# Addressing Uncomfortable Issues: The role of White health professionals in Aboriginal health

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In November 2011
For the Degree of Doctor of Philosophy
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# Dedication

*This thesis is dedicated to my Grandmother, Mignon McDonald (1926-2002), whose memory reminds me to stand up for what I believe in.*

# Acknowledgements

There have been many people who have assisted me in completing this PhD journey over the past three and a half years.

I would like to acknowledge and thank all of the Aboriginal people who have had input into this research. This includes a significant number of community members and Aboriginal workers in the two communities in which this research is based. It is difficult to express in words the deep impact that you have had on this research and on myself. Through sharing your life stories with me and challenging me as a White dietitian and researcher, you have greatly enhanced my understanding and appreciation of the complexity of Aboriginal health. You have shown me that history can never be forgotten, and I will endeavour to convey this message through my future work. For your input I will always be grateful.

I would also like to formally acknowledge the input of Aboriginal mentors into this research. Luita Casey has been a Cultural Facilitator to me throughout this research and spent much time in discussion with me. I am also grateful for the mentoring of Kim O'Donnell, Mark Thompson, Sharon Perkins, Sandy Wilson, Darryl Cameron, Ngala Cox and Theresa Francis, who have had a significant impact on this research and my understandings.

I would like to acknowledge and sincerely thank my Supervisors, Associate Professor Anthea Magarey, Dr Michelle Jones and Dr Janet Kelly. You have all provided guidance and shared this journey with me. I thank you for having faith in me and my ideas, and supporting the progression of this thesis away from where it first began. In doing this, I acknowledge that you have all departed from familiarity, and I thank you for being open enough to do so. I look forward to opportunities to work with you all in the future.

Thank you to the *eat well be active* Community Programs and SA Health for providing the opportunity to undertake this PhD and for providing financial assistance, including a scholarship in 2008 and a "top-up" scholarship from 2009-2011. I also thank them for being flexible enough to support me to follow an area of inquiry that was my interest. I must also thank the health services and other sites that have provided a physical "space" for me to sit and complete this research, as

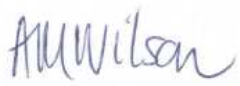
well as acknowledge the financial assistance I received in the form of an Australian Postgraduate Award from 2009-2011.

Finally, I would like to thank my family. Without your unconditional support, this journey would not have been possible. To Mum, Dad, Katie and my boyfriend Trevor - thank you for your constant encouragement, discussion and distraction from this research when I needed it most.

# Declaration

I certify that this thesis does not incorporate without acknowledgment any material previously submitted for a degree or diploma in any university; and that to the best of my knowledge and belief it does not contain any material previously published or written by another person except where due reference is made in the text.

Signed



Annabelle Wilson

# Abbreviations

| | |
|---|---|
| ACEO | Aboriginal Community Education Officer |
| AEW | Aboriginal Education Worker |
| ABS | Australian Bureau of Statistics |
| ACRAWSA | Australian Critical Race and Whiteness Studies Association |
| AHCSA | Aboriginal Health Council of South Australia |
| AHW | Aboriginal Health Worker |
| APD | Accredited Practising Dietitian |
| CALD | Culturally and Linguistically Diverse |
| CBOPI | Community Based Obesity Prevention Intervention |
| CINAHL | Cumulative Index to Nursing and Allied Health Literature |
| CPD | Continuing Professional Development |
| CRCAH | Cooperative Research Centre for Aboriginal Health |
| CSR | Critical Social Research |
| CSS | Critical Social Science |
| CT | Critical Theory |
| DAA | Dietitians Association of Australia |
| EWBA | *eat well be active* |
| FAHRU | Flinders Aboriginal Health Research Unit |
| HIA | Health Impact Assessment |
| JADA | Journal of the American Dietetic Association |
| N & D | Nutrition and Dietetics |
| NAIDOC | National Aborigines and Islanders Day Observance Committee |
| NHMRC | National Health and Medical Research Council |
| OP | Obesity Prevention |
| OT | Occupational Therapist |
| PHAA | Public Health Association of Australia |
| SA | South Australia |
| SANN | South Australian Nutrition Network |
| SDoH | Social Determinants of Health |
| USA | United States of America |

# Note on Style

In this thesis, I use British spelling unless part of a direct quote with American spelling. This means that for concepts posed by American writers – for example “color evasion” and “race cognizance” I have used the British spelling, “colour evasion” and “race cognisance”, unless part of a direct quote.

To refer to the *eat well be active* Community Programs and *ewba*, I use lower case italics, as stipulated in the Style Guide for this program. However when a sentence starts with *ewba,* I capitalise it i.e. *Ewba.*

To maintain confidentiality, I have deidentified the majority of people and places in this thesis. The main exception is when I refer to Aboriginal people who were mentors to me for this research. They have all given permission to be named in this research.

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# Publications and conference presentations arising from this research

**Wilson A**, Magarey A, Jones M & Kelly J 2011, Strategies for best practice in community-based obesity prevention in Aboriginal communities, paper to be presented at 21st Australian and New Zealand Obesity Society's Annual Scientific Meeting, 20-22 October 2011, Adelaide, Australia.

**Wilson A**, Magarey A, Jones M & Kelly J 2011, One dietitian-researcher's experience with a paradigm shift, paper presented at 1st Critical Dietetics Conference, 19-20 August, Toronto, Canada.

**Wilson A**, Magarey A, Jones M & Kelly J 2011, Bringing Race into popular dietetic discourse, paper presented at 1st Critical Dietetics Conference, 19-20 August, Toronto, Canada.

Casey L & **Wilson A** 2011, Using relationships to enhance the translation of evidence to practice in Aboriginal health, poster presented at 29th Dietitians of Australia conference, 26-28 May 2011, Adelaide, Australia.

Gregoric C & **Wilson A** 2011, Cross disciplinary collaboration in dietetics and education, poster presented at 29th Dietitians of Australia conference, 26-28 May 2011, Adelaide, Australia.

**Wilson A**, Lappin C, Leaver C, Manders M & Reid M 2011, From evidence to practice in Aboriginal health: challenges and potential solutions for practitioners, Workshop presented at 29th Dietitians of Australia conference, 26-28 May 2011, Adelaide, Australia.

**Wilson A**, Magarey A, Jones M & Kelly J 2011, Alternative approaches to building an evidence base in dietetics, poster presented at 29th Dietitians of Australia conference, 26-28 May 2011, Adelaide, Australia.

Casey L & **Wilson A** 2011, Bridging the gap: building relationships and sharing the journey together, paper presented at 20th Australian Health Promotion Association conference, 10-12 April 2011, Cairns, Australia.

**Wilson A**, Magarey A, Jones M & Kelly J 2011, Promoting and improving Aboriginal health: the role of structural factors and the self, poster presented at 20th Australian Health Promotion Association conference, 10-12 April 2011, Cairns, Australia.

Pettman T, McAllister M, Verity F, Magarey A, Dollman J, Tripptree M, Stanley S, **Wilson A** & Mastersson N 2011, *eat well be active* Community Programs Final Report, SA Health, Adelaide.

**Wilson A**, Magarey A, Dollman J, Jones M, Mastersson N 2010, The challenges of quantitative evaluation of a multi-setting, multi-strategy community-based childhood obesity prevention programme: lessons learnt from the *eat well be active* Community Programs in South Australia, Public Health Nutrition, 13 (8), pp. 1262-70.

**Wilson A**, Magarey A, Jones M, Kelly J 2010, Aboriginal peoples' experiences with a mainstream healthy eating and physical activity program, in the Collaboration of Community-based Obesity Prevention Sites (CO-OPS) book of Case Studies for Community-based Obesity Prevention, Paul Kelly Design to Print, Geelong.

**Wilson A**, Magarey A, Jones M, Kelly J 2010, Community based obesity prevention in two Aboriginal communities, paper presented at Collaboration of Community-based Obesity Prevention Sites (CO-OPS) National Workshop, 20-21 October 2009, Melbourne, Australia.

**Wilson A**, Magarey A, Jones M, Kelly J 2009, Aboriginal peoples' experiences with a mainstream healthy eating and physical activity program, paper presented at Collaboration of Community-based Obesity Prevention Sites (CO-OPS) National Workshop, 26-27 November 2009, Melbourne, Australia.

**Wilson A**, Magarey A, Mastersson N & Jones M 2008, Transferability of evaluation tools from a community-based, childhood obesity prevention intervention for use by practitioners, poster presented at Public Health Nutrition Conference, 11-12 July 2008, Adelaide, South Australia.

# Summary

This research investigated the role of White health professionals in addressing Aboriginal health in South Australia. Set within the discipline of nutrition and dietetics and the area of obesity prevention, it explored the practice of White health professionals from the point of view of Aboriginal and White workers.

This research arose from practice dilemmas I experienced as a dietitian working in rural and remote South Australia. Willing and interested to work in the area of Aboriginal health, as a new graduate dietitian I lacked the confidence to do so. Hence, I embarked on this research in order to explore the challenges involved in working in Aboriginal health in greater depth, with the view of suggesting some ways forward for myself and other White health professionals working in this area.

The setting for this research was the *eat well be active* Community Programs, a community-based, childhood obesity prevention program in South Australia. Located in one rural and one urban community, I sought to explore how this program was delivered to the Aboriginal communities within the larger rural and urban communities. Throughout the course of the research, I broadened the focus to include dietitians across South Australia, in order to assess the wider context in which White health professionals work in Aboriginal health in the area of nutrition and dietetics.

In order to conduct ethical research, I worked closely with Aboriginal community members and workers in both *eat well be active* communities, through building and maintaining relationships and activities of reciprocity. I engaged in reflexive research where I took note of my observations, reactions and learnings and used these to inform my actions, practice and research. In engaging in reflexive research, I assessed myself and my position, including identifying my Whiteness and the impact of this on the research. I also underwent a paradigm shift when I identified that the initial plan for the research was not suitable. This research is positioned in a social constructionist epistemology and uses a critical theoretical approach, specifically theories of structuration and emancipation. Critical social research and reflexivity are the methodological approaches. I kept a

reflexive journal and conducted 41 semi-structured interviews with White health professionals and Aboriginal health workers and one focus group with White health professionals; all of which formed the data for this research.

This research identified that there are a number of elements to the practice of White health professionals that make it ideal when they are working with Aboriginal communities. However, such ideal practice does not always occur and this research sought to identify why. The organisation, profession and individual were identified as systems within the wider system of Aboriginal health. Within these systems, I identified structures (rules and resources) that either constrain or enable the practice of White health professionals with Aboriginal people. While many White health professionals focussed on external factors that constrained their practice, using structuration theory, I identified the role of individuals in creating and maintaining barriers and enablers, thus highlighting their agency. Therefore, the role of individual, White health professionals in addressing factors that constrain or enable their practice was highlighted. This included an awareness of oneself, in particular one's Whiteness. It was also identified that White health professionals progress through a number of stages in their work in Aboriginal health, from not knowing how, to being scared, to finding it too hard and ultimately being able to practice regardless of barriers.

In summary, this research identified that moving forward in Aboriginal health requires White health professionals to look at themselves, which generally requires them to address uncomfortable issues.