Addressing Racism and Enhancing Cultural Safety

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Racism Defined

• Racism is the inequitable distribution of opportunity, benefit or resources across ethnic/racial groups

• It occurs through avoidable and unfair actions that: (i) further disadvantage minority ethnic/racial groups; or (ii) further advantage dominant ethnic/racial groups

• Racism is expressed through attitudes, beliefs, behaviours, norms and practices (Paradies et al. 2009)
Power & Privilege

• How do these advantages relate to race, ethnicity, culture class, nationality, gender, sexuality etc.? 

• Who experiences advantages in life? What impact do they have, if any?

• How has your cultural background, race, ethnicity etc. influenced your life experiences?

• Peggy McIntosh "White Privilege: Unpacking the Invisible Knapsack"
Anti-Indigenous Racism

- Representative national surveys: 34% of Indigenous Australians adults reported experiences of racism in the past year in 2015 (ABS 2016)

- Indigenous Victorian adults were **four times** more likely than their non-Indigenous counterparts to have experienced racism in the preceding 12 months

- When the non-Indigenous comparison group consisted of adults of mainly Anglo-Celtic origin, Indigenous adults were **seven times** more likely to have experienced racism (Markwick et al. 2019)
Broader Impacts of Racism

• At the individual level, racism causes stress, anxiety, fear, rumination, hyper-vigilance and is associated with mental and physical ill-health

• At the interpersonal level, racism creates distrust, conflict and reduced social participation

• At the societal level, racism is associated with reduced social cohesion / inclusion, economic productivity and returns on education investment
Social Determinant of Health

• Racism is recognised is a SDH. Inequitable and reduced access to social resources required for health e.g. medical care, education, employment, housing (Paradies et al. 2015)

• Inequitable exposure to risk factors associated with ill health (e.g. junk food, toxic substances)

• Stress and negative emotional/cognitive reactions, impacts on mental health as well as affecting the immune, endocrine, cardiovascular and other physiological systems (Paradies et al. 2009)
Healthcare Racism

• 755 Aboriginal Australians, about 1/3 reported experiencing racism in health settings, a relatively low prevalence compared to other settings (education, employment or sport)

• However, respondents were much more likely to have high or very high levels of psychological distress compared to those who experienced racism in other settings (Kelaher et al. 2014)
Institutional Racism

• Australian studies have found disparities in medical care experienced by Indigenous patients

• After adjusting for a range of confounders (age, sex, marital status, SES, place of residence, hospital type, co-morbidities etc.)

• These include disparities in hospital procedures across all conditions (Cunningham 2002)
Disparities in Medical Care

- Lung cancer (Hall et al. 2004)
- Cervical cancer diagnosis and treatment (Diaz et al. 2015)
- Head and neck cancer diagnosis (Gibberd et al. 2015)
- Cancer survival (Condon et al. 2014; Moore et al. 2014)
- Coronary procedures (Coory & Walsh 2005; Lopez et al. 2014)
- Kidney transplants (Cass et al. 2003)
Disparities in Medical Care

- Indigenous patients were 23% less likely to have a medication review at admission, up to 22% less likely to be screened for CVD risk factors and 14% less likely to have an arranged follow up appointment.

- However, this disparity did not exist for Indigenous patients incorrectly identified as non-Indigenous (Mahoney 2017).
Cultural Safety

- Cultural perspectives impact both the experience of the patient and the care staff provide.
- Cultural safety is ultimately determined by the patient (or their family).
Cultural Safety Survey

• Patient perspective is essential for determining cultural safety
• Questions based on key dimensions of Cultural Safety based on current research, subject experts and findings from consultations
• Asked on a sliding scale to allow for statistical analysis to find significant factors and associations (Elvidge, Paradies et. al 2020)
Survey Results

- Total of **316** completed responses and data was suitable for Exploratory Factor Analysis
- The results showed both adequate levels of both internal and external domain consistency
- Overall the survey was successful in developing a robust measurement model of cultural safety determined by the patient
“They spoke down to me and my family and it made me feel anxious about asking questions... They didn't understand that I needed my mum there. I'm a first time mum, my baby was sick and I was scared. They asked my mum to leave.”

“This woman in the waiting room was being racist talking about me saying names. The whole room could hear but nurse didn't say anything.”

“I don't tell them I'm Aboriginal because I know if I do then they will give me bad service.”
Hospital Staff Interviews

- 50 semi-structured interviews with hospital staff from executive, clinical and administrative positions
- Transcribed verbatim and analysed using Applied Thematic Analysis

KEY THEMES

- Doing cultural safety
- Identifying culturally unsafe practices and vulnerable patients
- The role of governance in cultural safety

Structure verses Agency: Transforming cultural safety into a reality
“When we are talking about bending the rules, we are actually talking about just… dropping some of the judgements that are still there culturally.”

Antonio, allied health

“I’m bending the rules”. It’s like – I don’t know – they are doing them a favour – when it’s actually just providing the standards of care that they should be providing”.

Nelson, Indigenous doctor

“You don’t look Aboriginal? You are too pretty. Are you half?”. And I go “Half?”

Giverney, Indigenous Nurse

I wasn’t being paid to be Aboriginal…“Your team cares more about an Aboriginal bum in the seat, then having the skillset to do the job.”

Grace, Indigenous administration

*Names have been changed*
Racism & Cultural Safety

- Institutional racism and disparities in quality of care exist
- Ability to engage patients about quality and cultural safety issues, provide timely feedback and benchmark performance
- Inform subsequent research, policy, improve equity of access and acceptability of health services for Aboriginal people
- Make health services directly accountable to the communities that they serve
Any Questions?

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