

## **Exploring whether geo-political spaces are Indigenous peoples' places: A postcolonial research paradigm to explore Indigenous peoples' sense of place and inform a place-health research agenda**

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**Background:** Within the general population, the spaces and places that we inhabit are important to cardiometabolic health and wellbeing. Here, relevant contextual features concern aspects of the built (e.g., infrastructure), physical (e.g., climate) and social environment (e.g., crime), as well as the collective features of residents (e.g., employment). However, to date, little empirical research has evaluated whether variations in such features of residential environs are relevant to the cardiometabolic health and wellbeing of Indigenous people. Moreover, existing research has seen geo-spatial analyses absent from the purview of Indigenous people. Traditionally, geo-political, postpositivist conceptualisations have dominated population health discourse and research concerned with space/place-health interactions. Within such frames, Indigenous communities remain spatially defined by imposed colonial boundaries that sees them normatively codified as 'objective' containers with attributes quantified as distinct, measureable and comparable. This orientation actively ignores holistic Indigenous conceptions of place informed by Indigenous people's spiritual, physical, social, material, cultural, economic and political bonds with the land, a facet long recognised as a vital determinant of Indigenous peoples' health and wellbeing.

**Study Context:** The Australian Research Council recently funded a three-year study entitled, *Assessing infrastructure and contextual factors in relation to cardiometabolic outcomes in remote Indigenous communities*. Seventy-five communities within Queensland and Northern Territory, Australia were included within the study. The communities were identified as discrete and remote Indigenous communities, as defined by the Australian Bureau of Statistics, being bound by physical or legal boundaries, inhabited primarily by Indigenous people. Community health data will be accessed from health centres serving a single community. In so doing this overarching study aims to identify features of infrastructures and community contexts related to risk factors and disease to provide an evidence base for implementing health-promoting policy, regulatory and organisational actions to achieve healthful Indigenous community environments. ***This poster will compare and contrast the theoretical and methodological orientations in relation to methods' level operations of the study's two underpinning paradigms – a critical and relational Indigenous research paradigm and postpositivism.***

**Study Protocol:** Geospatial methods and administrative data complemented by on-site, direct assessment of social conditions using a validated community assessment tool are being used to document infrastructure and social, built and physical environmental characteristics within 'discrete' Indigenous communities. These data will be compared and contrasted with data derived from innovative qualitative methods that seek to emancipate Indigenous notions of space and place. Here, approaches include a participatory mapping exercise and yarning circles that seek to illuminate cultural notions of place and their relationship to cardiometabolic health and wellbeing, within and between, spatially diverse Indigenous communities. A systematic qualitative coding procedure will be applied to uncover themes from yarning circles. These findings will be integrated with information on cultural and geospatial 'community' boundaries identified from the participatory mapping exercise. The poster will additionally feature the potential challenges and opportunities arising from the collection, analysis and integration of postpositivist spatial-scientific data alongside Indigenous peoples' relational understandings of place.