

Australia's National Institute for Aboriginal and Torres Strait Islander Health Research

Professor Anne Kelso, AO Chief Executive Officer National Health and Medical Research Council GPO Box 1421 Canberra ACT 2601

Dear Anne,

Public Call – Research Priorities in Aboriginal and Torres Strait Islander health

The Lowitja Institute welcomes the opportunity to respond to the Public Call for Research Priorities in Aboriginal and Torres Strait Islander Health.

The Lowitja Institute is the national institute for Aboriginal and Torres Strait Islander health research, named in honour of its Patron, Dr Lowitja O'Donoghue, AC CBE DSG. It is an Aboriginal and Torres Strait Islander organisation working for the health and wellbeing of Australia's First Peoples through high impact quality research, knowledge translation, and by supporting a new generation of Aboriginal and Torres Strait Islander health researchers. Established in January 2010, the Lowitja Institute operates on key principles of Aboriginal and Torres Strait Islander leadership, a broader understanding of health that incorporates wellbeing, and the need for the work to have a clear and positive impact.

Our Key Principles

The Lowitja Institute has identified five key principles that guide and underpin our approach to research:

- Beneficence to act for the benefit of Aboriginal and Torres Strait Islander people in the conduct of our research
- Leadership by Aboriginal and Torres Strait Islander people
- Engagement of research end users (Aboriginal and Torres Strait Islander organisations and communities, policymakers, other potential research users)
- Development of the Aboriginal and Torres Strait Islander research workforce, and
- Measurement of impact in improving Aboriginal and Torres Strait Islander people's health.

More information regarding the Lowitja Institute can be found at our website on <u>www.lowitja.org.au</u>.



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Research Priority - Systemic Racism in the Health System

The Lowitja Institute nominates systemic racism as a particular area of health research that would benefit as the subject of a Targeted Call for Research by the NHMRC.

Systemic racism can be defined as the failure of the health system to provide an appropriate and professional service to people because of their colour, culture, or ethnic origin.¹ It is sometimes also referred to as institutional racism, or as structural racism.

For the purpose of this public call by the NHMRC to identify a research priority for Aboriginal and Torres Strait Islander health, the Lowitja Institute nominates systemic racism as opposed to individual racism. This is not to suggest that individual racism is not worthy of research. The Lowitja Institute nominates systemic racism (rather than individual racism) as it directly relates to the NHMRC mission to address issues at the level of the health system, particularly under the pillars of public health and health services research.

For some time, the Lowitja Institute has taken the position that racism is bad for our health:

... Aboriginal and Torres Strait Islander people may be reluctant to seek much-needed health, housing, welfare or other services from providers they perceive to be unwelcoming or who they feel may hold negative stereotypes about them.²

Dr Tim Soutphommasane, Race Discrimination Commissioner recently stated:

 \dots racism exists in structural forms. It resides not only in social interactions, but also in the systems and rules that govern what is normal and what is deviant.³

Links to Australian Government Priorities

The National Aboriginal and Torres Strait Islander Health Plan 2013-2023 (the Health Plan) identifies racism as a pivotal issue for health equality for Australia's First Peoples. It outlines the following Vision:

The Australian health system is <u>free of racism and inequality</u> and all Aboriginal and Torres Strait Islander people have access to health services that are effective, high quality, appropriate and affordable. Together with strategies to address social inequalities and determinants of health, this provides the necessary platform to realise health equality by 2031.⁴

The Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023 (Implementation Plan) identifies the need for mainstream health services to be supported to provide clinically competent, culturally safe, accessible, accountable and responsive services to Aboriginal and Torres Strait Islander peoples in a health system that is free of racism and inequality.⁵

¹ Commonwealth of Australia, 2015, *Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023*, Page 67

² Racism a Driver of III Health: Ms Pat Anderson, Chair, the Lowitja Institute, The Australian, 27 July 2013

³ Dr Tim Soutphommasane, Race Discrimination Commissioner, 2016, Speech to the Crescent Institute

⁴ Commonwealth of Australia, 2013, National Aboriginal and Torres Strait Islander Health Plan 2013-2023, page 7

⁵ Commonwealth of Australia, 2015, *Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023,* Page 11

How would a TCR contribute to this priority

Focussed research on systemic racism would potentially provide evidence to better understand, address and prevent its detrimental impacts on Aboriginal and Torres Strait Islander people. It is a very broad theme, and therefore requires wide-ranging discussion and consideration to begin to understand and identify specific research questions.

How will a TCR reduce the burden of disease on the health system?

The Lowitja Institute believes that the benefits of addressing systemic racism could have in reducing the burden of disease for Aboriginal and Torres Strait Islander peoples, as well as to the health system and to society as whole, are irrefutable.

The life expectancy gap and health inequalities experienced by Aboriginal and Torres Strait Islander people are well known. Some of the issues that potentially point to systemic racism are:

- Significantly worse health outcomes for a range of health conditions for Aboriginal and Torres Strait Islander people at the population level;⁶
- Significantly lower access to hospital services,⁷ and health services in general, relative to need; ⁸ and
- Significantly lower access to primary health care and mental health care, relative to need.⁹

We note that the current Health Plan is the first national policy instrument to identify racism as an impediment to Aboriginal and Torres Strait Islander health. We believe this points the way for the NHMRC to now develop a body of evidence to support effective ways to understand and address how and why systemic racism obstructs progress for the health of Australia's First Peoples.

Are there any reports or findings that support your suggested topic?

The aforementioned Health Plan and Implementation Plan were developed via national consultations throughout Australia with communities and with the Aboriginal and Torres Strait Islander health sector. Systemic racism (as well as individual racism) clearly emerged from those consultations as the foremost issue confronting the health of Australia's First People.

We would welcome the opportunity to be of further assistance to this review, should it be required. The contact person for this work is Ms Mary Guthrie, Manager, Knowledge Translation. Mary can be contacted on 03 8341 5504, or email <u>mary.guthrie@lowitja.org.au</u>.

Yours sincerely

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Romlie Mokak Chief Executive Officer

⁶ Commonwealth of Australia 2015, Aboriginal and Torres Strait Islander Health Performance Framework 2014 Report, Page 2

⁷ Deeble Institute, 2016, "An evidence-based approach to reducing discharge against medical advice amongst Aboriginal and Torres Strait Islander patients", Issues Brief No. 14

⁸ Commonwealth of Australia 2015, Aboriginal and Torres Strait Islander Health Performance Framework 2014 Report

⁹ Commonwealth of Australia 2015, Aboriginal and Torres Strait Islander Health Performance Framework 2014 Report page 148