

Position Paper on Racism in the Health System

Substantial health inequalities continue to exist between Aboriginal and Torres Strait Islander people and non-Indigenous Australians in key areas including life expectancy, chronic and communicable diseases, child and maternal health and mental health.

Racism affects the health and wellbeing of Aboriginal and Torres Strait Islander people in a number of different ways. Individual experiences of racism can result in poor mental health, poor physical health, and increased substance use. It can also lead to increased rates of high risk behaviours such as substance abuse, excessive alcohol consumption and smoking, which contribute to negative health outcomes. There are high coincidences of these factors, which exacerbate the health risks for those affected. Identifiable differences in rates of preventable disease, avoidable hospitalisations, discharges from hospital (against medical advice) and ultimately lower life expectancy are evidence of differential impacts associated with race.

Not all racism is overt. Systemic factors can create or reinforce barriers to equitable access, treatment, and outcomes. These barriers may include routine processes or clinical practices that do *not* differentiate on the basis of race but equally do *not* take account of differing cultural norms or the needs of particular people and result in less effective care. Culture must be taken into account to provide health equity, in which the health system responds differently to meet greater or particular need. The system should enable similar access, quality and effectiveness of treatment and health outcomes for everyone. A lack of respect for culture, systemic and overt racism need to be addressed if the health system is to be free of racism.

Individuals' experiences of racism within the health care system itself can cause increased psychological distress for the client and results in the avoidance of medical treatment.

Systemic racism is evidenced in the differences in treatment regimens, funding inequity and cultural barriers to the use of healthcare services. Ultimately it is reflected in and evidenced by the differences in health outcomes people experience. Further, if unrecognised, systemic racism can provide tacit endorsement for, or even enable, a workplace whereby racism is more readily expressed and acted upon.

The NHLF commends the vision of the *National Aboriginal and Torres Strait Islander Health Plan 2013-2023* for an ‘*Australian health system free of racism and inequality*’ and for recognising the impact of systemic racism in health inequality. But action is required to realise this vision. Governments need to consider how they engage, work across portfolios and jurisdictions, enable and strengthen communities and address systemic issues to tackle racism meaningfully and broadly in the health system.

This paper focuses on what is more likely to bring about the systemic change needed to address disparities in treatment and structural factors that inhibit equitable outcomes from care. This is essential to create a health system free of racism and inequality.

NHLF Principles for a health system free of Racism:

- **Good health and equality are achievable and mutually reinforcing.** Health is necessary to achieve a person’s enjoyment and participation in education, employment, family, and community. This is a basic human right and Australians expect equality in health as part of a ‘fair go’.
- **Participation in decision making.** Participation in health system decision making by Aboriginal and Torres Strait Islander peoples is critical. Genuine sharing of decision-making power should be reflected in government policy fora, intergovernmental agreements, health system governance and organisational management.
- **Adopting a Cultural Determinant approach to good health.** Aboriginal and Torres Strait Islander people have a holistic understanding of health and wellbeing in which culture is central. This understanding prioritises a strengths-based policy approach that values and leverages culture and the right to self-determination. Culture is an abiding strength for Aboriginal and Torres Strait Islander peoples and is the central foundation of resilience.
- **Systems must be accountable.** Freedom from racism and the right to the highest attainable standard of health are fundamental human rights that must be upheld by the health system. To achieve this, governments and other stakeholders must accept responsibility for delivery of commitments and outcomes, pursuing system reform and establishing internal and external mechanisms including support for Aboriginal and Torres Strait Islander people and communities to hold systems accountable.
- **Embedding cultural safety and responsiveness.** Cultural safety and responsiveness should be fundamental: as its absence can have severe impacts on health and wellbeing. Cultural safety offers understanding, identifying and redressing power imbalances at the systems level and within an individual’s practice within the health system. Such frameworks emphasise the experience of the Aboriginal and Torres Strait Islander health professional or client in gauging the absence of racism, or the presence of cultural safety.

- **Privileging Indigenous Knowledge (research and translation)** Aboriginal and Torres Strait Islander ways of knowing and doing are vital to health equality. Aboriginal and Torres Strait Islander-led research and knowledge translation must be prioritised and reflected in all health policy. Health systems must recognise and empower Aboriginal and Torres Strait Islander expertise within initial training and education, ongoing practice, development, and review.
- **Health care systems must take account of social determinants and the inherent value of prevention.** A health policy framework must recognise the interconnection of factors such as education, employment, justice, and housing – underpinned by the right to self-determination – in assessing the health of Aboriginal and Torres Strait Islander peoples and their communities. This is fundamental to addressing the causes of ill health.
- **Historical acceptance – righting wrongs.** It is critical that the health system acknowledges past injustices that have occurred to Aboriginal and Torres Strait Islander people, including those in which the health system played a part. This is fundamental to understanding how differential outcomes on the basis of race are perpetuated by aspects of the contemporary health system. Recognising this is necessary to address the impact of continuing injustice on Aboriginal and Torres Strait Islander health disadvantage.
- **Measuring Racism.** Governments, services, and the public should all be clear on the scale, extent, and impact of racism in the health system. A health barometer incorporated into the health system framework to gauge the extent of racism and identify priority areas for attention in service interactions.
- **Central importance of the Aboriginal and Torres Strait Islander health workforce.** The Aboriginal and Torres Strait Islander health workforce possesses a unique combination of cultural and clinical knowledge. Our health workforce is critical to ensuring the cultural safety of Aboriginal and Torres Strait Islander clients and this workforce must be increased and embedded throughout the health system. Cultural safety and responsiveness should be embedded throughout the health system to ensure workplaces provide a safe environment for Aboriginal and Torres Strait Islander health professionals to work in and to promote cultural safety across the entire health system.
- **Upholding the Aboriginal Community Controlled Health Model within the health system.** Aboriginal Community Controlled Health Organisations are best positioned to provide culturally safe and comprehensive primary health care, including preventative and coordinated care delivered by the full range of health professional capabilities. This service, along with the appropriate workforce, is critical to achieving health equality. They must be properly resourced and strengthened as fundamental to the health system’s effectiveness.

- **Appropriate Funding.** Policies and programs addressing Aboriginal and Torres Strait Islander health inequality must be adequately and reliably resourced. This includes long-term funding frameworks that recognise Aboriginal and Torres Strait Islander organisations as preferred providers of health care services (including clinical, policy, education, and training, administrative and research) for Aboriginal and Torres Strait Islander communities and individuals. Reliable funding arrangements provide the basis for partnership development, collaboration, and shared investment of resources toward sustained outcomes. Conversely, sporadic, and short-term approaches heighten the risk of cosmetic, partial and short-lived improvements.

Recommendations:

1. The Federal Government must develop a health system racism ‘barometer’ for monitoring racism in health care settings, and hospitals in particular. The barometer must consider and measure the impact of racism on Aboriginal and Torres Strait Islander inequality, with findings be incorporated by the Department of Health in future iterations of the Implementation Plan of the National Aboriginal and Torres Strait Islander Health Plan 2013-2023.
2. All intergovernmental funding agreements relating to health and wellbeing require governments to promote, support and report on cultural safety and responsiveness measures.
3. The Federal, State and Territory governments work together with the NHLF to develop and implement a National Aboriginal and Torres Strait Islander Health Workforce Strategy to meet the vision of the National Health Plan. This includes system-wide Aboriginal and Torres Strait Islander health professional education and employment targets based on population parity as a minimum, with representation across all clinical/practitioner and decision-making roles.
4. Amend the *Health Practitioner Regulation National Law Act 2009* to embed mandatory cultural safety and responsiveness into registration and accreditation standards for health professionals; this must in turn be reflected in ongoing health professional education, training and practice including the incorporation and implementation of Aboriginal and Torres Strait Islander health professional curricula.
5. Government policy and programs must acknowledge the impact of racism on health outcomes and address this risk in development, implementation and review processes and reporting.
6. Revision of the *Closing the Gap Strategy* should reflect the centrality of culture in health, including cultural wellbeing indicators such as land, knowledge, lore, and language.
7. Establish an independent body to review and evaluate progress on Closing the Gap: with the body led by and including a majority of Aboriginal and Torres Strait Islander members with expertise in health and related social and cultural determinants.
8. Adequately fund, leverage and coordinate the National Aboriginal and Torres Strait Islander Implementation Plan and supporting strategies.

National Health Leadership Forum Membership

1. Aboriginal and Torres Strait Islander Healing Foundation
2. Australian Indigenous Doctors' Association
3. Australian Indigenous Psychologists' Association
4. Congress of Aboriginal and Torres Strait Islander Nurses and Midwives
5. Gayaa Dhuwi (Proud Spirit) Australia (2020)
6. Indigenous Allied Health Australia
7. Indigenous Dentists' Association of Australia
8. The Lowitja Institute
9. National Aboriginal and Torres Strait Islander Health Workers' Association
10. National Aboriginal and Torres Strait Islander Leadership in Mental Health
11. National Aboriginal Community Controlled Health Organisation
12. National Association of Aboriginal and Torres Strait Islander Physiotherapists
13. Torres Strait Regional Authority