

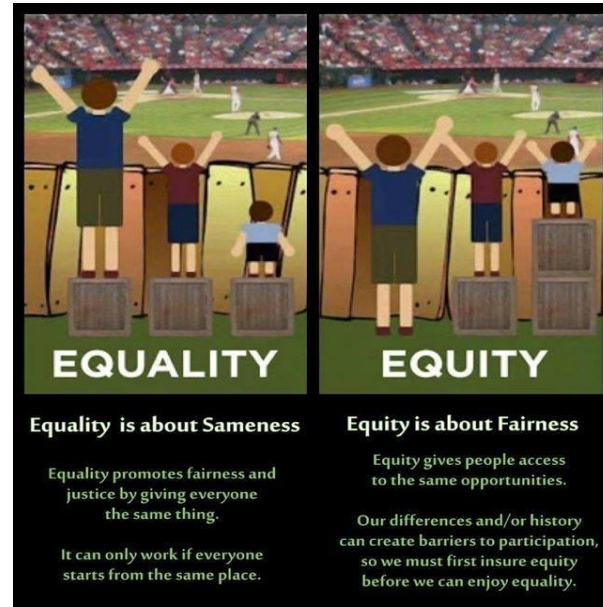
Health inequity and cultural safety



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International Health Workforce Collaborative
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Key Challenge

- Inequity in health outcomes, treatment offered, burden of disease
- Post colonial institutions and policies with systemic and instructional discrimination
- Racism and unconscious bias with culturally unsafe practice and health care



Promising Practice

- Partnering through the Aboriginal and Torres Strait Islander Health Strategy Group



Barriers to Implementation

Health effects of racism and colonisation

- Biological
 - cortisol levels in Native Hawai'ins (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; Came 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)
 - Perceived racism explained 34% of the gap in self-reported health status between Aboriginal and non-Aboriginal Victorians (Marwick et al 2019)
 - Sports (Klugman & Osborn 2014; Conor 2015)
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Health practitioners who identify as Aboriginal or Torres Strait Islander

Barriers to Implementation

Profession ¹	2014 registrants	%	2015 registrants	%	2016 registrants	%	2017 registrants ²	%	2018 registrants ³	%
Aboriginal and Torres Strait Islander Health Practitioners ⁴	322	100.0%	514	100.0%	549	100.0%	584	100.0%	647	100.0%
Chinese medicine practitioners	17	0.4%	17	0.3%	17	0.3%	25	0.5%	23	0.4%
Chiropractors	17	0.4%	19	0.4%	19	0.4%	15	0.3%	21	0.4%
Dental practitioners	68	0.3%	73	0.3%	79	0.4%	98	0.4%	108	0.5%
Medical practitioners	283	0.3%	302	0.3%	348	0.3%	399	0.4%	468	0.4%
Medical radiation practitioners	49	0.3%	64	0.4%	60	0.4%	80	0.5%	95	0.6%
Nurses and midwives	3,196	0.9%	3,428	1.0%	3,740	1.0%	4,136	1.1%	4,707	1.2%
Occupational therapists	67	0.4%	76	0.4%	77	0.4%	89	0.4%	111	0.5%
Optometrists	5	0.1%	16	0.3%	13	0.3%	11	0.2%	7	0.1%
Osteopaths	11	0.6%	16	0.8%	15	0.7%	17	0.7%	16	0.7%
Pharmacists	59	0.2%	68	0.2%	73	0.2%	79	0.3%	80	0.3%
Physiotherapists	123	0.5%	142	0.5%	157	0.5%	191	0.6%	213	0.7%
Podiatrists	66	1.5%	30	0.7%	35	0.7%	30	0.6%	30	0.6%
Psychologists	142	0.5%	167	0.5%	192	0.6%	199	0.6%	218	0.6%
Total, and percentage of overall health workforce⁵	4,425	0.7%	4,932	0.8%	5,374	0.8%	5,953	0.9%	6,744	1.0%

Source: NHWDS medical practitioners data 2014–18, NHWDS nursing and midwifery data 2014–18, NHWDS allied health data 2014–18

Enablers for Implementation

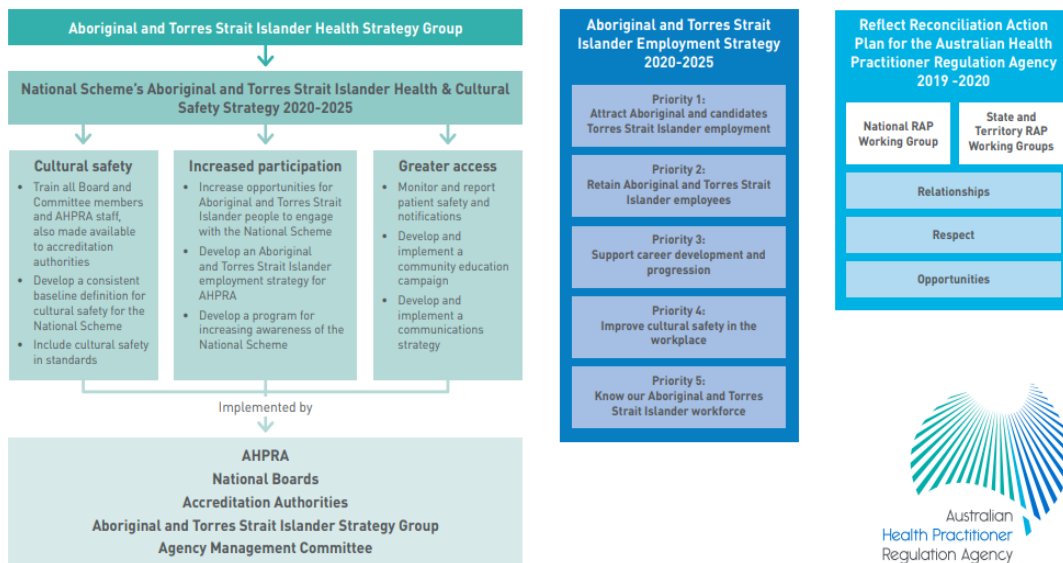
National Aboriginal and Torres Strait Islander Health Strategy Statement of Intent

Statement of Intent between 15 National health practitioner boards (The National Boards), AHPRA, accreditation authorities and Aboriginal and Torres Strait Islander health sector leaders and organisations share a joint commitment that patient safety for Aboriginal and Torres Strait Islander peoples is the norm.

We recognise that:

- Patient safety includes the inextricably linked elements of clinical and cultural safety, and
- This link must be defined by Aboriginal and Torres Strait Islander Peoples

We will work together to achieve health equity in health outcomes between Aboriginal and Torres Strait Islander Peoples and other Australians to close the gap by 2031.



Next Steps

- Legislative amendment to include objectives and guiding principles that require culturally safe health practice and practitioner regulation
 - Cultural safety training for all regulatory staff and decision makers
 - Recruitment and support for indigenous people to decision making roles in regulation
 - Increased participation from indigenous people in all registered health professions
 - Increased number of Aboriginal and Torres Strait Islander Health Practitioners and broader scope of practice providing culturally safe primary health care
 - Evaluate impact on access to health care
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Key Messages



1

Culturally safe health workers and health workforce required and this change can only be delivered through partnership Aboriginal and Torres Strait Islander Health experts and organisations.



2

Legislation will be a critical enabler of system level change