



# Racism & Skin Disease in Aboriginal Communities in the Western Desert

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## BACKGROUND

- In Western Australia, Aboriginal individuals make up 3.1% but have higher rates of hospitalization than non-Aboriginal individuals.
- In particular, Aboriginal people share a disproportionate amount of the skin disease burden.
- In the Western Desert, 65.2% of Aboriginal people live in remote and very remote areas.

## OBJECTIVE

- Investigate racism as a barrier to healthcare access in Aboriginal communities.
- Utilize interview transcripts to identify common themes in experienced racism of Aboriginal patients

## METHODS

- Drew upon critical and Indigenous research methodologies to conduct the interpretation and analysis of the qualitative interviews using interpretative analysis to preserve the Indigenous voice and distinguish between the subtle nuances in the language used.
- Utilized the Jones Model in order to categorize instances of racism.

## RESULTS

- Aboriginal individuals experience racial discrimination in accessing treatment at local health clinics.
- This discrimination discourages individuals from pursuing treatment due to feelings of shame.

Common Identified Themes
Lack of choices and autonomy
Segregation and feelings of neglect
Distrust of Aboriginal individuals
Laziness and compliance
Shame, embarrassment and judgement

Figure 1: Common Themes of Racism in Interview Transcripts

There is a lack of accommodation for Aboriginal culture, both in terms of Aboriginal language and representation through Aboriginal doctors and nurses, and this could make Aboriginal patients less trusting and comfortable with health clinics in these communities. Oftentimes this leads to lower rates of healthcare utilization, and the problem is magnified when health providers have a different background than their patients. As seen from the interview transcripts, Aboriginal patients are uncomfortable with going to the health clinic, even if they require treatment, because of racial discrimination and judgement by health providers.

Figure 2: Percentage of Communities Interviewed that Displayed Interpersonal or Systemic Racism

	Interperson al	Systemic
Hendrickx	59%	36%
Duff	37.5%	31.25%

- Documented instances of refusal of treatment and refusal to sign insurance compensation.
- Used police to arrest “non-compliant” patients.
- Health providers did not give choice of treatment to Aboriginal mothers.

## CONCLUSIONS

- Future health programs need to approach skin disease burden from the perspective of the health provider.
- Health providers should be required to undergo cultural competency training as well as provide means of communication in the native tongue of the patient. .
- Compliance needs to be reevaluated as to avoid focusing on the belief that Aboriginal people are inherently “lazy”.

## FUTURE RESEARCH

- Future studies should acknowledge racism as a strong influence on health.
- Need for a change in understanding of what goes into treatment compliance.
- Need for studies to determine effective interventions to reduce racial discrimination in remote healthcare settings.

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