

COMMENT

An Aboriginal perspective on 'Closing the Gap' from the rural front line

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Acknowledgment of Country: We acknowledge the traditional lands and people, where we live and work: the Gumbangarry, Dunghutti, Kamilaroi and Anaiwan nations.

A recent rural community gathering, designed to bring together rural Indigenous and non-Indigenous community members and leaders, was held and provided an important forum for Aboriginal people to share perspectives about Australia's aspirations to 'Close the Gap'¹ between Indigenous and non-Indigenous people. The aim of this report is to disseminate the sentiment that percolated in the presentations and discussion arising from the gathering. This report demonstrates how rural Close the Gap champions can influence the uptake of healthy choices in their communities, at the front line of change.

Participants, methods and results

A rural Close the Gap public forum was held highlighting the continuing needs associated with social and health disparities

in Australia. The forum had a culturally diverse attendance with a majority of Indigenous participants. Indigenous champions presented topics discussing their perspectives about the reduction of disparity. This type of locally initiated activity undertaken by local people in a local setting has the capacity to generate local solutions to local problems².

Fifty-five Indigenous secondary school students and approximately 100 Aboriginal and non-Aboriginal local community, primary health care network and university members attended. Aboriginal elders attended and provided their knowledge, insight and guidance to the meeting that was hosted at a rural university Aboriginal centre. The Aboriginal health liaison staff from a primary health network organised the meeting in collaboration with a range of local services and community groups. Attendees represented a social ecological cross section of the community who all shared an interest in participating actively in closing the gap generally. As such, a specific Indigenous community of interest was formed that consisted of an extensive



collaborative network². The community of interest was able to articulate a set of priorities and to present them in a way that communicated a shared sense of self-determination about ways to reduce disparities associated with closing the gap².

Three themes were identified among the topics presented. First, 'safe and thriving families' were recognised as important components of future health and social parity^{3,4}. Parents take on the responsibility of creating safe places to raise their children, while drawing on the wisdom, experience and encouragement of their elders. The demonstrated role modelling of healthy behaviours and social interactions within families will promote the uptake of healthy decision-making by children and young people in the future⁵.

Second, 'courage' should be fostered and nurtured among Indigenous people to stand firm in a colonised context, and where generational traumas related to traditional lands, human rights and equity have all been eroded in the past. Indigenous people are encouraged to stand firm and to promote strength and resilience despite past adversities so that parity of health and wellbeing can be achieved in the future. These aspirations are not without challenges; however, precedents of success are noted, in particular the Moree Freedom Ride (1965) that demanded equity of access to public amenities⁶. Fifty years later, the fight for parity continues but the changes required are both within and external to Indigenous communities. A new stand against inequity of health and opportunity exists as families learn to deal with conflict without violence, to eat healthy food without excess, enjoy leisure without drugs and alcohol, and to instil hope for the future by completing education and generating employment successes⁷.

The third theme identified was the need for 'respectful personal interactions that are distinguished by the rendering of kindness' to others to ensure that inclusion and safety is achieved for all age groups. Healthy change is achieved with positive behavioural interactions between people, regardless of colour or culture, who choose to regard people well, speak kindly, offer respect and provide positive role modelling within families.

The synthesis of the three themes includes the need for improved self-control in regard to excess consumption of food, alcohol, drugs and cigarettes, and anger/conflict management. These factors reveal the priorities identified by rural Indigenous people in this setting, and these are considered to be most important for improvement in Indigenous health and wellbeing in rural communities². The rural forum called for Indigenous and non-Indigenous people to be united and to take courageous and persistent actions to say no to the misuse of drugs, alcohol, junk food and smoking, and to say yes to peaceful and respectful interactions with others to ensure that closing the gap is possible in the future.

Comment

A contemporary rural Aboriginal perspective derived from a forum discussion on closing the gap identified the ongoing need to foster safe and thriving families in rural communities. It is acknowledged that standing firm with sufficient courage to say no to the misuse of drugs, alcohol, junk food and cigarettes will remain a challenge, and this should be the focus of ongoing health promotion intervention to offset the chronic disease trajectory experienced disproportionately by Indigenous people⁸. In addition, nurturing respectful interactions with people, and the reciprocal experiences of kindness, will promote positive relationships and reduce the propensity for conflict in the future. Gains in these three domains will encourage the ongoing efforts to reduce the gap between Indigenous and non-Indigenous Australia and will strengthen the social health ecology generally while supporting sustainable ecological conditions that will form the basis of moving beyond surviving and towards thriving for Indigenous health, welfare and communities.

References

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