the Lowitja INSTITUTE

Australia's National Institute for Aboriginal and Torres Strait Islander Health Research

Incorporating the Cooperative Research Centre for Aboriginal and Torres Strait Islander Health

Parliament House, Canberra

Launching 2030 – A Vision for Aboriginal and Torres Strait Islander Health

by

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Let me begin by acknowledging the traditional owners of the land upon which we are meeting today.

Good morning, ladies and gentlemen, brothers and sisters, friends.

I would particularly like to thank:

- Senator Fiona Nash, the Assistant Minister for Health, representing the Prime Minister;
- Mr Shayne Neumann, MP representing the Leader of the Opposition; and
- Mr Alan Tudge, MP, Parliamentary Secretary to the Prime Minister on Indigenous Affairs.

for being here this morning.

I also particularly welcome our Patron, Dr Lowitja O'Donoghue here this morning.

I am pleased and proud to welcome you, and to share with you the outcomes of a nation-wide consultation process the Lowitja Institute has undertaken to look at the future health of Australia's First Peoples.

Before I describe what we found about our possible futures, though, I would like to reflect for a moment on the past.

Let me start with a quote.

This is Dr C E Cook, who was Chief Medical Officer in the Northern Territory in the 1920s and 30s, writing about Aboriginal people at the time.

For him, we were:

[Quote] … the natural host of endemic disease by which successful white settlement is gravely menaced [unquote]

And he goes on that:

> *[Quote] it is ... impossible for the hygienist ... to ... safeguard the health of the white community ... unless he has full powers over the native population, not only in regard to treatment for apparent ailment, but also in relation to hygiene, community life, migration and dispersion through the white community [unquote].*

This is, quite explicitly, health used as a justification for state control of Aboriginal people's lives.

As it happens, one of those profoundly affected by Dr Cook's policies was my mother, taken as a young girl by white men on horseback from her Alywarre family in the country north-east of Alice Springs, sometime in the 1920s.

And yet, here we are now, eighty or ninety years later (not that long, really) in a future that Dr Cook – and for that matter my mother – could hardly have imagined.

What would Dr Cook say if he could see the network of around 150 Aboriginal medical services – set up and run by Aboriginal people themselves – that that now play such an important role in delivering health services to our communities?

Somehow, I doubt he would be pleased.

> *Another reflection on the past: when I grew up on Parap camp in Darwin in the 1950s, I was not aware of any Aboriginal person with a university degree in the nation.*
>
> *Not one.*
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> *How could I, and those I grew up with, have foreseen that now over 25,000 of our people have tertiary qualifications, so that we can now draw upon a growing number of Aboriginal and Torres Strait Islander health researchers?*
>
> *I mention these stories of the past because they show us how surprising the future can be.*

But that does not mean that we cannot imagine it, think about it, and plan for it.

Some futures are more likely than others.

Some are certainly more desirable than others.

And of course, how we act today will shape the world we want to have in the future.

It was this thinking that inspired the Lowitja Institute to conduct a series of 'future' workshops around Australia during 2013 to consider two key questions.

First: "What might Aboriginal and Torres Strait Islander health look like in 2030?"

Second, and of particular relevance to us as Australia's National Institute for Aboriginal and Torres Strait Islander Health Research: *"What might the Aboriginal and Torres Strait Islander health sector require from health research at that time?"*

In other words, we sought to identify a preferred, plausible future – and how we could contribute to achieving it.

Our 'Future Workshops' involved a wide range of people – community members, service organisations, policy makers and researchers.

Through them, a wide range of possible scenarios emerged, but they clustered around two starkly different futures.

On the one hand, we could live in a future where there is significant improvement in the health and wellbeing of our communities, within an Australia which recognises and values the diversity of Aboriginal and Torres Strait Islander ways of life.

On the other hand, we can imagine an Australia which turns its back on diversity, which increases the divide between rich and poor, and which

sees little or no real improvement in the health and wellbeing of its First Peoples.

We then asked our participants to reflect on the preferred, healthy future, and to think about how research could help that future come into being.

What emerged was a strong and widely shared vision of a world where Aboriginal and Torres Strait Islander health research is done differently.

In this world, research would be more closely integrated with the practicalities of health service delivery and with the development, implementation and evaluation of policy.

Such research would be strategic – it would focus on the kinds of things that we need to know to make a difference.

It would build and nurture local partnerships between researchers, service providers, policy makers and the Aboriginal and Torres Strait Islander community.

It would support better collaboration between the sectors that impact on our health, because we know that our health does not exist within a vacuum and fixing it means all of us working together.

Last, the health research that makes a positive difference would be adaptable, responding as our knowledge grows and to the changing social, economic, technological landscapes.

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For me, and I think for many of the participants in our futures workshops, the explicit description of a desired future and the identification of some of the research processes that would lead to it, was inspirational and empowering.

It was also very satisfying, as the Lowitja Institute, to hear these issues identified because many of them represent a continuation of the journey

that we and our predecessor organisations have been on for almost twenty years.

Our longstanding commitment to strategically directed research, to genuine partnerships, and to translating knowledge into practice – these are precisely what the workshop participants identified as the steps along the path to a positive future for Aboriginal and Torres Strait Islander health.

This was strongly re-affirming of our vision of achieving equity in health outcomes for Aboriginal and Torres Strait Islander peoples.

I hope that this brief introduction will encourage all of you here today to look at our report – *2030: A Vision for Aboriginal and Torres Strait Islander Health Future Report* (copies of which are available here today or on our website).

And even more so, I hope that it might inspire you to ask yourself the questions which were at the heart of this work: *what future do I want to see for Aboriginal and Torres Strait Islander health?*

And: how can I help get us there?

Thank you.

Click to download report*: The Shape of Things to Come: Visions for the future of Aboriginal and Torres Strait Islander health research*