

Health Services for urban Aboriginal and Torres Strait Islander people

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Overview

Indigenous Clients and Health Service Providers

- Context
- Indigenous Clients and Health Service Providers
- Terminology
- Strengths-based approach
- Urban Indigenous health service providers
- Practice Strategies



Context

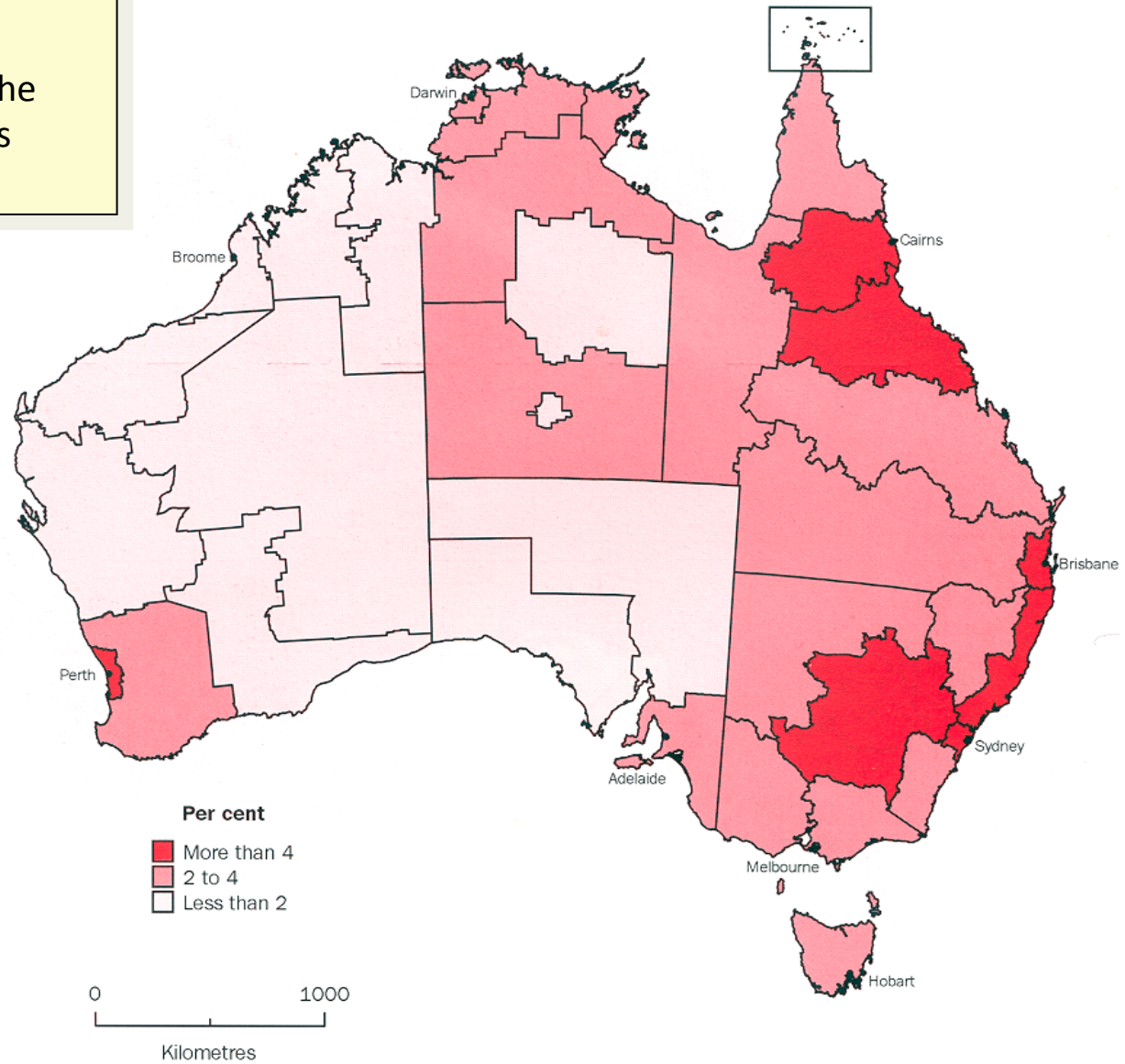
- Cultural diversity
- Geographic distribution of the Indigenous population
- Age distribution of the Indigenous population
- Impact of history
- Disadvantage on a range of factors



Estimated Indigenous Population 2006 (ABS 2006)

State/Territory	Population '000's	% State share	% State total population
NSW	148.2	28.7	2.2
Victoria	30.8	6.0	0.6
Queensland	146.4	28.3	3.6
SA	26	5.0	1.7
WA	77.9	15.1	3.8
Tasmania	16.9	3.3	3.4
NT	66.6	12.9	31.6
ACT	4.0	0.8	1.2
Australia	517.2	100.0	2.5

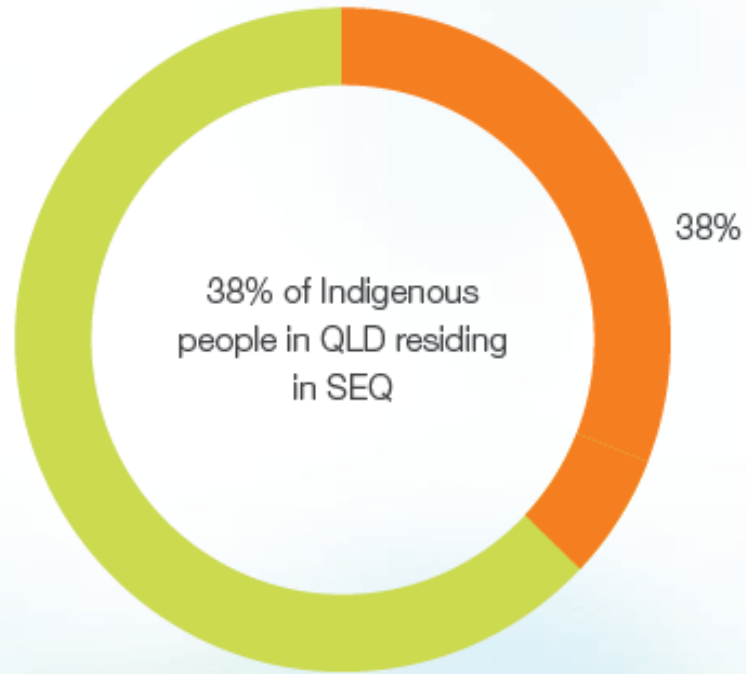
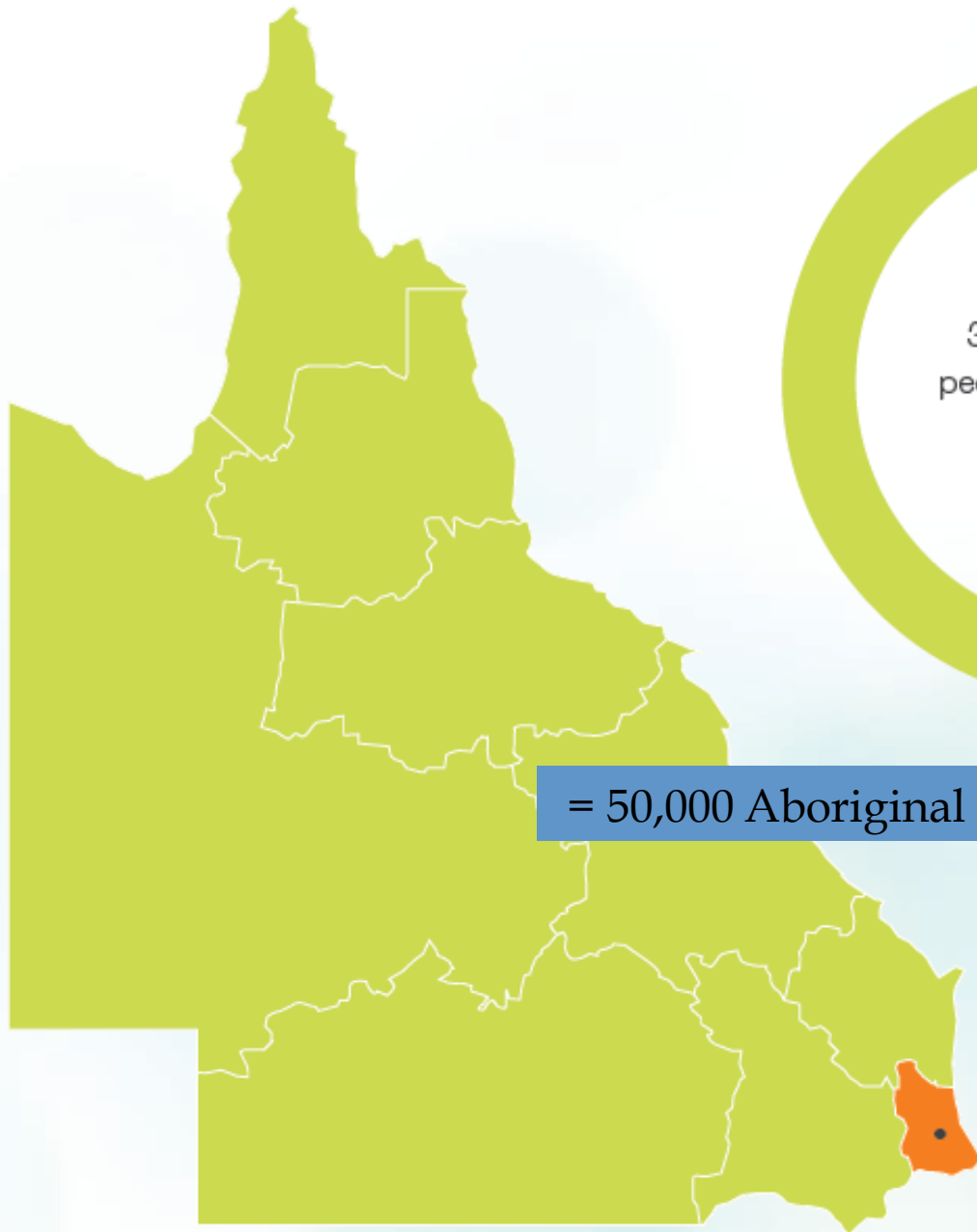
Indigenous population as a percentage of the total Indigenous population





South East Queensland

Approximately 50 000
Indigenous people

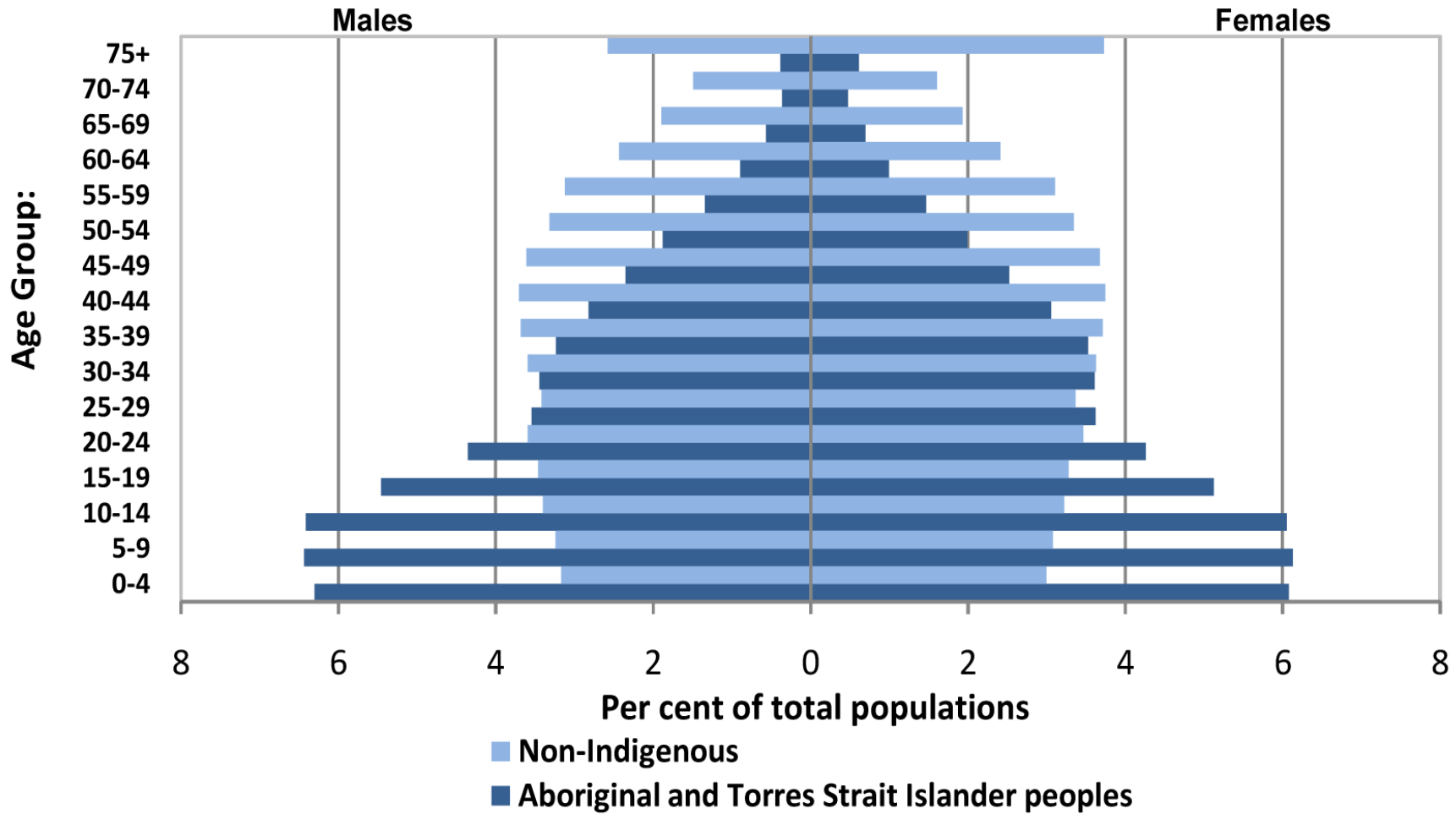


= 50,000 Aboriginal and Torres Strait Islander people

• South East Queensland (SEQ)

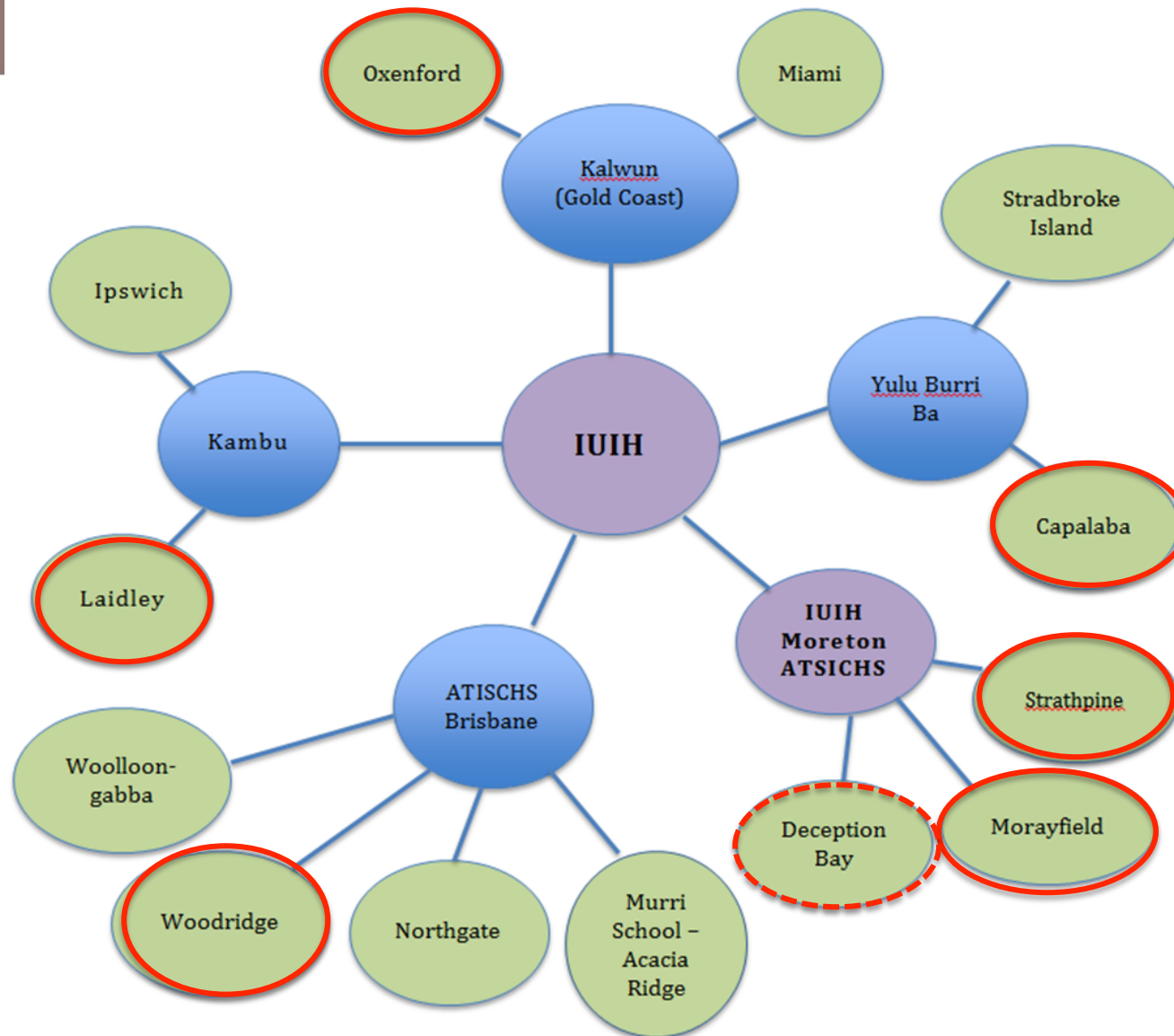



Figure 90 – Population profile by Indigenous status, age and sex, 2006



Source: AIHW analysis of ABS population estimates based on 2006 Census of Population and Housing

Institute for Urban Indigenous Health (IUIH)





“[health professionals] cannot help but be shaped by the prevailing cultural attitudes of their times and they would be remiss not to recognise how these attitudes and values, at times, operate to further disadvantage their clients”

(Lysack, 2009, p.76).





Indigenous clients and Health service providers

Culture

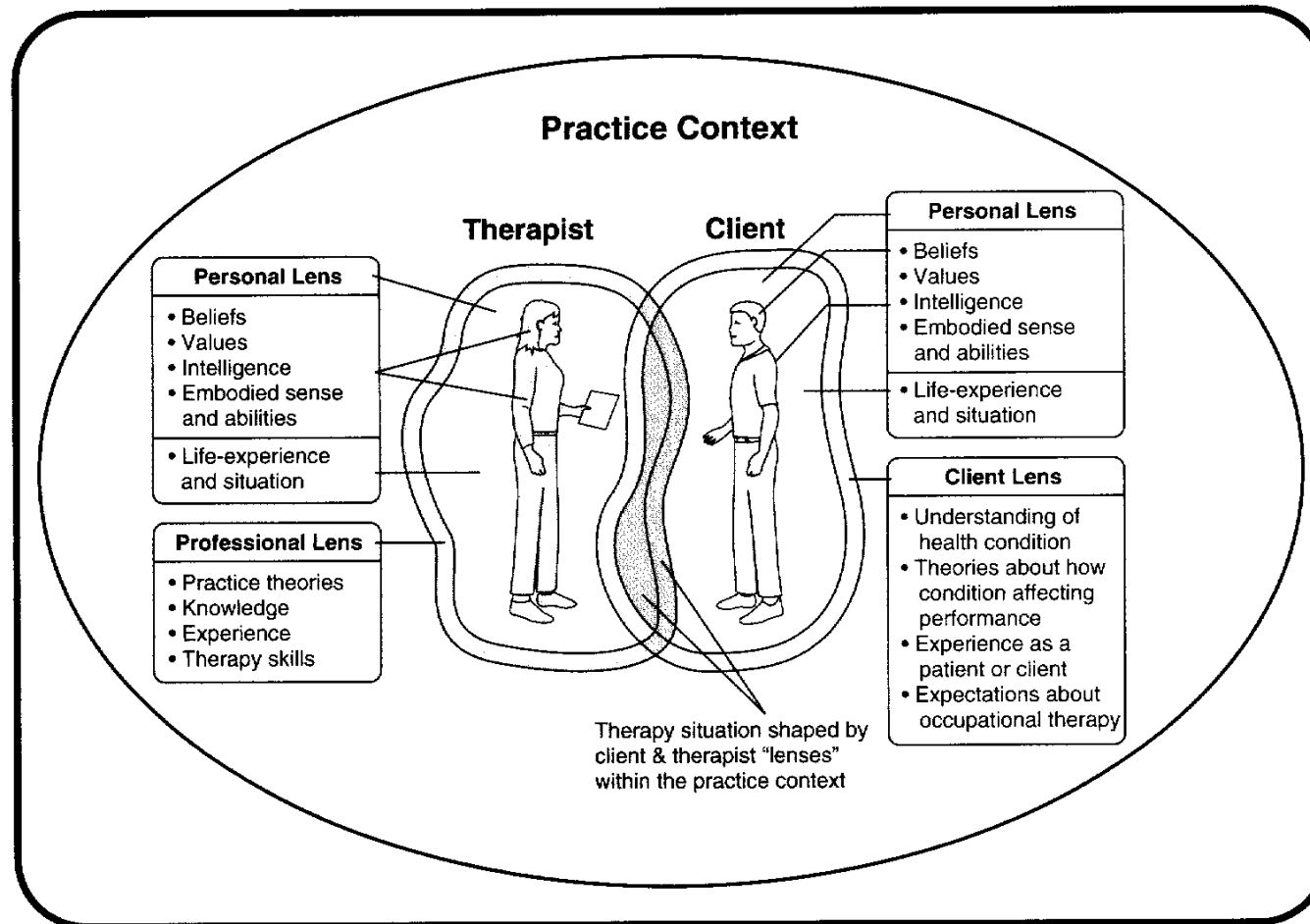


FIGURE 32.1 Schell's ecological model of professional reasoning. [Adapted from Schell, B. A. B., Unsworth, C., & Schell, J. (2008).]

Indigenous clients and Health service providers

- Some health service providers are more aware of cultural differences
- Health service providers are becoming more aware of the impact of socio-cultural and historical factors on ill-health

(Nelson & Allison, 2007)



Indigenous clients and Health service providers

Health Service providers are NOT so aware of their own culture/ culture of their profession and how this impacts on health care

- values
- educational opportunities
- family background

(Fitzgerald, Mullavey-O'Byrne & Clemson, 1997)



Indigenous clients and Health service providers

- Focus has been on achieving cultural “awareness” – ie: understanding the difference between someone else’s culture and our own (or the “mainstream culture”)
- Becoming “aware” is only useful if it is put into practice
 - Cultural “sensitivity”
 - Cultural “safety”

Indigenous clients and Health service providers

- Cultural sensitivity – progression (application) of cultural “awareness”, by ensuring behaviours, attitudes and policies are regard**ful** of cultural differences
- Cultural safety – applying cultural sensitivity so that patients from culturally diverse backgrounds are empowered to determine what sort of care is most appropriate for them
 - “an environment which is safe for people: where there is no assault, challenge or denial of their identity, of who they are and what they need.” (Eckermann, et al. 2010, pg 174)

(Ray Gates, Aboriginal Physiotherapist)

Where do we come from?

- Our values
- Our home
- Our education
- Our family
- Our culture
- Our society
- Our history
- Our privileges
- Our power
- Our profession

Why do we need to know?

Relationships
are
everything!



Health for Aboriginal and Torres Strait Islander people

- Indigenous young people have more indicators of poor health than other young Australians
 - Less physical activity
 - More stress
 - Higher rates of asthma
 - Higher rates of oral health problems
 - Higher rates of infections

(Telethon Institute for Child Health Research, 2005)



Urban Indigenous people

- Health status more like remote Indigenous Australians than other urban dwelling Australians
- Access to health services
- Social determinants of health



Client Concerns

- Limited access to mainstream services
 - socioeconomic concerns
 - transport
 - day to day survival
- Suspicion
- “Shame”
- Lack of knowledge about service

(Nelson & Allison, 2000; Nelson, 2000)



Some potential issues for us

- ↓ Acknowledgement of health professional's culture and values
 - Experience
 - Knowledge of Indigenous cultures
 - “learning by accident”
 - Lack of perceived effectiveness
 - Lack of perceived value/appreciation

(Nelson & Allison, 2000; Nelson, 2000)



Problems with our understanding

- Diversity amongst Indigenous people
- Deficit perspectives of Indigenous health and well-being
- 'Culture' as a way of identifying health issues

A strength-based approach

- Valuing Indigenous health perspectives and knowledge
- See the resilience and assets Indigenous clients bring with them
- Work at personal, socio-economic and macro-political levels
- Being Aboriginal ≠ problems
- Being Aboriginal ≠ “poor” (in health, education etc)



Practice Strategies

1. Prioritise relationships
2. Develop personal qualities and skills
3. Know your client's (and your own) background
4. Gain and Give knowledge
5. Provide community-based services
6. Address logistical issues

(Nelson & Allison, 2000; Nelson & Allison, 2007)



1. Prioritise building a relationship

- Sit and listen (mat time activities)
- Professional loitering (hanging at the office, attending cultural events and speech nights)
- Be a learner not a teller i.e. Be humble
- Divulge something of yourself (talk about family, recreation etc)
- “love covers a multitude of sins”

2. Develop Personal Qualities

- Be Flexible
- Be Patient
- Be Non-Judgemental and open-minded
- Be Respectful
- Gentleness
- Friendly
- Encouraging

Being Non-judgemental

- if you can understand that (their lifestyle at home) instead of just judging the child, you know more or less saying, "They're a lazy child or doesn't want to learn". Look beyond that

Being Respectful

I think the most important thing is how you actually talk to the mothers. How you look, how visually you look to people so that you give almost a spiritual approach of great gentleness and a care for their child

3. Understanding where you've come from

Your story.....

How does it impact on you?
on others?

e.g. your cultural heritage, your education,
your beliefs, values, experiences.

Understanding “Where Indigenous clients have come from”

- Includes physical, social and cultural environments
- Important not to generalise - use an individual approach

Understanding “Where Indigenous clients have come from”

- Social environment
 - socio-economic status
 - family make-up
 - employment status
 - transience of families
 - parents’ literacy levels/exposure to “western developmental tasks
 - presence of violence or alcohol abuse

■ Cultural environment

- sensitive to differences in values and beliefs



History and our part in it

- Understanding the impact of colonization
- Understanding that we are not quite living in a post-colonial society
 - What this means for us and our attitudes toward Indigenous Australians
 - What that means for Indigenous Australians in terms of health, welfare and education interventions

History and our part in it

- Settlement → genocide
 - By 1911 Aboriginal population had been reduced to 31 000
 - Introduced diseases, shootings, poisoned food
 - 1824 Settlers authorised to shoot Aborigines
- 1897-1972 Aboriginal Protection Act (or variation)
 - Removal to missions
 - Restrictions on movement, marriage, employment

History


- *The Aboriginal is indeed a very curious mixture: mentally, about the level of a child who has little control over his feelings....He has no sense of responsibility and, except in rare cases, no initiative*

Prof. W. Baldwin Spencer, 1913

History

- Forced Assimilation
 - Non “full-bloods” expelled from missions
 - Children removed and placed in foster care/ adopted
- *The native must be helped in spite of himself! Even if a measure of discipline is necessary it must be applied*

OA Neville, Chief protector

- 
- *I would not hesitate for one moment to separate any half-caste from its Aboriginal mother, no matter how frantic her momentary grief might be at the time. They soon forget their offspring.*

C.F. Gale, W.A. Chief Protector 1909

Our response?

- How do you feel when you hear about the history of Indigenous people?
- Why?
- How might this impact on your practice as a health care provider?

4. Gain and Give Knowledge

- Clear explanations - simple language
- Model what you want
- Use Posters and photos - permission
- Consider ways to incorporate culture
- Face to face contact
- Parent information sessions
- Use a liaison person
- Educate the community



5. Provide Community-Based Services

- **convenient**
 - minimise transport issues
- **Use a team approach**
- **Include family as part of the team**
- **Resource staff already working with indigenous clients e.g. teacher aide, Indigenous health worker**
- **Encourage recruitment of indigenous staff**

6. Address logistical issues

- Provide transport
- See children in local settings
- Have a “drop-in” time for appointments
- Phone before appointments
- Recognise and accept differences in time concepts
- Change “culture” of workplace

Social marketing Campaign

- www.deadlychoices.com.au
- www.facebook.com/deadlychoices
- www.twitter.com/deadlychoices
- TV Commercials
- www.youtube.com/user/deadlychoices

Questions?



References

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