



Healthcare from top to toes: Learn what our feet tell us about our health

Announcer:

This is a podcast by Lumina, the perfect space to innovate, collaborate and grow in health, science and tech.

Host - Rebecca Griffin:

Professor James Charles, welcome to Health Tech Talks.

Guest - James Charles:

Thanks very much for having me.

Host - Rebecca Griffin:

James, you're a garner man from Adelaide South Australia, and currently the director of the First People's Health Unit at Griffith University, located here at the Gold Coast Health and Knowledge Precinct. You're a podiatrist. You've lectured podiatry students at university, and you have a master of podiatry along with a PhD in Aboriginal Foot Health. We're delighted to be talking with you today ahead of National Aboriginal and Torres Strait Islander Health Workers and Practitioners Day. Thank you so much for joining us. So what was it that attracted you to podiatry?

Guest - James Charles:

A lot of people ask that. I think a lot of people wonder about working with foot health, but look, I really loved it. It wasn't so much around foot health that attracted me. It was really more about, I suppose, working with people, helping people, and I knew that there was a need for podiatry foot healthcare, especially in Aboriginal and Torres Strait Islander community, and my own community back home where I was living. And so that's what really attracted me. The other thing was there's an opportunity to do small amounts of surgery, minor surgery, which I thought was really interesting and really cool. And so that's what really, I suppose, attracted me. Really helping people and working with people.

Host - Rebecca Griffin:

I read an article about you in which you said that foot health is undervalued. What do you mean by that?

Guest - James Charles:

Look, I think generally, foot health in the sense of even our own foot health, I think people tend to neglect their feet a lot. And it's usually, from my experience anyway, that only when people have major problems or problems is when they really start to value their feet and what they provide. And sometimes that's too late, but often it's not. But I think it's just really that penny dropping or



enlightening moment. They go, "Wow, my feet is really important." So I think that's why it's, I think, undervalued in that sense. And I think because of that, I think more generally in health, people sort of put foot health down the list a little bit, but that's my own experience. Yeah.

Host - Rebecca Griffin:

Can our feet tell us more about our health than we realize?

Guest - James Charles:

Yes, absolutely. Look, some of the more common things are when you get callous and corn in your feet and what that tells you about the way that you walk. But even nail care can tell you a lot. We have a thing called club nails where the nails curve downward, and that is an indication, for example, of some sort of pulmonary disorder, sort of breathing issues or heart pulmonary disorders, which is really kind of surprising to a lot of people.

Host - Rebecca Griffin:

Absolutely.

Guest - James Charles:

So particularly when you see that and then you say, "Oh, do you have a pulmonary disorder?" And they go, "Well, how did you know that?" So that can certainly something that surprises a lot of people. I think the callous and type things like that or foot injury that might tell us more about their biomechanics and things is probably what people probably guess a little bit. But those things are a little exciting, but certainly they can, yeah. Absolutely.

Host - Rebecca Griffin:

Can you tell us about your PhD in Aboriginal Foot Health?

Guest - James Charles:

Look, that was a real pleasure working in community, multiple communities. It was great to be, I suppose, on the ground and co-design with community around what we wanted and or what they wanted. But I mean, I'm part of the community as well and sort of I suppose asking people what they thought were the most important things that we needed to resolve as far as foot health, and then setting about to investigate those things. And some of those things, for example, are ulcerations, so wounds on the foot that don't heal and then they become infected. And then often the only resolution to really is to amputate. And those statistically is really poor. And unfortunately, that has been exponentially increasing, especially in Aboriginal and Torres Strait Islanders. And that's a real concern. And so my PhD was really around trying to, I suppose, investigate that, but also not looking at it from



necessarily a deficit model, victim blaming and saying, "What are you doing wrong? Why is that happening to you?"

Flipping some of those things, for example, failure to attend appointments. Now often that's related to people's lack of cultural awareness and cultural appropriate care. So it really should be failure to provide from my point of view and community's point of view. But it was great to investigate some of those things and also looking, because I had a hypothesis that there was some biomechanical differences in Aboriginal and Torres Strait Islander peoples compared to other Australians, for example. And we did show that there was some biomechanical difference and those things would impact on the rate or the risk of those things happening. So that was really interesting and great to find some other evidence and information around that.

Host - Rebecca Griffin:

What was the outcome?

Guest - James Charles:

Yeah, that we found that there was a biomechanical difference. Basically it's a reduction of, it's called equinus, so it's a limited amount of movement at the ankle of the foot moving up towards your body. So basically what that would mean is that people are up on their toes more, and that's often associated with athleticism and fast running. Not always, but often it is associated with that. And I believe that's also why a lot of Aboriginal and Torres Strait Islander peoples are quite athletic and quite good runners, but that's okay when you're young and fit and healthy. But when you get bigger and heavier, that tends to sort of push down. And there's only a few things that can really happen, and that is you strain muscles and ligaments or you increase pressure. And that in this case it's on the forefoot where you increase that pressure, and then that has implications for ulceration or callous and corn and then ulceration. So we found that there was an association between those two things.

Host - Rebecca Griffin:

Yeah, it's so interesting. How much of your work has been around diabetes and foot health?

Guest - James Charles:

Most of my work has been around diabetes and foot health. Look, I have been wanting to, and I did it within my PhD, it was really quite broad. I looked at lots of things, because again, community had lots of different things that they wanted to investigate, and part of those things was around musculoskeletal injuries that were preventing people. Sport is huge in Aboriginal and Torres Strait Islander community, and that's true for me also. Played a lot of sport, cricket and football and many other sports growing up. And of course you get injury and then that can be a little bit of a vicious cycle where you get injured, you can't play sport, you become more unfit, you become gain weight, and then you gain weight and become more unfit, more likely to get more injuries and so forth. So a lot of my work was also around



preventing that or trying to come up with ways that we could prevent that from happening. And then that also implications for diabetes as in preventing diabetes. And so that's a big part of the work as well was doing that.

Host - Rebecca Griffin:

So James, where has your career taken you in terms of locations and positions?

Guest - James Charles:

Look, I've been very blessed. Podiatry's been fantastic for me, it really has. Look, from doing study exchanges, going to the United States and going to Aboriginal reservations, they say Aboriginal and often people say First Nations, but the people that I was visiting, and I've been lucky enough to do that a lot where they say Aboriginal, which was interesting as well. And going to their communities and participating in their cultural activities, sweat lodge and things like that. It was just amazing for me culturally to learn about those things and have those experiences. Seeing their health centers. Their health centers are by and large, amazing, certainly compared to what we have here in Australia. And that was a real eye-opener for me and a great learning experience. But otherwise, I suppose from a professional level, I also got to see a lot of hospitals in the United States, not just in the reservations but other hospitals.

And again, it was a great learning experience. But otherwise, my own work, I was part of the development of Indigenous Allied Health Australia, which is really huge now. And back then, this is quite a long time ago, being part of that development and being part of that work, and I suppose advocating for community and podiatry as well, but this was Allied Health. But certainly from as a podiatrist for podiatry with ministers and government and those types of things was just a great opportunity and to voice some of those concerns and some of the things that needed to happen. But otherwise, my travels around at different, New South Wales and University of Newcastle, getting a position there as part of being a podiatrist or a health professional as well.

And then working in community, doing my PhD there and then going to Albury and Charles University and being a podiatry lecturer, of course, you need to be a podiatrist to do that. So that was another great experience from that point of view. And then going to Deakin University in Victoria and living and working there, working in a specific aboriginal Torres Strait Islander education center, doing lecturing there, but also part of the management of that. And then of course, moving up to Queensland to be at Griffith University. And it's been a really blessed, wonderful experience and I've really been lucky for the choice that I made. I was really sort of specific. I hadn't planned to do any of these things really, but it's really just happened.

Host - Rebecca Griffin:

What was it that brought you to Queensland?



Guest - James Charles:

Really an opportunity, I suppose, to lead as the director of the First People's Health Unit, to be part of the decision making process at the university as opposed to doing things that were already in place. Of course, the other thing is who doesn't want to live in Queensland? For me, the weather's fantastic, and the climate is great, and the environment is great as well. Very different from say South Australia or Victoria. I'm a student of life and like to get out and to live and work in different spaces. And Queensland's great. It was always on my radar of something I wanted to do, and Griffith presented a great opportunity to do that.

Host - Rebecca Griffin:

So we're talking with you ahead of National Aboriginal and Torres Strait Islander Health Workers and Practitioner's Day, which is held in August each year. The theme this year is recognizing the achievements and evolution of the Aboriginal Torres Strait Islander health practitioner workforce. How have you seen this workforce evolve over the years?

Guest - James Charles:

Yeah, look, I have seen the evolution of aboriginal health workers and practitioners. And, well, from my understanding, they were not practitioners originally. It was really aboriginal health workers. And so that was a really, I suppose, higher level course that people could do. And it's also part of that professional development. So aboriginal health workers then had a pathway, I suppose, to develop their own skills and knowledge and understanding and being better able to help community. From my experience, a lot of the beginnings was really around the lack of cultural awareness and cultural competence of a lot of health professionals and to help and guide a lot of that work and fill some of those gaps.

And of course, those things is everybody's business, and I'd like to think that there's been a small improvement in those things and therefore there's a natural evolution of the health workers to become practitioners to be doing more of that work. And hopefully stepping away from some of that beginner level stuff that we want all health professionals now to have. So I think there's still a role for that, but that's where I think I've seen some great, I suppose, evolution of that work and that training. But having said that, I'd still like to see a lot more pathways for aboriginal health workers and practitioners to be upscaling and becoming podiatrists and doctors and so forth. And that's happening. But I'd like to see more of that.

Announcer:

You're listening to Health Tech Talks, a podcast series delivered by Lumina. To find out more about Lumina, visit the website, luminagoldcoast.com.au, and sign up today to receive your Lumina opportunities pack.



Host - Rebecca Griffin:

Talk to me about culturally appropriate healthcare. What is it and what difference can it make?

Guest - James Charles:

Well, first of all, it can make a huge difference. I think it's really, in my opinion, the key to it. I think it's not always fair, but I think a lot of community feel that a lot of health professionals don't understand them. They also don't listen to them. And so this is really what I suppose the crux of it really is around for people to have a better understanding of aboriginal people, aboriginal culture, our histories. But then to be putting some of that into practice and what we are really trying to get people is humility is the key thing for people to understand. Look, people rightfully should be proud of their achievements of being a podiatrist or a doctor and all of these things rightfully, but I think they need to understand that that's not the be all and end all. And that doesn't automatically mean that they know everything about everyone.

And I think sometimes it is really just about taking a second, and first of all, acknowledging that. I think humility and pride in your achievements can exist at the same time. I think really being humble enough to understand, but also that they can learn from people, learn from community, learn from their patients, and having a better understanding of that. Also, the other really important part is about reflecting. Reflecting on what they do know and what they don't know, but also what they could improve on. And as part of that, not having the burden of having to be the be all and end all of every aspect of health and knowledge and understanding that. And it's a very complex thing, but I think they're some of the key things. I would like more people to have understanding of aboriginal culture. I think that's probably something that people want to know more about, and I think that's a great place for people to start.

Host - Rebecca Griffin:

So how do you teach your healthcare students about how to provide culturally appropriate healthcare?

Guest - James Charles:

Look, there's a framework that basically has been developed from APRA, which is the governing body, and also that's part of accreditation. So basically, we, I suppose first of all, follow that framework. And really it is, I suppose, sharing information about culture, about our histories, but about the dos and don'ts about what we want people to see people do. And some of it is listening. I think sometimes people want to, I suppose, tell people, "I know what's wrong with you. I know what you need to do." And I think people need to listen and take the time to listen to people.

But again, it's really following these frameworks, but also having our course and our assessments set up for people to reflect. So I suppose it's teaching people how to reflect. I would like to think that a lot of people can do that and do do that, and people do. People sort of, sometimes I think rush. People are



always concerned with time, and, "I don't have time for this and that," but you just need to make time. And I think a lot of the principles that we put forward in teaching people how to be culturally appropriate are probably just good life lessons anyway. They're probably good approaches for everybody. But of course with the gap in health and education being so big, there's a real need. And the history of the lack of cultural awareness and practices is probably the reason why we need to work so hard on it.

Host - Rebecca Griffin:

Now, your unit at Griffith is developing a cultural competence course for health group students. What's the aim of the course?

Guest - James Charles:

First of all, I suppose to get, we want to really have it so that all of our health group students are getting the same delivery to a degree with, of course, having specific content within that for nursing and physio and those types of things. But the real aim is to produce graduates that have an understanding of culture, an understanding is what is required to be culturally competent or certainly providing them with the tools to do that and to be culturally safe health providers. And also understanding that this is a lifelong journey, that again, like I said, we're not going to be able to provide every person with every situation. It's really more the toolkit that they need to do that, but they need to understand that it is an ongoing thing, that it won't finish once they graduate from Griffith. It's an ongoing thing that you need to keep revisiting.

Host - Rebecca Griffin:

Now you've developed an innovative virtual reality cultural learning experience for health students at Griffith as well. Can you tell me what that is and how it works?

Guest - James Charles:

Yeah, look, I didn't think that I would ever be such an advocate for virtual reality. And really, I've been teaching culture for a very long time, and I suppose really started with just telling stories and storytelling as we do as part of our pedagogies of teaching and learning. And I started doing that and started animating it a little bit and just developing it, evolving it. And the more I animated it, the more people liked it and the more positive feedback I got, and then of course became aware of virtual reality. And so I started developing those stories. So traditional cultural stories, stories about our dreaming and also related to health. Yeah, so developed the VR. And so far people have been really enjoying it.

And look, what we're trying to do with that is really, I suppose, a real true introduction. It's relatively short, but to give people a real true introduction, really positive, really strengths-based. I think it's learning about culture and dreaming, I think people really enjoy that. That's been my experience. Even when I was doing it verbally or orally, people were really enjoying that and really wanted to know more.



There's a real thirst for it, and people really have a positive experience. So we've been developing that. I think it's a great place to start. If you are going to have cultural awareness, cultural competence, cultural safety, cultural capability, there needs to be culture in that. And so that's a great place I think to start. And it's really positive, strengths-based.

Host - Rebecca Griffin:

So what, are they wearing goggles or how does the virtual reality side of it work?

Guest - James Charles:

Yeah, basically it transports you back in time to pre-colonization, and you get to see country as it was prior to the, I suppose, if I'm honest, the destruction of some landscapes and pollution of rivers and things. So it's pristine. The sky is also pristine. I also share a lot of astronomical knowledge. Knowledge of the stars and constellations and things like that. And I think it's also important to share some of that knowledge with people. And again, like I said, people really enjoy it. But to bring it to life, like I said, so I started telling people, then I started animating it so people could see it. But then when you take people there virtually, people are just like, wow. And they're really wowing and people are really enjoying it and loving it. And like I said, now I'm a real advocate and I really believe in the power of VR.

I think what we're trying to do is around empathy building. And I suppose if I'm honest, building more respect for aboriginal culture and practices, environmental sustainability, these types of things. Our longitudinal observations, our big picture thinking to share some of that with people, because I don't think people always really get that and don't see it. So to take people there to really experience it, I think is really powerful. And I think the learning is really more like the recall of things like that I think are really there. And it's really powerful and I really truly believe in it and I want to use it more.

Host - Rebecca Griffin:

Yeah, it sounds fantastic. Now, you've done a lot of research over the years, James. Has any of your research translated into changes to the way healthcare is provided to First Nations peoples?

Guest - James Charles:

Yeah, look, I've been doing lots of research projects, and of course my masters, I had a research project with that, and then of course my PhD, and that was quite broad, and we found lots of things there. But I think also my sharing those findings when, say, when I was with Indigenous Allied Health Australia, for example, and I've been lucky enough to have the opportunity to talk with ministers and people in government and things like that and sharing some of the, I suppose, failings or some of the things that need to improve. And I believe that they have. And even in the sense of, I suppose, I'd like to think that some of the things I've shared have impacted on the decisions from the governing bodies from APRA where they say, "Well, we need to include this in curriculum at the university for them to be accredited to be a provider of this education."



So I'd like to think a lot of those things have happened and also a lot of funding for different things for foot health specifically, around providing foot care products that are very expensive and giving them to community and others as well. Not just for Aboriginal people, but for other people to be able to self-care, to be able to deliver to them so that they can use that for themselves. And I think that's a really innovative, different approach to the, "You come and see me and I tell you how to do it or I will do it for you." It's empowering people to have more ownership of their own problems that they need to fix. And I think you get better results more broadly with that, by empowering people, making people part of the decision-making process. And again, I think that is also true for non-Aboriginal people as well.

Host - Rebecca Griffin:

As a healthcare practitioner and teacher in this space, what's your main concern about First Nations people's health?

Guest - James Charles:

Look, I think there's lots of concerns that I have. I think more broadly, the concern is that people aren't part of the decision-making process. And again, there's tons of literature, not just for Aboriginal Torres Strait Islander people, but for everybody and anybody around the globe globally that you can have the best idea in the world. But if people don't buy into it, if you don't share it in a way, if you don't make them part of the decision making and all the way through to not just at the beginning, not just consultation to say, "What do you want us to do," but throughout the journey, it simply won't work. And so this is what I believe is happening in Aboriginal Torres Strait Islander health and foot health. That's my greatest concern, that that's the way that people feel and they don't always engage. They don't feel listened to.

People might think, I would probably say, I don't know, heart disease or cancer or something. I have lots of concerns like that, but often a health professional and a researcher might decide, "You know what? Heart disease is the biggest problem for aboriginal people, so I'm going to get a grant and I'm going to go and I'm going to try to fix that." But they might go to a community that, you know what? They don't think that's the biggest problem for them. It's foot health or it's suicide or it's something else.

So if you are going over there to try to, I suppose in a way, dictate to them what you think the problem is and what you think the solutions are, again, it won't work. And we've been doing this for 200 and plus years and we are not getting anywhere. There has been very little improvement in the gap. There's been some small improvements here and there, but by and large, there hasn't been. And this is why I think it has. And that's my concern because I know that that's the way the community feel, that's even the way I feel. There are some things changing now with that, but we've still got a long way to go where people need to let go and people need to engage and consult in a real way. And that's my concern.



Host - Rebecca Griffin:

Now, you're the chief investigator on a national project to develop the very first national roadmap for Aboriginal and Torres Strait Islander adolescent health. How are you doing this research and what do you hope will eventuate from it?

Guest - James Charles:

Yeah, look, it's a fantastic project and all of the things that I was just saying about have been incorporated into this project, which is so fantastic. First of all, a lot of the CIs are Aboriginal, Torres Strait Islander peoples. There are non-Aboriginal people that I think is very important as well to have them involved. But what we have for a star is a governance group of young people. So I'm not a young person. I can't pretend to understand what the problems are for young people. So that's what this project really is about. It's rather than us deciding what we think the problems are, it's talking, first of all to our governance group. This is a national project. It has representation from every state and territory and the Torres Strait, and they are the ones that are telling us not just only what the problems are, but how to go about this.

We may not even necessarily agree totally with this, but if you're talking about voice and decision-making, I believe that young people are the last on the list about what and how and when these things happen. So we've gone about this very differently. We've established this governance group. They have from the beginning, driven this project. And then of course, the next part really as to what we're doing now is really then speaking to young people themselves around what they think the problems are and what they think the solutions could be.

And then a bit like what we were talking about before about then us and many of us have the opportunity to have a voice in some of those decision-making places where we can say, "This is what the young people are actually saying, we want you to listen to this." And I'm really hopeful that we can get that in front of the right people and that we can get some of the improvements for young people that I think need to be there, because I think some of the problems and issues that we see are, if I'm honest, the failings of us. That's the truth. Whether we, again, it can be harsh. That's the way I feel. And I think we need to listen to people and we need to work with people, and I don't think lock them up and throw away the key for some of our issues is necessarily the right answer. But anyway, that's what we're setting out to do and yeah, I'm really excited.

Host - Rebecca Griffin:

Finally, James, what is your takeaway message for Aboriginal and Torres Strait Islander health workers and practitioners on their national day?



Guest - James Charles:

Well, I just want to congratulate them. I want to thank them. This is from me personally, my experience working with many of them around the country, so in all of those states that I mentioned before and working with them and the great work that they're doing, because they certainly have been and are often the bridge between a lot of the things that I've been talking about today and where we need to be. And I want them to stay strong and keep doing that work. Sometimes it can be a challenge. It can be a challenging space when you are always that bridge, that's a heavy load to carry. So I want to thank them for that, but also I want them to be looking forward and I would love to see them continuing their professional development. Stay strong and keep working hard.

Host - Rebecca Griffin:

James, it's been an absolute pleasure talking with you this morning. Thank you so much for your time.

Guest - James Charles:

No, thank you very much for having me and also having this on the radar and having it out there.

Host - Rebecca Griffin:

Pleasure.

Guest - James Charles:

Thank you.

Host - Rebecca Griffin:

Thank you.

Announcer:

Thank you for listening. If you've liked this episode and other episodes of Health Tech Talks, we'd love it if you could write a review or give us a five star rating so that others can find our podcast.