Rural and Remote Health www.rrh.org.au
James Cook University ISSN 1445-6354

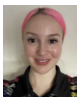
Conference Abstract

Collaboration is more than working together - we need to name whiteness

Part of Special Series: Abstracts from the 15th National Rural and Remote Allied Health Conference (2024)

AUTHORS

Helen Harrington[1] Senior Lecturer in Occupational Therapy *



Marielle Turner[2] Occupational Therapist

CORRESPONDENCE

* Helen Harrington

AFFILIATIONS

[1] School of Allied Health and Exercise Sciences, Charles Sturt University, Thurgoona, NSW, 2460, Australia

[2] Marathon Health, Thurgoona, NSW, 2640, Australia

PUBLISHED

5 February 2025 Volume 25 Issue 1

HISTORY

RECEIVED: 26 January 2025

ACCEPTED: 26 January 2025

CITATION

Harrington H, Turner M. Collaboration is more than working together – we need to name whiteness. Rural and Remote Health 2025; 25: 9726. https://doi.org/10.22605/RRH9726

This work is licensed under a Creative Commons Attribution 4.0 International Licence

Context: This presentation reviewed the need to further identify and explore whiteness in health care and allied health, and the impact on First Nations peoples. For health professionals to implement collaboration and culturally responsive practice in remote and rural communities, the role of whiteness must be addressed. The presentation aimed to provide individual and institutional strength-based recommendations to understand and respond to whiteness, to ensure alignment with ethical responsibilities and culturally responsive practice, as a vital step in forming a collaborative approach to health and wellbeing in rural areas.

Issue: There is an emerging awareness of the impact whiteness has on the systemic erasure and lack of prioritising of First Nations peoples, as seen in critical race studies. However, there is still a lack of literature and practice guidance about the need to identify whiteness in health professionals and services. The implementation of intersectional critical reflection in health care, with examples specific to allied health and the authors' standpoint, assists in identifying the ongoing impacts of whiteness in contemporary practice in regional, rural and remote communities.

Lessons learned: Professional standards may mandate the provision of evidence-based, ethical and culturally responsive practice; therefore, it is required to identify and address the consistent absence of identifying whiteness and its role in rural and remote health care. All healthcare professionals have the responsibility to address systemic colour-blind ideologies preserving whiteness and the erasure of accountability that maintains the burden placed on First Nations peoples. Collaboration is more than working together.

This PDF has been produced for your convenience. Always refer to the live site https://www.rrh.org.au/journal/article/9726 for the Version of Record.