



Towards cultural safety

The Royal Australian and New Zealand
College of Ophthalmology



TABLE OF CONTENTS

1. INTRODUCTION	4
2. ABOUT THIS RESOURCE	5
3. WHAT IS CULTURAL SAFETY?	5
Cultural safety	5
Other key terms and concepts	6
4. HOW DOES CULTURAL SAFETY IMPROVE HEALTH OUTCOMES?	9
Addressing the health impacts of racism	9
5. IMPLEMENTING CULTURALLY SAFE PRACTICE	10
Respect	12
Communication	14
Safety and quality	16
Reflection	19
Advocacy	23
REFERENCES	26

COVER & INSIDE FRONT COVER

Resource title

Towards Cultural Safety in Ophthalmology

Acknowledgement of country

We acknowledge the Aboriginal and Torres Strait Islander Peoples, the Traditional Owners of Country throughout Australia and recognise their continuing connection to land, waters and community. We pay our respects to them and their cultures; and to their Elders past, present and emerging. In recognition that we are a bi-national College, we also acknowledge the Rangatiratanga of Māori as Tangata Whenua and Treaty of Waitangi partners in Aotearoa New Zealand.

Disclaimer

This publication may contain images of Aboriginal and Torres Strait Islander Peoples who are living or deceased. These guidelines cannot apply to every Aboriginal and Torres Strait Islander community or situation due to cultural and locational differences.

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1. INTRODUCTION

For more than 60,000 years Aboriginal and Torres Strait Islander Peoples, cultures and laws thrived. Aboriginal and Torres Strait Islander Peoples, families and children were healthy, with strong minds and strong hearts and living in ways that kept them and their families strong. The heart of life were the strong connections to land; people were able to eat well due to the sophisticated ways of maintaining and caring for country. However, since colonisation, Aboriginal and Torres Strait Islander Peoples generally experience poorer health outcomes than non-Indigenous Australians, with a shorter life expectancy, a higher child mortality rate and a greater burden of chronic disease [1].

In terms of eye health, Aboriginal and Torres Strait Islander Peoples generally begin life with better vision than the rest of the Australian population [2]. Despite this, now, vision impairment is one of the most common long term health concerns experienced by Aboriginal and Torres Strait Islander Peoples [3].

The available evidence indicates that Aboriginal and Torres Strait Islander children have a lower prevalence of vision loss, blindness and refractive error, when compared with non-Indigenous children. By adulthood, data shows that from the age of 40 onwards, vision impairment impacts Aboriginal and Torres Strait Islander Peoples three times more than non-Indigenous Australians [4].

RANZCO is committed to building knowledge of and skills in culturally safe ophthalmic practice and to closing the gap in eye health inequality, acknowledges that health outcomes for Aboriginal and Torres Strait Islander Peoples is inextricably linked to self-determination. There is strong evidence to support improvement in health outcomes when Aboriginal and Torres Strait Islander Peoples take greater control over their health [5]. This commitment provides a strong foundation for enhancing culturally safe practice and closing the gap in Aboriginal and Torres Strait Islander eye health.

Cultural safety and dealing with unconscious bias and discrimination must be considered core business for any health organization [6]. The Australian Health Practitioner Registration Agency (AHPRA) acknowledges that cultural safety is not an optional 'add-on' to high quality service, care, policy, programs or procurement; and that it is intrinsic to clinical safety and patient safety [7] & [8].

RANZCO accepts that cultural safety is critical for improved patient outcomes. This resource is one demonstration of the College's commitment to building knowledge and skills in culturally safe ophthalmic practices and to closing the gap in eye health inequity.

2. ABOUT THIS RESOURCE

This resource has been written for use by ophthalmologists and your teams to support the application of cultural safety and responsiveness in Ophthalmology. It is important to enhance your understanding that the way you provide health care can impact on eye health care and how you need to work in a culturally safe and responsive manner. This resource provides you with the background, information, and case studies to assist you with upskilling and best practice to provide culturally safe ophthalmic care and develop a culturally safe workplace.

The resource gives you practical strategies to enhance culturally safe practice across the five interconnected capability areas that are outlined in the nationally agreed Aboriginal and Torres Strait Islander Health Curriculum Framework [9] and the RANZCO Cultural Safety Curriculum.

- Respect
- Communication
- Safety and Quality
- Reflection
- Advocacy

Case studies, examples of positive practice, reflective questions, further reading and guidance on 'what helps' are provided to further enhance cultural safety best practice.

3. WHAT IS CULTURAL SAFETY?

Words and definitions are important and create shared understandings. This section provides clear definitions and terminology to ensure a shared language regarding cultural safety.

Cultural safety

Definitions of cultural safety first emerged in Aotearoa/New Zealand. Dr Irahapeti Ramsden first described cultural safety as decolonising practice based on the Treaty of Waitangi. Dr Ramsden was concerned with improving health outcomes for Māori by addressing racism in health care settings and professions [10]. In Australia, cultural safety in health professional practice has been defined by Aboriginal and Torres Strait Islander health national peak organisations (the National Health Leadership Forum) and the Australian Health Practitioner Regulation Agency (AHPRA), in consultation with the Australian Medical Council and the Medical Board of Australia as:

'Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities.'

Culturally safe practise is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.'

There are diverse political and social realities in Australia, and cultural safety has been defined slightly differently depending on these contexts. However, there are principles of cultural safety which remain a foundational base to these diverse realities. Most notably that [11]:

- an emphasis on cultural safety is a powerful mechanism for addressing and unlearning racism in the enabling environment in individual, institutional, and systemic enabling environments.
- cultural safety requires an analysis of one's own cultural values perspectives, rather than merely learning about 'the other's' cultures.
- enabling cultural safety requires a commitment to Aboriginal and Torres Strait Islander self-determination – 'nothing for them without them'. That is; Aboriginal and Torres Strait Islander Peoples must lead our programs, policies and procurement, based on Aboriginal and Torres Strait Islander paradigms, or as Aunty Lilla Watson describes it, the Aboriginal Terms of Reference [12]; and
- the underlying values, paradigm and approach to health and wellbeing is based acknowledging that Aboriginal and Torres Strait Islander science and knowledges stand hand in hand with western biomedicine. That is, Aboriginal and Torres Strait Islander science and knowledges should not be treated as secondary to western biomedicine.

Other key terms and concepts

Aboriginal and Torres Strait Islander health

Aboriginal and Torres Strait Islander understandings of health are holistic, comprehensive and considered highly sophisticated. Holistic health is not isolated to the physical wellbeing of an individual. It is connected to the social, emotional, and cultural wellbeing of the whole community, across the entire life-course [13]. It includes broader issues of social justice, equity, and rights, as well as traditional knowledge, traditional healing, and connection to country [14] & [15].

Aboriginal and Torres Strait Islander centred, trauma informed, cultural practice

Aboriginal and Torres Strait Islander-centred, trauma-informed cultural practice that puts culture at the centre, and includes elements of self-determination, community values and participation, Aboriginal and Torres Strait Islander holistic understandings of health alongside a culturally and clinically skilled workforce, are more likely to improve Aboriginal and Torres Strait Islander health outcomes [16].

Whilst western biomedicine approaches to healthcare are accepted as 'normal' in mainstream medicine, these approaches are limited and ineffective in Aboriginal and Torres Strait Islander communities. By contrast, Aboriginal and Torres Strait Islander approaches to holistic wellbeing can be applied effectively for many populations [17].

Social and Emotional Wellbeing

Social and Emotional Wellbeing (SEWB) is used to describe holistic health, which is the social, emotional, spiritual, and cultural wellbeing of a person, family, community, or organisation. The term recognises that connections to land, culture, spirituality, family, and community are viewed as important and may impact on wellbeing positively if connections are strong or negatively, if they are compromised. SEWB is a highly sophisticated and comprehensive approach towards understanding physical, psychological, and spiritual health of a person, a family and/or a community.

Social justice

Social justice centres on ensuring that people have equal opportunity of choices about their lives; how they choose to live them and the means through which they make those choices [18]. The Australian Human Rights Commission further defines social justice as 'a life of opportunity and dignity, free from discrimination and disadvantage'. Social justice is a universal human right.

Achieving social justice is key to improving Aboriginal and Torres Strait Islander health outcomes and closing the gap [19].

Social justice for Aboriginal and Torres Strait Islander Peoples is not about formal equality with non-Indigenous Australians. Inherent in achieving social justice is the recognition and support of the fundamental rights of Aboriginal and Torres Strait Islander Peoples. The work of the Aboriginal and Torres Strait Islander Social Justice Commissioner, June Oscar AO, is guided by the *United Nations Declaration on the Rights of Indigenous Peoples* and has a particular focus of the right to 'self-determination, participation in decision-making, respect and protection of culture, and equality and non-discrimination' [20].

Equity and equality

Equity and equality are often mistakenly conflated as interchangeable terms relating to fair treatment and justice. In reality, there is a critical difference between the two terms. Equality concerned with sameness and is focused on input [21]. Equality is about everyone receiving the same *equal* treatment. The issue with equality is that people have different needs and come from different places. Treating everyone the same through equal inputs can result in unjust and unfair outcomes [22].

On the other hand, equity is concerned with fairness, and is focused on outcomes [23]. Equitable treatment ensures that the different needs of people are met to ensure fair and just outcomes.

Equality assumes everyone is starting from the same place. Equity acknowledges that people have different histories, experiences and opportunities. It is only through addressing these different needs that health outcomes of Aboriginal and Torres Strait Islander Peoples will be improved [24].

Aboriginal and Torres Strait Islander health has not improved at the rate of non-Indigenous health in Australia. Trying to fit Aboriginal and Torres Strait Islander Peoples into western biomedicine approaches to health continues to reproduce inequity [25]. Equitable treatment is therefore inclusive of Aboriginal and Torres Strait Islander paradigms of health [26]. Aboriginal and Torres Strait Islander Peoples sciences and knowledges are imperative to ensuring that equitable treatment is culturally safe and appropriate.

Traditional healing

Healing is any interaction, behaviour, feeling or power that intentionally or unintentionally improves health and wellbeing. Healing can be for an individual, a family, a community, country and/or spirit just to name a few. Phillips (2003) has defined healing as "...a spiritual process for:

1. Recovery from addictions or other maladaptive coping mechanisms
2. Recovery from trauma (intergenerational, situational, cumulative etc)
3. Cultural and spiritual renewal." [27]

Traditional or cultural healing refers to health approaches, knowledges, and beliefs incorporating First Nations healing and wellness while using ceremonies; plant, animal, or mineral-based medicines; energetic therapies; or physical/hands on techniques. Traditional healers are those trained or born into the discipline of healing.

Rights and self-determination

The principle of self-determination has been described as the most fundamental of all human rights for Indigenous Peoples. Self-determination has particular significance for Indigenous Peoples around the world given their historic exclusion from decision-making through the experiences of colonisation, dispossession and paternalism.

Self-determination reflects the aspirations of Indigenous Peoples worldwide to be 'in control of their own destinies under conditions of equality, and to participate effectively in decision-making that affects them' [28]. Self-determination is an inherent right of Aboriginal and Torres Strait Islander Peoples. Aboriginal and Torres Strait Islander families and communities have the right to decide on their own futures.

The *United Nations Declaration of the Rights of Indigenous Peoples* defines self-determination as the right to autonomy and self-government, the right to freely determine ones' own political status and to freely pursue economic, social and cultural development [29].

It is important to recognise that self-determination should not be constrained by any one definition or understanding. Self-determination means different things to different communities.

Aboriginal-led evidence shows that for Indigenous populations, self-determination, when comprehensively enabled, is a significant factor in improving health and social outcomes [30]. Self-determination is comprehensively enabled when governments do more than merely grant Aboriginal and Torres Strait Islander People 'permission' to design and implement services. Supporting self-determination extends to recognising that Aboriginal and Torres Strait Islander Peoples have the right to be free from unwarranted state interference and to respond appropriately to issues within their communities [31] & [32]. It also requires governments and non-government agencies give up control and share resources and power [33], [34] & [35].

Without self-determination it is not possible for Aboriginal and Torres Strait Islander Peoples to fully overcome the legacy and impacts of colonisation and dispossession [36].

4. HOW DOES CULTURAL SAFETY IMPROVE HEALTH OUTCOMES?

Research has consistently demonstrated that cultural safety can significantly enhance the nature and the scope of healthcare afforded to Aboriginal and Torres Strait Islander Peoples [37], by:

- Enabling better access to healthcare for Aboriginal and Torres Strait Islander Peoples. Developing a culturally safe workplace results in improved access by Aboriginal and Torres Strait Islander community members who feel valued and who enter into a partnership with you to look after their health.
- Positively impacting on both physical health and psychological health for Aboriginal and Torres Strait Islander Peoples [38].
- Enabling more inclusive work environments that support the growth of the Aboriginal and Torres Strait Islander Ophthalmology workforce.

Collectively, greater access and more Aboriginal and Torres Strait Islander Trainees and Fellows can be achieved through more culturally safe workplaces and practice. Achieving this will make a significant contribution to eye health outcomes for Aboriginal and Torres Strait Islander Peoples.

“Good health care outcomes for Aboriginal and Torres Strait Islander peoples require health professionals to be both clinically and culturally capable.”

Addressing the health impacts of racism

There is clear evidence of the intergenerational effects of racism and colonisation. Trauma experienced in previous generations impacts the health outcomes of the younger generations today [39]. It is not only inter-generational trauma that effects health outcomes. One third of Aboriginal and Torres Strait Islander Peoples report racism in health and medical care settings some or all the time [40].

Racism directly impacts on health outcomes for Aboriginal and Torres Strait Islander Peoples. A recent study from Victoria found that at least one third of the gap in health outcomes between Aboriginal and Torres Strait Islander Peoples and non-Indigenous people can be attributed to racism in the public health system [41].

Culturally safe organisations recognise that racism is a significant public health and public policy issue. Public health researchers Paradies and Cunningham emphasise that organisations must actively work to eliminate all forms of racism, white privilege, and cultural bias that Aboriginal and Torres Strait Islander Peoples continue to experience in all aspects of health service delivery [42], [43] & [44].

An emphasis on cultural safety is a powerful mechanism for overcoming the normalised and systemic racism experienced by Aboriginal and Torres Strait Islander Peoples in mainstream healthcare.

5. IMPLEMENTING CULTURALLY SAFE PRACTICE

A culturally capable health workforce is vital to ensuring services are culturally safe services and meet the needs of Aboriginal and Torres Strait Islander Peoples to improve their health outcomes.

The Aboriginal and Torres Strait Islander Health Curriculum (ATSIHEC) Framework [45] has been nationally agreed and situates Aboriginal and Torres Strait Islander clients at the centre of health delivery, with the ultimate goal being to enable better health outcomes for Aboriginal and Torres Strait Islander Peoples. Relationships and partnerships are core to the model.

The ATSIHEC outlines five interconnected cultural capabilities that ophthalmologists (and all health professionals) should meet and continue to strive for:

1. Respect
2. Communication
3. Safety and Quality
4. Reflection
5. Advocacy

Each capability has several key descriptors that articulate required attitudes, values, skills and knowledge that demonstrate each capability.

This resource aims to provide practical guidance to implement culturally safe practice, partnerships and relationship in line with these capabilities. It aims to help Ophthalmologists demonstrate and apply these attitudes, values, skills and knowledges. This resource is a tool for practicing self-reflexivity and humility and should be used as a guide for continuous improvement.



In this resource, a series of reflective questions and activities are provided. These aim to be useful prompts to support the lifelong learning journey of critical self-reflexivity.

Critical self-reflexivity is essential for learning and growth. It is a deep form of learning that can transform worldviews and perceptions. Self-reflexivity and critical analysis of one's own cultural values and privileges are integral to respectful health care practice.

Cultural capabilities are an 'all round human quality', that allows knowledge, skills and personal attributes to be applied not just in the 'known circumstances but in response to new and changing circumstances. Capabilities reflect a lifelong journey of development and are tested in every new interaction [46].

"Self-reflexivity and humility develop respectful health care practice"

Feature box: AHPRA's 'How To' for culturally safe and respectful practice

Health practitioners must:

- acknowledge colonisation and systematic racism, social, cultural, behavioural and economic factors which impact individual and community health
- acknowledge and address individual racism, their own biases, assumptions, stereotypes and prejudices
- provide care that is holistic, free of bias and racism
- recognise the importance of self-determined decision making, partnership and collaboration in healthcare which is driven by the individual, family and community
- foster a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander Peoples and colleagues [47]

Key resource: Cultural Safety for Health Professionals portal

The portal aims to support teaching health professionals to critically reflect on the concept of cultural safety and to deliver safe, accessible and responsive healthcare that is free from racism. Links are provided here to Aboriginal and Torres Strait Islander health and cultural safety resources, relating to the five capabilities of a refreshed Aboriginal and Torres Strait Islander Health Curriculum Framework.

For each profession you will find available links to resources and publications in relation to the five capabilities as well as general information that is relevant across all disciplines.

The links to these resources have been provided by the Griffith University First Peoples Health Unit and are curated by the *HealthInfoNet*.

See the portal at: <https://healthinonet.ecu.edu.au/key-resources/health-professionals/cultural-safety-for-health-professionals/>

Respect

“Having Aboriginal ophthalmologists at the table brings a new perspective. These patients could be like me, they could be my uncle, they could be my cousins.”

Dr Kris Rallah-Baker [51]

Recognising Aboriginal and Torres Strait Islander ways of knowing, being and doing in the context of history, culture and diversity, and affirming and protecting these factors through ongoing learning in health care practice is at the heart of cultural safety. Consider concepts such as historical context, cultural knowledge, diversity and humility and lifelong learning. This includes recognising the ongoing impact of colonisation on Aboriginal and Torres Strait Islander Peoples and their health.

Self-reflectivity and critique of one’s own cultural values and beliefs is integral to a respectful and culturally safe healthcare practice [48].

Personal story: Dr Kris Rallah-Baker

Dr Kristopher (Kris) Rallah-Baker is a Yuggera/Biri-Gubba-Juru man and is the first and only Aboriginal ophthalmologist in Australia. Dr Kris works from a strengths-based model that focuses on positive health indicators rather than negative health statistics [49].

Dr Kris was inspired to work in healthcare after learning that his Great Grandmother had refused to see white doctors after her treatment by them during the Stolen Generation. Because of this experience Dr Kris’s Great Grandmother passed away before her time, as she did not get the medical treatment she needed. Dr Kris joined the medical field, knowing the importance of having Aboriginal and Torres Strait Islander doctors [50].

Learning

Resource	Summary
The Fred Hollows Foundation - Dr Kris Rallah-Baker	This 10-minute read further discusses Dr Kris Rallah-Baker's practice, history and hopes for culturally safe ophthalmology in the future. This 10-minute read is available here: https://www.hollows.org/au/blog/dr-kris-rallah-baker
Impacts of Intergenerational Trauma - The Healing Foundation	The video below outlines how intergenerational trauma affects the children, grandchildren and future generations of the Stolen Generations. The impacts of intergenerational trauma discussed include issues with attachment, and disconnection from family and community. This cycle of trauma is intergenerational as the impact is passed on to the next generation. The video also highlights that Stolen Generations members may pass on the impacts of institutionalisation. They may find it difficult to nurture their

	<p>children because they were denied the opportunity to be nurtured by their own families.</p> <p>Watch this 4-minute video here: https://www.youtube.com/watch?v=Y-RaB19D13E</p>
<p>“Now we say Black Lives Matter but ... the fact of the matter is, we just Black matter to them”</p> <p>-</p> <p>The Medical Journal of Australia</p>	<p>This paper addresses the systematic and persisting racism in the Australian health system that leads to poorer health outcomes for Aboriginal and Torres Strait Islander Peoples. Following the Black Lives Matter movement from the US, the article tells a parallel story of increased incarceration and death of Indigenous Australians and the irony of Aboriginal and Torres Strait Islander improved health plans that still fail to address the key issue of systematic racism. The paper includes a proposal of a ‘health justice framework’ that would aim to address the inequities in the Australian health system through the creation of a system that believes Black lives are deserving of care.</p> <p>Read the 10-minute article here: https://www.mja.com.au/journal/2020/213/6/now-we-say-black-lives-matter-fact-matter-we-just-black-matter-them1</p>

Reflective questions and exercises

- What do I know about the cultures, values, beliefs, and history of the person, their family and in the community of my patient?
- In what ways can I more respectfully work with Aboriginal and Torres Strait Islander Peoples in Australia and in my local area? Why is this important?
- What is my potential for racism and unconscious bias? Does whiteness or white fragility get in the way of me seeing racism?
- Do I know about the Stolen Generations? Do I feel that you have learned enough to be able to treat a patient from the Stolen Generations?
- How might I have been intentionally or unconsciously racist in the past? Have some of my actions had unintended consequences? How can I take responsibility for the effect of racism, whether it was intended or not?

Communication

“A genuine respect for all patients and staff and a kind, patient manner, will make a rewarding practice for your clinic”

Dr Angus Turner, Ophthalmologist, WA [52]

At the heart of providing quality ophthalmic care is the ability to engage in culturally appropriate, safe and sensitive communication that facilitates trust and the building of respectful relationships and partnerships with Aboriginal and Torres Strait Islander Peoples.

“This is what a black fella can’t take, he can’t take it when a man talks down to him. He can’t take that he’ll get up and say, ‘Yeah, yeah, yeah,’ walk out and do the same thing. But when you sit down and talk with him, talk to him, he takes notice.”

[Male, ex-smoker, Brisbane, Qld] [53]

Learning

Resource	Summary
RANZCO Cultural Awareness – In the clinic - RANZCO	This RANZCO video features Dr Angus Turner. It provides recommendations for Ophthalmologists about how to operate a more respectful and culturally safe clinic for Aboriginal and Torres Strait Islander Peoples. The video offers clinical scenarios and identifies some key questions you as an Ophthalmologist should ask yourself when working with Aboriginal and Torres Strait Islander patients. What may be accepted practice for you when seeing a non-Indigenous patient may be culturally inappropriate for Aboriginal and Torres Strait Islander patients. Dr Turner discusses some strategies about how to navigate these differences to ensure you are delivering culturally safe care. Watch this 10-minute video at: https://www.youtube.com/watch?v=LVGBwqVL_TM
The power of talk and power in talk: a systematic review of Indigenous narratives of culturally safe healthcare communication - W Jennings, C Bond and P Hill	This journal article explores the importance of <i>talking to</i> not <i>talking down</i> to clients. The article discusses how power can be mediated, either unsafely through “down-talk” by withholding information, medical jargon and judgemental communication or empower clients through “good-talk” where healthcare is delivered “on the client’s level”. The article sets out why “good talk” is critical to improving Aboriginal and Torres Strait Islander health outcomes, and accessibility to healthcare. Read this 15-minute article here: https://www.publish.csiro.au/PY/PY17082

<p>The Healing Foundation</p> <p>-</p> <p>Working with the Stolen Generations</p>	<p>This fact sheet provides information for General Practitioners to improve services for Stolen Generation survivors. Whilst this fact sheet is tailored to GPs, the information in this resource is applicable across the whole medical field.</p> <p>This 15-minute read is available at: www.healingfoundation.org.au/app/uploads/2019/12/Working-with-Stolen-Generations-GP-fact-sheet.pdf</p>
<p>Understanding Indigenous patient attendance: A qualitative study</p> <p>-</p> <p>S Copeland, J Muir and A Turner</p>	<p>This research article from Lions Outback Vision and Centre for Ophthalmology and Vision Science explores Aboriginal and Torres Strait Islander patient non-attendance at outreach ophthalmology clinics in Western Australia. Using the Lions Outback Vision as a case study, this article discusses how previous literature on the topic focuses on the patient's non-attendance, without recognising the critical role that clinic staff plays in effecting attendance. Read this 15-minute article here:</p> <p>www.outbackvision.com.au/wp-content/uploads/2020/05/copeland-c-muir-j-turner-a-understanding-indigenous-patient-attendance-a-qualitative-study-ajrh.pdf</p>
<p>The RANZCO Outreach Portal</p>	<p>The Outreach Portal is a 2022 RANZCO initiative that aims to map the current Australian Outreach Services in Australia, identify gaps and facilitate engagement of Trainees and Fellows to contribute to 'excellence and equity in eye care'. It is a centralised hub of information where ophthalmologists can access information about services in their area and connects Trainees and Fellows who are wanting to undertake outreach work. Access the Outreach Portal through the main RANZCO Portal. https://outreach.ranzco.edu/</p>

Reflective questions and exercises

- How would I go about the ophthalmology assessment of an Aboriginal and Torres Strait Islander person who is referred to me? What questions would I ask to gain rapport and trust?
- Reflect on how the experience of an Aboriginal and Torres Strait Islander person suffering from an eye disease may affect that person and the person's family, and ways that you as the treating Ophthalmologist may assist the family.
- How does potential mistrust from patients (from both historical and current experiences of racism and genocide in the healthcare sector), the transient nature of outreach services and that fact that you may not see a patient more than once effect your interactions with a patient? What can you do to mitigate these factors and ensure you are communicating in a culturally safe manner?

“The College of ophthalmologists has a long, proud history of providing outreach services to rural and regional areas, in the spirit of providing equitable eye care, which means that all people have the same access to specialist eye services, regardless of where they live in our vast continent. There is much to be done to close the gap. Amongst many initiatives of the College, the Outreach Portal is another one.”

Dr. Nitin Verma, RANZCO College President, 2020

Safety and quality

“It’s very difficult to really communicate the scale of the gain that occurs if you can help somebody see again, and it doesn’t really get factored into all of the decisions around resourcing because if it was, everybody would throw money at eyes because we can actually make the difference– we can keep people independent, we can keep the elders being functional members of the community, and the value add that you get for the community is almost incalculable” [55].

Dr. Tim Henderson OAM, Ophthalmologist Alice Springs

It is essential to apply evidence and strengths based best practice approaches in Aboriginal and Torres Strait Islander health care. Clinical presentation and population health best practice entails applying knowledge of disease prevention, and health statistics. Having effective policies and strategies relative to the diversity of Aboriginal and Torres Strait Islander Peoples and their cultures is critical to delivering culturally safe and high-quality health care.

Key resource: Overview of Aboriginal and Torres Strait Islander health status

The [Overview of Aboriginal and Torres Strait Islander health status](#) (the Overview) aims to provide a comprehensive outline of the most recent indicators of the health and current health status of Australia's Aboriginal and Torres Strait Islander people [54].

The initial sections of the Overview provide information about the context of Aboriginal and Torres Strait Islander health, social determinants, the Aboriginal and Torres Strait Islander population and measures of population health status including births, mortality and hospitalisation.

The remaining sections concern selected health conditions and risk/protective factors that contribute to the overall health of Aboriginal and Torres Strait Islander people. These sections include an introduction and evidence of the extent of the condition or risk/protective factor. Information is provided for states and territories, Indigenous Regions and remoteness, and for demographics such as sex and age, when the information is available and appropriate.

Case study

Intensive Eye Surgery Weeks and equitable eyecare for Aboriginal populations in remote Central Australia

In the above quote, Dr Tim Henderson highlights the individual impact of access to eye surgery on the individual and on communities.

The Intensive Eye Surgery Weeks (IESW) supported by the Fred Hollows Foundation and partners are currently core to the model of eye health provision in Central Australia. RANZCO Fellow, Dr. Tim Henderson and his team complete about 35-40 visits to 30 communities per year [55]. The work encourages close work within multidisciplinary teams, mutual support within communities and closer participation in and adherence to postoperative care.

Despite IESWs having an immediate and rewarding impact, there is a need for a more sustainable surgical and eyecare model in this area. The number of Aboriginal and Torres

Strait Islander Peoples waiting for eye surgery remains consistently disproportionate and inequitable. IESW are resource intensive and need detailed organisation of translation and transportation, theatre coordination and Aboriginal Liaison services. Mitchell, Hassall & Henderson (2020) present a case for a more centralised Centre of Excellence for Rural and Remote Ophthalmology, outlining the staffing, infrastructure and the strategic vision required for more sustainable and collaborative management between health specialists and local communities in this area [56].

Accessing effective specialist care is geographically challenging for an estimated 50-60,000 people across central Australia, and there is need for more ophthalmologists to service the area. Despite some evidence of improvements in health literacy and culturally sensitive services, institutionalised racism, inconsistent community engagement, fear of surgical outcomes, misunderstood cause of eye disease and poor health literacy remain strong barriers to Aboriginal and Torres Strait Islander Peoples accessing effective specialist care [57].

In Central Australia, access to full-time health providers is less than half the national average and there is a large cohort of unseen patients with reversible eye disease (Mitchell, Hassall & Henderson, 2020) [58]. Significant gaps in health equity exist as Aboriginal and Torres Strait Islander adults can experience bilateral vision impairment and blindness three times more than non-indigenous adults and are seven times less likely to be able to access surgery [59]. Approximately 94% of eye disease affecting Aboriginal and Torres Strait Islander Peoples is either treatable or preventable.

Learning

Article 1: Updating the model of eye care for Aboriginal populations in remote Central Australia
Mitchell, Hassall & Henderson:

Abstract: Eye disease is the third-highest contributor towards health inequality for Aboriginal Australians. Understanding how the Central Australian ophthalmology service addresses complexities of remote eye care is crucial in understanding how expansion can meet current and future needs. The study analyses findings from the MEDLINE database and Governmental reports, and descriptive information from stakeholders in Central Australia and the Australian Department of Health. We describe the current Central Australian ophthalmology model at three levels: (a) the healthcare service level (specialized primary care, local/outreach optometry and ophthalmology services, and intensive extended surgical weeks), (b) the community level (local community staff, clinics and initiatives, and eye “champions” and mutual support), and (c) the healthcare system level (federal and state government, and private funding). We conclude that building full-time specialist availability, and system-wide approaches to increase patient utilisation, will facilitate overcoming barriers of remoteness, and create enduring improvements in Central Australian eye care and health-inequality.

Full text available here: <https://onlinelibrary.wiley.com/doi/epdf/10.1111/ceo.13838>

Article 2: Trust, culture and communication: determinants of eye health and care among Indigenous people with diabetes in Australia Yashadhana, Fields, Blitner, Stanley & Zwi:

Abstract: The results from this study found that “more than one-third of all patients had little to no knowledge of how diabetes affects eye health. Limited access to health information and interpreters, language barriers, distrust of health providers and services, and limited cultural responsiveness among non-Indigenous clinicians, were identified as determining factors in eye health and care.”. This article considers how to address issues in trust and communication among Aboriginal and Torres Strait Islander patients.

Article available here: <https://gh.bmj.com/content/bmjgh/5/1/e001999.full.pdf>

Upon these readings, consider the reflective questions below:

Reflective questions and exercises

- What is the current data for persons with eye disease for Aboriginal and Torres Strait Islander Peoples in comparison with the wider Australian population? What do I think are the contributing factors of this data?
- Consider what programs, supports or services there may be that I know of to manage the contributing factors of eye disease for Aboriginal and Torres Strait Islander Peoples?
- Does my workplace have accountability checks on policies and procedures aimed to increase Aboriginal participation in the health system? How often are these reported on, and are Aboriginal Peoples involved in the reporting or implementing of these policies and procedures?
- Reflect on the barriers to accessing effective specialist care mentioned in the case study. In what ways do you think healthcare professionals have contributed to these barriers? In what ways can you address these barriers in your practice?
- Focusing on Dr Tim Henderson’s quote at the beginning of this section, in what ways do you think Western measurements of health outcomes effect resourcing? How may access to health services improve if Aboriginal and Torres Strait Islander paradigms and approaches to health were factored in to resourcing decisions?

Reflection

“Racism causes a huge impact on your self-perception, confidence and resilience”.

Dr. William Glasson AO

The ability to examine and reflect on how one’s own culture and dominant cultural paradigms, will influence perceptions of and interactions with Aboriginal and Torres Strait Islander Peoples. Ongoing reflection of current beliefs is key to delivering culturally safe health care.

Racism in health care is a determinant of inequitable Aboriginal and Torres Strait Islander health outcomes [60]. Understanding that racism operates at a systematic level in health care is key to working towards its elimination, and ensures that non-Indigenous, and particularly white practitioners, are more aware of how they may be contributing to racist practices. Analysis of one’s own white privilege is necessary to understand how power imbalance contributes to the inequities faced between Aboriginal and Torres Strait Islander Peoples and white Australians.

Reflection

From Dr. William Glasson AO, Past RANZCO President

I had the privilege of being born in a Western Queensland town and living on a rural property beside many indigenous families. As a child, I had indigenous friends who I used to spend time with so I never really thought there was a difference, and also didn’t understand the circumstances on their side as reflected by their parents. When I think about it there was terrible racism demonstrated by some of the non-indigenous people in our area which only became apparent to me later in life. Unless you have been indigenous yourself, and have experienced racism, one often has difficulty understanding it as a young person. Racism causes a huge impact on your self-perception, confidence and resilience. If you continue to be talked down to and belittled then this has a huge impact on your ability to stand beside a non-indigenous person and feel equal.

White privilege has existed since the original European invasion. I heard about the term fifty years ago, and initially, probably did not understand the meaning but looking back I now understand that there is a real gap between indigenous and non-indigenous people. Given the fact that I have so many indigenous friends, I felt somewhat shamed by the concept. Many of them were much better stockman than I was, and certainly taught me a lot about life.

Racism needs to be addressed in our schools as part of educating all of us that we are all equal despite our race, colour or creed. We need to teach our children and hence adults, that people need to be judged on who they are as a person and how they behave rather than from an objective measure. I have spent much of my time talking up the attributes of many of my indigenous colleagues, and friends, who have achieved incredibly despite having the barriers of racism placed before them.

In saying all of this, there are many non-indigenous Australians who are not racist and set a wonderful example on how to behave and judge others to their children and friends around them. I am so proud to work with many indigenous organisations and see the achievements being made to narrow the gap around health, education, employment and leadership.

Learning

Introducing Self-Reflection – A practical approach [61] & [62]

- Reflection is looking back on an experience or a situation with the intention of drawing insight that may inform future practice in positive ways
- Critical reflection is an extension of simple self-reflection. Critical reflection is paying critical attention to the values, norms and conventions that inform practice and action, so as to engage in the process of continuous learning
- In order to be culturally safe health practitioner, you must be able to be critically reflective. Critical reflection requires you to understand your cultural self, as well as how your cultural self is situated in the broader healthcare system and how this may influence your practice.
- A key outcome of cultural capability is being able to engage in self-reflexivity. Self-reflexivity is being critically reflective in the moment. It is having an ongoing conversation with one's whole self about what one is experiencing as one is experiencing it.
- To be self-reflexive is to engage in feeling and thought while being in the moment, it is an advanced form of self-knowledge. It is the ability to make the quality of our relationships better at the time in that encounter, without having to wait for our next interaction.

Case Study

Ms Dhu was of the Yamatji Nanda Nation family group on her mother's side, and the Banjima family group on her father's side. Her family describe her as 'happy-go-lucky' and 'always with a smile on her face'. They remember her as caring, full of love and cheer, with a fierce sense of loyalty to friends and family.

Ms Dhu was only 22 years old when she was taken into police custody. When police responded to a report that Ms Dhu was being abused by her partner, they unearthed a number of her outstanding fines. This twist in events, casting her as an offender against the law, rather than a young woman in need of protection from family violence, led to her own arrest and shocking death less than two days later.

During her final 48 hours of life, Ms Dhu tried to convince police and medical officers that she was seriously ill but she was discredited, disbelieved and subjected to further physical injury. They repeatedly refused to provide her with due care, respect and the necessities for life.

Reflect on this case study, then read the article by Professor Gregory Phillips in Croakey Health Media before completing the reflective questions and exercises below

Read the article here: <https://www.croakey.org/ms-dhu-findings-show-importance-of-teaching-doctors-and-nurses-about-unconscious-bias/>

Reflective questions and exercises

- What are the impacts that racism has on the health and wellbeing of a person, their family and the wider Australian community?
- How do I feel today hearing about the term 'white privilege?' When was the first time that I heard this term and how did I react?
- What steps may be taken to address racism in Australia? What am I doing about racism personally and professionally day-to-day?

Further reading

Resource	Summary
<p><i>White Fragility</i></p> <p>-</p> <p>Robin DiAngelo</p>	<p>This article discusses the concept of ‘White Fragility’, being the inability for white people to tolerate racial stress. The article explains that racial stress is a disruption of what is familiar and gives a list of examples of when this may happen. It further discusses the danger of positing whiteness as universal and normal, highlighting that it is critical for white people to understand that they too are part of a racial group. This article is a powerful read, that will offer many points of critical self-reflection for white practitioners.</p> <p>This 25-minute read is available here: https://libjournal.uncg.edu/ijcp/article/viewFile/249/116</p>
<p>Report on the findings of the 2016 AIDA member survey on bullying, racism and lateral violence in the workplace.</p> <p>-</p> <p>Australian Indigenous Doctors’ Association (AIDA)</p>	<p>In 2016 AIDA surveyed members about the prevalence of workplace bullying, racism and lateral violence in their work and learning environment, and its impacts. The survey results confirmed the existence of bullying, racism and lateral violence, and the reality and prevalence of unsafe work environments, particularly for AIDA’s Aboriginal and Torres Strait Islander members. Respondents also reported that perpetrators were often senior colleagues.</p> <p>The report outlines the current and ongoing issues of racism in health, including the misconceived notion that racism in health is only experienced by patients. Aboriginal and Torres Strait Islander doctors experience racism at nearly 10 times the rate of their non-indigenous counterparts.</p> <p>This 10-minute read is available here: https://aida.org.au/app/uploads/2021/01/Report-on-AIDA-Member-Survey_Final.pdf</p>
<p>Death by Racism: bigotry in the health system is harming Indigenous patients</p> <p>IndigenousX in collaboration with The Guardian</p> <p>Colleen Lavelle</p>	<p>This paper speaks of stories and firsthand experience of racism in health care. Importantly, it outlines how preconceptions and stereotypes held by medical professionals can significantly hinder effective health care for Aboriginal and Torres Strait Islander Peoples. The reduced care comes in the form of misdiagnosis, hesitance to prescribe required medication and lack of respect for cultural values.</p> <p>This 5-minute read is available here: https://indigenousx.com.au/death-by-racism-bigotry-in-the-health-system-is-harming-indigenous-patients/</p>

<p>Perceived racism may partially explain the gap in health between Aboriginal and non-Aboriginal Victorians: A cross-sectional population-based study</p> <p>-</p> <p>A Markwick, Z Ansari, D Clinch and J McNeil</p>	<p>This study challenges the one-dimensional claim that Aboriginal and Torres Strait Islander health outcomes are determined by 'lifestyle risk factors. The research found that racism contributed to 34% of the gap in health between Aboriginal and Torres Strait Islander Peoples and non-Indigenous people living in Victoria.</p> <p>This 15-minute research article is available here: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6317510/pdf/main.pdf</p>
<p>Learning and unlearning: Is communication with minority patients about self or others?</p> <p>-</p> <p>C Ryder, D Yarnold and D Prideaux</p>	<p>This article explores the importance of unlearning pre-conceptions, and that critical self-reflection of oneself needs to ensure patients are treated in a culturally safe manner and are not stereotyped based on their cultural or racial background.</p> <p>Access this 5-minute read here: https://www.researchgate.net/publication/51669724_Learning_and_unlearning_Is_communication_with_minority_patients_about_self_or_others</p>

Advocacy

“RANZCO is committed to working collaboratively with our sector towards closing the gap in eye health and improving access to culturally safe health care in Australia.

We want to support close the gap in the unacceptable health disparities between Aboriginal and Torres Strait Islander peoples and other Australians” [RANZCO’s Reconciliation Action Plan](#) [63].

- Over one in ten Indigenous Australians aged over 40 (10.4%) suffer from vision impairment or blindness.
- Older Indigenous Australians are almost three times as likely to suffer from vision impairment or blindness as older non-Indigenous Australians [63].

As ophthalmologists we recognise that the whole health system is responsible for improving Aboriginal and Torres Strait Island health, and that we contribute to leadership in this area. We advocate for equitable outcomes and social justice for Aboriginal and Torres Strait Islander Peoples and actively contribute to social change.

What helps

- Setting the tone at the top, from leadership and executive levels
- Consistent messaging and behaviours that reinforce cultural safety is intrinsic to clinical safety
- Taking a leadership role in calling out racism, whiteness, colonial thinking, imbalances of power
- Role modelling being vulnerable as potential teachable moments
- Ongoing advanced learning experiences, coaching and mentoring for organisational leaders
- Intentional leadership and talent development initiatives for Aboriginal staff
- Investing in meaningful relationships and community partnerships and creating space in workloads to make this happen
- Safe spaces to learn and reflect

What doesn’t help

- Tokenism (a perfunctory and inadequate effort to be inclusive, done only to prevent criticism and to keep up appearances) Expecting Aboriginal staff to be responsible for both Aboriginal Health and cultural safety
- Professional paralysis and a fear of getting it wrong
- Asking for Aboriginal input and advice and not implementing what was agreed, without discussion or explanation – sometimes known as white saviour mentality
- Asking for engagement at the start of the process without building this as a continuous, evolving process.
- Not allowing for adequate timeframes for effective engagement and relationships

Learning

Read and be familiar with the following important frameworks and RANZCO initiatives:

[RANZCO Reconciliation Action Plan](#)

RANZCO is committed to the reconciliation process with Aboriginal and Torres Strait Islander Peoples. Our Reconciliation Action Plan (RAP) framework commits RANZCO to activities that seek to achieve equity in access and health outcomes for Aboriginal and Torres Strait Islander Peoples; strengthen collaborative partnerships with Aboriginal and Torres Strait Islander Peoples and the health sector; build on our existing commitment to increasing the number of Aboriginal and Torres Strait Islander Ophthalmologists in Australia and improve and enhance our organisation's Indigenous cultural awareness and cultural safety practices.

[Aboriginal and Torres Strait Islander Engagement Strategy](#)

This engagement strategy is a commitment made under the RANZCO RAP and will be used by the College as a guide to how we to continue to work in Aboriginal and Torres Strait Islander health. RANZCO is committed to undertaking our work in a respectful and culturally safe manner, and we hope that our ways of advocating, communicating and engaging continue to evolve and grow along our reconciliation journey.

[Position Statement – Uluru Statement from the Heart](#)

RANZCO has affirmed our commitment to strive for health equity and equality for all Australians, including Indigenous and Torres Strait Islander Peoples by endorsing the Uluru Statement from the Heart, which calls for the establishment of a First Nations Voice enshrined in the Constitution and seeks a Makarrata Commission to supervise a process of agreement-making between governments and Indigenous and Torres Strait Islander Peoples and truth-telling about Australia's history.

[Strong eyes, strong communities – A five-year plan for Aboriginal and Torres Strait Islander eye health and vision, 2019-2024](#)

RANZCO works in close collaboration with the Aboriginal and Torres Strait Islander health sector. This includes RANZCO's relationship with Vision 2020 Australia's Aboriginal and Torres Strait Islander Committee. Most recently RANZCO has committed its support to Strong eyes, strong communities: a five-year plan for Aboriginal and Torres Strait Islander eye health and vision which charts a course to close the gap for vision and achieve a world class system of eye health and vision care for Aboriginal and Torres Strait Islander Peoples.

This blueprint for change recognises that improving eye health outcomes for Aboriginal and Torres Strait Islander Peoples' is everybody's business, and that the collective efforts of governments, communities, service providers and others are essential.

[Other Initiatives](#)

In addition to these key initiatives RANZCO's approach also includes a First Nations Cultural Protocol and Human Rights Policy (2016): section 5.2 (racism); section 2 (discrimination) and section 4 (population health Asia Pacific region).

Reflective questions and exercises

- Read the Uluru Statement from the Heart if I haven't read this before (if I have previously read this document, consider reading it again) and discuss it with my colleagues, to ask how its implementation in Australia would transform Aboriginal and Torres Strait Islander health outcomes. Also ask, how it would benefit my practice?
Available here: <https://ulurustatement.org/the-statement>
- Read the Strong eyes, strong communities plan. Ask how is my workplace addressing the areas for action discussed in the plan? What can I be doing with my colleagues to further these actions?
Available here: <https://www.vision2020australia.org.au/wp-content/uploads/2019/03/Strong-Eyes-Strong-Communities-A-five-year-plan-for-Aboriginal-and-Torres-Strait-Islander-eye-health-and-vision-2019-2024.pdf>

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