

the
Lowitja
Institute

Aboriginal and Torres Strait
Islander Health CRC

Cultural Determinants of Aboriginal and Torres Strait Islander Health Roundtable

The objectives of the roundtable were: to clarify what the cultural determinants of Aboriginal and Torres Strait Islander health are; to consider strategies that could assist in strengthening culture as a determinant of Aboriginal and Torres Strait Islander health; to consider the implications for The Lowitja Institute's research strategy.

Report

The Lowitja Institute, Melbourne

26 November 2014

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About the Lowitja Institute

Since 1997, the Lowitja Institute and its predecessor CRC organisations have led a substantial reform agenda in Aboriginal and Torres Strait Islander health research by working with communities, researchers and policymakers, with Aboriginal and Torres Strait Islander people setting the agenda and driving the outcomes. At present, we work in partnership with twenty-one participants around Australia, including Aboriginal and Torres Strait Islander health organisations; State and Australian government departments; and academic research institutions. Together, we aim to achieve demonstrable impact in better health outcomes for Aboriginal and Torres Strait Islander people through research, capacity building, workforce development, knowledge exchange and research translation.

Building on its rich history of achievement, the Institute has established three research programs:

- Program 1: Community Capability and the Social Determinants of Health
- Program 2: A Health Workforce to Address Aboriginal and Torres Strait Islander Health
- Program 3: Health Policy and Systems.

Roundtables are an important part of the Lowitja Institute’s approach to research agenda setting and commitment to community-driven projects. This roundtable brought together stakeholders from Aboriginal community controlled services, mainstream health care providers, professional health bodies, academic institutes, government agencies and others involved in cultural competence training and implementation to share ideas and shape the Institute’s research agenda in this area.

Introduction

The Lowitja Institute convened a Cultural Determinants of Aboriginal and Torres Strait Islander Health Roundtable in Melbourne on 26 November 2014. Eighteen invited delegates attended, all of who were Aboriginal and/or Torres Strait Islander people. Additionally, five Lowitja Institute staff participated in the event.

The objectives of the roundtable were:

1. to clarify what the cultural determinants of Aboriginal and Torres Strait Islander health are
2. to consider strategies that could assist in strengthening culture as a determinant of Aboriginal and Torres Strait Islander health
3. to consider the implications for The Lowitja Institute's research strategy.

Identifying and addressing the social determinants of health have long been recognised as central to improving Aboriginal and Torres Strait Islander health outcomes. Similarly, the 'cultural appropriateness' or 'cultural safety' of services, research and policy for Aboriginal and Torres Strait Islander peoples has long been identified. Yet clarifying and defining the specific nature of the cultural determinants of health in Australia, and how these can be implemented in various domains, are critical pieces of work yet to be completed. These were the principal reasons for convening the roundtable.

Expectations

This section outlines delegates' expectations for the day. Delegates acknowledged:

- that culture is a strength
- the links between culture and all other determinants of health
- that defining culture was problematic, given that cultures are not static, and that the term 'culture' has different meanings across traditional, contemporary, urban, rural and remote contexts - it is better to identify the principles/parameters of the cultural determinants of health
- the diversity of Aboriginal and Torres Strait Islander cultures
- the commonalities across Aboriginal and Torres Strait Islander cultures
- the role of cultural determinants in violence, suicide and addictions prevention
- Australian evidence for the links between culture and health is necessary.

Key Issues

This section highlights the key issues participants were concerned about with regard to culture and Aboriginal and Torres Strait Islander health.

1. Culture as integral

Culture was seen as integral to strong and health identity formation, and a strong contributor to better health outcomes, however, culture is not being practiced and transmitted as much as we would like, particularly practice of the rites of passage.

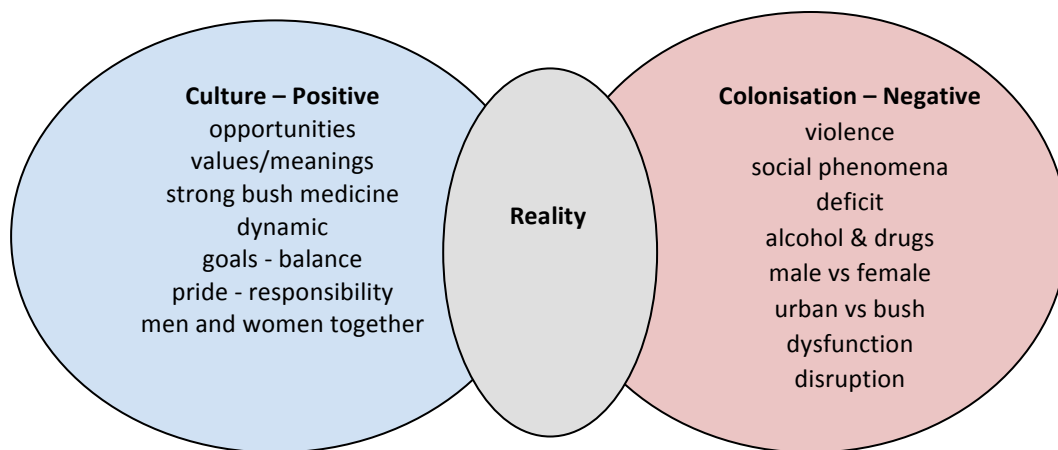
2. Diversity and commonalities

While the term 'culture' means different things to different people across urban, rural and remote contexts, we should identify and strengthen the things that are common across cultures.

3. Dysfunction and deficit

It was agreed that while it is critical to acknowledge trauma, we do not want to encourage people to constantly re-live it. We need to address the tension between dysfunction and deficit in safe spaces, with respect.

Figure 1: Model of tensions between culture and colonisation



4. Racism and enabling environments

Racism, continuing colonisation and lateral violence add up to enabling environments where Australia actually becomes a disabling environment – our very identity is constantly under attack. We must continue to build the evidence base for evidence of the impacts of this on our health.

5. Culture, change and healing

We need to learn to work with Aboriginal and Torres Strait Islander peoples and nations to re-build their resilience and cultural sustainability within a human rights framework, and ensure some past practices are clarified, adapted and evolve for today's realities. The process of learning culture, in and of itself, is healing. Learning culture builds resilience.

6. Culture, evidence and commonalities

We need to build an evidence base about the health impacts of culture, including:

- The links between culture and better health outcomes
- How culture can be better actioned and in policy and systems
- Whether “culture + control = self-determination” is true in Australia
- Implementation, sustainability and accountability
- Commonalities are critical – the common things across varying Aboriginal and Torres Strait Islander cultures are land, people and spirit, and need to be further clarified.

SUMMARY OF KEY ISSUES

LOOKING BACK...

1. **Diversity** – ‘Culture’ means different things to different people across urban, rural and remote contexts, and we should accept and respect diversity, while identifying and strengthening commonalities.
2. **Acknowledge and address** – We should:
 - a. acknowledge colonisation, divide and rule, racism and the disabling environment in which we live and operate
 - b. address violence, dysfunction and lateral violence, and
 - c. not confuse ‘culture’ with violence or dysfunction.

LOOKING AT OUR FEET...

3. **Respect** – We must use strengths-based language, thinking and planning, and treat each other with respect while we address realities (in safe spaces).
4. **Lack of Practice** – While there are strong Aboriginal and Torres Strait Islander cultures, there is a lack of the **practice** and learning of rites of passage, and the transmission of cultural values and strengths.

LOOKING FORWARD...

5. **Adapt** – There is a need to ‘modernise’ lore and work with communities to re-build resilience and cultural sustainability.
6. **Learn and heal** – The process of learning culture, in and of itself, is healing. Learning culture builds resilience.
7. **Evidence** – We need a stronger evidence base for culture and health, including the role of place and space.
8. **Programs and systems** – There are some program level changes we can research and action now, and there are some system level changes that must be addressed.
9. **Commonalities** – There are commonalities between Aboriginal and Torres Strait Islander peoples about what culture is and how to maintain it – generally, these are land, people and spirit.

Key Actions for Change

This section highlights the program level initiatives that delegates suggested as necessary for clarifying and improving the links between culture and health. Delegates were asked to answer the following two questions, and their answers are listed below.

- What needs to happen?
- How should it happen?

1. Build the evidence base

- Ownership of cultural determinants research and data
- Define what a cultural determinant is (as a category)
- Identify what (positive) cultural determinants are
- Identify how to 'measure' cultural determinants; with which methodologies?
- Map examples of current practice
- What are the facilitators and enablers of culture?
- Longitudinal mixed method (qualitative & quantitative) study – which investigates the links between culture and good health – is culture protective for good health?
- Identify the links between social and cultural determinants of health
- Promote culture – actively promote good practice for culture and health

2. Strengthen languages

- Strengthen and promote languages as a central element of nation building and knowing

3. Strengthen relationships

- Investigate what good relationships are – what do we need to nurture in our families and communities for good relationships?

4. Strengthen cultures and identity

- Actively promote and implement positive cultural interventions. Examples: Cultural immersion camps, respectful reconstruction of the rites of passage, ceremonies, cultural practices
- Strengthening identity is critical to knowing belonging and how to live in two worlds

5. Strengthen place

- Make the invisible/denied visible – acknowledging the layers of history through place names and visibility in institutions (eg hospitals)
- Build cultural spaces, not just cultural keeping places (vulnerable to historicising and exoticising), but living places where people can meet, learn and share cultures

6. Strengthen networks

- Utilise existing networks (eg men's and women's groups/organisations, Aboriginal and Torres Strait Islander community controlled health services) to focus on cultural revival initiatives

- Support and promote a network of ‘champions’/role-models (including who has been nominated for Aboriginal and Torres Strait Islander leadership awards?)

Towards a Research Agenda

Based on the roundtable’s deliberations, the following key items could inform or be included in The Lowitja Institute’s research agenda regarding the cultural determinants of health, and the impacts of culture on health.

1. Owning, managing, interpreting research

- a. How do we ensure ownership and ethical management of cultural determinants research?
- b. What are appropriate measurement tools and techniques?

2. ‘Defining’

- a. The dilemmas of ‘defining’ culture; why principles and parameters are more appropriate (eg using strengths based language).
- b. What are the positive principles/parameters and commonalities of culture that are common across Aboriginal and Torres Strait Islander people? (while acknowledging and celebrating urban, rural, remote diversity).
- c. What is a cultural determinant of health? – clarifying positive/ethical/moral aspects of culture to be promoted versus negative/unethical distortions of culture.

3. Mapping current practice

- a. Map current practice and examples of culture having positive impacts on health outcomes.
- b. Continue to investigate the impacts of racism and disabling political/social environments on health.
- c. Biennial Lowitja Congress – focus and call for papers on cultural determinants.

4. Longitudinal study – a mixed method longitudinal study, and/or series of studies, that investigates if culture is protective for good health, including:

- a. Identifying **positive enabling factors** for good health (eg languages, languages, ceremony, access to culture, family, relationships, bush foods) and their impacts on good health.
- b. The **impact of trauma** and memory on culture and health - how can we acknowledge and heal from trauma without constantly re-living it?
- c. Effects of **learning and practicing culture** on health eg. does the learning and renewal of culture facilitate resilience and healing?
- d. Cultural investments across the **lifespan** – first 1000 days, childhood, adolescence, adulthood, ageing.
- e. Effects of culture on **biological health** (nutrition, brain development).
- f. Effects of culture on **mental/social and emotional wellbeing** (eg, relationships, suicide, violence, networks, social capital).
- g. Effects of culture on **spiritual wellbeing** (eg identity, belonging, ceremony).

- h. Links between the **cultural and social determinants** of health, including the impacts of place and space.
- i. What are the **systems level changes** required to better enable culture having a positive impact on health?
- j. How to **implement culture and health findings in programs and systems** in ethical and culturally safe ways?
- k. How can we ensure **equalised power relations** eg government to government relations and nation-building.

Summary

Delegates had deep and fruitful discussions during the roundtable about extremely important cultural determinants of health issues. In summary, the roundtable's deliberations agreed on the following.

Surviving (looking back...)

- Culture is a strength and it must be 'defined' by us, in all its diversity.
- We cannot confuse culture with the effects of colonization.
- Learning culture is healing and builds resilience.

Reviving (looking at our feet...)

- We must identify the commonalities of culture that endure and serve us well.
- We must strengthen languages, relationships, cultures, identity, place and networks.
- We must build the evidence base by:
 - owning, managing and 'defining' research
 - mapping current practice
 - undertaking a longitudinal and/or series of studies.

Thriving (looking forward...)

- We must learn and practice culture more often (adapt, renew, exchange, revive, promote, celebrate).
- We must advocate and lobby for the systems level changes that will strengthen culture and the cultural determinants of health.