Engaging with First Nations communities in health research as a non-Indigenous researcher

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European colonisation

The era of European colonisation of what was until the late 1800s, known as "the New World" commenced in the 1400s led by Portugal and Spain. Other countries soon followed, reaping untold wealth from the resources and people of this "new world" including Britain, France Germany, Holland and Belgium (Webster, 2026). Even the United States, one of the world's first democracies has acquired significant colonial holdings, including, Hawaii, Alaska, Puerto Rico, as well as numerous other nations across the Pacific (Paik, 2023).

This era of colonisation did bring enormous wealth and access to resources, including human slaves and heralded an era of growth and incredible improvements in the quality of life for most Europeans (Koyama & Rubin, 2022). Unfortunately, this process of expansion and colonisation, seen as progress, by Europeans, was deeply rooted in white supremacy, and immeasurable violence committed by European colonisers and settlers on First Nations people worldwide (Yoorrook Justice Commission, 2026).

The Founding of Australia 1788, oil painting by Algernon Talmage 1937
Mitchell Library, State Library of New South Wales.

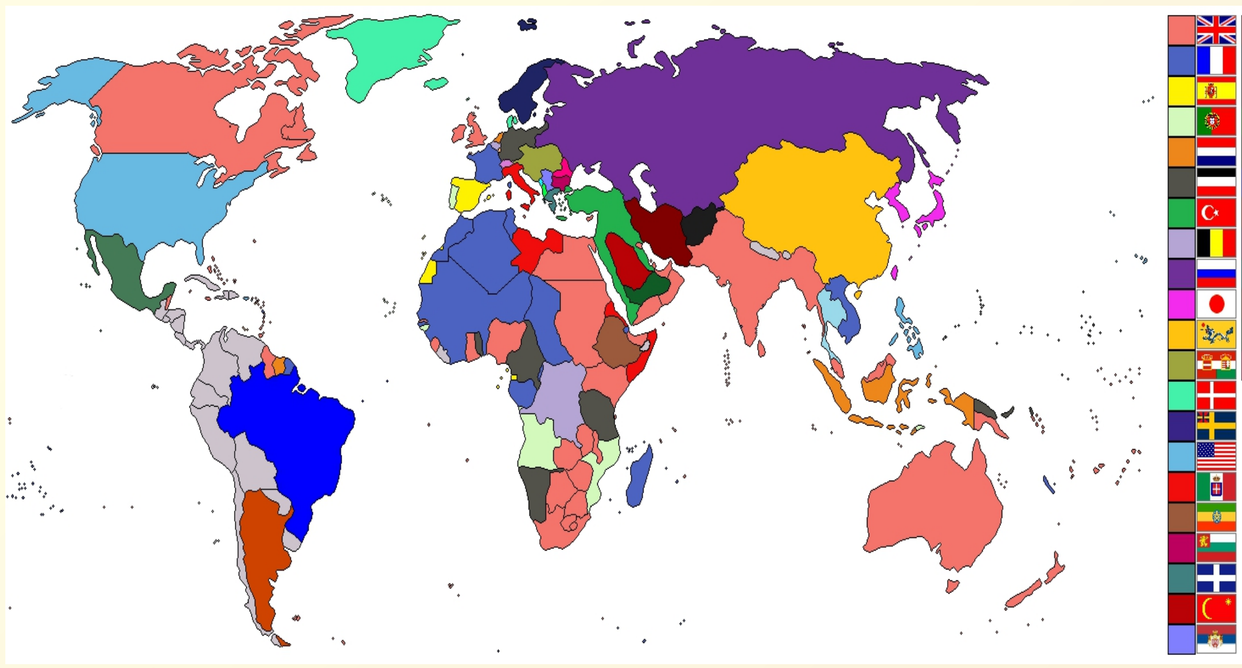
As result of colonisation, many First Peoples live in extreme poverty and deprivation, even in countries with the highest living standards such as Australia, the United States and Canada. First Nations people still face systemic racism and discrimination which results in significant disadvantage. The life expectancy of First Nations Australians is significantly lower than non-Indigenous and the prevalence of preventable disease is significantly higher in almost all areas of health (Anderson et al, 2016).

Throughout the era of colonisation, First Nations people worldwide, have been among the most heavily researched groups of people worldwide and continue to be today (Thomas et al, 2014). Until the mid 20th century much of this research was openly hostile towards First Nations people, and undertaken with the aim of providing scientific proof of their racial inferiority, physically and mentally (Lowitja Institute, 2013).

Ongoing research

Overtime, the focus of research on First Nations people did largely move to attempts to improve the health outlook and life expectancy of First Peoples, however much of this research was undertaken with the same colonial attitudes and perspectives which caused the problems in the first place. The research was, until very recently and in some cases, continues to be, done "on" First Nations people and communities, not with them, without knowledge or respect for First Nations cultures and ways of knowing and doing. First Nations communities were not consulted on the nature of the problem, the nature of the research, or the solution (Thomas et al, 2014).

Many of these research projects achieved results at first, but a huge body of evidence shows that the solutions and the results were not sustainable (Collis et al, 2025). First Nations community organisations tell us, that in order to achieve sustainable results research and Indigenous health projects must be undertaken with First Nations communities. It must be led by First Nations. It must adhere to principles of self-determination and "*nothing about us without us*." It must be collaborative and consultative and it must be culturally appropriate, by centring First Nations cultures (Lowitja Institute, 2020).



Empires of the world in 1910 https://en.wikipedia.org/wiki/History_of_colonialism (Ishvara7, 2021, CC BY-SA 3.0)

More recently, with increasing numbers of First Nations academics and researchers, we have seen the rise of the concept of Indigenist research paradigms, which centre Indigenous cultures, ontologies and epistemologies. Allowing researchers to work with First Nations communities in ways which are most appropriate to their cultures (Wilson,2003; Harriden, 2023).

This approach to research can and should be viewed as a matter of simple respect but research from also shows that research and healthcare projects undertaken in this spirit do achieve better, more sustained results (Lowitja Institute, 2020).

The role of co-design

Co-design, which is defined as *"designing with, not for"* is a collaborative methodology, in which designers work with the stakeholders of a project, such as end users, and customers or patients in a system. Co-design involves sharing power and optimising participation to optimise the utility of a project or system, in ways which centre "*lived experience.*" As such it is an ideal approach for working with first Nations communities to deliver sustainable outcomes which work for the people involved (Butler et al, 2025).

In *Beyond Sticky Notes* KA McKercher (2024), offers 4 Rules which encapsulate the principles of co-design and allow us to produce the best outcomes for all involved.

1. Focus on relationships

2. Share power

3. Build capability

4. Use participatory means.

2026 First Nations Eye Health Alliance conference
First Nations eye health professionals come together with non-Indigenous allies in Naarm - Melbourne to solve First Nations eye health problems. Photo ©James Rule 2026

These principles and rules if applied properly should enable us to develop research projects which centre the Indigenous communities involved. However, in *Co-design Versus Faux-design of Aboriginal and Torres Strait Islander Health Policy: A Critical Review* (Butler et al, 2025), the authors remind us that as non-Indigenous people, when engaging with First Nations communities, we must be mindful of systemic racism and entranced power dynamics, in order to ensure that First Nations voices are truly heard.

Failure to do so may result in "tokenistic co-design-branded initiatives that lack genuine commitment to key co-design principles" (Butler et al, 2025).

References

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