
CULTURAL RESPECT FRAMEWORK 2016 – 2026

**FOR ABORIGINAL AND TORRES
STRAIT ISLANDER HEALTH**

A NATIONAL APPROACH TO
BUILDING A CULTURALLY
RESPECTFUL HEALTH SYSTEM

CONTENTS

AUSTRALIAN HEALTH MINISTERS' ADVISORY COUNCIL OVERVIEW	1	Racism and discrimination in the health system affects health outcomes	8
CULTURAL RESPECT FRAMEWORK AT A GLANCE	2	Critical role of the health workforce to achieve culturally respectful services	9
THE VISION OF THE CULTURAL RESPECT FRAMEWORK	4	CULTURAL RESPECT ACROSS STATES AND TERRITORIES	9
AIM OF THE CULTURAL RESPECT FRAMEWORK	4	Longstanding commitment to enabling cultural respect across the health system	9
AUDIENCE	4	Renewal of the Cultural Respect Framework will contribute to closing the gap	9
OUTCOMES AND BENEFITS	4	THE WAY FORWARD	10
DOMAIN AREAS FOR ACTION	4	MONITORING AND REPORTING ON CULTURAL RESPECT ACTIONS	10
MONITORING AND REPORTING ON CULTURAL RESPECT	5	The Aboriginal and Torres Strait Islander Health Performance Framework	10
CULTURAL RESPECT DEFINITION	5	Domains and Focus Areas	11
GUIDING PRINCIPLES	5	Domain 1: Whole-of-organisation approach and commitment	12
Leadership and responsibility	5	Domain 2: Communication	13
Health equality and a human rights approach	5	Domain 3: Workforce development and training	14
Partnerships	5	Domain 4: Consumer participation and engagement	15
Monitoring and Accountability	5	Domain 5: Stakeholder partnerships and collaboration	16
Definitions supporting action on cultural respect	5	Domain 6: Data, planning, research and evaluation	17
ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE, HISTORY AND CULTURE	6	ATTACHMENT 1: DEFINITIONS	18
Understanding the cultural construct of health for Aboriginal and Torres Strait Islander people	6	ATTACHMENT 2: JURISDICTIONAL POLICY FRAMEWORKS	19
Enabling cultural respect improves health outcomes	6	REFERENCES	20
RESPONSIVENESS OF THE AUSTRALIAN HEALTH SYSTEM	7		
Addressing health inequalities	7		
Health disparities continue to exist for Aboriginal and Torres Strait Islander people	7		

AUSTRALIAN HEALTH MINISTERS' ADVISORY COUNCIL OVERVIEW

'Health is important to everyone. It influences not just how we feel, but how we function and participate in the community (AIHW, 2014)'¹

Every Australian has the right to access safe, effective, responsive and appropriate health care. It is a fundamental human right for all.² Aboriginal and Torres Strait Islander people are not always able to exercise this human right.

Aboriginal and Torres Strait Islander people generally experience poorer health outcomes than the rest of the Australian population. While the health of Aboriginal and Torres Strait Islander people has recently improved in a number of areas, ongoing effort is required to achieve sustainable improvements in health outcomes.³

A fundamental step towards improving health outcomes is to address the many barriers Aboriginal and Torres Strait Islander people face in accessing and receiving health care. One of these barriers is a misalignment of the mainstream health system with Aboriginal and Torres Strait Islander people and cultures.

This framework is a renewal of the *Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2004-2009*. It commits the Commonwealth Government and all states and territories to embedding cultural respect principles into their health systems; from developing policy and legislation, to how organisations are run, through to the planning and delivery of services. It will guide and underpin the delivery of quality, culturally safe, responsive health care to Aboriginal and Torres Strait Islander people, and contribute to progress made towards achieving the Closing the Gap targets agreed by the Council of Australian Governments (COAG).

This framework was developed for the Australian Health Ministers' Advisory Council (AHMAC) by the National Aboriginal and Torres Strait Islander Health Standing Committee (NATSIHSC).

Cultural Respect is defined as:

"Recognition, protection and continued advancement of the inherent rights, cultures and traditions of Aboriginal and Torres Strait Islander people."

Cultural respect is achieved when the health system is accessible, responsive and safe for Aboriginal and Torres Strait Islander people, and cultural values, strengths and differences are respected.

This framework outlines six domains that underpin culturally respectful health service delivery:

1. Whole-of-organisation approach and commitment
2. Communication
3. Workforce development and training
4. Consumer participation and engagement
5. Stakeholder partnerships and collaboration
6. Data, planning, research and evaluation.

These domain areas provide an overarching platform of activity to strengthen the cultural respect of staff and organisations across all areas of the government health sector.

The framework provides a guide for a nationally consistent approach to jurisdictional action in health care design and delivery for Aboriginal and Torres Strait Islander people—an approach that will be overseen by AHMAC and supported by its principal committees.

The framework is linked to the following key national documents, as well as a number of jurisdictional documents:

- *National Aboriginal and Torres Strait Islander Health Plan 2013 - 2023*
- *Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023*
- *National Aboriginal and Torres Strait Islander Health Performance Framework*
- *The National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016-2023*
- *Australian Commission on Safety and Quality in Health Care: Draft version 2 of the National Safety and Quality Health Service Standards*
- *Australian Charter of Healthcare Rights.*

Thanks to the many people who were involved in developing this framework, particularly Aboriginal and Torres Strait Islander people, health staff and committees who provided their views and guided its development.

CULTURAL RESPECT FRAMEWORK AT A GLANCE

VISION

The Australian health system is accessible, responsive and safe for Aboriginal and Torres Strait Islander people where cultural values, strengths and differences are recognised and incorporated into the governance, management and delivery of health services.

PRINCIPLES

Leadership and responsibility

Health equality and a human rights approach

Aboriginal and Torres Strait Islander community and consumer engagement

Partnerships

Monitoring and accountability

DOMAINS AND FOCUS AREAS

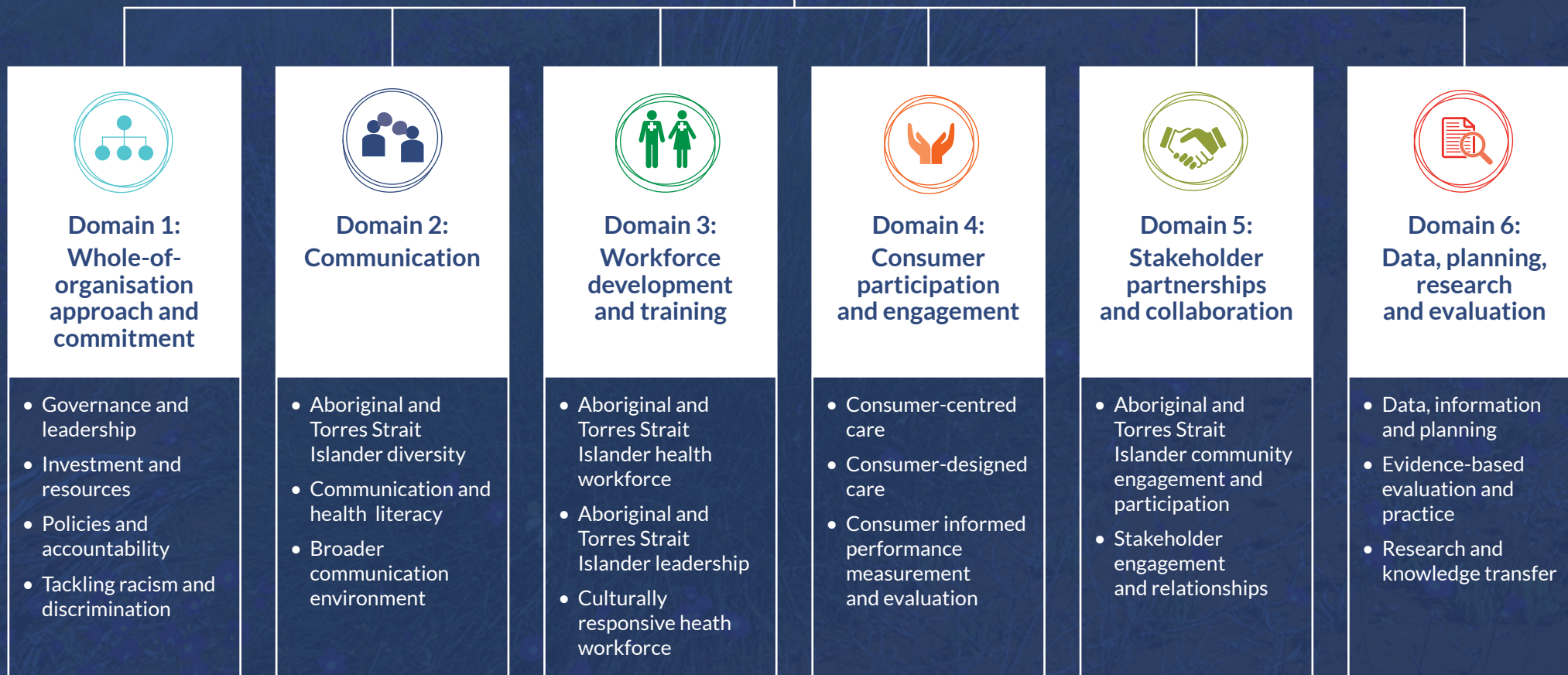


Photo: Northern Territory Tourism *Wild flowers on dunes*
Photographer: Claire Takacs

THE VISION OF THE CULTURAL RESPECT FRAMEWORK

The Australian health system is accessible, responsive and safe for Aboriginal and Torres Strait Islander people where cultural differences and strengths are recognised and incorporated into the governance, management and delivery of health services.

AIM OF THE CULTURAL RESPECT FRAMEWORK

To support the corporate health governance, organisational management and delivery of the Australian health system to further embed safe, accessible and culturally responsive services.

AUDIENCE

The primary audience is the Australian public health system. The framework should be used in the government health sector, health departments and hospital and primary health care settings to guide strategies to improve culturally respectful services.

It is, however, acknowledged that cultural respect is fundamental across the whole Australian health system, including government, private and non-government providers, health professional bodies and health training institutions.

For this reason, the vision of the *Cultural Respect Framework* is to influence the entire Australian health system.

OUTCOMES AND BENEFITS

Embedding cultural respect, through cultural safety and responsiveness, into the design, delivery and evaluation of health services supports:

- improved health outcomes and equality
- more timely, efficient and effective services
- financial benefits and efficiencies
- a diversely skilled and dynamic workforce
- a reduction in experiences of racism and discrimination
- improved consumer and community satisfaction.

DOMAIN AREAS FOR ACTION

Actions across the following key areas underpin culturally accessible, responsive and safe health services:

- Whole-of-organisation approach and leadership
- Communication
- Workforce development and training
- Consumer participation and engagement
- Stakeholder participation and collaboration
- Data, planning, research and evaluation.

MONITORING AND REPORTING ON CULTURAL RESPECT

Monitoring and reporting on cultural respect will be through biennial reporting of the National Aboriginal and Torres Strait Islander Health Performance Framework (HPF) indicator, 'cultural competency'.

CULTURAL RESPECT DEFINITION

The *Cultural Respect Framework 2004-2009* defined cultural respect as:

"Recognition, protection and continued advancement of the inherent rights, cultures and traditions of Aboriginal and Torres Strait Islander people."

Cultural respect is achieved when the health system is safe, accessible and responsive for Aboriginal and Torres Strait Islander people and cultural values, strengths and differences are respected.

GUIDING PRINCIPLES

The same principles underpinning the *Cultural Respect Framework 2004-2009* inform the approach of this framework as they continue to be relevant, and align with the *National Aboriginal and Torres Strait Islander Health Plan 2013-2023*.

Leadership and responsibility

- All levels of government have authority and responsibility to ensure all citizens have accessible, responsive and safe health services.
- The whole health sector is responsible for prioritising efforts to improve the health of Aboriginal and Torres Strait Islander people and communities.⁴
- Mainstream services that are accessible, culturally responsive and safe play a key role in closing the gap in health outcomes for Aboriginal and Torres Strait Islander people.

Health equality and a human rights approach

- The principles of the *United Nations Declaration on the Rights of Indigenous Peoples* and other human rights instruments support Aboriginal and Torres Strait Islander people in attaining the highest standard of physical, mental and social health.
- The principles of the *Australian Charter of Healthcare Rights* specify the key rights of patients and consumers when seeking or receiving health care services; that whatever care is provided is of high quality and is safe. For Aboriginal and Torres Strait Islander people, this includes both clinical and cultural quality and safety.

Aboriginal and Torres Strait Islander community and consumer engagement.

- Aboriginal and Torres Strait Islander people and organisations are actively involved in the design, delivery and evaluation of health services, policies and programs.
- Aboriginal and Torres Strait Islander health leaders actively drive health research priorities, policies, and projects.
- The Aboriginal and Torres Strait Islander Community-Controlled Health Sector is recognised, engaged and consulted as a group of demonstrated leaders and partners in providing appropriate and accessible service for Aboriginal and Torres Strait Islander communities.

Partnerships

- Effective partnerships between Aboriginal and Torres Strait Islander people, governments, primary health care networks, and service providers underpin the development and delivery of culturally respectful services.
- Collective efforts across the health sector in partnership with Aboriginal and Torres Strait Islander people and organisations address the broader social determinants of health.

Monitoring and accountability

- The implementation arrangements of governments will reflect the particular jurisdictional needs, requirements and environments.
- Governance structures are in place for regular monitoring, reporting and reviewing of cultural respect implementation and to share knowledge on what works.

Definitions supporting action on cultural respect

Jurisdictions and the non-government sector have utilised a number of related terms and frameworks—including cultural awareness, cultural competency, cultural capability, cultural safety, cultural responsiveness and cultural security—to describe actions required by organisations and individuals to effectively meet the needs of Aboriginal and Torres Strait Islander health consumers.

Much of the effort in recent years has seen the push to move people and organisations beyond just simply knowing and understanding, commonly defined as cultural awareness. This may or may not result in changes in action, behaviours, systems, policy and practice. Different terms are often used to describe these recent efforts, including cultural competency, cultural safety and cultural security.

This framework attempts to consolidate a set of definitions for use by the Australian health system. Please refer to ATTACHMENT 1: DEFINITIONS.

ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE, HISTORY AND CULTURE

Understanding the cultural construct of health for Aboriginal and Torres Strait Islander people

Aboriginal and Torres Strait Islander people collectively make up three per cent of the total Australian population (669,900). Among the Aboriginal and Torres Strait Islander population, 90 per cent of people (606,200) identified as being of Aboriginal origin only, six per cent (38,100) were of Torres Strait Islander origin only, and four per cent (25,600) were of both Aboriginal and Torres Strait Islander origin.⁵

Aboriginal and Torres Strait Islander people and communities are diverse. This diversity includes distinct language, kinship and cultural traditions, religious beliefs, family responsibilities and personal histories and experiences. Importantly, this diversity also extends to the health needs of Aboriginal and Torres Strait Islander people and communities.

To ensure a safer and more accessible health system for Aboriginal and Torres Strait Islander people, the adverse effects of colonisation need to be acknowledged. This includes the destruction and breakdown of culture, experiences of racism, and impacts of government policies, such as the Stolen Generations. Having a comprehensive understanding of our history provides the rationale as to why improving the health and wellbeing of Aboriginal and Torres Strait Islander people is important, and needs to be considered in all aspects of the design and delivery of health services.

To fully comprehend how to improve health services for Aboriginal and Torres Strait Islander people, the contemporary lifestyles, histories, cultures and ideologies of health in Aboriginal and Torres Strait Islander communities need to be understood by the Australian health system.⁶

Aboriginal cultures are some of the oldest continuous cultures in the world. Aboriginal cultures and Torres Strait Islander cultures are dynamic and evolving, and should be a fundamental consideration, along with evidence-based best practice, in the development of health policy.

For Aboriginal and Torres Strait Islander people, health is linked to spirituality, connection to land and culture, as well as the physical wellbeing of the individual and the social, emotional and cultural wellbeing of the whole community.⁷

Health for Aboriginal and Torres Strait Islander people is a matter of determining all aspects of their life, including control over their physical environment, of dignity, of community self-esteem, and of justice. It is not merely a matter of the provision of doctors, hospitals and medicines, or the absence of disease and incapacity.⁸

Enabling cultural respect improves health outcomes

The Aboriginal community-controlled health sector (ACCHS) initiated and led the development of culturally respectful health services for Aboriginal and Torres Strait Islander people and communities. It began with the establishment of the Aboriginal Medical Service (AMS) at Redfern in 1971, reflecting the aspirations of Aboriginal and Torres Strait Islander people for self-determination. The primary health

“It is important that our political leaders (and health policy makers) understand that for Aboriginal and Torres Strait Islander people, land, culture, community and identity—and therefore health—are intrinsically linked.”

The Lowitja Institute, 2015

care approach adopted by Redfern and other early ACCHS's was innovative and mirrored international aspirations at the time for accessible, effective, appropriate, needs-based health care with a prevention and social justice focus.

Culture is central to how Aboriginal and Torres Strait Islander people view individual, family and community health and wellbeing.⁹

Evidence shows that Aboriginal and Torres Strait Islander people are more likely to access health services where service providers communicate respectfully, build good relationships, have an awareness of the underlying social issues, as well as some understanding of culture, and where Aboriginal and Torres Strait Islander people are part of the health care team.¹⁰

The *National Aboriginal and Torres Strait Islander Health Plan 2013-2023* outlines the centrality of culture in the health of Aboriginal and Torres Strait Islander Australians, and the rights of individuals to a safe, healthy and empowered life.¹¹

Given the disparity in health outcomes, existing barriers to access, and a need to strengthen relationships between the Australian health system and Aboriginal and Torres Strait Islander people, it is important that all jurisdictions continue to foster health environments that support culturally respectful, safe and responsive services.

RESPONSIVENESS OF THE AUSTRALIAN HEALTH SYSTEM

Addressing health inequalities

The World Health Organization (WHO) advocates that *'... the highest attainable standard of health is a fundamental right of every human being'*. The right to health includes access to timely, acceptable, and affordable health care of appropriate quality. By taking a human rights-based approach to health, governments can provide strategies and solutions to address and rectify inequities, discriminatory practices and unjust power relations, which are often at the heart of inequitable health outcomes.¹²

It is a shared responsibility of all levels of governments to partner with Aboriginal and Torres Strait Islander people and communities to address health inequalities.¹³

Clear evidence of inequitable access to essential health care necessitates the need for health reform to better address the health, social and cultural needs of Aboriginal and Torres Strait Islander people.¹⁴

According to *Australia's Health 2014 Report*, approximately one in four Aboriginal and Torres Strait Islander people aged 15 and over reported having problems accessing health services. Of these, 20 per cent reported problems accessing dentists, 10 per cent accessing doctors, and seven per cent

accessing hospitals. The greatest barriers were long waiting times, and the cost associated with accessing services.¹⁵

Aboriginal and Torres Strait Islander people had lower rates of hospitalisations (with a procedure recorded) compared to the rest of the population, as well as both lower rates and longer waiting periods for elective surgery. Discharge against medical advice (DAMA) from hospitals was eight times the non-Indigenous rate.¹⁶

A key barrier to access is the mainstream health system not adequately taking into account Aboriginal and Torres Strait Islander cultural views of health. These views impact on how Aboriginal and Torres Strait Islander people make decisions to use health services, and this, in turn, affects health outcomes.¹⁸

The identification of Aboriginal and Torres Strait Islander people is also important in terms of access, as it can lead to improved uptake of health interventions. It is important, therefore, that health professionals provide Aboriginal and Torres Strait Islander people the opportunity to respond to the question of their Aboriginal and Torres Strait Islander identity. Disclosing one's cultural identity is voluntary. This choice must be supported by the health professional's offer of information about health services that may be specific for Aboriginal and Torres Strait Islander people.¹⁹

Health disparities continue to exist for Aboriginal and Torres Strait Islander people

Australia ranks as one of the healthiest nations in the world; however, there is significant health disparity between Aboriginal and Torres Strait Islander people and the rest of the population.²⁰

Aboriginal and Torres Strait Islander people have a shorter life expectancy and generally experience poorer health outcomes than non-Indigenous Australians.

Navigating Australia's health system can be particularly difficult for people with complex and chronic conditions, as the patient journey often involves care across multiple health settings and providers. For Aboriginal and Torres Strait Islander people who do not speak English as a first language, or who feel culturally unsafe and mistrust the system, this journey is particularly difficult, and also poses great risk to the safety and quality of health care. These factors can also greatly influence health outcomes.²¹

Chronic conditions are the major cause of death and illness among Aboriginal and Torres Strait Islander people, accounting for two-thirds of the health gap between Aboriginal and Torres Strait Islander people and other Australians.²²

Life expectancy for Aboriginal and Torres Strait Islander males is 12.4 years shorter than for non-Indigenous males. It is 10.9 years shorter for Aboriginal and Torres Strait Islander females.²³ In comparison to other Indigenous

peoples worldwide, Aboriginal and Torres Strait Islander people experience greater disparities in health outcomes and have lower life expectancy than Indigenous populations in New Zealand, Canada and the United States.²⁴

Nearly one-third of Aboriginal and Torres Strait Islander adults report high or very high levels of psychological distress in their lives, which is three times the rate reported by other Australians. Rates of intentional self-harm among young Aboriginal and Torres Strait Islander people aged 15 to 24 years are 5.2 times the rate of non-Indigenous young people.²⁵

In the National Health Survey 2012-2013 it was reported that:

- nearly half of Aboriginal and Torres Strait Islander people aged 18 years had a disability or restrictive long-term health condition
- 11 per cent of Aboriginal and Torres Strait Islander adults had diabetes (three times the non-Indigenous rate)
- 61 per cent diagnosed with diabetes had high blood sugar levels, indicating that the condition was not well managed
- the incidence rate of end-stage kidney disease for Aboriginal and Torres Strait Islander Australians was seven times the rate of other Australians.²⁶

Racism and discrimination in the health system affects health outcomes

Australia has a history of racism, with many examples of legislation and policies that have unjustly affected Aboriginal and Torres Strait Islander people.²⁷

Although not health-specific, a recent study by Deakin University found that racial discrimination cost the Australian economy an estimated \$44.9 billion, or 3.6 per

cent of Gross Domestic Product each year in the decade from 2001 to 2011.²⁸

Racism is experienced at the individual level, but it can also exist at an institutional level. Institutional or systemic racism exists in social and political institutions, and 'refers to the ways in which racist beliefs or values have been built into the operations of institutions in such a way as to discriminate against, control and oppress various minority groups.'²⁹

The high rates of unemployment, lower levels of education attainment, high rates of imprisonment and lower-than-average incomes experienced by Aboriginal and Torres Strait Islander people are, in part, indicators of entrenched institutional racism.³⁰

Racism is also a major barrier to health improvement for Aboriginal and Torres Strait Islander people.

The *Aboriginal and Torres Strait Islander Health Performance Framework 2014* outlines the extent of racism experienced by Aboriginal and Torres Strait Islander people. It highlights that 16 per cent of Aboriginal and Torres Strait Islander people reported being treated badly because of their race in the last 12 months. Furthermore, of those people who felt they had been treated badly, eight per cent stated this occurred two to three times per week, and five per cent reported this was a daily occurrence.³¹

DAMA is an indirect measure of the extent to which hospital services are responsive to the needs of Aboriginal and Torres Strait Islander people. According to Shaw (2016), factors such as a lack of cultural respect, a distrust of the health system, institutionalised racism, miscommunication, family and social obligations, and isolation and loneliness are

“There is no quick fix for improving Aboriginal and Torres Strait Islander health and wellbeing. We need rock solid commitment with structures in place that will survive terms of government.”

Social Justice Commissioner Mick Gooda, 2016

identified by Aboriginal and Torres Strait Islander people as attributing to the high rate of DAMA.³² These factors, along with discrimination, distrust, and a lack of cultural responsiveness and safety at the service interface, influence:

- the attitudes of the individual to their own health status
- when, why and how Aboriginal and Torres Strait Islander people access services
- the likelihood of continuing to follow treatment recommendations
- the likely success of prevention and health promotion strategies
- the consumer's assessment of quality of care.³³

Critical role of the health workforce to achieve culturally respectful services

Currently, Aboriginal and Torres Strait Islander people are significantly under-represented in the health workforce. The development and support for Aboriginal and Torres Strait Islander people across all areas of health care has the potential to support improved services and health outcomes.³⁴

Equally important is the need to build the skills and capacity of the non-Indigenous workforce to work effectively with Aboriginal and Torres Strait Islander people. Appropriate, high-quality professional development and training that is well resourced is essential to achieving this. The organisational capacity to appropriately manage staff who demonstrate a lack of acceptance of cultural respect, must be developed and form part of these professional development programs. Furthermore, it is important for staff to acknowledge individual unconscious bias through an analysis of their own cultural biases.

The *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016-2023* provides a key platform towards building a strong and supported health workforce that has appropriate clinical and non-clinical skills to provide culturally safe and responsive health care. Organisations can use the workforce framework to develop workforce plans that consider the engagement and retention of Aboriginal and Torres Strait Islander staff.

Collaboration with stakeholders is essential to help build and support leadership, to eliminate racism from the health system and build workplaces that attract, encourage and develop the talents of Aboriginal and Torres Strait Islander people.³⁵

The *Aboriginal and Torres Strait Islander Health Curriculum Framework* supports higher education providers to implement Aboriginal and Torres Strait Islander health curricula across health professional training programs. It aims to prepare graduates across health professions to provide culturally safe health services to Aboriginal and Torres Strait Islander people.³⁶

CULTURAL RESPECT ACROSS STATES AND TERRITORIES

Longstanding commitment to enabling cultural respect across the health system

There has been a longstanding commitment across successive Australian governments to enable accessible, responsive, and safe health service delivery to Aboriginal and Torres Strait Islander consumers.

Cultural respect emerged from the previous national Aboriginal and Torres Strait Islander health plan (*National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003-2013*), and provided the platform for AHMAC's release of the first *Cultural Respect Framework for Aboriginal and Torres Strait Islander people 2004-2009*.

A snapshot of current jurisdictional activity can be seen in ATTACHMENT 2: JURISDICTIONAL POLICY FRAMEWORKS.

Renewal of the Cultural Respect Framework will contribute to closing the gap

Since the first *Cultural Respect Framework 2004-2009*, there has been increasing recognition that cultural respect, and its related concepts, is fundamental to increasing access to health care, providing quality and effective health care, and improving health outcomes for Aboriginal and Torres Strait Islander people.

This framework will continue to play a key role in providing an overarching and nationally consistent approach to cultural respect across jurisdictions. It will inform accountability at all levels of government and articulate the shared recognition of, and commitment to, cultural respect. It will guide jurisdictions on the most effective ways to improve cultural respect, policy and program design to best meet the needs of Aboriginal and Torres Strait Islander people.

THE WAY FORWARD

The framework aims to complement existing national and jurisdictional commitments, policies and strategies to improve the health and wellbeing of Aboriginal and Torres Strait Islander people and communities, including, for example, the Closing the Gap targets set by COAG.

Monitoring and reporting on cultural respect will be through biennial reporting of the *National Aboriginal and Torres Strait Islander Health Performance Framework* (HPF) indicator, 'cultural competency'.

The intention of the framework is not to prescribe or set the cultural respect agenda for jurisdictions, but to reaffirm the commitment and vision of AHMAC to ensure the Australian health system respects and responds to the cultural views, values and interests of Aboriginal and Torres Strait Islander people.

The COAG Health Council and the AHMAC governance arrangements will also provide a national platform for jurisdictions to collaborate and share ideas, innovations, and successful initiatives that further the cultural respect agenda.

NATSIHSC will support implementation of the framework through its strategic linkages and strong working relationships with the Aboriginal and Torres Strait Islander Health Workforce Working Group and the National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data, as well as the Closing the Gap Champion network.

MONITORING AND REPORTING ON CULTURAL RESPECT ACTIONS

The Aboriginal and Torres Strait Islander Health Performance Framework—monitoring and assessment of cultural respect

AHMAC is keen to build on existing efforts across jurisdictions and foster ongoing collaboration and sharing of information, ideas and practical strategies between jurisdictions as a platform of continuous improvement.

The *Aboriginal and Torres Strait Islander Health Performance Framework* (HPF) is an existing reporting mechanism that is clearly linked to this framework. AHMAC will use the HPF to monitor and assess cultural respect. The HPF monitors strategic progress in Aboriginal and Torres Strait Islander health outcomes, health systems performance, and the broader determinants of health.

Existing indicators include:

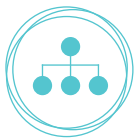
- 3.08 Cultural competency
- 3.09 Discharge against medical advice
- 3.12 Aboriginal and Torres Strait Islander people in the health workforce
- 3.13 Competent governance
- 3.14 Access to services compared with need
- 3.19 Accreditation
- 3.20 Aboriginal and Torres Strait Islander people training for health-related disciplines
- 3.22 Recruitment and retention of staff.

It will be important over the life of the framework to build an evidence base of those approaches that are most effective in enabling change across the Australian health system.

The Australian Bureau of Statistics (ABS) and the Australian Institute of Health and Welfare (AIHW) will continue to be key sources of information, data and analysis for monitoring the efficacy of the Australian health system to improve health and wellbeing outcomes for Aboriginal and Torres Strait Islander people. Development of data and information that allows analysis of culturally accessible, responsive and safe health service delivery will require ongoing collaboration with partners across the AHMAC structure.

NATSIHSC meetings will also be utilised to share cultural respect information, ideas and practical strategies between jurisdictions, as a platform for continuous improvement.

DOMAINS & FOCUS AREAS



Domain 1:
Whole-of-
organisation
approach and
commitment



Domain 2:
Communication



Domain 3:
Workforce
development
and training



Domain 4:
Consumer
participation and
engagement



Domain 5:
Stakeholder
partnerships and
collaboration



Domain 6:
Data, planning,
research and
evaluation

The six domains and subsequent focus areas outlined in the following pages underpin culturally accessible, responsive and safe health service delivery.

The domains were derived from previous work undertaken by AHMAC, through NATSIHSC.

The domain areas:

- acknowledge the crucial role of the entire health sector in providing leadership and commitment to cultural respect
- recognise that communication is the foundation for the delivery of accessible, responsive and safe health care
- support the fact that effective, culturally appropriate service delivery is premised on a highly skilled and capable workforce
- recognise the importance of Aboriginal and Torres Strait Islander consumer participation and engagement

- acknowledge that meaningful and effective partnerships and feedback from Aboriginal and Torres Strait Islander people and organisations underpin health equality
- recognise that these efforts are part of an ongoing journey, informed by good data and evidence.

Actions across the domain areas are not linear and should be undertaken concurrently and with reference to each other. Actions in these areas should not be seen as an additional burden, but rather used to inform core business practices.



DOMAIN 1: WHOLE-OF-ORGANISATION APPROACH AND COMMITMENT

Systemic approaches to cultural responsiveness and safety are reflected across governance, leadership, investment, policy and accountability

FOCUS AREA	WHAT DOES IT LOOK LIKE? (What are the essential elements that jurisdictions and organisations should consider?)
Governance and leadership	<ul style="list-style-type: none"> • Organisational leadership actively models cultural safety and responsiveness by staff at all levels and across the organisation • Formal organisational commitment to improving cultural safety and responsiveness is visible in all aspects of core business, including vision and mission statements, organisational principles and values, and continuous improvement activities • Governance structures support membership of, and partnerships with, Aboriginal and Torres Strait Islander communities, consumers and carers • Executive-level responsibility for implementing and monitoring cultural safety and responsiveness across health organisations and systems against health outcomes • Recognition for leaders of cultural safety and responsiveness, highlighting their activity and sharing of best-practice initiatives across the organisation • Recognise and celebrate historical events of significance and important annual events (e.g. Close the Gap, Mabo Day, etc.) as a normal part of business
Investment and resources	<ul style="list-style-type: none"> • Adequate funding investment and resourcing for Aboriginal and Torres Strait Islander cultural safety initiatives and related service improvements across all levels of the organisation • Sustainable funding and support for Aboriginal and Torres Strait Islander health staff to develop, lead and champion culturally safe and responsive health care
Policy and accountability	<ul style="list-style-type: none"> • Organisational policy to support culturally safe and responsive practice in health services and systems, including particular support for training and professional development towards cultural capabilities • Procurement policies bind assessment of providers, and provision of procured services, to cultural safety standards • Data collection capacity and mandated performance indicators to ensure cultural safety targets are being achieved and service delivery is improving • Resources and materials provided to inform all staff, as well as Aboriginal and Torres Strait Islander people, about the cultural safety and responsiveness efforts
Tackling racism and discrimination	<ul style="list-style-type: none"> • Organisation and its leadership recognise and acknowledge that racism and discrimination are key social determinants of health for Aboriginal and Torres Strait Islander people • Policies and processes for identifying and reporting racism and discrimination in health services are in place and promoted to consumers and health staff • Structures and mechanisms support prompt action by organisations when racism and discrimination is reported, and regular feedback on organisations' strategies to address racism and discrimination is provided to consumers and health staff



DOMAIN 2: COMMUNICATION

Effective communication with Aboriginal and Torres Strait Islander consumers is the foundation for the delivery of accessible, culturally responsive and safe health care

FOCUS AREA	WHAT DOES IT LOOK LIKE? (What are the essential elements that jurisdictions and organisations should consider?)
Aboriginal and Torres Strait Islander diversity	<ul style="list-style-type: none"> • Organisational commitment recognising diversity of Aboriginal and Torres Strait Islander communities and consumers • Positive health messages and programs that respond to the diversity, strengths and knowledge of Aboriginal and Torres Strait Islander social, cultural, linguistic, gender, religious and spiritual backgrounds • All health professionals have the opportunity to participate in Aboriginal and Torres Strait Islander cultural events to foster greater understanding of social and cultural issues to inform holistic practice
Communication and health literacy	<ul style="list-style-type: none"> • Mechanisms and processes to respond to, and support, the linguistic diversity of Aboriginal and Torres Strait Islander consumers • Aboriginal and Torres Strait Islander culture and languages are considered in decision-making about health care needs—including the use of interpreter and support services—at all points of contact throughout the consumer journey, particularly when informed consent is required • Health staff have access to resources and training to guide and support culturally safe communication with health consumers (e.g. interpreters, liaison officers, traditional healers, translated resources and health information packages) • Communication pathways are established to share examples of best practice health literacy and improved communication throughout health services, settings and sectors
Broader communication environment	<ul style="list-style-type: none"> • Culturally safe and responsive environments are developed (e.g. specific literature, artworks, flags, posters and decor) and physical environment designed with consideration for Aboriginal and Torres Strait Islander consumers • Technology (e.g. audio-visual and social media) and electronic health tools utilised to deliver health information at the time, in the place, and in multiple formats and languages to meet consumer needs • Organisational resources committed to regularly informing the community about cultural safety and responsiveness progress and innovations • Working with local Aboriginal and Torres Strait Islander people and organisations, as well as interpreter/translation services, to support communication with Aboriginal and Torres Strait Islander consumers to provide more effective and quality health care, while improving access and pathways of care between organisations and mainstream services



DOMAIN 3: WORKFORCE DEVELOPMENT AND TRAINING

Health services and organisational culture support and promote building a workforce that is appropriately skilled, supported and resourced to influence and provide accessible, culturally responsive and safe services for Aboriginal and Torres Strait Islander people and communities

FOCUS AREA	WHAT DOES IT LOOK LIKE? (What are the essential elements that jurisdictions and organisations should consider?)
Aboriginal and Torres Strait Islander health workforce	<ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander people working in all areas of the health sector, both clinical and non-clinical, and adequate resources allocated over the long-term to support targeted employment strategies and initiatives • Aboriginal and Torres Strait Islander health professionals actively supported and retained in the health system through capacity building, mentoring initiatives and ongoing career progression, in both targeted and mainstream positions • Cultural knowledge, expertise and skills of Aboriginal and Torres Strait Islander health professionals are reflected in health service models and practice • Organisation identifies and remunerates cultural professionals (cultural brokers, traditional healers, etc.) to assist in understanding health beliefs and practices of Aboriginal and Torres Strait Islander people
Aboriginal and Torres Strait Islander leadership	<ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander leadership and participation in decision-making and governance at all levels of the Australian health care system, both within Aboriginal and Torres Strait Islander-specific and mainstream roles and positions • Cultural safety and responsiveness efforts are directed and guided by Aboriginal and Torres Strait Islander health professionals and/or Aboriginal and Torres Strait Islander people with cultural expertise and/or authority • Specific and targeted support to develop existing and potential Aboriginal and Torres Strait Islander leaders across all levels of health services and health professions
Culturally responsive health workforce	<ul style="list-style-type: none"> • Budget and resources to support adequate cultural safety and responsiveness training of health staff at all levels (clinical and non-clinical) and across all disciplines, including ongoing professional development, capacity for self-reflection and monitoring of health staff skills • Health professionals can identify the need for, and actively seek, advice, assistance and input from Aboriginal and Torres Strait Islander staff who are available to inform culturally responsive service provision • Professional bodies and training institutions embed cultural competency in the education of health professionals, including Aboriginal cultures and histories and the history of Aboriginal and Torres Strait Islander health • Professional bodies provide their members with ongoing opportunities for generic and specific standardised professional development in cultural safety • Partnerships established with Aboriginal and Torres Strait Islander Health Organisations (ACCHOs) to collaborate and share best practice in supporting health professionals to provide culturally safe and responsive health services to communities



DOMAIN 4: CONSUMER PARTICIPATION AND ENGAGEMENT

Health care and health services and systems are informed by active and meaningful partnerships and engagement with Aboriginal and Torres Strait Islander health consumers, families, and communities

FOCUS AREA	WHAT DOES IT LOOK LIKE? (What are the essential elements that jurisdictions and organisations should consider?)
Consumer-centred care	<ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander philosophies of holistic health and wellbeing are recognised in health practice, with Aboriginal and Torres Strait Islander knowledge, values, beliefs and cultural needs and health history informing decision making about clinical decisions, pathways and ongoing care, including consideration of Aboriginal and Torres Strait Islander family structures and responsibilities • Processes support and enable active and informed participation by Aboriginal and Torres Strait Islander consumers in decisions about their own care • A range of resources used to inform Aboriginal and Torres Strait Islander consumers about services available, their rights and the way in which they can seek redress of any complaints • Health professionals can identify the need for and actively seek advice, assistance and input from Aboriginal and Torres Strait Islander staff, communities and organisations who are available and able to inform culturally safe and responsive service provision
Consumer-designed care	<ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander health consumers are encouraged to participate in patient experience feedback mechanisms aimed at, and used for, improving service delivery • Governance structures support and facilitate partnerships with Aboriginal and Torres Strait Islander communities and health consumers to design the way care is delivered • Policies and processes are established and maintained to include Aboriginal and Torres Strait Islander communities and health consumers in policy development, service planning and care design • Organisational commitment to training of health professionals to support Aboriginal and Torres Strait Islander consumers involvement in health care design and delivery
Consumer informed performance measurement and evaluation	<ul style="list-style-type: none"> • Health and health systems research for Aboriginal and Torres Strait Islander people is led by Aboriginal and Torres Strait Islander people, who are involved as researchers, partners and drivers of research priorities and projects • Design and delivery of organisational performance measurement and evaluation of services including organisational self-assessments of cultural competency activities involves Aboriginal and Torres Strait Islander health consumers • Aboriginal and Torres Strait Islander consumers are engaged in performance measurement and evaluation of health services through accessible, culturally responsive and safe processes



DOMAIN 5: STAKEHOLDER PARTNERSHIPS AND COLLABORATION

Respectful and effective partnerships and collaboration between Aboriginal and Torres Strait Islander stakeholders and health care providers is a key element to supporting accessible, responsive and culturally safe services

FOCUS AREA	WHAT DOES IT LOOK LIKE? (What are the essential elements that jurisdictions and organisations should consider?)
<p>Aboriginal and Torres Strait Islander community engagement and participation</p>	<ul style="list-style-type: none"> • Participatory and collaborative partnerships with communities and a variety of formal and informal mechanisms are utilised to facilitate community involvement in developing and implementing cultural safety and responsiveness related activities • Governance structures support systematic and ongoing two-way communication with Aboriginal and Torres Strait Islander communities, particularly in relation to policy development, program planning, service delivery, evaluation of services, and quality improvements • Collaboration and partnerships with Aboriginal and Torres Strait Islander communities to actively respond to the challenges faced when engaging with the health service/system • Health leaders, professionals and organisations collaborate with Aboriginal and Torres Strait Islander community-controlled organisations or agencies to address health-related needs of Aboriginal and Torres Strait Islander people and communities • Partnerships with Aboriginal and Torres Strait Islander organisations to jointly recognise, celebrate and actively participate in historical events of significance and important annual events that recognise and promote culture (e.g. Close the Gap, National Reconciliation Week, Mabo Day, NAIDOC Week, Coming of the Light, Harmony Day, and National Sorry Day)
<p>Stakeholder engagement and relationships</p>	<ul style="list-style-type: none"> • Partnerships with community groups, other health organisations and professional bodies to plan, deliver and monitor effective models of services and partnerships that improve Aboriginal and Torres Strait Islander health and wellbeing • Cross-agency and cross-sector forums and decision-making bodies that include key Aboriginal and Torres Strait Islander organisations, agencies and consumers to share information, make decisions, influence, and develop networks and trust • Joint health and non-health policies, programs and services at community, state and national levels to address the broader social determinants impacting on health



DOMAIN 6: DATA, PLANNING, RESEARCH AND EVALUATION

Health services and systems are evidence-based and informed by research and evaluation that reflect Aboriginal and Torres Strait Islander values and principles. Participation and leadership in research activities and planning by Aboriginal and Torres Strait Islander people. Research knowledge is transferred back to the organisation and communities in ways that are appropriate, meaningful and useful to improving service delivery and planning

FOCUS AREA	WHAT DOES IT LOOK LIKE? (What are the essential elements that jurisdictions and organisations should consider?)
Data, information and planning	<ul style="list-style-type: none"> • Policy and processes support Aboriginal and Torres Strait Islander people and communities participation and leadership in research activities and planning • Mechanisms in place for the identification and collection of data and relevant health information related to cultural safety • Dissemination of cultural safety related information/data throughout the organisation to inform planning and development • Organisational assessments and audits are undertaken to identify levels of cultural responsiveness and safety, identify gaps, and inform improvement strategies • Strategies in place to ensure an ethical approach and appropriate ethics approval processes are undertaken when engaging in research and evaluation of Aboriginal and Torres Strait Islander health
Evidence-based evaluation and practice	<ul style="list-style-type: none"> • Requirement for new services, programs and initiatives to include a focus on cultural safety and responsiveness in program evaluations • Program and policy evaluations inform the development, planning and review of health services • Organisations conduct initial and ongoing organisational assessments of cultural safety and responsiveness related activities, and are encouraged to integrate cultural and linguistic responsiveness related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes based evaluations • Policies, programs and services delivered to Aboriginal and Torres Strait Islander people target those areas and strategies that evidence tells us will achieve the greatest impact
Research and knowledge transfer	<ul style="list-style-type: none"> • Mechanisms are in place to identify research questions relevant to cultural safety that reflect Aboriginal and Torres Strait Islander holistic philosophies and views of health and wellbeing, and the health history of Aboriginal and Torres Strait Islander people • Established collaborations and partnerships with the researchers to undertake research in cultural safety and responsiveness for Aboriginal and Torres Strait Islander health consumers • Integrate research findings, monitoring, evaluation and knowledge transfer into all relevant organisational initiatives • Repository of research and evaluation established to share knowledge, learnings and best practice

ATTACHMENT 1: DEFINITIONS

This framework provides the following definitions to provide some direction to the use of terminology, however is mindful of the existing terminology and investment specific jurisdictions have made within the area of cultural respect.

TERM	DEFINITION
Cultural awareness	Demonstrates a basic understanding of Aboriginal and Torres Strait Islander histories, peoples and cultures. There is no common accepted practice, and the actions taken depend upon the individual and their knowledge of Aboriginal and Torres Strait Islander culture. Generally accepted as a necessary first step and a foundation for further development, but not sufficient for sustained behaviour change. ^{37 38}
Cultural competency	A set of congruent behaviours, attitudes and policies that come together in a system, agency or among professionals to enable that system, agency or those professionals to work effectively in cross-cultural situations. ³⁹
Cultural capabilities	The skills, knowledge and behaviours that are required to plan, support, improve and deliver services in a culturally respectful and appropriate manner. ⁴⁰
Cultural safety	<p>Identifies that health consumers are safest when health professionals have considered power relations, cultural differences and patients' rights. Part of this process requires health professionals to examine their own realities, beliefs and attitudes.</p> <p>Cultural safety is not defined by the health professional, but is defined by the health consumer's experience—the individual's experience of care they are given, ability to access services and to raise concerns.⁴¹</p> <p>The essential features of cultural safety are:</p> <ol style="list-style-type: none"> An understanding of one's culture An acknowledgment of difference, and a requirement that caregivers are actively mindful and respectful of difference(s) It is informed by the theory of power relations; any attempt to depoliticise cultural safety is to miss the point An appreciation of the historical context of colonisation, the practices of racism at individual and institutional levels, and their impact on First Nations people's living and wellbeing, both in the present and past Its presence or absence is determined by the experience of the recipient of care and not defined by the caregiver.
Cultural responsiveness	<p>Refers to health care services that are respectful of, and relevant to, the health beliefs, health practices, cultures and linguistic needs of Aboriginal and Torres Strait Islander consumer/patient populations and communities.</p> <p>Cultural responsiveness describes the capacity to respond to the health care issues of Aboriginal and Torres Strait Islander communities. It is a cyclical and ongoing process, requiring regular self-reflection and proactive responses to the person, family or community interacted with. It thus requires knowledge and capacity at different levels of intervention: systemic, organisational, professional and individual.⁴²</p>
Cultural security	<p>Commitment to the principle that the construct and provision of services offered by the health system will not compromise the legitimate cultural rights, values and expectations of Aboriginal and Torres Strait Islander people.</p> <p>It is achieved by developing accessible and effective health care systems for Aboriginal and Torres Strait Islander people, based on acknowledgement of these people's right to self-determination, empowerment and health care; and as such, an understanding of, and responsiveness to, their cultural views, beliefs and knowledge systems, which play an integral role in adherence to health care services.⁴³</p>
Cultural respect	<p>The recognition, protection and continued advancement of the inherent rights, cultures and traditions of Aboriginal and Torres Strait Islander people.⁴⁴</p> <p>Cultural respect is about shared respect. It is achieved when the health system is a safe environment for Aboriginal and Torres Strait Islander peoples and where cultural differences are respected.</p> <p>It is a commitment to the principle that the construct and provision of services offered by the Australian health care system will not knowingly compromise the legitimate cultural rights, practices, values and expectations of Aboriginal and Torres Strait Islander peoples.</p> <p>The goal of cultural respect is to uphold the rights of Aboriginal and Torres Strait Islander peoples to maintain, protect and develop their culture and achieve equitable health outcomes.⁴⁵</p>

ATTACHMENT 2: JURISDICTIONAL POLICY FRAMEWORKS

There has been a longstanding commitment across successive Australian governments to enable accessible, responsive, and safe health service delivery to Aboriginal and Torres Strait Islander consumers. The following is a snapshot of current jurisdictional activity.

JURISDICTION	POLICY FRAMEWORK
South Australia	<ul style="list-style-type: none"> • <i>Aboriginal Cultural Respect Framework 2007-2012</i> • <i>Aboriginal Health Care Plan 2010-2016</i> • <i>Reconciliation Framework for Action 2014-2019 (SA Health)</i> • <i>Cultural Inclusion Framework for South Australia</i>
Western Australia	<ul style="list-style-type: none"> • <i>WA Aboriginal Health and Wellbeing Framework 2015-2030</i> • <i>WA Health Workforce Strategy 2014-2024</i> • <i>Department of Education: Aboriginal Cultural Standard Framework 2015</i>
Northern Territory	<ul style="list-style-type: none"> • <i>A Statement of Commitment to making a difference in Aboriginal Health and Wellbeing 2016</i> • <i>NT Aboriginal Health Plan 2015-2018</i> • <i>NT Department of Health Aboriginal Cultural Security Policy</i> • <i>NT Health Aboriginal Cultural Security Framework 2016-2026</i>
New South Wales	<ul style="list-style-type: none"> • <i>NSW Aboriginal Health Plan 2013-2023</i> • <i>NSW Mental Health Commission report, Living Well</i> • <i>Respecting the Difference: An Aboriginal Cultural Training Framework for NSW Health</i> • <i>Good Health-Great Jobs: NSW Aboriginal Workforce Strategic Framework 2016-2020</i>
Queensland	<ul style="list-style-type: none"> • <i>Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010-2033</i> • <i>Making Tracks toward closing the gap in health outcomes for Indigenous Queenslanders by 2033 Policy and Accountability Framework</i> • <i>Queensland Health Statement of Commitment to Reconciliation</i>
Victoria	<ul style="list-style-type: none"> • <i>Victorian Aboriginal Inclusion Framework</i> • <i>Aboriginal Health, Wellbeing and Safety Strategic Plan (in development)</i> • <i>Department of Health and Human Services Aboriginal Inclusion Action Plan: Moondani</i> • <i>Victorian Cultural Responsiveness Framework</i> • <i>Human Services Standards Evidence Guide, including Aboriginal culturally informed addendum and resource tool</i> • <i>The Department of Health and Human Services Aboriginal Employment Strategy 2016-2021</i>
Australian Capital Territory	<ul style="list-style-type: none"> • <i>ACT Aboriginal and Torres Strait Islander Health Plan 2016-2020 - Priorities for the Next Five Years</i> • <i>ACT Aboriginal and Torres Strait Islander Agreement 2015-2018</i>
Tasmania	<ul style="list-style-type: none"> • <i>Tasmanian Aboriginal and Torres Strait Islander Health Partnership Framework Agreement 2016-2020 (currently being negotiated)</i> • <i>Premier's Agenda to Reset the Relationship with the Tasmanian Aboriginal Community</i>
Commonwealth of Australia	<ul style="list-style-type: none"> • <i>National Aboriginal and Torres Strait Islander Health Plan 2013-2023</i>

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