



NATSIHWA
National Aboriginal and Torres Strait
Islander Health Worker Association

Policy Position Statement

Policy Position Statement

The power of local data

Data on which decisions are made can be powerful, but caution is required. Indigenous peoples worldwide have regarded data as important for advancement of Indigenous self-determination and development, but have also identified concerns about the ability of statistical frameworks to incorporate Indigenous world views. Indigenous peoples need to be involved in the data collection process and governance in order to determine the agenda, to influence and make decisions for their people.

NATSIHWA acknowledges the importance of surveys and datasets, but only if they retain the voices of Aboriginal and Torres Strait Islanders on what needs to be measured, how the data are collected and how they are reported. Our members, Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners, are well placed to take significant roles in these activities.

Local questions and problems need local data – locally determined and collected. Professor Ian Anderson referred to data requirements in a speech in 2017:

Local relationships are the only way to understand local strengths and challenges, and the only way to create trust and buy-in that allows space to innovate, experiment and adapt. High quality, granular data is key for local and regional decision making. It is very difficult to build accountability without it – how can you hold someone accountable if you don't know what is happening?

The kind of data collected locally depends on the purpose for the data. Much data collection at Aboriginal Community-Controlled Health Services is for meeting funder requirements to report against the national Key Performance Indicators. Health services also participate in internal processes for Continuous Quality Improvement requiring monitoring, adjustment and additional monitoring. External program evaluators and researchers also often seek health services as participants, for which data collection is required. Health services may have service-specific ad hoc reasons to collect data and undertake research.

^a The UN Permanent Forum on Indigenous Issues (UNPFII) has held a number of gatherings to discuss data collection and disaggregation (UNPFII 2004), indicators of wellbeing (UNPFII 2006) and development that encompasses culture and identity (UNPFII 2010).

^b Further work on data sovereignty can be followed such as through <http://mspgh.unimelb.edu.au/research-groups/centre-for-health-equity/indigenous-studies/indigenous-data-sovereignty-symposium>.



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An Aboriginal and Torres Strait Islander Research Framework

The main features of research for Aboriginal and Torres Strait Islander people were summarised by Martin (2001)³ :

- recognition of our worldviews, our knowledges and our realities as distinctive and vital to our existence and survival and serve as a research framework;
- honouring Aboriginal social mores as essential processes through which we live, learn and situate ourselves as Aboriginal people in our own lands and when in the lands of other Aboriginal peoples;
- emphasising the social, historical and political contexts which shape our experience, lives, positions and futures;
- privileging the voices, experiences and lives of Aboriginal people and Aboriginal lands; and
- identifying and redressing issues of importance to us.

Dudgeon, Kelly and Walker (2014)⁴ called for genuine collaborative and equal partnerships in Aboriginal and Torres Strait Islander health research as critical to enable Aboriginal and Torres Strait Islander people to determine the solutions to close the gap on many contemporary health issues. Greater recognition of research methodologies, such as community participatory action research, is necessary.

Maggie Walter (2005)⁵, Aboriginal social researcher, seeks more active engagement of Aboriginal and Torres Strait Islander researchers and the transformation of quantitative research practice to better serve analysis for Aboriginal and Torres Strait Islander benefit, and to work alongside other research methods. Walter stated:

The research view through an Indigenous, rather than a Western, lens is a very different one and one that privileges the Aboriginal voice. Critically, an Indigenous research frame allows for the development of methodologies that reconstruct and reconceptualise research paradigms to reflect Indigenous cultural positions.

Enhanced roles for Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners

Aboriginal and Torres Strait Islander Health Workers and/or Health Practitioners have been participating in research and program trials for many years. Anthony McMasters (1996)⁶ reported positively of his role in research as an Aboriginal health worker. Hecker (1997)⁷ in a participatory action research project involving Aboriginal Health Workers in the Anangu Pitjantjatjara Lands found that where Aboriginal Health Workers were given a genuine opportunity to set the agenda for the research, the process can develop initiative, strengthen decision making and consequently, self-reliance. The project empowered workers to solve their own problems.

Aboriginal Health Workers, trained and given new responsibility, were the researchers in NACCHO's successful ear trial across Queensland and Western Australia (Couzos et al., 2012)⁸. Thirteen researchers were local Aboriginal Health Workers employed for the extra research role as an extension of their Chronic Suppurative Otitis Media treatment role. Connections to community in this project were extremely important.



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NATSIHWA's position

NATSIHWA understands that local data for program evaluations and research in local contexts are required. NATSIHWA believes that this work should be owned by Aboriginal and Torres Strait Islander people with local participation in which its members can play a significant role.

NATSIHWA's members have the cultural and health services understanding to be pivotal to successful evaluation and research. Our members should not just be viewed as research participants or data collectors. They can act as expert participants and/or lead researchers with the appropriate training and opportunities. Training in data collection, analysis and use in evaluation in research should be part of their ongoing professional development. Our members are in the best place to link health program management with the community for investigations, in drawing on their lived experience for their own research questions and engage in collecting, analysing and interpreting the relevant data. NATSIHWA's members can use their voices.

Josslyn Tully, NATSIHWA Chairperson
Endorsed by the NATSIHWA Board on

Please send any comments on this Policy Position Statement to policy@natsihwa.org.au.

References

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- ⁶McMasters A (1996) Research from an Aboriginal Health Worker's point of view Australian and New Zealand Journal of Public Health 20(3): 319-320.
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- ⁸Couzos S, Lea T, Murray R and Culbong M (2005) 'We are not just participants – we are in charge': the NACCHO ear trial and the process for Aboriginal Community-controlled Health Research Ethnicity and Health 10(2): 91-111.