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1

Talking about Indigenous health

With Indigenous Australians comprising less than 3% of the population there may be justifiable questions asked about exclusively focusing on Indigenous health. However, the health disparity experienced by less than 3% of Australians is unacceptable and poses one of the greatest challenges to health professionals in this country. Indeed, Tom Calma, the Aboriginal and Torres Strait Islander Social Justice Commissioner, has said: 'It is not credible to suggest that one of the wealthiest nations of the world cannot solve a health crisis affecting less than 3% of its citizens' (HREOC, 2005). Consider that if we, as a nation, could figure out how to improve Indigenous health in Australia, what might be the implications for health and Australian society as a whole? If we were to improve the health of, on the one hand, arguably Australia's most valuable cultural resource and, concurrently, Australia's most vulnerable and marginalised population, the skills, knowledge and experiences that would be developed to achieve this aim would benefit everyone. At an individual level, if we learned how to deliver health services so that outcomes mattered, this would improve health for everyone. Organisationally, if we learned how to structure our systems so that no one was left behind, that everyone benefited, we would have an organisational structure coveted by all. And if our policies were such that they mattered, in real ways, and that they did not present barriers but facilitated culturally safe care, again, everyone would benefit. Apart from all the mutual benefit, health is a universal human right and while ever there is disparity within our nation we are diminished. We can and must do better. This chapter will explore the cultural relations between Indigenous and non-Indigenous people in the context of health and Australian society. In order to do so, it is necessary to first provide key definitions and terminologies.

Chapter objectives

After completing this chapter, you should be able to:

- Explain the reasoning for focusing on Indigenous health
- Define relevant terminology and rationales for their use
- Examine the relevance of Indigenous health issues to your own practice
- Apply transferrable cultural safety principles to other practice settings.

Indigenous or Aboriginal and Torres Strait Islander health?

Indigenous Australians are known to suffer the poorest health of any group within Australia. We have titled this text using the term Indigenous, yet this is not always a widely accepted term by those who prefer to use Aboriginal and/or Torres Strait Islander People. Consensus is hard to find and rightly so, as we need to be mindful of the imposition of these labels through our history. As this text references diverse communities, individuals and circumstances, we have chosen to use the term Indigenous with a strong encouragement that readers should check locally to find out the accepted terminology.

So do health practitioners need a whole text or compulsory study on Indigenous health? Surely, caring for an Indigenous person should be the same as for any other person. Australia is a multicultural society. Why then focus on this particular group, who are also multicultural?

One answer relates to the demographic makeup of health professionals in Australia. Although Indigenous Australians have a greater need, this does not always translate to a greater uptake of or access to health services. We would expect that based on need, Indigenous Australians would access health services at about two or three times the rate of non-Indigenous Australians (AIHW, 2008). Given this higher consumer ratio, it would be reasonable to expect a comparable representation of Indigenous health professionals.

However, in 2011 Indigenous Australians only made up 1.6% of the health workforce (AHMAC, 2011), but comprised 2.8% of the population, with far greater health care needs than the non-Indigenous population. This imbalance requires a useful response. With the exception of Indigenous Health Workers or Practitioners (IHWs or IHPs) and Indigenous liaison officers (ILOs), Indigenous nurses, doctors and allied health professionals are few in Australia. Although there was a doubling to more than 200

Indigenous medical practitioners in Australia since the last edition, this still only comprises less than 0.5% of all the medical practitioners in Australia (AHMAC, 2011). While it is hoped that some readers using this text will identify as Aboriginal or Torres Strait Islanders, the reality is that the majority will have a non-Indigenous background and, more frequently today, come from overseas (see Chapter 11 for workforce issues).

The question has also been asked whether it is possible for non-Indigenous health professionals to provide care that is acceptable and accessible to people who suffer the worst health of any population in this country. It has to be possible, as Tom Calma's quote at the beginning of this chapter suggests. If any impact is to be made in addressing the unacceptable state of Indigenous health in Australia today, then the majority workforce must accept this national responsibility and act on it.

Indigenous health professionals have been identified as critical to addressing Indigenous concerns. However, it would be unfair to place this burden on any one group of people when the root causes of current health concerns are multifaceted and complex, as evidenced by successive governments' failures to adequately improve outcomes for Indigenous Australians.

How we talk about this topic: Terminology and definitions

Simply starting a conversation about this topic may already seem fraught with difficulty. Some students have suggested that the potential to offend is overwhelming and that there is too much 'political correctness'. They therefore opt to avoid discussions of Indigenous health altogether. So why do we emphasise correct terminology so much when talking about Indigenous health? Is it 'political correctness' and what does that actually mean? Often when something is deemed an example of 'political correctness' it is more likely to be a resistance to acknowledging that some language, attitudes and behaviours marginalise and demean others.

Before proceeding further into this book, readers may have noticed the different terminology already present when referring to Indigenous Australians. 'Aboriginal and Torres Strait Islander' is currently a commonly accepted, but not unanimously accepted, way of referring to populations in Australia. 'Indigenous' is also commonly accepted but, again, not unanimously accepted, terminology. However, we have used the term 'Indigenous' throughout the text for readability and brevity with no disrespect intended. Where we refer to specific populations we have tried to ensure that the accepted identifiers have been used.

Another terminology used in writing is to abbreviate Aboriginal and Torres Strait Islander to the acronym 'ATSI'. This is often the case in medical writings and may partly result from publishing requirements to

shorten any phrases frequently used so as to reduce costs. However, our experience and advice from Indigenous colleagues is that this abbreviation is offensive to some people and should be avoided. Consider the impact of reducing to an acronym something that perhaps is the most important description of your identity. Terminology and definitions will be discussed further in this chapter. (See also Laurie May's poem in Chapter 5, on the impact of such labels.)

Before the colonisation of Australia, the terminologies 'Aboriginal' and 'Torres Strait Islander' did not exist as a form of self-identification for the country's First Peoples. The colonising groups imposed these identifiers. Even today, people generally identify by their language or nation group. For example, some people from the Arnhem Land region identify as 'Yolgnu', others in the Adelaide region as 'Kurna', and yet other peoples from the Alice Springs region as 'Arrernte' or 'Aranda'. It is important to be aware that there may be multiple spellings for different language groupings, nations and community names. Throughout this text, when referring to particular language or nation groups, we have relied on spellings developed by linguists, unless specifically requested by local people to use specific forms.

Think about what it would be like for you as an individual to be referred to by an imposed label. There will be more detailed discussion of this in later chapters. However, using Indigenous names is not always precise and straightforward because of variations in spelling and preferences. This is why we will repeatedly remind readers to find out what is preferred locally from credible sources—ask people for the accepted terminology for any given region or person—and it is important to not make assumptions.

As the authors of this text, we would like to state from the outset that the terminology used throughout cannot be done without acknowledgement of our colonising histories. Indigenous Peoples and cultures are inherently diverse and anything but static. Therefore we need to set some parameters for the use of terminology from this point.

The first step: Defining the terms 'Indigenous', 'Aboriginal' and 'Torres Strait Islander'

Indigenous Peoples have been defined and described by successive governments and non-Indigenous people since first encountering one another, often with negative consequences. In fact, 'The legal historian, John McCorquodale, has reported that since the time of white settlement, governments have used no less than 67 classifications, descriptions or definitions to determine who is an Aboriginal person' (ALRC, 2003a). This creates considerable difficulty in knowing how to appropriately discuss some issues. The term 'Indigenous', in an Australian context,

encompasses both Aboriginal and Torres Strait Islander peoples. However, some even challenge this usage. For example, Aboriginal and Torres Strait Islander Peoples (with an 's') differ from one another, in that Aboriginal people are the Indigenous Peoples of the mainland of Australia while Torres Strait Islander Peoples are originally, as the name suggests, from the Torres Strait Islands north of Cape York Peninsula.

To lump these two groups together as 'Indigenous' can be offensive to some people because it does not acknowledge differences. Using the plural of 'people' and writing or saying 'peoples' is one way of acknowledging the inherent diversity in these groups. Indigenous Peoples are not as homogeneous as the term might imply. Consider the label 'European' for example.

European people speak a variety of languages, live within generally clearly defined borders across a variety of geographical zones and have distinct customs, cultures and beliefs. There are also often certain physical commonalities that allow people to identify with different ethnic groups (hair or eye colour, facial characteristics, skin tone), and yet we know these variations are not the keys to an individual's identity. Non-Indigenous Australians are at times referred to as 'European', and yet may never have been to Europe and have no actual links with Europe or people there. In fact, for many 'European Australians', their connection to Europe may stem back generations and have little relevance today. Using this as an example, you might see how terminology can be problematic. Using the term 'Aboriginal' can wrongly suggest that everyone who identifies as 'Aboriginal' is the same. But, as with 'Europeans', there is considerable diversity in language, customs, beliefs, locations and histories. There is, however, a common thread that allows the term to suit a particular purpose.

'Aboriginal' denotes a link with the original people, literally meaning 'of the original'. 'indigenous', spelt with a lower case 'i', means 'belonging to' or 'being first'. Although there are many countries around the world with their own indigenous peoples, 'Aboriginal' (using the upper case) is commonly used to denote the Indigenous Peoples of Australia. When reviewing literature, students might also find that 'Aboriginal' is commonly used throughout Canada, along with terms such as First People or First Nations Peoples. In Australia, the phrase 'First Nations' or First Australians is also in use (Dodson, 2007).

Throughout northern hemisphere countries, Indigenous Peoples may be referred to as 'Natives'. In Australia, however, the use of the term 'Native' can have negative connotations in some regions and is rarely used, other than in legal issues such as in 'Native Title'. The term 'native' can also be suggestive of categorising people in the same way as plants and animals.

In this book we have ensured the capitalisation of 'Aboriginal' and 'Indigenous' when referring specifically to the Aboriginal and Indigenous Peoples of Australia. This is not just a matter of being pedantic or politically

correct but rather it is a matter of showing the same respect you would expect for yourself. As with the other terminology we discussed, it is important to understand that, at least for some people, it can be highly offensive, and even considered racist, when these terms are not capitalised. As professionals, it is our responsibility to be aware of these possibilities and to do our best to not 'diminish, disempower or demean' someone's cultural identity, which includes the terminology we use to describe people.

As may be already apparent, there is a diversity of terminology and respectful ways of talking with and about Indigenous Peoples. Many organisations have style guides regarding terminology. Please make sure you seek out and respect local expectations. One helpful example is found in the ACT Council of Social Service (2016) Good Gulanga Practice Guide, relevant to their specific areas of operation.

Critical thinking

What is your response to the issue of terminology? Do you think it really matters or is this merely political correctness? Why do you think some requests for change are labelled as political correctness?

Think of an example where you have been referred to by a label imposed by someone else. How did you feel about it?

What cultural groups are in your region? How do they identify themselves?

We will further discuss terminology in Chapter 3 on the identity and definitions of Indigenous and Aboriginality. For now, however, it is essential that every effort be made to find out and use the *locally* and *culturally* appropriate terminology in your discussions.

Informal terminology

Indigenous Peoples and non-Indigenous people frequently use informal terms to refer to themselves and others in daily life. Usage of these terms can vary regionally, and what is affectionate or acceptable in some areas could be regarded as highly offensive in others. For example, consider the following scenario:

In an undergraduate class in Adelaide, a Northern Territory student was telling a story about people she knew in her local town and began by saying that her 'boyfriend was a *half-caste* from ...'. Many in the group immediately reacted

to the description as offensive and forcefully told the student things like, *'You can't say that, ... that's racist!'*

The young woman was genuinely stunned by the response and looked to the lecturer to explain what she had done to provoke such a reaction.

Critical thinking

In the absence of other information, how would you respond, if at all, to such a comment by another student? Do you think this was an example of racism or something else? Give some explanation for your view.

Why might the young woman's boyfriend use a colonial term to describe himself?

Can you think of other examples where the target of a derogatory name has used it in relation to themselves and why?

In this scenario, the lecturer acknowledged that it was still common usage to hear terms such as 'half-caste' in some regions, by both Indigenous and non-Indigenous people. It was explained that the course would be looking at the impact of policy, scientific racism and the impact of colonisation and that this might provide a context for how these terms arose. The fact that some people use such terms themselves is indicative of the colonisation process, which disempowers some and privileges others. Those who are privileged could be unaware of how (or be unwilling to explore how) they have come to be in their positions. The lecturer then asked the group how many of them had been given a government-applied classification based on their percentage of blood from one ethnic group or another. She also asked them to consider what this might mean to them if such classification could be used to deny them certain rights and privileges.

Activity

For this activity, you will need to form a small group, perhaps with others studying this book or maybe with your family or other people you live with. Each member of the group should identify to their group how they identify themselves and why. Before you get started, your group should establish some rules. They might include, for example, respecting others and their choice not to identify personal information about themselves. Individual anonymity should be maintained both inside and outside the group.



◀ How did people identify themselves? Reflect on the reasons people gave as to why their identity was important. Some of the common self-applied labels included marital status, mother, single mother, single father, religion, interests, employment background and ethnic heritage. Did anyone identify themselves by their cultural or ethnic background? For example, if someone identified themselves as ‘half Scottish’, ‘half Australian’ or ‘Lebanese Australian’, ask how they might feel if the government used that classification to restrict their travel, places of residence, rights and so on. Consider how a term such as ‘half-caste’ can be offensive and may cause harm when the origin and intent are not understood.

If you cannot do the activity in a group, consider the last time you were in a social situation with people you were not familiar with. How did people introduce themselves? What was the context of the social situation, and did that influence how people introduced themselves? For example, if you are at a work get-together, people introduce themselves through their job title (‘I’m the manager’), but, if you are in a family situation, people may introduce themselves through family connections (‘I’m John’s wife’).

Consider the following case scenario.

Scenario

A mother with two adolescent children comes to the emergency department with one of the children having possibly broken their arm skateboarding. The mother completes the forms and has ticked the box ‘Aboriginal or Torres Strait Islander’. The nurse has looked at the form and is entering the data into the system. Based on the mother’s appearance, the nurse suggests that perhaps she has made a mistake on the form—that she has wrongly ticked ‘Aboriginal or Torres Strait Islander’.

Critical thinking

What impact might this have on this family’s experience of health care? How might this impact on this mother’s experience of the system? How likely is she to feel welcome there and come back again? What assumptions has the nurse made about Indigenous identity? What message do the children get about their identities?

Through critical reflection, health professionals and students can develop readily transferable skills to the care of any individual or group. If you do not work directly with Indigenous clients or co-workers, you may well work with others who have experienced similar impacts on health and well-being. The experiences of Indigenous Australians are, after all, human experiences that are not exclusive to or derived from being Indigenous. They are the shared experiences of loss, trauma, resilience, survival, grief, pride, capacity, health and illness.

Making it local

- What relevance does learning about Indigenous health have for your own practice or intended practice? Write down your expectations now so that you will have them to review when you reach the end of this text. What do you know about the local Indigenous populations in your region? What language groups are associated with your locality?
- If you believe there are no local Indigenous people in your specific location, please ensure you investigate your assertion thoroughly.

Conclusion

In this chapter, we have discussed rationales for studying Indigenous health, defined relevant terminology and asked the reader to investigate locally appropriate terminologies. We have also sought to examine the relevance of Indigenous health issues to individual practice and consider the transferability of these issues to other populations.

Some key cultural safety principles have already emerged:

1. Engage in dialogue—simply ask how someone wants to be addressed, respect how they choose to identify without questioning, assuming or stereotyping.
2. Consider the influence of history and decolonise practice by not continuing to impose and disempower individuals or make assumptions.
3. Reflect on your use of language and terminology. Identify their origins and acceptability in the local context.
4. Think about who has power when different terminology is used or when it is assumed, and who makes the assumptions?

These principles are applicable to working with anyone of a different cultural background to yourself and, in later chapters, we will discuss culture in its broadest definitions as being more than ethnicity. Culture can be a generational, social, religious or other difference that exists between you and the client or recipient of care. The following chapter will present an argument for the use of cultural safety as an underlying philosophical approach to Indigenous health issues.

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