LOWITJA INSTITUTE

Australia's National Institute for Aboriginal and
Torres Strait Islander Health Research

Culture is Key:
Towards cultural determinants-driven health policy

FINAL REPORT

**Prepared by
LOWITJA INSTITUTE**

Sunset
Digital artwork
Jessica Johnson, Nungala Creative

![Lowitja Institute logo]

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Acronyms

AHPRA
Australian Health Practitioner Regulation Agency

APS
Australian Public Service

CDP Roundtable
Lowitja Institute Cultural Determinants Policy Roundtable, Sept. 2020

CRC
Cooperative Research Centre

DoH
Australian Government Department of Health

IAHP
Indigenous Australians' Health Programme

IHRF
Indigenous Health Research Fund

IPAG
Implementation Plan Advisory Group

NACCHO
National Aboriginal Community Controlled Health Organisation

NAHS
National Aboriginal Health Strategy

NATSIHP
National Aboriginal and Torres Strait Islander Health Plan

NHLF
National Health Leadership Forum

NHMRC
National Health and Medical Research Council

NSQHS
National Safety and Quality Health Service Standards

PAR
Participatory Action Research

the Framework
National Strategic Framework for Aboriginal and Torres Strait Islander
Peoples' Mental Health and Social and Emotional Wellbeing 2012–2023

UNDRIP
United Nations Declaration on the Rights of Indigenous Peoples

WHO
World Health Organization

Definitions

People: is used when referring to individuals, families and communities

Peoples: is used when referring to all the Aboriginal and Torres Strait Islander nations

Executive Summary

The Lowitja Institute has a long history of championing the importance of the cultural determinants of health and wellbeing outcomes for Aboriginal and Torres Strait Islander people. This has included the commissioning of landmark pieces of research, the bringing together of key thinkers, and policy advocacy. This report has been developed as a continuation of this work, to look at how the Institute's existing body of work can inform the implementation of the cultural determinants of health in policy.

The cultural determinants are anchored in Aboriginal and Torres Strait Islander ways of knowing, being and doing that encompass a holistic understanding of health and wellbeing. Culture is central to this understanding and shapes the relationship between self to Country, kin, community and spirituality— all of which are key factors of health and wellbeing. They have been advocated for as a culturally centred approach by Aboriginal and Torres Strait Islander health and wellbeing experts for decades, and more recently translated into determinant framework models by Aboriginal and Torres Strait Islander experts and researchers. Recent high level policy frameworks, such as the National Aboriginal and Torres Strait Islander Health Plan (NATSIHP) 2013–2023 and the Social and Emotional Wellbeing model have reflected the voices of Aboriginal and Torres Strait Islander stakeholders and adopted them within their plans. However, much is still to be done on enacting the models into policy directions and processes and the upcoming review of the NATSIHP and the new National Agreement on Closing the Gap offer a unique window of policy opportunity.

Significant to implementing cultural determinant driven policy is the recognition that policy making does not occur in the absence of culture: it is very much informed and shaped by the culture of predominantly non-Indigenous policy makers. A cultural determinants approach must seek to balance this structural inequality by empowering Aboriginal and Torres Strait Islander communities and voices throughout the policy process. Such change requires a bureaucracy that is aware of its own limitations and upholds the importance of Aboriginal and Torres Strait Islander culture.

In our analysis of material on the cultural determinants, we came upon not a singular method or way forward, but a need - across government - for an approach built on a shared understanding, investment and effort into the cultural determinants of Aboriginal

and Torres Strait Islander health and wellbeing. The cultural determinant domains identified by work such as the Mayi Kuwayu study—connection to Country; family, kinship and community; Indigenous beliefs and knowledge; cultural expression and continuity; Indigenous language, and self-determination and leadership—require investment from policy portfolio areas outside the health portfolio and whole-of-government buy-in and action is needed. The systems reform called for by the National Agreement on Closing the Gap includes shared decision making, investment in community control and transforming government organisations. Embedding the cultural determinant domains and associated principles in policy, new processes, updated ways of working, and new knowledge and capabilities would be in keeping with these reforms.

Method

To develop this report a selected body of Lowitja Institute publications were reviewed to look at how they addressed the following key policy questions:

- What are the cultural determinants of health and wellbeing?

- How can they be articulated within Western knowledge systems and applied in health and wellbeing policies, programs and research?

We also developed a Cultural Determinants Discussion Paper to test these themes at a Cultural Determinants Policy Roundtable (CDP Roundtable), held in partnership with the Department of Health in September 2020. The roundtable brought together key policymakers, representatives of the National Aboriginal and Torres Strait Islander Health Plan Implementation Plan Advisory Group (IPAG), and Aboriginal and Torres Strait Islander subject experts. These themes were also tested through separate consultation with the National Health Leadership Forum.
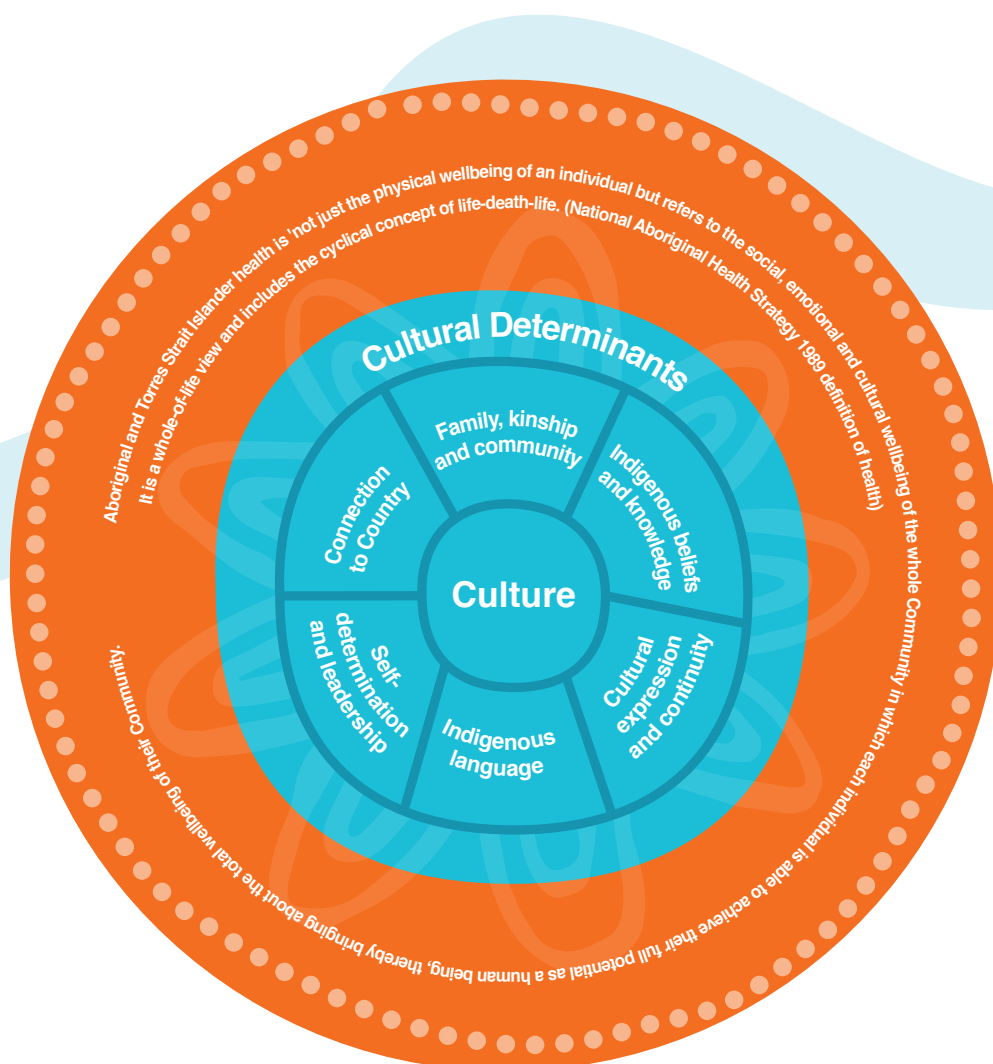

Figure 1:

Cultural determinants domains identified by the Mayi Kuwayu study. Adapted from *We Nurture Our Culture for Our Future, and Our culture Nurtures Us,* Close the Gap Campaign 2020, p.15

Key findings

What are the cultural determinants?

The cultural determinants of health constitute a conceptual framework based on Indigenous knowledge; they are inter-related to social determinants of health and are rights-centred. The determinant domains map the elements that form cultural identity and act as protective factors of health and wellbeing.

Defining the cultural determinants in policy

The Mayi Kuwayu work, led by Indigenous academics, has provided evidence-based domains and indicators that can define the determinants within policy. These definitions and domains are relatable to the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing and the model being developed for the new National Aboriginal and Torres Strait Islander Health Plan.

Shared commitment and collaboration across government

Embedding the cultural determinants into public policy requires a shared commitment from areas outside of health and wellbeing policy portfolio areas. The cultural determinant domains and indicators offer the basis to design a whole of government policy that maps opportunities for collaboration, effort and investment centred around cultural wellbeing. This method must also be matched with approaches, processes and capabilities conducive to the production of culturally centred policy.

Community driven, holistic approaches

Community driven, holistic approaches to health and wellbeing embody the cultural determinants of health and wellbeing. They are generated by empowered localised processes and cultural understandings that cannot be prescribed by national programs or policies. However, there are methods by which governments can support such community driven approaches and address barriers to implementation.

A framework of principles, policy mechanisms and approaches

This includes operating on key principles such as Indigenous leadership, strengths-based approaches, rights-based, and social determinants-driven, the recognition of historical trauma and racism, and the significance of Indigenous cultural identity to health and wellbeing. These principles must be reinforced by policy mechanisms and approaches and strategies for action such as strengths-based community development and empowerment approaches, participatory research and evaluation, and shared decision making.

Recognising the culture of policy making

Policymaking does not occur in the absence of culture: it is very much informed by the culture of predominantly non-Indigenous policymakers. A cultural determinants approach must seek to balance this structural inequality by centring Aboriginal and Torres Strait Islander culture in policy mechanisms and approaches. Such change requires a bureaucracy that is aware of their own cultural limitations and is willing to change the spaces where policy is made, including ceding control to spaces and processes external of government.

Leadership for change

Cultural change is required within the bureaucracy. This will mean new skills, practices and ways of working. Such changes will require leadership that is reflective, innovative, informed and committed. Policymakers to replace bureaucrats must show integrity in their commitment to change both within their own organisations— across portfolios—and in their advice to Ministers.

Framework

APPROACHES

Changing the culture of government policymaking

Deficit-based → Strengths-based

Systemic racism → Cultural safety & anti-racism

Aboriginal and Torres Strait Islander employment → Valuing the cultural strength of the Aboriginal and Torres Strait Islander workforce

Siloed approaches → Systems thinking
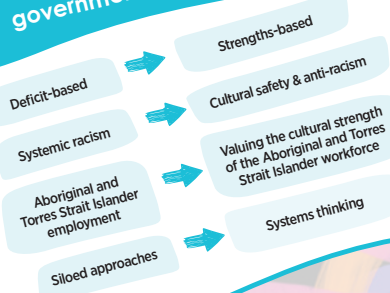
Empowering Indigenous policymaking

Indigenous leadership
- Nation (re)building
- Community control
- Partnership
- Co-design

Funding reform
- investment in social and cultural determinants
- Responsive funding and reporting
- Shared decision making

Knowledge
- Indigenous Data Sovereignty
- Indigenous-led research
- Indigenous centred evaluation
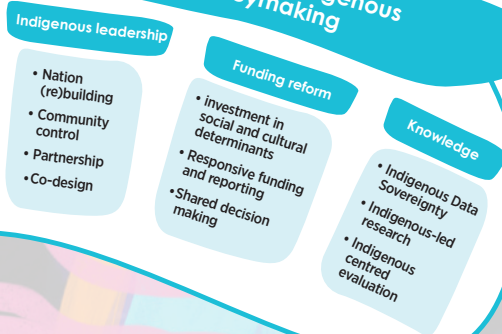
Cultural Determinants / Social Determinants

Community driven health & wellbeing policy

Culture

POLICY INSTRUMENTS

New National Agreement on Closing the Gap

Whole of government policy on cultural investment

Commitment to cultural determinant investment & a health system free of racism in all health and wellbeing policy frameworks

Recommended

National Aboriginal and Torres Strait Islander Health Plan

National Strategic Framework Aboriginal & Torres Strait Islander for Social & Emotional Wellbeing

Existing

PRINCIPLES

United Nations Declaration on the Rights of Indigenous People

Indigenous self-determination and leadership

Strengths-based

Rights-based

Centrality of culture to health and wellbeing

Social determinant driven

Recognition of historical trauma and racism

Calls to Action: Implementing the cultural determinants

1 Develop a whole-of-government Aboriginal and Torres Strait Islander cultures policy that:

- affirms the centrality of culture to Aboriginal and Torres Strait Islander health, wellbeing, and identity

- informs the development of all policies and programs that impact on Aboriginal and Torres Strait Islander peoples

- informs the government's investment in Aboriginal and Torres Strait Islander cultural maintenance and revitalisation projects, initiatives, and activities

- explicitly links and measures its investment in Aboriginal and Torres Strait Islander cultural maintenance and revitalisation projects, initiatives, and activities, to sustained improvements in family/community cohesion and health outcomes.

2 Support for the maintenance and revitalisation of Aboriginal and Torres Strait Islander cultures needs to extend to investment in initiatives that strengthen cultural authority, including traditional community governance and nation building.

3 Implement strategies and actions to support strengths-based approaches to Aboriginal and Torres Strait Islander health policy that include:

a. Building conceptual understanding through information resources and policy guidance.

b. Ensuring that health funding program guidelines are in line with the Reframing Discourse project findings on what works – such as funding that embraces holism, innovation and responsiveness and changes to the way financial reporting is managed and funding relationships operate.

4 Reform the way Aboriginal and Torres Strait Islander health research, funding, evaluation and reporting is undertaken by government to empower community driven policy and decision making through strategies that include:

a. Instigating a formal data partnership between key government organisations (i.e. ABS, AIHW, Department of Health) and Aboriginal and Torres Strait Islander organisations and experts to guide action and reforms in line with Indigenous Data Sovereignty principles, including investigating leading international practices and their application in Australia.

b. Implementing 'Action 6 - Agencies should strengthen and support Aboriginal and Torres Strait Islander people's capability to engage, partner and lead in evaluation' in the Productivity Commission's Indigenous Evaluation Strategy through a focused plan of action.

c. Ensuring that the Priority Reform Actions under the Closing the Gap Agreement, including increased investment in community control, are extended to government research funding bodies and the grant processes that they administer.

d. Investing in the Aboriginal and Torres Strait Islander health research workforce, and the application and development of Indigenous research methodologies, including participatory action research models.

e. Shaping an approach to funding relationships that emphasise partnership and/ or co-design principles, and looks at more flexible and collaborative process tools for grant applications and reporting that embrace Aboriginal and Torres Strait Islander knowledge and cultural expression.

5 Reiterate the NATSIHP vision for a health system free of racism — along with a holistic definition of systemic racism and a commitment to cultural safety — in the development of any future major health plans and/or strategies.

6 Through the new NATSIHIP, affirm a commitment to historical truth telling as an important component of creating a health system free of racism.

7 That the Australian Government enter into a partnership with Aboriginal and Torres Strait Islander stakeholders on the development of a minimum set of standards to guide the Government's investment into cultural safety training, and related capability development.

8 Develop and produce evidence-based partnership and co-design standards and guides to inform practice.

9 Create a body of knowledge on how Systems Thinking methodology and tools can be and are being used to facilitate whole-of-government/whole-of-community approaches to addressing the cultural determinants of health.

10 Invest in the knowledge and capabilities required by the Australian Government to implement the approaches outlined, including valuing the cultural strengths of the Indigenous workforce, and targetting recruitment and capability strategies to build the required skill sets.

Next steps

This work aims to connect policymakers and influencers with existing knowledge and resources on the cultural determinants of health and wellbeing, in order to generate new collaborations, resources and ideas. This has been done by presenting a basis for shared language and understanding of the cultural determinants, and opportunities for action.

A key activity in continuing this work will be the Department of Health working with key stakeholders such as the National Health Leadership Forum (NHLF), IPAG and the Australian Institute for Aboriginal and Torres Strait Islander Studies (AIATSIS), to champion cultural determinants approach in all policies within health portfolio agencies and across portfolios.

Easily implementable mechanisms through which this could be progressed include:

- establishing cross-agency and sectorial communities of practice to share knowledge, generate new thinking and identify opportunities for action based collaboration;

- investing in resources to promote policy knowledge and practice around key approaches outlined in this report such as Indigenous Data Sovereignty, strengths-based practice, and systems thinking. These resources might include:

  – case studies and guides to further explore and inform policy work in key areas;

  – establishing a series of information seminars or workshops to further explore the themes and calls for action identified in this report;

- engaging and activating existing networks to promote understanding of the cultural determinants, including Aboriginal and Torres Strait Islander Australian Public Service (APS) employees and Senior Executive Champions;

- celebrating success stories such as the sustained partnership approach of the Implementation Plan Advisory Group model and shifts in funding models such as the Indigenous Australians' Health Programme (IAHP) that have successfully increased resourcing to the community controlled sector.

Background

For Aboriginal and Torres Strait Islander people, the concept of health has always been understood to be holistic and to encompass mental, physical, cultural, environmental, and spiritual health. This is anchored in ways of knowing and being that have existed and continued for tens of thousands of years, shared through complex kinship systems, and passed down through systems of law, lore, ceremony and song.

However, as was exposed when the emphasis on the social determinants of health emerged in public health policy in the early 2000s, culture as a determinant of health has remained largely unexplored and underutilised (Anderson, Baum & Bentley 2007). Over the last decade, the Lowitja Institute, along with many others, has committed research and other resources to understand how culture as a determinant of health can be utilised to improve health outcomes for Aboriginal and Torres Strait Islander people.

Increasingly, the importance of cultural determinants has come to be realised in key frameworks for health and social and emotional wellbeing policy. Nevertheless, there are still gaps in the shared understanding of what the cultural determinants are, and how they should be implemented within health policy design and delivery.

Policy drivers

Culture as a determinant of health has been expressed to varying degrees within international and Australian policy documents such as:

- the *2007 United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP)* (United Nations 2007);

- the *1989 National Aboriginal Health Strategy*'s definition of health (Australian Government 2013);

- the *National Aboriginal and Torres Strait Islander Health Plan 2013–2023 (NATSIHP) and Implementation Plan* (Australian Government 2013);

- the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017–2023* (Australian Government 2017b);

- *My Life, My Lead: Opportunities for strengthening approaches to the social determinants and cultural determinants of Indigenous health: Report on the national consultations* (Australian Government 2017a).

As the *My Life, My Lead* report notes:

> **a social and cultural determinants approach to health supports the Australian Government's commitment to a range of international treaties and obligations, including our commitments under the 2030 Agenda for Sustainable Development and its 17 Sustainable Development Goals** (Australian Government 2017a).

The *Report Card for the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023* notes that, with reference to the next iteration of the Implementation Plan and the Closing the Gap Refresh, 'the social and cultural determinants of health will be a key feature in efforts to accelerate progress toward Closing the Gap in health outcomes' (Australian Government n.d.).

The new National Agreement on Closing the Gap contains priority reforms that include:

- developing and strengthening structures to ensure the full involvement of Aboriginal and Torres Strait Islander peoples in shared decision making, and

- ensuring all mainstream government agencies and institutions undertake systemic and structural transformation to contribute to Closing the Gap (The Coalition of Aboriginal and Torres Strait Islander Peak Organisations & all Australian Governments 2020).

These are vital opportunities for implementation of the cultural determinants of health.

Defining cultural determinants as a health research and policy concept

For millennia, Aboriginal and Torres Strait Islander people have held a holistic view of health and wellbeing that incorporates the multiple realms of mental, physical, cultural, environmental, and spiritual health and wellbeing.

This understanding has commonly been reflected in contemporary health policy through the 1989 National Aboriginal Health Strategy (NAHS) definition:

> *Aboriginal health' means not just the physical wellbeing of an individual but refers to the social, emotional and cultural wellbeing of the whole Community in which each individual is able to achieve their full potential as a human being, thereby bringing about the total wellbeing of their Community. It is a whole-of-life view and includes the cyclical concept of life-death-life … This is an evolving definition.*
> **(Australian Government 2013)**

While acknowledged as an 'evolving definition', the NAHS description has had a resounding influence, particularly in relation to defining Aboriginal community controlled health and primary health care within a self-determining human rights framework. It continues to be widely applied and referred to as a fundamental definition for understanding culture in health policy, including in many of the documents reviewed for this paper.

Social determinants of health: '*Beyond Bandaids*' and towards culture as a resource for good health

In the mid-2000s the World Health Organization (WHO) Commission on the Social Determinants of Health helped promote broad health policy understanding of the social and economic factors leading to health inequity.

This international policy context was reflected in the work on the social determinants of health done by or for the organisations that preceded or worked under the umbrella of the Lowitja Institute: the Cooperative Research Centre (CRC) for Aboriginal and Tropical Health (CRCATH,1996–2003), the CRC for Aboriginal Health (CRCAH, 2003–09), the CRC for Aboriginal and Torres Strait Islander Health (CRCATSIH, 2010–2019), and the

Lowitja Institute CRC for Aboriginal and Torres Strait Islander Health (Lowitja Institute CRC). The goal of the CRCAH Program of Social Determinants was to improve the performance of health systems with a particular focus on comprehensive primary healthcare systems to maximise health gains for Aboriginal and Torres Strait Islander peoples.

The CRCAH commissioned a series of papers to be presented at a workshop in 2004, later published as the *Beyond Bandaids: Exploring the underlying social determinants of health* monograph (Anderson, Baum & Bentley 2007). While the work still factored understanding of culture within social determinant frameworks, rather than as a stand-alone concept, it articulated its importance and emphasised the need for greater understanding.

The publication recognised the work of the Aboriginal and Torres Strait Islander Social Justice Commissioner, highlighting the 2005 Social Justice Report that emphasised the role of social determinants, but also of land and culture, in the health of Aboriginal and Torres Strait Islander peoples (Anderson, Baum & Bentley 2007 p. XII).

The monograph explained the focus of the CRCAH Social Determinant Agenda as:

> *…funding research that allows the Aboriginal voice to present the complex intersections of social determinants that affect all populations (i.e. education, housing, employment… etc.) and those that affect Aboriginal people in particular (culture, a special relationship to land, a history of dispossession, and unique forms of social organisation).* **(p.XIII)**

In particular, Bond and Brough (2007, chapter 14) focused on how the concept is applied to health research and practice, while Morrissey, Pe-Pua, Brown et al. (2007, chapter 15) argued that a deeper understanding of culture is required to complement social determinant health responses within Aboriginal health contexts.

Whilst the text did not seek, or offer, definitive findings or language around cultural determinants, Bond and Brough (2007) did highlight the importance of culture to good health:

Understandings of Aboriginal and Torres Strait Islander people, culture and health require an approach that acknowledges the fluidity, diversity, strength and vitality of Indigenous culture. Such an approach demands imaginings of Indigenous culture that extend beyond the stereotypical images of the 'traditional', the 'dysfunctional' and the 'pathogenic'. **(p.235)**

Rights-based approach to health

The adoption in 2007 of the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) was the culmination of years of work by Indigenous delegates to the United Nations. As the social determinants of health have a relationship to a human rights-based approach to health, or the rights of citizens to good health, proponents of cultural determinants have extended this approach to the understanding of health based in Indigenous rights, as described in the UNDRIP.

At the 2013 National Aboriginal Community Controlled Health Organisation (NACCHO) Summit, Professor Ngiare Brown stated:

> *Consistent with the thematic approach to the Articles of the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), cultural determinants include, but are not limited to:*
> - *Self-determination;*
> - *Freedom from discrimination;*
> - *Individual and collective rights;*
> - *Freedom from assimilation and destruction of culture;*
> - *Protection from removal/ relocation;*
> - *Connection to, custodianship, and utilisation of country and traditional lands;*
> - *Reclamation, revitalisation, preservation and promotion of language and cultural practices;*
> - *Protection and promotion of Traditional Knowledge and Indigenous Intellectual Property; and*
> - *Understanding of lore, law and traditional roles and responsibilities.'*
> **(Sweet 2013)**

In '…*Country Can't Hear English*…' (2020), Professor Kerry Arabena emphasises that cultural determinants sit within a human rights-based approach to health under the UNDRIP, which articulates the rights of Indigenous peoples to live a cultural life underpinned by good health and wellbeing, self-determination and leadership.

Developing an evidence base

Through much of the work outlined above and other policies and platforms, the centrality of culture in a holistic approach to health became common in discussions of Aboriginal and Torres Strait Islander understandings of health. Through those discussions and work, the cultural determinants of health and wellbeing emerged as a separate concept without, however, a commonly accepted definition or understanding of 'culture'.

It became a priority of the Lowitja Institute, therefore, to extend the work of the Beyond Bandaids monograph, and other research on the social determinants, to facilitate the development of a broadly understood definition of culture in this context that could extend the application and use of cultural determinants in health policy, and the application of culture as a public health resource.

To that end, the Institute hosted a Cultural Determinants Roundtable in 2014, explaining in the background paper:

> *Although we don't have a definition of cultural determinants, we have a sense of those aspects of culture which foster resilience, that are protective of health, and that contribute to our identity and unique place within the Australian polity. Enabling, protective and healing aspects of culture can include, but are not limited to, identity, traditional cultural practice, connection to land and nature, language, healing, spirituality, empowerment, ancestry and belonging, Indigenous knowledge, men's health/ women's health, and more.* **(Lowitja Institute 2014 p.3)**

Building the evidence base for the understanding of cultural determinants was a key suggestion of the 2014 roundtable. This recommendation included the need for a definition of what a positive cultural determinant is, as a concept, and identifying the links between culture and good health and how to measure those links. Since the roundtable there have been promising studies initiated further exploring the quantitative links between cultural connection and practice and health and wellbeing.

Mayi Kuwayu Study – Defining The Indefinable

Mayi Kuwayu, the national study of Aboriginal and Torres Strait Islander wellbeing is a longitudinal study exploring the connection of wellbeing to country, cultural practices, spirituality and language use. It has been created by, and for Aboriginal and Torres Strait Islander people and operates under strict ethical, community focused research standards to provide the first community derived measures of culture and quantitative evidence on the relationship between culture and wellbeing for Aboriginal and Torres Strait Islander peoples.

It is driven by the recognition that, despite culture being recognised as a critical determinant of health by communities, organisations and policymakers, the inter-relationships between health, wellbeing and culture remained under-researched. The work is generating evidence on how Aboriginal and Torres Strait Islander wellbeing is linked to connection to country, cultural practices, spirituality and language use. This study has been created for, and by, Aboriginal and Torres Strait Islander people and is governed through principles of Indigenous Data Sovereignty.

One of Mayi Kuwayu's early reports, Defining the Indefinable, is the first known literature review on the cultural determinants of Aboriginal and Torres Strait Islander health. It was undertaken as part of the preliminary work for the longitudinal study. The aim 'was not to be prescriptive in defining culture, but to let the literature define those cultural elements considered important and distinct for Indigenous peoples' (Salmon, Doery, Dance et al. 2019 p. 1).

The review sought to contribute to Indigenous knowledges and to the incorporation of Indigenous knowledges within Western epistemological frames. It identified from the literature frequently described cultural factors seen as enabling or related to producing good health and wellbeing. Based on the review, the report established six broad cultural domains or themes, along with a number of sub-domains or indicators. These themes were:

- connection to country;
- Indigenous beliefs and knowledge;
- Indigenous language;
- family, kinship and community;
- cultural expression and continuity;
- self-determination and leadership;.

The review enabled identification of quantitative cultural measures that did not currently exist so the research team could identify new areas for data development. It also assisted in modification of existing measures for inclusion in the longitudinal study that began data collection in October 2018.

The study is designed to inform policies and programs and their potential for this work to be used as an evidence base for new and existing policies and programs and drive change towards a culturally-centred approach under frameworks such as the National Aboriginal and Torres Strait Islander Health Plan and the new Closing the Gap Agreement.

Domains and sub domains for describing culture specific to Aboriginal and Torres Strait Islander peoples in Australia as identified in the Mayi Kuwayu literature review

The six domains are:

Connection to Country

SUB-DOMAINS

spiritual connection

health and traditional foods

living on Country

land rights and autonomy

caring for Country

"Our country is like our garden – we need to look after it. There are trees, birds, waterways, fish, mammals and reptiles, and they are all important. We keep country healthy and country keeps us healthy."

Dhimurru Senior Ranger Fiona Yupunu Marika

Family, kinship and community

SUB-DOMAINS

family and kinship

community

"A child is a gift to the family—that is to the entire kinship network: he or she is the living evidence that the culture is alive and surviving."[21]

Indigenous beliefs and knowledge

SUB-DOMAINS

spiritual and religious beliefs

traditional knowledge

traditional healing

knowledge transmission and continuity

"Culture is central to identity since it "defines who we are, how we think, how we communicate, what we value and what is important to us."

Steve Larkins[22]

Cultural expression and continuity

SUB-DOMAINS

identity

cultural practices

art and music

"Having your own voice is very powerful and healing… [M]usic was great therapy for me – it still is. It gave me a way to express myself…"

Archie Roach AM[23]

Indigenous language

SUB-DOMAINS

impacts of language on health

language revitalisation

Aboriginal and Torres Strait Islander language education

"The research shows that knowledge of language helps Aboriginal and Torres Strait Islander people strengthen their cultural identity, integral to health and wellbeing and by extension, the health and wellbeing of society as a whole."

Craig Ritchie, CEO AIATSIS[24]

Self-determination and leadership

SUB-DOMAINS

cultural safety

self-determination and wellbeing

leadership.

"We need to own our own risk and that any dramatic shift and change in our circumstances for the better of our children and families can only come from our own determination, our discipline, commitment and leadership, at an individual and collective level, in driving the change required."

Peter Yu, CEO Nyamba Buru Yawuru[25]

Figure 2:
Domains and sub domains for describing culture specific to Aboriginal and Torres Strait Islander peoples in Australia as identified in the Mayi Kuwayu literature review. From *We Nurture Our Culture for Our Future, and Our culture Nurtures Us,* Close the Gap Campaign 2020, p.1

Lowitja Institute Cultural Determinants Policy Roundtable

As part of the project described in this report, the Lowitja Institute hosted a roundtable with the Department of Health in September 2020 (CDP Roundtable). Some 30 participants attended including representatives from the NATSIHP Implementation Plan Advisory Group, key representatives of government agencies, and Aboriginal and Torres Strait Islander subject matter experts.

An early iteration of this report was developed as a discussion paper to inform the CDP Roundtable (Lowitja Institute 2020). This discussion paper reported initial findings and emerging themes from the review of Lowitja Institute publications including that:

- current work led by Indigenous academics has articulated evidence-based conceptual frameworks to define the domains of the cultural determinants of health;

- community driven, holistic approaches to health and wellbeing embody cultural determinant driven approaches. Such approaches are based in localised and cultural understandings and may not necessarily be replicated nationally;

- cultural determinants-driven approaches operate on key principles such as Indigenous leadership, are strengths-based and rights-based, are related to social determinants frameworks, and recognise historical trauma and racism, as well as the significance of Indigenous cultural identity to health and wellbeing;

- cultural change is required within government and this will mean new skills, practices and ways of working. If there is to be success, such changes will require leadership that is reflective, innovative, informed and committed.

Discussion topics and themes that emerged from the CDP Roundtable included:

- policy making is a cultural endeavour that occurs in a (non-Indigenous) cultural space. This involves an inherent and unequal power dynamic and needs to be understood and acknowledged as a barrier to successful implementation of culturally determined approaches;

- systems thinking and systems reform offer the opportunity to harness these towards a culture in all policy approach;

- self-determination and nation building are important concepts tied to culturally centred or cultural determinants-driven approaches. These must be upheld by and respected by governments;

- Aboriginal and Torres Strait Islander leadership and the need for partnership to be ongoing if it is to be meaningful—meaningful relationships must be centred around more than an initiative;

- data and research, and the need for new approaches that embrace concepts of Indigenous Data Sovereignty and Participatory Action Research (PAR).

Cultural Determinants in Policy Frameworks

The *1989 National Aboriginal Health Strategy* (NAHS) was a landmark document in Aboriginal and Torres Strait Islander health policy. The culturally centred definition of health, and the principles such as engagement with Aboriginal and Torres Strait Islander people, that underpin the strategy are still relevant and evident in policy today. Several are briefly profiled here.

National Aboriginal and Torres Strait Islander Health Plan 2013–2023 (NATSIHP)

Developed in partnership with peak Aboriginal and Torres Strait Islander health organisations, the NATSIHP (Australian Government 2013) was shaped on the platform of the Close the Gap Statement of Intent and was part of the Australian Government's 2008 policy commitment known as Closing the Gap. Two of the original Closing the Gap targets —closing the life expectancy gap by 2031 and halving the gap in child mortality by 2018 — were based on health outcomes.

The NATSIHP described itself as building on the UNDRIP, adopting a strengths-based approach and emphasising the centrality of culture to Aboriginal and Torres Strait Islander people (Australian Government 2013 p.4). The NATSIHP has culture at its centre, declaring that 'Aboriginal and Torres Strait Islander peoples have the right to live a healthy, safe and empowered life with a healthy strong connection to culture and country' (p.7).

However, despite this stated centrality, the committed actions on social and cultural determinants in the NATSIHP Implementation Plan defer to program activities undertaken in the Indigenous Advancement Strategy. The implementation of the NATSIHP has been criticised by Indigenous scholars as largely silent on culture and its significance (Parter, Wilson and Hartsz 2018).

The next iteration of the NATSIHP is currently under development and its draft framework has incorporated a definition of the cultural determinant domains that aligns with the Mayi Kuwayu framework. It also identifies a number of thematic areas of aspiration that relate to the discussion in this paper such as holistic health and wellbeing, genuine shared partnership and decision making, community-led and nation building approaches and addressing racism.

National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017–2023

The *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2012–2023* (the Framework) shapes a series of mental health and wellbeing reforms that are also tied to the vision and commitments of the NATSIHP and Closing the Gap health targets (Australian Government 2017b). It articulates a culturally centred understanding and approach, including:

- self-determination at the heart of the provision of health services for Aboriginal and Torres Strait Islander people;

- the role of land as central to wellbeing for Aboriginal and Torres Strait Islander peoples, and

- the negative impact of colonisation, resulting in inter-generational trauma, on health and wellbeing.

The Framework is built on nine guiding principles that have been drawn from early key social and emotional wellbeing policy pieces (Swan & Raphael 1995) and further emphasise this holistic view. They include the need to support self-determination, culturally valid and holistic understandings of health, and the need for recognition and respect of human rights.

They also recognise the impact of trauma, grief, loss and discrimination on the social and emotional wellbeing of Aboriginal and Torres Strait Islander communities.

The Model of Social and Emotional Wellbeing that is applied in the Framework highlights not only the positive or protective elements of culture across seven domains, but also the interplay of historical, political and social determinants (Australian Government 2017b).

Figure 3:

Model of Social and Emotional Wellbeing cited in the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017*, Australian Government, Canberra. © Gee, Dudgeon, Schultz, Hart and Kelly, 2013

My Life My Lead, Opportunities for strengthening approaches to the social determinants and cultural determinants of Indigenous health – Report on the national consultations

In 2017, the Australian Government Department of Health (DoH), in conjunction with IPAG, conducted a series of consultations to inform the (then planned) second iteration of the NATSIHP Implementation Plan.

The report on those consultations identified seven priority areas, with the first being **culture at the centre of change.** To achieve real change, it outlined as 'next steps' the need for a strategic approach that was informed and underpinned by the following principles:

- Strong connections to culture and family are vital for good health and wellbeing.

- The best results are achieved through genuine partnerships with communities.

- The impact of trauma on poor health outcomes cannot be ignored.

- Systemic racism and a lack of cultural capability and cultural safety remain barriers to system access and prosperity. (Australian Government 2017a)

National Agreement on Closing the Gap

The new National Agreement on Closing the Gap was developed and launched in July 2020 to replace the 2008 National Indigenous Reform Agreement. It has been lauded as an historic and new way of working, having been developed — in partnership — by all Australian governments and the Coalition of Peaks, representing more than 50 Aboriginal and Torres Strait Islander organisations.

The Agreement sets out four priority reform areas:

- Formal partnerships and shared decision making.

- Building the Community Controlled Sector.

- Transforming government organisations.

- Shared access to data and information at a regional level.

Section 5 of the Agreement, **Prioritising Aboriginal and Torres Strait Islander Cultures**, acknowledges that 'strong Aboriginal and Torres Strait Islander cultures are fundamental to improved life outcomes for Aboriginal and Torres Strait Islander people' (p. 4). The Agreement commits to 16 targets, several of which relate to cultural wellbeing, including languages, lands and waters, and access to culturally relevant communications (The Coalition of Aboriginal and Torres Strait Islander Peak Organisations & all Australian Governments 2020).

Embedding the Cultural Determinants

Culture is more than practices (dance, art, song)… it is a framework of ideas, truths, norms, values. It is about 'what matters'. It is how people make sense of life and the world. **(Craig Ritchie, CEO, AIATSIS, CDP Roundtable)**

A collective approach – Culture in all policy

Culture is central to Aboriginal and Torres Strait Islander identities, it is a pathway to healing and wellbeing, and is well established in the philosophy of, and advocacy by, Aboriginal and Torres Strait Islander people. Independent of these calls the knowledges and practices attached to a culture that has survived for more than 65,000 years – and the manner by which the many important elements such as languages, ecological knowledges and social structures are supported and celebrated in the present – should warrant major consideration in national policy.

Cultural determinants have been increasingly articulated and recognised in health and wellbeing policy frameworks, but implementation will be reliant on whole of government buy-in and action.

The need for governments to shift towards a more connected model of working — reflective of the holistic and interconnected requirements of Aboriginal and Torres Strait Islander communities — has formed part of key policy directives in Indigenous affairs for close to two decades. On the matter of whole-of-government approaches and social determinant strategies, Beyond Bandaids argued that:

> *The assumption underpinning these [whole of government] reforms is that improved administrative and policy coordination will enhance access and uptake of government services, which would in turn drive improved outcomes. The extent to which the design of programs in other sectors may impact negatively on Indigenous health (or fail to maximise health outcomes) is not central to these reforms.* **(p.282)**

The new National Agreement on Closing the Gap has again recognised this need for systems reform if the structural inequality faced by Aboriginal and Torres Strait Islander people is to be overcome. Underpinning all Aboriginal and Torres Strait Islander policy and programs (and policy and program driven collaborations) with a cultural determinant model puts an Indigenous driven concept model at the centre of policy design and could be one way to encourage the innovation required.

Cultural determinants-driven collaboration and investment

> *Government has culture and language programs but does not address culture across the health, education, and employment systems. This is a very siloed approach and reflects how government thinks about culture.*
> **(Participant, CDP Roundtable)**

One of the discussion themes that emerged at the CDP Roundtable was the structural inequality created by the invisibility of Indigenous culture from policy contexts, or as a participant articulated 'policy making is not absent of culture—it happens within a cultural space—just not an Aboriginal and Torres Strait Islander cultural space'. Policy cognisant of Indigenous culture/s has tended to be underfunded, fragmented and approached as a largely aesthetic or historic endeavour—rather than as a foundation of social, economic and ecological connection. Enacting the commitments by government for reform to Indigenous affairs under the New Agreement on Closing the Gap offers an opportunity to enact the cultural determinants to galvanise effort and direct changes to approaches across government portfolios.

A whole-of-government Aboriginal and Torres Strait Islander culture policy could be one way to reflect the significance of culture and provide a shared pathway for the development of policies and programs across portfolios.

Health, wellbeing and connection to Country

In early 2020 the annual Close the Gap Campaign Report (Lowitja Institute 2020) highlighted the growing existential threats to Aboriginal and Torres Strait Islander communities dealing with climate change. This included rising sea levels, ongoing drought, floods, bushfires and extreme heatwaves.

Environmental health, including housing and food security, is a large issue in the disparity of health outcomes for Aboriginal and Torres Strait Islander people. It was identified as a priority in the *My Life My Lead* consultations (Australian Government 2017a) and is again being highlighted by the current global COVID-19 pandemic.

Climate change is making matters of environment health increasingly critical and complex with rising heat, water shortages, severe storms and natural disasters creating emerging considerations. Added to this is the trauma caused by loss of connection to country through environmental degradation. Sacred sites, animals and landscapes are intertwined with self for many Aboriginal and Torres Strait Islander people, and their loss through severe weather patterns and natural disasters can compound pre-existing trauma caused by historical dispossession.

In response to these threats, the Close the Gap report discussed the health, social and emotional wellbeing benefits of programs that build on connection to Country, with examples such as Caring for Country, food security initiatives (including bush foods) and the establishment of communities of practice to address the impacts of climate change. Such initiatives have clear connections to not only health outcomes, but also employment, environment, wellbeing, science and culture.

By shifting the foundation of analysis to the domain of connection to Country we may inform comprehensive mapping of risk factors to improving health outcomes, but also opportunities for improved solutions and the connection of outcomes across multiple portfolio areas including health and wellbeing, environment, water, science and culture and the arts.

The Mayi Kuwayu domains offer a cultural determinants model that could be built upon to shape sustained investment in Aboriginal and Torres Strait Islander cultural maintenance and revitalisation projects, initiatives, and activities. Such an approach would require development of new initiatives and collaborations, but could also look at building on existing work such as the AIATSIS National Indigenous Languages Report to direct targeted investment and opportunities for cultural leverage across portfolio programs. The strategy should create links and develop measures to understand how investments in culture relate to outcomes in areas such as family/community cohesion, education, employment and health outcomes.

This approach would be consistent with programs that support connectedness through arts, languages, culture, music and broadcasting which have been shown to improve outcomes across the social determinants of health (Australian Government 2017a). Similarly, there has been a history of government investment in sports programs as an education, health, wellbeing and safety intervention for Aboriginal and Torres Strait Islander people (Ware & Meredith 2013). There is a growing body of evidence on the health and wellbeing benefits of caring for Country and ranger programs that reaffirm connection to Country and associated cultural practices. However, transforming such approaches into significant outcomes requires capacity to progress from piecemeal partnerships or initiatives to a sustained strategy for cultural determinants-driven reform that is based in a common understanding, shared approaches, collaboration (both across government and with Indigenous bodies) and accountability.

Culture is core to our identity - it needs to have primacy in every aspect of policy, engagement and decision making by government and third-party providers. (Participant, CDP Roundtable)

Racism, cultural safety and truth-telling

[A] powerful characteristic of cultural safety is that it asks people to step into their responsibility and to be agents for change in systems – Aboriginal & Torres Strait Islander people cannot do this alone. Dr Janine Mohamed, CEO, Lowitja Institute

Discussion at the CDP Roundtable noted that while culture was a protective factor against racism, racism also acted as a barrier to implementation of the cultural determinants. With respect to this interplay, earlier work on cultural determinants describes racism as a negative cultural determinant. However, more widely accepted domain descriptions focus on the positive or protective aspects of Aboriginal and Torres Strait Islander cultures, while recognising the profound negative impact of racism and other cultural traumas.

The acknowledgement or articulation of the role of racism in inequality through policy is a relatively new mechanism. A number of concepts and terms are being used in policy and research — such as systemic bias, racial/ethnic bias, racism, racial prejudice, discrimination, institutional racism, white privilege, unconscious bias, implicit bias, cultural safety, cultural competence and cultural respect. While this signals that awareness of the impact of racism on health care and health outcomes is growing in the health system, how racism is defined and how these concepts are applied is critical.

Bond, Macoun, Singh et al. (2019) caution that it is critical for key policy documents to articulate racism within a broader context of historic and contemporary colonial discriminatory practices, as well as acts of interpersonal racism, otherwise racism is reduced to being implicitly understood as a question of individual prejudice or attitude. This is a critique that is applied to the NATSIHP definition of systemic racism as 'Failure of the health system to provide an appropriate and professional service to people because of their colour, culture or ethnic origin' (Australian Government 2013). However, it is worth noting that, within the larger document, NATSIHP does draw a broader context of racism that recognises there are 'numerous pathways from racism to ill-health, with discrimination linked to poor self-assessed health, psychological distress, depression and anxiety and risky behaviours' (p.15) and that the historical

trauma and disadvantages that interplay with this are profound. This offers a more holistic understanding of racism.

As part of the new approach outlined in the 2020 Closing the Gap Agreement, 'identifying and eliminating racism' and 'embed[ing] and practice[ing] cultural safety', are outlined as 'transformational elements'. While both the NATSIHP and 2020 Closing the Gap Agreement have made important steps in recognising racism's causal relationship to inequality within Australian policy frameworks, there is still much work to be done on adequately implementing such recognition through shared understanding, actions and measures.

Embedding cultural safety into health practitioner regulations administered by Australian Health and Practitioner Regulation Agency (AHPRA) and the cultural safety reforms in the 2nd edition of the National Safety and Quality Health Service Standards (NSQHS) have been major policy interventions to prevent racism in health service settings nationally (Australian Commissioner on Safety and Quality n.d.). Similarly, the AIHW Cultural Safety Monitoring Framework established under the NATSIHP implementation plan has offered initial indicators to monitor change, or the lack thereof, in the experiences of Aboriginal and Torres Strait Islander people in the health system (Australian Institute of Health and Welfare 2019). While the AIHW Cultural Safety Monitoring Framework represents the beginning of work monitoring change, AIHW identify the limited data on cultural safety from a patient perspective. Emerging work from academics such as Elvidge (2020) may begin to address this knowledge gap.

A recent review of the Lowitja Institute work by Stacey and Gollan (2020) described a culturally safe environment as one that is created when:

> *Aboriginal and/or Torres Strait Islander people's experiences are believed and validated; their cultures are centred and valued in policy development, research, evaluation and service design and delivery; they feel welcomed and respected in policy, research, evaluation and service environments; and they do not experience any form of racism in policy, research, evaluation and service contexts or processes.* (p. 4)

AHPRA's Cultural Safety definition notes, with respect to health workforce standards, that ensuring culturally safe and respectful practice requires that health practitioners acknowledge (amongst other things) 'colonisation and systemic racism, social, cultural, behavioural and economic factors which impact individual and community health' (AHPRA 2020).

Within such context the role of truth telling, as both bringing to light historical traumas and identifying the ways that they continue to manifest in contemporary relationships, policies and institutions, must be understood as significant. The importance of historical trauma to understanding and addressing contemporary racism was echoed in the *My Life My Lead* consultations which reported a common feedback theme as

> *…in order to change how governments work with Aboriginal and Torres Strait Islander people and communities to support healthy living and strong communities, there needs to be an acknowledgement of the continued impact of trauma and genuine steps taken to address trauma as an underlying cause of poor health.*
> **(Australian Government 2017a p.20)**

Contemporarily, the *Uluru Statement of the Heart* (2017) and its calls for Voice, Treaty and Truth have highlighted the importance of truth telling for Aboriginal and Torres Strait Islander people – sentiments that have been expressed in the Black Lives Matter movement internationally. Calls for the understanding and situating of historical injustices and denial of rights within health and wellbeing research and policy have been longstanding. The *Bringing them Home* Report (Commonwealth of Australia 1997), which documented harms done to the Stolen Generations, is regarded as one of the most significant works on the impact of colonialism and racist policies on Aboriginal and Torres Strait Islander health and wellbeing. This work of truth telling has continued to create important knowledge—and policy resources—on the impacts of separation from culture, including intergenerational trauma, and policy responses such as trauma and culturally informed health care and whole-of-life or life-course approaches.

The Reframing Discourse project (2018) provides material for further consideration on the role of policy discourse in systemic racism. For example, it points out that discourse is more than 'just language'; rather, it plays a fundamental role in resource and power inequities. Deficit discourse has real-world outcomes for identity formation, educational attainment, health and wellbeing and contributes to forms of external and internalised racism. Rejecting deficit discourse is not about pretending that Aboriginal and Torres Strait Islander people face no challenges, rather it is about challenging reductionist understandings of Aboriginal and Torres Strait Islander people that entrench identity in language of failure and dysfunction, rather than narratives of strength and diversity.

Strengths-based approaches

Cultural determinants originate from and promote a strength-based perspective, acknowledging that stronger connections to culture and Country build stronger individual and collective identities, a sense of self-esteem, resilience, and improved outcomes across the other determinants of health including education, economic stability and community safety. (Brown 2001)

For many years, Aboriginal and Torres Strait Islander peoples have spoken against their portrayal through a deficit lens within dominant policy dialogue, with criticism of approaches such as that of the Northern Territory Intervention as being based on a deficit approach. The Reframing Discourse in Aboriginal and Torres Strait Islander Health and Wellbeing project (2018) explored this deficit discourse and its impact on health and wellbeing for Aboriginal and Torres Strait Islander people. The project produced three publications that outlined the negative impact of deficit discourse in Indigenous health policy as well as best practice in shifting that discourse, and suggested strengths-based, bottom-up approaches to delivering culturally centred health and wellbeing programs and services. *The Deficit Discourse and Strengths-based Approaches: Changing the Narrative of Aboriginal and Torres Strait Islander Health and Wellbeing report by* Fogarty, Lovell, Langenberg et al. (2018) documented 11 strengths-based approaches that included:

- asset-based – approaches that utilise existing positive attributes, characteristics and resources;

- holistic – approaches that privilege Indigenous ways of knowing and being;

- social determinants of health and ecological theories – approaches that recognise structural factors or conditions that influence health and wellbeing;

- protective factors – non-physical and non-medical elements that counteract or mitigate the effects of adversity;

- empowerment – focuses on self-determination and abilities rather than limiting factors such as poor physical health. (p.15)

Strengths-based approaches have been associated with culturally centred and holistic health and wellbeing policy and the NATSIHP describes itself as being based in a strengths based approach. The process of updating NATSIHP provides an opportunity to progress this commitment into strategies and actions. These should address barriers to strengths-based models as outlined in the Reframing Discourse project. For example:

- an often broad, weak or ill-defined conceptual base for research, policy and program design;

- tendency to 'pay lip service' to strengths-based ideas and concepts;

- a lack of evaluation information, including strong qualitative evaluation design, and evaluation of impact on changes to the discourse itself and, in turn, health outcomes.

More broadly, strengths based approaches require us to rethink the how, why and where of policy making as raised at the CDP Roundtable:

[one] fundamental issue with policy making and implementation is that it focuses on problems. i.e. What is the problem and how do we fix it?... and on the assumption that policy making only occurs within government. (Assoc. Professor Ray Lovett, CDP Roundtable)

Research, evaluation and reporting

The need for research, evaluation and reporting practices that encompass the complexities of Aboriginal and Torres Strait Islander cultures, language, history and intersubjectivity within a background of social and power inequity has been identified for some time (Anderson, Baum, & Bentley 2007 p.148). The Lowitja Institute's work, and that of the CRCs, is premised on the need to shift the research paradigm from research **on** or **about** Aboriginal and Torres Strait Islander peoples to research **for** and **by** Aboriginal and Torres Strait Islander peoples. There has been significant progress in developing research agendas that centre the aspirations and priorities of Aboriginal and Torres Strait Islander peoples and organisations. This culminated in the transition of the Lowitja Institute to a community controlled organisation in 2020 and the adoption of a new research commissioning process that recognises the integration of Western research knowledge systems and First Nations knowledge systems, with emphasis on **knowledge translation to research impact for empowerment**, as vital to improving the health and wellbeing of Aboriginal and Torres Strait Islander people.

Whilst this work has resulted in a shift of resources to Aboriginal and Torres Strait Islander researchers and organisations, and investment in health research as a mechanism for cultural prosperity and empowerment, there is still further work to be done to shift the way research is done in broader research settings.

Indigenous Data Sovereignty

Similar to the changes over the last two decades in how research is done, there is an emerging and urgent need to address how data is collected, and used in ways that shift ownership and control for the benefit of Aboriginal and Torres Strait Islander peoples. Professor Maggie Walter has described the paradox of Indigenous data where there is an oversupply of deficit-based socio-economic statistics on Aboriginal and Torres Strait Islander peoples, but no data on development needs or 'the embodied experience of the social, political, historical and cultural realities of Aboriginal and Torres Strait Islander people's lives as Indigenous people' (Walter 2018).

While existing data can be used to hold governments to account, this oversupply of deficit based socio-economic data can create a discourse that sees Aboriginal and Torres Strait Islander people as a 'problem to be dealt with' or as wholly responsible for inequities. To help counter this risk, Walter proposes Aboriginal and Torres Strait Islander peoples require data that:

> *...are meaningful and useful, informing a comprehensive, nuanced narrative of who we are as peoples, of our culture, our communities, our resilience, goals and successes; recognise cultural and geographical diversity and can provide evidence for community-level planning and service delivery; can be contextualised to include the wider social structural complexities in which Indigenous disadvantage occurs; measure priorities and agendas, not just problems; and to be accessible and useable.*
> (p. 9)

There is also a growing movement of communities looking to develop their own health and wellbeing indicators—for example, the Yawuru Wellbeing Project (Yap & Yu 2016)—or to use existing data in ways that empower local and regional community based decision making such as the Torres Strait Islander Researcher's Community of Practice Meriba buay - ngalpan wakaythoemamay project (2019) and the work of the Mayi Kuwayu Study with Gurriny Yealamucka Health Service in Yarrabah to develop a population level data strategy. Priority reform four (shared access to data and information at a regional level) in the new National Closing the Gap agreement also focuses on regional data development and is an opportunity to further expand on this work.

Indigenous Data Sovereignty is a means to meeting these concerns and aspirations. It refers to Aboriginal and Torres Strait Islander people's rights to govern and own their own data, including its creation, collection and use. It includes the need to ensure Aboriginal and Torres Strait Islander peoples inform when, how and why data is gathered, and for data to reflect their priorities, values, culture, life worlds and diversity (Walter 2018).

Within the context of the Closing the Gap Priority Reforms (to invest in community control and regional data development) and calls for greater Indigenous Data Sovereignty, there is growing demand to change how Indigenous health research investment occurs. Whilst under initiatives such as the Indigenous Health Research Fund (IHRF), and NHMRC funding schemes more broadly, there are large resources directed towards Indigenous health, only a small proportion is directed through Indigenous community controlled organisations or Aboriginal and/or Torres Strait Islander researchers. For example, of the 546 NHMRC projects that investigated Aboriginal and Torres Strait Islander peoples' health issues between 2010–2016, only 50 (or less than 10 per cent) were led by Aboriginal and/ or Torres Strait Islander researchers (Deloitte Access Economics 2020 p.IV). A more equitable distribution model is required if communities are to develop the capacity to drive the knowledge creation and translation processes needed to inform localised decision making.

At the federal level, such priorities also require changes to the way that Indigenous health data sets are created and managed. The development of formal relationships between Aboriginal and Torres Strait Islander peoples and official statistical agencies like the Australian Bureau of Statistics and Australian Institute of Health and Welfare—similar to work occurring in Aotearoa/New Zealand—is one way this change can be progressed.

Funding, evaluation and measurement

How do we hold onto our model of care and push back and say, "No you mob have got to go and sort your stuff out and then come back to us"? (Bulloch, Fogarty & Bellchambers 2019 p.54)

More work is required to develop appropriate methodologies and practices for evaluating programs and policies that understand and address the social and cultural determinants of health, and the role of community driven processes in their delivery.

Delivering quantifiable outcomes from programs that seek to centre culture through community driven approaches is likely to take time because they focus on building strong foundations for change early on. This approach to program development and implementation therefore requires specific evaluation methods to measure or identify promising early changes through, for example, well-designed, community driven formative or process evaluations. In particular, participatory action research has been described as a useful methodology for implementation and evaluation, which could be used to evaluate programs that seek to support the cultural determinants of health (Anderson, Baum & Bentley 2007).

Promising work to support evaluation and the cultural determinants of health is currently being undertaken through the Productivity Commission's Indigenous Evaluation Strategy, which centres on the knowledges, perspectives and priorities of Aboriginal and Torres Strait Islander peoples.

An important finding of the *Reframing Discourse research project* (2018) was that community driven, holistic and person-centred, or culturally-led approaches — key to delivering better services for Aboriginal and Torres Strait Islander peoples — are often constrained by restrictive, metrics-focused government funding and reporting regimes that do not necessarily recognise the community engagement and development work done by services (Bulloch, Fogarty & Bellchambers 2019 pp.1-6). An example is the First Response Project (2019) which highlighted that the prolonged effort of establishing relationships with other service providers — a component of the success of ACCHOs in providing holistic and trauma informed services —was not necessarily recognised under key performance frameworks.

The Reframing Discourse project (Bulloch, Fogarty & Bellchambers 2019) made specific recommendations based on their research into ways that community driven holistic services could be better supported through government funding. These included:

- Funding that embraces holism, innovation and responsiveness through specific funding streams that allow local organisations to define and respond to holistic health and wellbeing in their contexts.

- Longer-term funding cycles to allow organisations to design programs from the bottom-up in ways that prioritise relationship-building, trust, consistency and the needs of community.

- Co-designed KPIs developed through an ongoing, reflexive process to align KPIs to local realities and community based aspirations, thereby allowing for greater local relevance, responsiveness and innovation.

- Narrative-based reporting (including videos, audio and photos) so that the complexity and non-quantifiable results of programs can be shown, and promising practices built upon.

- Building relationships between funders and recipients and taking a partnership approach to contract management, so policy makers and funders can gain a better understanding of realities on the ground and increase the smooth roll-out of programs.

- Long-term learning and specialisation in Indigenous Affairs for public servants.

Indigenous leadership and decision making

One of the themes that emerged from the CDP Roundtable was that the implementation of the cultural determinants of health must include investment in initiatives that strengthen cultural authority, including traditional community governance and nation building. Dudgeon, Calma, Milroy et al. (2018) argue that when Aboriginal and Torres Strait Islander communities are in control of process, better outcomes can be expected. This is not only because tailored and culturally adapted mainstream interventions owned by a community are likely to have a greater impact but, more importantly, because broader design processes under Indigenous governance will identify and address other deeper, structural problems.

In *Defining the Indefinable* Salmon, Doery, Dance et al. (2019) describe self-determination and involvement in decision making and control as essential for the health of Aboriginal and Torres Strait Islander people. They cite Mowbray's argument that self-determination is a requirement for reversing colonisation because it helps people restore control over their lives and destinies. Processes of governance (both Indigenous and non-Indigenous) have also been identified as affecting health outcomes in a number of ways, because they lie at the core of how priorities are set, decisions made, and programs implemented (Sullivan & Oliver 2007).

Empowerment has been put forward as a means of implementing self-determination and Indigenous decision making in practice. It has been described as a social action process that promotes the participation of individuals, organisations and communities in gaining control of their lives, both within their communities and broader society (Henderson, Robson, Cox et al. 2007 p.167). Empowerment facilitates self-determination and involvement as the critical elements in processes such as program design and delivery. While participatory and inclusive decision making models of community development are related to the operationalisation of empowerment, appropriate impact measurement tools to understand and measure its effectiveness need to be developed and applied (Tsey n.d.).

Nation Building, or rebuilding, is another methodology that is developing around self-determination and governance research in Australia, informed by the Harvard Project on American Indigenous Economic Development. The project identified the principles of successful and sustained Indigenous development by looking at the processes by which Native groups in North America strengthened their capacity for culturally relevant self-government (Reconciliation Australia and Australian Indigenous Governance Institute n.d.).

Nation Building methodology refers to the forming of a collective identity—and investment in the infrastructure—needed for the purposes of shared decision making that may be applied to mixed contexts of cultural and/or territorial groupings (i.e. clan or tribal units that may include members in dispersed locations, or Indigenous people inhabiting an area such as a former reserve or mission, or town). This is a model of connection that has significance across many of the cultural determinant domains (Reconciliation Australian and Australian Indigenous Governance Institute n.d.). Whilst it is a relatively under-researched concept in Australia, Nation Building has been explored within the Australian context in the Reconciliation Australia Indigenous Governance Toolkit and in more recent projects, including those of Gunditjmara, Ngarrinjeri and Wiradjuri research partners of the Indigenous Nation Building project sponsored by the University of Melbourne (2020).

While reflecting on how they can support Nation Building (or rebuilding) through policy and program mechanisms, governments must be prepared to listen, acknowledge, support and facilitate the emerging body of thinking and advocacy by Indigenous bodies and Nations involved in such processes.

Contemporary Aboriginal and Torres Strait Islander policy discourse is focused on 'partnership' (National Agreement on Closing the Gap) and 'co-design' (the Voice to Parliament outlined in the Uluru Statement; the National Health Leadership Forum) as the key processes for Aboriginal and Torres Strait Islander input and decision making. Both terms relate to participatory approaches commonly used in community development. However, it is important that such terms are clearly defined and understood by all parties if they are to be applied appropriately and their desired impact understood and agreed by all.

Partnership

The NATSIHP commits to partnership with Aboriginal and Torres Strait Islander peoples and their representatives as a fundamental principle underlying the Implementation Plan (Australian Government 2013). The recent National Agreement on Closing the Gap (2020), which now forms part of the overarching framework of the NATSIHP reaffirms this vision of shared decision making. The Agreement stated it would:

> *form a commitment from all Australian governments and Aboriginal and Torres Strait Islander representatives to a fundamentally new way of developing and implementing policies and programs that impact on the lives of Aboriginal and Torres Strait Islander people.* **(section 4)**

The Agreement sets out a section on 'Strong partnership elements', which outlines (in short) that:

- Partnerships are accountable, representative and include a formal agreement.

- Decision making is shared between government and Aboriginal and Torres Strait Islander peoples.

The Agreement also includes other commitments to share decision making, address systemic racism and power imbalances in government agencies and institutions, and invest in community control. These principles are in line with findings by Hunt (2013) in her work on engagement with Aboriginal and Torres Strait Islander communities in key sectors. If partnerships are to continue as a feature of Aboriginal and Torres Strait Islander policy, Hunt argues, then emphasis should remain on the parameters and principles involved. Importantly, consideration is needed on what practices and processes will drive the innovation and new thinking required by partners (i.e. co-design, communities of practice, systems mapping) and how these principles translate into all levels of practice, from senior decision making bodies to program contracting relationships.

Co-design

Blomkamp (2018) describes co-design as a design-led process that 'is about generating and testing new solutions to public problems, not merely offering creative approaches to consultation or 'co-production' at the stage of delivery' (p.73). Co-design is premised on the principle of participatory design and uses practical tools to enable participation and test ideas.

Dreise and Mazurski (2018) argue that Aboriginal and Torres Strait Islander affairs are complex and that Western viewpoints are limited in their understanding of the holistic approaches required to develop culturally valid solutions. Co-design or participatory approaches are necessary to redress power imbalances, otherwise 'colonial control permeates in politics, policy and research as it relates to Aboriginal and Torres Strait Islander people' (p.10).

However, Blomkamp (2018) points out the need for greater understanding of the impacts of co-design processes and for answers to critical questions around factors such as 'who participates and configurations of power' (p.73). One limitation identified is that co-design is typically applied with small, site-specific groups and there is limited evidence about how participation and solutions can be scaled into systemwide responses. These questions do not rule out the potential of co-design to positively change how services are delivered

with communities but do indicate a need for greater investment in:

- Defining co-design (co-development or co-production) to distinguish it from other processes of engagement or ongoing consultation.

- Evaluating its application in Aboriginal and Torres Strait Islander health policy.

Valuing the cultural strengths of the Aboriginal and Torres Strait Islander workforce

I do a lot. I brang NAIDOC to the unit. ... I brang culture where they never had it really before. **(Worker, government, cited in Bailey, Blignault, Carriage et al. 2020 p.22)**

The growth of the Aboriginal and Torres Strait Islander workforce is critical to the development and delivery of culturally centred approaches. These workers are important cultural brokers and powerful advocates for change. For organisations seeking to understand Indigenous policy contexts and the systemic changes that are required to facilitate cultural safety, they are critical to success. However, these attributes must be supported by leadership and by workplaces that articulate and embed their value into the organisational culture, including championing participation in decision making and progression to leadership roles.

The Aboriginal and Torres Strait Islander health workforce holds a unique value. Together with professional knowledge, it brings a long cultural history of caring for community and Country. Research tells us that the Aboriginal and Torres Strait Islander health workforce is primarily driven by motivation to improve the health and wellbeing of their communities and holds an intuitive understanding of cultural safety, attributes that can make them powerful advocates for change within organisations. However, many report experiences of racism and isolation, and barriers to career progression, leading to low levels of retention (Bailey, Blignault, Carriage 2020). Valuing the cultural strengths of the Aboriginal and Torres Strait Islander health workforce is an important component of both retention and the shift to a cultural determinants-driven impact model.

The development of the Aboriginal and Torres Strait Islander Health Workers and Practitioners as a recognised profession with a unique cultural and clinical role in the delivery of health services has been landmark in recognising the value of this intersection of cultural knowledge and clinical skill. The First Response Project on trauma and culturally informed approaches to primary health care for women who experience violence also discussed this dynamic and value. The project reported that the Aboriginal and Torres Strait Islander Health Workers and Practitioners play a critical role in case management teams' ability to engage and support women in health services during times of crisis. They offer support to clients and often pick up on important non-verbal communication or contexts that may otherwise be overlooked. Describing the Aboriginal and Torres Strait Islander health workforce more broadly, the Career Pathways Project described its unique attributes as

connections to community, cultural and spiritual knowledge, and understanding of Aboriginal and Torres Strait Islander ways and people… [that] allow Aboriginal and Torres Strait Islander health workers to heal two-ways, understanding the impact of transgenerational trauma and colonisation and respective cultural health beliefs. **(Bailey, Blignault, Carriage 2020 p.21)**

The leadership and advocacy on behalf of patients and community that many Aboriginal and Torres Strait Islander people include in their professional responsibilities is also an important lever for change. However, this attribute is often overlooked by organisations, and is commonly linked to professional burnout and attrition. Engaging with such insights meaningfully—and protectively of workers—may be one key way organisations can address systemic issues of racism and accessibility.

I think it comes down to the institutional racism. Probably, you know, on that institutional level where the dialogue is about what works for the service and what works for the western health model and not for what works for our women... that negatively impacts us as workers in this hospital, the way it impacts our program, the way it impacts our women, that's what keeps me fighting the fight and keeps me going even when I feel so my cup is empty. **(Worker, government, cited in Bailey, Blignault, Carriage 2020 p.25)**

Aboriginal and Torres Strait Islander Health Workers and Practitioners: A case study of a workforce built on cultural strength

The Aboriginal and Torres Strait Islander Health Workers and Practitioners are an example of the way that formally recognising cultural skills can ensure accessibility and culturally safe health care. Operating in a range of health care settings across Australia, they undertake clinical and sociocultural services including health assessments, health promotions, administering and supplying medicines, translation, program planning and evaluation, and client advocacy. Evidence tells us that incorporating Health Workers and Practitioners in models of care improves accessibility—including reduced discharge against medical advice—increases inpatient contact time, strengthens patient referral linkages, and improves follow-up practice (Wright, Briscoe & Lovett 2019).

As pointed out by the National Aboriginal and Torres Strait Islander Health Workers and Practitioners Association in its response to the Lowitja Institute Cultural Determinants Discussion Paper:

'Aboriginal and Torres Strait Islander Health Workers and Health Practitioners are often the only culturally safe and responsive source of care for Aboriginal and Torres Strait Islander people…With a combination of clinical, cultural, and community development skills Aboriginal and Torres Strait Islander Health Workers and Health Practitioners act as cultural brokers, health system navigators and provide a high standard of culturally safe care. Their primary health care skills, holistic understanding of health and their understanding and valuing of cultures helps them to support community members understand and navigate the cultural difference inherent with the health care system. Evidence directly connects the cultural care provided by this workforce to improved health outcomes across the life course and demonstrates that the provision of services to Aboriginal and Torres Strait Islander people must be shaped and guided through a cultural lens.'

Despite this, there is concern about the required growth of the Aboriginal and Torres Strait Islander health workforce, with indicators showing it is not at the required level. This includes an alarming decline in younger Health Workers and Practitioners despite the growth in this population group. Poor data on Health Worker and Practitioner levels remains one of the key barriers to the development of a meaningful workforce strategy and monitoring (Wright, Briscoe & Lovett 2019).

Whilst most research work on the Aboriginal and Torres Strait Islander health workforce focuses on those in clinical roles and settings—who play a critical role in the delivery of health services to Aboriginal and Torres Strait Islander communities—roles in health administration, such as policy, program development and management are less quantified. We do know that within the health sector Aboriginal and Torres Strait Islander people are underrepresented in all professions, and more likely to be employed in lower paying jobs with poor progression onto other roles (Bailey, Blignault, Carriage 2020), a pattern that is replicated in key policy making bodies such as the Australian Public Service (APS).

Whilst the APS has made significant gains in levels of Aboriginal and Torres Strait Islander employment, with reported levels in 2018–2019 at 3.5 per cent—above the 3 per cent target set in the Commonwealth Aboriginal and Torres Strait Islander employment strategy (APS 2019)—this hasn't translated into indicators of inclusion or influence within the workforce. Aboriginal and Torres Strait Islander employees were much more likely to be over-represented at the lower or entry levels, with significant under-representation at the higher levels. They were also less likely than non-Indigenous employees to have positive views of inclusion in their work area and reported that they felt that their non-Indigenous colleagues had limited understanding of the pressures and challenges faced by Indigenous employees (APS 2019). In a review commissioned by the APS on the progression of Aboriginal and Torres Strait Islander people to senior levels, the lack of an 'articulated institutional recognition of the value add Indigenous public servants bring, and lack of effort to embed that sense of value in APS organisational culture' was identified as a core barrier (Faulkner & Lahn 2019 p.16).

As pointed out by a participant in the CDP roundtable, Aboriginal and Torres Strait Islander APS employees play an important role in the implementation of the cultural determinants model in health policy—culturally operating in two worlds by understanding how decisions are made in both. However, reaching the critical mass at leadership levels required to effect meaningful cultural change will require the willingness of non-Indigenous counterparts to champion and create the space required in the leadership rooms.

Shifting the culture of government

…attention to cultural aspects of governance is necessary both within and outside of organisational structures. They are neither obstacles to be beaten down, nor impediments to be circumvented. Rather, it is the sea in which we swim, and we need to be attentive to its currents, rips and tides as well as to our own momentum and direction. (Sullivan & Oliver 2007 p.189)

In this paper, we have outlined how implementing a cultural determinants approach through health policy requires the interplay of several factors. These include

- the development and application of shared definitions

- creation and operationalisation of policy mechanisms, and

- changes to policy approaches and processes.

Critically, implementation requires change in policymakers, at both individual and organisational levels, including participating in a process that may require relinquishing control of policy to participants outside of the bureaucracy or broader government. The formation of the New Agreement on Closing the Gap with the Coalition of Peak Aboriginal and Torres Strait Islander bodies has been an important step in this direction. However, as pointed to by the Agreement, ongoing transformation of government organisations will be required.

In their work on governance as a social determinant, Sullivan and Oliver (2007) argue that the lens of analysis must be turned towards the culture of non-Indigenous organisations and point to the cultural limitations of the bureaucracy in navigating the complexity of whole-of-government delivery. They argue that the failure of development policy often focuses on the navigation of cultural interfaces, whereas Indigenous organisations already act within 'culturally hybrid spaces'. More attention, therefore, needs to be given to the 'impediments to whole-of-government cooperation' including the limitations of government agencies to share resources and cede control (p.185).

Systems thinking

As analogised by Craig Ritchie at the CDP Roundtable, understanding culture is a process of looking at what's between the stars. Systems thinking has been developed through the study of complex problems or policy scenarios through a similar application of looking at the less overt aspects that make up the whole. Also, by looking not only at the institutional elements but also at the underlying parts that make up and connect the system and how they may evolve and change throughout a scenario. Systems thinking is partnered with approaches and tools designed for understanding complexity and interrelationships and processes that encourage co-design and co-production. Importantly for practitioners, it requires practitioners to practice a mindset of regular reflection of assumptions and approaches, to be open to listening to learn from other perspectives.

There is an emerging body of thought on the application of systems thinking to Indigenous policy. Richardson (2020) put forward that:

a systems paradigm is essential to contextualising community issues, needs and aspirations, and to understand where the corresponding projects, strategies and interventions fit into the big picture… consistent with a whole-of-government, whole-of community and outcomes-impact approach.

Much of Arabena's (2020) analysis and recommendations relating to the implementation of the cultural determinants applies systems theory approaches such as knowledge eco-systems, emergence and scalability.

In other recent work, Parter, Wilson, Gwyn et al. (2020) argue that systems thinking offers a better tool for understanding complexities around the interplay of culture in health outcomes for Aboriginal and Torres Strait Islander health policy and research, as opposed to a linear and often limiting public health cause and effect approach. Suggesting that the application and adaption of systems thinking may be key to 'how policymakers implement—enable, embed, and enact—[Indigenous] cultures' within policy making contexts. The Reforms within the new Closing the Gap Agreement and the proposed NATSIHP framework offer important policy instruments from which to leverage reform, but, as put by Parter in her presentation to the CDP Roundtable, they must be coupled with a bureaucracy willing to listen and to learn, and an acceptance of Indigenous culture as knowledge.

Conclusion

Shaping the cultural determinants into a whole-of-government policy framework on cultural investment offers potential for structural and systemic change. This change is needed to enable mainstream government organisations to better respond to the needs of Aboriginal and Torres Strait Islander people. Cultural determinants provide a shared conceptual model and shape strategies and approaches for a new model of policy development – one that supports Indigenous leadership and cultures, addresses racism and structural (including historical) inequality and enables partnerships.

The cultural determinants are not a new model of thinking, they are the synthesis—into a Western framework—of ways of knowing, being and doing that are tens of thousands of years old. More recently they have been a component of advocacy by Aboriginal and Torres Strait Islander people committed to improving health outcomes for their communities and future generations, in resistance of dominant policy dialogues of cultural deficit and dysfunction imposed on Aboriginal and Torres Strait Islander communities.

Strengths-based approaches require that Aboriginal and Torres Strait Islander people are at the centre of owning and driving the actions needed to address their aspirations. This process must be supported by social and cultural determinants-driven investment by government to ensure that communities have access to the resources needed to shape policy from the ground up. The implementation of the social and cultural determinant models into key policy frameworks is an important symbol of recognition of Indigenous voices within policy processes. These models must also be used by governments to guide investment and be matched by policy and program processes attached to funding, reporting and evaluation processes that support Aboriginal and Torres Strait Islander ways of knowing, being and doing.

We have put forward a model of what a framework of policy mechanisms and approaches that support cultural determinants could look like. We have also made several calls to action for government to successfully implement such a model. We have mapped approaches that address structural power imbalances by shifting where policy consideration and decisions are made. Critical to the success of this model will be innovative policy expertise (both Indigenous and non-Indigenous), participation of Aboriginal and Torres Strait Islander community controlled organisations and peak bodies, political goodwill and government administrations open to change.

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A collection of sixteen papers from the CRCAH Social Determinants of Aboriginal Health Workshop, held in Adelaide in July 2004. The monograph presents a perspective on how a range of social and economic factors – including culture, law, education, employment, models of governance, and social and community interactions – affect the health of Aboriginal Australians, and suggests directions for further inquiry into how these factors can be made more health promoting. Chapters cover a range of topics, including Koori perspectives of the social determinants of health; education and its impact on health; material social determinants of income, poverty, employment and the physical environment; the less visible, but vital, aspects of social and emotional wellbeing, community development, effective means of governance, and the value of social capital; law and justice, including an overview of constitutional rights issues for Indigenous peoples and a case study of the Koori Court in Victoria; also aspects of culture as it impacts the health of Indigenous Australians.

Arabena, K. 2020, '…*Country Can't Hear English…*'*: A Guide supporting the Implementation of Cultural Determinants of Health and Wellbeing with Aboriginal and Torres Strait Islander Peoples,* **commissioned by the Australian Government Department of Health and completed on behalf of Lowitja Consulting, Melbourne, published by Karabena Consulting, Riddell's Creek, Vic.**

This guide explored the question: How can policymakers and programmers support families and communities to experience the benefits of cultural determinants of health? The author acknowledges the centrality of culture, the role of the cultural determinants and how they align with Aboriginal and Torres Strait Islander peoples' holistic understanding of health, wellbeing and safety. The guide prioritises the importance of applying a cultural determinants approach. An implementation framework is suggested that includes scaled implementation strategies at a national, state/ territory, regional, organisational and family level and looked at a number of processes and measures including: Indigenous implementation science; A life course approach; and data sovereignty.

Bailey, J., Blignault, I., Carriage, C., Demasi, K., Joseph, T., Kelleher, K., Lew Fatt, E., Meyer, L., Naden, P., Nathan, S., Newman, J., Renata, P., Ridoutt, L., Stanford, D. & Williams, M, 2020. *'We Are working for Our People': Growing and strengthening the Aboriginal and Torres Strait Islander health workforce, Career Pathways Project Report,* **The Lowitja Institute, Melbourne.**

Developed as part of a broader research project to provide insight and guidance to enhance the capacity of workplaces, and the health system, to retain and support the development and careers of Aboriginal and Torres Strait Islander people in the health workforce. The research involved a mixed methods approach that included a literature review, secondary data analysis, a national survey, national career trajectory interviews and case studies. It sought the views and experiences of employees and employers at all levels and across many occupations, including people working in administrative, clinical and management and executive roles.

It found that the Aboriginal and Torres Strait Islander health workforce is made up of individuals who are passionate about what they do and primarily motivated by a commitment to improve the wellbeing and health of their communities. Aboriginal and Torres Strait Islander health staffs' unique skill set, which comes from their lived cultural experiences and ways of being and doing, makes them powerful advocates and agents of change to improve health outcomes for their communities. Thus, they bring an intuitive understanding of cultural safety and competence to an organisation which is often structurally embedded in the community controlled sector's way of operating.

Bulloch, H., Fogarty, W. & Bellchambers, K. 2019, *Aboriginal Health and Wellbeing Services: Putting community-driven, strengths-based approaches into practice***, The Lowitja Institute, Melbourne.**

The third report in the Deficit Discourse project explored strengths-based, bottom-up approaches to delivering Aboriginal health and wellbeing services, through a focus on three case study organisations with reputations for maintaining highly positive relationships with their communities.

It found that strengths always need to be understood in relation to constraints – that a narrow focus on strengths risks portraying individuals and communities as responsible for their situations, shading out wider relations of power and socio-economic inequality. It made a series of recommendations targeted at funders, policy makers and associated stakeholders.

Fogarty, W., Bulloch, H., McDonnell, S. & Davis, M. 2018, *Deficit Discourse and Indigenous Health: How narrative framings of Aboriginal and Torres Strait Islander people are reproduced in policy***, The Lowitja Institute, Melbourne.**

The Reframing Discourse project produced a series of three discussion papers examining strengths-based approaches and 'deficit discourse' (the tendency to characterise Aboriginal and Torres Strait Islander people in terms of problems, absences and lack) in the field of Aboriginal and Torres Strait Islander health and wellbeing.

The first of the reports examines 'deficit discourse' in Aboriginal and Torres Strait Islander health policy. 'Discourse', in this context, encompasses thought represented in written and spoken communication and/or expressed through practices. The term draws attention to the circulation of ideas, the processes by which these ideas shape conceptual and material realities, and the power inequalities that contribute to and result from these processes. 'Deficit discourse' refers to discourse that represents people or groups in terms of deficiency – absence, lack or failure. Particularly, it denotes discourse that narrowly situates responsibility for problems with the affected individuals or communities, overlooking the larger socio-economic structures in which they are embedded.

Fogarty, W., Lovell, M., Langenberg, J. & Heron, M-J. 2018, *Deficit Discourse and Strengths-based Approaches: Changing the Narrative of Aboriginal and Torres Strait Islander Health and Wellbeing***, The Lowitja Institute, Melbourne.**

The second report of the Deficit Discourse project explores strengths-based approaches to shifting the deficit narrative in the Australian Aboriginal and Torres Strait Islander health sector. There is evidence that deficit discourse has an impact on health itself — that it is a barrier to improving health outcomes. Accordingly, there are growing calls for alternative ways to think about and discuss Aboriginal and Torres Strait Islander health and wellbeing. The authors have built on Deficit Discourse and Indigenous Health by reviewing and analysing a growing body of work from Australia and overseas that proposes ways to displace deficit discourse in health, or that provides examples of attempts to do so. Accordingly, the most widely accepted approaches to achieving this come under the umbrella term 'strengths-based', which seek to move away from the traditional problem-based paradigm and offer a different language and set of solutions to overcoming an issue.

Lowitja Institute 2020, *Close the Gap Report 2020: We Nurture Our Culture For Our Future, And Our Culture Nurtures Us***, Close the Gap Steering Committee Sydney**

In 2011, in a collaborative process with the Australian Government, Aboriginal and Torres Strait Islander people ensured that the NATSIHP 2013–2023 placed culture at the centre of health and wellbeing and spoke to the social determinants of health.

Yet repeated governments have failed to address the structural and systemic discrimination that inhibits Aboriginal and Torres Strait Islander culture, and to undertake the reforms needed to truly embrace a culturally centred approach. That has manifested particularly and damagingly in the deficit discourse that has marked the Closing the Gap strategy.

The 2020 Close the Gap report illustrated how Aboriginal and Torres Strait Islander communities are leading the way, shaping a vision of health and wellbeing built upon a foundation of culture and challenging health systems steeped in medical models of health to put culture as the foundation for good health and wellbeing.

The report focused on case studies expressing four of the domains of the cultural determinants of health identified in the *Mayi Kuwayu study:*

- Self-determination and leadership
- Indigenous beliefs and knowledge
- Cultural expression and continuity
- Connection to Country.

Salmon, M., Doery, K., Dance, P., Chapman, J., Gilbert, R., Williams, R. & Lovett, R. 2019, *Defining the Indefinable: Descriptors of Aboriginal and Torres Strait Islander Peoples' Cultures and Their Links to Health and Wellbeing***, Aboriginal and Torres Strait Islander Health Team, Research School of Population Health, The Australian National University, Canberra.**

In Australia, there is limited data to establish or define the relationship between health, wellbeing and culture and the mechanisms through which Aboriginal and Torres Strait Islander cultural determinants impact health and wellbeing. There is increasing attention on the relationship between culture, health and wellbeing in this population. This literature review was conducted as preliminary work for the Mayi Kuwayu Study—Mayi Kuwayu broadly means "to follow Aboriginal people over a long time" in Ngiyampaa language (language of the Wongaibon people of New South Wales, Australia). The aim was to help understand the cultural factors that are important to Aboriginal and Torres Strait Islander peoples and how these factors relate to health and wellbeing.

The report examined the Australian literature, as well as literature from countries that have experienced colonisation events similar to those of Australia— primarily Aotearoa (New Zealand), Canada and the United States. The cultural determinant domains identified in the work are; Connection to Country; Indigenous beliefs and knowledge; Indigenous language; Family; kinship and community; Cultural expression and continuity; Self-determination and leadership.

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