Position Statement

CULTURAL SAFETY

The Australian Indigenous Doctors' Association (AIDA) is the peak body representing Aboriginal and Torres Strait Islander doctors and medical students.   Our purpose is to support the growth of the Aboriginal and Torres Strait Islander medical workforce, and to advocate for better health outcomes for Aboriginal and Torres Strait Islander peoples.

What is cultural safety?

AIDA believes that cultural safety is seen from the point of view of the patient, and endorses the Ahpra definition of cultural safety:

> *Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities. Culturally safe practice is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism*.[i]

For Aboriginal and Torres Strait Islander peoples, culture and health are inextricably linked. Health is not simply physical, rather it is connected to emotional, social, environmental, and cultural wellbeing. In Australia and the world more broadly, Indigenous cultures have a history of being suppressed and controlled. These actions of suppression and control could be embodied as spiritual, psychological and physical harm.[ii] The link between culture and wellbeing for Aboriginal and Torres Strait Islander peoples has been verified by multiple evaluation studies.[iii] Opportunities for Aboriginal and Torres Strait Islander peoples to express their cultural identities and feel safe to do so can have a measurable positive effect on Aboriginal and Torres Strait Islander wellbeing.

AIDA believes that all medical and health practitioners must be committed to culturally safe health care for Aboriginal and Torres Strait Islander peoples. To deliver culturally safe health service, practitioners must understand and equip themselves with the knowledge and skills necessary to improve engagement and health outcomes for Aboriginal and Torres Strait Islander patients. To do this most effectively, practitioners need to undertake a process of understanding their own perceptions, which requires them to commence a process of critical self-reflection to immediately embed and apply learnings in clinical practice.

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[i] https://www.ahpra.gov.au/About-Ahpra/Aboriginal-and-Torres-Strait-Islander-Health-Strategy/health-and-cultural-safety-strategy.aspx , p 9

[ii] Raymond Lovett et al., "Marrathalpu Mayingku Ngiya Kiyi. Minyawaa Ngiyani Yata Punmalaka; Wangaaypu Kirrampili Kara [Ngiyampaa Title] In the Beginning It Was Our People's Law. What Makes Us Well; to Never Be Sick. Cohort Profile of Mayi Kuwayu: The National Study of Aboriginal and Torres Strait Islander Wellbeing [English Title]," March 2021, 9.

[iii] Sarah MacLean et al., "Health and Wellbeing Outcomes of Programs That Include Strategies to Enable the Expression of Cultural Identities for Indigenous Australians: A Systematic Review," *Australian Journal of Primary Health* 23 (March 20, 2017), https://doi.org/10.1071/PY16061.

Further, AIDA believes that cultural safety should also be embedded in policymaking that relates to the health and wellbeing Aboriginal and Torres Strait Islander peoples.

AIDA supports the Ahpra definition which outlines "how to" deliver cultural safety:

> To ensure culturally safe and respectful practice, health practitioners must:
> a. Acknowledge colonisation and systemic racism, social, cultural, behavioural and economic factors which impact individual and community health;
> b. Acknowledge and address individual racism, their own biases, assumptions, stereotypes
> and prejudices and provide care that is holistic, free of bias and racism;
> c. Recognise the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family and community;
> d. Foster a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander people and colleagues.[iv]

Conversely, the restriction and omission of culture has been identified as a factor impacting presentation rates and effective treatment of Aboriginal and Torres Strait Islander clients in a clinical setting.[v] Evidence shows that proportionately Aboriginal and Torres Strait Islander peoples receive fewer procedures and prescriptions that non-Indigenous Australians with the equivalent health conditions.[vi]

Cultural safety encapsulates the delivery of safe services, interactions, and relationships, as defined by Aboriginal and Torres Strait Islander peoples.[vii] This safe environment is free of racism or any action which 'diminishes, demeans or disempowers the cultural identity and wellbeing of an individual'.[viii] We stand alongside Aboriginal and Torres Strait Islander communities, and human rights and health organisations in a shared vision where racism is not tolerated, and the wellbeing of our peoples is enhanced and celebrated.

Why Is Cultural Safety Important for Aboriginal and Torres Strait Islander Peoples?

Aboriginal and Torres Strait Islander peoples experience a disproportionate burden of illness and social disadvantage when compared with non-Indigenous Australians, as well as higher levels of

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[iv] https://www.ahpra.gov.au/About-Ahpra/Aboriginal-and-Torres-Strait-Islander-Health-Strategy/health-and-cultural-safety-strategy.aspx, p9

[v] Clive Aspin et al., "Strategic Approaches to Enhanced Health Service Delivery for Aboriginal and Torres Strait Islander People with Chronic Illness: A Qualitative Study," *BMC Health Services Research* 12, no. 1 (June 8, 2012): 143, https://doi.org/10.1186/1472-6963-12-143.

[vi] Department of Health and Ageing, *National Aboriginal and Torres Strait Islander Health Plan 2013-2023* (Canberra, ACT: Dept. of Health and Ageing, 2013), http://www.health.gov.au/natsihp.

[vii] National Aboriginal and Torres Strait Islander Health Workers Association, "Cultural Safety Framework," 2016, https://www.naatsihwp.org.au/sites/default/files/natsihwa-cultural_safety-framework_summary.pdf.

[viii] "Cultural Safety in Health Care for Indigenous Australians: Monitoring Framework, Monitoring Framework," Australian Institute of Health and Welfare, April 2021, https://www.aihw.gov.au/reports/indigenous-australians/cultural-safety-health-care-framework/contents/background-material.

racism and discrimination.[ix] We know that the link between poorer physical and mental health and self-reported perceptions or experiences of racism is well documented[x] More specifically, there is a body of evidence which makes a direct link between racism and ill health (including depression, anxiety and psychological distress); poor physical health (including hypertension, cardiovascular reactivity and chronic health conditions); and increased substance use.[xi] Racism is a key determinant of health for Aboriginal and Torres Strait Islander peoples and as a stressor, is associated with a decline in mental, emotional, spiritual and cultural health.[xii]

AIDA recognises Aboriginal and Torres Strait Islander culture as a source of strength, resilience, happiness, identity and confidence, which has a positive impact on the health of Aboriginal and Torres Strait Islander peoples.   If we are to Close the Gap in life expectancy and health outcomes for Aboriginal and Torres Strait Islander peoples, health service provision must be responsive to cultural differences. Aboriginal and Torres Strait Islander peoples are more likely to attend, and experience better outcomes from practitioners and services that understand the importance of cultural difference and cultural safety.[xiii]

Indigenous health research largely "consists of data about Aboriginal and Torres Strait Islander peoples, with limited data for Aboriginal and Torres Strait Islander peoples".[xiv] Cultural safety repositions this deficit perspective and power imbalance as it allows Aboriginal and Torres Strait Islander peoples to define culturally appropriate healthcare for better health outcomes.

Cultural Safety for the Aboriginal and Torres Strait Islander Health Workforce

AIDA believes that it is vitally important for the entire Aboriginal and Torres Strait Islander health workforce (doctors, nurses, allied health professionals, health workers and students) to be safe within their places of work and study. Universities must commit to supporting all of their Aboriginal and Torres Strait Islander students throughout their studies, and health workplaces must ensure they provide a culturally safe environment in consultation with Aboriginal and Torres Strait Islander employees, community members, and leaders.   The Aboriginal and Torres Strait Islander workforce and students bring unique, lived insights. Their contribution is fundamental to Closing the Gap in

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[ix] "Cultural Safety in Health Care for Indigenous Australians"; Department of Health and Ageing, *National Aboriginal and Torres Strait Islander Health Plan 2013-2023*; Nyssa Skilton, "The Australian Burden of Disease Study: Impact and Causes of Illness and Death in Aboriginal and Torres Strait Islander People, 2011 | PHRP," *Https://Www.Phrp.Com.Au/* (blog), October 11, 2017, https://doi.org/10.17061/phrp2741732.

[x] Angeline Ferdinand, Yin Paradies, and Margaret Kelaher, "Mental Health Impacts of Racial Discrimination in Victorian Aboriginal Communities," n.d., 3.

[xi] "It's Enough to Make You Sick: The Impact of Racism on the Health of Aboriginal Australians," accessed July 5, 2021, https://onlinelibrary.wiley.com/doi/10.1111/j.1753-6405.2007.00079.x.

[xii] Alison Markwick et al., "Experiences of Racism among Aboriginal and Torres Strait Islander Adults Living in the Australian State of Victoria: A Cross-Sectional Population-Based Study," *BMC Public Health* 19, no. 1 (March 14, 2019): 309, https://doi.org/10.1186/s12889-019-6614-7.

[xiii] "Culturally Safe Health Care for Indigenous Australians," Australian Institute of Health and Welfare, accessed July 5, 2021, https://www.aihw.gov.au/reports/australias-health/culturally-safe-healthcare-indigenous-australians.

[xiv] Lovett et al., "Marrathalpu Mayingku Ngiya Kiyi. Minyawaa Ngiyani Yata Punmalaka; Wangaaypu Kirrampili Kara [Ngiyampaa Title] In the Beginning It Was Our People's Law. What Makes Us Well; to Never Be Sick. Cohort Profile of Mayi Kuwayu: The National Study of Aboriginal and Torres Strait Islander Wellbeing [English Title]," 9.

health and life outcomes. Further, Aboriginal and Torres Strait Islander health professionals are an important source of strength and leadership.

AIDA and Cultural Safety

AIDA believes that culturally safe health delivery is critically important for better health outcomes for Aboriginal and Torres Strait Islander patients.

As well as promoting the importance of cultural safety across health service delivery and policymaking, AIDA offers cultural safety training that is designed and delivered by Aboriginal and Torres Strait Islander doctors.

The AIDA Cultural Safety program comprises two components:

- Face-to-face Cultural Safety Training - *Aboriginal and Torres Strait Islander Health in Clinical Practice program.* This is a clinically focused training program that equips Registrars and Fellows in any speciality with the knowledge, skills and attitudes required to integrate Aboriginal and Torres Strait Islander holistic health and cultural safety into everyday clinical practice. The program aims to inspire participants to change their own clinical practice and become an agent for change for other health professionals. See *https://aida.org.au/cultural-safety-program/*
- AIDA Cultural Awareness Online Unit- *Cultural Awareness - An Introduction to Cultural Safety* - currently nearing completion, will be an introduction to the histories, cultures and healthcare of Aboriginal and Torres Strait Islander peoples and communities. Topics include cultural and social determinants of health, equality and equity, access to healthcare, deficit discourse, and the strengths-based approach. It is designed to help us all understand our shared history, and its implications for the health and wellbeing of Aboriginal and Torres Strait Islander peoples. This unit is not cultural safety training. Rather, it is a cultural awareness module that helps provide the foundations for the cultural safety learning journey. This will be available on the AIDA website by the end of October 2021.

AIDA position

1. AIDA affirms that approaches to strengthening cultural safety must be consistent with the United Nations Declaration on the Rights of Indigenous Peoples, and as such, developed through partnerships between governments and Indigenous organisations and individuals, and employ communications that are consultative and collaborative, guarantee Indigenous participation in decision-making and engage Indigenous leadership in communities.

2. AIDA believes that cultural safety must be embedded and practiced in both public and private Australian health service delivery and policymaking.

3. AIDA believes that to achieve culturally safe healthcare, all healthcare providers must be proactive in addressing racism, both as institutions and as individuals. Further, healthcare providers must ensure that all staff – including medical, nursing, allied health, management, reception, and administrative staff employed in healthcare delivery undertake adequate and tailored training.

4. AIDA calls on health policymakers – including all government departments, health workforce bodies and other health and medical bodies – to accept, understand, embrace, and embed the concept of cultural safety for Aboriginal and Torres Strait Islander peoples in the development of health and health workforce policies.

5. AIDA supports the best practice and minimum standards from *Growing the number of Aboriginal and Torres Strait Islander medical specialists* https://aida.org.au/policy/specialist-trainees-in-medical-workforce-project-report/. This requires self-assessments provided by specialist medical colleges against minimum and best-practice standards to attract, recruit and retain Aboriginal and Torres Strait Islander specialist trainees. Specialist medical colleges will report against the standards to build the capacity of colleges and their members to provide culturally safe care to Aboriginal and Torres Strait Islander patients, their families and communities; foster a culturally safe environment for Aboriginal and Torres Strait Islander doctors; and embed the standards into college policies and structures.

6. AIDA is dedicated to supporting equitable access to healthcare for Aboriginal and Torres Strait Islander peoples. We support the Close the Gap government initiative and believe Close the Gap outcomes are dependent on the provision of a culturally safe health system, which includes the interpersonal and internalised attributes of staff. Patient-centred, holistic healthcare should be central to the treatment of Aboriginal and Torres Strait Islander patients, and this is as important as a culturally safe approach to clinical practice.

7. AIDA asserts that Aboriginal and Torres Strait Islander peoples are leaders in, and drivers of, the design, delivery and evaluation of healthcare policies, programs and services.

AIDA recommends:

To support the delivery of equitable and appropriate healthcare to Aboriginal and Torres Strait Islander peoples, families and communities, AIDA strongly recommends that cultural safety be implemented as follows:

Commitment to __individual__ change:

All non-Indigenous doctors, medical students, nursing and allied health staff take actions to understand how their own cultural perspective, privilege and power may impact on the delivery of healthcare for Aboriginal and Torres Strait Islander patients, their families and communities, and seek to minimise this impact. This includes:

a) Completion of appropriate, well-credentialled cultural safety training
b) Demonstration of an ongoing willingness to learn and listen, and a sense of humility
c) Integration of cultural safety into reflective practice and professionalism
d) Identifying and rejecting assumptions about Aboriginal and Torres Strait Islander peoples.
e) Acknowledging the strength, richness and importance of Aboriginal and Torres Strait Islander cultures, and the significant contribution it makes – not only to Aboriginal and Torres Strait Islander communities – but to Australia as a nation.

*Commitment to **systemic** change:*

a) Governments, health ministers, health bureaucracies and administrators understand and embrace the need for cultural safety of patients, and hence the need for embedded cultural safety training

b) Funding for such cultural safety training is made available by governments for healthcare agencies and providers

c) All healthcare providers commit to mandating cultural safety training for all levels of staff in hospitals and clinical practices as inherent to ongoing professional development

d) Commitment to cultural safety is demonstrated by the inclusion of specific deliverables in strategic plans, Reconciliation Action Plans (RAPs) of healthcare providers (hospitals, Primary Health Networks, Local Health Networks and health practices)

e) Racism is measured, and effective tools used to enhance awareness of racism as progress towards health equity.

*Commitment to **Leadership and partnership**:*

a) The health and medical sector commit to working in genuine partnership with Aboriginal and Torres Strait Islander communities and Aboriginal and Torres Strait Islander medical and health professionals - so that our voices are reflected in healthcare design, service and delivery.

b) Increased representation of Aboriginal and Torres Strait Islander workers within healthcare settings and in leadership roles.

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