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Promoting Indigenous Participation in Health Promotion Education Through Community-Based Participatory Research

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This article seeks to outline an adaptation of the Community-Campus Partnerships for Health (CCPH) orientation that has been adopted by some members of the Public Health Practice Unit at the La Trobe University (Bundoora) School of Public Health. The primary focus is on the implications of community-based participatory research (CBPR) for participatory service and learning practice in the area of health promotion. Of critical concern is the requirement to make and maintain distinctions between natural and human science paradigms. The most favourable methodologies to be used with the latter will be discussed in regard to Indigenous communities. Such engagement typically requires the development of valid and valued partnerships. A specific example of this is offered. Basically, it can be useful to think of these partnerships as endeavours to create dynamic, innovative and integrated 'learning systems' both within and between organisations and community groups. Through time, such systems can generate important outcomes for students, staff and community members alike.

For some years now, the public health component of the Bachelor of Health Science course at La Trobe University's Bundoora campus of the School of Public Health has been engaged in a form of "blended learning" practice. In blended learning, a variety of teaching techniques are used to enable learners to identify and pursue their own aspirations within the ethos of the profession to which he or she is seeking to enter (Hayes 2005). Students are assisted in acquiring the required professional competencies by engaging in what might be termed "authentic activities" or tasks and "actual projects" relating to their field of endeavour (Reeves et al. 2002). These are supported by theoretical instruction and practical guidance, as well as technology-driven support processes. Drawing on variation theory, Oliver and Trigwell (2005:24), argue that there is a fundamental shift of *emphasis* in blended learning from:

- teacher to learner
- content to experience
- naively conceptualised technologies to pedagogy

Through authentic experiences of service, research and learning, the aspirations and goals of students can and do change (Hayes 2005). However, this typically will take place organically and developmentally. Therefore, the student, staff and field-practitioners are able to support such transformations within or beyond the course as required without great drama. To date, the culmination of this sort of education process typically has been the Participatory Field Placement unit at the La Trobe University School of Public Health (Bundoora). Many students gain access to employment as a result of demonstrating their capacity for development while on placement.

These participatory field placements encourage students to be life-long learners in community or organisationally-based practice settings (Poland et al. 2000). Access to the settings

"Mibbinbah"

The generally poor health of Indigenous people is well documented and known. Indigenous men are particularly at risk of premature death and disability. To date there is little evidence that would support specific approaches to increasing the engagement of men in programs. However, there is a real sense among workers and researchers that Indigenous Male Sheds/Spaces may be effective and culturally supportive ways of connecting men with one another. This in itself can be healthy.

Men's Sheds/Spaces can also provide men with the means of connecting with those people who might provide them with the resources they need to improve or maintain their health and wellbeing. There is also the possibility of moving forward to a place where many more Aboriginal men are in a confident and strong position to make significant contributions to Indigenous communities. "Mibbinbah" (Men's Place) is a part of this movement.

"Mibbinbah" comes under the umbrella of the Chronic Disease (Condition) Program of the Cooperative Research Centre for Aboriginal Health (CRCAH). It can be thought of as two distinct but related projects: *Men's Sheds/Spaces Pilot Project and Men's Chronic Conditions Project*. The first is a pilot project which seeks to identify, celebrate and explore existing Indigenous Men's Sheds/Spaces. Specifically, the project will seek to discover why men might feel that certain Sheds/Spaces are "safe" and how they can be "well facilitated".

This will be done through the employment of Local Indigenous Male Project Associates. These Project Associates (PAs) will be trained in the

is normally facilitated through the service and research partnerships of the Public Health Practice Unit of the School of Public Health. Students are considered genuine colleagues who are entrusted to work with and under the supervision of our colleagues in the field. They also are expected to enlighten their fellow students through peer-based education processes. They normally will have been prepared for this by undertaking various tasks and projects under our direct supervision in prerequisite units.

For instance, the Indigenous Development and Action Project (IDAP) began when an Indigenous mature-aged male student (the first author) was asked to lead a team of mostly non-Indigenous students on an "actual project" for one of his units. The student was working part-time for Ngarn-gi Bagora Indigenous Centre on the Bundoora campus of La Trobe University. The purpose of the project was to enhance the relationship between the Indigenous Centre and the Public Health Practice Unit. Community partners were encouraged to participate and become stakeholders. Many did so.

Under the leadership of the mature-aged student, the students were involved in raising awareness among their peers and the staff about the issues facing Indigenous Australians. They were also seeking to create a supportive environment for Indigenous students in the Faculty of Health Sciences. The desire was to be able to recruit and retain Indigenous students who would feel welcome and supported, especially within the School of Public Health. The mature-age student then continued the work of development and transformation during his participatory field placement. Throughout the process, this student was treated as a colleague of his supervisor and the supervisor viewed himself as a co-learner. The assessments of the student were evaluated by another staff member.

As a result of the goodwill and trust generated by this and related projects, one younger Indigenous male student pursued an honours degree and his work was later showcased with the Cooperative Research Centre for Aboriginal Health. This research used a community-based participatory approach in which the question to be researched came directly from the community. It also involved the community in key decisions about methodology and goals. The student was in continuous contact with key stakeholders to ensure that their views were appropriately represented at all stages. This approach is normally thought of as risky because of the possibility of delays in ethics approval and data collection.

In fact, when more traditional approaches to data collection were unsuccessful, it was possible to rescue the project through involving Indigenous and non-Indigenous community members in key conversations (Beebe 1995). They were willing to do this because of the respect that they had gained for the student because of his practice. Upon graduating, this student was a highly prized recruit because of the problem-solving skills that he had developed and deployed. At the time of writing, he had completed nearly eighteen months of successful work in the field and is pursuing a doctorate.

The mature-aged student graduated from the Bachelor of Health Science course and became a successful men's health worker in Queensland. Because of his reputation, he was invited to co-author a successful funding submission. He is now a co-leader with his former supervisor on a major research program, *Mibbinbah* (Men's Space). This program seeks to identify, celebrate and explore Indigenous Male Sheds/Spaces as supportive environments for health promotion relating to chronic conditions and social-emotional wellbeing. As a legacy of his work, there has been modest, but important, success in recruitment and retention of Indigenous students. Additionally, two female non-Indigenous students have pursued honours degrees investigating topics relating to perceptions among non-Indigenous health workers and the media about Indigenous health concerns. Their work is helping to define the nature of appropriate ethics processes that should be followed to avoid the stigmatisation of Indigenous people in research findings.

The discussions that have been undertaken are beginning to influence staff and student practice in other faculties. This is being done with the full support and endorsement of the coordinator of the Ngarn-gi Bagora Indigenous Centre, Nellie Green. She has been calling for just this sort of consciousness-raising among researchers and staff at the university for some time. The trust that can be built up during the development and deployment of a community-based service, learning and research project such as IDAP can have continuing effects on both people and systems.

It is for these and other reasons that the Community-Campus Partnerships for Health approach advocates for a blending of community-based participatory learning, service and research (further information on the CCPH can be found at their web-site @ http://www.ccph.info/). The intention is to engender solution-focused actions that provide opportunities for the sort of reflection that is generative of further understanding,

use of participatory action-research methods which will help in developing and sustaining these Sheds/Spaces during the research program. Further training in Indigenous leadership, community communication and media, and computer and Internet skills, will enhance sustainability. Initially, the pilot phase will involve seven sites with five funded by the CRCAH and two by *beyondblue*.

The second project will seek to understand if and why participation in chronic conditions programs by Indigenous males is improved through association with "safe" and "well-facilitated" Indigenous Men's Sheds/Spaces.

The research program has been developed and will be deployed under the joint leadership of Jack Bulman and Rick Hayes. Jack and Rick are leading researchers with regard to health promotion approaches that avoid making men problems to be solved. Instead, they work on the basis that men are potential partners for creating new possibilities in both Indigenous and non-Indigenous Men's Sheds/Spaces.

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learning and practice. However, such an approach is not without its problems.

Not the least of these is the fact that the research component of community-based participatory practice has to prove its worth with very different communities of interest such as researchers, funding bodies and those who face the very issues being researched (Green & Mercer 2001). Unfortunately, community-based participatory research (CBPR) is often undervalued by both researchers and funding bodies for a variety of reasons. They include Minkler et al. (2003:1213):

- the longer time frames required
- reduced clarity of goals (at least initially)
- focus on middle and long term outcomes
- evaluation difficulties

Still, there are a number of reasons why such research is important. Perhaps the most salient is the fact that a great deal of academic research is too abstracted from everyday living to be of much practical good through time (Minkler & Wallerstein 2003). On the other hand, community driven research can lack the critical integrity that enables funding bodies to risk the provision of money for projects and programs. Yet, people increasingly distrust information and interventions that have been developed and deployed without the integral involvement of community stakeholders (Israel et al. 2005). Finally, it must be said that even more "traditionally oriented" research requires the involvement of the research subjects to ensure the validity of the research tools and instruments.

For instance, when developing surveys and scales for clinical use, Streiner and Norman (1995) contend, in a classic text, that only the patients themselves can report on the subjective aspects of their condition. No amount of observation can substitute for this. This need for "expert" testimony from the community of interest is particularly important when a relatively new area of research is being opened up and the clinically oriented researchers lack observational experience in this new domain. This is particularly true of the area of Indigenous male health promotion in Australia. To overcome this lacuna, Streiner and Norman (1995:16-20) suggest that clinicians consider engaging in qualitative approaches such as focus groups and key informant interviews as *preliminary* research from which to develop items for scales and sub-scales.

A more radical perspective argues that positivistic research paradigms are themselves reflective of the types of problems facing marginalised groups such as Indigenous Australians (Ivanitz 1999) and can lead to irrelevant or misleading findings (Taubes 1995; Bowling 1997). While such paradigms support the researcher habituated within them, they can prevent the emergence of ideas that challenge the paradigm. When facilitated well, such challenges can allow for the reconfiguring of social relationships that often involve noteworthy differences in power and prestige (Dahlberg et al. 2001). While they may challenge both researchers and funding bodies, methodologies such as those related to participatory action research may be required to ensure the emergence of emancipatory practices that engender and enlist the "insights and aptitudes of local peoples" (Ivanitz 1999:46).

The researchers associated with Duquesne University for the past forty years or so take a more moderate position (Giorgi 1985; 2006). While pursuing an approach that fosters the development of a rigorous, methodical, systematic and critical human science, it does not entirely eschew methods associated with the natural sciences (Strasser 1963; Polkinghorne 1983). What it does insist upon is that, when seeking to understand and account for human motives, it is necessary to use methodologies that recognise the differences between people (motives) and objects (causation) (Bowling 1997; Dahlberg et al. 2001).

At the very least, working equitably with people requires open-ended, respectful and reciprocal engagement. Additionally, in order to avoid the twin errors of cultural immersion and cultural intrusion (or, colonisation), research with people can benefit from an iterative process of short-term encounters within "natural" settings where the co-researchers can engage in "reciprocal" qualitative methods (Beebe 1995; Ivanitz 1999). The preferred methods might include a descriptive phenomenology that iteratively analyses the outcomes of conversations and open-ended interviews, as well as other sources (Dahlberg et al. 2001).

The use of approaches geared into the life-worlds of the communities of interest, such as phenomenology, has been endorsed by Morrisey (2003) for research related to Indigenous wellbeing in Australia. They are especially important when seeking to work with males with regards to health and wellbeing, as well as learning (Hayes 2005; Hayes & Williamson 2006, forthcoming; Golding et al. 2006). Additionally, they are in keeping with shifts in the understanding of what constitutes *evidence* in health promotion. Making manifest (evidencing) the various dynamic practices or structured relationships that emerge *within* and *between* social systems is as, if not more, important than identifying and investigating abstracted and, largely, isolated "traits" or characteristics (Polkinghorne 1983).

While this goes to the heart of the processes that are indicative of the present orientation of Community-Campus Partnerships for Health, this is not a new concept for health promotion. As Dominic Harrison suggested some years ago:

Perhaps a concept of *generative* evidence is more useful. This can be seen as evidence realised dynamically, *through* practice. It would draw on an active and integrated 'learning system' within the culture of the social system or organisation. Based on evidence of successful learning and innovation, its collective pursuit is likely to be more successful in capturing previous learning, transforming experience into knowledge and thus changing practice ... Implicit in the process is the transformation of social relationships within health care systems and the democratisation of meaning and knowledge without which the current irrelevant health investment strategies will not change (Harrison 1999:134, italics in the original).

This article has sought to provide some indication of the fruitfulness of adopting the Community-Campus Partnerships for Health (CCPH) orientation towards a blending of service, learning and research in health promotion relating to Indigenous communities. The focus has been on the implications of community-based participatory research (CBPR) as a form of co-learning that can fundamentally reshape relationships between people. Research issues have been raised and related to the

importance of striving for congruence between paradigms, approaches to practice with people, and methodologies that allow for a rigorous, methodological, systematic and critical human science. These issues have been discussed with respect to groups that are typically regarded as difficult to reach or engage. This has served to underscore the importance of striving for high quality partnerships. A specific example of a blending of service, learning and research was offered with regards to the *Indigenous Development and Action Project* (IDAP) and *Mibbinbah*. Finally, this article has proposed that we think of such partnerships as opportunities to create dynamic, innovative and integrated 'learning systems'. Such systems can be created both within and between organisations and community groups and they can have significant effects on various stakeholders. While such practice does take time and energy, there appear to be significant benefits and sufficient safe-guards for those who would risk engaging in community-based participatory service, learning and research (Minkler et al. 2003) within and between Indigenous communities.

References

Beebe, J. (1995). Basic concepts and techniques of rapid appraisal. *Human Organisation* 54(1), 42-51.

Bowling, A. (1997) *Research Methods in Health: Investigating Health and Health Services*. Buckingham: Open University Press.

Dahlberg, K., Drew, N. and Nystrom, M. (2001) *Reflecivet Lifeworld Research*. Lund, Sweden: Studentlitterature.

Giorgi, A. (Ed.) (1985) *Phenomenology and Psychological Research*. Pittsburgh, PA: Duquesne University Press.

Giorgi, A. (2006) The value of phenomenology for psychology. In Ashworth, P. and Chung, M. (Eds.) *Phenomenology and Psychological Science: Historical and philosophical perspectives*. New York, NY: Springer, pp.45-68.

Golding, B., Brown, M., Foley, A., Harvey, J. and Gleeson, L. (2006) *Early feedback to Men's Sheds of survey findings from a major national research project funded by the National Centre for Vocational Education Research (NCVER)*. Ballarat, VIC: University of Ballarat.

Green, L.W. and Mercer, S.L. (2001) Can public health researchers and agencies reconcile the push from funding bodies and the pull from communities? *American Journal of Public Health* 91(12):1926-1929.

Harrison, D. (1999) Social system intervention. In Perkins, E.R., Simnett, I. And Wright, L., *Evidence-based Health Promotion*. Chichester: John Wiley & Sons, pp.125-137.

Hayes, R. (2005) *Developing and Deploying a Critical Pedagogy for Managed Individual Pathways* (Developed for the Inner North Local Learning and Employment Network). Melbourne, VIC: School of Public Health, La Trobe University, 38 pages.

Hayes, R. and Williamson, S. (2006) *Evidence-based, Best-practice Guidelines for Victorian Men's Sheds*, Melbourne, VIC: Office of Senior Victorians, Department of Victorian Communities and School of Public Health, La Trobe University, 62 pages.

Hayes, R. and Williamson, S. (Forthcoming) Men's Health. In Kirch, W. (February 2008) *Encyclopedic Reference of Public Health*. Berlin: Springer-Verlag.

Israel, B.A., Eng, E., Schulz, A.J. and Parker, E.A. (Eds.) (2005) *Methods in Community-Based Participatory Research for Health*. San Francisco, CA: Jossey-Bass.

Ivanitz, M. (1999) Culture, ethics and participatory methodology in cross-cultural research. *Australian Aboriginal Studies* 2:46ff.

Minkler, M., Blackwell, A.G., Thompson, M. and Tamir, H. (2003) Community-based participatory research: Implications for Public Health funding. *American Journal of Public Health* 93(8):1210-1213.

Minkler, M. and Wallerstein, N. (2003) *Community-Based Participatory Research for Health*. San Francisco, CA: Jossey-Bass.

Morrissey, M. (2003) The Social determinants of Indigenous health: a research agenda, *Health Sociology Review* 12(1):31-44.

Oliver, M. and Trigwell, K. (2005) Can 'Blended Learning' be Redeemed? E-Learning 2(1):17-26.

Poland, B.D., Green, L.W. and Rootman, I. (2000) *Settings for Health Promotion: Linking theory and practice*. Thousand Oaks, CA: Sage.

Polkinghorne, D. (1983) *Methodology for the Human Sciences: Systems of inquiry*. Albany, NY: State University of New York Press.

Reeves, T.C., Herrington, J., & Oliver, R. (2002) Authentic activities and online learning. In: Goody, A., Herrington, J. and M. Northcote (Eds.), *Quality conversations: Research and Development in Higher Education, Volume 25*. Jamison, ACT: HERDSA, pp.562-567.

Streiner, D.L. and Norman, G.R. (1995) *Health Measurement Scales: A practical guide to their development and use*. (2nd Ed.) Oxford: Oxford University Press.

Strasser, S. (1963) *Phenomenology and the Human Sciences*. Pittsburgh: Duquesne University Press.

Taubes, G. (1995) Epidemiology faces its limits: health risk factor analysis is an uncertain science. *Science* 269:164-169.