

Institutional racism in Australian hospitals and healthcare settings

Dr Chris Bourke

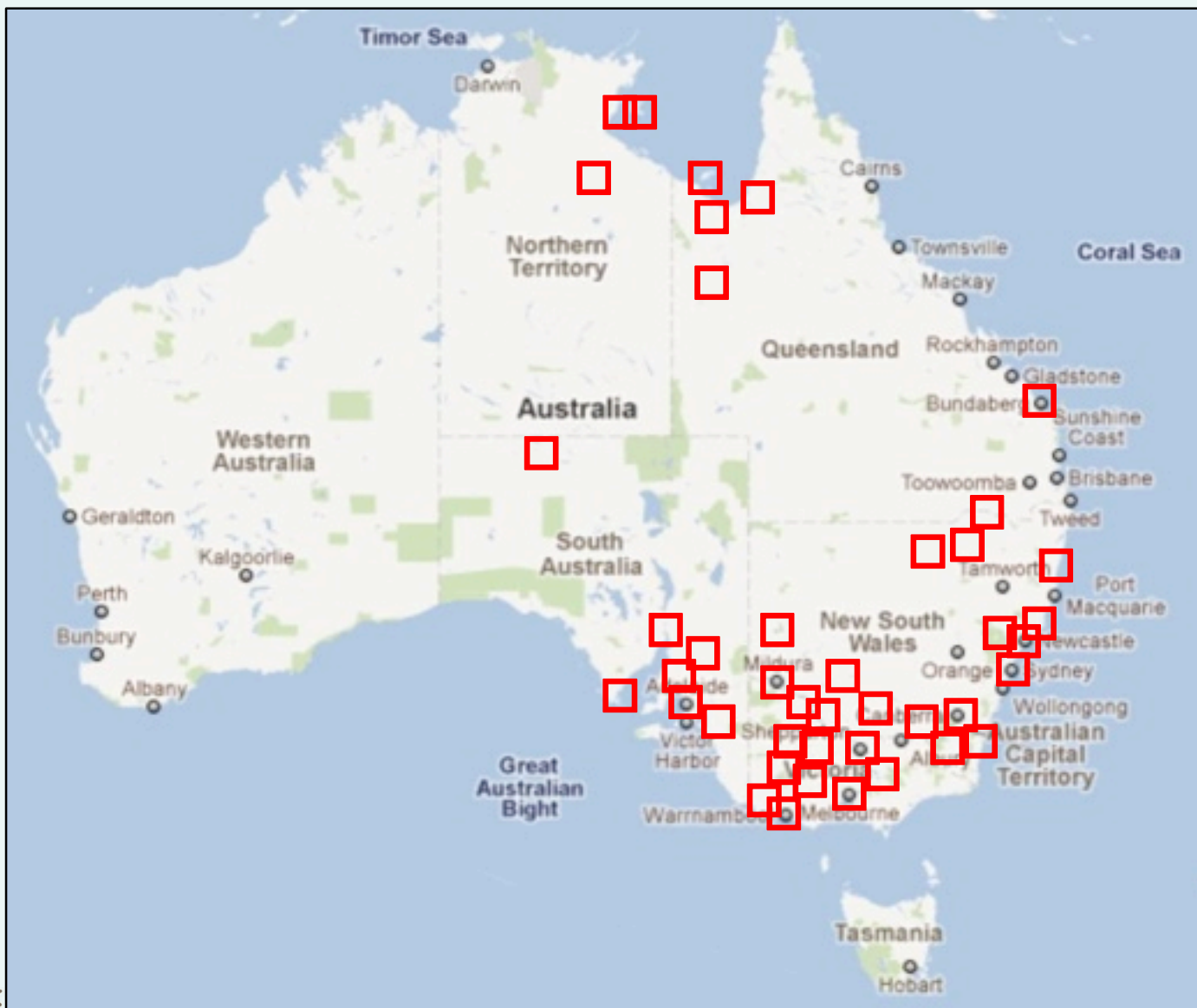
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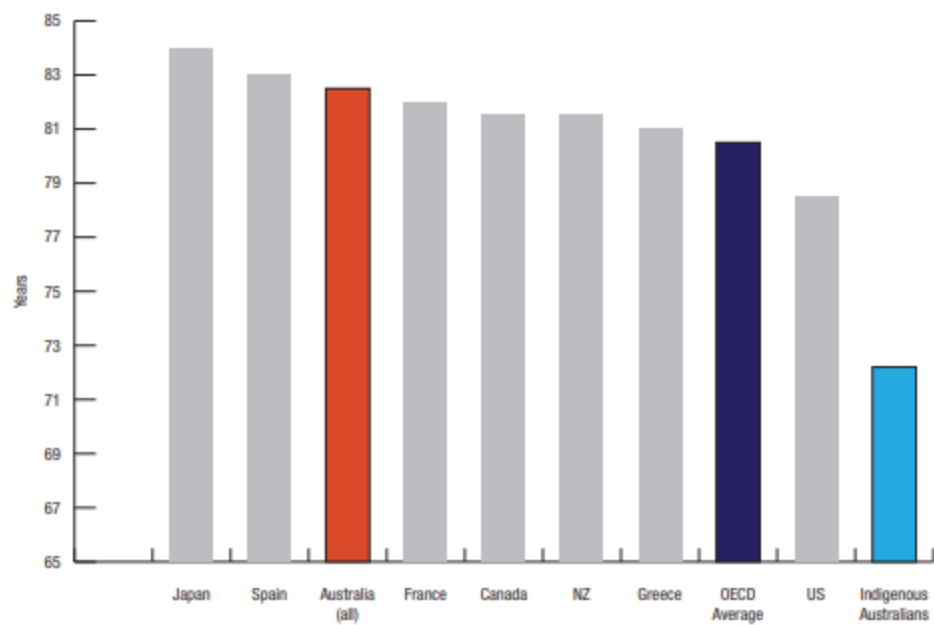
Dr Chris Bourke

- 35 years experience in AMS, public & private dental practice in remote, rural and capital cities
- BSc, GDipPubHlth, GradDipClinDent (Oral Implants), MBA
- Former MLA, ACT Legislative Assembly
 - Minister for:
 - Aboriginal & Torres Strait Islander Affairs
 - Education
- Past President - IDAA
- Member - Campaign for Indigenous Health Equality (Close the Gap)
- Member – National Health Leadership Forum
- Co-Chair – ACT Reconciliation Day Council
- Chairperson – National Oral Health Alliance





Average life expectancy at birth (2015) – selected OECD countries



Aboriginal & Torres Strait Islander healthcare disparity

AIHW Closing the Gap report 2018

- 53% due to social determinants of health and risk factors

Remaining 47% due interpersonal racism, institutional racism, intergenerational trauma, lack of cultural safety

Racism

- Individual racism
- Racial prejudice
- White privilege
- Unconscious bias
- Cultural safety
- Institutional racism

Racism

- Racism is the expression of a person's belief in their racial superiority and their compulsion to maintain the power of their racial group over others
- Racial prejudice is the unthinking negative beliefs about people from other racial groups

Racism - individual

Individual racism – racism at the interpersonal level, usually identifiable by it's overt nature in actions or words

- Interactions between people that maintain and reproduce avoidable and unfair inequalities across ethnic/racial groups (e.g. experiencing racial abuse)

White privilege

White privilege is the other side of discrimination

- The benefits given to those who resemble the people who dominate the powerful positions in our society
- The 'invisible knapsack'
- Hard to see for those who were born with access

White privilege

‘Privilege exists when one group has something of value that is denied to others simply because of the groups they belong to, rather than because of anything they have done or failed to do’

‘Privilege increases the odds of having things your own way, of being able to set the agenda in social situations and determine the rules and standards and how they are applied’

Unconscious bias

An unthinking bias against people of a race, culture or ethnicity different to your own

- AKA – racial prejudice
- Implicit Association Test (Project implicit)

Cultural safety

- First described 1991
 - Irihapeti Ramsden – Maori nurse educator
- Practice philosophy
 - About how care is provided rather than what care is provided
 - Recognition of power inequity between practitioner and patient
 - Decolonising model of practice based upon:
 - Dialogue and communication
 - Power sharing and negotiation
 - Acknowledgement of white privilege

Institutional racism

Institutional racism – covert racism that enables organisations to deliver disparities in outcomes for some groups in society

- It is about the way organisations are governed, staffed, resourced, operated and held accountable
- The exclusion of some groups from these elements can lead to poorer outcomes for that group
- Independence from staff prejudices or actions is important because training and development will not help

Institutional racism

- First described in 1967
- Primary characteristic is outcome disparity between racial groups
 - even when socio-economic status is considered.
- Further traits of institutional racism
 - hidden nature
 - integrated into governance, policies and practices
 - autonomy from personal racism or prejudices of staff
 - insignificance of intent

Institutional racism effects

Aboriginal & Torres Strait Islander people

- Cancer - less likely to receive treatment and wait longer for surgery
- Disparity in eye cataract surgery 7x, yet when optometrists are placed in AMSs surgery rates improve
- Elective surgery - longer waiting times
- 30% less likely to receive appropriate care when presenting to hospital with an acute coronary event
- Access disparity to kidney transplants, not explained by patient or disease related factors
- PBS expenditure per Aboriginal and Torres Strait Islander person 33% of the amount spent for non-Indigenous Australians

Measuring institutional racism

- External assessment tool using only public information for transparency and verification
- Matrix of five key indicators:
 1. Inclusion in governance
 2. Policy implementation
 3. Service delivery
 4. Employment
 5. Financial accountability

Measuring institutional racism

- Inspiration for the design came from the Seattle Human Services Coalition's Identifying Institutional Racism Folio
- The matrix was designed as a desktop tool
- Quantitative measurement attracts attention

The power of numbers

“To measure, monitor, and report on our joint efforts, in accordance with benchmarks and targets, to ensure that we are progressively realising our shared ambitions.”

Close the Gap Statement of Intent
2008

“Reporting on health care quality and health performance makes the system more transparent and accountable.”

AIHW 2017

“Nothing exists until it is measured.”

Niels Bohr 1920



The Emu in the Sky by Barnaby Norris

Inclusion in governance

Criteria 1- Legal visibility.

- Are Aboriginal people empowered in the relevant health law?
- Legislation could include:
 - Representation on boards and/or consultative bodies
 - Cultural safety

Inclusion in governance

Criteria 2 - Representation on hospital boards.

- Are Aboriginal people represented on the hospital or health service board?
- Is there a board committee set up to enable Aboriginal people to have a say?

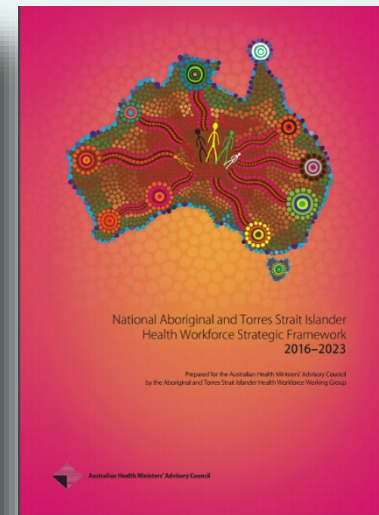
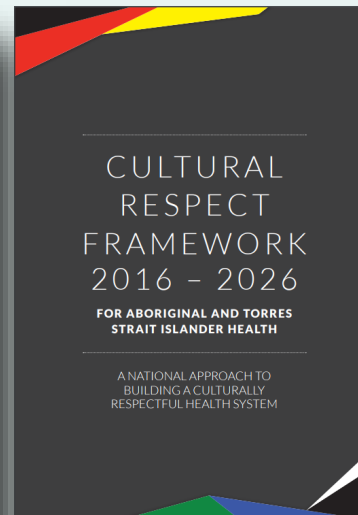
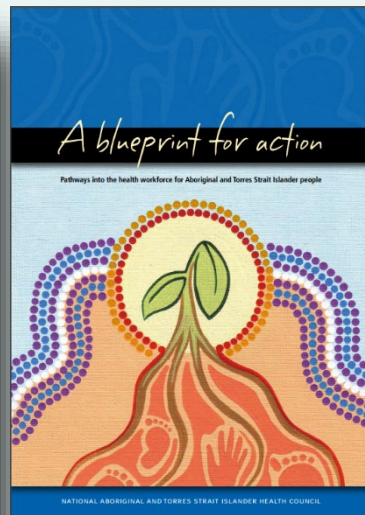
Inclusion in governance

Criteria 3 - Inclusion in hospital management

- An Aboriginal person within the executive
 - A separate division or department
 - A reference group or advisory committee
 - AMS/ACCHO representation
- How has the local community determined the nature of this inclusion?

Policy implementation

Criteria 4 - Closing the Gap policy implementation.



Policy implementation

Criteria 5- Community engagement

- Aboriginal community reference group.
- Reconciliation Action Plan



Policy implementation

Criteria 6 - Public reporting and accountability in annual reports

- Could also be regular bulletins to the Aboriginal community
- Reporting:
 - Closing the Gap progress
 - Aboriginal employment data
 - Special achievements
 - How the hospital is theirs, operating on their behalf to meet their needs

Service delivery

Criteria 7 – Local Aboriginal Health Plan.

- An Aboriginal health plan developed with the local AMS/ACCHO

Service delivery

Criteria 8 – Cultural safety

- Skills and knowledge needed to function effectively when caring for Aboriginal peoples
- More than cultural awareness
- Training core part of Closing the Gap strategy
 - KPI focussed on capacity to deliver training and number of non-Indigenous staff trained

Service delivery

Criteria 9 – Health system performance indicators

- Potentially important preventable hospital admissions
- Discharge against medical advice
- Aboriginal people in the workforce
- Recruitment and retention of staff
- Competent governance
- Aboriginal people training for health positions

Employment

Criteria 10 – Aboriginal health workforce development

- A responsible body within the hospital to oversee development
 - Eg. Aboriginal health workforce development and liason unit or committee
- Looking at recruitment, retention, training and development
- Target setting
- Equity principles – does the workforce reflect the local population or patient demographic?

Employment



<https://www.youtube.com/watch?v=-m0gsi2x1O8>

Criteria 11 – Aboriginal participation in the health workforce

- Aboriginal health workforce staff are vital for providing culturally safe care
- Includes all health related positions within a hospital

Financial accountability

Criteria 12 – Commonwealth funding contribution

- ‘Transparency and accountability are the hallmarks of responsible government’ *National Commission of Audit*
- Are financial statements routinely reporting on funding specifically allocated to Aboriginal health care?
- Hospitals should show their budget allocation from the Commonwealth government against the Aboriginal health priority initiatives in the COAG Agreement.

Financial accountability

Criteria 13 – State/Territory funding contribution

- Hospitals should show their budget allocation from their state or territory government against the Aboriginal health priority initiatives in the COAG Agreement.

Measuring institutional racism

- **2014** case study of CHHHS
 - data from 2012-2013 governance documents
 - eg. annual report, health services agreement, strategic plan
- Scoring of 36 measures across 5 key indicators
- Total score = **14/140**
- Level of institutional racism “extremely high”

Measuring institutional racism

- **2018** case study of CHHHS
 - data from 2016-2017 governance documents
- Score = **39.5/140**
- Overall improvement of 25.5 points in four years
- Institutional racism level now “very high”
bordering on “high”

CHHS 2018 - managing institutional racism

1. Appointed an Indigenous person to the Board
2. Established an Aboriginal and Torres Strait Islander Health Community Consultation Committee
3. Re-established the Executive Director of Aboriginal and Torres Strait Islander Health position
4. Reported data on discharges against medical advice and potentially preventable hospitalisations
5. Established an Indigenous Traineeship Program

CHHS 2018 - managing institutional racism

Key areas that have not been addressed:

- Financial accountability
 - TCHHS 2016-17 annual report detailed the allocation of \$9M of state and federal funding to 20 programs
- Aboriginal and Torres Strait Islander employment
 - Staffing numbers unreported
 - 12.6% of the CHHHS region population
 - 5800 full-time, part-time and casual staff
 - Employment equity approx. 600 Aboriginal and Torres Strait Islander staff

Contact

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