



## Inclusive Health Care Position Statement

### Key messages

Inclusive health care requires that healthcare systems, policy makers and their providers:

- Understand the diversity of consumers.
- Respond to consumers' values, preferences, needs and the barriers they experience to full participation.
- Undertake continuous learning, through training and reflection.
- Reflect on their own identity, experiences, privilege, and bias/or unconscious biases.

Inclusive health care also includes:

- A workforce reflective of community diversity.
- Genuine opportunities for consumer participation and feedback that form part of the systems for quality improvement and guide planning and delivery of care.
- Applying the concept of intersectionality and the social model of disability.

### What is inclusive health care?

Inclusive health care means equity of access for all health care consumers so that they can fully participate in their health care.<sup>1</sup> For health care to be inclusive for consumers, health care providers need to acknowledge that health is determined by different experiences, identities, social connections, needs, wants, and bodies.<sup>2</sup>

To be inclusive, healthcare providers must respect and value the diverse lived experiences of consumers and avoid making assumptions about them, their identities, and the barriers that they face. This requires both the healthcare system and the people who work in it to meet the needs of consumers.

Inclusive health care is consistent with [consumer centred health care](#). It also aligns with the National Safety and Quality Health Service (NSQHS) Standard "[Partnering with Consumers](#)", which underpins all other healthcare standards. HCCA advocates for inclusive healthcare to be provided through:

- The health care environment – all aspects of the health care environment are accessible to everyone. For example, all buildings are wheelchair accessible, and signage is suitable for visually impaired consumers.
- Workforce - All levels of the workforce receive suitable training.
- Policies – consumers are included in the development of policies that affect them.
- Culture - Staff work in a safe, supportive environment free from violence and threats of violence from patients, consumers and others.

### **Why does inclusive health care matter?**

We know from conversations with consumers and from existing research that when care is not inclusive, it can mirror harmful attitudes and issues within wider society such as discrimination, stigmatisation, mistreatment, structural violence and disadvantage.<sup>3</sup> When consumers are excluded from decision making about their care, and are disempowered, this can result in a mistrust of the system, delayed treatment, medical trauma, re-traumatisation and poorer physical and mental health outcomes. Without understanding the issues that consumers face, it is not possible to provide inclusive care that respects the diversity of consumers in the ACT. The issues and attitudes mentioned above negatively impact the quality and safety of both physical and mental health.

There is a need to create a system-wide shared understanding of how to make health care safe, inclusive, and accessible for all consumers who need it. HCCA advocates for an inclusive health system that removes barriers to access health care for all consumers. This can be achieved by increasing consumer health literacy, improving the quality and safety of care, and building consumer trust in the health care system.

### **Core elements of inclusive healthcare**

Healthcare providers should:

- Approach care in a holistic way by recognising that consumers are more than their disease, condition, or health status.
- Avoid stereotyping or making assumptions about consumers.
- Understand that communities may have a long history of feeling unsafe or unwelcome in the health care system.
- Recognise that consumers know their bodies best and are experts on their health needs, lives, and living with the health needs that they have.
- Respond to the diversity of consumers' physical, emotional, social, and cultural needs with acknowledgment and respect.
- Listen and collaborate with communities to meet their unique health needs.
- Provide information at every stage, in an accessible way.

## Intersectionality

For health care to be inclusive for consumers, health care providers need to acknowledge that people do not fit into one category, and that factors such as race, gender, class, sexuality, citizenship status, spiritual beliefs, past experiences, and other aspects of identity overlap and intersect. The term intersectionality was first created by Kimberlé Crenshaw to describe how black women face discrimination in multiple ways via racism and sexism.<sup>4</sup> Today it is used in many different contexts to discuss how multiple characteristics intersect, including the health system. It is important to remember that medicine is not a neutral/objective field unaffected by social norms, values and biases. It has historically prioritised cisgender males in the workforce and medical trials. Workforce and research participants have not always represented the wider community and its intersectionality. Improving this diversity should be a key focus for modern health care systems.

An [intersectional approach](#) enables us to see consumers as a whole person, not by one category but by a complex and rich combination of many categories that can change. A consumer's diversity may not always be obvious or visible yet it may still be a core part of their identity and affect their everyday lives. Understanding the diversity of consumers in terms of their communities and characteristics can make it easier to identify barriers that prevent them from accessing healthcare. By recognising these barriers, service providers can take steps to remove them and improve healthcare access for all.

Intersectionality is a useful framework to actively consider how a consumer's identity could lead to easier access to care or further marginalisation.

## Social model of disability

We also recommend the approaching care with a [social model](#) perspective. **The social model of disability** provides us a way to think about disability. The model does not view disability as an individual's 'problem' to be fixed by medical professionals. Instead, the model recognises disability as the result of how people living with impairments must exist in a society with physical, attitudinal, social, institutional and communication barriers. If an individual is unable to use stairs and hopes to enter a building with stairs, the issue that the person is faced with is access to the building and not the person. The social model in action could be a ramp instead of stairs, or both, allowing equitable access to the building for all.

The social model of disability was based on ideas from academic, disability activist and author Mike Oliver in the 1980s. It has since been adopted by governments to create policies, strategies and acts, international institutions like the UN as well as local and national organisations. As such, the social model of disability can also be applied more broadly to our understanding of inclusive health care consumers. It may be useful to consider that it is not always necessarily the consumer that has a

'problem', but the health care system failing to meet the needs of consumers due to complex but common barriers. These barriers include unconscious bias, stigmatisation, a lack of accessibility, low consumer health literacy and fragmented care.

### **What does an Inclusive environment look like?**

The defines an inclusive environment as one that is available, appropriate, affordable, and accessible. Consumers have shared with us their experiences and expectations of accessing health care in the ACT and they have consistently told us that they want health services to be:

- Welcoming, safe, and respectful
- Accessible, including physical access, cost, time and interpreting services.
- Flexible (adapting to the needs of consumers where necessary)
- Consistent and coordinated care across all levels of service providers.
- Culturally and spiritually sensitive
- Use language that is easy to understand, is precise and concise, respectful, and free of bias and judgment.

Inclusive healthcare is where healthcare services acknowledge and respond to the diverse needs of health consumers. Adopting an inclusive approach to healthcare allows services and healthcare, services and workers to meet the requirements of the National Safety and Quality Health Service (NSQHS) Standards, especially the ["Partnering with Consumers"](#) standard which underpins all the other standards. This standard serves as the foundation for all other standards and emphasizes the importance of an inclusive healthcare environment. Having an inclusive healthcare system means that everyone can get the health care they need and have control over their own health and treatment.

## Authorisation and review

Endorsed by the HCCA Executive Committee February 2023

Due for review February 2026

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<sup>1</sup> <https://www.hcca.org.au/publication/consumer-centred-care-position-statement/>

<sup>2</sup> Rankin, Sam, Ansara, Dr Gavriel, 'Including Intersectional Identities: guidance on including intersectional LGBTI people in services', The Equality Network, 2016, p. 4.

<sup>3</sup> Gavriel, Dr. Ansara. Brown, Dr. Anthony, 'Report: Intersections – Health Care Insights from People with Intersectional Needs' Health Care Consumers NSW, 2022, pp.19-34; Rosenberg, Shoshana Carman, Marina, Bourne, Adam, Starlady and Cook, Teddy 'Research Matters: Trans and gender diverse health and wellbeing, A factsheet by Rainbow Health Victoria, 2022, pp. 4-5; Carman, Marina, Rosenberg, Shoshana, Bourne, Adam and Parsons, Matthew 'Research Matters: Why do we need LGBTIQ-inclusive services?', 2022; National Ethnic Disability Alliance, 'The Experiences & Perspectives of People With Disability From Culturally And Linguistically Diverse Backgrounds' 2021, pp.133-137.

<sup>4</sup> Crenshaw K, 'Demarginalizing the Intersection of Race and Sex', 1989.