

## Close the Gap: nursing

*It's about change, and we must start with our own attitudes*

The Close the Gap campaign has brought public focus to the appalling health outcomes of many Aboriginal and Torres Strait Islander peoples. The initiative is welcomed by the Congress of Aboriginal and Torres Strait Islander Nurses (CATSIN) for its collaborative and inclusive approach, and for the determination (so far) with which its goals are being pursued. However, the potential of many Close the Gap programs, both pilots and those already underway, is being curtailed by some campaign shortcomings, perhaps the most obvious arising from stereotypes of Indigenous peoples that persist among health workers.

The list of achievements is long. Swimming pools in remote communities improve kids' health, school attendance and participation. For example, the pool at Yuendumu, built only after years of hard work by the community and a hefty contribution of money raised locally, shows what can be achieved irrespective of the level of government assistance. The provision of local peritoneal dialysis services means people do not have to leave their communities for extended periods to have haemodialysis. Diabetes mellitus is being prevented in some people by regular testing, early intervention and applying effective public health principles.

Possibly the most damaging oversight relating to the campaign is the failure by each health professional to critically analyse his or her own personal and professional attitudes and set of norms. For instance: at the "front end" of rheumatic heart disease and hearing loss are runny noses, sore throats and ears, and skin damage,



including scabies and impetigo. The long-term consequences of these "simple" childhood illnesses must be considered, and all cases must be recognised and treated by health professionals. Health professionals and the community alike have normalised the snotty-nosed Aboriginal child with open sores on arms and legs. This stereotypical view of Aboriginal children somehow allows obvious illness to go untreated.

There is a further dimension to stereotyping "Aboriginal health and welfare". What we would not tolerate in the non-Aboriginal and Torres Strait Islander kid, we tolerate as normal in the Aboriginal and Torres Strait Islander kid! We have even used unwell children as subjects in health promotion literature. There are glossy photos in current Close the Gap literature showing children with snotty noses and open wounds on top of old scars on limbs. Have those children been treated? Why was it okay to take the photo without first wiping the toddler's nose? Because of our attitudes and stereotypes, these conditions are untreated and unnoticed. Further, we perpetuate stereotypes in bold colour photos without a second thought.

Perhaps reflection on how our own attitudes influence practice is a starting place. The only way to achieve different outcomes is to practise differently. We must start with our own attitudes.

Robyn Coulthard, Policy Officer

Congress of Aboriginal and Torres Strait Islander Nurses (CATSIN)  
Bribie Island, QLD

