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Indigenous Health

Denise Wilson

Me ka moemoea au, ko au anake
Me ka moemoea e tatau, ka taia e tatau
If I dream, only I achieve
If we dream together, we all achieve. (Te Puea Herangi)

The whakatauakī or proverb above speaks to the need for collaboration in order to achieve our goals and highlights the futility of functioning as individuals—it speaks to an Indigenous approach to functioning driven by not only collective aspirations but achieving these by working together. For Indigenous peoples globally, there is a need for health professionals to work collaboratively to achieve Indigenous aspirations for health and wellbeing. The colonisation of Indigenous peoples has resulted in persistent and marked health and social inequities compared to other groups living in their respective countries (Mbuzi, Fulbrook, &

D. Wilson (✉)
Auckland University of Technology, Auckland, New Zealand
e-mail: dlwilson@aut.ac.nz

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Jessup, 2017; Wilson, Heaslip, & Jackson, 2018). Recognition of Indigenous historical and contemporary realities, coupled with the effects of ongoing colonisation, historical trauma, and socioeconomic marginalisation helps understand the complexities that impact their health and social wellbeing. A myriad of long-term effects has arisen from colonisation, which includes economic disenfranchisement, historical trauma, inadequate access to social determinants of health, and experiences of social marginalisation, systemic discrimination, and encounters of racism—all negatively affecting health (Cormack, Stanley, & Harris, 2018; Paradies, 2016; Walters et al., 2011; Whitbeck, Adams, Hoyt, & Chen, 2004). As a consequence, Indigenous peoples face persistent access, quality and safety issues when engaging with health services.

This chapter will explore the necessity for culturally responsive collaborative practice for working with Indigenous peoples and their families. For such an approach to be sustainable, this requires enabling the leadership from within Indigenous patients and their families or whānau (extended family network beyond nuclear family constructions)—essential for their active involvement in the patient's health care and subsequent decision-making. Sustainable Indigenous patient and family involvement requires health professionals to recognise them as legitimate team members, to form relationships and build trust through authenticity and consistency, all of which are essential for active collaboration between professionals, patients, and their families and quality health care (van Dijk-de Vries, van Dongen, & van Bokhoven, 2017). Interprofessional collaborative practice with Indigenous peoples holds patients and their families or whānau central to all activities, recognising the need for them as key participants in their health care experiences and decision-making.

Drawing on Māori (the Indigenous peoples of Aotearoa New Zealand) mātauranga (knowledge), the waka (canoe) will be used as an analogy to illustrate collaborative practice within this context and how patients and their families or whānau have a leadership role in their health care. Moreover, given the historical and contemporary contexts of Indigenous peoples' realities, the notion of resilience for sustainable interprofessional collaboration to establish relationships when working with Indigenous peoples will be discussed briefly.

Indigenous Peoples

The United Nations (2013) explains that Indigenous peoples:

> populated areas before the arrival of others and often retain distinct cultural and political characteristics, including autonomous political and legal structures, as well as a common experience of domination by others, especially non-indigenous groups, and a strong historical and ongoing connection to their lands, territories and resources, including when they practise nomadic lifestyles. (p. 3)

Indigenous peoples subjected to colonisation have diverse but similar experiences in that their experiences differed not only between but also within countries. They share contemporary experiences of being displaced from their land (a rightful place to stand in the world), loss of language and cultural ways of knowing and being that negatively impacted their health and social wellbeing (Atkinson, 2002; Battiste, 2000; Smith, 2012). Displacement from land and loss of language and culture left many Indigenous peoples culturally, socially, economically, and educationally marginalised, and more likely to have differential access to the essential determinants of health and health services and experience differences in the quality of care than other groups of people living in their respective countries. Differential access and quality of care is evident in the increased risk and burden of long-term non-communicable diseases and premature mortality for many Indigenous peoples (Axelsson, Kukutai, & Kippen, 2016; Jones, 2000; Mbuzi et al., 2017).

There is a tendency to explain Indigenous disparities in health status and health outcomes as some form of deficit an individual possesses, yet the majority of Indigenous peoples struggle with systemic barriers to accessing timely safe and quality health care (Browne et al., 2016; Jones, 2000; Wilson et al., 2018). Access to timely and quality health care is made difficult by having to navigate complex health services and a myriad of health professionals who act independently with often conflicting messages. These barriers are endemic, systemic and structural, and are referred to as institutional or systemic racism (Browne et al., 2016;

Came, 2014) because Indigenous peoples have different health care experiences, levels of disease burden and health outcomes compared to other people. When people and their family or whānau are seeking health care, they need respectful engagement, and people willing to listen and work with them (D. Wilson, 2008; Wilson & Barton, 2012). Instead, Indigenous peoples commonly encounter health professionals with judgmental attitudes and who engage in racist or discriminatory practices when providing health care services (Cormack et al., 2018; Goodman et al., 2017; Harris et al., 2012). Consequently, it is not uncommon for Indigenous peoples to lack trust in health care services and health professionals. Persistent adverse health care experiences and health outcomes are unfair and avoidable, indicating equity issues (Braveman, 2010; Whitehead, 1992).

Invariably, health professionals aim to improve the health and wellbeing of the people they work with and do not set out to treat people differently. However, Indigenous peoples (and other minority or marginalised groups) frequently report being treated differently (Goodman et al., 2017; Huria, Cuddy, Lacey, & Pitama, 2014; Ziersch, Gallaher, Baum, & Bentley, 2011). Compounding inequitable treatment and interactions is the divergence in worldviews between Indigenous peoples, and health professionals who work predominantly within Western and biomedically driven health care services that lead to differences in beliefs and values around health and health care. Indigenous peoples' worldviews are holistic, relational, and spiritual, with their connection to the environment an essential factor for their wellbeing (Smith, 2012; S. Wilson, 2008). Importantly, Indigenous peoples function collectively rather than as individuals, with inherent responsibilities and obligations to others and their family or whānau as a whole. Practically, this means for many Indigenous patients that the inclusion of their family or whānau is essential in their health care experiences. Therefore, forming relationships is fundamental for any interactions with health professionals before getting down to the business of health care. Recognising and responding to Indigenous worldviews contributes to patients and their family or whānau understanding the relevance and meaningfulness of health information and health regimens, but also for culturally responsive collaborative practice to occur.

Culturally Responsive Collaborative Practice

Establishing culturally responsive collaborative practice involves creating different pathways that are person- and whānau-centred, drawing on the leadership that exists (particularly from whānau Māori). Creating different pathways involves developing environments as safe places with safe spaces that establish reliable and sustainable avenues for communication and relationships to enable change and ultimately improve health care. It requires shifting conversations from being deficit-based to ones focusing on Indigenous patients' and their families or whānau strengths and potential. Health professionals need to enable alternative approaches to health care delivery and innovation as part of culturally responsive collaborative practice.

Culturally responsive collaborative practice is essential for establishing trust and relevant and meaningful health care experiences to achieve outcomes for patients and their whānau. Fundamental to culturally responsive collaborative practice is culturally competent and capable health professionals who can demonstrate culturally appropriate and acceptable practice that Indigenous patients and their family or whānau deem as safe (Bearskin, 2011; Pitama et al., 2007; D. Wilson, 2008; Wilson & Hickey, 2015).

Importantly, health professionals should be able to work collaboratively in such a manner for the benefit of the patient and their family or whānau (Wepa, 2016). For Indigenous peoples and their families or whānau, this means feeling culturally safe—that is, respectfully recognising their cultural identity and including their needs in their health care experiences (Bearskin, 2011; Wilson & Hickey, 2015). Working *with* Indigenous peoples and their whānau in culturally responsive and collaborative ways requires an equity approach. An equity approach is grounded in social justice and rights and involves acknowledging alternative ways for engagement and the implementation of interventions needed to achieve the same outcomes as for other people (Braveman, 2010; Marmot, 2013). Such an approach requires understanding Indigenous peoples' unique historical and contemporary realities, which will be different for each person and their family or whānau.

Culturally responsive collaborative practice can be achieved using the acronym KAI (knowledge-action-integration), which is the Māori word for food. Within the context of collaborative practice, KAI is used to refer to the components of cultural responsiveness (Heke, Wilson, & Came, 2019; Wilson & Hickey, 2015). KNOWLEDGE relates to health professionals having insight and understanding into the following factors:

- Being aware of personal and professional cultural values, beliefs, practices, assumptions;
- Identifying biases and stereotypes held about Indigenous peoples;
- Critically reflecting on the influence biases and stereotypes have on professional practice;
- Critically analysing the diverse realities (historical, socio-economic and political influences on health and wellbeing) of Indigenous peoples; and
- Recognising key cultural values and practices of Indigenous peoples;
- Understanding individual leadership roles in developing a collaborative mindset necessary to practise collaboratively.

ACTION relates to the activities and behaviours related to working with Indigenous peoples and their families in ways that are respectful, genuine, non-judgmental, and avoid dominant cultural imposition. It is also about recognising and responding to the diverse cultural needs of each indigenous person and their family in respectful and authentic ways, while at the same time rectifying any potential conflicts in values, beliefs, and practices. Importantly, within the context of collaborative practice, actions relate to interacting and working with both Indigenous patients and their families or whānau and other health professionals to ensure identification and meeting of their needs. It is advantageous to include community health workers to assist Indigenous patients and their families to identify their needs and requirements and work with health professionals. Community health workers know their community, the people in the community who could support the patient and family or whānau and speak the language used in their community, rather than health professionals' language and jargon.

INTEGRATION is about incorporating into their plans of care Indigenous patients and their families' or whānau cultural needs. Integrating cultural needs involves working with them to identify first who needs to be involved in their health care experience, and then negotiating the various and potentially competing needs of the various health professionals and those of Indigenous peoples and their families or whānau for inclusion in plans of care. Consideration should be given to:

- observing critical cultural practices, identified by respectfully enquiring about what is essential for the patient and their family or whānau;
- recognising and including these cultural needs and what is essential for the patient and family or whānau into intervention or care plans; and
- influencing cultural forms of shame and embarrassment related to the reluctance of patients and their families or whānau to discuss some matters or undertake health care related activities.

Leadership for Culturally Responsive Collaborative Practice

The functioning of a waka (canoe) illustrates the essential components of collaboration and leadership, and when applied to the context of health care, patient and family or whānau positions them as leaders of their care standing mid-ship to direct proceedings. The waka is a perfect example of collaboration in action, as without everyone in the waka working together, it would not propel forward to achieve its mission. It exemplifies the imperative of every person needing to collaborate, determining early the goals and directions. Effective collaborative practice requires having the right people on board with their unique capabilities, knowledge, and skills ready to work together to achieve shared goals. In this way, everyone has leadership responsibilities to make things happen.

The waka (YouTube, 2014, May 5) is a useful analogy to illustrate how culturally responsive interprofessional collaboration could work. Great collaboration between everyone in the waka is needed for it to float and move through the water. Without this collaboration, the waka does not

proceed forward, and in the worst situation can capsize. It metaphorically demonstrates the pivotal need for collaboration—without interprofessional collaboration Indigenous patients' health care metaphorically capsizes with poor outcomes. Getting into the waka requires precision, cooperation, and collaboration; without these three things, it will tip over, making it difficult for everyone to get in. Each person in the waka has a role in propelling and manoeuvring the waka to its destination. The leader stands in the middle of the waka coordinating the activity within the waka, continually communicating through various chants. To propel the waka forward and manoeuvre around any obstacles, most of those on the waka paddle together to gain and maintain its momentum—they must dip their hoe (paddles) in and out of the water in perfect time with each other. Someone has the role of baling out the unwanted water to prevent the waka from sinking. The helm (rear of the waka) is the place from where the steering of the waka occurs—the role of someone with an interprofessional collaborative mind-set, either a health professional or community health worker (Brewer, Flavell, Trede, & Smith, 2016; McHugh, Margolis, Rosenberg, & Humphreys, 2016).

Culturally responsive collaborative practice requires people who can work together to achieve a shared vision for each patient and their family or whānau. The configuration of people will depend upon the patient's and family's or whānau needs. The World Health Organization (2010) reinforces this notion of working collaboratively with patients and their whānau or family: 'Collaborative practice happens when multiple health workers from different professional backgrounds work together with patients, families, carers, and communities to deliver the highest quality of care' (p. 7). Mickan, Hoffman, and Nasmith (2010) contend that collaborative practice is essential for safe, timely, and quality services. They cite several benefits for patients such as higher levels of satisfaction, greater acceptance of care, fewer visits to clinics, and improved health outcomes—all factors that health professionals, whoever they are, aim to achieve. In addition to these patient-whānau-centred benefits, culturally responsive collaborative practice reduces the incidence of adverse events and costs, improves continuity and coordination of care, and importantly improves collaborative decision-making with patients. It does so because

health care services become relevant and meaningful for Indigenous peoples and their families or whanau (Boulton, Tamehana, & Brannelly, 2013; Wilson & Barton, 2012).

The functioning of the waka illustrates the nature and components of collaboration with patients and their families or whānau positioned in the mid-ship. It is an example of collaboration in action because, without the leadership and direction of patients and their families or whānau, the waka would not achieve its goal. It also illustrates how every person on the waka contributes and collaborates. If we consider that health professionals are at the "helm" of the waka steering health, it is important for Indigenous patients and their families and whānau that we have all the necessary people to achieve the desired outcomes in health and quality of care. High levels of collaboration and teamwork are more productive and are associated with sustainable quality care (McHugh et al., 2016).

Resilience

Indigenous peoples and their families or whānau have long experienced barriers to access culturally responsive health care related to accessibility, affordability, availability, and appropriateness. Furthermore, they frequently face barriers to effective interprofessional collaboration, instead experiencing fragmentation of their health care, not helped by the nature of the discipline-specific pedagogies that channel health professionals into silos. Many Indigenous peoples and their families and whānau lack trust in health care services and health professionals (Bearskin, 2011; Mbuzi et al., 2017; Wilson & Barton, 2012). The sustainability of culturally responsive collaborative practice, therefore, requires health professionals to possess the resilience necessary to secure the trust of Indigenous patients and their families or whānau so that health professionals will work with them productively—something that will take time and perseverance.

Health professionals are tested often when undertaking their roles by stress associated with inadequate staffing, unpredictable work environments, changing team membership, perceived lack of time and resource deficits, and patient contact (Nissim, Malfitano, Coleman, Rodin, &

Elliott, 2019). Expectations related to collaborative practice, being culturally responsive, and involving patients and whānau can also add to such stressors. Avrech Bar, Katz Leurer, Warshawski, and Itzhaki (2018) found a positive correlation between cooperation with other health professionals and resilience, which enables better adaptation to changing environments and overcoming obstacles. Interactions with patients require health professionals to be present, compassionate and resilient, all necessary attributes to establish trust and respect in relationships with Indigenous peoples and their family or whānau and for the provision of complex holistic care (Nissim et al., 2019). Nissim et al. (2019) found that engaging in a range of activities and practices such as self-compassion and taking time to reflect improves interactions with colleagues and improves quality of care delivered. These are all factors in building empathy and compassion, necessary for resilience in interprofessional collaboration.

Given that health professionals have undergone some form of traditional education that channelled them into professional silos, collaborative practice requires them to be re-educated and re-think *how* to engage with the patient and their family or whānau and other health professionals (McHugh et al., 2016). It involves health professionals using their leadership skills to remove the silos to enable unfettered collaboration that involves sharing, communicating, listening and working together—characteristics essential for real-world functioning (Schuetz, Mann, & Everett, 2010). Gilbert (2006) defined interprofessional collaborative practice as 'A process through which parties who see different aspects of a problem can constructively explore their differences and search for solutions that go well beyond their professional vision of what is possible' (p. 4). Indigenous patients and their families and whānau bring to their health care experiences expertise about their realities and their understanding of health and wellbeing. This expertise is essential to inform effective planning, decision-making, and interventions to evoke positive outcomes—they know what they can afford, what will work given their life contexts, and what is doable in their seemingly complex lives (Mbuzi et al., 2017; Wilson et al., 2018). Collaborative practice also includes learning to work, sometimes innovatively, with people in their worlds and realities.

Returning to the waka (canoe) analogy—if we take the helm to steer health guided by the leadership of Indigenous peoples and their families or whānau, culturally responsive collaborative practice should be informed by the following principles:

- Being committed—You are in or out of the waka
- Working together in a unified relationship with others in the group
- Sharing similar understandings
- Working toward a common goal
- Recognising it is a journey and that quitting is not an option because it gets too hard.

Just like steering a waka (canoe), sustainable collaborative practice requires sound communications skills, teamwork, respect, and importantly listening to Indigenous patients and their family or whānau and other health professionals (Nisbet et al., 2018). Sustainability also requires resilient health professionals who can work with Indigenous peoples and their family or whānau, and this requires commitment, practice, and learning how to work with other health professionals (Avrech Bar et al., 2018; Nissim et al., 2019). Effective collaboration and teamwork improves health outcomes and quality of care (Nisbet et al., 2018; van Dijk-de Vries et al., 2017). van Dijk-de et al. (2017) indicate that leaders within the interprofessional team need to be able to negotiate and navigate the array of socioeconomic and political issues necessary for collaborative relationships. Being able to function in this way may require systemic changes to support working in a culturally responsive and collaborative way with Indigenous patients and their family or whānau at the centre.

Conclusion

Nā tō rourou, nā taku rourou ka ora ai te iwi.
With your food basket and my food basket, the people will thrive.

This whakataukī or proverb above highlights the importance of working together for people to be well and thrive. Culturally responsive collaborative practice is about dreaming together with Indigenous patients and their family or whānau. It is about holding Indigenous patients and their family or whānau central at all times during their health care experience, and being guided by their leadership. Nevertheless, sustainable culturally responsive collaborative practice requires resilient health professionals who are willing to be present and compassionate and learn from others within the patient's 'team'. It is also about critically understanding the historical and contemporary contexts within which Indigenous peoples live, and involving them as key players in their health care experience.

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