Policy Statement

AIDA

Racism in Australia's health system[1]

Preamble

> *'[…] racism has had and continues to have a real and damaging impact on the health of Aboriginal and Torres Strait Islander people. [It is] embodied in dubious practices, disparities in access and subtle variations in effort within health and other institutions and programs [and] it is clear that full health equity cannot be achieved until racism […] can be overcome.'*[2]

The Australian Indigenous Doctors' Association (AIDA) is committed to addressing the issue of racism towards Aboriginal and Torres Strait Islander people in Australia's health system. AIDA sees a culturally safe health system that is supported by an equitable number of Indigenous doctors and other health professionals as an essential step towards this end.

Culture as a source of strength, resilience, happiness, identity and confidence is inextricably linked to the health and wellbeing of Aboriginal and Torres Strait Islander people. However, the traumas of colonisation continue to significantly impact the maintenance and promotion of culture through inherently racist policies and practices that are still part of the everyday experience of Aboriginal and Torres Strait Islander people in Australia today. Sadly, to date racism is still a common experience among health professionals and within the health system. As a result racism continues to have a substantial influence on the unacceptably large health gap between Australia's Indigenous and non-Indigenous population.

This health gap contributes to the loss of lives of Aboriginal people and Torres Strait Islanders every day of the year.[3] As the peak body for Aboriginal and Torres Strait Islander medical doctors and students and an active member of the Close the Gap Campaign Steering Committee, working towards closing this health gap has been and remains a major focus of AIDA and its members.

This position paper provides the backdrop against which AIDA plans, initiates and advocates for initiatives and accountability mechanisms to help overcome racism towards Aboriginal and Torres Strait Islander doctors and medical students. We have built this position from the experiences, strength and resilience of our members and we encourage the broader health sector to critically and constructively respond to systemic racism.

What is racism?

> *'Racism can be defined as organised systems within societies that cause avoidable and unfair inequalities in power, resources, capacities and opportunities across racial or ethnic groups.'*[4]

Racism manifests in beliefs, stereotypes, prejudices and discrimination. It can be internalised or occur on an interpersonal or institutionalised and systemic level and impacts the health of Aboriginal and Torres Strait Islander people in many ways:

- *Systemic and/or institutionalised racism* influences access to housing, education, employment, income and living conditions, and also to information, resources, influence, representation and medical facilities and services.
- *Interpersonal racism* increases exposure to prejudice and discrimination, devaluation and disrespect, and mistrust and indifference.
- *Internalised racism* perpetuates negative self-images through self-devaluation, resignation, helplessness, hopelessness and worst of all the acceptance of perceived and reinforced inadequacy.[5]

Racism exists in Australia's health system today and has an adverse impact on Aboriginal and Torres Strait Islander medical students, doctors and on the overall health outcomes of Indigenous Australians.

How does racism affect health?

> *'Healthcare provider racism can lead to poorer self-reported health status, lower perceived quality of care, underutilisation of health services, delays in seeking care, failure to follow recommendations, societal distrust, interruptions in care, mistrust of providers and avoidance of health care systems.'*[6]

Systemic racism in the health system directly influences Indigenous Australians' quality of and access to healthcare. The severity of this impact exacerbates levels of psychological stress, which is closely linked to poorer mental and physical health outcomes. Racism not only provides a major barrier to Aboriginal and Torres Strait Islander peoples' access to health care[7] but also to receiving the same quality of healthcare services available to non-Indigenous Australians.[8]

Findings from a 2015 analysis of more than 250 national and international studies on this issue confirmed a clear link between racism and poorer mental health, including depression, anxiety and psychological stress, as well as poorer general and physical health.[9] These findings are supported by research focussing specifically on the impact of racism on Aboriginal and Torres Strait Islander health.[10]

Furthermore, past experiences of racism in the health system contribute to Aboriginal and Torres Strait Islander people avoiding those situations and settings for fear of repeated exposure to racism, additionally impacting their access to health care.[11] Research also suggests a link between poorer mental health and the frequency and severity of racist experiences.[12]

Workforce impacts

AIDA recognises that systemic racism as well as racist remarks or behaviour and inadequate reporting and follow-up mechanisms have a detrimental effect on the growth of the Aboriginal and Torres Strait Islander medical workforce. This is supported by the available Australian data that highlights the impact of doctors' and medical students' experiences of racism.

The beyondblue *National Mental Health Survey of Doctors and Medical Students*[13] showed that Indigenous doctors reported bullying as a source of major stress at 5.5 times and racism at nearly 10 times the rate of their non-Indigenous counterparts. The same report also showed that 27% of Indigenous students reported being very stressed by racism.[14] These findings are supported by a report commissioned by the Royal Australasian College of Surgeons,[15] which confirmed that discrimination, including racial discrimination,[16] bullying and sexual harassment, are far more widespread and common throughout the health system than anticipated.

The Australian Government has also linked racism to health outcomes for Aboriginal and Torres Strait Islander people, and this is something AIDA will continue to advocate for at the national policy level. The vision statement of the Australian Government's *National Aboriginal and Torres Strait Islander Health Plan 2013-2023* leads with the goal of an '*Australian health system [that] is free of racism and inequality*'.[17]

Naming and acknowledging racism as a major factor impacting both Indigenous health outcomes and the number of Aboriginal and Torres Strait Islander medical students and doctors working in the health system, is a crucial step towards tackling it and achieving real progress towards a culturally safe health system.

AIDA's position and principles

AIDA affirms that:

- Racism needs to be recognised as a strong barrier to achieving a culturally safe health system and that this should be reflected in all health sector and national policies relating to Indigenous doctors and medical students and Aboriginal and Torres Strait Islander health and wellbeing;
- A zero tolerance approach towards racism should be adopted across the health sector;
- Actively pursuing a culturally safe health system provides the most promising path towards eliminating racism towards Aboriginal and Torres Strait Islander doctors and medical students and increasing Indigenous Australians' access to the health system; and
- Given their unique ability to align clinical and socio-cultural skills to improve access to services and provide culturally appropriate care for their people, Aboriginal and Torres Strait Islander health professionals play an important role in improving cultural safety and health outcomes for Indigenous Australians.

AIDA resolves to strongly advocate and work towards abolishing racism in the health sector by:

1. **providing ongoing support and resources to our members to tackle racism and build resilience.**

   AIDA will:

   - Continue to link Aboriginal and Torres Strait Islander medical students and doctors with AIDA's joint and external mentorship programs;
   - Encourage, value and promote traditional medicine, values, practices and knowledge; and
   - Actively seek our members' feedback and input to strengthen AIDA's promotion of a culturally safe health system.

2. **working closely with Aboriginal and Torres Strait Islander leaders and peak health organisations.**

   AIDA will:

   - Continue to advocate to Government to adequately fund, resource and apply the *National Aboriginal and Torres Strait Islander Health Plan 2013-2023* and the *Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023;* and
   - Continue to advocate at the national level for culturally safe places of education and training for Aboriginal and Torres Strait Islander doctors.

3. **working closely with governments, medical institutions, colleges and universities to ensure racism is acknowledged and addressed as a key barrier for Aboriginal and Torres Strait Islander medical students and doctors accessing, pursuing and maintaining a career in Australia's health system.**

   AIDA will:

   - Continue to insist on cultural safety being built into all levels of medical education, training curricula, workforce development and service provision;
   - Continue to work towards a framework of appropriate information, tools, guidelines, policies, and curricula that enables people working in the health sector to affect change within themselves and their environment;
   - Advocate for mandatory cultural safety training for all employees in the health sector that is appropriate, substantial, face to face, embedded in a broader cultural safety strategy and repeated at appropriate intervals to ensure continuous learning;
   - Advocate for the inclusion of AIDA and other relevant Aboriginal and Torres Strait Islander health peak bodies in the development, accreditation and delivery of mandatory cultural safety training;
   - Raise awareness of and encourage appropriate responses to settings and situations that are identified as culturally unsafe;
   - Work to improve the reporting mechanisms for occurrences of racism to re-establish trust in the system and gain a deeper understanding of racism in the health system to inform positive and appropriate responses;
   - Collaborate and pursue strategies to grow the numbers of Aboriginal and Torres Strait Islander doctors, entering Specialist Training Programs; and
   - Actively promote the acceptance, value and respect of difference and diversity.

Notes

[1] While the issue of racism in the health system does of course also affect Aboriginal and Torres Strait Islander patients, AIDA is the peak body for Aboriginal and Torres Strait Islander doctors and medical students. As such, this position paper focusses more on racism towards Aboriginal and Torres Strait Islander medical doctors and students than patients. However, we believe that the elimination of racism in the health system will lead to improvements in cultural safety and improvements to the health of Indigenous patients and increases in the number of Aboriginal and Torres Strait Islander doctors.

[2] Arabena, K. 2013, 'Future initiatives to improve the health and wellbeing of Aboriginal and Torres Strait Islander peoples', *Medical Journal of Australia,* vol. 199, no. 1, p. 22, viewed 17/08/2016, https://www.mja.com.au/journal/2013/199/1/future-initiatives-improve-health-and-wellbeing-aboriginal-and-torres-strait.

[3] ABS statistics indicate that2,879 Aboriginal and/or Torres Strait Islander deaths occurred in Australia in 2014. The age-standardised death rate of Aboriginal and Torres Strait Islander people in that year, 9.8 per 1000, was 1.8 times the rate of non-Indigenous Australians. Infant mortality rates for Indigenous Australians are more than double the rate of non-Indigenous Australians (6.5 vs 3.2). Australian Bureau of Statistics 2016, *3302.0 - Deaths, Australia, 2015*, viewed 28/09/2016, http://www.abs.gov.au/ausstats/abs@.nsf/mf/3302.0.

[4] Paradies, Y., Ben, J., Denson, N., Elias, A., Priest, N., & Alex Pieterse, A., et al. 2015,' Racism as a Determinant of Health: A Systematic Review and Meta-Analysis', *PLOS One*, vol. 10, no. 9: e0138511. doi: 10.1371/journal.pone.0138511, viewed 24/08/2016, http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0138511.

[5] Jones, C. P. 2010, *Social Determinants of Health and Equity - The Impacts of Racism on Health,* viewed 24/08/2016, http://www.csg.org/knowledgecenter/docs/health/CamaraJones.pdf.

[6] Paradies, Y. 2014, *Racism as a determinant of indigenous health and wellbeing*, viewed 25/08/2016, http://www.sanyas.ca/downloads/racism-as-a-determinant-of-indigenous-health-and-wellbeing.pdf.

[7] Artuso, S., Cargo, M., Brown, A., & Daniel, M. 2013, 'Factors influencing health care utilisation among Aboriginal cardiac patients in central Australia: a qualitative study', *BMC Health Services Research*, viewed 24/08/2016, http://bmchealthservres.biomedcentral.com/articles/10.1186/1472-6963-13-83.

[8] Coory, M. D., & Walsh, W. F. 2005, 'Rates of percutaneous coronary interventions and bypass surgery after acute myocardial infarction in Indigenous patients', *Medical Journal of Australia*, vol. 182, no. 10, pp. 507-512, viewed 29/11/2016, https://www.mja.com.au/journal/2005/182/10/rates-percutaneous-coronary-interventions-and-bypass-surgery-after-acute.

Cunningham, J. 2002, 'Diagnostic and therapeutic procedures among Australian hospital patients identified as Indigenous', *Medical Journal of Australia*, vol. 176, no. 2, pp. 58-62, viewed 25/10/2016, https://www.mja.com.au/system/files/issues/176_02_210102/cun10341_fm.pdf.

Hall, S. E., Bulsara, C. E., Bulsara, M. K., Leahy, T. G., Culbong, M. R., Hendrie, D., & Holman, C. D. 2004, 'Treatment patterns for cancer in Western Australia: does being Indigenous make a difference?', *Medical Journal of Australia*, vol. 181, no. 4, pp. 191-194, viewed 25/08/2016, https://www.mja.com.au/system/files/issues/181_04_160804/hal10114_fm.pdf.

[9] Paradies, Y., Ben, J., Denson, N., Elias, A., Priest, N., & Alex Pieterse, A., et al. 2015,' Racism as a Determinant of Health: A Systematic Review and Meta-Analysis', *PLOS One*, vol. 10, no. 9: e0138511. doi: 10.1371/journal.pone.0138511, viewed 24/08/2016, http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0138511.

[10] Artuso, S., Cargo, M., Brown, A., & Daniel, M. 2013, 'Factors influencing health care utilisation among Aboriginal cardiac patients in central Australia: a qualitative study', *BMC Health Services Research*, viewed 24/08/2016, http://bmchealthservres.biomedcentral.com/articles/10.1186/1472-6963-13-83.

Durey, A., Thompson, S., & Wood, M. 2012, 'Time to bring down the twin towers in poor Aboriginal hospital care: addressing institutional racism and misunderstandings in communication', *Internal Medicine Journal,* vol. 42, no. 1, pp. 17-22, viewed 22/08/2016, http://onlinelibrary.wiley.com/doi/10.1111/j.1445-5994.2011.02628.x/pdf.

[11] Paradies, Y. 2014, *Racism as a determinant of indigenous health and wellbeing*, viewed 25/08/2016, http://www.sanyas.ca/downloads/racism-as-a-determinant-of-indigenous-health-and-wellbeing.pdf.

Ferdinand, A., Paradies, Y., & Kelaher, M. 2012, *Mental Health Impacts of Racial Discrimination in Victorian Aboriginal Communities: The Localities Embracing and Accepting Diversity (LEAD) Experiences of Racism Survey*, The Lowitja Institute, viewed 24/08/2016 https://www.lowitja.org.au/sites/default/files/docs/LEAD%20Report-WEB_0.pdf.

[12] Ibid.

[13] beyondblue 2013, *National Mental Health Survey of Doctors and Medical Students,* viewed 18/07/2016, https://www.beyondblue.org.au/docs/default-source/research-project-files/bl1132-report---nmhdmss-full-report_web.

[14] The overall number of Indigenous survey participants was very low; Indigenous doctors made up 23 or 0.2% of the surveyed doctors and Indigenous medical students made up 22 or 1.2% of the surveyed students.

[15] Expert Advisory Group on discrimination, bullying and sexual harassment 2015, *Report to the Royal Australasian College of Surgeons,* viewed 18/06/2016, http://www.surgeons.org/media/22086656/EAG-Report-to-RACS-FINAL-28-September-2015-.pdf.

[16] The report included racism in its definitions of discrimination and harassment. Discrimination was reported by 18% of survey participants and was most commonly experienced as cultural or racial discrimination (33%). The report resulted in a strongly worded and ambitious RACS Action Plan (https://www.surgeons.org/media/22260415/RACS-Action-Plan_Bullying-Harassment_F-Low-Res_FINAL.pdf) that aims to minimise the occurrences of all forms of discriminatory behaviour in the practice of surgery. The College's call for action was quickly taken up by the Medical Board of Australia and the Australian Health Practitioner Regulation Agency, both promising to review the role of regulators in minimising racism in the health sector.

[17] Commonwealth of Australia 2013, Department of Health and Ageing, *National Aboriginal and Torres Strait Islander Health Plan 2013-2023,* p.7, viewed 25/08/2016, http://www.health.gov.au/internet/main/publishing.nsf/content/B92E980680486C3BCA257BF0001BAF01/$File/health-plan.pdf.