

## Indigenous health and wellbeing program evaluation commissioning models results from a scoping review

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using common medical software programs.

Culturally competent DVA training for intervention clinics co-facilitated by a clinical educator and bilingual SA DVA advocate from Oct 2020 - May 2021. With the COVID19 pandemic, online training was implemented emphasising DVA safety. Following training, clinic staff and DVA affected women  $\geq 18$  were supported for 12 months by the caseworker/advocate. All clinics were trained to record ethnicity and DVA data.

Routine data extraction from both arms identified DVA, safety planning, referrals and a SA population estimate among female patients  $\geq 18$ . Outcome data is de-identified and aggregated. Adjusted regression analysis by intention-to-treat.

Outcomes: Despite COVID 19 and the study suspended from May to Sep 2021, with online training, just <70% clinical staff completed all 3 training sessions. The SA advocate supported intervention clinics online. At baseline, the eligible female population included 48,362 women (20% SA) of whom 0.55% were identified in routine data as DVA victim/survivors. Successful outcomes and limitations currently under analysis will be presented.

Conclusion: This is a world first study trialling culturally competent DVA FP care for diaspora communities.

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### Indigenous health and wellbeing program evaluation commissioning models: results from a scoping review

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Background/Objectives: Despite significant ongoing investments in Indigenous health and wellbeing programs, evidence regarding program effectiveness is limited. Where these evaluations occur, the quality of this evidence may be impacted by process stages. Yet little is known about the effect of commissioning practices in the Indigenous space. This scoping review aims to codify the spectrum of commissioning practices used in Australia and internationally in the evaluation of Indigenous health and wellbeing programs.

Method: Arksey and O'Malley and Levac et al. guided the review of literature from 2008 - 2020 that address the commissioning of Indigenous health or wellbeing program evaluations in Australia, New Zealand, Canada and the United States. Forty-three documents were retrieved from four academic databases and the world wide web and coded against 13 Indigenous research and evaluation better practice principles derived from the literature.

Results: The research shows five models used for commissioning evaluations of Indigenous health and wellbeing programs: a) top-down; b) participatory; c) co-design: delegative and e) Indigenous-led. Models range in the level of engagement with, and decision-making power awarded to, Indigenous communities. Levels which have significant influence on the way the findings are perceived by Indigenous peoples. For instance, models negating Indigenous power produce evaluations lacking in cultural safety and reciprocity.

Conclusion: This scoping review, a first of its kind, provides insight into the spectrum of evaluation commissioning practices and how they align with better practice principles. Whilst, research suggests these better practice principles are often not considered, or their adherence hindered by a lack of institutional support, examples exist of commissioning practice supporting Indigenous engagement and leadership, which hold promise for broader application.

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### Global Mental Health: A Systematic Review of Burnout Syndrome in Latin American and Caribbean Teachers

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Objectives: First this paper seeks to theoretically discuss in which job world this Syndrome emerged, contextualizing and defining the BS in Latin America and the Caribbean (LAC) perspective. Secondly, it wants to review the quality of some of the published prevalence articles on BS among LAC teachers and highlight the intersectionalities of the subjects.

Methodology: A Systematic Review was carried out on BS prevalence articles in Education published between 2016 and 2020 and indexed on the LILACS and SCIELO platforms with the keywords: "teacher burnout" in Portuguese, Spanish and English; Works that did not fit (topic, repeated, samples outside LAC,

unavailability, not gone through peer review) were excluded; Out of 416, 46 final articles were selected. Its contents were analyzed with a qualitative analytical approach and tables were used to stratify the data about: sociodemographics, diagnostic instruments, prevalence.

Results: 87% asked sex/gender; 80% age; 74% professional experience; 63% type of contract; 50% marital status; 26% had children; 11% income indicators; 2% race/ethnicity. The most frequent diagnostic instrument was the Maslach Burnout Inventory and its variations (30 articles). 32 articles (out of 46) did not fully show the presence and degree of the condition found.

Conclusions: It is important for scientific research to present their disaggregated data, either within the text or through external links, so that it is possible to develop public policies and/or produce deeper analysis based on these works. LAC teachers were not treated in these articles according to their social, political or territorial specificities enough to establish correlations between the multidimensional intersectionalities faced by this professional class and their struggles against mental illness.

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### Racial harassment and workplace violence in hospitals towards physicians and nurses from Indigenous minority and non-Indigenous groups

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Background: Workplace violence (WPV) in healthcare facilities is an increasing global problem, particularly since the emergence of COVID-19. WPV can impact healthcare systems and patient's health, as well as healthcare workers (HCWs) job satisfaction and resignations. Racial harassment (RH) in healthcare services can add complexity to WPV, as it targets more minority HCWs and patients.

Aims

We examined associations between RH and WPV types (physical and psychological or verbal) among physicians and nurses in Israeli hospitals and compared these in different groups (Indigenous Palestinian-Arab citizens versus Jewish).

Methods: An online cross-sectional survey was conducted in July to September 2022, including a sample of 921 physicians and nurses working in ERs and internal medicine departments in four large hospitals. The online questionnaire was distributed via WhatsApp groups of physicians and nurses (response rate= 89.1%). The association between RH and WPV types was examined via multivariable logistic regression analysis for each study groups while considering relevant variables (age, gender, physicians vs. nurses, work position, years of work, education level).

Findings

Palestinian-Arab physicians and nurses reported significantly higher RH based on national identity compared to Jewish counterparts (42.5% vs. 24.3%). However, Jewish HCWs reported higher physical, and psychological WPV (24.9%, and 72.2%, respectively) compared to Palestinian-Arab HCWs (14.6%, and 54.1%, respectively). In the multivariate analysis, RH was associated with higher physical WPV in Palestinian-Arab HCWs (adjusted odds ratio and 95% confidence intervals, AOR, 95%CI=2.55, 1.39-.68) compared to Jewish HCWs (1.06, 0.49-2.26), and higher psychological WPV among Palestinian-Arab HCWs compared to Jewish (3.76, 2.44-5.79 vs. 2.39, 1.12-4.79 respectively).

Significance

RH was significantly associated with higher physical and psychological WPV in Palestinian-Arab minority physicians and nurses compared to their Jewish counterparts. Future research should explore mechanisms connecting RH and WPV in these groups and suggest interventions to eliminate WPV in hospitals.

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### FörGes 5 - An intervention for strengthening self-management competencies of family caregivers of persons with dementia of Turkish origin in Germany

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Background and Objective: The majority of persons in need of long-term care who are of Turkish origin in Germany are cared for at home by their relatives. The home care situation can be accompanied by a high physical, psychological and social burden for the caregivers. It is necessary to support family caregivers to counteract possible overload and excessive demands. The aim of the project is the development, implementation, and validation of an intervention to strengthen the