



Research Tuesdays

# Decolonising healthcare

Professor Janet Kelly

Dr Kim O'Donnell



THE UNIVERSITY  
of ADELAIDE

150 YEARS

We acknowledge and pay our respects to the Kaurna people,  
the traditional custodians whose ancestral lands we gather on.

We acknowledge the deep feelings of attachment and relationship of the  
Kaurna people to country and we respect and value their past, present  
and ongoing connection to the land and cultural beliefs.

# Acknowledgment

**Two Matriarchs who have led the work we have been doing collaboratively in decolonising kidney health care.**



Inawinytji Williamson & Nari Sinclair



# We will share

- what we do
- how we do it, and
- what we have learned
  - about decolonising kidney health

We recognise that many people and services are striving to provide quality, responsive care.

There is also a lot more work for us all to do.

# We are part of much larger collaborations



## Decolonisation

The process of acknowledging and addressing the ongoing trauma and impact of colonisation by European powers on the First Nations People of Australia and working together to rectify the wrongs.

## Productivity commission comments on Close The Gap

*Governments across Australia have largely not fulfilled their commitments under the agreement. They have not grasped the nature or the magnitude or the changes they promised to make.*

*They are unwilling to relinquish control, are lacking accountability, and have only tokenistic engagement with Indigenous organisations. Their actions don't align with what the community say will work.*

*Programs are not measured in terms of what the communities value as markers of change.*

*They continue to allocate public money ineffectively.*

Natalie Siegel Brown, Commissioner, Productivity Commission  
Tuesday 6<sup>th</sup> February 2024, ABC News



# Colonisation of health care and research

**Australian First Nations People have been developing health, wellbeing and environmental research for at least 65,000 years.**



“Colonial scientific” approaches to health care and research were imported and developed in Australia over 236 years, alongside colonisation and racist policies and actions.

They have largely ignored First Nation Peoples’ ways of knowing, being and doing [epistemology, ontology, axiology, methodology]

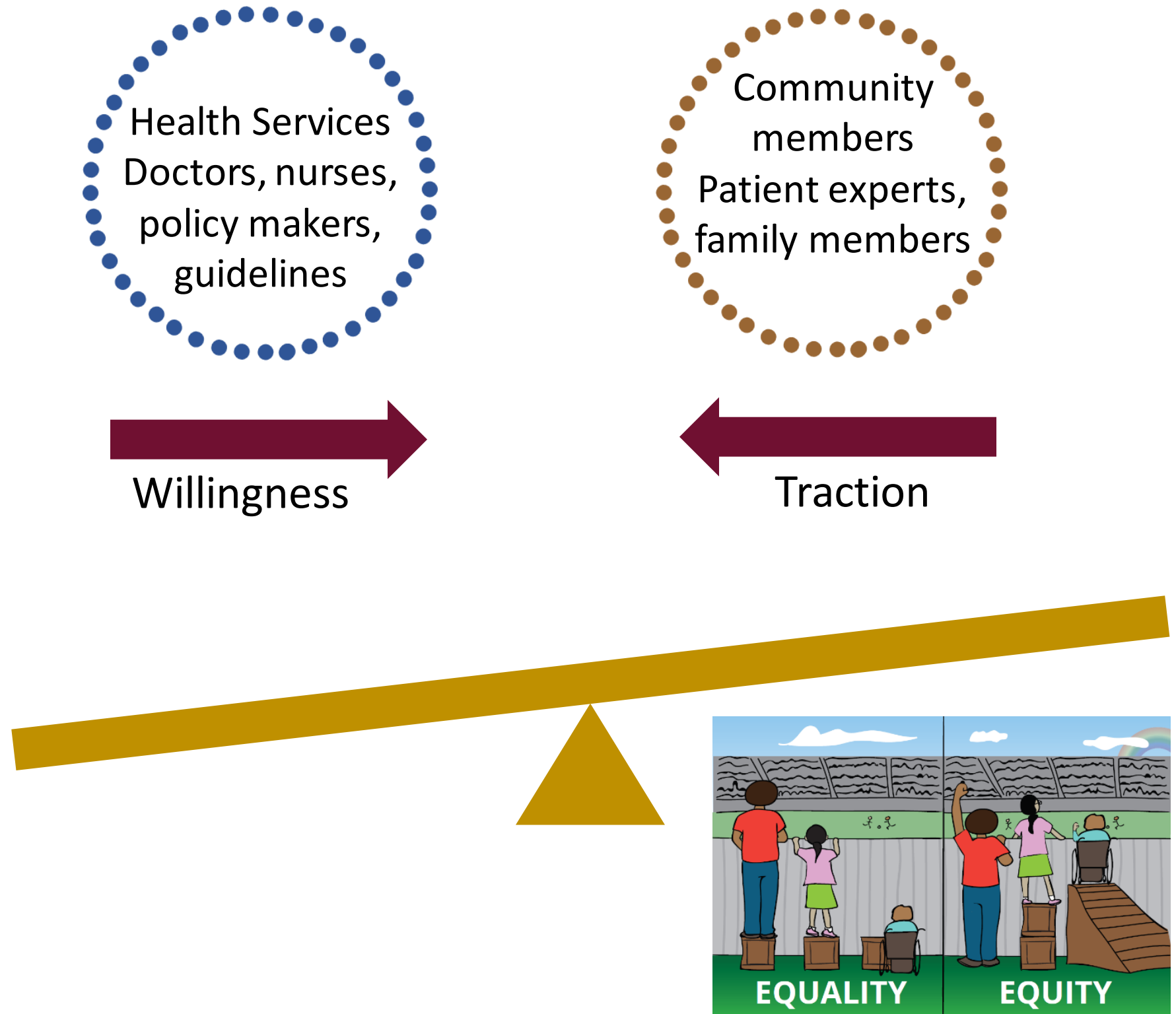


Many First Nations People have learned from experience to distrust Eurocentric health care and research, over many generations.

# Colonised Systems

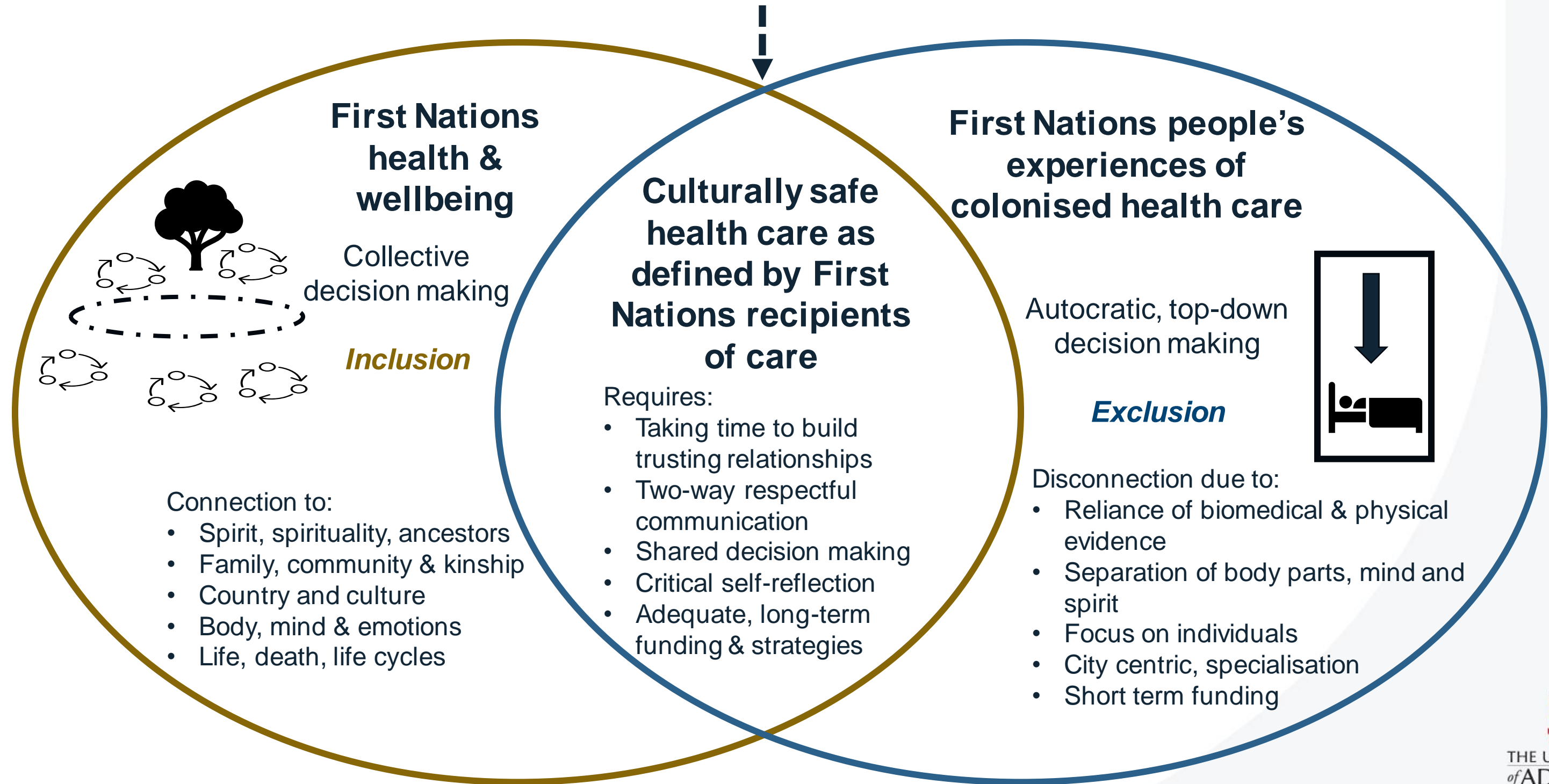


# De-colonising Processes



# Decolonisation

working in the Brave Space







## **AKction**

# **Aboriginal Kidney Care Together – Improving Outcomes Now**

**Aboriginal health practitioners, nurses, doctors & educators working alongside community members to improve care experiences and outcomes**

**Aboriginal patient experts are positioned as Chief Investigators,  
Project Leads and Reference Team Members**



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# First Nations People's experiences of kidney disease

First Nations peoples experience disproportionate levels of kidney disease in urban, regional and rural locations.

5 x more likely to develop kidney disease  
4 x more likely to die from kidney disease,  
often at younger ages

In remote and very remote areas the rates of kidney disease are up to 20 times higher

(Kidney Health Australia. 2024)

Raises questions about:

- ongoing impacts of colonisation, policies and decision making
- transport and distance to services

Access to:

- health and wellbeing
- available infrastructure – secure water, food, housing
- primary health care information, prevention, early detection and treatment of infections and other chronic health conditions
- kidney health care



# Community consultations

Location: Port Augusta  
Pika Wiya Aboriginal Health  
Service, Feb 2019

Chris Forbes, CEO  
Kidney Health Australia

Sue Crail,  
Nephrologist

Aboriginal Community  
members

Tahlee Stevenson,  
Registered Nurse



Roxanne Sambo,  
Aboriginal Health  
Practitioner

# AKAction 1 extended into AKAction 2

## AKAction 1

HTSA/ MRFF funding

2019-2022

- Community Consultations
- Patient journey mapping
- Stakeholder workshops
- Networking - local, NT, international
- New national clinical guidelines



### Building relationships & trust

- Aboriginal patients & families
- Kidney health professionals
- Researchers
- Health services, systems, managers, & decision makers



### Methods

*Decolonising research, working together in a Brave Space*

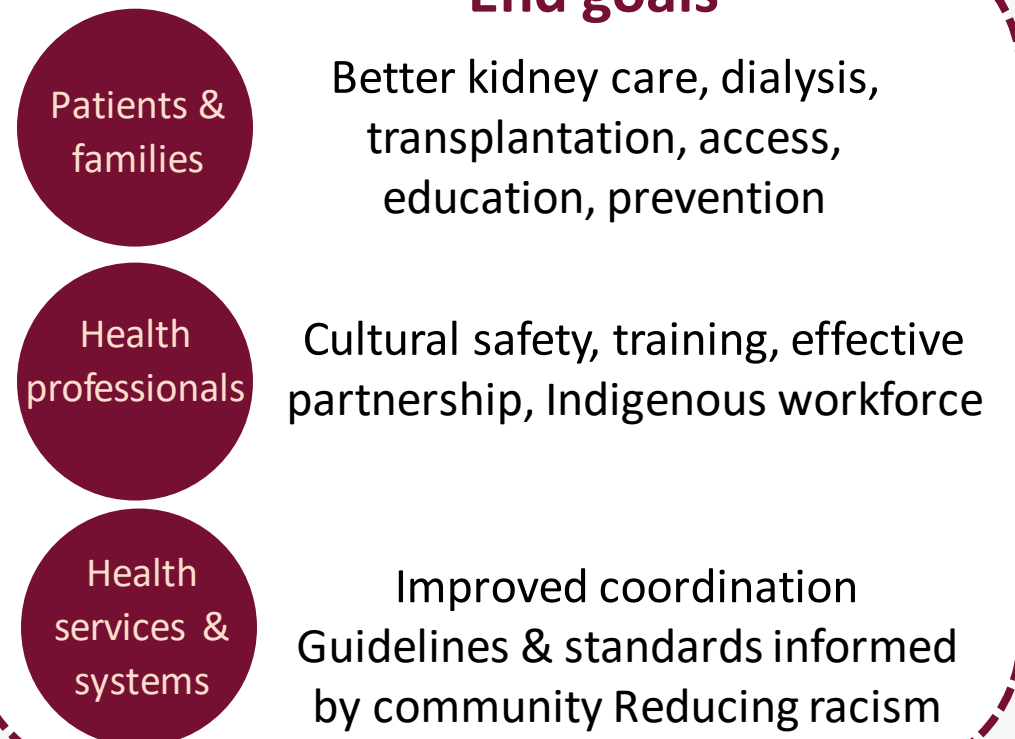
- Yarning
- Dadirri (deep listening)
- Ganma (knowledge sharing)
- participatory action research
- Restructuring hierarchies
- Aboriginal patients experts positioned as chief investigators

### Four sub studies



## AKAction 2 5 Year NHMRC Ideas Grant Funding

### End goals



# Action research approaches



Dadirri deep listening



Ganma knowledge exchange

Yarning respectful conversations

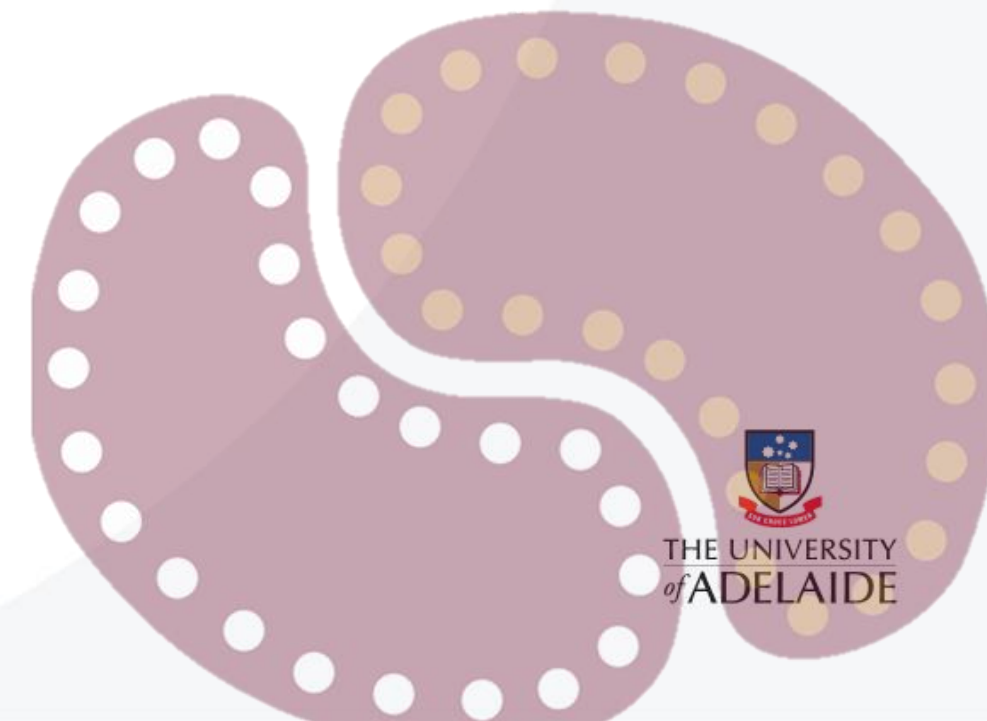
Collective action

Kelly et al 2008, adapted from Stringer 2007 with Aboriginal women at Gilles Plains

# AKction2: Four areas of research focus

1. Indigenous governance *“We are more than our disease!”*
2. Support for Aboriginal kidney patients *“We know what it is like”*
3. Kidney journey mapping *“No one else should have to experience this”*
4. Cultural Safety in Kidney Care *“Sometimes they just don’t get it”*

**Overall aim:** to improve the experiences and outcomes of kidney care for and with Aboriginal patients, families and community members and kidney health services in South Australia



# Indigenous governance - *“We are more than our disease!”*



# NIKTT Kidney Gathering





# Peer support

***“We know what it is like”***

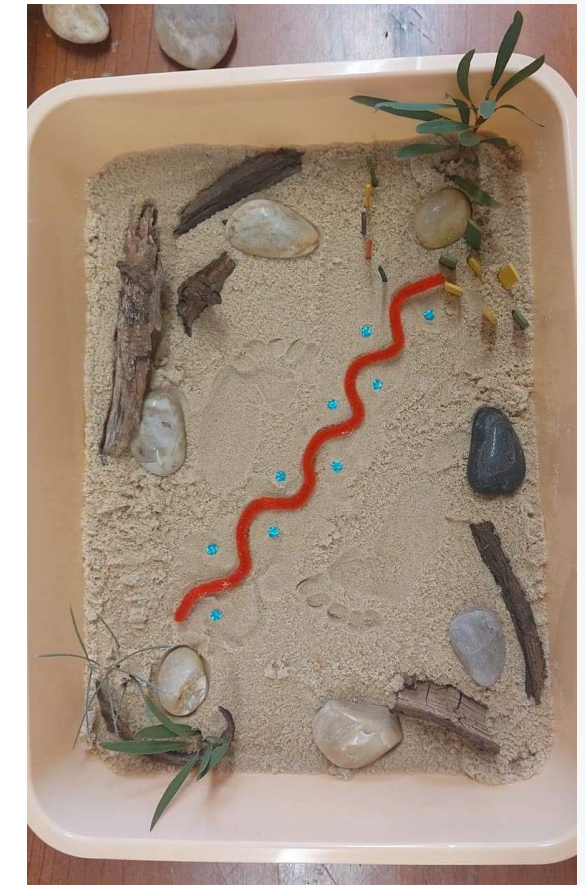
- Peer navigators
- Regional visits
- Working in collaboration with the National Kidney Transplantation Taskforce and the Compass project



# Kidney journey mapping

***“No one else should have to experience this”***

Sharing journey stories  
with community members



Rhane Lester's journey



# Kidney Journeys

## Mapping against standards

### and guidelines



### NSQHS Guide for Aboriginal and Torres Strait Islander Health



### NSQHS Quality Improvement, Health Care and Accreditation Standards

#### INDIGENOUS GUIDELINES

MANAGEMENT OF CHRONIC KIDNEY DISEASE AMONG ABORIGINAL AND/OR TORRES STRAIT ISLANDER PEOPLES



- 1 • INSTITUTIONAL RACISM  
• CULTURAL SAFETY
- 2 • COMMUNITY AND FAMILY INVOLVEMENT
- 3 • TRANSPORTATION  
• ACCOMMODATION NEEDS
- 4 • ABORIGINAL AND/OR TORRES STRAIT ISLANDER HEALTH WORK FORCE
- 5 • RISK FACTORS  
• SCREENING  
• REFERRAL
- 6 • PUBLIC AWARENESS  
• EDUCATION  
• SELF MANAGEMENT
- 7 • MODELS OF CARE  
• PRE-DIALYSIS  
• KIDNEY-FAILURE,  
• TRANSPLANTATION

# Cultural Safety

- Cultural Bias Literature Review, Report & Policy Brief
- Embedding cultural safety into the inaugural national clinical guidelines
- The emergence of cultural safety in kidney care – PhD study
- National Indigenous Kidney Transplantation Taskforce Gathering
  - Co-facilitation, Aboriginal space - Tandanya, South Australia
- Co-designing Decolonising Clinical Care course at CALHN

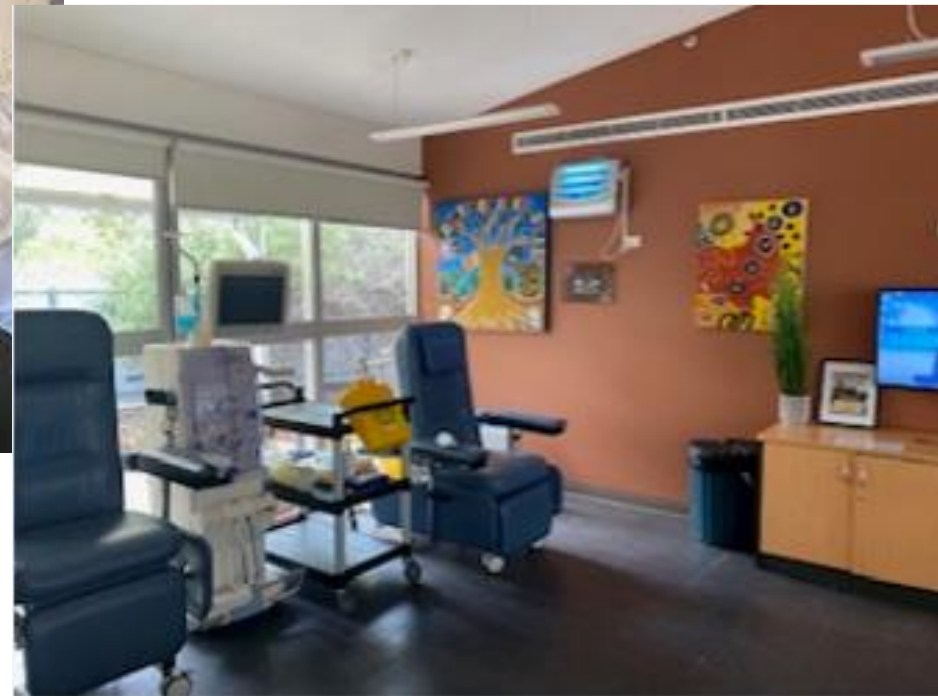


# New models of care

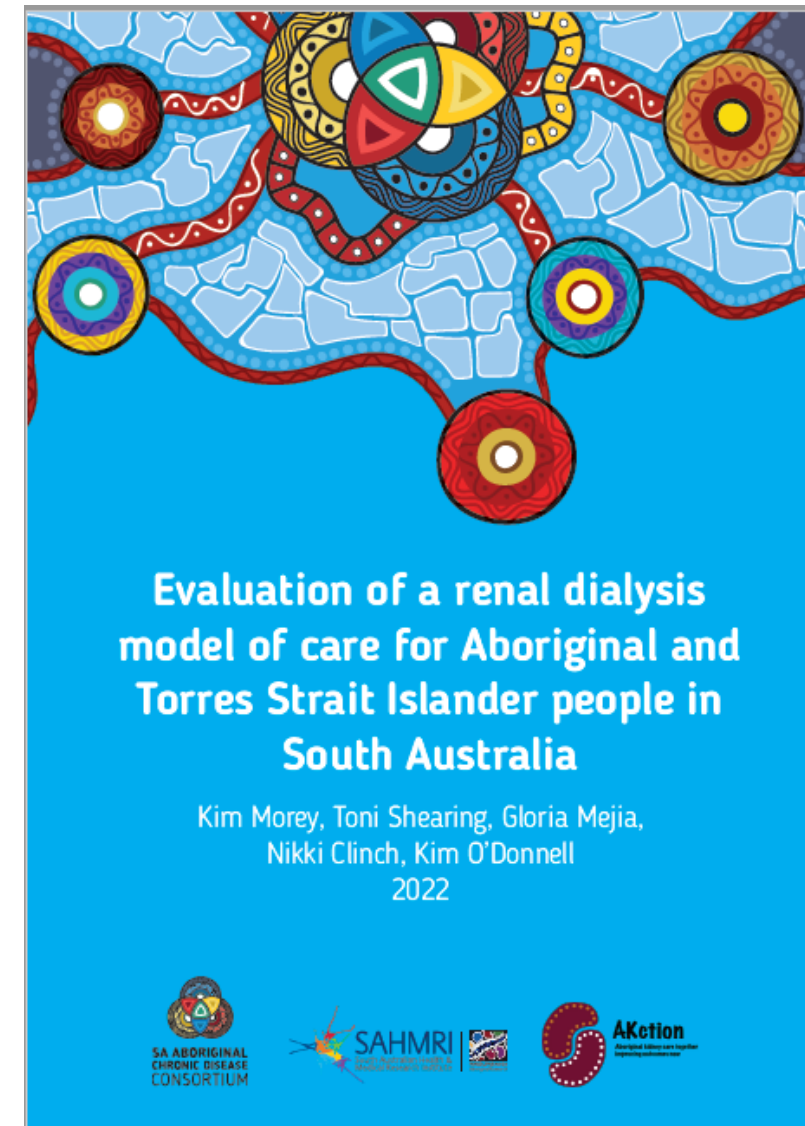
## Kanggawodli dialysis chairs – Australian First



Providing dialysis in a culturally safe environment as identified by the consumer group has improved attendance to regular dialysis



Being sensitive to consumer needs and not applying a one size fits all model



# Incorporating oral health care with kidney care

## Kanggawodli dialysis – oral hygienist student clinical placement



Centre for Dental Studies  
Interprofessional Learning Day  
Aboriginal and Torres Strait Islander  
kidney care and oral health.

Friday 1 July 2022 | Warren Neale Theatre | TAFE SA Gilles Plains campus

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or have a speech impairment, contact us through  
the National Relay Service [nrs.gov.au](http://nrs.gov.au)

Aktion NIKIT THE UNIVERSITY OF ADELAIDE Health

# Organ Smoking Ceremony as part of healing for kidney transplant patients



# Ceduna Kidney Yarning & Yalata Kidney Festival





# Culturally safe kidney care for Australian First Nations Peoples



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[www.cariguideines.org](http://www.cariguideines.org)  
[@cariguideines](https://twitter.com/cariguideines)

## Themes of the guidelines

-  **Driven by the community**  
Address issues raised in community consultation & use as justification
-  **Outcome driven**  
Focused on improving health care services
-  **Increased community control**  
Community control and co-design from public awareness to health services
-  **Combat bias**  
Formal evaluation of racism and educating clinicians
-  **Increased services**  
More kidney services in the community

Vimeo - video

<https://vimeo.com/757374130>



## What we have learned and are still learning

- Researching while grieving – losing friends, family and colleagues
- (losing 6 people in five years of AKction)
- Knowing when to step up, step back and walk alongside each other
- Collaboration rather than duplication – shared resources and enhanced capacity; competition can divide people and resources
- Time + Respect = Trust
- Working in the Brave space – we don't always get it right, but we keep trying
- The Brave Space – Poem by Micky Scott Bey Jones



# AKction Team Members (current & past)

**AKction Reference Team/s:** Alice Abdulla, Aunty Christine Franks, Denise Champion, Donna Abdulla, Inawinytji Williamson, Jared Kartinyeri, Kelli Owen, Lili Simo, Aunty Lillian Neville, Matthew Hobbs, Nari Sinclair, Ramon Gadd, Rhanee Lester, Richard Brooks, Shellander Champion, Sherrie Jones & Waluwe Dono.

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**Project teams:** Alyssa Cormick, Amy Graham, Brandon O'Connor, Cassandra Glenn, Isaac Brown, Kate Schwartzkopff, Kimberly Taylor, Kynesha Temple Varcoe, Liz Rix, Penny Clough, Penny Smith & Tahlee Stevenson.

**Collaboration teams:** Alana Gunter, Amelia Ware, Amanda Biddle, Andrew Lane, Chris Russell, Dora Oliva, Erandi Hewawasam, Kate Tyrell, Kelly Clemente, Kurt Towers, Laura Lunardi, Margie Steffens, Michelle Sweet, Mitra Javanmard, Rebecca Munt, Roxanne Sambo, Sarah Furnell, Serena Fransca, Stephen Cornish, Sylvia Reynolds, Wade Allan, ANZDATA, AURHA - Adelaide University Rural Health Alliance, Ceduna Hospital, Central and Northern Adelaide Renal Transplantation Services, Moorundi, Pika Wiya, Tullawon and Yadu Aboriginal Community Controlled Health Services, Indigenous Oral Health Unit, Kanggawodli Hostel, Kidney Health Australia, Menzies School of Health Research, National Indigenous Kidney Transplantation Taskforce, Panaku, Port Augusta Hospital & Purple House, SA Dialysis Truck.

**PhD & Master's students:** Kelli Owen, Melissa Arnold Ujvari, Nishanta Tangiralia & Samantha Bateman,

**Honours students:** Alyssa Cormick, Ayleen Castro, Basil Abou-Assali, Harmandeep Kaur, Millie Baker & Veda Mitra

**3<sup>rd</sup> year health and medical sciences students:** Claire Dekuyer, Ejaz Nijadi, Kai Loon Lau, Louise Channing



## References

### **Ganma:**

O'Donnell, K & Kelly, J 2011, 'Using Ganma knowledge sharing as a decolonising approach to conference planning and facilitation', *ALAR action learning and action research journal*, vol. 17, no. 2, pp. 137-156.

### **Dadirri:**

West, R, Stewart, L, Foster, K & Usher, K 2012, 'Through a Critical Lens: Indigenist Research and the Dadirri Method', *Qualitative health research*, vol. 22, no. 11, pp. 1582-1590.

### **Yarning:**

Bessarab, D & Ng'andu, B 2010, 'Yarning About Yarning as a Legitimate Method in Indigenous Research', *International Journal of Critical Indigenous Studies*, vol. 3, no. 1, pp. 37-50.

### **Decolonisation:**

Sherwood, J., & Edwards, T. (2006). Decolonisation: a critical step for improving Aboriginal health. *Contemporary nurse*, vol. 22, no. 2, pp. 178–190.

For further information on our collaborations, please go to the following websites

AKction website <[AKction- Aboriginal Kidney Care Together Improving Outcomes Now | University of Adelaide](#) >

NIKTT website < [Home | National Indigenous Kidney Transplantation Taskforce \(niktt.com.au\)](#) >





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