Aboriginal Health, Cultural Safety & Medical Education

Presented to:
Aboriginal Health Council of South Australia
General Practice Forum
Adelaide / 19 August 2017

Associate Professor
Gregory Phillips, PhD
CEO, ABSTARR Consulting
Research Fellow, Baker Heart & Diabetes Institute

www.abstarr.com
Outline

• Health workforce developments to date
• Three common pitfalls
• Racism and unconscious bias
• Solutions
Developments to Date

- Aboriginal and Torres Strait Islander Health Workers – 70s…
- Nursing – 2002 ‘getting em and keepin em’ Report
- Medicine – 2004 CDAMS Indigenous Health Curriculum F’work
- Public Health – 2006 Indigenous Public Health Curric F’work
- Social Work – 2006… curriculum and accreditation
- Aboriginal & Torres Strait Islander Health Curric F’work 2015
- Psychology – 2016 National curriculum, and accreditation?
Medical Schools

- Key subject areas/outcomes
- Pedagogical principles
- Assessment guidelines
- Development processes

- The LIME Network (www.limenetwork.net.au)
- AIDA Indigenous Student Recruitment & Support
- Vertical integration

- Endorsed 2004, accredited ’05
- National Review 2012
PhD – medical schools & health faculties

• Retrospective theoretical analysis

Case Studies
• ‘A 5 minute chat’ – opportunistic or strategic?
• Voice – who speaks for Aboriginal health? Integrated or discrete?
• Isolation – who is ‘more’ needy?

Findings
• Hidden curriculum (“accreditation and money”)
• Staff capacity – transformational unlearning (Ryder et al 2012)
• Resources
• Motivations and values
• Confused definitions of ‘Aboriginal health’ and ‘cultural safety’
Three common pitfalls

1. Definitions of Indigenous health

2. Integrated or discrete?
   • Curriculum eg medical and nursing schools
   • Student support eg medical faculties
   • Accreditation – eg AMC
   • Organisational arrangements eg hospitals

3. The learning journey – UWA medical students
‘Indigenous Knowledge’ is about Intellectual Property - and depends on PLACE, context, history, social phenomena, languages, customs, cultures, spiritualities and religions.
What is ‘cultural safety’?

• Cultural awareness – I teach you about me – ‘othering’ (Moreton-Robinson 2000)
• Cultural safety – you learn about yourself – reflexivity (Phillips 2005)

• Decolonising the NZ nursing profession (Ramsden 2002)

• A hierarchy of learning (Papps & Ramsden 1996)
  1. Cultural Awareness – individual awareness of differences
  2. Cultural Sensitivity – individual sensitivity to differences
  3. Cultural Safety – individual and institution shares power

Summary: cultural safety is about...
• individual competencies, and
• organisational practice, policies and culture (Ramsden 2002)
Cultural Awareness in Australia

- Cultural awareness, appropriateness, competence, reflexivity, congruence, capability, proficiency – refer to individual KSA

- Cultural safety, respect, security – refer to individual & institutional KSA

- Think teaching culture & ‘showing the country’ would make them understand us
  - Epidemiology paradigm can be detrimental  
    (O’Niel et al 1998; Durie 2004)
  - Unequal power relationships  
    (Lutschini 2005; Foucault 1982)
  - Keeps focus on Aborigines as the problem  
    (Reid 2012; Mader 2011)
  - Plays into biopower’s focus on population & charity based interventions  
    (Farmer 2005)

- ‘Aboriginal health’ is about ‘fitting Aborigines into’ a white health system (deficit & charity)
Health effects of racism & colonisation

• Biological
  • cortisol levels in Native Hawaiians (Keawe’aimoku Kaholokula, 2010)
  • blood pressure changes in foetal growth (Clayton 2014)

• Psycho-social
  • mental health & well-being (Priest 2011; Purdie et al 2010; Zubrick et al 2005)

• Structural – access to services
  • Education (McDermott 2012, de Plevitz et al 2007)
  • Public sector (Larkin 2014)
  • Health (Robson 2014; Carne 2014; Paradies et al 2014)
  • 32.4% of Aboriginal respondents report racial discrimination in medical settings most or all of the time (Cunningham & Paradies 2013)
  • Sports (Klugman & Osborn 2014; Conor 2015)

• Political & public discourse – ‘white fragility’ (DiAngelo 2011; Nelson 2014; McAllan 2011)
‘The Aboriginal Problem’

• How one defines the problem is how you define the solution (Bacchi 2012)

• In improving health outcomes and poor access, is the problem:
  • Aboriginal individual capacity and/or ‘compliance’?
  • Or institutional barriers and the enabling environment? (Gerlach 2012)
  • Or both?
In Australia...

- Whiteness is not a skin colour...
  - it’s a mindset (‘habitus’ of power & privilege)
    (Hartmann 2009; Bourdieu 2004)

- Blackness is not a skin colour...
  - it’s living cultures and spirit
An ethnography of whiteness

The 8 White Identities

By Barnor Hesse

There is a regime of whiteness, and there are action-oriented white identities. People who identify with whiteness are one of these. It’s about time we build an ethnography of whiteness, since white people have been the ones writing about and governing Others.

1. White Supremacist
   Clearly marked white society that preserves, names, and values white superiority

2. White Voyeurism
   Wouldn’t challenge a white supremacist; desires non-whiteness because it’s interesting, pleasurable; seeks to control the consumption and appropriation of non-whiteness; fascination with culture (ex: consuming Black culture without the burden of Blackness)

3. White Privilege
   May critique supremacy, but a deep investment in questions of fairness/equality under the normalization of whiteness and the white rule; sworn goal of ‘diversity’

4. White Benefit
   Sympathetic to a set of issues but only privately; won’t speak/act in solidarity publicly because benefiting through whiteness in public (some POC are in this category as well)

5. White Confessional
   Some exposure of whiteness takes place, but as a way of being accountable to POC after; seek validation from POC

6. White Critical
   Take on board critiques of whiteness and invest in exposing/marking the white regime; refuses to be complicit with the regime; whiteness speaking back to whiteness

7. White Traitor
   Actively refuses complicity; names what’s going on; intention is to subvert white authority and tell the truth at whatever cost; need them to dismantle institutions

8. White Abolitionist
   Changing institutions, dismantling whiteness, and not allowing whiteness to reassert itself
Myth of ‘Reverse Racism’

Aahmer Rahman

‘Fear of a Brown Planet’

https://www.youtube.com/watch?v=dw_mRalHb-M
Equality vs Equity

Equality is about Sameness

Equality promotes fairness and justice by giving everyone the same thing.
It can only work if everyone starts from the same place.

Equity is about Fairness

Equity gives people access to the same opportunities.
Our differences and/or history can create barriers to participation, so we must first insure equity before we can enjoy equality.
Currently in Australia...

- We do inclusion or equality, not equity or social justice
- We do reconciliation or constitutional recognition, not treaty
- We do charity and benevolence, not social justice
Solutions

- Values and motivations
- Transformational unlearning
- Shared power and resources
- **STRATEGY!**
  - Transformational unlearning and unconscious bias
  - Negotiate values and motivations
  - Negotiate shared terms of power
  - Negotiate strategy
  - Negotiate operations
  - Negotiate implementation
  - Negotiate the terms of accountability and monitoring
  - Strive for the highest quality and safety possible
Why?

• Indigenous health is not just about closing the gap using an ‘inclusion’ or charity approach (deficit)

• Indigenous knowledge of health care informs better health care for all (strength)
Future research: hospitals & districts

If:

• Improving health outcomes requires improving access
• Improving access is about:
  • individuals (workforce training, competencies)
  • organisations (policies, strategies, funding, power, anti-racism)

Then:

1. What is a culturally safe hospital/health district? What are the markers?
2. How do we know if we’re culturally safe? Measurement frameworks
3. What impact does this have on health outcomes?
References


References (2)


Ramsden, I. M. (2002). Cultural Safety and Nursing Education in Aotearoa and Te Waipounamu, PhD in Nursing, Victoria University of Wellington.


jump up and travel with the light

Associate Professor Gregory Phillips, PhD

gregory@abstarr.com

www.abstarr.com