Indigenous Cultures and Health Behaviours Course Notes

Indigenous Cultures and Health Behaviours - Glossary

Aboriginal people and Torres Strait Islander people: An Aboriginal person or Torres Strait Islander person is someone who: is of Aboriginal or Torres Strait Islander descent, identifies as an Aboriginal person or a Torres Strait Islander person, or is accepted as such by the community in which he or she lives or has lived.

Aboriginal resilience: For Aboriginal people resiliency is the ability to have a common connection and belonging to one's land, family and culture: therefore, identity. Resilience allows the pain and suffering caused from adversities to heal. It is the dreaming, where the past is bought to the present and the present and the past are taken to the future. Resilience is a strong spirit that confronts and conquers racism and oppression strengthening the spirit. It is the ability to thrive not just survive in today's dominant culture.

Aboriginal social and emotional wellbeing: Social and emotional wellbeing is a term used to talk about a person's overall social, emotional, psychological (mental), spiritual, and cultural wellbeing. Factors that are important to social and emotional wellbeing include a person's: connection to land, ancestry (family history), relationships with family members and friends, and connection to community.

Advocacy: A combination of individual and social actions design to gain political commitment, policy support, social acceptance and systems support for a particular health goal or program.

Biological determinants: The inner physiological aspects of health and disease. Genes play a crucial role in underlying biological differences between individuals.

Biopsychosocial model: A model of health that considers the individual as a whole person in a social setting, who may or may not be ill at any given moment.

Brokerage: Understanding successful and safe practice. It involves two-way communication where both health practitioner and Aboriginal clients are equally informed and equally important in the discussion. Communication and respect are of the utmost importance, values and ideas are not pushes but considerations from both sides are equally regarded.

Capacity building: Development of knowledge, skills, commitment, structures, systems and leadership to enable effective health promotion. It embraces building the capacity of: health works, in terms of commitment and skills for working in a health promoting way; health organisations, in terms of their commitment, policy, systems and resources to promote health, this would include incorporating health promotion principles and practices into primary health care and public health systems; and communities and community members in terms of their skills, practices and orientation to improving health and solving health problems.

Community action: Collective efforts by communities to increase community control over the determinants of health. It involves community engagement, empowerment, capacity building and advocacy.

Community development: The process of facilitating a community's awareness of the factors and forces that affect their health and quality of life, and ultimately helping to empower them with the skills needed to take control over and improve these conditions in their community. It often involves helping them to identify issues of concern and facilitating their efforts to bring about change in these areas.

Community engagement: The process of facilitating a community's awareness of the factors and forces that affect their health and quality of life, and ultimately helping to empower them with the skills needed to take control over and improve these conditions in their community. It often involves helping them to identify issues of concern and facilitating their efforts to bring about change in these areas.

Constitutional recognition: A political and social movement to recognised Aboriginal and Torres strait Islander in the Australian Constitution and to remove several racist clauses.

Cultural awareness: Involves developing knowledge and understanding of Aboriginal and Torres Strait Islander peoples by learning about their beliefs, values, practices and experiences. This includes the historical and current context.

Cultural identity: A person's sense of self identity related to their notion of belonging to a particular cultural or ethnic group.

Indigenous Cultures and Health Behaviours - Week 1 Workbook

Workshop 1 Notes

What is Acknowledgement/Welcome to Country?

- An Acknowledgement of Country is a way that all people can show awareness and respect for Aboriginal culture and heritage and the ongoing relationship the traditional owners have with their land.
 - Both Aboriginal and non-Aboriginal people can perform Acknowledgement of Country.
- A Welcome to Country is a small ceremony where traditional owners, usually elders, welcome people to their land. This is a significant recognition and is made through a formal process, although it's up to the elder how they decide to carry out the ceremony. It also depends on the location of the event and the practice of the Aboriginal community which can vary greatly according to region.
 - Welcome to Country should always occur in the opening of the event in question, preferable as the first item. Note that a Welcome to Country is often considered a right and not a privilege.
 - Welcome to Country is a ceremony performed by Indigenous Australia Elders.

'Yarning' Circles

- 'Yarning' is like having a conversation. When 'yarning':
 - We are not looking for consensus.
 - It's okay to have a different point of view.
 - It's okay to disagree.
 - There's no right or wrong.
 - Everyone has a turn.
 - Confidentiality is maintained.

Appropriate Terminology

- Indigenous Australian peoples are people of Aboriginal and Torres Strait Islander descent, who identify as Aboriginal or Torres Strait Islander and are accepted as an Aboriginal or Torres Strait Islander person in the community in which they live, or have lived.
- Indigenous Australian people/s (Aboriginal always has a capital letter).
- Aboriginal person.
- Torres Strait Islander people/s.
- Torres Strait Islander person.
- Elder with a capital E.
- Where possible find out the local cultural group and use specific name/s.
- Aboriginal and Torres Strait Islander people (it is not appropriate to abbreviate to ATSI).

Workbook 1 Notes

Learning Outcomes

- 1. Explain the title of this unit 'Indigenous Cultures and Health Behaviours' as key concepts.
- 2. Explain the expectations of the INDH1006 unit.
- 3. Identify and explain the underlying attitudes and beliefs of students with regards to this being a core unit.
- 4. Understand the purpose of, and the difference between, the protocols; Welcome to Country and Acknowledgement of Country.
- 5. Recognise health as a human right and recognise that a definition of health is not static.

SECTION 1 - THE CULTURAL SECURITY SCALE

Rising to the Challenge in Aboriginal Health by Creating Cultural Security (Coffin, J)

- Achieving cultural security is about the meeting of two different approaches in health, the Western definition and the Aboriginal definition, to achieve the desire outcome of improved health status.

Introduction

- Cultural security is an essential component of health services for Aboriginal people yet is largely misunderstood or ignored.
- For many Aboriginal people health care access can result in emotional and physical discomfort when cultural security is not an integral part of the service. This in turn leads to inadequate use of health services and poorer health outcomes.

- To really be successful in bettering Aboriginal health, cultural security is essential to every aspect of the health system.
- Health services may consider they have a culturally secure service if they have Aboriginal staff or an Aboriginal liaison officer or they do cultural awareness training for all new staff. In fact, such strategies are the bare minimum and stopping at this stage can create problem. For example, employing only one Aboriginal liaison officer who is a female, not from the area and with no cultural connections in the area, means that the officer cannot fulfil all of the responsibilities of her role. In reality, the health service does not have an Aboriginal "face" and Aboriginal people do not have an adequate point of contact.

Defining Terms

- Cultural awareness and cultural safety are important foundations for the attainment of cultural security. The first two levels must be addressed in order to progress to the next level.

<u>Awareness</u>

- E.g., "I know that most Aboriginal people have very extended families".
- Although the speech pathologist demonstrates a basic understanding of a relevant cultural issue, it does not lead into action. There is no common or accepted practice and what actions are taken depends upon the individual and their knowledge of Aboriginal culture and cultural security.
- Awareness could simply be recognising that Aboriginal men and women do not wish to be grouped together in the same room.



- E.g., "I am going to make sure that I tell Johnny's Mum, Aunty and Nana about his appointment because sometimes he is not with his Mum".
- Safety involves health providers working with individuals, organisations and, sometimes, the community. More often though cultural safety consists of small actions and gestures, usually not standardised as policy and procedure.
- Safety is where two exits are provided and two different rooms are utilised for such purposes.

Security

- "I am going to write a note to Johnny's family and ask the AHW to deliver and explain it. I will check in with the AHW if any issues were raised when explaining the procedure to the family and if transport is sorted out. I will ask to see if Sylvia (the AHW) can be in attendance at the appointment as well."
- Cultural security directly links understandings and actions. Policies and procedures create processes that are automatically applied from the time when Aboriginal people first seek health care.
- In a culturally secure service, male and female doctors and appropriate staff also utilise two rooms for treatment of patients.
- Security is likened to the highest attainment level. It is the hardest to achieve but, like a house if the foundations are good, it will stay strong and be easy to maintain for many years to come. It can even be added to later to make it better and more useful. Examples of strengthening security would be community engagement in decisions such as appointment of staff, training, job descriptions, and protocols. It means that there is a definitive compulsory action when an Aboriginal person is transferred from one hospital to the next, when someone passes away in hospital, etc. There is also a definite point of contact and actions are well established. It should not matter if the health service is manned by temporary staff. No matter who is in the health service, they know that these are the procedures to follow.

Achieving and Sustaining Cultural Security

- One of the biggest issues in Aboriginal health is stereotyping, and media depiction, which is often negative.
- The concepts of awareness, safety and security provide a structure that helps services to appreciate the impact of their policies on Aboriginal people. This begins to progress into real understanding which helps people to move forward to creating and maintaining safety mechanisms in their particular context.
- In addition to improving the foundations of awareness and safety, two more elements must be developed to achieve and sustain cultural security: brokerage and protocols. They can be likened to the vehicle to reach cultural security in the appropriate way that will be then sustainable.



- **Brokerage** is a mechanism to deepen awareness into understanding successful and safe practice. It involves two-way communication where both parties are equally informed and equally important in the discussion. Communication and respect are of the utmost importance, values and ideas are not pushed but considerations from both sides are equally regarded. Good brokerage is a key ingredient in cultural security that must be developed with the Aboriginal community. This is about doing what you set out to do by building faith and trust. One of the largest parts of brokerage is listening and yarning.
- Health services need to recognise that the Aboriginal health workers and elders in the communities are the health system's greatest resource.
- **Protocols** are a strategy that can take a culturally safe practice to a culturally secure one. Protocols formalise the fact that in an Aboriginal context, healthcare delivery and programs need to be done in consultation with the elders and key stakeholders within the particular community (or context). The right people can actually support many of the processes, by advising on correct guidelines for community engagement. An example could be that after talking with the Aboriginal health worker, midwives discovered that the older ladies were the ones to speak to in relation to the young pregnant women. Now whenever anything with the young Mums arises there is an established point of contact to the older women first thus an assurance is created for cultural security. Community leaders are made aware of the situation and involved. Community participation can then be progressed beyond just 'involvement: Communities become partners in an equitable, culturally secure provision of service. This is the pathway to cultural security.

Measuring Cultural Security

- The first step to achieving cultural security is defining and standardising



the language so to demystify confusion and allow people to plot themselves or their health service along a continuum and move forward or maintain the same level of cultural security if it is deemed to have been achieved. A starting point is required to put everyone on the same page, including community and health service staff and other health professionals.

Cultural Security Scale

Cultural Awareness

- Involves understanding Aboriginal and Torres Strait Islander peoples by learning about their beliefs, values, practices and experiences.
- It's about obtaining cultural knowledge.

Brokerage

- Understanding successful and safe practice. It involves two-way communication where both health practitioner and Aboriginal clients are equally informed and equally important in the discussion. Communication and respect are of the utmost importance, values and ideas are not pushed but considerations from both sides are equally regarded.
- It involves self-awareness. It's about listening and 'yarning'.

Cultural Safety

- Focuses on the subjective experience of the Aboriginal person who uses the health services, whereby they experience an environment that does not challenge, assault or deny their cultural identity.
- It's about the Aboriginal and Torres Strait Islander person feeling safe.

Protocols

- Strategy that can take a culturally safe practice to a culturally secure one. They formalise the fact that in an Aboriginal context, health care delivery and programs need to be done in consultation with the elders and key stakeholders within the particular community (or context).
- It's about developing culturally tailored interventions to improve the quality of care.

Cultural Security

- All healthcare providers, doctors, speech pathologists, social workers, school nurses, dentists, etc. need to provide this no matter what their role in provision of healthcare.
- It's about intercultural teams working together to provide culturally secure services.

Sustainability

- Maintenance of culturally secure environments. There is a need to evaluate a systems-level intervention that combines best-evidence strategies to reduce disparities in healthcare delivery to and Torres Strait Islander Australians
- It's about the consistent delivery of high quality care for Aboriginal and Torres Strait Islander people.
- The relationships between health professionals and Aboriginal and Torres Strait Islander people has been identified as one of the many factors that can have a positive or negative influence Aboriginal health and wellbeing and therefore the 'Gap' that exists between Aboriginal and Torres Strait Islander people and non-Indigenous populations. An understanding of the role that individual professionals and interprofessional collaboration plays in the creation and maintenance of culturally secure environments for Aboriginal people offers students a starting point from which they can develop the skills required to progress along the cultural continuum.

SECTION 2 – INTRODUCTION TO HEALTH AND HUMAN RIGHTS

The 'Gap' in Australia

- Most Australians enjoy one of the highest life expectancies of any country in the world but this is not true for Aboriginal and Torres Strait Islander people. Today, Aboriginal and Torres Strait Islander Australians die younger than other Australians. The 'Gap' is 10 17 years.
- Learning more about Aboriginal and Torres Strait Islander peoples is important in order to move forward and for all Australians to share in our national identity. It means understanding the past and looking to the future.

Health is a Human Right

- Health is fundamental to everyone's life. "The right to the highest attainable standard of health" is promoted by the World Health Organisation (WHO, 2015).

Health and Human Rights (WHO)

Key Facts

- The WHO Constitution enshrines "...the highest attainable standard of health as a fundamental right of every human being."
- The right to health includes access to timely, acceptable, and affordable health care of appropriate quality.
- Yet, about 100 million people globally are pushed below the poverty line as a result of health care expenditure ever year.
- Vulnerable and marginalised groups in societies tend to bear an undue proportion of health problems.
- Universal health coverage is a means to promote the right to health.

Introduction

- "The right to the highest attainable standard of health" requires a set of social criteria that is conducive to the health of all people, including the availability of health services, safe working conditions, adequate housing and nutritious foods. Achieving the right to health is closely related to that of other human rights, including the right to food, housing, work, education, non-discrimination, access to information, and participation.
- The right to health includes both freedoms and entitlements.
 - **Freedoms** include the right to control one's health and body (e.g. sexual and reproductive rights) and to be free from interference (e.g. free from torture and from non-consensual medical treatment and experimentation).
 - **Entitlements** include the right to a system of health protection that gives everyone an equal opportunity to enjoy the highest attainable level of health.
- Health policies and programmes have the ability to either promote or violate human rights, including the right to health, depending on the way they are designed or implemented. Taking steps to respect and protect human rights upholds the health sector's responsibility to address everyone's health.

Disadvantaged Populations and the Right to Health

- Vulnerable and marginalised groups in societies are often less likely to enjoy the right to health. Three of the world's most fatal communicable diseases – malaria, HIV/AIDS and tuberculosis – disproportionately affect the world's poorest populations, placing a tremendous burden on the economies of developing countries. Conversely the burden of non-communicable disease – most often perceived as affecting high-income countries is now increasing disproportionately among lower income countries and populations.

<u>Indigenous Cultures and Health Behaviours – Textbook Readings – Chapter 1 – Background to Aboriginal/Non-Aboriginal Interactions in Australia</u>

Objectives

- After working through this chapter you should have an understanding of:
 - European scientific and intellectual beliefs which influenced the evaluations of different cultures
 - the terms and concepts necessary to study culture contact and culture conflict within the process of colonisation
 - the history of colonisation in Australia and its aftermath
 - the development of government policies towards Aboriginal people from first 'settlement' to the present
 - some of the legacies left in Australian society today by the policies and practices of the past.

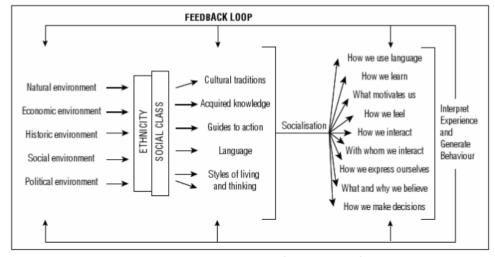
Part A: Colonisation in Australia

Introduction

- This chapter provides a broad overview of the history of colonisation in Australia and its aftermath. It sets out the background to the interaction between Aboriginal and non-Aboriginal people in Australian society today and a chronological guide to government policies. It is essential that we begin here in order to explore *why* Australian history developed the way it did and *why*, even today, Australian society finds it difficult to deal with its roots. We need to remember too that this history has influenced, and continues to influence, all Australians – Indigenous and non-Indigenous, and that it has left us with a legacy of far-reaching social and emotional disease. To understand the history of Aboriginal/non-Aboriginal interaction in Australia, we need some tools, such as understanding of culture and culture change.

What is Culture?

- Hunt and Colander provide a neat summary of the many and varied definitions of culture, by pointing out that culture includes the totality of a group's behaviours, values and beliefs, as well as its art, language, tools, world view, symbols, in fact 'a blue print for all human behaviour' which one generation teaches the next.
- Similarly, other writers, such as Matsumoto and Juang, believe that culture is a dynamic concept which identifies systems of rules, beliefs, attitudes, values and behaviours, shared by a group, taught across generations, relatively stable but capable of change across time. Schein focuses on the role of culture in problem solving and states:
 - The culture of a group can...be defined as a pattern of shared basic assumptions that was learned by a group as it solves its problems of external adaptation and internal integration, that has worked well enough to be considered valid and, therefore, to be taught to new members as the correct way to perceive, think, and feel in relation to those problems.
- As Schaller and Crandall point out, if you asked a hundred people what culture is, you would get a hundred different answers. Therefore, 'culture must not be assumed to be uniformly shared among some aggregate of people. Everyone does not know the same things...'.
- However, most writers would agree that the dynamic nature of culture is not only influenced by the individuals who are members of the cultural group, but is also subject to environmental influences. We will take this approach in our analysis of colonisation in Australia.
- Our definition of culture is based on an ecological approach, which helps us to understand how environments influence cultural change and adaptation. Let's start with the fact that all cultures are learned. Such learning takes place throughout life people gain an understanding of the world and, in the first instance, learn values, beliefs and traditions from their families. Obviously, these values, beliefs and traditions don't exist in a vacuum; they are influenced



by the class and ethnic group to which people belong. They are an essential part of the styles of living that guide action. They influence how people think, act, interact, are motivated and make decisions. Overarching these cultural

values are the environments in which they are enacted. By 'environments' we mean more than the physical environment – how people think and act is very much influenced by the economic, political, social and historical environments in which they and their group(s) interact and have lived. This is a key to understanding culture and how it changes – that is, to accept that human beings, their social groups and their social, economic, political, historical and physical environments, are inseparably linked. Note that there is a feedback look, which suggests that we respond to, initiate and *adapt* to change in our environments and vice versa.

- Such an approach to 'culture' is not without its critics. Some Aboriginal people maintain that the cornerstones of their culture are lore, law, language and land, which form the basis of their identity.
- Culture, for us, then, is more than 'a people's way of life'. Culture tells us what is pretty and what is ugly, what is right and what is wrong. Culture influences our preferred way of thinking, behaving and make decisions. Most importantly, culture is living, breathing, changing it is never static. Because of this, it is important to understand the forces that lead to *change* and *adaptation*.

Adaptation

- The process of adaptation is important. It is based on problem solving, steeped in creativity, and characterises the process of coping when environments physical, economic, political, historical and social change. Because the process is dynamic, because it is influenced by perceptions, needs or perceived needs, wants and wishes, it is not easy or smooth. As Sahlins pointed out many years ago:
 - To adapt...is not to do perfectly from some objective standpoint: it is to do as well as possible under the circumstances, which may not turn out very well at all.
- If we consider colonisation in Australia within this framework, we begin to see some of the forces at work.
- Over the past 40,000 plus years, Aboriginal people clearly adapted to their environments in Australia. This adaptation proved wholly satisfactory and the people developed unique social, cultural, religious and economic ways of life.
- In 1788 Australia was 'discovered' or should we say invaded and colonised Europeans. They too had developed unique social, cultural, religious and economic ways of life based on centuries of adaptation in Europe. But adaptation in the two societies had taken different forms and, alien and inexplicable to one another, the two met head on.
- *Culture clash, culture conflict* and *culture shock* resulted. Ultimately, the 'pushier' culture, with greater numbers and more deadly weapons, won out Australia was colonised by the European invaders.
- When culture clash and culture conflict involve groups with unequal power, the less powerful, as individuals and as a group, experience the anxiety associated with culture shock. Subordinate status ensures that its members lose control over the process of adaptation, and their reality becomes defined by the oppressor.
- Our framework for analysing the colonisation of Australia needs to incorporate the processes of culture clash and the inevitable ramifications of culture conflict and culture shock. It can do this if we remember two things.
- Aboriginal people, like Europeans, have always had to adapt to other groups sharing their environments. In both cases they shared with groups fairly similar to themselves. Although there were many different Aboriginal cultures and languages in Australia BC ('Before Cook'), Aboriginal nations shared some fundamental principles: a spiritual association with their land; a commitment to kin; and a religious affiliation with the Dreaming from which they derived their values, norms and social-emotional and spiritual wellbeing. The economy was based on hunting and gathering, and although they have been described as 'nomadic', they actually followed a very structured/seasonal migration within their territory to make use of the resources it provided. Extremely sophisticated kinship structures and rules governed interpersonal behaviour, marriage and trade, while extraordinarily rich forms of art, dance and music enhanced their lives. Equally importantly, contact, and at times conflict, between nations was governed by strict rules of engagement and never led to land alienation.
- When the colonists arrived, Aboriginal societies suddenly had to accommodate a group with a very different world view, economy and social structure. European society, on the other hand, did *not* have to adapt to traditional Aboriginal Australia; it simply took over. Consequently, the onus fell on the traditional owners, the subjugated, to 'fit in', to find a new niche in their own country. This niche was, and still is, largely defined by the more powerful non-Aboriginal majority.

Definitions

Culture Clash

- McConnochie points out that two important factors will determine whether or not culture clash: whether or not people recognise each other as human beings, and whether or not people share, or believe they share, similar values and beliefs. So, when people from different cultures 'look alike' and seem to 'be alike', culture clash is less likely to