

14 Recommendations for Improving Kidney Transplantation Care and Services for Aboriginal and Torres Strait Islander People

These recommendations came from a review of cultural bias initiatives conducted by the Lowitja Institute and the University of Adelaide. They identified four key domains of action that can address cultural bias in kidney transplantation for Aboriginal and Torres Strait Islander peoples. The 14 recommendations within these domains aim to address cultural bias by making sure kidney services and care are culturally safe, respectful, and co-designed with Aboriginal and Torres Strait Islander people. This pamphet gives an overview of what the 14 recommendations are.



Inclusion of Aboriginal and Torres Strait Islander People

1. Establish Indigenous Reference Groups in every transplantation units across Australia to co-design culturally safe models of care and feedback mechanisms.



2. Increase the number of Aboriginal and Torres Strait Islander patients, families and health professionals on kidney health advisory boards and steering groups, especially in transplantation units.



3. Increase and support Aboriginal and Torres Strait Islander people to work as clinicians, transplant coordinators, and case managers in kidney health.

4. Employ Aboriginal and Torres Strait Islander people with lived experience of kidney disease in patient navigator and peer-support roles, and ensure these are funded long term.



5. Deliver cultural safety training for all staff in transplantation and kidney health services.





3 Service Delivery and Models of Care

6. Co-design new, holistic, culturally safe, and responsive models of kidney care and transplantation that: actively involves patients and families in decision making; addresses inequalities and access issues; respects cultural priorities and obligations; and includes Traditional healers and a wider range of health professionals, healing, and support services.

7. Increase the use of telemedicine and videoconferencing, with Aboriginal health professional and interpreter support.



8. Improve access to, support of, and payment for interpreters.

9. Involve Aboriginal and Torres Strait Islander people in co-developing new health promotion and health education resources and approaches about kidney transplantation.

4 Structures and Policies

10. Review and update quality improvement and feedback processes, policies, protocols, and guidelines in transplant units and kidney health services.



11. Use an Institutional Racism audit tool to assess levels of racism in transplantation units and kidney health services.

12. Develop and implement new clinical guidelines for Aboriginal and Torres Strait Islander kidney care and transplantation, and evaluate how effective they are in increasing access to kidney transplantation.

13. Adequately fund the implementation and evaluation of recommendations in this report.

14. Fund the NIKTT to assess how each transplant unit scores in relation to cultural bias, and monitor improvements over time if/when recommendations are implemented.

