



# Australasian College for Emergency Medicine

## Position Statement

### Health Equity for Aboriginal and Torres Strait Islander Peoples

The Australasian College for Emergency Medicine acknowledges the Wurundjeri people of the Kulin Nation as the Traditional Custodians of the lands upon which our office is located. We pay our respects to ancestors and Elders, past, present and emerging, for they hold the memories, traditions, cultures and hopes of Aboriginal and Torres Strait Islander Peoples of Australia.

## 1. Purpose

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This Statement articulates the Australasian College for Emergency Medicine's (ACEM; the College) position and commitment to achieving health equity for Aboriginal and Torres Strait Islander peoples.

This Statement should be read in conjunction with the [ACEM Statement on Health Equity for Māori \(S913\)](#).

## 2. Scope

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This Statement is applicable to all emergency departments (EDs) in Australia and Aotearoa New Zealand.

March 2024

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### 3. Executive Summary

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Australia is home to the oldest continuing living culture in the world. Aboriginal and Torres Strait Islander communities across Australia have a richness and diversity of customs, knowledge, beliefs, language, and cultural practices that contribute to health and wellbeing of individuals and their communities.

ACEM walks alongside Aboriginal and Torres Strait Islander people and leaders to support their right to the same standard of health as other Australians, including access to high quality, culturally safe health services, free from discrimination and harm.

The ACEM [constitution](#) enshrines the College's commitment to the process of reconciliation in Australia and the intent of the United Nations Declaration on the Rights of Indigenous Peoples (3) to build respectful relationships that promote Aboriginal and Torres Strait Islander participation in matters that concern them.

ACEM is committed to initiatives, training, and advocacy to make EDs culturally safe, provide culturally safe healthcare and to be culturally safe workplaces. ACEM acknowledges that to achieve this ED practices must correspond with Aboriginal and Torres Strait Islander peoples priorities when receiving healthcare.

ACEM has a vital role in ensuring the highest quality and standard of culturally safe care is delivered in Australian EDs. ACEM stands for anti-racism and seeks to empower its members and staff to call out racism, given the clear linkage between racism and poorer health outcomes.

ACEM advocates for system change to address the impacts of the social determinants of health that disproportionately affect Aboriginal and Torres Strait Islander people and are a leading cause of disparities in the health and life expectancy outcomes in Australia.

### 4. Background

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ACEM acknowledges the multitude of socioeconomic and political factors that contribute to health and wellbeing inequities for Aboriginal and Torres Strait Islander peoples. This impacts on the social determinants of health (access to healthy food, housing, education, employment, and healthcare) and contributes to greater health risk factors for Aboriginal and Torres Strait Islander peoples.

ACEM supports the leadership of Aboriginal and Torres Strait Islander health organisations in addressing health disparities within their communities, and the positive impacts this has on quality and patient safety across the entire health system.

Internationally, colonial structures and processes have created disparity across most political, social, economic, and health outcomes for Indigenous peoples. This is evident in Australia where the burden of disease is 2.3 times higher for Aboriginal and Torres Strait Islander people than non-Indigenous Australians, and the gap in life-expectancy is on average 7.8 to 8.6 years (1). The health system, including hospital EDs, must be responsive to the needs and rights of Aboriginal and Torres Strait Islander people to seek healthcare and help to reduce this disparity.

Due to the impacts of colonisation, dispossession and intergenerational trauma, Aboriginal and Torres Strait Islander people may not seek healthcare from hospital services. Australian EDs are often regarded as the 'front door to the healthcare system', and the ED experience will in many instances define a person's trust in the health system. Fear, lack of cultural safety and discrimination can lead to Aboriginal and Torres Strait Islander people actively avoiding or delaying attending an ED.

When healthcare is not culturally safe, both patients and staff can experience harm due to racism and discrimination. Healthcare staff can be directly impacted by racism, as well as indirectly, through the horizontal violence they experience as witnesses to the direct impact of racism on patients and patient care.

Aboriginal and Torres Strait Islander voices must be included in the development and implementation of all health services. Health services should be designed in line with the concept of holistic health combining the clinical and cultural aspects of health to treat the individual, not just the diagnosed clinical health condition.

Leadership from Aboriginal and Torres Strait Islander peoples and organisations has resulted in the Australian

Government's system reform initiative under the National Agreement on Closing the Gap (see Section 5.3.2). The collaboration of the Government, working in genuine partnership with Aboriginal and Torres Strait Islander communities, is critical to removing the barriers to healthcare and upholding principles of self-determination to achieve better life outcomes for Aboriginal and Torres Strait Islander peoples.

## 5. ACEM position

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ACEM is committed to improving equity of access and outcomes, and championing cultural safety for Aboriginal and Torres Strait Islander peoples presenting to the ED. This will be achieved through a multi-faceted approach that includes but is not limited to:

### 5.1 ACEM Reconciliation Action Plan

Reconciliation is an important process in Australia's journey to strengthen relationships between Aboriginal and Torres Strait Islander peoples and non-Indigenous people. This is underpinned by respect for and recognition of the contribution that cultural identity makes to Aboriginal and Torres Strait Islander health and wellbeing.

The ACEM [Innovate Reconciliation Action Plan](#) acts for reconciliation (4) by:

- (i) Engaging and collaborating with Aboriginal and Torres Strait Islander peoples and organisations.
- (ii) Supporting and continuing to build the Aboriginal and Torres Strait Islander workforce in EDs.
- (iii) Promoting best practice emergency care service delivery for Aboriginal and Torres Strait Islander peoples, including disrupting racism.

ACEM envisages a future where all Aboriginal and Torres Strait Islander peoples experience culturally safe emergency care that is self-determined, free from bias and racism, and enhances opportunities for quality health outcomes.

ACEM will contribute to this vision within the organisation through community engagement, initiatives to increase Aboriginal and Torres Strait Islander representation at ACEM, and regular training for staff to better understand and appreciate the cultural strength of Aboriginal and Torres Strait Islander peoples.

### 5.2 Making EDs Culturally Safe

ACEM supports the Australian Health Practitioner Regulation Agency (Ahpra) definition of cultural safety (5):

*Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families, and communities. Culturally safe practice 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.*

Accordingly, ACEM acts to ensure:

#### 5.2.1 Workplaces are culturally safe

ACEM is responsible for setting standards for emergency medical care across Australia and Aotearoa New Zealand and, as such, is a key stakeholder in influencing how culturally safe care is provided.

It is vital that Aboriginal and Torres Strait Islander peoples are represented throughout the ED workforce, including management, medical, nursing, allied health, and support staff. ACEM recognises that culturally safe workplaces are the foundation upon which to grow the Aboriginal and Torres Strait Islander ED workforce. A strong Aboriginal and Torres Strait Islander ED workforce is key to creating culturally safe EDs for patients and staff, and delivering health equity for Aboriginal and Torres Strait Islander peoples.

A key pillar of the ACEM RAP is to build and support the Aboriginal and Torres Strait Islander workforce in EDs. ACEM will continue to encourage and support Aboriginal and Torres Strait Islander medical students and graduates to pursue emergency medicine as a career, and the College will provide targeted support to

Aboriginal and Torres Strait Islander trainees and fellows.

ACEM strongly advocates for increasing the number of Indigenous Health Liaison Officers (IHLOs)/Aboriginal Liaison Officers (ALOs), Australian Indigenous Language Interpreters and Aboriginal Health Practitioners (AHPs) in Australian EDs. (6-7)

### **5.2.2 Culturally safe care and service delivery**

Emergency departments increasingly represent the ‘front door’ to the mainstream hospital service for patients. For many Aboriginal and Torres Strait Islander peoples, the ED can also be the first, or only, point of contact for health care. Hospital systems that take a ‘one size fits all’ approach to health care are likely to be culturally unsafe and unresponsive to Aboriginal and Torres Strait Islander people needs.

Health care cannot be clinically safe, unless it is also culturally safe. Health care staff need explicit and rigorous training in anti-racism to develop the tools to provide culturally safe care. This helps support equity of access to healthcare for Aboriginal and Torres Strait Islander peoples. ACEM has mandated Cultural Safety Training for all Fellows as part of their Continuing Professional Development (CPD), and recently introduced mandatory ACEM Indigenous Health and Cultural Competency (IHCC) Program for first year ACEM trainees.

## **5.3 Equity through advocacy**

ACEM will strive to influence public policy that addresses social disadvantages and improves the health and wellbeing of Aboriginal and Torres Strait Islander peoples. This is implicit in the ACEM Constitution (Object 1.1.4) (8):

The objects for which the College is established are to advocate on any issue which affects the ability of College members to meet their responsibilities to patients, the profession and to the community.

This is further reinforced in the College’s 2022-2024 Strategic Plan (9) which identifies ‘Equity through Advocacy’ as a key strategic pillar.

ACEM advocacy on reconciliation will not be restricted to EDs and will seek to influence the broader issues that impact health and wellbeing. The College believes that essential structural reforms include, but are not limited to the following:

### **5.3.1 Self-determination**

Aboriginal and Torres Strait Islander peoples health and well-being priorities are best identified and addressed with models and approaches determined and informed by Aboriginal and Torres Strait Islander knowledge and leadership.

This was emphatically evident throughout the global COVID-19 pandemic, which saw Aboriginal and Torres Strait Islander communities respond with comprehensive and effective public health measures. This demonstrates that, with adequate resourcing and support, self-determined healthcare has the greatest impact on health outcomes for Aboriginal and Torres Strait Islander peoples.

The National Agreement on Closing the Gap (13) represents a significant shift in how policies and programs that impact Aboriginal and Torres Strait Islander peoples are developed and implemented. The Australian Government’s partnership with the Coalition of Peaks (the collective voice of the Aboriginal and Torres Strait Islander community-controlled sector) is a transformational action for genuine partnership with the Aboriginal and Torres Strait Islander community-controlled sector.

### **5.3.2 Closing the Gap**

Aboriginal and Torres Strait Islander health policy at the Federal and State levels is entering a new era, with many long-term and overarching strategies providing policy direction for the next decade.

As a proud member of the Closing the Gap Steering Committee, ACEM echoes the Steering Committee (14) calling on governments to fully implement the 2020 National Agreement on Closing the Gap, the National Aboriginal and Torres Strait Islander Health Plan 2021-2031 and other supporting plans. This should be accompanied by a commitment to long term needs-based and coordinated funding from all levels of government.

### 5.3.3 Constitutional recognition for Aboriginal and Torres Strait Islander Peoples

ACEM has been a strong supporter of the Uluru Statement from the Heart (10) and recommendations of the Referendum Council (11) since its inception and continues to support constitutional recognition for Aboriginal and Torres Strait Islander peoples.

The College remains committed to Aboriginal and Torres Strait Islander self-determination and working with Aboriginal and Torres Strait Islander people and health organisations in the wider community to improve better health outcomes. (3)

### 5.3.4 Establishment of the Makarrata Commission

ACEM supports a formal agreement making and truth telling process through a Makarrata Commission. The word Makarrata comes from the Yolngu people and means 'the coming together after a struggle'. (12) Truth telling is critical to civic understanding of Australian history, to raising public awareness of the need for constitutional reform, and to recognising Aboriginal and Torres Strait Islander sovereignty.

### 5.3.5 Identifying and eliminating racism

ACEM acknowledges the detrimental impact of racism on individual and community health, and on staff performance in the workplace. There is a strong body of evidence that identifies racism as contributing to health disparities. Australia has not adequately addressed Aboriginal and Torres Strait Islander Peoples' continued experiences of racism and discrimination (15).

The Lowitja Institute, in its paper Partnership for Justice in Health: Scoping Paper on Race, Racism and the Australian Health System (16) argues that, rather than just looking broadly at the research data linking racism and health care outcomes, there is now 'an urgent mandate to better understand and intervene in the operation of race and racism in the Australian health care system'.

Contemporary frameworks published by governments and organisations alike increasingly contain aspirations to eliminate racism, discrimination, and bias as a top priority. However, the challenge for these institutions is the translation of high-level policies into tangible 'positive action', as they wrestle with competing priorities and organisational inertia.

Tackling racism within health care organisations themselves is as an essential step in creating a health system that is free from racism and in which Aboriginal and Torres Strait Islander peoples are safe to participate at all levels.

## 6. Related ACEM documents

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- [Innovate Reconciliation Action Plan 2022 - 2024](#)
- [Statement on Indigenous Health Liaison Workers and Language Interpreters in Australian Emergency Departments \(S785\)](#)
- [Statement on Māori Health Equity \(S913\)](#)
- [Traumatology Talks: Black Wounds, White Stitches](#)

## 7. References

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## Document review

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Timeframe for review:	every three (3) years, or earlier if required.
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## Revision history

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Version	Date	Revisions
V01	2007	Approved by Council
V02	2014	Additional content added in consultation with relevant committees
V03	2017	Proofed for readability
V04	2024	Title change, additional content added in consultation with relevant committees

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