

# Aboriginal and Torres Strait Islander palliative care - How can we close the gap?

1 September 2015,  
Australian Palliative Care Conference

# Acknowledgment of Country

We would like to begin by acknowledging the traditional custodians of the lands on which we are meeting today, the Wurundjeri people of the Kulin Nation. We pay our respects to elders past, present and future.

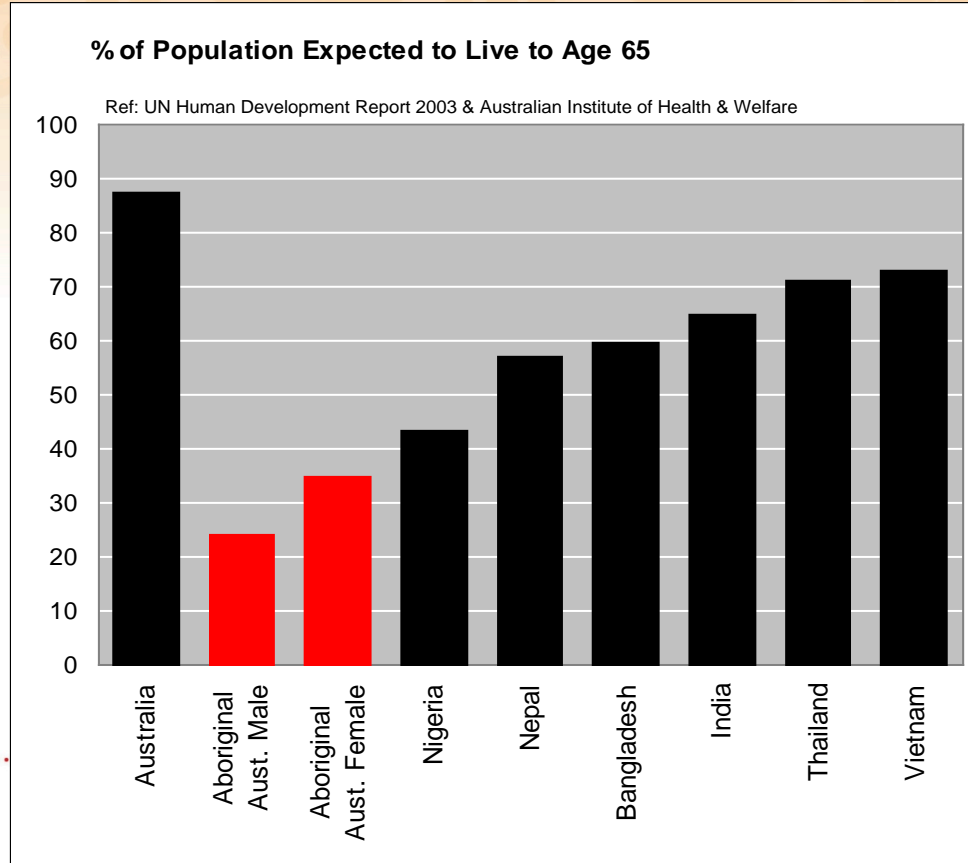
# Overview

- History and Centrality of culture
- Importance of a culturally safe and respectful Workforce
- Cultural safety organisational self-assessment
- Being Culturally Responsive creates cultural safety...
- The six key capabilities of being culturally responsive
- Personal self Assessment- knowing, being and doing

# Policy context: Aboriginal & Torres Strait Islander Health

- Indigenous persons have a life expectancy at birth which is **17 years less** than a non-Indigenous person – or 10 years based on ABS changing how they calculate this?
- Indigenous Australians have **2.5 times** the burden of disease compared to non-Indigenous Australians
- Indigenous Australians have:
  - **5 times** the burden of disease due to diabetes
  - **4.5 times** the burden disease due to cardiovascular disease
  - **4 times** the burden of **disease and disability** due to intentional injuries such as suicide or harm from violence
- We are sick for a long time!!!
- Only **36% of Indigenous students** complete their nursing and midwifery studies compared to approximately **64% of non-Indigenous students** – more on this soon...

# International comparison



# Mothers dying in childbirth per 100,000 (MMR) 2007-2010

- Non-Indigenous Australians



- Aboriginal and Torres Strait Islander Australians



**Three** times higher

## Babies dying in infancy (per 1,000)

- Non-Indigenous Australians



- First Nation Canadians



- Maoris



- American Indians/Alaskan Natives



- Aboriginal and Torres Strait Islander Australians.....

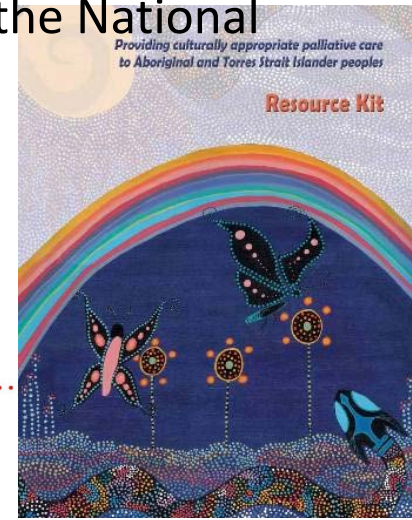


- Statistics show that very few Aboriginal people access palliative care support, even in high population area's and yet corresponding data shows that illness' such as cancer and renal failure have a high prevalence within our population



# Palliative Care Experience

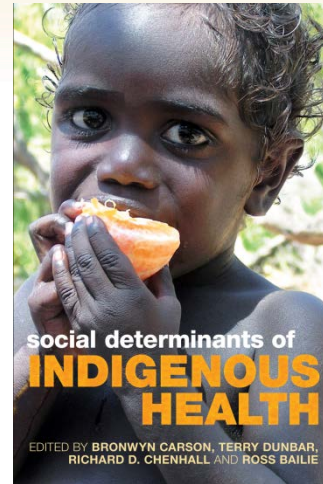
- Advanced Care Planning is critical – but early access to health care is essential for planning to occur.
- Shared care is vital to success in end stage life care
- In 2004, the *Providing Culturally Appropriate Palliative Care to Aboriginal and Torres Strait Islander Peoples* report was released under the National Palliative Care Strategy.
- This report highlighted three Practice Principles:
  - Involving Aboriginal and Torres Strait Islander People
  - Communication
  - Training

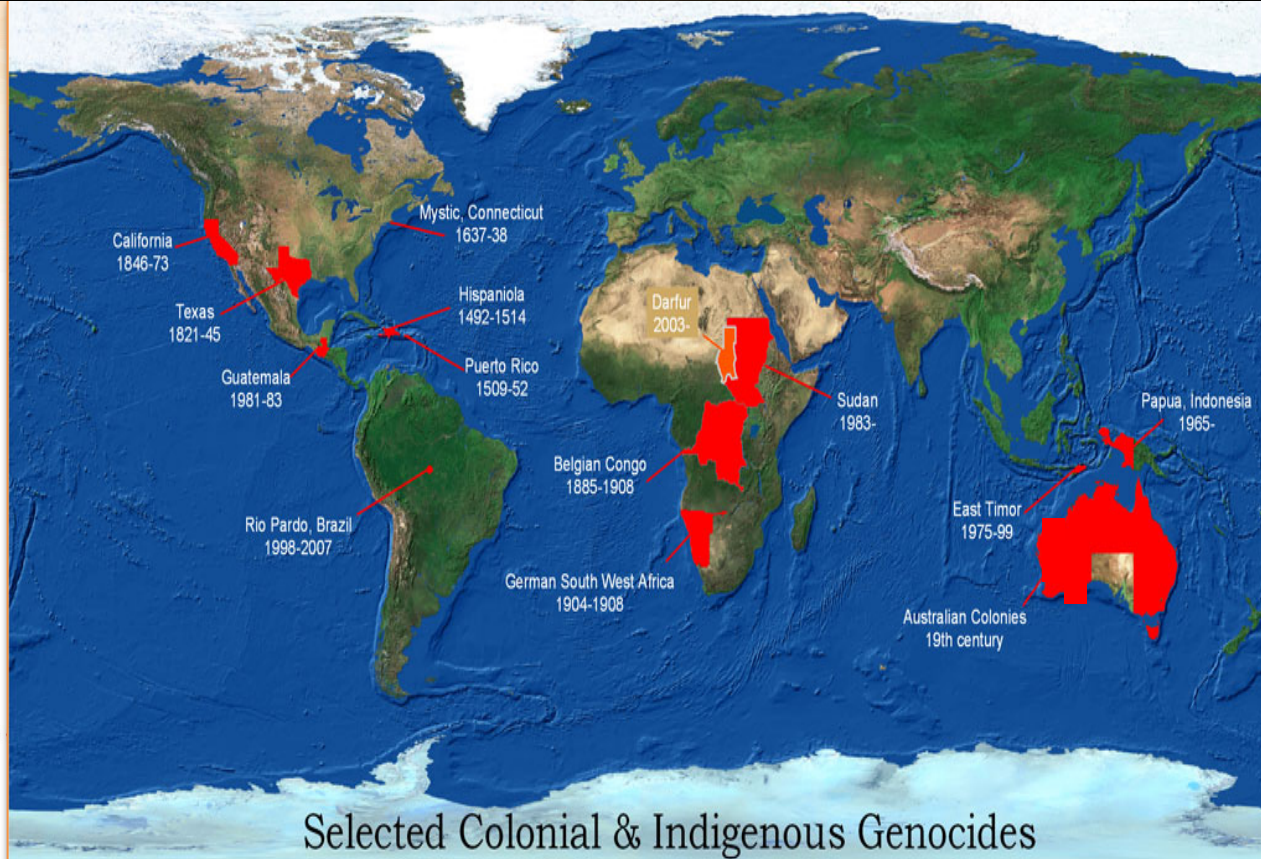


# Determinants of Health

What factors can influence health status?

- Historical
- Social
- Cultural





# Our History

## What is culture?

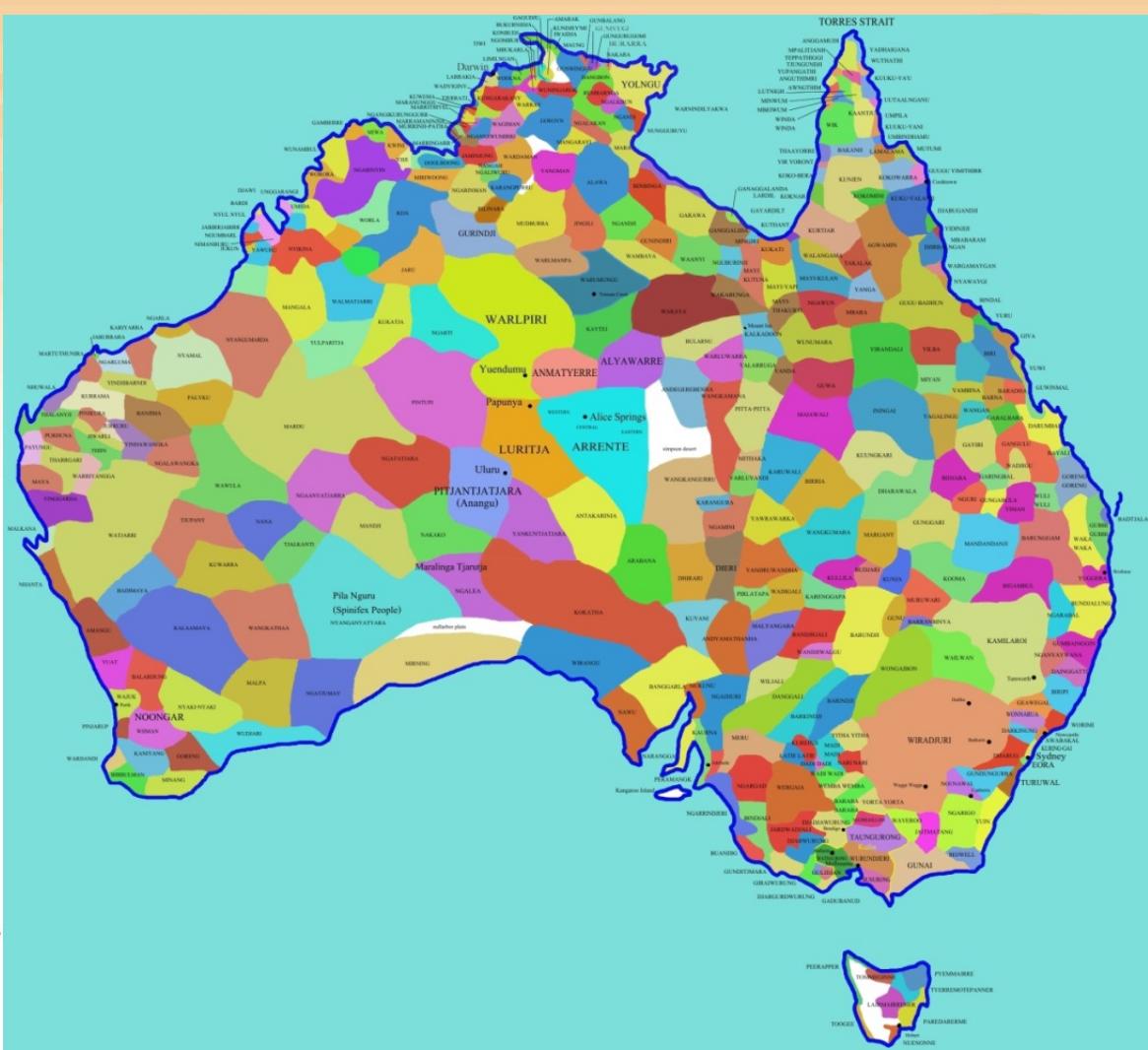
# Culture

“Culture has been defined as “that complex whole which includes knowledge, belief, art, morals, law, custom, and any other capacities and habits acquired by man as a member of society”. In other words, culture is a patterned way of life shared by a group of people. Culture encompasses all that human beings have and do to produce, relate to each other and adapt to the physical environment. It includes agreed-upon principles of human existence (values, norms and sanctions) as well as techniques of survival (technology). Culture is also that aspect of our existence which makes us similar to some people, yet different from the majority of the people in the world... it is the way of life common to a group of people, a collection of beliefs and attitudes, shared understandings and patterns of behaviour that allow those people to live together in relative harmony, but set them apart from other peoples .”

State of the World's Indigenous Peoples

# Centrality of culture

- Dominant culture and other cultures
- Diversity of cultures
- Reflect on your own culture. What has shaped you into the person you are?



# Racism



[Video - Stop, Think, Respect](#)



# Racism and cultural safety

## – realities and impacts

- Reflect on your own experience with racism:
  - What you have witnessed?
  - What you have experienced?
  - What others have told you?
- What percentage of Aboriginal and Torres Strait Islander Australians might report that they have experienced racism in their personal or professional lives?

# Dimensions of racism

- **Racial prejudice: Attitudes** expressed towards those classified on the basis of physical or cultural characteristics. People are identified as members of a group and then judged according to presumed characteristics.
- **Racial discrimination: Behaviour** that disadvantages people identified on the basis of their real or assumed membership of a 'racial' or ethnic group.
- **Cultural racism:** Racism expressed as a set of **ideas** based on social myths about other 'racial' or ethnic groups. It devalues a group of people by blaming that group for perceived differences.
- **Institutional Racism:** Patterns of advantage and disadvantage are sustained through structures such as **laws**, **policies** and **practices** that exclude or discriminate against one group over another.

Adapted from: Pettman, J. & Chambers, B. (1996). *Anti-racism: A handbook for educators*. Canberra: AGPS; Vasta, E. & Castles, S. (Eds.) (1998). *The teeth are smiling. The persistence of racism in multicultural Australia*. St Leonards, NSW: Allen & Unwin.



Indigenous Allied  
Health Australia



CATSINaM  
CONGRESS OF ABORIGINAL AND TORRES  
STRAIT ISLANDER NURSES AND MIDWIVES

# Some facts about racism

Racism is a common experience for Aboriginal and Torres Strait Islander Australians:

93% of 153 Aboriginal South Australians reported they experienced racism in both informal and formal settings – including the health system.

(Gallaher, Ziercsh, Baum, Bentley, Palmer, Edmondson & Winslow, 2009)

*It is a major cause of dissatisfaction with health and community services, cited by over 58% of participants in a South Australian study.*

*(Miller, Gibson, Sudano, L & Edwards, 2009)*

*“In Australia studies of racism that have used multiple item measures have found a prevalence of self-reported racism among Indigenous participants ranging from 58–79 per cent.”*

*(Paradies, Harris & Anderson, 2008)*

*In a 2011 survey of 755 Aboriginal Victorians, 97% had experienced racism in the previous 12 months, most people racism multiple times, with more than 70% reporting eight or more incidents a year.*

# Some facts about racism

Racism in the health system has serious consequences for health care and health outcomes:

*“Indigenous patients with the same characteristics as non-Indigenous patients were a third less likely to receive appropriate medical care across all conditions as well as specifically for cancer and coronary procedures.”*

*(Paradies, Trenerry, Franklin H & Guerin, 2010)*

*“[A] Western Australian study in a rural town demonstrated that racism was clearly linked to poorer levels of general physical and mental health, having accounted for age, gender, employment and education.”*

*(Larson, Gilles, Howard & Coffin, 2007)*

*“The evidence for negative effects on both physical and mental health from racism is solid and undeniable.”*

*(Paradies, 2013, in Poche Centre Report, 2014)*

# Remote communities a lifestyle choice: Tony Abbott

## Tony Abbott's Indigenous 'lifestyle choices' remark smacks of racism, says UN rapporteur

UN special rapporteur on indigenous rights criticises the PM's comments and says Australia has 'regressed' in its treatment of Indigenous communities



📷 Tony Abbott's comments on 'lifestyle choices' don't speak well of the government, says the UN's indigenous expert. Photograph: Alan Porritt/AAP Image

## Kirribilli House gardening costs balloon to \$200,000 a year

May 2, 2015

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Adam Gartrell

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Exclusive



Kirribilli House. Photo: Peter Rae

# Racism in Sport

- PAUL MURRAY: Some people don't like being told that Australia is a racist nation, that our Constitution is racist. They fire up when somebody steps, for want of a better term, above their station in life. And I don't mean Aboriginal, I mean football player.
- — *Sky News, Paul Murray Live, 28th July, 2015*



Stan Grant: I can tell you how Adam Goodes feels. Every Indigenous person has felt it....



**"I can tell you what Adam must be feeling, because I've felt it. Because every Indigenous person I know has felt it. It may not be what you want to hear.**

**But this is how Australia makes us feel.**

Estranged in the land of our ancestors, marooned by the tides of history on the fringes of one of the richest and demonstrably most peaceful, secure and cohesive nations on earth.

**- Stan Grant**

# Eliminating racism

*Fact or Fiction* Video  
Waleed Aly, The Project

<https://www.facebook.com/theprojecttv/videos/vb.107787018440/10153048590433441/?type=2&theater>



# Why focus on cultural safety?

- Aboriginal and Torres Strait Islander Australians are more likely to seek access to health care, and achieve better health outcomes by accessing services that are **respectful and culturally safe places**.
- **A lack of cultural safety and institutional racism** are barriers to **recruitment and retention** of Aboriginal and Torres Strait Islander students and graduate nurses and midwives.
- **Under-representation of Aboriginal and Torres Strait Islander** people in the health workforce is a contributing factor to the lower rates of Aboriginal and Torres Strait Islander peoples **accessing** health services comparative to need.

# Why an Aboriginal and Torres Strait Islander Health Workforce?

*“There is a substantial body of research evidence indicating that the development of a skilled and professional Indigenous health workforce is **an essential prerequisite for improvements in Indigenous health**”*

Dr Mick Gooda, Social Justice Commissioner

There are many reports that also reinforce this school of thought

'In good hands with Dr Shibasaki', Koori Mail 454 p.54

# Workforce

- However we are 3% of the population with the highest burden of disease
- Our workforce is yet to meet population parity hence;
- We need a culturally respectful non-Indigenous Health Workforce

# Cultural safety – what is it?

The **lived experience** of cultural safety and cultural respect depends on:

Aboriginal Peoples **not** being subjected to and experiencing racism, where Aboriginal Peoples define whether racism has occurred.



This includes **individual racism** - when individual health workers practise racial prejudice and racial discrimination, and



**institutional racism** - when organisational policies and practices do not consider or make room for Aboriginal People's cultural values, meanings and protocols.

# Elements of Cultural Safety Training

- An understanding of one's own culture – for non-Aboriginal people this means an understanding dominant culture in Australia.
- An acknowledgement of difference, and a requirement that caregivers are actively mindful and respectful of difference(s).
- It is informed by the theory of power relations and the historical and contemporary reality of injustice - any attempt to depoliticise cultural safety is to miss the point.
- Learning that cultural safety is the experience of the recipient of care, it is not defined by the caregiver.
- It focuses on an attitudinal and behavioural shift at an individual level, and aims to challenge and change systems.

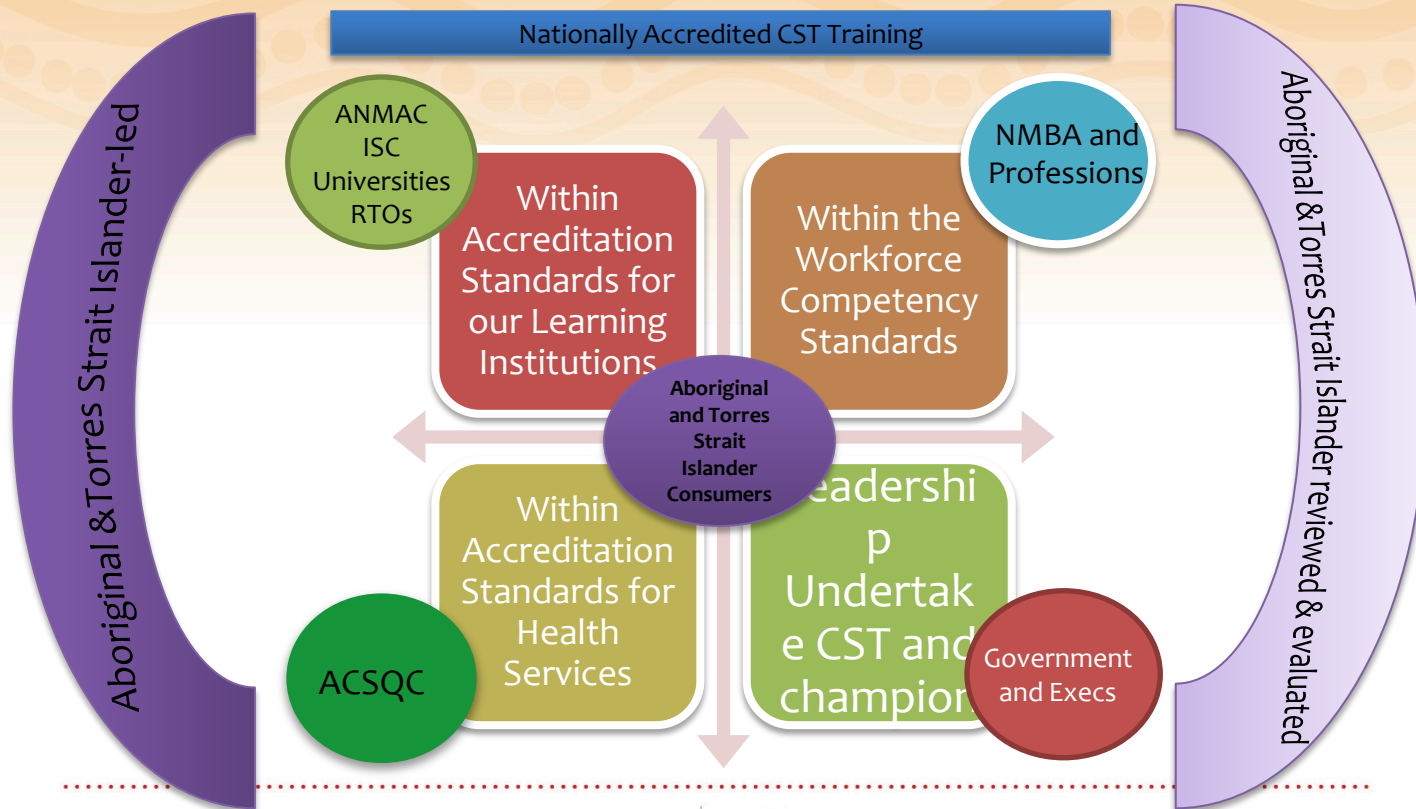
# Cultural Safety...

“The effective care of a person/family from another culture by a health care provider who has undertaken a process of reflection on their own cultural identity and recognises the impact of the health care professional’s culture on their practice. Unsafe cultural practice is any action which diminishes, demeans or disempowers the cultural identity and well-being of an individual.”

(The Nursing Council of New Zealand, 2002)

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# Where to embed CST/Cultural Respect



# Cultural Safety...

- Undertake the organisational cultural safety assessment as a table yarning circle.
- Has your organisation got characteristics of or potential to be a culturally safe and respectful environment or service?



# Thank you

“Australians ... must constantly test their own institutions, their democracy and their defence of the human rights of minorities by the worlds best standards.”

*Justice Michael Kirby, 2004*



# What is Cultural Responsiveness?

Cultural responsiveness is a strengths based, action oriented journey to building cultural safety.



# Being Culturally Responsive creates cultural safety...

What do we need to know,  
be and do in order to be  
culturally responsive?



# Six key capabilities of being culturally responsive

- Respecting the centrality of Culture
- Self-Awareness
- Proactivity
- Leadership
- Inclusive Engagement
- Responsibility and Accountability

# Self-Awareness

- What is my own culture and identity?
- What are my own values, beliefs and attitudes?
- What do I assume or have preconceived ideas about in relation to Aboriginal and Torres Strait Islander peoples?
- Can I challenge my own ideas and perceptions?



# Proactivity

- What are the strengths of my organisation?
- How can I change my focus from the issue/s all the time to the strategies/solutions?
- How can I embed better planning & communication processes?
- Can I identify and address racism in the workplace? Can I be courageous and speak out against racism when needed?



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# Inclusive Engagement



- Can I be more active in learning and building networks with Aboriginal and Torres Strait Islander people, families and communities?
- Who are my local custodians of country? What are their leadership and communication protocols?
- Do I really understand the importance of relationships with Aboriginal and Torres Strait Islander people?
- Do I know how to be an active listener and be respectful of silences and engage in others preferred communication style?

# Leadership

- Do I lead with integrity and honesty?
- How can I build my leadership capacity to lead, influence and inspire others in my organisation?
- Can I lead by example and walk the talk?
- How can I engage others in building a sustainable culturally safe & responsive environment?
- What is our vision and how can we build on that?





# Responsibility and Accountability



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- How can I learn more about the rights of Indigenous peoples and my local community?
- How can I set better goals and targets with Aboriginal and Torres Strait Islander individuals or families when considering their health and wellbeing needs?
- What action/s can I do to improve the cultural safety of our organisation and involve local people?
- Do I understand the importance and the impact of social and cultural determinants in my local area?



# Into Action, let's get practical

- So you've thought about what you need to know, who you need to be... Now consider what you need to do to be culturally responsive?
- What action can you take from today to move forward in your journey to building a culturally safe and respectful organisation?

# Your Action Plan

- Vision
- Goals
- Strategies
- Personal Journal

# Postcard

- Write a postcard to yourself outlining your goals for the next 3 months

# Conclusion

We call on all Australians delivering health and wellbeing services to Aboriginal and Torres Strait Islander individuals, families and communities to join us in addressing Aboriginal and Torres Strait Islander health and wellbeing inequity.

Together, in partnership, with commitment and action, we can build a culturally safe and responsive health system, free from racism, to better meet the needs of Aboriginal and Torres Strait Islander peoples.

# Contact Details

- Congress of Aboriginal and Torres Strait Islander Nurses and Midwives

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- Indigenous Allied Health Australia

Web: [www.iaha.com.au](http://www.iaha.com.au) | Phone: 02 6285 1010 |

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