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"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 origin[1]".

Indigenous Allied Health Australia (IAHA), a national not for profit, member based Aboriginal and Torres Strait Islander allied health organisation, stand against all forms of racism and racial discrimination. IAHA members play an integral role in addressing racism, increasing access to care and improving health and social and emotional wellbeing outcomes for Aboriginal and Torres Strait Islander peoples. However, the responsibility for eliminating racism from our health, aged care, disability services and education systems does not just rest with individuals. Strong commitment from, and collaboration between, individuals, organisations and communities and action on the part of non-Indigenous Australians and mainstream services and systems, 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 dignity[2]. Racism and racial discrimination can impede Aboriginal and Torres Strait Islander peoples, who are entitled to access culturally responsive health service delivery, from exercising these basic human rights.

While racism is often viewed as overt, interpersonal acts, other forms of racism are entrenched in Australia and cause significant and ongoing health effects. Institutional racism[3] is evident when racist or discriminatory beliefs, values or practices have been built into the operations of social institutions in such a way as to discriminate against, control and oppress various minority groups. This includes policies and structures which are applied universally but which have a disproportionate, unjust and negative effects on a cultural group or groups. Lateral violence, or intra-racial conflict[4], is another form of racism that is perpetrated by Aboriginal and Torres Strait Islander community members on each other. Lateral violence can have a devastating impact on the health and wellbeing of Aboriginal and Torres Strait Islander people, including access to health care within community-controlled settings.

The physiological and psychological effects from racism in health care on Aboriginal and Torres Strait Islander people are considerable and enduring[5] but they are amenable to remedial action. Such actions must be multifaceted and must relate directly to both individual-level practices, behaviours, responsibilities and organisational accountabilities in healthcare settings and systems more broadly. IAHA advocate for cultural safe and responsive health care as a practical and action-orientated strategy to improve health care access.

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Cultural safety and responsiveness extend beyond the provision of care which is culturally 'blind' and in which processes or clinical practices do not differentiate because of race, but equally do not take account of cultural norms or the needs of particular people. Cultural safety requires recognition and understanding of how one's own culture – and the culture of the health system – influences the provision of treatment to Aboriginal and Torres Strait Islander people and, therefore, whether treatment supports the needs and aspiration from the perspective of the recipient. Cultural responsiveness is the action required to deliver culturally safe care. IAHA's *'Cultural safety through responsive health care'* position statement outlines this further.

The inequitable burden of disease experienced by Aboriginal and Torres Strait Islander peoples persist despite successive government policies aimed at reducing such inequities. Without critical self-reflection, these inequities and the results of overt and covert discriminatory structures, words and/or actions may be unrecognised by the agent or agency using them. Such structures, words and actions are a consequence of institutional cultures that reflect the social and political values of the privileged groups that often dominate health service delivery and design[6].

Research has indicated that *"the deleterious effects of institutional racism occur regardless of practitioner capability"*[7]. It is essential that the harmful effects of racism on Aboriginal and Torres Strait Islander people are recognised and acknowledged by all organisations and individuals providing services in the health system and associated sectors such as education, aged care and disability services. The allied health and support workforce are well-placed, due to the large number of professions represented and the variety of settings in which they interact with Aboriginal and Torres Strait Islander peoples[8], to play a key role in the elimination of racism in healthcare settings.

The Aboriginal and Torres Strait Islander allied health workforce can take a lead role addressing systemic racism and ensuring that culturally safe and responsive policies, procedures and clinical and administrative practices are adopted and adhered to in the organisations within which they work. However, for this to occur requires 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 government departments[9].

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There also needs to be a strong and enduring collaborative effort to increase the number of Aboriginal and Torres Strait Islander people employed at all levels within these agencies and institutions, with appropriate recognition of their professional and cultural knowledge, skills, responsibilities, scope of practice experience and/or qualifications. In doing so, we must be cognisant of the demands placed upon Aboriginal and Torres Strait Islander staff and ensure they're not burdened by the expectation to be an expert on all topics related to Aboriginal and Torres Strait Islander health care or utilised by peers to lessen their personal responsibility and role in the provision of care. Increasing the level of cultural safety and responsiveness of the health care system will be mutually reinforcing in enhancing the recruitment and retention of Aboriginal and Torres Strait Islander peoples.

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 and uptake of quality services by Aboriginal and Torres Strait islander peoples. Delivery of culturally safe and responsive healthcare - and its contribution to better health outcomes for Aboriginal and Torres Strait Islander people[10] - must be assessed. Assessment of the impact on cultural safety and care access in the development and review of all policies and procedures is one practical example of this in action.

It is imperative that Aboriginal and Torres Strait Islander people are engaged in the development and implementation of all policies, programs and initiatives aimed at Aboriginal and Torres Strait Islander people. Significant collaboration and partnerships between policymakers, 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 recognise the work of Aboriginal and Torres Strait Islander people within policy, health services, education and research. Investment in Aboriginal and Torres Strait Islander designed, led and implemented solutions will be fundamental to addressing these inequities.

Article 2 of the UN Declaration on the Rights of Indigenous Peoples states that:

"Indigenous peoples and individuals are free and equal to all other peoples and individuals and have the right to be free from any kind of discrimination, in the exercise of their rights, in particular that based on their indigenous origin or identity[11]."

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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 peoples can be established that will lead to an equitable, respectful and responsive health system where the dignity and rights of all human beings are celebrated, defended and enhanced.

N. Turner

Nicole Turner, IAHA Chairperson

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