Published by Te Rau Ora, 2020

Journal of INDIGENOUS WELLBEING
Te Mauri - Pimatisiwin

A research protocol - *Indigenous culture, saves lives* - Australian Indigenous cultural views and knowledge in health policy: A case study - the National Aboriginal and Torres Strait Islander Health Plan 2013 - 2023

Volume 5 | Issue 1

Article 3, March 2020

Carmen Parter
Poche Centre for Indigenous Health, University of Sydney

Shawn Wilson
Southern Cross University

Josephine Gwynn
University of Sydney

John Skinner
Poche Centre for Indigenous Health, University of Sydney

Donna Hartz
Formerly University of Sydney

Abstract

In Australia, an evidence gap exists for governments and policymakers about what it means when the cultures of Aboriginal and Torres Strait Islander people are included in public policies. Specifically, when the cultures of Indigenous Australians have been incorporated in a public health policy like the Australian Government's National Aboriginal and Torres Strait Islander Health Plan 2013-2023 (Health Plan), how do policymakers implement - enable, embed, and enact - cultures? More disturbing is the non-recognition of Indigenous culture's innate relationship to the knowledges held by Indigenous Australians. In recognition of the importance of Indigenous cultures to the health and wellbeing of Indigenous Australians, the centrality of culture in the Health Plan represents the first national Indigenous public policy that reflects its relevance. This research protocol describes a public policy qualitative research study that aims to address this evidence gap by using the Health Plan as a case study.

Keywords: Indigenous Cultures, Indigenous Knowledges, Indigenous Cultures and

Indigenous Knowledges, public policy, public health policy, public policy intervention research, qualitative research, Indigenous research methodology.

Note: In recognition of the diversity that exists amongst Aboriginal and Torres Strait Islander Australians, this article respectfully uses Indigenous except during citations or when practice would suggest otherwise.

He Mihi – Acknowledgements:

1. Poche Centre for Indigenous Health at the University of Sydney who sponsor the first author under the Wingara Mura Leadership Academy program.
2. The National Health Leadership Forum for their support and advice.

Introduction

In Australia, the cultures of Aboriginal and Torres Strait Islander people continue to be incorporated into the decisions and actions of governments – known as public policies (Parter, Wilson, & Hartz, 2018). However, when Indigenous cultures have been incorporated into a public policy, very little is understood about culture's meaning, and how culture is to be implemented. Indeed an evidence gap exists (Parter et al., 2018). Furthermore, Indigenous knowledges and its intrinsic relationship to Indigenous cultures (and vice versa) are absent from the Australian public policy conversations (Parter et al., 2018). Health to Indigenous Australians is about rightfully practising their traditional medicines and cultural knowledges that considers the physical, social, emotional, and cultural wellbeing of the entire community (United Nations General Assembly, 2007). This holistic nature of health is often in conflict with western concepts of health (National Aboriginal Health Strategy Working Party, 1989).

The inclusion of Indigenous cultures in the design and delivery of policies and programs has been a critical and essential consideration to support improvements in the health and wellbeing of Indigenous Australians (Jones et al., 2018). Connection with cultures such as Indigenous languages and country are the fundamental cornerstones for healthier people, lives, and communities (Australian Government, 2017a). However, when Indigenous cultures have been included in an action or a decision of the government, how do they then implement culture?

This article relates to a research protocol about a public policy qualitative research initiative. A case study approach is being taken with the Australian Government's National Aboriginal and Torres Strait Islander Health Plan 2013 - 2023 (the Health Plan) as a case example because Indigenous cultures are central to its policy framework (Australian Government, 2013). A rationale as to why this study is being undertaken briefly discusses the limitations of culture, including culture's representation in the Health Plan. The research context helps set the scene by providing examples of public policies, public health policies, policymakers, and policy elites of the Indigenous public policy sub-system. Further, system thinking as a practice assists in understanding the inter-relatedness of complex factors at play is discussed. An Indigenous research methodology underpinned by an Indigenous way of being, knowing, and doing is described and demonstrated when securing community support and approval for the research initiative. A research question and aim are canvassed followed by an overview of the study methods, participants, data collection, and analysis process. Finally, finishing with a conclusion.

Rationale

The visibly of culture in the Health Plan represents the first national health policy to acknowledge the centrality of culture when addressing the health disparities and inequities and the social inequalities that are experienced by Indigenous Australians (Australian Government, 2013).

Culture is described in the Health Plan as "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" (Australian Government, 2013, p. 7).

It further recognises the changing nature of culture, the role that colonisation has had on disrupting the practice of cultures, and reaffirms culture's contributions to improving Indigenous health (Australian Government, 2013).

However, such representation of Indigenous culture in the Health Plan is very limiting (Parter et al., 2018). Pholi, Black, and Richards (2009) argue that Indigenous public health policy discourse tends to blame Indigenous Australians for not being connected to or having a culture. This blaming is evident in the Health Plan.

Culture is also challenging to conceptualise. Nonetheless, several overarching Aboriginal and Torres Strait Islander cultural domains have been identified from the literature, and they are "knowledges and beliefs, cultural expressions, country and caring for country . . . language, self-determination and family, kinship and community" (Jones et al., 2018, p. 2).

Indigenous cultures, and indeed, Indigenous knowledges, has been highlighted as often invisible to public policy processes (Parter, 2005; Parter et al., 2018). Policymakers in governments have previously been asked to provide opportunities for Indigenous people and communities to apply their culture within policy development (Parter, 2005). What is missing from the public policy dialogue and processes is the lack of meaning and understanding when the cultures of Indigenous Australians have been incorporated in a public policy framework. More specifically, how to enable, embed, and enact the cultures (and knowledges) of Indigenous Australians (Parter et al., 2018). Maybe such understanding will contribute towards improvements to the well-established evidence about the poor health and wellbeing of Indigenous Australians.

The Research Context: Setting the Scene

Public Policies, Indigenous Public Health policies, Policymakers, and Policy Elites of the Indigenous Public Health Sub-System

Public policies are the things that governments (or their organisations) decide to do (Buse, Mays, & Walt, 2012; Weible, 2014). A range of policy instruments is used by governments to authorise their decisions such as written community agreements, government-wide agreements, national strategies, laws, and programs.

Examples of national public policies relating to Indigenous health

- The signing of the March 2008 Indigenous Health Equality Summit Statement of Intent between governments and Indigenous and non-Indigenous organisations about working in partnership to address the health of Indigenous Australians (Australian Indigenous HealthInfoNet, 2016).
- The Council of Australian Government's commitment to Closing the Gap (CTG) health agenda and the National Indigenous Reform program in 2007 and 2008 respectively (Australian Indigenous HealthInfoNet, 2016). Also, the Commonwealth Government's CTG Refresh (Australian Government, 2017b).
- The 1989 National Aboriginal Health Strategy, the 2003-2013 National Strategic Framework for Aboriginal and Torres Strait Islander Health, and the National Aboriginal and Torres Strait Islander Health Plan 2013 – 2023 are successive national public health policy instruments designed to improve Indigenous Australian's health (Australian Government, 2013; National Aboriginal Health Strategy Working Party, 1989; National Aboriginal Torres Strait Islander Health Council, 2003).
- The legislation, appropriation bills, and regulations executed by the executive government such as the Stronger Futures 2012 Act that aims to strengthen the lives of Northern Territory Aboriginal people, families, and communities.
- Individual government programs such as the Commonwealth Government's Indigenous Health Advancement Program designed to avert the onset of preventable chronic diseases like diabetes, cardiovascular, and respiratory problems (Australia Government, 2014).

In Australia, the National Government, its organisations, and staff make public policies as do state, territory, and local governments. These public policies distinguish themselves from policies that the private, non-government, or civil society sectors develop because they are not governments (Buse et al., 2012). Although these sectors are required to comply with government policies, where relevant.

The policymakers that develop Indigenous public health policies are but one group of many policy actors in Australia's highly political and multi-layered public policy system consisting of Commonwealth of Australia, state, and territory parliamentarians, ministers, departmental policy advisors; and specialist governmental appointed experts. In health, they are sometimes referred to as policy elites (Buse et al., 2012).

Of the many policy actors, these policy elites "exercise considerable influence in the development of health policy" (Baker, 2013, p. 309). They are usually members of a group or a network that have the same knowledge and interests relating to a specific issue (Baker, 2013). The Indigenous health sub-domain of Australia's large, highly complex, and multi-dimensional national policy environment is where these Indigenous and non-Indigenous policy elites interact (Baker, 2013).

Examples of policy elites in this Indigenous health sub-system include the National Health Leadership Forum (NHLF)[1], the Commonwealth Department of Health, their Health Plan Implementation Advisory Group (or previous groups), ministers and advisors (former and current members). Past chairs and members of the former National Indigenous Health Equality Council and the Aboriginal and Torres Strait Islander Health Standing Committee of the Australian Health Ministers Advisory Council (which is a sub-group of the Council of Australia Government's Health Council). The Close the Gap (people's movement) campaign coalition consisting of national Indigenous and non-Indigenous community, and professional organisations drawn from a broad-ranging health field.

These Indigenous and non-Indigenous policy elites are best placed to respond to the research question posed by this study.

Thinking Beyond Health: System Thinking

Given the challenges that governments face to meet the CTG targets (Australian Government, 2018) and the well-documented evidence about the poor health and wellbeing of Indigenous Australians (Australian Health Ministers' Advisory Council, 2017), a new approach to understanding such complex phenomena is warranted. It is, therefore, imperative that the work of this research study adopts systems thinking.

Systems thinking assists in understanding the inter-connectedness and relationalities of the complexities, and sometimes the invisible factors, relating to the wholeness of a social phenomenon (Adam, 2014; Peters, 2014). As opposed to a linear and often limiting public health cause and effect approach, system thinking provides a model of practice that brings greater depths of understanding to policy analysis and research (C. Huckel-Schneider, personal communication, 27 October, 2018).

It is well understood that the issues of achieving health, education, and employment parity for Indigenous Australians are a highly complex social phenomenon. A single solution to address the health disparities, inequities, and social inequalities will be ineffectual (C. Huckel-Schneider, personal communication, 27 October, 2018) because the broader social issues such as unemployment, inadequate housing, lack of educational attainment, or racism contribute to the 10-year Indigenous life expectancy gap (Australian Health Ministers' Advisory Council, 2017). Similarly, lifestyle issues such as smoking, not exercising, unhealthy eating choices, and obesity add to the higher rates of ill health and death (Australian Health Ministers' Advisory Council, 2017). Further, poor access to services such as dentistry, doctors, other professionals, or

[1] The NHLF is a partnership of national organisations that include the Aboriginal and Torres Strait Islander Healing Foundation and the Australian Indigenous Doctors' Association. Also, the Australian Indigenous Psychologists' Association and Congress of Aboriginal and Torres Strait Islander Nurses and Midwives. Further, the Indigenous Allied Health Australia Incorporation and the Indigenous Dentists' Association of Australia. The Lowitja Institute, National Aboriginal and Torres Strait Islander Health Workers Association, National Aboriginal Community Controlled Health Organisation, National Aboriginal and Torres Strait Islander Leadership in Mental Health, National Association of Aboriginal and Torres Strait Islander Physiotherapists, and the Torres Strait Regional Authority (National Health Leadership Forum, personal communication, September 14, 2017).

hospitals adds to these problems (Australian Health Ministers' Advisory Council, 2017).

Additionally, the social, political, economic, and health inequalities experienced by Indigenous Australians relate to structural disadvantages arising from the legacy of colonisation (Kirmayer & Brass, 2016). Finally, past public policies such as the forcible removal of Indigenous children from their families (known as the "Stolen Generations"), continue to have a pervading detrimental impact on the lives, health, and emotional wellbeing of Indigenous Australians (Dudgeon, Milroy, & Walker, 2014).

Given these inter-related complexities, it is, for this reason, that system thinking as a framework of practice will be applied to this research study. As Adam (2014) argues, "mastering our understanding of how things work lies in interpreting interrelationships and interactions within and between systems*"* (p. 1).

An Indigenous Research Methodology

Methodology in this research study involves the underlying assumptions, concepts, and parameters that guide the practices of discovery. Given this, an Indigenous research methodology directs this research study that is underpinned by an Indigenous way of learning and teaching (pedagogy), an Indigenous way of being (ontology), knowing (epistemology), and doing (axiology; Wilson, 2008). The central positioning of the first author's *"blackness"* and Indigeneity, cultural worldviews and lived experiences including many years of working in government, brings a critical Indigenous perspective to the research study that privileges an Indigenous voice when producing valid knowledge(s) (Moreton-Robinson, 2000; Rigney, 1999). As demonstrated below, at play are those relational community and cultural obligations of reciprocity, respect, and responsibility (Wilson, 2008). As an Indigenous researcher (the first author), who is cognisant of Indigenous cultural and community protocols, an appropriate community governance mechanism that supports this research study was a necessity.

The nation-wide nature of the research study did not fit neatly into local community control and oversight requirements. Those relational community accountabilities and cultural obligations of respect, reciprocity, and responsibilities could have been compromised (Wilson, 2008). It also presented challenges when navigating the Aboriginal and Torres Strait Islander health ethical guidelines that required Aboriginal community control of all aspects of the research project (Aboriginal Health & Medical Research Council Ethic Committee, 2016; Australian Institute of Aboriginal & Torres Strait Islander Studies, 2012). However, the design and low-risk nature of the research study minimised these challenges.

Specifically, the NHLF was considered the most appropriate community body. Subsequently, the research study proposal (with several iterations) was presented to the NHLF on several occasions during 2017. The NHLF agreed to support the research study and to be actively engaged as a reference group (National Health Leadership Forum, personal communication, May 30, 2017).

Also, because the research study is being conducted from the Australian State of New South Wales (NSW), the peak state-wide Aboriginal body representing the Aboriginal Community Controlled Health sector (the Aboriginal Health and Medical Research Council of NSW) also provided their support. Furthermore, because the first author lives, works, and is studying on Bundjalung country, the Gnibi Elders Council at Southern Cross University in Lismore are also supportive of this research idea when it was presented to them in November 2015.

These relational community and cultural obligations are inherent in Indigenous research practices (Wilson, 2008). An additional dimension to the conduct of health research is added when Indigenous people and communities are the focus of attention. More importantly, it is incumbent on Indigenous researchers (their obligatory responsibilities) to respectfully be accountable for the way that research is conducted with or within Indigenous communities (Wilson, 2008).

Research Question and Aim

The main research question of this study is when the cultures of Indigenous Australians have been incorporated in a public health policy like the Australian Government's National Aboriginal and Torres Strait Islander Health Plan 2013 –

2023 (the Health Plan), how do policymakers – implement - enable, embed, and enact - culture?

Implicitly further questions to be explored are how does the Health Plan represent Indigenous cultures, including Indigenous knowledges? Is such representation of Indigenous cultures reflective of what Indigenous Australian's have said previously, particularly its relationship to Indigenous knowledges? If yes, how? If not, what are the differences? Finally, what are the public policy implications?

This research aims to develop a conceptual framework(s) that assists in bringing meaning and understanding to Indigenous cultures and, indeed, Indigenous knowledges in public health policies. It is envisaged that a model of practice will be developed as part of this framework that enables, embeds, and enacts Indigenous Australian's cultures and knowledges.

Study Methods, Participants, Data Collection, and Analysis

The Methods

As previously mentioned, given the centrality of Indigenous culture in the Health Plan, a case study approach is being taken. A case study is an acceptable form of inquiry that will assist in responding to the research question (Creswell, 2007).

Documents such as consultation reports and written submissions relating to the Health Plan's development and its implementation will be examined. These documents could include publicly released documents obtained from libraries or the internet and other documents revealed during the study and available for public access. Thematic analysis of these documents provides an opportunity to understand any complexities (Creswell, 2013) about Indigenous cultures, cultures meaning and representation, and its relationship to Indigenous knowledges.

Yarning sessions will be held over six months, with 10 to 20 policy elites who contributed to the development or current implementation of the Health Plan. Yarning involves a conversational method of storying telling and will be used to further complement the document analysis. Yarning is an acceptable research method that allows policy elites to tell their story about why culture was included in the Health Plan (Bessarab & Ng'andu, 2010). Policy elites will be prompted about whether any meaning had been bought to culture when discussing its inclusion and whether its relationship to Indigenous knowledges had been mentioned. They will also be asked how they think culture can be facilitated, given its central positioning in a public policy framework like the Health Plan. A yarning script will be used by the researcher to help start the yarning sessions but will not be provided to policy elites.

The research study complies with the ethical standards outlined in the national statement on ethical conduct in human research 2007 - updated May 2018 (National Health and Medical Research Council, the Australian Research Council, and Universities Australia, 2018b) and the Australian code for the responsible conduct of research (National Health and Medical Research Council, the Australian Research Council, and Universities Australia, 2018a). The NSW Aboriginal Health and Medical Research Council (AH&MRC) Human Research Ethic Committee (HREC) have approved this study (AH&MRC HREC Ref No.: 1354/17). Also, the University of Sydney's (UoS) HREC has also provided ethical approval (UoS HREC No.: 2018-69).

Participants: Selection and recruitment

Policy elites have been purposively selected (Mason, 2002). They are drawn from the Indigenous health sub-domain of Australia's national public health policy system.

Examples of policy elites

- The National Health Leadership Forum, including members of its secretariat who were pivotal in finalising negotiations about the Health Plan's content back in 2012-13 and continue to be involved in its implementation.
- Policymakers in government like those in the Commonwealth Department of Health and their Health Plan's advisory group, Health Ministers or their advisors who were previously involved in the Health Plan's development and its continued implementation.
- The former National Indigenous Health Equality Council chairs and its membership

because of their crucial role in leading the development of the Health Plan.

- Members of the Australian Health Ministers Advisory Council's Aboriginal and Torres Strait Islander Health Standing Committee.
- Critical individuals of the Close the Gap people's movement campaign (C. Parter, personal communication, November 23, 2017).

The above policy elites must have been previously involved with the Health Plan's development or its continued implementation. A peer-nomination snowball sampling technique will be applied that involves asking policy elites to nominate others based on those criteria (Baker, 2013).

Letters inviting policy elites to participate in a yarning session will be sent, including a Participant Information Statement and a Participant Consent Form. The study overview, the selection process, maintenance of confidentially, use of material, and information about the next stages of the research study will be included in such a letter (Baker, 2013).

A follow-up email or telephone call will confirm each policy elite's agreement to participate in a yarning session. A convenient time and venue will be organised with a 50-minute face to face yarning session held. As a last resort, other means such as Skype or telephone yarning will be offered on those occasions when a face-to-face session is not feasible.

Clarification about each policy elite's understanding of the research study, how their privacy will be maintained, data secured, and a signed consent form will occur before commencing yarning sessions.

Data collection, analysis, and storage

Following approval from policy elites, yarning sessions will be digitally recorded. These recordings and written transcripts will comply with the University of Sydney and School of Medicine and Health's privacy, record management, and research data management policies such as the development of a research data management plan (RDMP). An approved RDMP details how the study material will remain private, secure, and how the data generated by this research will be protected and disposed of after the required termination period.

Yarning session data will be thematically (Braun & Clarke, 2006) analysed with coding occurring and preliminary themes identified that will be refined at a later stage (Liamputtong, 2012).

Data saturation can be expected when the same points and occurring themes and issues are consistently highlighted by policy elites (Byrne, 2001). Once data saturation has been confirmed, coding will continue inductively (J. Mooney-Somers, personal communication, 26 May, 2017) involving refinement to the themes by "searching … [for] repeated patterns of meaning" (Braun & Clarke, 2006, p. 86). A story begins to be built to assist with responding to the research question (Liamputtong, 2012).

The identifiable themes will be provided to policy elites, the study's academic team, and members of the NHLF. The members of the NHLF will also consider a model of practice aimed to enable, embed, and enact Indigenous cultures, knowledges, and cultural knowledges of ways of being, knowing, and doing held by Indigenous Australians.

Finally, the overall research study will be written up in a thesis with several peer-review publications. Negotiations will be held with those involved with publications and how they would like to be acknowledged.

Conclusion

The cultures of Indigenous Australians continue to be incorporated into public policies. The invisibility of Indigenous knowledges and its absence from the Australian public policy and public health policy arenas are noticeable. More importantly, the lack of Indigenous knowledge's inherent existence with Indigenous cultures and vice visa are disturbing. An evidence gap does exist about meanings of and understanding cultures when culture is incorporated in a public policy instrument like the Health Plan. Specifically, about how policymakers implement - enable, embed, and enact - Indigenous cultures. This impending public policy qualitative research study intends to address such an evidence gap by developing a conceptual framework that brings meaning and understanding to Indigenous

cultures and Indigenous knowledges in public health policies. A model of practice is anticipated that assists to enable, embed, and enact Indigenous cultures once incorporated in public policy.

Owing to the Australian Government's National Aboriginal and Torres Strait Islander Health Plan 2013 – 2023 as the first national public health policy that centrally positions culture to its policy framework, it is being used as a case study. Any meaning and understanding of Indigenous cultures and their intrinsic relationship to Indigenous knowledges during the Health Plan's development or implementation will be explored. Additionally, yarning sessions with Indigenous and non-Indigenous policy elites, drawn from the Indigenous public health sub-domain of Australia's public policy environment, will further complement the findings of document reviews. Underpinning such an approach is the practice of system thinking that brings a deeper understanding of the social phenomena and complexities when dealing with the health and wellbeing of Indigenous Australians. Further, a critical Indigenous perspective that privileges an Indigenous way of being, knowing, and doing is vital to policy development and implementation.

Perhaps this research study may be the answer to resolving some of the failings of the Council of Australian Government's CTG initiatives that aim to address the health, education, and employment disparities and inequalities experienced by Indigenous Australians (Australian Government, 2019).

References

Aboriginal Health & Medical Research Council Ethic Committee. (2016). *AHMRC Guidelines for Research – KeyPrinciples*. Retrieved from https://n8p4t5m5.stackpathcdn.com/wp-content/uploads/2019/07/AHMRCGuidelinesforResearchKeyPrinciples.pdf

Adam, T. (2014). Advancing the application of systems thinking in health. *Health Research Policy and Systems, 12*(50).

Australian Government. (2013). *National Aboriginal and Torres Strait Islander Health Plan 2013-2023*. Canberra, Australia: Commonwealth of Australia.

Australian Government. (2014). *The Indigenous Australian's Health Program: Programme guidelines*. Retrieved from https://www1.health.gov.au/internet/main/publishing.nsf/Content/indigenous-programme-lp

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

Australian Government. (2017b). *Professor Ian Anderson's appointment an important step to Closing the Gap*. Retrieved from http://www.indigenous.gov.au/news-and-media/stories/professor-ian-anderson's-appointment-important-step-closing-gap

Australian Government. (2018). *Closing the Gap Prime Minister's Report 2018* Retrieved from https://www.niaa.gov.au/sites/default/files/reports/closing-the-gap-2018/home.html

Australian Government. (2019). *Closing the Gap Report 2019*. Retrieved from https://ctgreport.pmc.gov.au/sites/default/files/ctg-report-2019.pdf?a=1

Australian Health Ministers' Advisory Council. (2017). *Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report*. Retrieved from https://www.niaa.gov.au/sites/default/files/publications/2017-health-performance-framework-report_1.pdf

Australian Indigenous HealthInfoNet. (2016). *Overview of Australian Indigenous and Torres Strait Islander health status 2015*. Retrieved from http://www.healthinfonet.ecu.edu.au/uploads/docs/2015-overview.pdf

Australian Institute of Aboriginal & Torres Strait Islander Studies. (2012). *Guidelines for ethical research in Australian Indigenous studies*. Canberra, Australia: Author.

Baker, P. (2013). Doing health policy research. In C. Banwell, S. Ulijaszek, & J. Dixon (Eds.), *When culture impacts health: Global lessons for effective health research* (pp. 309-317). CA: Elsevier Science.

Bessarab, D., & Ng'andu, B. (2010). Yarning about yarning as a legitimate method in

Indigenous research. *International Journal of Critical Indigenous Studies, 3*(1), 37-50.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101. http://doi.org/10.1191/1478088706qp063oa

Buse, K., Mays, N., & Walt, G. (2012). *Making Health Policy* (2nd ed.). Berkshire, England: Open University Press.

Byrne, M. (2001). Sampling for qualitative research. *AORN Journal, 73*(2), 494-498.

Creswell, J. W. (2007). *Qualitative inquiry and research design: choosing among five approaches* (2nd ed.). Thousand Oaks, CA: Sage.

Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five approaches* (3rd ed.). Thousand Oaks, CA: Sage.

Dudgeon, P., Milroy, H., & Walker, R. (Eds.) (2014). *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practices.* Retrieved from https://www.telethonkids.org.au/globalassets/media/documents/aboriginal-health/working-together-second-edition/working-together-aboriginal-and-wellbeing-2014.pdf

Jones, R., Thurber, K. A., Chapman, J., D'Este, C., Dunar, T., Wenitong, M,… Lovett, R. (2018). Study protocol: Our cultures count, the Mayi Kuwayu study, a national longitudinal study of Aboriginal and Torres Strait Islander wellbeing. *BMJ Open, 8*(6), 1-7. http://doi.org/10.1136/bmjopen-2018-023861

Kirmayer, L. J., & Brass, G. (2016). Addressing global health disparities among Indigenous peoples. *The Lancet, 388*(10040), 9-15 . http://doi.org/10.1016/s0140-6736(16)30194-5

Liamputtong, P. (2012). *Qualitative research methods* (4th ed.). Melbourne, Australia: Oxford University Press.

Mason, J. (2002). *Qualitative researching* (2nd ed.). London, England: Sage.

Moreton-Robinson, A. (2000). *Talkin' up to the white woman: Aboriginal women and feminism*. Brisbane, Australia: University of Queensland Press.

National Aboriginal Health Strategy Working Party. (1989). *A National Aboriginal Health Strategy*. Canberra, Australia: Author.

National Aboriginal Torres Strait Islander Health Council. (2003). *National Strategic Framework for Aboriginal and Torres Strait Islander Health*. Canberra, Australia: Author.

National Health and Medical Research Council, Australian Research Council and Universities Australia. (2018a). *Australian code for the responsible conduct of research 2018*. Canberra: National Health and Medical Research Council.

National Health and Medical Research Council, the Australian Research Council and Universities Australia. (2018b). *National Statement on ethical conduct in human research - 2007 (updated 2018)*. Canberra, Australia: National Health and Medical Research Council.

Parter, C. (2005). Cultural dimensions in policy development: A case study, The NSW Aboriginal Justice Plan. *Public Administration Today, 2005*(4), 4-8.

Parter, C., Wilson, S., & Hartz, D. L. (2018). The Closing the Gap (CTG) refresh: Should Aboriginal and Torres Strait Islander culture be incorporated in the CTG framework? How? *Australian and New Zealand Journal of Public Health, 43*(1), 5-7. https://doi.org/10.1111/1753-6405.12850

Peters, D. H. (2014). The application of systems thinking in health: Why use systems thinking? *Health Research Policy and Systems, 12*, 1-6.

Pholi, K., Black, D., & Richards, C. (2009). Is 'Close the Gap' a useful approach to improving the health and wellbeing of Indigenous Australians? *Australian Review of Public Affairs, 9*(2), 1-13.

Rigney, L.-I. (1999). Internationalization of an Indigenous anticolonial cultural critique of research methodologies: A guide to Indigenist research methodology and its principles. *Wicazo Sa Review, 14*(2), 109-121.

Stronger Futures in the Northern Territory Act (2012). Retrieved from https://www.legislation.gov.au/Details/C2012A00100

United Nations General Assembly. (2007). *United Nations Declaration of the Rights of Indigenous Peoples,* A/RES/61/295. Retrieved from http://www.refworld.org/docid/471355a82.html

Weible, C. M. (2014). Introduction: The scope and focus of policy process research and theory. In P. A. Sabatier & C. M. Weible (Eds.), *Theories of the policy process* (3rd ed., pp. 1 - 16). NY: Westview Press.

Wilson, S. (2008). *Research is ceremony: Indigenous research methods*. Black Point, Canada: Fernwood Publishing.

About the authors:

Associate Professor (Adjunct) Carmen Parter is a proud descendent of the Darumbal and Juru clans of the Birra Gubba Nation of Queensland (Australia) with South Sea Islander heritage. She has been a clinician, educator, researcher, policy advisor, project officer, manager, and senior executive spanning a public servant career of over 30 years. She is at the Sydney Poche Centre for Indigenous Health as an academic fellow embarking on a Doctorate of Philosophy. Carmen wears many hats including being the inaugural Co-chair of the Indigenous Working Group of the World Federation of Public Health Association. The following co-authors are Carmen's PhD Academic Panel. carmen.parter@sydney.edu.au

Dr Shawn Wilson PhD(MONASH), MA(UAF), BSc(UM) is Opaskwayak Cree from northern Manitoba, Canada and now lives on Bundjalung land in eastern Australia. He is Director of Research at Gnibi College of Indigenous Australian Peoples at Southern Cross University. Shawn's doctoral thesis was in Indigenous knowledge, which followed study in psychology and zoology. Through working with Indigenous people internationally, Shawn has applied Indigenist philosophy within the contexts of Indigenous education, health, and counsellor education. In addition to further articulating Indigenous philosophies and research paradigms, his research focuses on the inter-related concepts of identity, health and healing, culture and wellbeing.

Dr Josephine Gwynn is an early career researcher. Her research interests includes a focus on young Aboriginal people and their nutrition, physical activity, wellbeing and related determinants. Also Aboriginal community governance of research, models of Aboriginal community delivered health promotion and, building the capacity of Aboriginal researchers, project officers and community members. Dr Gwynn has just completed a large National Health and Medical Research Council study - The Many Rivers Diabetes Prevention Project (MRDPP). She has mentored a number of Aboriginal project officers to complete their diplomas and degrees as well as attain leadership positions in their communities and in both state and national arenas.

Dr John Skinner worked in public health for over 30 years and was appointed as the Director of the Centre for Oral Health Strategy NSW in 2014 and led the development of both Oral Health 2020 and the Aboriginal Oral Health Plan in NSW. John has been working closely with Aboriginal Community Controlled Health Services, Local Health Districts, Universities and professional groups, to develop effective community partnerships to address inequities in Aboriginal health status in NSW. In March 2018 he commenced at The University of Sydney as a Senior Research Fellow with the Poche Centre for Indigenous Health.

Dr Donna Hartz (RN, RM, M Mid Studies, PhD, FACM) was the former Acting Director of the University of Sydney's, National Centre for Cultural Competence. She is now an Associate Professor in Midwifery, College of Nursing and Midwifery, Charles Darwin University. Donna identifies as a descendent of her grandmother's people; Kamillaroi. She is a midwife and nurse with 33 years' experience as a clinician, educator, lecturer, manager, consultant, and researcher. During this time, she has worked at a variety of tertiary and metropolitan health services and universities within NSW Australia. Her current research foci are on Aboriginal Women's and Maternal Health, Aboriginal Midwifery Workforce Development and Cultural Competence Leadership.