

Policy Priorities 2022–2025

Creating impact through quality research, knowledge translation, and by supporting Aboriginal and Torres Strait Islander health researchers



Acknowledgement of Country

Lowitja Institute acknowledges the strength of Aboriginal and Torres Strait Islander peoples and the power and resilience that they share as members of the oldest continuing cultures.

We acknowledge all Aboriginal and Torres Strait Islander peoples and their sovereignty and custodianship over the land, seas and waterways of what is now called Australia.

This paper was developed on the traditional lands of the Wurundjeri–Woi Wurrung peoples, where the offices of the Lowitja Institute are based. We acknowledge the Traditional Owners of Country throughout Victoria and pay our respect to them, their culture and their Elders past, present and future. They have paved the way, with strength, resilience and fortitude, for future generations.

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First published in August 2023

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About the Lowitja Institute

The Lowitja Institute is Australia's only national Aboriginal and Torres Strait Islander community-controlled health research institute, named in honour of its Patron, Dr Lowitja O'Donoghue AC CBE DSG. We work for the health and wellbeing of Australia's Aboriginal and Torres Strait Islander peoples through high impact quality research, knowledge exchange, and by supporting a new generation of Aboriginal and Torres Strait Islander health researchers. Established in January 2010, the Lowitja Institute operates on key principles of Aboriginal and Torres Strait Islander leadership, a broader understanding of health that incorporates wellbeing, and the need for the work to have a clear and positive impact.

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Introduction

The Lowitja Institute is Australia's national institute for Aboriginal and Torres Strait Islander health research, working for the health and wellbeing of Australia's First Peoples through high impact quality research, knowledge translation, and by supporting Aboriginal and Torres Strait Islander health researchers. Our purpose is to invest in knowledge creation and translation by enhancing the capability of the Aboriginal and Torres Strait Islander health research workforce.

The Lowitja Institute engages in policy and advocacy work that contributes to a range of key policy debates related to Aboriginal and Torres Strait Islander health and wellbeing. The Lowitja Institute engages regularly with the Australian, State and Territory Governments and Aboriginal and Torres Strait Islander peak bodies and professional associations, as well as mainstream health peak bodies and professional associations, non-government organisations and philanthropic organisations.

The work of the policy team contributes to achieving the objectives in the Lowitja Institute's Strategic Plan 2019–2023 for 'Priority 1: Invest in Aboriginal and Torres Strait Islander community driven best practice health research' and 'Priority 2: Mobilise research knowledge for effective translation'. A core focus for this team is influencing both the national health research agenda, and health policy, programs and practice across the social and cultural determinants of health.

We monitor the relationship between our Aboriginal and Torres Strait Islander-led research agenda and our policy work to ensure that all our activities in the policy sphere are underpinned by the same key principles that drive our approach to research. Further, our policy work applies five 'practice principles':

- **Voice:** Centring Indigenous narratives and ways of doing within policy documents and discourse.
- **Expertise:** Ensuring we are informed by Aboriginal and Torres Strait Islander expertise.
- **Cyclical and reciprocal:** Policy developed through a process that empowers Aboriginal and Torres Strait Islander peoples.
- **Significance and value:** Recognising First Nations knowledge is scientific knowledge in its own right and complementary to Western scientific knowledge.
- **Strengths-based:** Building strengths-based policy that centralises the health and wellbeing aspirations of Aboriginal and Torres Strait Islander communities, as articulated in our research and consultations.

To guide our work over the next three years in shaping the policy context that affects Aboriginal and Torres Strait Islander health research and health systems, the policy team has conducted work to develop a clear and consistent set of research and health policy priority topics.

The identification of policy priorities has taken place with and alongside Aboriginal and Torres Strait Islander organisations, researchers, and communities, with the set of priorities receiving final endorsement by the Lowitja Institute Board. This paper details the context and rationale for each policy priority topic.

Overview of policy priority topics

Priority policy topics have been classified as either Core Priorities or Emerging Priorities. These can be understood as:

- **Core priorities** – ongoing and foundational priority areas for the Lowitja Institute. These align to the Lowitja Institute’s current Strategic Plan, research agenda and funding agreement, and will be accompanied by a long-term program of work.
- **Emerging priorities** – emerging priorities are linked to and build on the core policy priorities. These reflect emerging government policy contexts and topics on which the Aboriginal and Torres Strait Islander health sector is advocating, and are accompanied by a short- to medium-term program of work.

Core Priorities	Emerging Priorities
Cultural safety in health policy and programs	Nation building for health and wellbeing
Climate change and health	Effects of a changing environment on housing access, adequacy and sustainability
Cultural and social determinants of health	Building capacity for good partnerships and codesign in health policy and programs
Racism in health systems	Understanding the effects of racism and adversity on biological systems
Ethics for Aboriginal and Torres Strait Islander health research	Data governance, infrastructure and sovereignty
	Building a culturally safe disability and aged care sector

Core Policy Priorities

Priority 1. Cultural safety in health policy and programs

In all work to improve access to quality healthcare for Aboriginal and Torres Strait Islander peoples, it is of critical importance to embed cultural safety in health policy and programs. Doing so will help to ensure improved outcomes in terms of the social, emotional, spiritual, cultural, and physical health and wellbeing of our peoples. In contrast, culturally *unsafe* health systems – those which diminish, demean or disempower the cultural identities and cultural needs of Aboriginal and Torres Strait Islander communities¹ – result in reduced access to healthcare, lower quality of care when it is delivered, and compounding risks to health and wellbeing.

Because cultural safety is an *outcome* – wherein the person accessing healthcare judges the care setting, providers and processes to fulfil their cultural needs as an Aboriginal and/or Torres Strait Islander person² – rather than a *process*, it cannot simply be achieved by setting requirements for health policymakers and service providers to undertake discrete ‘cultural competence’ training activities.

Healthcare providers, policymakers, organisations and entire systems must be prepared to challenge their own culture, biases, privileges and power structures, and to be led by Aboriginal and Torres Strait Islander perspectives in this work, rather than attempting to learn ‘competence’ in the cultures of others.³

[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 and Torres Strait Islander people cannot do this alone!

Dr Janine Mohamed, CEO, Lowitja Institute⁴

Cultural safety is a core element of the *National Agreement on Closing the Gap* (National Agreement), particularly with regard to Priority Reform Two (building the Aboriginal and Torres Strait Islander community-controlled sector) and Priority Reform Three (transforming government organisations). Consistent with those Priority Reforms, the *National Aboriginal and Torres Strait Islander Health Plan 2021–2031* (NATSIHP) embeds the accountability of mainstream health systems to provide accessible, culturally safe and responsive care.

1 National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA) 2016, *Cultural Safety Framework: National Aboriginal and Torres Strait Islander Health Workers Association*, NATSIHWA (Canberra), p. 5. Accessed 30 May 2023 at [NATSIHWA – Key Documents](#).

2 Indigenous Allied Health Australia (IAHA) 2019, *Cultural Safety Through Responsive Health Practice – Policy Position Statement*, IAHA (Canberra), p. 2. Accessed 29 May 2023 at [IAHA – Resources](#).

3 Curtis, E., Jones, R., Tipene-Leach, D., Walker, C., Loring, B., Paine, S.-J. & Reid, P. 2019, ‘Why cultural safety rather than cultural competency is required to achieve health equity: a literature review and recommended definition’, *International Journal for Equity in Health*, vol. 18(174). Accessed 26 May 2023 at [Biomed Central](#); Mitchell, A., Wade, V., Haynes, E., Katzenellenbogen, J. & Bessarab, D. 2022, “‘The world is so white’: improving cultural safety in healthcare systems for Australian Indigenous people with rheumatic heart disease”, *Australian and New Zealand Journal of Public Health*, vol. 46(5), pp. 588–594. Accessed 26 May 2023 at [Wiley Online Library](#).

4 Lowitja Institute 2020, *Culture is Key: Towards cultural determinants-driven health policy* – Final Report, Lowitja Institute (Melbourne), p. 20. Accessed 30 May 2023 at [Lowitja Institute – Resources](#).

Priority 2. Climate change and health

Climate change will have a wide variety of impacts – both direct and indirect – on the health and wellbeing of Aboriginal and Torres Strait Islander peoples. Significant health risks are attached to the continuing rise in average temperatures and the increased frequency and intensity of heatwaves, droughts, bushfires and floods, particularly for people who are already facing overwhelming costs of living. In particular, energy poverty is disproportionately experienced by Aboriginal and Torres Strait Islander households in remote Northern and Central Australia⁵ who struggle to cool their homes, power essential medical equipment and preserve food and medications hygienically.

In this way, climate change not only compounds historical injustices to Aboriginal and Torres Strait Islander peoples, but also disrupts cultural and spiritual connections to Country that are central to health and wellbeing. Furthermore, health services struggle to operate in extreme weather with increasing demands and a reduced workforce. These forces combine to exacerbate already unacceptable levels of ill-health within Aboriginal and Torres Strait Islander populations, as highlighted in the *Climate Change and Aboriginal and Torres Strait Islander Health* discussion paper commissioned by the Lowitja Institute in 2021.⁶

Urgent action is needed to end energy poverty in our communities and invest in Aboriginal and Torres Strait Islander peoples' mitigation, prevention, and adaptation planning to ensure resilience to climate change. This presents an opportunity for redress and empowerment of Aboriginal and Torres Strait Islander communities to lead climate action planning based on their intimate traditional and historical knowledges of Country.

'That [Aboriginal and Torres Strait Islander] wisdom and those knowledges – accumulated over millennia – are absolutely critical to the huge challenges we are facing not only as Aboriginal and Torres Strait Islander peoples, but as the Australian nation, indeed, the world, the planet. The task of tackling climate change feels, quite frankly, overwhelming. It is a huge challenge, especially for young people ... We are talking about the survival of the planet and the safeguarding of the future. How are we going to do that for not only for all of us living on this continent, but for humanity? That's the stakes.'

Pat Anderson AO, former Chairperson, Lowitja Institute⁷

5 Quilty, S., Frank Jupurrurla, N., Bailie, R.S. & Gruen, R.L. 2022, 'Climate, housing, energy and Indigenous health: a call to action', *Medical Journal of Australia*, vol. 217(1), pp. 9–12. Accessed 31 May 2023 at [Wiley Online Library](#).

6 The Lowitja Institute commissioned this discussion paper based on an urgent need to address the health and wellbeing impacts of climate change, as identified by the National Health Leadership Forum (NHLF) – a collective partnership of national Aboriginal and Torres Strait Islander health and wellbeing organisations. HEAL Network & CRE-STRIDE 2021, *Climate Change and Aboriginal and Torres Strait Islander Health* – Discussion Paper, Lowitja Institute (Melbourne). Accessed 26 May 2023 at [Lowitja Institute – Resources](#).

7 Ibid, p. 3.

Priority 3. Cultural and social determinants of health

For Aboriginal and Torres Strait Islander peoples, health has always been understood as a holistic and multifaceted concept – one that encompasses mental, physical, cultural, environmental, and spiritual wellbeing. This framework has supported our wellbeing for tens of thousands of years, being shared through complex kinship systems and passed down through law, lore, ceremony and songlines.

Western models of public health have only much more recently (within the last 25 years) come to emphasise the **social** determinants of health – the social and economic factors leading to health inequity.⁸ However, the **cultural** determinants of health, and their interactions with the social determinants, have remained largely unexplored in the public health policy discourse.⁹ Further, governments in Australia have generally not demonstrated substantive commitments to strengthening the social and cultural determinants of health in Aboriginal and Torres Strait Islander communities.

For more than a decade, the Lowitja Institute, along with many others, has worked to understand how culture as a determinant of health can be utilised to improve health outcomes for Aboriginal and Torres Strait Islander people. In recent years, the Lowitja Institute became a key partner of *Mayi Kuwayu: The National Study of Aboriginal and Torres Strait Islander Wellbeing* (Mayi Kuwayu), an ongoing longitudinal study analysing the influence of Aboriginal and Torres Strait Islander cultures on health and wellbeing.

This work has been influential in the development of key frameworks for health and social and emotional wellbeing policy – including, for example, the 2021–2031 NATSIHP and the National Agreement on Closing the Gap. Nonetheless, there is still work to be done to extend the shared understanding of how the cultural determinants should be reflected in health policy design and delivery.

'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, Australian Institute of Aboriginal and Torres Strait Islander Studies¹⁰

8 Lowitja Institute 2020, op. cit., pp. 9–10.

9 Anderson, I., Baum, F. & Bentley, M. (eds) 2007, *Beyond Band-aids: Exploring the Underlying Social Determinants of Aboriginal Health – Papers from the Social Determinants of Aboriginal Health Workshop*, Adelaide, July 2004, Cooperative Research Centre for Aboriginal Health (Darwin), pp. 82, 232. Accessed 31 May 2023 at [Lowitja Institute – Resources](#).

10 Lowitja Institute 2020, op. cit., p. 19.

Priority 4. Racism in health systems

Despite governments and health practitioner bodies across Australia having made multiple commitments to eliminate systemic racism, it is clear that Aboriginal and Torres Strait Islander peoples still encounter racial prejudice in health systems every day.

Priority 8 of the 2021–2031 NATSIHP aims to identify and eliminate racism across the health, disability and aged care systems, including both individual and systemic racism. However, commitments to build a health system free of racism cannot be achieved without an unflinching examination of the sources, extent and impacts of the systemic racism that currently exists.

Accordingly, the Lowitja Institute calls for governments to immediately invest in an Aboriginal and Torres Strait Islander-led research agenda that focuses on the impacts of systemic racism in health systems. The Australian Human Rights Commission's work on an inaugural National Anti-Racism Framework will also be an opportunity to establish ongoing mechanisms, led by Aboriginal and Torres Strait Islander peoples, to capture and measure experiences of racism and impacts of systemic racism in health systems.

'We find ourselves at a pivotal moment characterised by contradiction: a bold commitment to a health system free of racism in a society that is founded upon it. As such the enthusiasm of the state for an anti-racist agenda is tepid at best; and not because it has yet to understand race, but rather it is wilfully ignorant and indifferent to its effects upon Aboriginal and Torres Strait Islander peoples.'

Chelsea Watego, David Singh and Alissa Macoun, Institute for Collaborative Race Research¹¹

¹¹ Watego, C., Singh, D. & Macoun, A. 2021, *Partnership for Justice in Health: Scoping Paper on Race, Racism and the Australian Health System – Discussion Paper*, Lowitja Institute (Melbourne), p. 39. Accessed 25 May 2023 at [Lowitja Institute – Resources](#).

Priority 5. Ethics for Aboriginal and Torres Strait Islander health research

To ensure that Aboriginal and Torres Strait Islander knowledge, values and cultural safety are centred in all research projects involving our health and wellbeing, there is a critical need to embed Aboriginal and Torres Strait Islander leadership in research ethics processes. Yet there remains no standalone national Aboriginal and Torres Strait Islander health research ethics committee, despite our peoples being the subjects of ever-growing amounts of research, and even as the critical importance of Indigenous Data Sovereignty has been acknowledged by increasing numbers of stakeholders.

When research ethics are not considered from Aboriginal and Torres Strait Islander perspectives, the analysis of a research project's risks and benefits is unlikely to adequately centre Aboriginal and Torres Strait Islander peoples' priorities, knowledges, cultural safety, or cultural and intellectual property. As a result, the benefits of such research do not accrue equally to the Aboriginal and Torres Strait Islander research participants as they do to the researchers and academic institutions involved.

The Lowitja Institute holds as one of its core principles that research involving Aboriginal and Torres Strait Islander peoples must be of beneficence to Aboriginal and Torres Strait Islander peoples. Accordingly, we have identified significant opportunity to initiate a feasibility study for the establishment of a national Aboriginal and Torres Strait Islander Health Research Ethics Committee (HREC).

'When done well, research can, and has, had positive impacts for Indigenous peoples, but research has not been immune to practices that are imbued with racism, exploitation and disrespect.'

Australian Institute of Aboriginal and Torres Strait Islander Studies¹²

¹² Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) 2020, *AIATSIS Code of Ethics for Aboriginal and Torres Strait Islander Research*, AIATSIS (Canberra), p. 11. Accessed 30 May 2023 at [AIATSIS – Ethical Research](#).

Emerging Policy Priorities

Nation building for health and wellbeing

Links to core priorities: Cultural and social determinants of health

Nation building is about empowering Aboriginal and Torres Strait Islander communities to maintain and strengthen their cultural customs, values and practices – including governance mechanisms – at the local/regional level. A crucial aspect of nation building is to acknowledge and respect differences in cultural practices between individual Aboriginal and Torres Strait Islander nations, rather than treating all First Peoples as a homogenous ‘pan-Indigenous’ group.

In 2022, a discussion paper commissioned by the Lowitja Institute (authored by Prof. Daryle Rigney, Dr. Simone Bignall, A/Prof. Alison Vivian and A/Prof. Steve Hemming) found that nation building enables healthy futures for Indigenous peoples worldwide by comprehensively enacting self-determination and thus addressing the broad social, cultural and political determinants of health and wellbeing.¹³ Centring nation building in policy design and delivery is therefore essential to ensure that the positive political determinants of health and wellbeing are being prioritised alongside the social and cultural determinants.

Commitment to political empowerment and regional decision-making by Aboriginal and Torres Strait Islander peoples is deeply embedded within all four of the National Agreement’s Priority Reforms, as well as many of the Socioeconomic Outcomes. The 2021–2031 NATSIHP also explicitly includes nation building in Objective 1.2, reinforcing the critical role that nation building plays in our health and wellbeing outcomes. As such, there is enormous scope for policy work in this area to identify the specific mechanisms that support Aboriginal and Torres Strait Islander nation-building in health and wellbeing contexts.

¹³ Rigney, D., Bignall, S., Vivian, A., & Hemming, S. 2022, *Indigenous Nation Building and the Political Determinants of Health and Wellbeing – Discussion Paper*, Lowitja Institute (Melbourne), pp. 5–6. Accessed 30 May 2023 at [Lowitja Institute – Resources](#).

Effects of a changing environment on housing access, adequacy and sustainability

Links to core priorities: Climate change and health; Cultural and social determinants of health

Poor housing conditions and unsuitable housing design pose significant health risks for Aboriginal and Torres Strait Islander peoples, with these risks further exacerbated by climate change and natural disasters as discussed above. There is a clear link from healthy, responsive and culturally appropriate housing to health and wellbeing outcomes.¹⁴ As a key social determinant of health, we call for further investment in improving the quality, access, and sustainability of housing available to Aboriginal and Torres Strait Islander families.

The urgent need in this policy area has been acknowledged by several major national initiatives, including Socioeconomic Outcome 9 of the National Agreement and Priority 7 of the 2021–2031 NATSIHP. Yet, as the Productivity Commission's 2022 review of the National Housing and Homelessness Agreement (NHHA) found, the NHHA does not currently contemplate either the impacts of climate change upon housing supply and quality, or the specific housing needs of Aboriginal and Torres Strait Islander peoples.¹⁵ A strengthened evidence base will be of great importance in rectifying this and other gaps in the policy framework.

¹⁴ See, for example, National Aboriginal Community-Controlled Health Organisation (NACCHO) and Royal Australian College of General Practitioners (RACGP) 2018, *National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people: Evidence base*, 3rd Edition, RACGP (East Melbourne). Accessed 25 May 2023 at [RACGP – Clinical Resources](#); Ware, V.A. 2013, *Housing strategies that improve Indigenous health outcomes*, Resource sheet no. 25 produced for the Closing the Gap Clearinghouse, Australian Institute of Health and Welfare (AIHW, Canberra) and Australian Institute of Family Studies (AIFS, Melbourne). Accessed 31 May 2023 at [AIHW – Reports & Data](#); Hall, N.L., Memmott, P., Barnes, S., Redmond, A., Go-Sam, C., Nash, D., Frank, T. & Simpson, P. 2020, *Pilyii Papulu Purrukaj-ji (Good housing to prevent sickness): A study of housing, crowding and hygiene-related infectious diseases in the Barkly Region, Northern Territory*, commissioned from the University of Queensland for Anyinginyi Health Aboriginal Corporation (Tennant Creek). Accessed 29 May 2023 at [University of Queensland eSpace](#).

¹⁵ Australian Productivity Commission 2022, *Housing and Homelessness Agreement Review – Study Report*, Productivity Commission (Canberra). Accessed 25 May 2023 at [Productivity Commission – Completed Inquiries](#).

Building capacity for good partnerships and codesign in health policy and programs

Links to core priorities: Cultural safety in health policy and programs; Racism in health systems

In order to ensure that the specific needs of Aboriginal and Torres Strait Islander peoples are being accurately identified and addressed in health policy and service delivery, is critical that policies and programs are developed and delivered in partnership with Aboriginal and Torres Strait Islander people, organisations and communities.

The 2021–2031 NATSIHP acknowledges this in Priority 1, stating that:

'Aboriginal and Torres Strait Islander people have always known what is best for their own communities. However, they have not always been involved in the laws and policy decisions that affect their own health and wellbeing. Governments now recognise that meaningful change is not possible without the leadership of Aboriginal and Torres Strait Islander people.'

National Aboriginal and Torres Strait Islander Health Plan 2021–2031¹⁶

Priority Reform One of the National Agreement also commits the State, Territory and Australian Governments to undertake formal partnerships and shared decision-making with Aboriginal and Torres Strait Islander peoples. However, as partnership is not the way in which government decision-making has typically taken place in Australia since colonisation, there is much work needed to understand how governments can transform their ways of working and build their capacity to partner effectively with Aboriginal and Torres Strait Islander organisations and communities in pursuit of better wellbeing outcomes.

¹⁶ Commonwealth of Australia 2021, *National Aboriginal and Torres Strait Islander Health Plan 2021–2031*, Australian Government (Canberra), p. 23. Accessed 22 May 2023 at [Australian Government Department of Health and Aged Care – Resources](#).

Understanding the effects of racism and adversity on biological systems

Links to core priorities: Racism in health systems

Internationally, there is a growing evidence base indicating that discrimination-induced stress is associated with increased morbidity across a range of chronic physical conditions, and that these health risks can be transmitted intergenerationally through both epigenetic pathways (gene expressions) and the harmful effects of antenatal stress on developing babies, particularly for people of colour.¹⁷ Yet, to date, the impact of racism and discrimination on biological systems and the health of Aboriginal and Torres Strait Islander peoples remains an under-researched area – one of significant need – in the Australian body of literature. The Mayi Kuwayu study is currently the only large-scale longitudinal study of Aboriginal and Torres Strait Islander health that collects data on experiences of racism.

Accordingly, the Lowitja Institute calls for dedicated funding to be invested in longitudinal research into the physical health impacts of interpersonal and systemic racism for Aboriginal and Torres Strait Islander communities. This would align with Priority Reform Four of the National Agreement and would also support efforts under Priority Reform Three, as well as contributing to initiatives under Priority 8 of the 2021–2031 NATSIHP.

¹⁷ See, for example, Gavin, A., Grote, N., Conner, K. & Fentress, T. 2018, 'Racial Discrimination and Preterm Birth among African American Women: The Important Role of Posttraumatic Stress Disorder', *Journal of Health Disparities Research and Practice*, vol. 11(4). Accessed 26 May 2023 at [UNLV – Digital Scholarship](#); Conradt, E., Carter, S.E. & Crowell, S.E. 2020, 'Biological Embedding of Chronic Stress Across Two Generations Within Marginalized Communities', *Child Development Perspectives*, vol. 14(4), pp. 208–214. Accessed 30 May 2023 at [Wiley Online Library](#); Thayer, Z., Bécaries, L. & Atatoa Carr, P. 2019, 'Maternal experiences of ethnic discrimination and subsequent birth outcomes in Aotearoa New Zealand', *BMC Public Health*, vol. 19(1271). Accessed 29 May 2023 at [Biomed Central](#).

Data governance, infrastructure and sovereignty

Links to core priorities: Ethics for Aboriginal and Torres Strait Islander health research

Indigenous Data Sovereignty (ID-SOV) is a rapidly growing field of scholarship with important implications for research, policy development and public service delivery pertaining to First Peoples across the world. In Australia, the Maiam nayri Wingara Indigenous Data Sovereignty Collective defines ID-SOV as the right of Aboriginal and Torres Strait Islander peoples to exercise ownership over Indigenous data (being information or knowledge, in any format or medium, which is about and may affect our peoples both collectively and individually). Ownership of such data can be expressed through its creation, collection, access, analysis, interpretation, management, dissemination and reuse. ID-SOV is practiced through Indigenous Data Governance (ID-GOV), which refers to the right of Aboriginal and Torres Strait Islander peoples to autonomously decide what, how and why Indigenous data is collected, accessed and used, thereby ensuring that data about our peoples reflects our priorities, values, cultures, worldviews and diversity!¹⁸

ID-SOV and ID-GOV are crucial prerequisites to Aboriginal and Torres Strait Islander peoples and communities being empowered to make decisions and shape policy based on our own priorities and goals. Consequently, the Lowitja Institute advocates for stronger commitment by governments and mainstream institutions to ID-SOV and ID-GOV, including investment in the infrastructure needed for our communities to effectively collect, manage and share data. This is necessary to address the power imbalances and inequities that continue to be perpetuated by policymakers and those who control data ecosystems and infrastructure.

Data governance, infrastructure and sovereignty are closely linked to the National Agreement, particularly Priority Reform Four, and are reflected in key commitments under Priority 12 of the 2021–2031 NATSIHP.

¹⁸ Maiam nayri Wingara Indigenous Data Sovereignty Collective 2018, *Indigenous Data Sovereignty Communique – Indigenous Data Sovereignty Summit*, 20 June 2018, Canberra, Maiam nayri Wingara and Australian Indigenous Governance Institute (Canberra). Accessed 29 May 2023 at [Maiam nayri Wingara – MnW Principles](#).

Building a culturally safe disability and aged care sector

Links to core priorities: Cultural safety in health systems

Elderly Aboriginal and Torres Strait Islander people, and those with disability or developmental concerns, face significant challenges in accessing appropriate, timely and culturally safe care. These challenges have been highlighted on the national level in recent years, including through the Royal Commission into Aged Care Quality and Safety and the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability.

Moreover, we know that all Stolen Generations survivors are now aged over 50 and eligible for aged care, and that these survivors are more likely to have a severe or profound disability than other Aboriginal and Torres Strait Islander people aged over 50¹⁹ – underscoring the critical need for culturally responsive, trauma-aware and healing-informed care. To address these challenges, we call for governments to listen to the voices, priorities and unique experiences of our Elders and community members with disability or developmental delay, ensuring that they are reflected in policy and practice reforms. Doing so will align with transformation efforts under Priority Reform Three of the National Agreement, as well as Priority 3 of the 2021–2031 NATSIHP.

Monitoring and Evaluating Impact in Priority Policy Areas

Striving to maximise our impact on the health and wellbeing of Aboriginal and Torres Strait Islander peoples, the Lowitja Institute continuously monitors the ways in which our policy work influences the national policy and research landscape in the identified priority areas. This monitoring takes place through:

- the use of a systematic **policy monitoring tool** that assesses engagements, outputs, outcomes achieved directly and indirectly, and links to the Lowitja Institute's Strategic Priorities and Research Priorities
- engagement with our Members' Community
- engagement with our Board of Directors
- engagement in ongoing national forums of Aboriginal and Torres Strait Islander community-controlled organisations, including the NHLF and various Closing the Gap mechanisms
- engagement with Australian Government departments and statutory authorities.

¹⁹ Australian Institute of Health and Welfare (AIHW) 2021, *Aboriginal and Torres Strait Islander Stolen Generations aged 50 and over: updated analyses for 2018-19*, Cat. No. IHW 257, AIHW (Canberra). Accessed 30 May 2023 at [AIHW – Reports & Data](#).



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