



NATSIIHWA
National Aboriginal and Torres Strait
Islander Health Worker Association

Policy Position Statement

Policy Position Statement

The Centrality of Culture

Aboriginal and Torres Strait Islander peoples have the right to live a healthy, safe and empowered life with a healthy strong connection to culture and country.¹ However, they experience continued effects of trauma and colonisation. They need to restore the harmony between body, land and spirit in order to achieve better health.

Healthcare contributes to better health outcomes for Aboriginal and Torres Strait Islander people, but is ineffective or counterproductive if not culturally safe. Attention to culture is important in health services for Aboriginal and Torres Strait Islander peoples in order to:

- Provide effective treatments, and
- Prevent illness through building wellbeing.

Also important for health, but influenced by actions beyond the health service sector are social, emotional and cultural living conditions and thus the social, emotional and cultural wellbeing of the whole community. Further, economic conditions and education play a role in health where they affect the ability for each individual to reach their full potential. This holistic view of health determinants is not exclusive to Aboriginal and Torres Strait Islander cultures but forms the core of their views. Effective health policies must take account of specific local concepts of health in Aboriginal and Torres Strait Islander communities using a holistic framework.

Consideration of culture can examine differences between Aboriginal and Torres Strait Islander and non-Indigenous views of health care access, communication and diagnosis, perceptions of health, illness and treatment. Cross-cultural misunderstandings of language, illness cause and illness management affect the ability of health services to provide quality care.² Culturally valid understandings must shape the provision of services and must guide assessment, care and management of Aboriginal and Torres Strait Islander peoples' health problems generally and mental health problems in particular.³

Understanding of culture as a determinant of better health outcomes can result in use of culture for treatment, for empowerment of communities for health promotion and for building resilience. Support of spirituality, community cohesion and identity in implementing preventive programs is necessary.⁴ Appreciation of culture also underpins a participatory approach within the community to health promotion.⁵

Aboriginal and Torres Strait Islander cultures are diverse and are not static and there is potentially a range of holistic concepts.⁶ Health services are encouraged to research local cultural norms and practices and undertake ongoing reflection about the organisation's cultural understanding and responses.



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NATSIHWA's members are often the only source of cultural understanding of patients. Aboriginal Health Workers were found in one study to be one of the key mechanisms to making an Aboriginal Medical Service more able to provide accessible services.⁷ In a study in the Northern Territory, Aboriginal and Torres Strait Islander patients reported that they preferred to receive services from Aboriginal workers who understood their language and community.⁸

Responding to cultural difference in the health service

Some important aspects to be appreciated in responding to patients,^{9,10} and requiring the specialisations in culture from our members are:

- o Precedence of discharge of obligations to society and the land: this can be used positively to encourage compliance in order to fulfil obligations or it can frustrate compliance if treatment works counter to obligations. *Shame* arises from action in conflict with obligations or for some other reason the person's actions are not sanctioned by their group.
- o Beliefs in natural weaknesses and supernatural causes (say, due to breach of taboos) relate to the importance of having an explanation of disease and if patient views are taken into account, can be used in dialogue to build a broader picture of causes for patients and non-Indigenous professionals
- o Preference for knowledge related to kinship and events, not abstract concepts
- o Post-colonisation illnesses linked to Western social disruption: a patient blaming approach is unjust and does not work
- o Good nutrition was traditionally understood and current nutritional messages can be based on this understanding
- o Men's business/women's business: proficiency of professionals of the opposite sex will not be accepted in many cases.



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Health service organisations offering health services to Aboriginal and Torres Strait Islander peoples should ensure a diverse workforce covering for example, a requirement for both males and females and the potentially different kinship ties. They should consider enhancing empowerment and existing cultural communication skills of Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners as part of their professional training opportunities for the service to make the most of this valued resource. Attention to systems issues might be required by some organisations in order to maximise the benefit of employing these professions.¹¹

NATSIHWA's position

With cultural safety inseparable from high quality and effective care, health services for Aboriginal and Torres Strait Islander people should employ Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners and undertake the appropriate structural and system changes, and ongoing reflection on their cultural competence, to maximise the benefits.

Josslyn Tully, NATSIHWA Chairperson
Endorsed by the NATSIHWA Board on

Please send any comments on this Policy Position Statement to policy@natsihwa.org.au.

References

- ¹Commonwealth of Australia (2013) National Aboriginal and Torres Strait Islander Health Plan 2013-2013 Online ISBN: 978-1-74241-980-0
- ²Bond C and Brough M (2007) The meaning of culture within public health practice: Implications for the study of Aboriginal and Torres Strait Islander Health Proceedings Social Determinants of Aboriginal Health Workshop Adelaide <http://eprints.qut.edu.au>
- ³Commonwealth of Australia (2014) Working Together Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice Online ISBN: 978-0-9775975-3-6
- ⁴McLennan V and Khavarpour (2004) Culturally appropriate health promotion: its meaning and application in Aboriginal communities Health Promotion Journal of Australia 15(3): 237-239.
- ⁵Golds M et al. (1997) Healthy Aboriginal communities Australian and New Zealand Journal of Public Health 21(4): 386-390.
- ⁶Lutschinin M (2005) Engaging holism in Australian Aboriginal health policy – a review Australia and New Zealand Health Policy 2:15.
- ⁷Peiris D et al. (2012) Building better systems of care for Aboriginal and Torres Strait Islander people: findings from the Kanyini health systems assessment BMC Health Services Research 12:369-383.
- ⁸Aspin C et al. (2012) Strategic approaches to enhanced service delivery for Aboriginal and Torres Strait Islander people with chronic illness: a qualitative study BMC Health Services Research 12: 143.
- ⁹Maier P (1999) A review of 'traditional' Aboriginal health beliefs Australian Journal of Rural Health 7: 229-236.
- ¹⁰Morgan D, Slade M and Morgan C (1997) Aboriginal philosophy and its impact on health care outcomes Australian and New Zealand Journal of Public Health 21(6):597-601.
- ¹¹Schmidt B, Campbell S and McDermott R (2016) Community health workers as chronic care coordinators: evaluation of an Australian Indigenous primary health care program Australian and New Zealand Journal of Public Health 40(Suppl 1): S107-S114.