



IAHA

Indigenous Allied
Health Australia

POLICY POSITION STATEMENT

RACISM IN HEALTH

Background

Indigenous Allied Health Australia (IAHA), a national not for profit, member based Aboriginal and Torres Strait Islander allied health organisation, stands against all forms of racism and racial discrimination. IAHA members often play an integral role in addressing racism and improving health outcomes for Aboriginal and Torres Strait Islander people. However the responsibility for eliminating racism from our healthcare system does not just rest with individuals; strong commitment from and collaboration between individuals, organisations and communities is required.

Health is a fundamental human right and every human being is entitled to the enjoyment of the highest attainable standard of health conducive to living a life in dignity¹. Racism and subsequent racial discrimination can impede the achievement of this right for Aboriginal and Torres Strait Islander people, who deserve culturally responsive health service delivery.

“Racism takes many forms. In general, it is a *belief* that a particular race or ethnicity is inferior or superior to others. Racial discrimination involves any *act* where a person is treated unfairly or vilified because of their race, colour, descent, national or ethnic origin²”. Institutionalised racism³ is evident when racist beliefs or values have been built into the operations of social institutions in such a way as to discriminate against, control and oppress various minority groups.

Lateral violence, or intra-racial conflict⁴, is another form of racism that is perpetrated by Aboriginal and Torres Strait Islander community members on each other and can have a devastating impact on the health and wellbeing of Aboriginal and Torres Strait Islander people.

The physiological and psychological effects of racism in health care on Aboriginal and Torres Strait Islander people are considerable and enduring⁵ but they are amenable to remedial action. Such actions, however, must be multi-

tiered and multidimensional and must relate directly to both individual responsibilities and to organisational accountabilities in the healthcare setting.

Wide disparities in the mortality and morbidity rates between Aboriginal and Torres Strait Islander and non-Indigenous Australians persist in spite of successive government policies aimed at reducing such inequities. In large part, these inequities are the result of overt and covert discriminatory structures, words and/or actions that may be unrecognised by the agent or agency using them. These structures, words and actions are also a predictable consequence of institutional cultures that reflect the social and political values of the privileged groups that often dominate health service delivery and design⁶.

It is essential that the harmful effects of racism on Aboriginal and Torres Strait Islander people are recognized and acknowledged by all organisations and individuals providing services in the healthcare system. Allied health professionals are well-placed, due to the large number of professions represented and the wide range of settings in which they interact with Aboriginal and Torres Strait Islander people⁷, to play a role in the elimination of racism in healthcare settings.

Aboriginal and Torres Strait Islander allied health professionals in particular can take a lead role addressing systemic racism and ensuring that culturally safe and responsive policies, procedures and practices are adopted and adhered to in organisations within which they work. However in order for this to occur, there will need to be a concerted effort to ensure equitable distribution of opportunities, benefits and resources for Aboriginal and Torres Strait Islander staff and clients, through reform of conditions, practices, policies and procedures in all healthcare organisations and institutions, including governmental departments⁸.

There also needs to be a strong and enduring collaborative effort to increase the number of Aboriginal and Torres



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Strait Islander people employed in these agencies and institutions, with appropriate recognition of their professional and cultural knowledge, skills, experience and/or qualifications.

Accountability is critical when monitoring the impact of interventions against racism. Organisations, institutions and government departments should be held accountable for their long-term effectiveness in increasing access to quality services by Aboriginal and Torres Strait Islander people. Delivery of culturally safe and responsive healthcare and contributions to attainment of better health outcomes for Aboriginal and Torres Strait Islander people⁹ must also be assessed.

It is imperative that Aboriginal and Torres Strait Islander people are engaged in the development and implementation of policies, programs and initiatives aimed at Aboriginal and Torres Strait Islander people. Significant collaboration and partnerships between policy-makers, mainstream inter-disciplinary health services, education bodies, academics and Aboriginal and Torres Strait Islander stakeholders are required in order to recognise, address and ultimately eliminate all forms of institutional and interpersonal racism within their respective organisations and staff.

IAHA asserts that it will only be through working together that the necessary trust between mainstream organisations and institutions and Aboriginal and Torres Strait Islander people can be established that will lead to an equitable, respectful and responsive health system where the dignity of all human beings is celebrated and defended.

Faye McMillan, IAHA Chairperson

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¹Article 12 of the International Covenant on Economic, Social and Cultural Rights. Accessed at [http://www.unhcr.ch/tbs/doc.nsf/\(symbol\)/E.C.12.2000.4.En](http://www.unhcr.ch/tbs/doc.nsf/(symbol)/E.C.12.2000.4.En) (viewed 10 August 2012).

²Australian Human Rights Commission (AHRC), National Anti-Racism Partnership and Strategy – Discussion Paper, March 2012. Accessed at http://www.humanrights.gov.au/antiracism/discussion_paper-p3.html#bodytext (viewed 9 August 2012).

³Henry, B. Houston, S. and Mooney, G. 2004. 'Institutional racism in Australian Healthcare: a plea for decency'. *Medical Journal of Australia*, Vol 180, May 2004 517–520.

⁴Australian Human Rights Commission - Social Justice Report 2011, Chapter 2, accessed at http://www.hreoc.gov.au/social_justice/sj_report/sjreport11/chap2.html viewed August 2012.

⁵Williams, D., Mohammed, S. 2009. 'Discrimination and racial disparities in health'. *Journal of Behavioural Medicine*. 32(1):20-47

⁶Larson, A., Coffin, J., Gilles, M., Howard, P. 2007. 'It's enough to make you sick: the impact of racism on the health of Aboriginal Australians'. *Australian and New Zealand Journal of Public Health*. Vol 34 S1 322-328

⁷Armstrong, K and Kendall, E. 2010. 'Translating knowledge into practice and policy: the role of knowledge networks in primary health care'. *Health Information Management Journal*, Vol 39 2: 9-17.

⁸Paradies, Y., Cunningham, J. 2009. 'Experiences of racism among urban Indigenous Australians: findings from the DRUID study'. *Ethnic and Racial Studies*. 32(3): 548-573.

⁹Jorgensen, M (ed). 2007. *Rebuilding Native Nations: Strategies for Governance and Development*. University of Arizona Press, Tucson.