Policy Document

Aboriginal and Torres Strait Islander Health (2023)

Position Statement

AMSA recognises the specific role of the medical system in colonisation and the ongoing impacts on Aboriginal and Torres Strait Islander peoples today. AMSA also acknowledges and appreciates the financial contribution of Aboriginal and Torres Strait Islander peoples, through stolen wages, to expand hospitals, health infrastructure and services.

AMSA believes that:

1. Aboriginal and Torres Strait Islander people's health and well-being is determined by the interplay of Country, spirituality, culture, family and kinship, mind, emotions, and body. All stakeholders must recognise the importance of these connections for meaningful improvement of health outcomes;
2. Underlying social determinants such as ongoing systemic racism, income, education, employment, housing, and increased incarceration rates negatively impact Aboriginal and Torres Strait Islander people's achieving positive health and wellbeing outcomes;
3. Action towards improving Aboriginal and Torres Strait Islander health should aim to empower Aboriginal and Torres Strait Islander communities to support their own needs by improving access to health services, facilitating continued connection to and expression of culture, and increasing employment, housing, transport services and educational opportunities;
4. Strong representation of Aboriginal and Torres Strait Islander people within health professions is essential to improving health outcomes. Support mechanisms should be established for Aboriginal and Torres Strait Islander people in all medical schools, hospitals and specialist training programs;
5. Reducing the inequity in health will require collaboration between both Aboriginal and Torres Strait Islander and non-Indigenous health professionals through various means such as co-design in a manner that enables self-determination of Aboriginal and Torres Strait Islander peoples;
6. Aboriginal and Torres Strait Islander health education should be developed and implemented at every level of education and employment.

[1] The term Country can refer to one's ancestral lands or simply to the areas where Aboriginal and Torres Strait Islander people can access nature, even if living in the area of another language group.[11,12]

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Policy Points

AMSA calls upon:

1. Australian Government to:
    a. Actively seek partnership with Aboriginal and Torres Strait Islander communities and organisations regarding all policy decisions that affect them, and in doing so incorporate the key elements of co-design;
        i. Self-determination;
        ii. Leadership and data sovereignty;
        iii. Impact and value;
        iv. Sustainability and accountability;
    b. Support the continuation of research by Aboriginal and Torres Strait Islander led organisations to facilitate an evidence-based policy approach to improving the health and wellbeing of Aboriginal and Torres Strait Islander people, utilising methodology that:
        i. Utilises Aboriginal and Torres Strait Islander ways of knowing, being and doing;
        ii. Avoids a direct comparison between Aboriginal and Torres Strait Islander and non-Indigenous communities;
        iii. Views Aboriginal and Torres Strait Islander health and culture through a strengths based lens;
        iv. Uses culturally validated models and tests;
    c. Recognise that factors contributing to the health and wellbeing of Aboriginal and Torres Strait Islander people are often beyond the traditionally accepted responsibility of the health sector, therefore an intersectoral approach addressing primary prevention needs to be undertaken to effectively close the health and wellbeing gap:
        i. Incorporate the access of relevant government services through Aboriginal Community Controlled Health Organisations (ACCHOs);
        ii. Work within the Criminal Justice system to support Aboriginal and Torres Strait Islanders in custody, to prevent deaths in custody or the immediate decline in health whilst caring for their custodians;
        iii. Ensure all funding for health outcomes is released to communities without the need for government oversight, including funding for the provision of healthcare, health promotion and health research;
    d. Increase funding for the development and accessibility of culturally appropriate mental health services, promotion of health literacy as well as the strengthening of ACCHO support and reach;

e. Increase the Aboriginal and Torres Strait Islander representation within the Government workforce, in conjunction with wider community consultation;
f. Increase the health professional density within regional and remote areas to address the inequitable access of healthcare.

2. Australian Medical Council to:
    a. Develop specific guidelines and expectations for Aboriginal and Torres Strait Islander medical education which must be fulfilled to meet accreditation standards, with reference to AMSA's policy Aboriginal and Torres Strait Islander Health in the Medical Curriculum (2022);
    b. Work with relevant Aboriginal and Torres Strait Islander communities and organisations to define culturally safe practice, and to produce specific guidelines for medical students and educators outlining acceptable standards of culturally safe practice.
3. Hospitals and specialty colleges to:
    a. Recognise the role of colleges and hospitals in colonisation by making a public apology and a commitment to decolonising practice;
    b. Recognise and commit to the continuous cultural safety journey despite its uncomfortable nature by ensuring all staff have cultural safety training;
    c. Strengthen support for both Aboriginal and Torres Strait Islander and non-Indigenous students along their cultural safety journey:
        i. With culturally safe counselling or training;
        ii. Support Aboriginal and Torres Strait Islander professionals to make sure they are not experiencing cultural loads that impede their ability to engage completely in their education;
    d. Ensure all members/professionals are continuing ongoing cultural training led and facilitated by local Aboriginal and Torres Strait Islander organisations and ensure an appropriate standard of cultural safety is maintained;
    e. Strengthen relationships with local ACCHOs to provide better access to specialist services;
    f. Establish support mechanisms for Aboriginal and Torres Strait Islander people at all medical schools, and in all hospitals and specialist training programs, to ensure retention and representation;
    g. Act proactively against racism, discrimination and bullying, with a clear code of conduct and accessible mechanisms to report and resolve instances of behaviour not complying with the code of conduct.

4. Health professionals to:
    a. Recognise the continuous and often uncomfortable nature of the cultural safety journey;
    b. Undertake ongoing cultural training led and facilitated by local Aboriginal and Torres Strait Islander organisations and ensure an appropriate standard of cultural safety is maintained;
    c. Recognise the importance of the continuation of culture as a health determinant for Aboriginal and Torres Strait Islander people;
    d. Acknowledge the connection to land, community and kinship systems and its relationship with health;
    e. Diversify the media they consume, with a specific emphasis on listening to Aboriginal and Torres Strait Islander voices and communities;
    f. Recognise the individual, clinical, and public health benefits of accurate identification of Aboriginal and Torres Strait Islander patients, by:
        i. Promoting opportunities for Aboriginal and Torres Strait Islander patients to self-identify by asking every patient "Are you of Aboriginal and Torres Strait Islander origin?" as recommended in the Australian Institute of Health and Welfare Best Practice Guidelines;
        ii. Ensuring identification of Aboriginal and Torres Strait Islander patients is based on self-identification rather than governmental definitions, historical definitions, physical appearance or stereotypes;
        iii. Respecting Aboriginal and Torres Strait Islander individuals' right to not identify within a clinical setting;
    g. Utilise culturally validated models and tests to guide diagnoses;
    h. Understand the specific history of your place and lands of work;
    i. Recognise the role of the medical system in ongoing colonisation and actively work against the continuation of this in practice.
5. Medical Schools to:
    a. Increase the number of Aboriginal and Torres Strait Islander medical students beginning and completing their degree with reference to AMSA's policy *Aboriginal and Torres Strait Islander Medical Student Recruitment and Retention* (2019);
    b. Recognise the continuous and often uncomfortable nature of the cultural safety journey;
    c. Strengthen support for both Aboriginal and Torres Strait Islander and non-Indigenous medical students along their cultural safety journey by:

i. Providing culturally safe counselling or training;
ii. Supporting Aboriginal and Torres Strait Islander medical students to ensure they aren't taking on any cultural load;

d. Ensure that Medical Deans commit to facilitating up-to-date cultural safety and orientation programs. These programs should be:
    i. Developed and supported by the local Aboriginal and Torres Strait Islander communities;
    ii. Primarily delivered by Aboriginal and Torres Strait Islander staff, or other First Nations teaching staff, who are able to share their lived experience and expertise where appropriate;
    iii. Completed by all staff and students;
    iv. Ongoing and supported, with an acknowledgment of the difficulty of self-reflection and the cultural learning process;
e. Ensure that curricula surrounding Aboriginal and Torres Strait Islander health is strengths-based, self-reflexive and anti-racist, and includes teaching on culturally-validated models and tests as per the *Aboriginal and Torres Strait Islander Health in the Medical Curriculum (2022)* policy;
f. Provide meaningful and engaging learning experiences through placements in an Aboriginal and Torres Strait Islander health context, referring to the *Aboriginal and Torres Strait Islander Health in the Medical Curriculum (2022)* policy.

6. AMSA Executive to:
    a. Continue their relationship with the Australian Indigenous Doctors Association (AIDA) through annual renewal of the Memorandum of Understanding;
    b. Seek leadership from the AIDA or associated students on all matters affecting Aboriginal and Torres Strait Islander people;
    c. Create opportunities for Aboriginal and Torres Strait Islander AMSA volunteers to advocate on topics regarding Aboriginal and Torres Strait Islander health and community wellbeing;
    d. Continue support for the AMSA Indigenous Health Project as a permanent collaborative endeavour between Aboriginal and Torres Strait Islander and non-Indigenous AMSA volunteers and the Australian Indigenous Doctors Association, specifically collaborating with the Student Representative Council and the Student Director;
    e. Provide governance training for AMSA Indigenous committee members to assist with the advocacy, leadership, and policy work they undertake on behalf of Aboriginal and Torres Strait Islander medical students and communities.

7. Medical Student Societies to:
    a. Ensure there are Aboriginal and Torres Strait Islander students on their committees as per AIDA recommendations in their Indigenous representation in university medical societies report;
    b. Promote involvement of all students in Aboriginal and Torres Strait Islander events of cultural or community significance in accordance with a recognised Aboriginal and Torres Strait Islander dates calendar, including but not limited to:
        i. Invasion Day;
        ii. NAIDOC week;
        iii. Mabo Day;
    c. Acknowledge the burden of cultural load and racism for their Aboriginal and Torres Strait Islander peers and create a culturally safe system for escalation of these issues;
    d. Implement the Medical Society Cultural Framework developed by AIDA.
8. Medical Students:
    a. Recognise and embrace the continuous and often uncomfortable nature of the cultural safety journey;
    b. Actively and reflexively engage with cultural education provided by, and external to, their medical school curriculum, while recognising that their Aboriginal and Torres Strait Islander peers are on their own learning journeys and not responsible for teaching cultural safety or other aspects of Aboriginal and Torres Strait Islander health;
    c. Diversify the media they consume within their professional and personal lives, with a specific emphasis on listening to Aboriginal and Torres Strait Islander voices and communities;
    d. Actively seek out rural, remote and Aboriginal and Torres Strait Islander health placements to expose themselves to different health environments and health inequities.

Background

Aboriginal and Torres Strait Islander people, please be advised that the following texts includes contextual information regarding colonisation, the Stolen Generations, intergenerational trauma and other historical and cultural topics.

Australia's medical students are primarily represented through the Australian Medical Students' Association (AMSA). AMSA believes that all individuals within Australia should be able to access culturally safe and equitable healthcare.

Aboriginal and Torres Strait Islander people are members of the longest continuing culture and are the First Nations people of Australia. There is great diversity in the cultures and traditions of the 250+ distinct language groups that make up Australia's First Nations people. Today, Aboriginal and Torres Strait Islander people account for 3.2% of the Australian population - more than 810,000 people.[3] Within Aboriginal and Torres Strait Islander communities, 91.4% identify as Aboriginal, 4.2% as Torres Strait Islander and 4.4% identify as both Aboriginal and Torres Strait Islander.[3] As Aboriginal and Torres Strait Islander people are valued members of the Australian community, AMSA must prioritise Aboriginal and Torres Strait Islander health.

Aboriginal and Torres Strait Islander people are disproportionately located in regional and remote areas of Australia. People living in rural and remote areas are prone to greater barriers to accessing healthcare compared to those in urban areas. These result from the wider geographic spread, infrastructure limitations, lower population densities and inflated costs of rural and remote healthcare delivery.[4] For most health professionals, other than general practitioners, nurses and midwives, the rate of full-time staff declines significantly out of major cities.[4] With 44% of the Aboriginal and Torres Strait Islander population living in inner/outer regional areas and 17% living in remote/very remote areas,[5] the physical barrier of healthcare inaccessibility remains prominent.

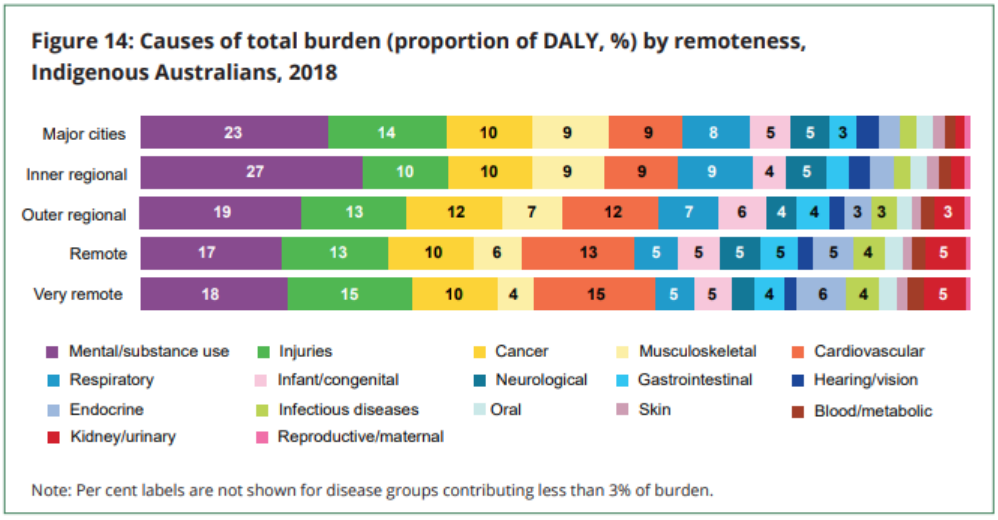

Figure 1: Causes of total burden (proportion of DALY, %) by remoteness, Aboriginal and Torres Strait Islander Australians, 2018. Adapted from AIHW.[6]

In conjunction with the increased likelihood of educational, occupational, economic and social disadvantage outside of major cities, the rates of total burden of disease increase with remoteness in both Aboriginal and Torres Strait Islander and non-Indigenous populations.[6,7] As shown in Figure 1, the five leading causes of total disease burden among Aboriginal and Torres Strait Islander people in 2018 were mental/substance use, injuries, cancer, musculoskeletal and cardiovascular diseases.[7] Increasing remoteness was associated with greater total burden for mental/substance abuse, musculoskeletal and respiratory conditions, with a lower total burden for cardiovascular disease.[7]

The Importance of Culture for Health

Aboriginal and Torres Strait Islander culture is intrinsically linked with health and well-being. Aboriginal and Torres Strait Islander communities' view on health is largely defined as "holistic" from a western perspective as it encompasses the spiritual, social and physical aspects of a person's well-being and extends beyond the biomedical description of health.[8] Increasing evidence suggests that the protection, promotion and practice of Aboriginal and Torres Strait Islander knowledge, culture, community and kinship systems contribute to improvement in both personal health outcomes and the creation of more robust community systems.[8]

Social and emotional well-being is a national health discourse that describes the inner workings of Aboriginal and Torres Strait Islander health and well-being.[9] It incorporates seven domains; country, spirituality, culture, family and kinship, mind, emotions and body. These domains interact with each other and influence the overall health and well-being of the Aboriginal and/or Torres Strait Islander individual.

This complex interplay between domains can be described through the conceptual model of interwoven fabric.[10] It is necessary to recognise each domain as a separate individual thread, important in its own right. However, their relationship with each other holds the most significance.[9,10] For example, the aspects of life that many Aboriginal and Torres Strait Islander people identify as integral to their health and well-being contain interwoven segments of each domain. This collectively creates a 'fabric' more robust than any individual thread.

Aboriginal and Torres Strait Islander people have a unique physical and spiritual relationship with Country. The term Country can refer to one's ancestral lands or simply to the areas where Aboriginal and Torres Strait Islander people can access nature, even if living in the area of another language group.[11,12] Over tens of thousands of years, Aboriginal and Torres Strait Islander people have developed an

intimate relationship with the world around them; this spiritual link still lies deep within them today.

There are multiple ways in which connecting with Country contributes to positive health and well-being. Firstly, the ancestral association one holds to their families' language group/s is integral to an Aboriginal and Torres Strait Islanders person's identity. It provides them with a positive sense of self-awareness and pride. Secondly, there are both physical and psychological strengths of connecting with Country. A recent surge of literature has discussed the positive effects of increasing access for Aboriginal and Torres Strait Islander peoples to Country.[13] western research models have only recently identified what has been known for thousands of years for Aboriginal and Torres Strait Islander people, that time spent on Country allows for restoration, mindfulness and emotional regulation. In the "Health Benefits of Going on Country" report published by the Lowitja Institute, five potential benefits were identified of going on Country, including a healthier diet, more frequent exercise, continuation and learning of local culture, increased time spent with family and overall increased spiritual connectedness.[11]

Family is vital to the health and well-being of Aboriginal and Torres Strait Islander communities. It is well documented that Aboriginal and Torres Strait Islander families differ from the western nuclear family models; parental roles are shared throughout extended families, generations and communities. Elders hold a significant role in the makeup of Aboriginal and Torres Strait Islander families as the custodians of traditional knowledge and authoritarian figures. Having access to Elders who can transfer knowledge is an essential factor for the health and well-being of Aboriginal and Torres Strait Islander youth.[13] Siblings and other extended family members who may not be biologically related, such as Aunties and Uncles, also play a crucial role in raising children.[13] Close contact with extended family is paramount to developing self-awareness and values in Aboriginal and Torres Strait Islander people. Living within these multiplexed extended structures allows Aboriginal and Torres Strait Islander people to learn to navigate life with the appropriate ways of knowing, being and doing what is pertinent to their culture.

The connection of Aboriginal and Torres Strait Islander peoples with others in their local community is another essential factor in health and well-being. Acknowledging the levels at which Aboriginal and Torres Strait Islander people recognise the community is important; it can refer to their local community, the community of their ancestral language group or the whole population of Aboriginal and Torres Strait Islander people throughout Australia.[14] A strong connection to all three domains positively acts as both an indicator and determinant of wellbeing. Many Aboriginal and Torres Strait Islander persons report their involvement with their local

community through social, sports and political events as integral to maintaining their connection with their culture and health.[12,13] The importance of Elder leadership also extends to the wider communities. Aboriginal and Torres Strait Islander communities recognise cultural leadership through the form of appointed elders and family representatives who are both decision-makers and authoritarians in social discrepancies.[13]

Acknowledgment of these important factors recognises that Aboriginal and Torres Strait Islander culture has developed over millennia to utilise best practice methods for their own community's health.[15]

Historical and Contemporary Context

Since 1788, Australia has been rife with violence in attempts of colonial completion against Aboriginal and Torres Strait Islander peoples, who are the sovereign custodians of these lands. Colonial violence has affected different communities and countries in varying ways,however, the effects of ongoing colonialism continue to adversely affect all Aboriginal and Torres Strait Islander peoples. It is well acknowledged by community and academic literature that the western medical system has been used as a vehicle to drive institutionalised violence against Aboriginal and Torres Strait Islander people in a multitude of contexts.

In every state and territory, with the exception of Tasmania, a "Chief Protector of Aborigines" was appointed who had extensive power of Aboriginal peoples lives including their ability to move off missions, seek employment or marry.[17] In the 1950's, Australia adopted an assimilation policy, aiming to eradicate Aboriginal and Torres Strait Islander culture from Australia.[17]

The Stolen Generations refer to Aboriginal and Torres Strait Islander people who were forcibly removed from their homes, families, communities and Country governed by the assimilation legislature of the colonial state.[18] The *Bringing them Home* report estimated that up to 1 in 3 Aboriginal and Torres Strait Islander children were forcibly removed from their families and communities, stating that "in that time not one Indigenous family has escaped the effects of forcible removal".[19]

The western medical system including hospitals and health professionals were complicit in the forcible removal and assimilation policies during this time.[20,21] While the role played by the western medical system remains relatively elusive in the literature, the Royal Australian and New Zealand College of Psychiatrists has publicly admitted to and apologised for their active involvement in forced child removal practices and the subsequent trauma and distrust of western medicine that has been inflicted upon Aboriginal and Torres Strait Islander communities.[22]

Current data shows that these same practices of child removal and racial profiling of Aboriginal and Torres Strait Islander parents are occuring today under the guise of “child safety”. There are numerous accounts of pregnant Aboriginal and Torres Strait Islander people being over-policed in hospitals following flagging to “child safety” officers from healthcare staff; this has resulted in an over-representation of Aboriginal and Torres Strait islander children in out-of-home care and has presented a further barrier for Aboriginal and Torres Strait Islander pregnant people seeking antenatal services.[23]

There are many particularly harrowing aspects of our past and present as a medical profession. An example that is infrequently discussed is the development of “Lock Hospitals”, a form of racially based medical incarceration of Aboriginal and Torres Strait Islander people across Australia.[24-26] Lock hospitals operated under the pretence of “protection” between the 18th and 20th centuries, permitting medical professionals to exert institutional violence against Aboriginal and Torres Strait Islander people.[27] Inmates of Lock hospitals were subjected to experimental and invasive interventions, human rights abuses, intrusive surveillance and harm.[25-28]

These Lock hospitals exclusively incarcerated Aboriginal and Torres Strait Islander men with the non-specific diagnoses of “venereal disease”, whilst non-Indigenous people with these diagnoses were not subject to this treatment.[28] Whilst Lock Hospitals remain a tool of the past, at present day we are witnessing similar racial profiling, increased policing and over-incarceration of Aboriginal and Torres Strait Islander peoples. Of all young people aged between 10-17 detained in juvenile detention centres in Queensland, 72% were Aboriginal or Torres Strait Islander children - despite only making up 9% of the total juvenile population in the state.[29] This trend of over-representation is seen across all stages of the criminal justice system throughout Australia.[30,31] The Royal Commission into Aboriginal Deaths in Custody asserted that systemic bias within police and legal systems contributed significantly to the incarceration of Aboriginal and Torres Strait Islander peoples.[32,33]

In 1943, the “Aborigines Welfare Fund” was established in Queensland. This resulted in 2.5-10% of all Aboriginal and Torres Strait Islander wages being stolen and being used to fund the purchase and expansion of public infrastructure across the state - including, but not limited to hospitals.[34] The stealing of wages is one aspect of colonisation that has led to socioeconomic disparities, with Aboriginal and Torres Strait Islander communities being between 2-3 times more likely to experience poverty and related disadvantages than non-Indigenous communities in Australia.[35] This in turn results in a greater burden of chronic disease in Aboriginal and Torres Strait Islander populations.[35]

The western medical system has failed to adequately address the harms that it has caused towards Aboriginal and Torres Strait Islander peoples. Furthermore, these systems have not been built to consider Aboriginal and Torres Strait Islander understandings of health or cultural ways of knowing, being or doing. As such, there remain long ways to go before the western medical system can be considered safe and culturally competent for Aboriginal and Torres Strait Islander peoples.

Failures of the Current Western Medical System

The current western health system in Australia has been criticised for its failure to adequately address the health needs of Aboriginal and Torres Strait Islander people. Despite being one of the wealthiest nations in the world, Aboriginal and Torres Strait Islander people continue to experience significant health disparities.[36] This is due to a range of complex and interrelated factors, including ongoing structural inequalities such as racism and discrimination.

Closing the Gap

One example of how the western health system has tried to approach these gaps is through the Closing the Gap strategy. This is a government-based strategy and plan aimed towards reducing the gap in health outcomes for Aboriginal and Torres Strait Islander people.[37] When the Closing the Gap strategy was first launched in 2008, it included a set of six targets that aimed to address the significant health disparities that existed. The six targets were:

- Close the gap in life expectancy between Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander Australians within a generation (by 2031).
- Halve the gap in mortality rates for Aboriginal and Torres Strait Islander children under five within a decade (by 2018).
- Ensure all Aboriginal and Torres Strait Islander four-year-old in remote communities have access to early childhood education within five years (by 2013).
- Halve the gap in reading, writing, and numeracy achievement for Aboriginal and Torres Strait Islander children within a decade (by 2018).
- Halve the gap in employment outcomes between Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander Australians within a decade (by 2018).

- Ensure access to health services for all Aboriginal and Torres Strait Islander Australians in need within five years (by 2013).[37]

While progress has been made in some areas, particularly in areas such as access to early childhood education and reductions in infant mortality rates, most of the Closing the Gap targets have not been met. This led to a renewed focus on the strategy and a commitment to a new phase of the initiative in 2020, with a greater emphasis on partnership and collaboration with Aboriginal and Torres Strait Islander communities and a more holistic approach to addressing the underlying causes of health disparities. However, despite the new approach, new data from the Productivity Commission has found Australia is failing to hit the majority of its Closing the Gap targets with only four of the seventeen targets on track in July of 2022.[38] One issue with the targets is that they state what is wanted to be achieved but not through which means. They fail to use cultural leadership and codesign and follow a top-down approach which has failed in the past.

Poor identification of Aboriginal and Torres Strait Islander people

Furthermore, the western system poorly identifies Aboriginal and Torres Strait Islander patients. Firstly, Aboriginal and Torres Strait Islander people experience significantly poorer health outcomes than non-Aboriginal and Torres Strait Islander people across a range of health indicators, including higher rates of chronic disease, lower life expectancy, and greater exposure to social and environmental risk factors.[39] Self-identification is of paramount importance for Aboriginal and Torres Strait Islander people as it empowers them to reclaim their unique cultural heritage, assert their individual and collective identities, and safeguard the rich culture of their ancestral traditions for future generations. With the identifying of Aboriginal and Torres Strait Islander patients, health care providers can ensure that they provide appropriate and culturally safe care that addresses their patient's specific health needs and takes into account the social and cultural factors that may impact their health and well-being. However this can be challenging as in many settings Aboriginal and Torres Strait Islander people do not feel culturally safe to do so, which is why it is extremely important to maintain and encourage culturally safe health care. In addition, it has been proven that identifying Aboriginal and Torres Strait Islander patients and supporting them with culturally safe health care leads to better health outcomes.[40]

Secondly, the identification of Aboriginal and Torres Strait Islander people can help to address the systemic discrimination and racism that Aboriginal and Torres Strait Islander people have continually faced in the health system.[39] By acknowledging and addressing the ongoing impacts of colonisation, dispossession and intergenerational trauma, healthcare providers can create a more culturally safe and

responsive healthcare system that is better equipped to meet the needs of Aboriginal and Torres Strait Islander patients.[41]

Thirdly, the identification of Aboriginal and Torres Strait Islander patients is important for monitoring and evaluating health outcomes and addressing health inequities. This, however, must be more than a box ticking activity. It must be done with the best of intentions. By collecting and analysing data on the health status of Aboriginal and Torres Strait Islander people, health care providers and policy makers can develop more effective strategies and interventions to improve Aboriginal and Torres Strait Islander health outcomes.

Overall, the identification of Aboriginal and Torres Strait Islander patients is an important step towards addressing the health needs of Aboriginal and Torres Strait Islander Australians and reducing health disparities. It is a critical component of creating a more equitable and responsive healthcare system that is better equipped to meet the needs of all Australians.

Underrepresentation of health professionals

According to the most recent data (2020) of employed medical practitioners, 363 (0.4%) identified as being Aboriginal and Torres Strait Islander, of employed nurses and midwives, 3,540 (1.1%) identified as being Aboriginal and Torres Strait Islander and 1,130 employed Aboriginal and Torres Strait Islander allied health professionals, which represented 0.9% of all allied health professionals, followed by psychologists (179, representing 0.7% of all psychologists) and there were 89 Aboriginal and Torres Strait Islander dental practitioners, representing 0.4% of this profession.[42] It is important for there to be adequate Aboriginal and Torres Strait Islander health staff as their unique socio-cultural experience and cultural competence can improve patient care and improve access to services. There can be a preference among Aboriginal and Torres Strait Islander people for care by Aboriginal and Torres Strait Islander health professionals, and qualitative research has shown that Aboriginal and Torres Strait Islander health staff appeared to sustain better connection, rapport, and trust with Aboriginal and Torres Strait Islander patients.[43,44] Furthermore, it has been proven that there are positive effects in having Aboriginal and Torres Strait Islander health workers such as improved neonatal clinical outcomes, increased uptake of preventative health screenings and improved chronic disease management in primary healthcare contexts.[45]

Failure to acknowledge the importance of cultural leadership - the expectation of uncompensated labour

Another barrier within the western health system for Aboriginal and Torres Strait Islander people is the expectation of uncompensated labour through the concept known as *cultural load*. There is an expectation that Aboriginal and Torres Strait Islander workers carry the responsibility of educating their non-Aboriginal and Torres Strait Islander colleagues about Aboriginal and Torres Strait Islander culture and history. This burden can lead to exhaustion, isolation, and negative impacts on mental health and wellbeing. There is an argument to be made that employers need to do more to ease this burden, such as providing cultural awareness training and creating more inclusive workplaces that value Aboriginal and Torres Strait Islander knowledge and perspectives.[46] There is a pertinent need to acknowledge the importance of cultural awareness and sensitivity training and the role of cultural leadership in the workplace. The Diversity Council of Australia has produced a list of Leading Practice principles that highlight the need for creating more culturally safe and inclusive workplaces for Aboriginal and Torres Strait Islander peoples. These principles include recognising and valuing Aboriginal and Torres Strait Islander cultures and histories, engaging with Aboriginal and Torres Strait Islander communities and stakeholders, creating supportive and flexible work environments, and providing cultural awareness training and education for all staff.[47]

Gaps in the medical curriculum

The current medical curriculum in Australia fails to adequately educate staff and students on the history of Aboriginal and Torres Strait Islander people in health care and the impact that colonisation and dispossession has on Aboriginal and Torres Strait Islander people and their health. Australian medical schools commonly exhibit weaknesses in their programs related to Aboriginal and Torres Strait Islander health, including insufficient time dedicated to this area of study, a lack of vertical integration of content throughout the degree, and the absence of compulsory or assessable content, which has been linked to a lack of value placed on the subject by medical students.[48,49] Additionally, there is a notable lack of Aboriginal and Torres Strait Islander staff in senior leadership roles within these programs, with only five out of 14 schools having an Aboriginal and Torres Strait Islander staff member leading the Aboriginal and Torres Strait Islander Health Unit.[48]

Despite attempts to incorporate frameworks related to the impact of racism on the health and wellbeing of Aboriginal and Torres Strait Islander peoples into medical curricula, research shows that, on a practical level, such content is not consistently included across medical, nursing, and allied health settings, as the impacts of colonisation and racism are not given sufficient attention.[50] This is discussed

further in the policy *Aboriginal and Torres Strait Islander Health in the Medical Curriculum* (2022).

Multifold barriers to accessing competent medical care for those with intersectional lived experiences

Within the medical context, intersectionality refers to the way in which a multitude of parts of an individual's identity can affect their health outcomes such as social identity, socioeconomic status, race, gender identity, sexual preference, religious beliefs, disability and more. When an individual has multiple intersecting identities, it may result in multiple forms of disadvantage and discrimination. The current western medical system fails to take into account the compounding effects that intersectionality has on many people, especially Aboriginal and Torres Strait Islander people. This leads to numerous barriers to health care including financial barriers, travel costs and distance, discrimination, and mistrust in the medical system.[51] It has been shown that those who perceive multiple forms of discrimination, experience worse health outcomes than those who perceive discrimination along one single axis of inequality.[52] Therefore, a holistic approach to health care that accounts for an individual's whole identity and the community and groups they come from will improve the health outcomes of these individuals.

Health Realities

Access to healthy lifestyles

Access to healthy lifestyles, including nutritious food, safe and adequate housing, and healthcare, is a key determinant of health. However, many Aboriginal and Torres Strait Islander communities face barriers to accessing these resources, including geographical remoteness and rurality, the ongoing effects of the Stolen Generations and intergenerational trauma, and a lack of cultural safety in healthcare settings. These factors culminate in reduced presentation to health care services and poorer physical, psychological and cultural health outcomes.

Addressing the numerous barriers requires a multifaceted approach that recognises and respects the diverse needs and strengths of Aboriginal and Torres Strait Islander people. The strong connection to community, Country and culture among Aboriginal and Torres Strait Islander people should be drawn upon in the promotion of healthy lifestyles.

The Stolen Generations

Stolen Generations descendants experience higher rates of adverse health, cultural and socioeconomic outcomes when compared with the Aboriginal and Torres Strait Islander population which had not been removed.[53] These differences are directly attributable to the racist and discriminatory structures and policies put in place during the Stolen Generations. In 2018, when compared to the general Aboriginal and Torres Strait Islander Population, Stolen Generations descendants were:

- 3.3 times more likely to be incarcerated in the last five years,
- 1.8 times more likely to have government payments as their main source of income,
- 1.7 times more likely to have experienced violence in the last 12 months,
- 1.6 times more likely to be unemployed and/or homeless in the last 10 years,
- 1.5 times more likely to have experienced discrimination in the last 12 month, and
- 1.5 times more likely to have poor mental health and 1.6 more likely to have poorer general health.[53]

The Stolen Generations descendants also experience significant intergenerational health effects. They are two times as likely to be discriminated against, two times less likely to speak their language, 1.9 times as likely to experience threatened or physical violence and 1.5 times as likely to have been arrested in the last five years compared to the general Aboriginal and Torres Strait Islander population.[53]

Mental Health and Intergenerational Trauma

For many Aboriginal and Torres Strait Islander Australians, good mental health relies on a sense of belonging, cultural identity, life purpose and value and positive interpersonal relationships.[54,55] The majority of Aboriginal and Torres Strait Islander Australians self-reported 'low or moderate' levels of psychological stress across 2018-19.[56]

Given the complex historical and contemporary climate, careful consideration of the continuing effects of intergenerational trauma is essential to providing tailored, mindful and culturally appropriate care for Aboriginal and Torres Strait Islander Australians.[56] Palyku woman and psychiatrist, Professor Helen Milroy,[57] provides a comprehensive description of the effects intergenerational trauma has on Aboriginal and Torres Strait Islander Australians:

"The transgenerational effects of trauma occur via a variety of mechanisms including the impact of attachment relationships with caregivers; the impact on parenting and family functioning; the association with parental physical and mental illness; disconnection and alienation from the extended family, culture and society. These effects are exacerbated by exposure to continuing high levels of stress and trauma including multiple bereavements and other losses, the process of vicarious traumatisation where children witness the on-going effects of the original trauma which a parent or caregiver has experienced. Even where children are protected from the traumatic stories of their ancestors, the effects of past traumas still impact on children in the form of ill health, family dysfunction, community violence, psychological morbidity and early mortality."

Intergenerational trauma is just one factor that can contribute to poor mental health among Aboriginal and Torres Strait Islander Australians.[59] Other stressors include incarceration, death of a loved one, discrimination and unemployment. There are various concerns among Aboriginal and Torres Strait Islander researchers regarding the validity of mental health statistics regarding Aboriginal and Torres Strait Islander people. Indeed, the diagnosis of certain psychological conditions is hindered by using culturally incompatible assessment tools, among other reasons such as culturally incompetent healthcare delivery and lack of funding and culturally appropriate research being conducted. These factors decrease confidence in current statistics and highlight the importance of using the widening array of culturally validated assessment tools and increasing cultural safety within our mental healthcare services. [60,64]

Dr Tracey Westerman AM,[60] a Nyamal woman and psychologist, noted that a primary barrier to the development of an appropriate tool is the prevailing idea that the diversity within Aboriginal culture makes a universal best practice model seemingly impossible to achieve. Westerman argues that the development of universal models is possible if "cultural diversity (via an exploration of individual cultural identity and beliefs) is a primary foundation of all practice".[61]

To provide the best care for Aboriginal and Torres Strait Islander patients, health professionals and medical students alike should shift their focus from deficit models of care to the strengths within Aboriginal and Torres Strait Islander culture. Practice should include culturally validated psychometric models and tests, such as the Westerman Aboriginal Symptom Checklist if the mental health of Aboriginal and Torres Strait Islander Australians are to be properly captured and thus, addressed.[62-65]

Community-led Healthcare and Education

The strength and success of community-led healthcare and education in Aboriginal and Torres Strait Islander communities has an undeniably strong evidence base, whilst anecdotally proving effective. A key example of this is the 147 Aboriginal Community Controlled Health Organisations (ACCHOs) with a peak representative body, the National Aboriginal Community Controlled Health Organisation (NACCHO).[66] ACCHOs are designed, according to NACCHO, as a "primary health care service initiated and operated by the local Aboriginal community to deliver holistic, comprehensive and culturally appropriate health care to the community which controls it, through a locally elected Board of Management".[66] The first of its kind was established in Redfern, Sydney in 1971 to provide culturally safe and accessible primary healthcare to the local Aboriginal and Torres Strait Islander population who suffered racism in mainstream services. [66] Since then, ACCHOs have empowered communities to improve their own health outcomes via holistic, culturally-centred approaches.[66] A 2018 systematic review showed that culture underpins all ACCHO practice, and the National Aboriginal and Torres Strait Islander Health Plan 2013-2023 places culture at the leading priority at the centre for change.[67]

It is well-described in literature that ACCHOs are an effective form of improving healthcare provision and engagement in Aboriginal and Torres Strait Islander communities. An inherent feature that makes ACCHOs so effective and essential is that, by design, they relinquish control back into the communities that they are created by and created to serve. They uphold the principle of co-design, whereby empowerment and self-determination of Aboriginal and Torres Strait Islander people is paramount and supported by "allies" - non-Indigenous people with whom they "work alongside".[68] Successful co-design enables legitimate value on different knowledge systems, has foundations in strong and trusting relationships, promotes inclusive involvement and requires authentic partnership according to Tamwoy, a proud Argun man and occupational therapist from Badu Island.[69] This interaction provides decision making control to the community, and furthers their empowerment to reach their goals in a healthcare system entrenched in institutional racism and disadvantage.

A study undertaken in 2020 by Aboriginal and Torres Strait Islander leaders and executives in the ACCHO space built off the pre-existing literature that proved the effectiveness of ACCHOs. It explored the range of activities they perform and how these address various social determinants of health.[70] Khoury stated that, "[ACCHOs] transcend the concept of a specialised medical clinic and function as community spaces through which Indigenous people attempt to deal with their immediate health needs and the underlying structural causes that produce very poor

health outcomes."[71] This is particularly exemplified by the permeating themes of culture and social cohesion throughout nearly all activities delivered by the ACCHOs across the country.[70] Indeed, these activities were multifaceted and addressed both intermediary and structural determinants of health as outlined.[70]

Socio-economic factors are addressed by ACCHOs through supporting access to Centrelink services, affordable housing services, transport and career advice counselling for clients who had recently completed rehabilitation.[70] Educational services were sometimes provided, including pre-school readiness programs aimed at preparing children aged 3-5 years for a smooth transition to school which improved community wellbeing.[70] ACCHOs intrinsically improve socio-economic factors at play in Aboriginal and Torres Strait Islander communities, by employing a higher proportion of their community members with one major city ACCHO employing "50% Indigenous staff", and even providing opportunities to further their tertiary education.[70] Commonly, these programs promote social cohesion by bridging Aboriginal and Torres Strait Islander communities with external services as well as collaborating with such services that are exposed to the value of the ACCHO's operations.[70]

This level of social cohesion is further demonstrated by the ACCHO's ability to address socio-political factors in their multi-faceted approach to Aboriginal and Torres Strait Islander health.[70] Pearson et. al posit that there is "clear evidence of ACCHO creating opportunities for Aboriginal and societal cultural values to be seen and expressed in the dominant western socio-political context".[70] This is highlighted by ACCHOs engaging in political advocacy, collaborating and partnering with pre-existing services such as the Department for Health and Human Services, local Aboriginal Justice Advisory Committees and Youth Justice Support Networks.[70] They successfully form respectful relationships with such stakeholders that allows their clients to safely seek support for family, mental health and drug and alcohol-related issues.[70]

Furthermore, intermediary care services are often offered by ACCHOs in the form of food banks, psychosocial wellbeing groups and education surrounding care for medical conditions commonly seen in their client groups, such as trachoma and rheumatic heart disease.[69] Examples of these include ACCHOs hosting men's painting groups for "healing through art" and women's yarning groups - both with similar goals of providing safe spaces to discuss difficulties such as grief and loss.[70]

As it stands, ACCHOs are effective as they address all aspects of Aboriginal and Torres Strait Islander health in a holistic and safe way, with a strong theme of culture

underpinning all of the services they offer. It is important to recognise that funding in the ACCHO sector is subject to Medicare Benefit Schemes (MBS) - which is determined by client numbers and GP availability and is reliant on the proactivity of ACCHOs to submit funding applications in a timely manner.[72] Receiving adequate funding can be therefore challenging in a rural and/or remote setting.[72] According to the South Australian Health and Medical Research Institute, funding expansion and specific MBS changes to facilitate the ACCHO model should be undertaken, as funding constraints are fundamentally "at odds with the principles of the ACCHO sector".[72]

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