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More than words – ANZJPH declares an urgent call for manuscripts that address Indigenous health

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ANZJPH Editors

A boriginal and Torres Strait Islander peoples (hereafter, respectfully referred to as Indigenous) are changing the way that research happens.¹ This has been supported by initiatives such as the National Health and Medical Research Council for Indigenous health research and capacity building workshops,² and the provision of clear guidance on ethical research involving Indigenous communities.³

The *Australian and New Zealand Journal of Public Health* (ANZJPH), the official journal of the Public Health Association of Australia, is well positioned to align with these ethical principles and disseminate and promote uptake of research and project findings that will inform policy decisions, further research and resource allocations in ways that are relevant to Indigenous people. The ANZJPH is committed to publishing research that focuses on solutions rather than problems and disseminating research that is meaningful and responsive to the needs of Indigenous peoples, and that will strengthen the research workforce.⁴ Research end-users such as policy makers and practitioners need to know they can have confidence in published research and evidence to enable smarter actions to address health inequities and 'the gap' between Indigenous Australians and others.

Alongside Indigenous people, non-Indigenous practitioners and researchers play a key role as allies, advocates and partners in finding and enacting solutions to support the research and policy reform agendas.⁵ There are many public health professionals who have reaped great rewards from working alongside Indigenous people, acknowledging different world views and priorities, valuing relationships, building trust, welcoming the cultural strengths of Aboriginal and

Torres Strait Islander peoples as an asset and focusing on issues that matter to Aboriginal people and organisations.^{6,2} The ANZJPH wants to embrace this collaboration and unity and enter a new phase of supporting and welcoming strengths-based manuscripts, where the skills, experiences and capacities of Aboriginal and Torres Strait Islander peoples are valued and nurtured.

The ANZJPH publishes high-quality manuscripts. One of our goals is to improve the quality and quantity of published health research involving and authored by Indigenous peoples in our region – Aboriginal and Torres Strait Islander people in Australia, Māori of Aotearoa New Zealand and others in the Pacific.

Between December 2017 and December 2019, the ANZJPH published 52 manuscripts that especially related to Indigenous (Aboriginal and Torres Strait Islander or Māori) health topics. Of these, 45 were articles, three were commentaries and four were letters. While it is pleasing to see that the ANZJPH has regular contributions about Indigenous health, there is an opportunity to publish greater numbers of Indigenous research and policy manuscripts particularly focusing on social and cultural determinant of health and systems approaches. As Bond (2020) acknowledged, epidemiological discourses that describe 'the gap' are limited in their ability to close the gap and a conceptual grasp of race and its trace in the contours that mark the social determinants and Indigenous health inequality should frame our thinking about how to close the gap.⁷ Focusing on social and cultural determinants of health will enable the Journal to build upon existing efforts to enable more culturally capable and responsive services and systems for Aboriginal and Torres Strait Islander people,

involving better planning and coordination to meet the needs of all Indigenous peoples, and to respond to these unimpeded by organisational and service silos.⁸

The current Editorial team has been working on increasing the number of Indigenous health-related articles and improving reporting of Indigenous public health research and practice. To be responsive, over the past three years, we have:

- invited the Public Health Association Indigenous Health Special Interest Group to review manuscripts;
- encouraged peer reviewers to understand the nature of Aboriginal and Torres Strait Islander research;
- ensured correct use of Indigenous health terminology (<https://www.phaa.net.au/documents/item/2292>);
- published more Indigenous authors and engaged more Indigenous reviewers;
- actively sought Indigenous people to join the Editorial team; and
- mentored any authors, including Indigenous people, wanting to begin publishing and reviewing articles.

The current Editorial Board understands that being an author on research articles has historically translated directly into career and funding opportunities, and that writing for academic journals requires highly developed skills and is extremely competitive. But measures of academic success and the opportunities to learn from Indigenous knowledges are changing. The ANZJPH Editorial Board continually aims to improve standards and be leaders in demonstrating the way forward. We are currently developing additional guidelines that will require authors to consider the following when submitting manuscripts about Indigenous health:

- evidence of ethics approval;
- a statement demonstrating that the National Health and Medical Research Council Guidelines⁹ or Guidelines on Health Research involving Māori¹⁰ for ethical conduct in Indigenous health research have been addressed and followed; and
- consideration of co-authorship by Indigenous people.

In developing these criteria, the Editorial team has consulted the CONSolidated

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critERtia for strengthening the reporting of health research involving Indigenous peoples (CONSIDER) statement.¹¹ The CONSIDER statement is a collaborative synthesis and prioritisation of existing national and international statements and guidelines. The CONSIDER statement contains eight research domains and 17 criteria for the reporting of research involving Indigenous peoples. These research domains are: i) governance; ii) relationships; iii) prioritisation; iv) methodologies; v) participation; vi) capacity; vii) analysis and findings; and viii) dissemination. The scope of the CONSIDER statement is relevant to all forms of original health research, regardless of methodologies: that includes a substantial component of research conducted on Indigenous lands; in which Indigenous identity is a criterion for participation; that seeks Indigenous knowledge; in which identity or membership of an Indigenous community is used as a variable for data analysis; in which interpretation of data refers directly to Indigenous peoples; or where research is likely to affect the health of Indigenous peoples. CONSIDER is designed to enhance research practices with and involving Indigenous peoples.

There has been common criticism over the past decade that public health has not effectively contributed to reducing health inequities and that some public health strategies do not work well enough.^{12,13} In light of ongoing inequities that Indigenous people experience,¹⁴ including in life expectancy, the ANZJPH is declaring an urgent call for manuscripts that focus on actions that address Indigenous social and cultural determinants of health and focus on reorienting health services and systems. We also seek to honour the advances and excellence in Indigenous health research over the past decade and recognise that much more remains to be achieved.

Making public health core business for all health services requires a focus on reorienting the system itself – not just the delivery of services – by public health leaders engaging more actively in systems development. Publishing work from Indigenous people about their critically important community-led, systems-oriented and strengths-based efforts is needed. The ANZJPH is committed to facilitating this and ensuring that cultural knowledge and context is more fully understood.

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References

1. Ewen SC, Ryan T, Platania-Phung C. Capacity building of the Australian Aboriginal and Torres Strait Islander health researcher workforce: A narrative review. *Hum Resour Health*. 2019;17(1):10.
2. National Health and Medical Research Council. *Proceedings of the NHMRC Workshop Report: Strengthening and Growing Capacity and Capability of Aboriginal and Torres Strait Islander Health Researchers* [Internet]; 2018 [cited 2020 Mar 19] May 16-17; Melbourne, AUST. Available from: <https://www.nhmrc.gov.au/sites/default/files/documents/capacity-building-workshop.pdf>
3. National Health and Medical Research Council. *Ethical Conduct in Research with Aboriginal and Torres Strait Islander Peoples and Communities: Guidelines for Researchers and Stakeholders*. Canberra (AUST): Government of Australia; 2018.
4. Kimpton TM. Partnership and leadership: Key to improving health outcomes for Aboriginal and Torres Strait Islander Australians. *Med J Aust*. 2013;199(1):11-12.
5. Gray MA, Oprescu FI. Role of non-Indigenous researchers in Indigenous health research in Australia: A review of the literature. *Aust Health Rev*. 2016;40(4):459-65.
6. Jamieson LM, Paradies YC, Eades S, et al. Ten principles relevant to health research among Indigenous Australian populations. *Med J Aust*. 2012;197(1):16-8.
7. Bond C, Singh D. More than a refresh required for closing the gap of Indigenous health inequality. *Med J Aust*. 2020;212(5):198-9.
8. Australian Department of Health. *My Life My Lead – Opportunities for Strengthening Approaches to Social Determinants and Cultural Determinants of Indigenous Health: Report on the National Consultations*. Canberra (AUST): Government of Australia; 2017.
9. Catford J. Advancing the 'science of delivery' of health promotion: Not just the 'science of discovery'. *Health Promot Int*. 2009;24 (1):1–5.
10. Health Research Council of New Zealand. *Guidelines for Researchers on Health Research Involving Māori*. Auckland (NZ): HRCNZ; 2010.
11. Huria T, Palmer SC, Pitama S, et al. Consolidated criteria for strengthening reporting of health research involving indigenous peoples: The CONSIDER statement. *BMC Med Res Methodol*. 2019;19:173.
12. Percival N, McCalman J, Armit C, O'Donoghue L, Bainbridge R, Rowley K, et al. How are health promotion tools implemented? A theoretical model of implementation in Indigenous Australian primary health care. *Health Promot Int*. 2016:1–15. doi:10.1093/heapro/daw049
13. Goetzel R, Henke R, Tabrizi M, et al. Do Workplace health promotion (wellness) programs work? *J Occup Environ Med*. 2014;56(9):927-34.
14. Australian Institute of Health and Welfare. *Indigenous Australians* [Internet]. Canberra (AUST): AIHW; 2020 [cited 2020 Mar 19]. Available from: <https://www.aihw.gov.au/reports-data/population-groups/indigenous-australians/overview>

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