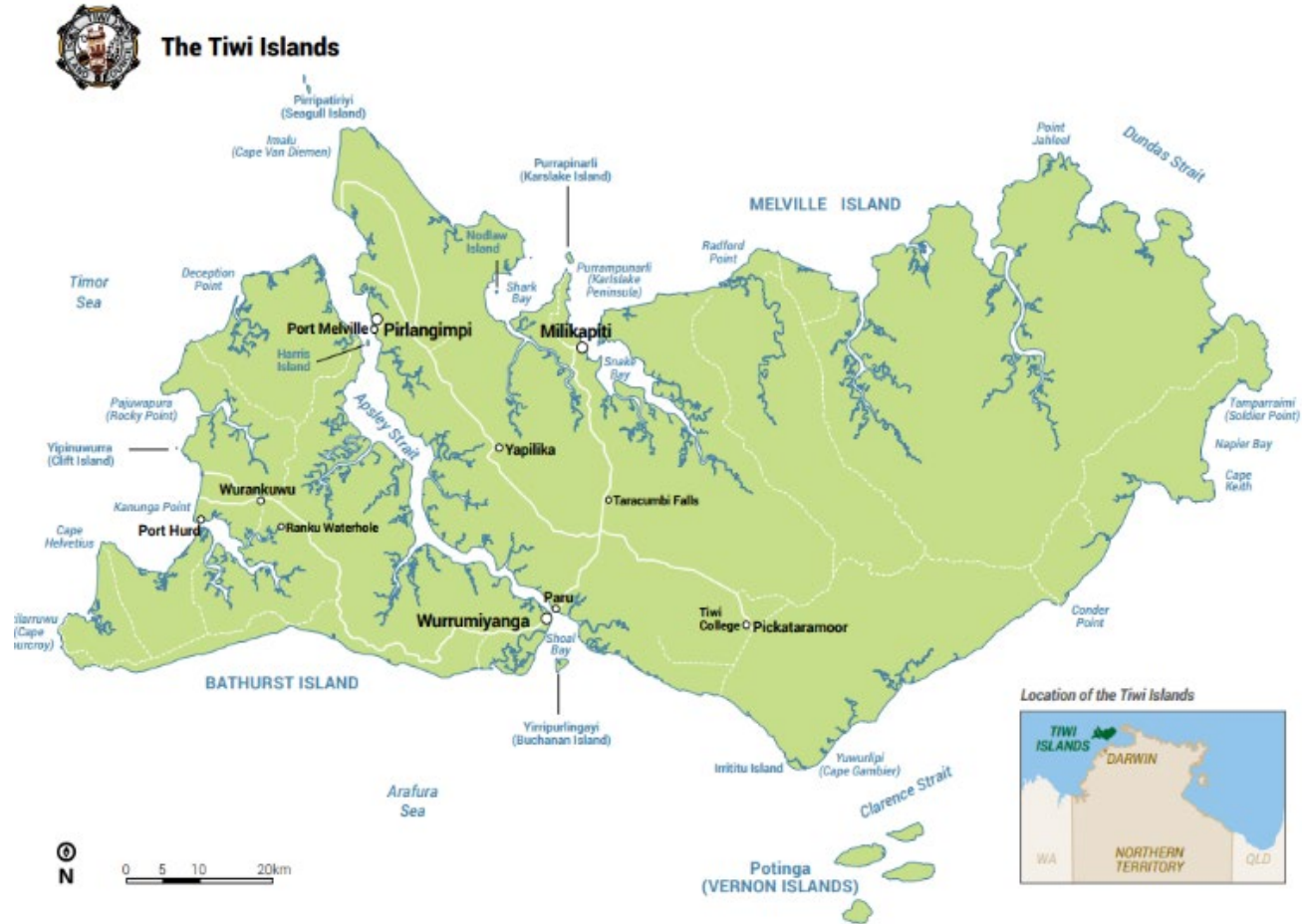
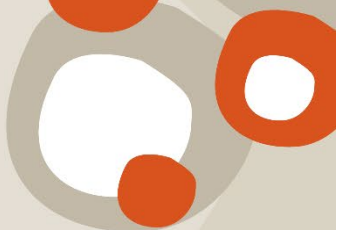


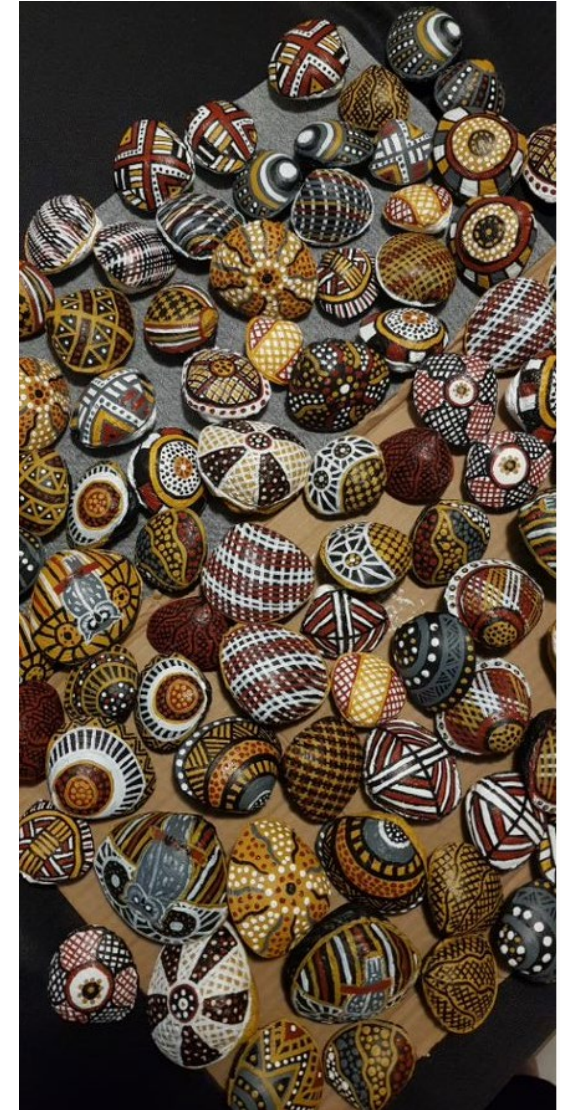
Acknowledgement of Country

I would like to acknowledge and pay respect to elders past and present, and extend that respect to the Aboriginal and Torres Strait Islander people joining us today.

I would like to acknowledge those living with hepatitis B, and the communities which have welcomed us, shared their knowledge, stories and time with us. We are very grateful.







Aboriginal health workforce

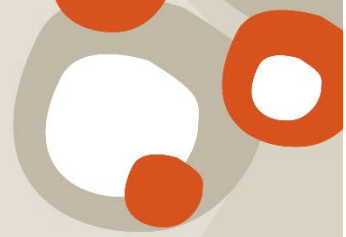
- Vital connection between community & health services
- Community members
- Patients voice
- Experts in their history, culture, identity

Equitable health outcomes through

- Building a strong and supported workforce
- Appropriate clinical and non-clinical skills
- Provide culturally safe and responsive health care



- Cultural safety extends beyond competency, with an emphasis on dignity and respect
- Cultural safety defined by those who receive the service.
- Unsafe cultural practice diminishes or disempowers an individual's cultural identity and wellbeing.
- Cultural safety is about *how* care is provided, rather than what care is provided.



Maningrida, 2019



Batchelor 2019



Darwin 2020

Katherine, 2019



Nhulunbuy, 2019



Alice Springs, 2021



Key outcomes of the training

- Program acceptable and culturally safe
- Demonstrated increase in knowledge and understanding about CHB
- Already observed improvements in the cascade of care as a direct result of having trained Aboriginal workforce
 - Contact tracing
 - Explaining diagnosis
 - Explaining need for appointments
 - Commencing people on treatment
 - This culturally safe model of education has been successfully transferred to other health issues (COVID-19).
- An important outcome included non-clinical skills, leadership, confidence to deliver trainings



Stuart McGrath RN

Background

- First Nations peoples often feel unsafe in hospitals because of poor communication.¹⁻⁷
- Poor communication contributes to experiences of racism. This results in:
 - high self-discharge rates,
 - high levels of psychological distress,
 - low rates of kidney transplantation,
 - amputations without consent,
 - death.
- Governments and medical colleges have committed to addressing racism in healthcare by ensuring care is culturally safe.
- BUT policies have not translated into practice.



Ask the Specialist

Larrakia, Tiwi and
Yolngu stories to inspire
better healthcare

Ep1: Get to know your patient

Ep2: Communicating with your patient

Ep3: Communicating with patients & interpreters

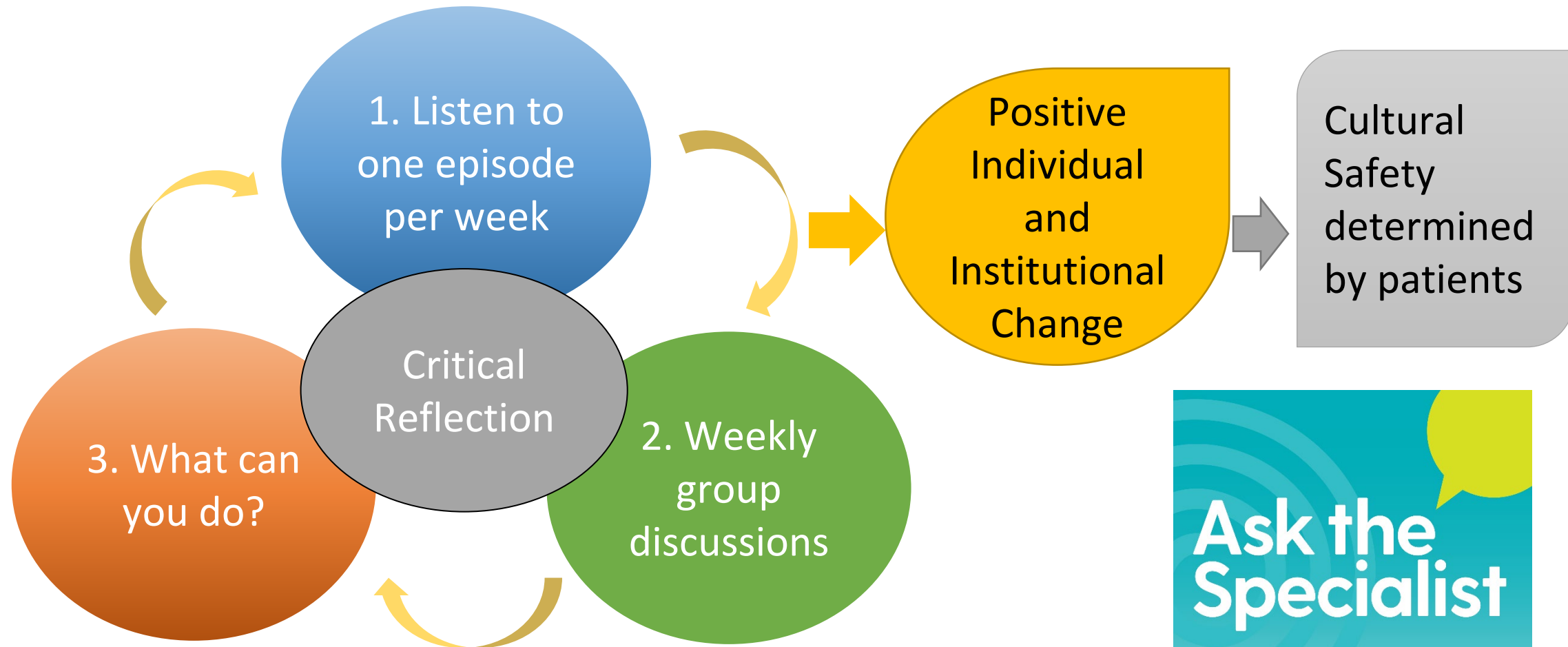
Ep4: Patient centred care

Ep5: Informed consent

Ep6: Recognising and addressing racism

Ep7: Perspectives on health and wellbeing

Downloads: over 35,000 in more than 60 countries



Discussing racism in healthcare

- Resistance:
 - staff who call it out can be silenced, ignored or alienated¹
 - lack of racial literacy.^{27,28}
- OUR FINDINGS:
 - NT health staff were receptive to discussing racism.
 - Staff became aware of:
 - the everyday nature of racism
 - White culture and how it shapes healthcare delivery
 - actions they can take regarding anti-racism in healthcare.
 - Some displayed capacity to be 'truth tellers' willing to examine both interpersonal and institutional racism.
- To dismantle racist systems, we must document experiences of racism amongst racial and ethnic groups.²⁹
- AND we must document projects that offer solutions, small or large, to the seeming intractability of racism.³⁰

RESEARCH

Open Access

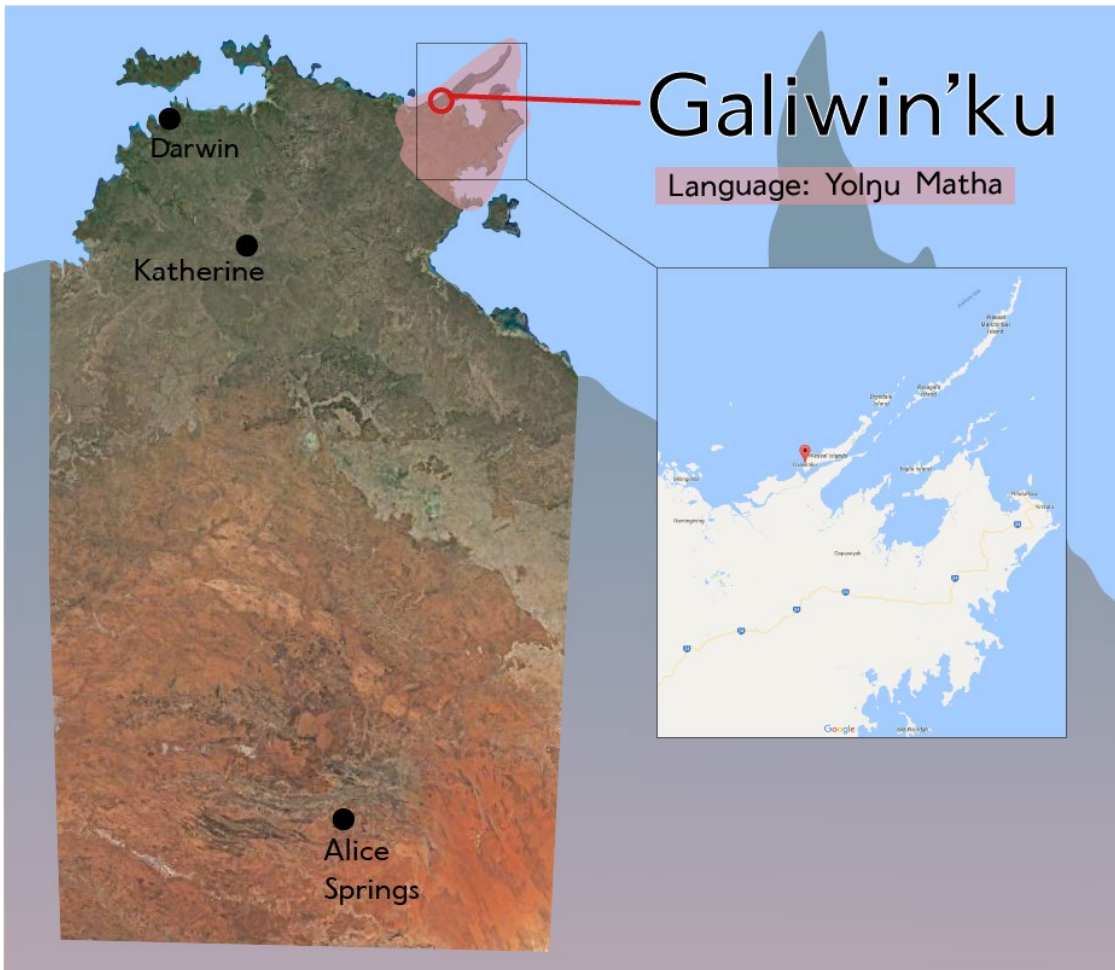
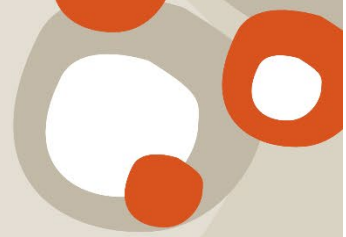
Evaluating the impact of 'Ask the Specialist Plus': a training program for improving cultural safety and communication in hospital-based healthcare

Vicki Kerrigan^{1*}, Stuart Yiwarr McGrath¹, Cassandra Doig¹, Rarrtijwuy Melanie Herdman¹, Shannon Daly¹, Pirrawayingi Puruntatameri¹, Bilawara Lee³, Marita Hefler¹ and Anna P. Ralph^{1,2}



“Clinical care gold. This project will change the healthcare professional-patient communication landscape.” - Doctor







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Articles

Evaluating a novel model of hepatitis B care, Hep B PAST, in the Northern Territory of Australia

Articles

Real-time continuous glucose monitoring-guided glucose management in inpatients with diabetes

Viewpoint

Incorporating AI into cardiovascular diseases prevention—insights from Singapore





We are the experts and we have the solutions. We call on all governments, organisations and partners to walk with us and prioritise Indigenous community leadership, guided by our ways and grounded in the social the cultural determinants of health and well-being.

Indigenous leadership, genuine partnership, and two-way continuous learning are necessary preconditions for the elimination of viral hepatitis. In order to achieve this, we identify the following eight priorities:

Centering and embedding Indigenous leadership and ways of being, knowing and doing.

Resourcing self-determined, culturally appropriate, and community-specific policies, programs and services, fully and sustainably.

Ensuring equitable partnerships with Indigenous communities including resourcing, education and capacity-building to undertake work in genuine partnership.

Decolonising responses to viral hepatitis by working together, acknowledging and addressing the ongoing impacts of colonisation to ensure better outcomes for future generations.

Resourcing and supporting sharing in first languages and coordination across global Indigenous communities on Indigenous-led viral hepatitis responses.

Supporting, resourcing and centering Indigenous health workers, who are critical to driving successful outcomes in Indigenous communities.

Ensuring viral hepatitis responses are holistic, person-centred, and community-centred to appropriately and effectively achieve meaningful outcomes in Indigenous communities.

Upholding Indigenous rights as enshrined in the United National Declaration on Rights of Indigenous Peoples (UNDRIP).”