**Confronting racism to improve healthcare for Aboriginal and Torres Strait Islander patients with kidney disease**

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‘Action is urgently needed to confront the immense health disparities in kidney disease outcomes suffered by Aboriginal and Torres Strait Islander peoples’, says Australian Healthcare and Hospitals Association Strategic Programs Director, Dr Chris Bourke.

‘There is some encouraging work being done—especially by the Queensland and South Australian governments, and in some individual agencies—but much more is needed.’

Dr Bourke, who is Australia’s first Aboriginal dentist, has co-authored a Perspectives Brief published today by the AHHA’s Deeble Institute for Health Policy Research—[*Addressing racism to improve healthcare outcomes for Aboriginal and Torres Strait Islander people: a case study in kidney care*](https://ahha.asn.au/sites/default/files/docs/policy-issue/deeble_perspectives_brief_no._9_-_addressing_racism_to_improve_healthcare_outomes.pdf).

‘The raw facts are that Indigenous Australians have at least 6 times—in some age groups up to 15 times— the incidence of end-stage kidney disease as non-Indigenous Australians.

‘Yet we have one-quarter of the chance of receiving home-based dialysis, and one-third of the chance of receiving a kidney transplant.

‘We believe that many of the answers to solving this problem lie in addressing racism—mostly unintentional—particularly at the institutional level, but also at the individual level’.

‘There is documented evidence of Aboriginal and Torres Strait Islander peoples receiving poorer healthcare outcomes when treated by non-Indigenous healthcare organisations and health professionals’.

‘My fellow authors and I feel that equity in kidney care should come from concerted action in four interconnected areas:

**Cultural safety**: Boards, accreditation agencies, and education and training providers can do more to promote self-reflection in non-Indigenous healthcare professionals about providing accessible and responsive care that is safe and free of racism, as judged by Indigenous individuals, families and communities.

**Institutional racism:** Healthcare organisations can actively work within the health system to reverse the exclusion of Aboriginal and Torres Strait Islander people from governance, control, and accountability of healthcare organisations, and to employ more Indigenous health workers.

**National safety and quality health service standards**: The Australian Commission on Safety and Quality in Healthcare’s triennial accreditation processes for hospitals set out how healthcare organisations can improve service delivery to Aboriginal and Torres Strait Islander people.

**Race discrimination law:** The existing laws tend to focus on individual rather than systemic discrimination, with racism being hard to prove, even though intention to discriminate does not have to be proven. The laws also focus on equality of opportunity rather than equality of outcomes. Nevertheless, it is important for healthcare organisations to ensure that the need to avoid discrimination is factored into their governance and operations and to be aware that the laws do provide for “positive discrimination” in removing barriers to care and bringing about better outcomes.’

*Addressing racism to improve healthcare outcomes for Aboriginal and Torres Strait Islander people: a case study in kidney care* is available [here](https://ahha.asn.au/sites/default/files/docs/policy-issue/deeble_perspectives_brief_no._9_-_addressing_racism_to_improve_healthcare_outomes.pdf)*.* More information on the Deeble Institute for Health Policy Research is available [here](https://ahha.asn.au/deebleinstitute). This media release is available [online](https://ahha.asn.au/news/confronting-racism-improve-healthcare-aboriginal-and-torres-strait-islander-patients-kidney)*.*