



Media Release

UNDER EMBARGO—until 12.01am, Wednesday, March 10, 2021

Indigenous leaders call for an end to racism in the health system

Deep-seated resistance to addressing institutional and systemic racism in our health system is thwarting progress towards improving the health and wellbeing of Aboriginal and Torres Strait Islander Australians, say Indigenous leaders in an important paper published today.

The authors of the <u>Perspective</u>, published in *Public Health Research & Practice*, a peer-reviewed journal of the Sax Institute, write that institutional racism leads to a dismissal of Indigenous knowledges, worldviews and cultural practices that must be incorporated into healthcare provision if we are to close the gap in life expectancy between Indigenous and non-Indigenous Australians.

"Our paper gives voice to Indigenous communities who have consistently said that racism is a critical issue in the provision of healthcare, as is the incorporation of culture into the design of healthcare services," says lead author Dr Carmen Parter, Senior Research Fellow at the Poche Centre for Indigenous Health at the University of Queensland.

"When an Aboriginal or Torres Strait Islander person accesses a healthcare service, there is always a level of mistrust and fear. A lot of people forget that our health system was one of the many institutions involved in the 'Stolen Generation' that took children from their families and communities – which still happens today. Those stories resonate through our communities."

The paper's authors say it is critical that healthcare provision to Aboriginal and Torres Strait Islander peoples incorporates Indigenous worldviews, which can be very different to those of the Western medical establishment.

"Indigenous worldviews take into consideration not just treatment of the physical body but also spiritual, emotional, social and cultural dimensions such as connection to country and Indigenous identity. It's very different to how the Western world works," says Dr Parter.

"When Indigenous knowledges are incorporated into services and programs, research has shown that health outcomes are improved.

The paper outlines a model of practice where different knowledges and cultures can co-exist, which the authors say could be instrumental in closing the gap in life expectancy by 2031.

"Privileging Indigenous knowledges, cultures and voices must be front and centre in developing, designing and implementing policies and programs," the authors write.

In addition to Dr Parter, the paper's authors include Professor Tom Calma AO, Boe Rambaldini, Dr Josephine Gwynn and Dr John Skinner, all of the Poche Centre; Donna Murray, CEO of Indigenous Allied Health Australia; Janine Mohamed, CEO of the Lowitja Institute; Associate Professor Donna Hartz of the Molly Wardaguga Research Centre at Charles Darwin University; and Dr Shawn Wilson of the Gnibi College of Indigenous Australian Peoples at Southern Cross University.

<u>Another paper</u> in this issue reports on new Australian research into seasonal flu vaccination. It finds that government-funded programs providing free flu vaccines for children aged 6 months to 5 years increased vaccination rates in infants by nearly five times in Australian jurisdictions that implemented them, as well as boosting vaccinations in older children who weren't included in the funded programs.

Other papers find:

- Implementation science can <u>play a pivotal role in the prevention and treatment of COVID-19</u>, as well as in the recovery from the disease
- Sustained partnerships and collaboration are <u>key to communicating effectively to culturally and linguistically diverse communities</u> during the COVID-19 pandemic.

Click <u>here</u> to view the full contents of the latest issue of *Public Health Research & Practice*. Note that links will be live from 0001HRS Wednesday 10 March 2021. Please contact us (details below) if you would like to access the papers before this date.

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Please acknowledge *Public Health Research & Practice* as the source for any stories on our papers. The link to the published article on racism in the health system will be: https://doi.org/10.17061/phrp3112102. This link can be included in news stories and will be active once the embargo lifts.

About the Sax Institute

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