

## ICRR Submission for NHMRC Target Call for Research

### 1. What is the research gap you consider to warrant a TCR?

The glaring research gap in health research relating to Aboriginal and Torres Strait Islander peoples is the impact of race and racism. Indigenous people face persistent health inequalities as a direct result of racism; race is a stubborn predictor of health and illness in contemporary Australia. Yet most research focuses on specific health problems or 'deficiencies' in Indigenous behaviour, and at most identifies the role of social determinants such as poverty. Racism is a clear social and political determinant which is foundational to many of the specific health issues studied, and without focus on racism there continue to be limited shifts in material health outcomes. There is an urgent need to deploy critical race research methods and theories so that we may understand and address Indigenous health inequality and engender a better public health awareness of the impact of race and racism on Indigenous health inequities.

### 2. Who and how have you consulted in identifying this research gap?

Public health has committed to addressing the social determinants of health and so appears best placed to lead efforts to understand of race works to generate and entrench health inequalities. The National Aboriginal and Torres Strait Islander Health Plan gestured toward a need to understand the impact of race; it declared a health service free of racism as a specific objective. However, in the remainder of the 66-page document, there are no other references to race. Compounding this silence are the recent national consultations to draft the National Aboriginal and Torres Strait Islander Health Curriculum framework, where health educators expressed concern that a stress on race erased culture. This position betrayed not opposition to race but rather the absence of race scholarship in Australia, and the uneven understanding of the impact of race in Australia. Whilst other developed nations have forged clear understandings of the impact of race and racism in a range of areas, including health, Australia lags behind.

We, as a research collective led by Indigenous researchers and building on Indigenist research, draw from a wide base of experience and community engagement in articulating this position.

### 3. How significant is the proposed topic?

Race and racism have always been critically significant for Aboriginal and Torres Strait Islander peoples. That the structuring impact of race has largely escaped the attention of the Australian academy does not change this. Recent discussions in the media regarding Collingwood highlight its ongoing significance for those directly affected. There is clear evidence that racism has resulted in violence, neglect, forcible dispossession and ultimately death, and has a major impact on the provision of health services including first response.

Additionally, recent events show that the need to raise awareness of critical race literacies across the board, including in the health sciences, has never been more

pressing. These events include Black Lives Matter, the disproportionate impact of COVID – 19 on Black and ethnic minorities, continuing Aboriginal deaths in custody and seemingly ingrained health disparities.

4. How will the TCR reduce the burden of disease on the health system and Australian economy? (200 word maximum)?

This research will substantially advance public health understandings of racialised health disparities, particularly in relation to Indigenous health inequality, and will consequently promote better health outcomes for Aboriginal and Torres Strait Islanders. Internationally, public health researchers have called for new research paradigms that address to the structuring impact of race upon health inequalities and the production of knowledge about particular populations.

Epidemiology is an example of where a race TCR can shift health research. Epidemiology seeks to describe the health 'gap' that public health attempts to close, yet is limited in its ability to impact substantially on this "gap" because it does not account for the mechanism by which the disparity is made real — race. Annual descriptions of statistical inequalities have not led to a deeper, organised examination of race as a foundational cause of these health disparities, or the racialising practices of health research, policy and service provision which account for their persistence. 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 this most pressing of public health concerns, that of "closing the gap".

5. What are the relevant Australian Government priorities and/or Ministerially-agreed State and Territory health research priorities linked to your nominated priority? (200 word maximum)

This TCR addresses two key practical health research challenges highlighted by the Australian government, that of "better health outcomes for Indigenous peoples, with strategies for both urban and regional communities" and "better models of health care and services that improve outcomes, reduce disparities for disadvantaged and vulnerable groups, increase efficiency and provide greater values for a given expenditure" (2015). The TCR will also resonates with the National Aboriginal and Torres Strait Islander Health Action Plan objective of "an Australian health system free from racism". Additionally, as the proposed TCR will likely result in the engagement of Indigenous researchers, the TCR is in keeping with the ARC objective of "developing research expertise of Indigenous Australian researchers" and that of "support and retain established Indigenous Australian researchers in Australian higher education institutes".

6. Are there any reports or findings that support your nomination of the suggested topic? (200 word maximum)

A fuller discussion of these issues and sources relevant to them can be found in this MJA article by several ICRR researchers:

Bond CJ, Whop LJ, Singh D, Kajlich H. "Now we say Black Lives Matter but ... the fact of the matter is, we just Black matter to them." *The Medical journal of Australia*. 2020;213(6):248. doi:10.5694/mja2.50727

Key Indigenous health research institute Lowitja has long focused on the role of race in health: <https://www.lowitja.org.au/page/research/research-categories/cultural-and-social-determinants/racism>

Aboriginal community controlled health organisation peak body NACCHO also identifies racism as a key factor driving health outcomes:

<https://nacchocommunique.com/2014/02/28/naccho-aboriginal-health-and-racism-what-are-the-impacts-of-racism-on-aboriginal-health/>

Canada faces Indigenous health inequalities similar to those in Australia, and has gone much further in foregrounding and tackling racism as part of health justice. For example, the government funded National Collaborating Centre for Indigenous Health (NCCIH) is a national Indigenous organization established in 2005 by the Government of Canada and funded through the Public Health Agency of Canada (PHAC) to support First Nations, Inuit, and Métis public health renewal and health equity through knowledge translation and exchange. It focuses on racism as a core social determinant of Indigenous health:

[https://www.nccih.ca/28/Social\\_Determinants\\_of\\_Health.nccih?id=337](https://www.nccih.ca/28/Social_Determinants_of_Health.nccih?id=337)