Aboriginal and Torres Strait Islander perspectives on racism in health care and health systems - what does the research say?

Addressing racism in healthcare: actions for equity and cultural safety forum

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Scene setting: systems don't drive themselves

Keeping the people in this presentation (a lived experience)

Looking back over time

- 1995: Australian Workplace Industrial Relations Survey

- Only one national survey and two peer-reviewed studies were identified that focused specifically on WHS risks faced by Aboriginal and Torres Strait Islander workers and businesses, all conducted between 1995 and 2001.

- Step through some research

2010: (Durey)**Reducing racism in Aboriginal health care in Australia: where does cultural education fit?**

Intervention	Results	Implications
• educating health professionals and undergraduate students in culturally respectful health service delivery is effective in reducing racism	• Programs in culturally respectful health care delivery can lead to short-term improvements to practice. • Strategies linking policies to practice are also needed	• Use a multi-tiered commitment to strategies linking policy to practice

2012 (Hunter New England Health Aboriginal and Torres Strait Islander Strategic Leadership Committee) **Closing the gap in a regional health service in NSW: a multi-strategic approach to addressing individual and institutional racism**

Intervention	Results	Implications
• staff education and training • leadership • consultation, negotiation and partnerships	The program has increased the expectations of Aboriginal staff members that all issues of racism will be dealt with appropriately.	"It is important to equip managers to be able to effectively address all sensitive, complex and difficult to resolve issues and, above all, to acknowledge that long-term organisational change cannot be achieved without substantial and sustained effort by many people."

2019 (Marwick 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**

Intervention	Results	Implications
• population-based prevalence of experiences of racism of Indigenous adults in the Australian state of Victoria • social determinants and lifestyle risk factors	• Indigenous Victorian adults four times more likely to have experienced racism in the preceding 12 months	• human rights-based approach to policy-making for the elimination of systemic and interpersonal racism offers an opportunity and viable alternative to current policy-making

2020: Harms affecting Aboriginal Workers

- 31% of the survey respondents could be classified as "WHS-vulnerable",
- 33% of the survey sample reporting some level of burnout
- 20% reporting that they do not report WHS hazards because they fear negative repercussions
- more than 25% reporting that they have left, or considered leaving, a workplace due to an unaddressed WHS risk

Key hazards:

- Racism
- lateral violence
- bullying
- high work demands
- exposure to traumatic events
- lack of role clarity

Solutions? Cultural awareness training, auditing and reporting tools, greater accountability

2020 report recommendations for research

Topic 1: *Mechanisms for reporting and handling racism and bullying in the workplace*

Possible research questions:

1. How can **culturally safe workplaces** be established and sustained?

2. What are the **barriers and facilitators** to **reporting** incidents of racism and bullying?

3. What are effective and sustainable ways to promote diversity and inclusion **policies** in the workplace?

Topic 2: *The individual, organisational, and community effects of lateral violence*

Possible research questions:

1. What are the **individual and organisational triggers** for lateral violence in the workplace?

2. What **initiatives** for addressing lateral violence in the workplace are effective and sustainable?

3. What are the **roles of the individual, organisation, and Aboriginal and Torres Strait Islander communities** in addressing lateral violence?

Topic 3: *The importance and effects of community obligations*

Possible research questions:

1. What is/are the Aboriginal and Torres Strait Islander definition(s) of "**work-life balance**"?

2. What are the **early warning signs** of sub-optimal work-life balance for Aboriginal and Torres Strait Islander workers?

3. What workplace-level and community-wide **initiatives** are effective for promoting and sustaining optimal work-life balance among

Topic 4: *The Aboriginal and Torres Strait Islander experience of work-related stress and burnout*

Possible research questions:

1. What are the **early warning signs** of work-related stress and burnout among Aboriginal and Torres Strait Islander workers?

2. What are the short- and long-term individual, workplace, and community **effects of work-related stress and burnout** among Aboriginal and Torres Strait Islander workers?

3. How can individuals, workplaces, and communities **best support** Aboriginal and Torres Strait Islander workers who are at risk of, or are suffering from, work-related stress and burnout?

Racism

- More than **one in three** Aboriginal and Torres Strait Islander workers reported experiencing or witnessing racism in their current employment

- Aboriginal and Torres Strait Islander workers face **disproportionate WHS challenges** - racism, a lack of cultural support, workplace bullying, sexism, and sexual harassment
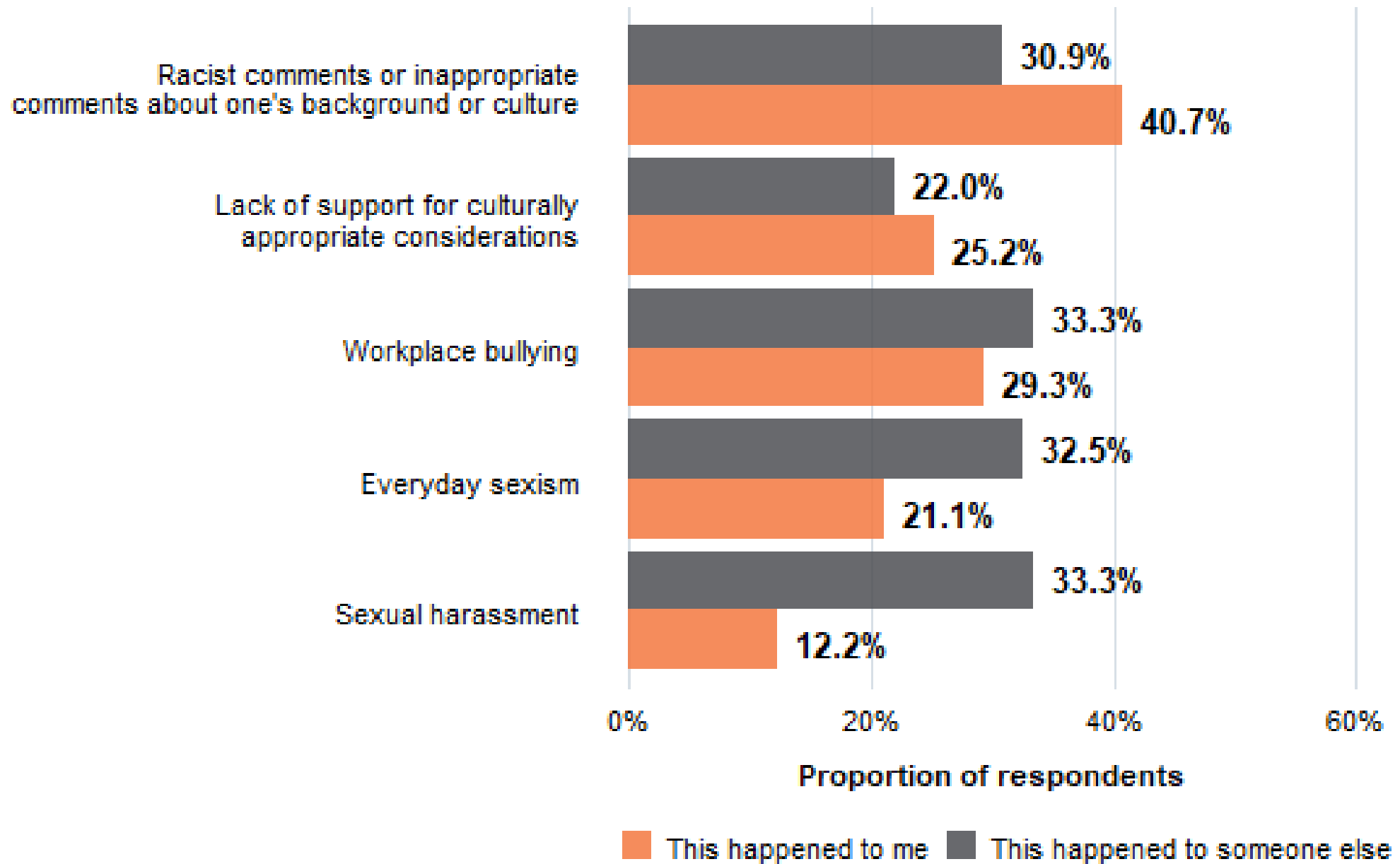
Figure 2: The proportion of respondents who say they have experienced or witnessed racism, sexism, or bullying at their current employment
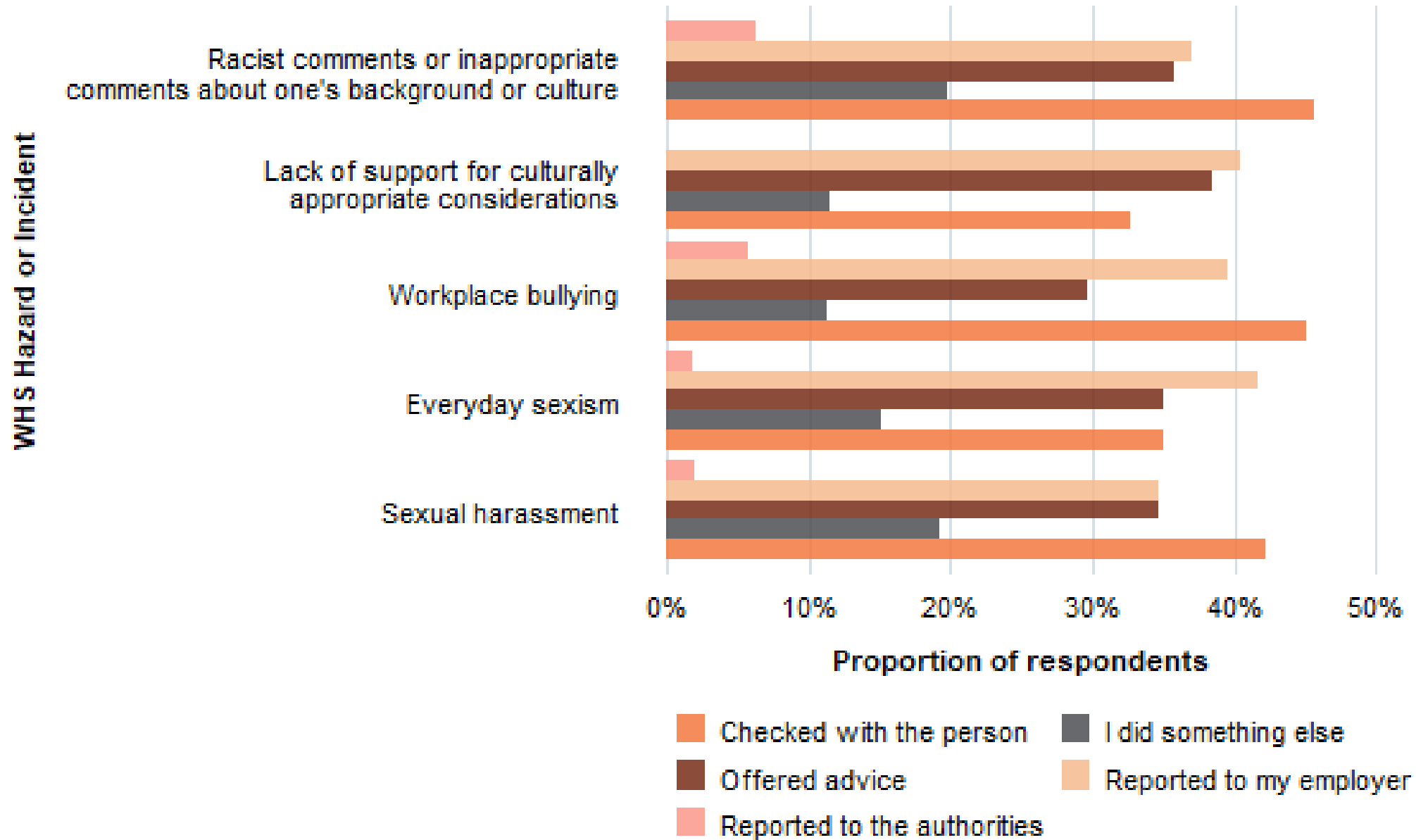
Figure 3: The proportion of respondents undertaking different activities after experiencing or witnessing WHS hazards at their current employment.

Employer-steps taken to prevent future incidents

- in more than 20% of incidents of racism and workplace bullying, employers took no action

- Employer action taken to prevent future incidents:
  - Sexism (48%)
  - sexual harassment hazards (55%)
  - racism (42%)
  - bullying (35%)
  - lack of support for culturally appropriate considerations (5%)

Employer-developed policies in response to reports of…

sexism (32%)

sexual harassment (28%)

Racism (19%)

Bullying (18%)

lack of support (14%)

Under reporting of WHS hazards by Aboriginal and Torres Strait Islander workers.

- More than 20% of respondents said they did not report racism, bullying, sexism, or sexual harassment

- 10-15% indicated that they did not feel comfortable raising an incident with their employer

- workers did not report a hazard because someone else was already assisting with the incident- racism (35%)

"Change the Racism, call it out and change the way things are said and if they are reported then there must be an appropriate system or consequence for the remarks not just continuously being swept under the rug."

2021 (Kairuz et al) Impact of racism and discrimination on physical and mental health among Aboriginal and Torres Strait islander peoples living in Australia: a systematic scoping review

Intervention	Results	Implications
• impacts of racism on the mental and physical health	• 12 studies met the inclusion criteria • The prevalence of racism varied between 6.9 and 97%. • general poor mental health and poor general health perception	• Racism is associated with negative overall mental and negative general health outcomes • research to understand impact of racism from an Aboriginal and Torres Strait Islander definition of health and wellbeing.

2021 (Thurber et al) Prevalence of Everyday Discrimination and Relation with Wellbeing among Aboriginal and Torres Strait Islander Adults in Australia

Intervention	Results	Implications
• evidence in Australia about the impacts of racism on the mental and physical health of Aboriginal and Torres Strait Islander peoples.	• Discrimination is associated with a broad range of poor wellbeing outcomes in this large-scale, national, diverse cohort of Aboriginal and Torres Strait Islander adults.	• vast potential to improve Aboriginal and Torres Strait Islander peoples' wellbeing, and to reduce Indigenous-non-Indigenous inequities, by reducing exposure to discrimination.

2021 (Socha) Addressing Institutional Racism Against Aboriginal and Torres Strait Islanders of Australia in Mainstream Health Services: Insights From Aboriginal Community Controlled Health Services

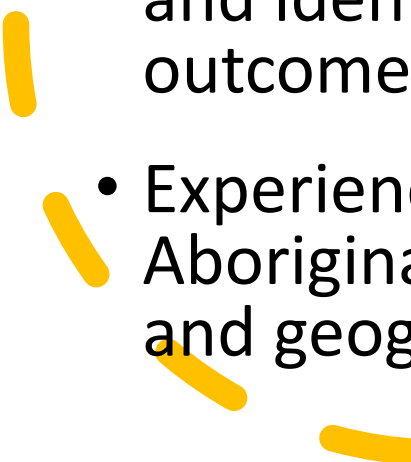| Intervention	Results	Implications
• identify ways to address institutional racism • using publicly available documents, a case study analysis of the Institute for Urban Indigenous Health (IUIH), a network of Aboriginal Community Controlled Health Services	address institutional racism by (a) Indigenous people in key decision-making processes and structures; (b) undertaking numerous community engagement strategies; (c) building partnerships (d) working in ways that align with Indigenous ways of being and doing.	• learn from the approaches of In digenous-led organizations

2022 (Thurber et al) Population-level contribution of interpersonal discrimination to psychological distress among Australian Aboriginal and Torres Strait Islander adults, and to Indigenous-non-Indigenous inequities: cross-sectional analysis of a community-controlled First Nations cohort study
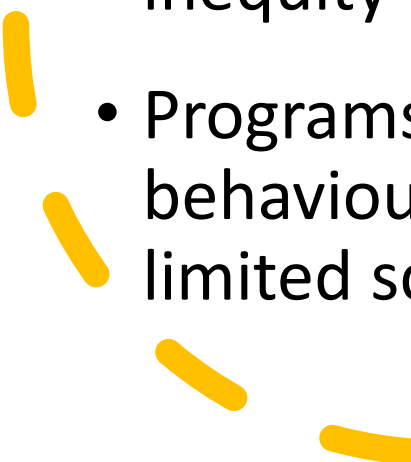
Intervention	Results	Implications
• quantify the potential whole-of-population contribution of interpersonal discrimination to psychological distress prevalence	• Analysed 9951 surveys • 49·3% of the total psychological distress burden among Aboriginal and Torres Strait Islander adults could be attributable to **everyday discrimination** • 27·1% to everyday **racial discrimination** (could explain 47·4% of the overall gap in psychological distress between Indigenous and non-Indigenous people)	• imperatives to combat discrimination and structural racism at its core • Urgent individual and policy action is required , led by Aboriginal and Torres Strait Islander peoples.

2023 (Truong and Moore)) Racism and Indigenous wellbeing, mental health and suicide

Data from national surveys underscore the frequency, pervasiveness and impact of racism:

- 42% of people aged 18 years and over reported experiencing everyday racial discrimination

- racial discrimination was significantly associated with negative self-reported measures of social and emotional wellbeing; poor culture and identity outcomes; damaging health behaviours; and poor health outcomes such as psychological distress

- Experiences of racism and racial discrimination are common for Aboriginal and Torres Strait Islander people, regardless of gender, age and geographic location.

- There is still a lack of rigorous evidence on best-practice approaches to reducing institutional racism across the Australian health system

- Action required at individual, organisational and systems levels

- Health provider level, greater critical reflection of how racism and inequity is embedded in healthcare

- Programs solely aimed at the individual level (focus on attitudes and behaviours) –without supporting organisational policies – have limited scope for change.

- Increasing the **cultural safety** in health service provision

- Healthcare must be holistic, **incorporating Indigenous ways of knowing, doing and being**, with Indigenous cultures and knowledges respected and centred.

- The principles of **Indigenous self-determination, empowerment and leadership** should be incorporated into health service planning and provision

- More research is needed on effective cultural safety initiatives and programs which **address racism at the individual, organisation and system levels**

5 key strategies

1. Indigenous self-determination
2. Strengths-based and rights-based approaches to health
3. Culturally safe workforce
4. Addressing racism and discrimination
5. Whole of life approach

4. Addressing racism and discrimination

- Experiences of racism are pervasive across society, including the health system.

- need to be rigorously and reliably measured, monitored and actively addressed to ensure the health system delivers appropriate, culturally safe and equitable care.

- critical to improving the social and emotional wellbeing of Indigenous Australians

- resilience to racism by strengthening cultural identity, connections to family and community

System

Institution

RACISM. IT STOPS WITH ME

Service

Policy

...and always ask **the question**

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