Shifting the balance

Lilon Bandler\textsuperscript{A}, Sue Crengle\textsuperscript{B}, Martina Kamaka\textsuperscript{C} and David Paul\textsuperscript{D}

\textsuperscript{A}Leaders in Indigenous Medical Education, University of Melbourne, Melbourne, Vic. 3010, Australia.
\textsuperscript{B}Department of Preventive and Social Medicine, Dunedin School of Medicine, University of Otago, 18 Frederick Street, Dunedin 9016, New Zealand.
\textsuperscript{C}John A. Burns School of Medicine, University of Hawaii at Manoa, 651 Ilalo Street, Honolulu, HI 96813, USA.
\textsuperscript{D}School of Medicine Fremantle, University of Notre Dame, 47 Henry Street, Fremantle, WA 6959, Australia.

Indigenous peoples have been placed under the colonial gaze of health researchers for far too long. As the objects of health researcher’s enquiry, Indigenous peoples have contributed to the building of health researchers’ CVs and careers. The Declaration of Alma Ata (World Health Organization 1978) brought the importance of full community participation for effective primary health care to the centre, embracing planning, implementation, management and evaluation of programs. Similarly, protocols for ethical health research have, more recently, embraced the imperative of meaningful engagement of Indigenous peoples in all aspects of health research that focuses on Indigenous people’s health and health care. Key publications that provide guidance to health researchers about expectations and best practice include ‘Te Ara Tika Guidelines for Māori research ethics: a framework for researchers and ethics committee members’ (Hudson \textit{et al.} 2010), ‘Guidelines for researchers on health research involving Māori, version 2’, (Health Research Council of New Zealand 2010) and the National Health and Medical Research Council’s recently updated Indigenous health research guidelines and ‘Keeping research on track’ statement (National Health and Medical Research Council 2018\textit{a}, 2018\textit{b}).

In developing this special issue, we were particularly interested in health research conducted in Indigenous communities that was driven by those communities and led by Indigenous researchers. After a very strong response from the expression of interest, we have a solid collection of work from across Aotearoa (New Zealand), Australia and Hawaii. This collection of papers reflects the focus the journal has on primary health, documents both approaches and principles of relevance in connection to Indigenous health and health care research, gives some interesting examples of best practice, and reveals the breadth of engagement in the field by Indigenous health researchers. In addition, there are also articles that document innovative approaches within medical education that engage community extensively. Of the 20 papers included in the special issue, 14 have Indigenous researchers as first author and all but one have Indigenous coauthorship. We look forward to seeing more of the literature reporting Indigenous health research outcomes authored by Indigenous health researchers.

Conflicts of interest

L. Bandler is an Associate Editor for \textit{Australian Journal of Primary Health}. For this special issue, D. Paul was the guest Editor in Chief and S. Crengle and M. Kamaka were guest Associate Editors.

References


National Health and Medical Research Council (2018\textit{a}) Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and communities: guidelines for researchers and stakeholders. Commonwealth of Australia: Canberra, ACT, Australia.

National Health and Medical Research Council (2018\textit{b}) Keeping research on track II: a companion document to Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and communities: guidelines for researchers and stakeholders. Commonwealth of Australia: Canberra, ACT, Australia.