



New to Indigenous health? Dietetics and nutrition with Indigenous communities: A starting point

Developed by the Indigenous Nutrition
Interest Group



Introduction

This resource is intended for dietitians and nutritionists who are new to the area of Indigenous¹ health in Australia and would like to learn more about working with this diverse cultural group. The resource is not just for students or new graduates; it is applicable to dietitians and nutritionists with any level of experience who are looking to learn more about working with Indigenous Australians.

This resource has been written with the intention of providing a starting point for your continuing professional development (CPD) and reflective practice in this area. You can use this as a framework for your CPD over time. There are seven topics which have been designed to flow in order. Each topic is briefly outlined along with suggested readings and practical activities. Indigenous communities are complex and heterogeneous, the practical activities included ask you to reflect on your own background and beliefs, deepen your understanding about the communities that you are working with, and identify their specific needs.

Working with Indigenous people and communities can be complex as well as incredibly rewarding. Indigenous culture in Australia is rich and has a long history. The opportunity to experience this first hand is a privilege that few Australians are afforded and, by working collaboratively on an individual and community level, your role can contribute to the improvement of health for Aboriginal and Torres Strait Islander people.

Basic structure of the resource:

- Overview of the topic
- Readings
- Practical activities for you to complete.

Acknowledgements

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¹ The terms 'Indigenous' and 'Aboriginal and Torres Strait Islander' are used interchangeably throughout the resource.

Topic 1: Your personal beliefs, perceptions and background and their influence on your practice

In order to start understanding the concept of working cross-culturally, it is vital that you start thinking about what you bring in terms of your own culture. Each of us has a cultural identity which shapes who we are as individuals and as part of a wider community, which influences our world view. Culture is the lens through which we view the world and it informs how we interpret all of our interactions.

Self-reflection is a process that can be used to explore some of our assumptions of what is 'normal' and 'acceptable'. An important realisation to reach is that 'normal' is different depending on your perspective. Remembering this is critical to developing your ability to work well with people from a wide variety of cultural backgrounds. Our perceptions of 'normal' are shaped by physical attributes (being able-bodied or having a disability, skin colour, height, weight etc.), gender, language, sexual orientation, cultural identity, religion, family, socioeconomic status, education level and a wide range of other attributes.

Robyn Delbridge and Janaya Charles (2011)
'Topic 6: Working with Aboriginal and Torres Strait Islander Communities In Nutrition.' in Nutrition and Dietetics Department *Community Nutrition Study Guide* Deakin University, Melbourne.

Readings:

- Queensland Health 2010, Five cross cultural capabilities for non-clinical staff, <http://www.health.qld.gov.au/multicultural/health_workers/CCC-non-clinical.pdf>, pp. 3-7, 'Cross Cultural Capability One: self reflection - understanding 'self', *The five competencies are: self reflection/ awareness, cultural understanding, context for/ with an individual or group, communication and collaboration*
- Wilson, A 2011, 'Addressing uncomfortable issues: the role of white health professionals in Aboriginal health', PhD thesis, Flinders University, <<http://theses.flinders.edu.au/uploads/approved/adt-SFU20120605.113918/public/02whole.pdf>>, chapter 11 (p. 267) 'Characteristics of white health professionals' and 'Recommendations' (p. 320). *Chapter 11 -*

How white health professionals work in Aboriginal health and the factors that influence practice. The importance of individuals looking at themselves which requires them to address uncomfortable issues. Recommendations - looks at strategies and examples for organisations, professions and individual to implement the recommendations.

- McIntosh, P 1990, 'White privilege: unpacking the invisible knapsack', <http://www.winnipeg.ca/clerks/boards/citizenequity/pdfs/white_privilege.pdf>. Considered a 'classic' by anti-racism educators, an activity looking at how whites benefit from unearned privileges.
- Western Australia Centre for Rural Health, Aboriginal Cultural Orientation, <<http://lms.wacrh.uwa.edu.au/login/index.php>>. From WA Centre for Rural Health it includes 5 modules: culture, self and diversity, Aboriginal history, working with Aboriginal people, providing clinical services and improving cultural sensitivity.
- Wilson A, Magarey AM, Jones M, O'Donnell K, Kelly J 2015, 'Attitudes and characteristics of health professionals working in Aboriginal health', Rural and Remote Health, vol. 15, no. 2739, <www.rrh.org.au/journal/article/2739>.
- Wilson, A, Kelly, J, Magarey, A, Jones, M & Mackean, T 2016, 'Working at the interface in Aboriginal and Torres Strait Islander health: focussing on the individual health professional and their organisation as a means to address health equity', *International Journal for Equity in Health*, vol. 15, no. 187 <<https://equityhealth.biomedcentral.com/articles/10.1186/s12939-016-0476-8>>.



Above: Members of an Aboriginal and Torres Strait Islander Walking Group stepping out to do a supermarket tour

Practical activities:

Continually reflecting on your reactions to your own, your clients and the communities cultures will assist you in providing culturally acceptable care and services. Write a reflection addressing the following questions (if you have a mentor, use your writing as the basis for mentoring discussion):

- Think about a time when you were with a group of people from another country, or even another part of Australia. What were the similarities and differences in culture?
- What would you describe as your culture? How would you rank the following in order of importance: ethnicity, family, work, the future, diet and religion?
- Do you believe that your clients have the same priorities as you?
- Consider the list of areas where cultural variations in beliefs and values frequently occur. Can you immediately determine your preferences? What about the preferences of a friend or current client? Would the choices you make in your role as a health professional be different from those for yourself or someone you care about?

- What does your body language say about you? How might a client from another culture interpret your posture, eye contact and the tone of your voice? Could your body language be communicating something different from your words?
- As an individual, how do you value personal independence, family, freedom, meaningful work, spirituality, etc? How does this have an impact on your relationships with clients?

Questions modified from: Queensland Health. Five Cross Cultural Capabilities for non-clinical staff. Division of the Chief Health Officer, Queensland Health. Brisbane 2010, page 6

Topic 2: Health of Aboriginal and Torres Strait Islander people and communities - The evidence base

It is well known that the health statistics for Aboriginal and Torres Strait Islander peoples are inequitable in comparison to non-Indigenous Australians such as life expectancy and the incidence of chronic disease. When working with communities, it is important to have the evidence base in the back of your mind to inform your practice, but not to let it consume your thoughts or interactions. Always remember that the people in front of you are more than just statistics or stories on TV. It may sound trite, but when everything is new and overwhelming, sometimes the 'book smarts' can take over the 'people smarts' and interfere with building a trusting relationship with your clients or community.

In your readings, be sure to critique the literature as you go. What has been measured and how? When was the data collected? What aspects are not reported on? What cannot be measured? How do the social determinants of health influence how I understand this information? What reflective, narrative and qualitative literature can add to the number crunching? What literature can I source that was written by Aboriginal and Torres Strait Islander people or that has a strong Indigenous voice?

Readings:

- *Overview of Aboriginal and Torres Strait Islander health status, 2018*. Perth, WA: Australian Indigenous HealthInfoNet, <<https://healthinonet.ecu.edu.au/learn/health-facts/overview-aboriginal-torres-strait-islander-health-status/36501/>>
- Australian Indigenous HealthInfoNet. (2019). *Summary of Aboriginal and Torres Strait Islander health status 2018*. Perth, WA: Australian Indigenous HealthInfoNet. <<https://healthinonet.ecu.edu.au/learn/health-facts/summary-aboriginal-torres-strait-islander-health/>>
- McDonald, H 2007, 'Chapter 16 – Culture in health research and practice', in Anderson, I, Baum, F & Bentley, M (eds), *Beyond band-aids: exploring the underlying social determinants of Aboriginal health*, <<https://www.lowitja.org.au/content/Document/Lowitja-Publishing/BeyondBandAidsText.pdf>>

- Australian Institute of Health and Welfare 2014, *Closing the gap clearinghouse*, <<https://www.aihw.gov.au/reports-statistics/population-groups/indigenous-australians/overview>>
- Hassel, C 2014, 'Reconsidering nutrition science: critical reflection with a cultural lens', *Nutrition Journal*, vol. 13, no. 42, <<http://www.nutritionj.com/content/13/1/42>>
- Dudgeon, P, Millroy, H & Walker, R (eds) 2014, 'Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice', 2nd edn, <<https://www.telethonkids.org.au/our-research/early-environment/developmental-origins-of-child-health/aboriginal-maternal-health-and-child-development/working-together-second-edition/>>
- Lee, A & Ride, K 2018, 'Review of nutrition among Aboriginal and Torres Strait Islander people', *Australian Indigenous Health Bulletin*, 18(1) <<http://healthbulletin.org.au/articles/review-of-nutrition-among-aboriginal-and-torres-strait-islander-people/>>

Practical activities:

- Consider the question - how will this information inform your practice? How and when will it be appropriate to utilise this data?
- Write a list of sources (published or unpublished) you can refer to when you need it.
- Find information about the community you are working in. Write a reflection about this information in context of the national health information and your experiences within this community.
- Don't try to use 'scare tactics' or statistics as an argument. Focus on the positives at all times and don't dwell on the poor health of Aboriginal and Torres Strait Islander people.
- Always be on the look out for new and broad information in the Aboriginal health sector.
- Access the Lowitja Institute website <<http://www.lowitja.org.au/litsearch>> and explore some publications in Aboriginal and Torres Strait Islander health.

Topic 3: Developing relationships with your community

'You can't just walk in knowing everything, you've got to work with the community and get their ideas and work with them on achieving it' - as quoted in Wilson A, 2011.

'Addressing Uncomfortable Issues: The role of White health professionals in Aboriginal health' <<https://theses.flinders.edu.au/view/3891b10a-3701-402c-b898-d12f8d4df48a/1>> p. 199.

It is essential to create a positive relationship with the communities you are working with. Consider the history of the Aboriginal and Torres Strait Islander people both Australia-wide and in your specific region. Understandably, many Aboriginal and Torres Strait Islander people still do not trust strangers coming into their communities. It is paramount that you get to know the communities you are working in and key people in them. There are a multitude of ways in which you could do this, and what will work best for you will ultimately depend on the community you are working with and the scope of your workplace and role.

Readings:

- Wilson, A 2011. Addressing uncomfortable issues: the role of white health professionals in Aboriginal health, PhD thesis, Flinders University, <<http://theses.flinders.edu.au/uploads/approved/adt-SFU20120605.113918/public/02whole.pdf>>
- National Health and Medical Research Council 2005, 'Cultural competency', excerpt from *Strengthening cardiac rehabilitation and secondary prevention for Aboriginal and Torres Strait Islander peoples: a guide for health professionals*, <https://daa.asn.au/wp-content/uploads/2016/07/MR_Cultural_Competency_Toolkit_NHMRC_2005.pdf> (also available via DINER)
- National Health and Medical Research Council 2003. Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research. Canberra: Commonwealth of Australia, <<https://nhmrc.gov.au/about-us/publications/values-and-ethics-guidelines-ethical-conduct-aboriginal-and-torres-strait-islander-health-research>>
- Jamieson, L. Paradies, Y, Eades, S, et al 2012. Ten principles relevant to health research among Indigenous Australian populations. *Medical journal of Australia*, 197, pp. 16-8 <<https://www.mja.com.au/journal/2012/197/1/ten-principles-relevant-health-research-among-indigenous-australian-populations>>
- Wilson, A 2014. Addressing uncomfortable issues: reflexivity as a tool for culturally safe practice in Aboriginal and Torres Strait islander health. *Australian Journal of Indigenous Education*, 43, pp. 218-230 <<https://www.cambridge.org/core/journals/australian-journal-of-indigenous-education/article/addressing-uncomfortable-issues-reflexivity-as-a-tool-for-culturally-safe-practice-in-aboriginal-and-torres-strait-islander-health/361EFC239359D1-29266EE39BA99D1B3A>> (will require a one-off payment to Cambridge University Press)

Practical activities:

- Learn more about your region and its history (see below) including cultural practices such as sorry business, skin names, avoidance relationships etc.
- Think about the way you introduce yourself - many Aboriginal people like to know where a person comes from, for example.
- Get to know the Aboriginal Health Workers, Cultural Liaison Officers and other staff in the community - they can be a great initial contact and can introduce you to relevant community members.
- If you are working in an Aboriginal Health Service, get to know your colleagues:
 - Don't be afraid to have a chat over coffee or lunch breaks
 - Consider health promotion activities within your role
 - Get involved in programs that are running at your workplace.
- Word of mouth is a strong tool in Indigenous nutrition - people will relay their experiences with you to other community members. Consider your manner when engaging with community members - how do you come across to others?



Above: Members of an Aboriginal and Torres Strait Islander Walking Group preparing to cook up a Good Quick Tukka Recipe

- Sometimes nutrition isn't what the client wants to talk about - listen to what they feel is important, and take a holistic approach to their health and nutrition needs.
- Compile a list of key resources and contacts for a range of different issues. They could include mental health, housing, drugs and alcohol or family violence.
- Get involved in programs that are already running - look for an Elder's lunch, walking group, diabetes program, local Aboriginal and/ or Torres Strait Islander health workers etc. and ask if you can spend time with them (be conscious of men's/women's business relevant to your own gender).
- Participate in local community events, where appropriate.
- What do your community members like to do for fun? Is there a local Aboriginal football team or competition you could go and watch?



Above: Students at a remote school in Western Australia doing an activity matching Gooniyandi, Walmajarri and English names of bush foods

Topic 4: Getting to know the community

Aboriginal and Torres Strait Islander communities in Australia are heterogeneous, meaning that each community has its own history or 'story' and its own culture. It is important to get to know information specific to the communities that you are working with, as both history and culture are inextricably linked with health behaviours and outcomes. Information you might seek includes colonisation, defining events throughout history, land ownership, languages, family groups, local Elders, specific cultural traditions or activities, and current issues impacting on community members' lives. Be aware that 'service fatigue' is present in many communities. Aboriginal and Torres Strait Islander people have seen many services come and go and sometimes feel sick of outsiders coming in to help, especially if they feel little progress has been made in the past.

Readings:

- Australian Institute of Aboriginal and Torres Strait Islander Studies, *The little red yellow black website*, <<http://ryb.aiatsis.gov.au/>>

Practical activities:

- Visit the local museum, keeping place or cultural learning centre. Is there a formal local cultural orientation you can participate in?
- What are the tribes or language groups in your area? What language/s do people speak at home?
- Ask if there are any books or publications about your local area that you can access?
- Listen with intent and respect when stories are shared with you.
- Identify and build relationships with local elders and try to link in with these people to gain further insight into their community.
- Be respectful and patient if people are not yet ready to share their stories or culture with you.

Topic 5: What is the capacity of my role?

It is very important that you spend some time figuring out the capacity of your role and what services are within or outside of your role. Having a clear understanding of your role within the organisation will allow you to define the ongoing aims, objectives and strategies that you plan to implement in order to improve the health of your community members.

Some questions to help guide you in determining the capacity of your role include:

- Who am I employed by and what type of service is this (e.g. community health service, community controlled health service, state health service)?
- What is expected of the role as outlined in the position description?
- What limitations or requirements are there for the role (e.g. statistical requirements, allocation of time to specific services)?
- What does the community need and/or want? What are the current strengths of the community? What can be changed? What would the community value? How will you mediate potential conflicts between what the community needs/wants and the capacity of your role? Who can you seek support from regarding this issue?
- Has there been a dietitian in this role previously? If yes - what was done, what worked, what didn't, what could be done differently, etc?
- Who do you report to and what is required for this? Are they open to suggestions about a different way of working?
- Is there funding available for use in activities (e.g. purchasing food for cooking demonstrations, developing and printing local education resources)?
- How can you engage the community to determine priorities together?

Readings:

- Mungabareena Aboriginal Corporation and Women's Health Goulburn North East 2008, *Using a health promotion framework with an 'Aboriginal lens'*, <http://www.whealth.com.au/mtww/documents/MTWW_Health-Promotion-Framework.pdf>
 - Dietitians Association of Australia APD Roles, <<https://daa.asn.au/what-dietitians-do/role-statements/>>
 - Browne, J, Adams, K & Atkinson, P 2016, 'Food and nutrition programs for Aboriginal and Torres Strait Islander Australians: what works to keep people healthy and strong?' *Deeble Institute Issues Brief No. 17*, <<https://ahha.asn.au/publication/issue-briefs/deeble-institute-issues-brief-no-17-food-and-nutrition-programs-aboriginal>>
- ## Practical activities:
- Address each of the questions listed above, and use as a basis for discussion with your mentor.
 - Clarify role expectations and outcomes with the relevant manager/supervisor within your organisation.
 - Speak with community members, Aboriginal Health Workers, and Cultural Liaison Officers to gain insight. Does the community know what a dietitian does? What does the community need and/or want the dietitian to do? What past experiences does the community have with dietitians? What have dietitians been involved with in the past? What worked? What didn't work? Why? How can we learn from those past experiences?
- National Rural and Remote Support Service, *Scope of practice*, <<https://sarrah.org.au/content/scope-practice>>
 - Department of Health Western Australia 2000, *A best practice model for health promotion programs in Aboriginal communities*, <<http://www.diabetes.health.wa.gov.au/docs/1887%20BestPraciceModel19402.pdf>>

Topic 6: Accessing further support when feeling “lost”

When working with Aboriginal and Torres Strait Islander communities, you may be the only dietitian/nutritionist working in the organisation and it can be a challenge to find a safe place to debrief and make sense of your experiences. You are not alone, and you are definitely not the first dietitian to feel lost, frustrated or overwhelmed. To prevent feeling isolated and burnt out, it is important to invest time into support structures and self-care, both professional and personal.

Readings:

- CRANAPlus 2014, *Support services overview*, <<https://crana.org.au/support/>>
- Sweet, M 2012, 'Why do I work in Aboriginal health?' blog post, Croakey, <<https://amsdr.blogspot.com/2012/04/why-do-i-work-in-aboriginal-health.html>>
- Australian Institute of Health and Welfare 2009, *10 out of 10 deadly health stories: nutrition and physical activity: successful program from NSW Aboriginal community controlled health services*, <<http://www.ahmrc.org.au/media/resources/public-health/chronic-disease-program/299-10-out-of-10-deadly-health-stories/file.html>>

Practical activities:

- Spend time with your Indigenous colleagues informally, as they can be a great source of support and inspiration and can help put things into perspective.
- Seek a mentor or network of people who are currently working or have experience working in Aboriginal health (dietitian or otherwise).
- DAA Accredited Practising Dietitian (APD) Program <<https://daa.asn.au/find-an-apd/>>.
- CRANAPlus Remote and Rural Mentoring Program <<https://crana.org.au/workforce-support/other-support/mentoring-program/>>.
- Find yourself one or more “safe places” to debrief (e.g. supervisor, mentor, colleague, friend, written journal, etc), keeping in mind professional confidentiality requirements.
- Join the DAA Indigenous Nutrition Interest Group through Member Connect.
- Consider getting involved with activities and projects that DAA or other organisations are working on, as a way of building networks with like-minded people and contributing to the wider landscape.
- Identify relevant training opportunities through the Australian Indigenous Health InfoNet Courses and Training web page <<http://www.healthinfonet.ecu.edu.au/key-resources/courses-training>>.
- SARRAH Self Care learning module <<https://sarrah.org.au/content/self-care>>.
- Maintain contact with dietitians or networks working outside Aboriginal health - sometimes you will enjoy the mental break of talking about ‘mainstream’ health.

Topic 7: Where to next?

This kit has been an introduction to working in Indigenous health and we hope that you have found the insights, readings and practical activities useful. This is a unique field which involves both professional and personal journeys. It is encouraged that you continue learning both formally and informally, to enhance and enrich your experience working in this area. A suggested next step in your continued learning is to access a resource developed by Menzies School of Health

Research and the Fred Hollows Foundation titled 'Food and Health Communication Across Cultures: Considerations for Health Professionals Working with Remote Aboriginal Communities' <https://www.menzies.edu.au/page/Research/Projects/Nutrition/Food_and_health_communication_across_cultures/>. This resource provides detailed practical guidance and insights, supporting you to take your learning to the next level.

Final thoughts

Working with Indigenous communities is a unique, valuable and rewarding experience. You need to have passion and care for your community/communities and be aware that change takes time and patience, and will largely depend on your relationship within the community. Take the time to learn about the people and communities you are working with, embrace the inevitable challenges, make the most of every opportunity to get involved, reflect on your experiences, and don't forget to focus on the positives. Your work can contribute to 'Close the Gap' for Aboriginal and Torres Strait Islander people.



Above: Debbie Chen APD, Condoman and Lubelicious cooking Good Quick Tukka at NAIDOC in Musgrave Park in Brisbane



Above: Members of the Aboriginal and Torres Strait Islander Walking Group cooking up another Good Quick Tukka Recipe

Right: The Herbert family of Brisbane learning a Good Quick Tukka recipe and cooking it together



Above: Jennifer Browne APD and Simone Andy (Team Leader of Koori Maternity Services) both from Victorian Aboriginal Community Controlled Health Organisation (VACCHO), at the Feltmum launch in May 2015 in Melbourne