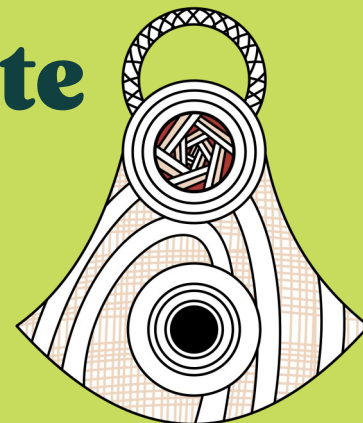


Jawun Research Institute Seminar Series

Guwal – language, culture and wellbeing

This multidisciplinary seminar series aims to create a forum centres in Jawun. It is for researchers at CQUniversity, across Queensland and all over the world, as a forum to share their research findings and establish potential synergies, leading to joint grant applications, and partnerships that endeavor to advance knowledge in various disciplines.



Date and Time

Wednesday, 9 July 2025

3:00 to 5:00pm QLD time

Light Refreshments provided

In Person

Room 3.06, CQUniversity Cairns

Campus, Corner Abbott and

Shields Street

Online

[Via Zoom](#)

Meeting ID: 869 4406 1826

Passcode: 799010



Seminar 55: Why Settle For Equity: What is health for?

Speaker

Professor Timothy (Tim) Carey

Director, Centre for Health Equity in Regional and Remote Communities (CHERRC) at CQUniversity

Bio

Professor Timothy (Tim) Carey is the Director, Centre for Health Equity in Regional and Remote Communities at CQUniversity. Tim is a senior Australian academic and Fulbright Scholar who has combined clinical practice with research and university teaching and training throughout his career. Tim emphasises impact and engagement in all his research activity. He has over 175 publications including books, book chapters, and journal articles with some being translated into other languages including Italian, Dutch, Spanish, and Korean. Two of his recent books are "Patient-Perspective Care" and "Deconstructing Health Inequity" (co-authored with Tai and Griffiths). Tim has pioneered clinical initiatives such as "Patient-Perspective Care" and "Patient-Led Appointment Scheduling" and a smartphone app called "MindSurf". He is strongly committed to advancing the way in which social sciences can help to improve community health and wellbeing particularly in rural, remote, and underserved areas. His fundamental mission is to contribute usefully to initiatives that seek to understand and improve the extent to which people are able to live the life they want.

Abstract

Health inequities in rural and remote locations are long-standing and severe. A gradient can be identified such that the further one moves from a metropolitan centre, the worse the health outcomes are. Although it is well recognised that programs and services developed in metropolitan centres are often not ideal for residents in rural and remote communities, discussions about why we have accepted metropolitan standards of health as the benchmark for all are much less common. The very notion of a health disparity arises from the difference between the standard in a city and the standard somewhere else. In the clamour to achieve parity with city residents, we may have lost sight of what health is for. One of the drivers of the global phenomenon of inappropriate healthcare is the narrative which has placed health as an end in itself, rather than a means to the end, with this alternative end being a life worth living. Yet, in traditional Aboriginal and Torres Strait Islander languages, there was no word for health as it is understood in today's Western biomedical context. Instead, those languages tended to have words describing

concepts such as self-determination and quality of life. Being able to control the things that are important to you was seen as fundamental. Perhaps one way of approaching the enduring, even wicked, nature of health inequities is to adopt a different narrative that positions health inequities as a byproduct of people having insufficient opportunities and degrees of freedom to live lives they have reason to value. Rather than focussing on blood sugar levels and BMIs, could we instead elevate the preferences and priorities of rural and remote citizens so that we are following their lead in determining which problems need to be solved and what the standards of wellbeing might be to which they aspire. We need better ways of hearing the voices of all community members not just paying attention to the most active and vocal. There is no obvious reason why people living rurally and remotely should wish to be only as healthy as the people in non-rural areas. What an amazing time it will be when people who live outside cities set their own standards for what it means to thrive and flourish in their locality, as well as identifying and obtaining what they need to achieve this.