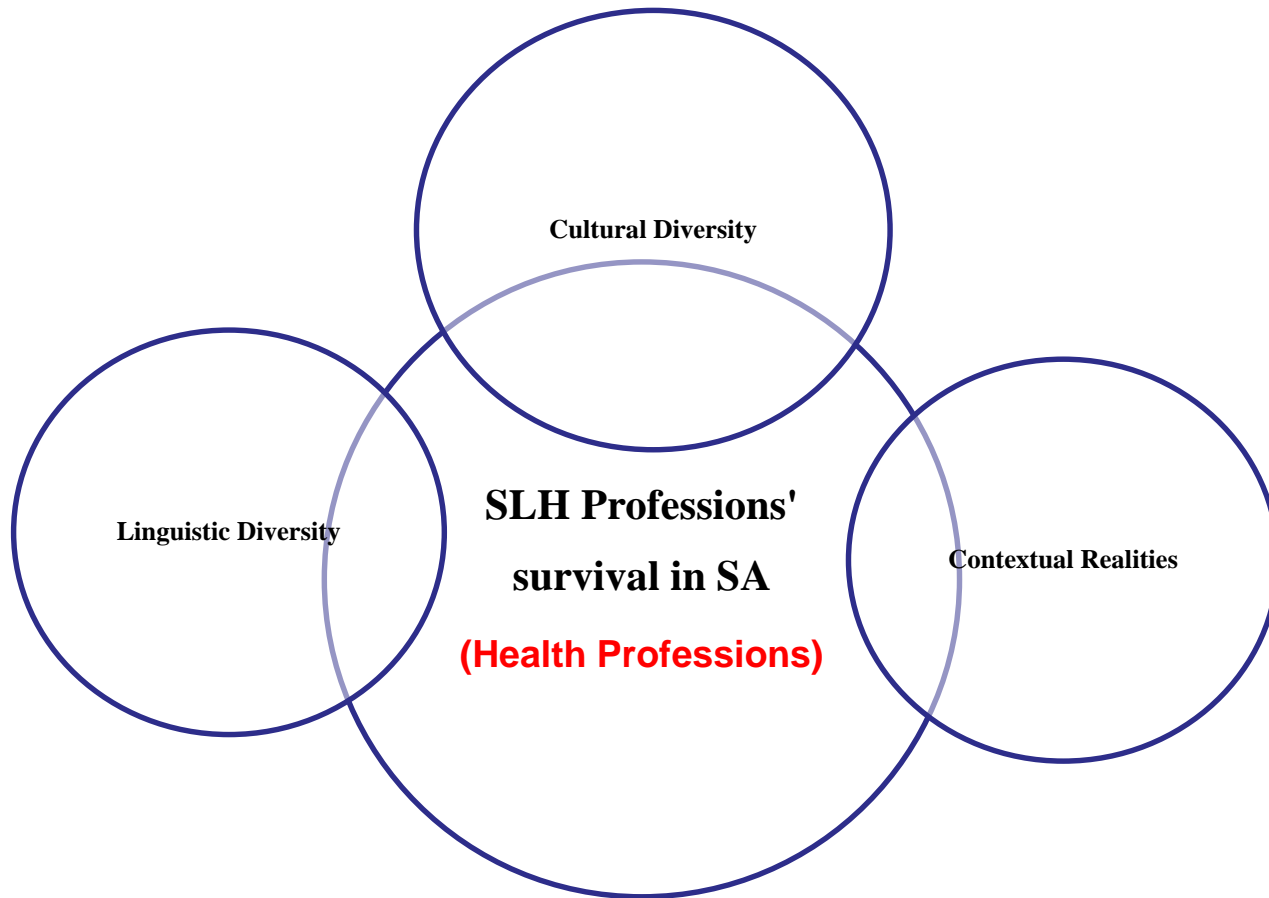
**(Pascoe, Klop, Mdlalo & Ndhambi, 2017; Khoza-Shangase & Mophosho, 2018; Mophosho, 2018; Mdlalo, 2019)**



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**DOES BEING CONTEXT NAÏVE AND CONTEXT IGNORANT IMPEDE BEST PRACTICE? (TRIPLE THREAT)** KHOZA-SHANGASE, K (IN PRESS 2019). BEST/NEXT PRACTICE IN SPEECH-LANGUAGE AND HEARING PROFESSIONS: BEING RESPONSIBLE AND RESPONSIVE TO CONTEXT. HPCSA BULLETIN



SO.....

# In Guiding the Professions and Protecting the Public.....



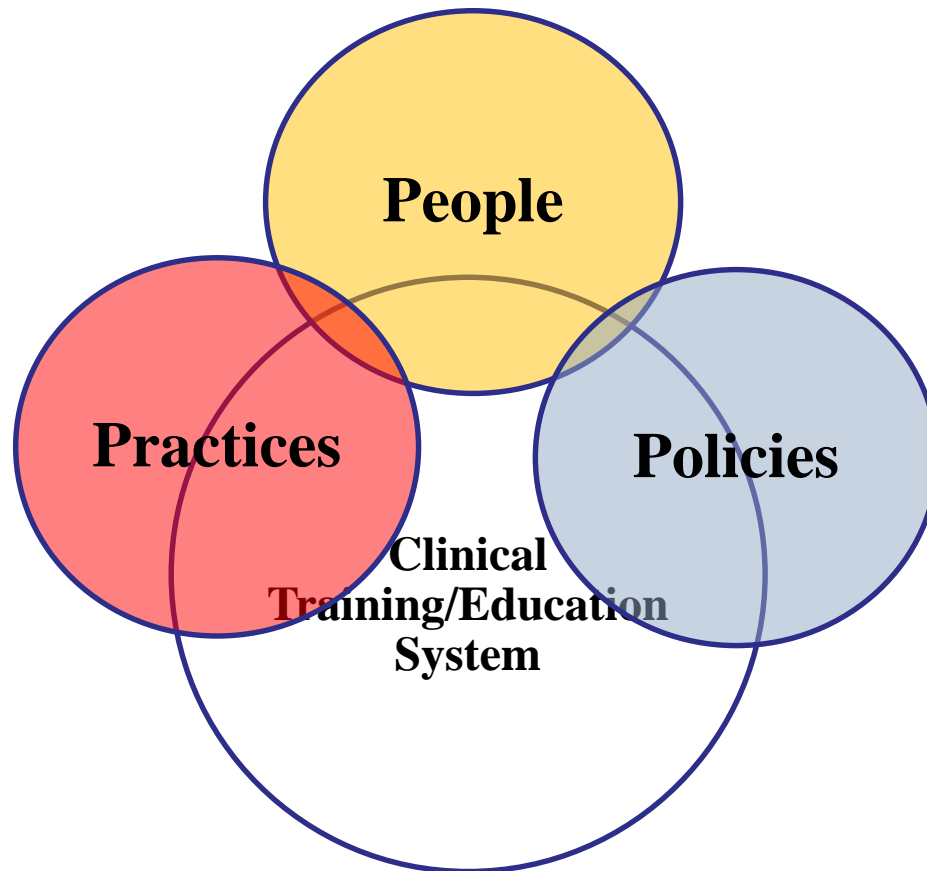


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# **GAPS WITHIN THE CLINICAL TRAINING AND TRAINING PLATFORMS** (NATIONAL CENTRE FOR CULTURALLY RESPONSIVE EDUCATIONAL

SYSTEMS. CULTURALLY RESPONSIVE PEDAGOGY AND PRACTICE. [WWW.NCCREST.ORG](http://WWW.NCCREST.ORG))

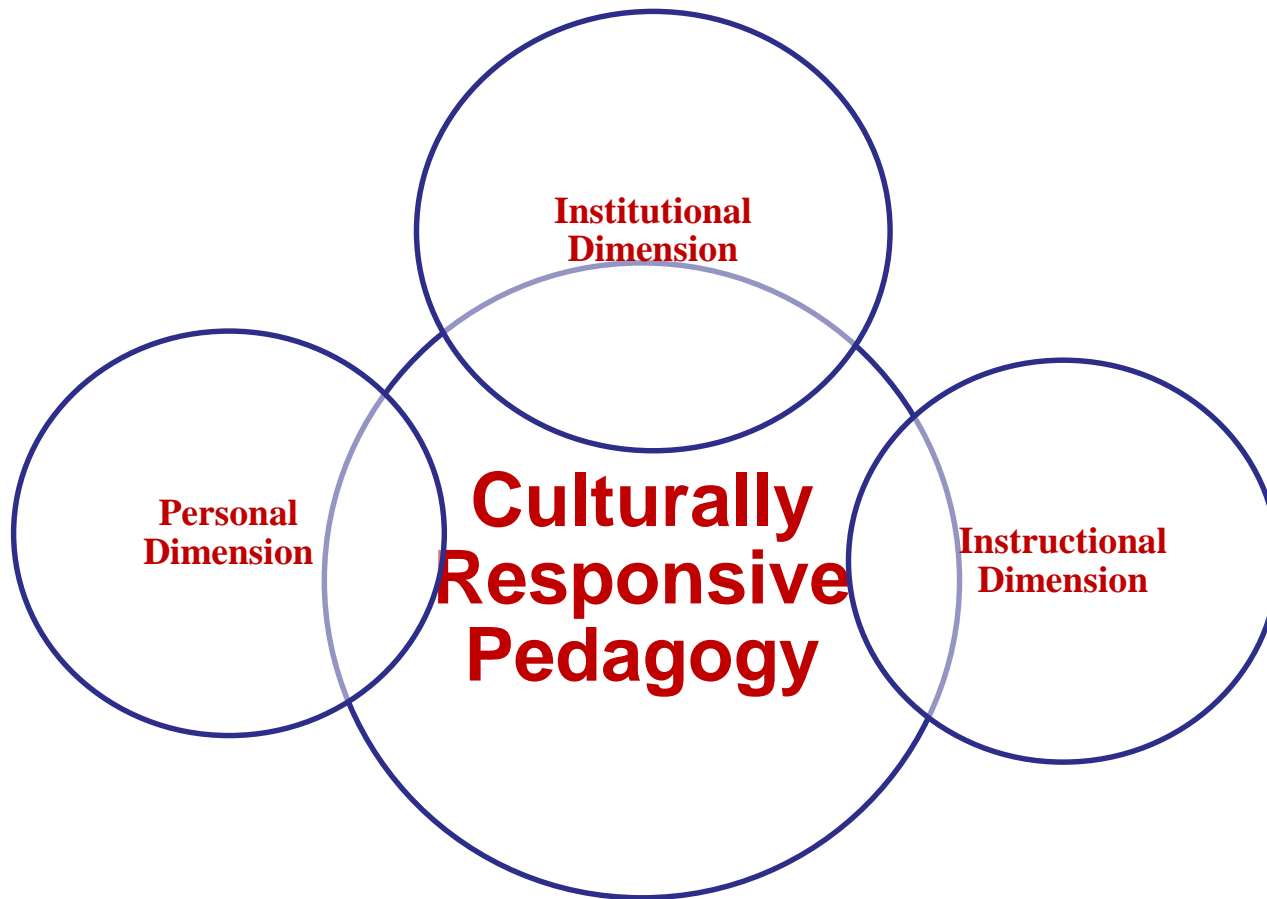




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## CLINICAL TRAINING THROUGH CULTURALLY RESPONSIVE PEDAGOGY (AND PRACTICE)

FALENDER, C. A.; SHAFRANSKE, E. & FALICOV, C. (2014). REFLECTIVE PRACTICES:  
CULTURE IN SELF AND OTHER. IN *MULTICULTURALISM AND DIVERSITY IN CLINICAL SUPERVISION: A COMPETENCY-BASED APPROACH*. C.A.  
FALENDER,  
E.P., SHAFRANSKE, AND C.J. FALICOV (EDS). [HTTP://DX.DOI.ORG/10.1037/14370-012](http://dx.doi.org/10.1037/14370-012).





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# EMBRACING DIVERSITY

## Our Vision should be:

*“Professions that **embrace** diversity as a **contextual strength** that leads to Excellence in innovative teaching; Excellence in innovative research; and Excellence in service.”*

*Hence the importance of **disrupting the mono-narrative, mono-knowledge, mono-etc.***

**(Epistemic Disobedience)**

*Context responsiveness and context relevance affords **best practice** and allows for innovation that leads to **next practice.***



Ngiyabonga!  
Jazakallah!  
Thank you!



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