

Broadening the focus of research into the health of Indigenous Australians

We know the problems — we need to seek solutions rather than more statistics

IN 1990, while the Royal Commission into Aboriginal Deaths in Custody was in progress, a group of Aboriginal women requested a meeting with the Federal Minister for Aboriginal Affairs so they could talk with him about issues of deep concern. They were granted 10 minutes. Two minutes into the meeting, as they told the Minister of the escalating incidence of violence within our communities, the Minister interrupted: “I know the problem. You tell me some solutions.”²

Most Indigenous Australians regard research and researchers with cynicism and suspicion. We have good reason. We have been researched to death and beyond.

Research does have an important role in helping find solutions. It can uncover what is happening and why. If designed and implemented appropriately, it can navigate a way forward and show what is, or is not, working. An accurate description, analysis and understanding of “prob-

lems” determines the actions of activists, workers in the field, policy-makers and service providers. Research therefore has a vital role to help inform both Indigenous peoples in their pursuit of appropriate services and non-Indigenous policy makers as we work together.

In this issue of the Journal, Williams et al (*page 300*), reporting on assault-related admissions to hospital in Central Australia, conclude: “. . . assault-related admissions to hospital in the proportions we describe suggest a significant public health problem that requires attention.”²

Their article is important, if only to strengthen the voices of Aboriginal women, who have been saying for some time that violence, in its many forms, is escalating at an alarming rate within our communities.³ But more is needed. Williams et al present their results from a reductionist research focus on morbidity and mortality. These parameters represent only the end-result of a vicious cycle of violence — a cycle

that has had profound and lasting impacts on Indigenous families and communities across generations.⁴ No reference is made to the context, which embraces where, why and how such violence is occurring. A reference is made to “many resources . . . developed to assist healthcare workers, communities and individuals with alcohol and violence”, but these are not discussed.

Research into the health status of Indigenous peoples must begin to focus beyond statistical data. For research to have value and to be of benefit, we must try to find out if the strategies referred to are working or not, and why.

Some researchers have observed that “there is abundant evidence that psychosocial factors have a profound impact on health”, but that “little research to date has targeted the possible biopsychosocial pathways by which social, environmental and contextual conditions of living affect health”.⁵ Indeed, the Australian Institute of Health and Welfare, while recognising the multiplicity of factors that might account for poor health status, relies predominantly on biomedical indicators of health.⁹ This fails to embrace the less easily measured aspects of community living and wellbeing, now deemed to be of prime importance by Indigenous peoples and public health researchers alike.⁷

The 1986 Ottawa Charter of Health Promotion outlines the fundamental conditions and resources for health: peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice, and equity, which requires, among other things, equity in housing, education, income, and social power.⁸ Its principles resonate strongly with *punyu*. The word *punyu*, from the language of the Ngarinman of the Northern Territory, explains that concepts and functions of health or wellbeing must be considered from an interdisciplinary and multidisciplinary approach. *Punyu* encompasses *person* and *country*, and is associated with being strong, happy, knowledgeable, socially responsible (to “take a care”), beautiful, clean, and safe — both in the sense of being within the law/lore and in the sense of being cared for.⁹ Being well would therefore be an “achieved quality, developed through relationships of mutual care”.¹⁰

We do not have peace in Indigenous communities, and all the other prerequisites listed here for health and wellbeing are also left wanting.

The Ottawa Charter and the subsequent Sundsvall Statement bring into sharp focus the connectedness between human beings, their physical and social environments and their health and wellbeing. They emphasise that

“Health is created and lived by people within the settings of their everyday life; where they learn, work, play and love. Health is created by caring for oneself and others, by being able to make decisions and have control over one’s life circumstances and by ensuring that the society one lives in creates conditions that allow the attainment of health by all its members.”¹¹

This view echoes the same beliefs that underpin the quest for equality in health, which ensures all people have a right to be part of the process that impacts on their wellbeing at both personal and professional levels within the health service, education and research industries.

As we reflect on this major public health problem, we must also consider our potential for doing things differently. There is an appealing reciprocity about the Indigenous *punyu* and the Western new public health movement, with its strong ecological framework. There exists an opportunity for strong partnerships between Indigenous and non-Indigenous healthcare professional educators and practitioners in shaping or reshaping the future education of healthcare professionals and meaningful health research, even research that focuses on violence.

The Minister was right. We *do* need to focus on solutions. Some Indigenous Australians have argued for process evaluation research, looking at the application and outcomes of interventions and services within our communities. The search for solutions will have to involve greater discussion between Indigenous and non-Indigenous researchers in consideration of the more ecologically grounded interpretation of health promoted by Indigenous peoples, the Ottawa Charter and the Sundsvall Statement. We must develop ways of thinking about and engaging with problems, such as assault-related injuries, as we work together to find better tools for changing the wellbeing of Indigenous communities.

V Judy Atkinson

Professor of Indigenous Australian Studies, and Head of College

Jenny Graham

Executive Dean, Division of Health and Applied Sciences

Gloria Pettit

Lecturer

Liz Lewis

Lecturer, College of Indigenous Australian Studies
Southern Cross University, Lismore, NSW

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