

RESEARCH ARTICLE

Sustaining an Aboriginal wellbeing program: Informing health promotion practice and policy

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Abstract

Issue addressed: Aboriginal and Torres Strait Islander Peoples' holistic concepts of wellbeing are inadequately represented in the health promotion discourse. The aim of this article was to explore what sustains an Aboriginal wellbeing program, to inform critical reflection and reorientation to empower Aboriginal wellbeing approaches in health promotion practice and policy.

Methods: Aboriginal and non-Indigenous researchers collaboratively designed a critically framed, strengths-based research approach with Aboriginal Community Controlled Health Service staff and wellbeing program participants. Data from Individual Yarning ($n = 15$) with program participants and staff inspired co-researchers to co-develop interpretations over two half-day Collaborative Yarning sessions ($n = 9$).

Results: Co-researchers depicted five lifeworld qualities that sustain an Aboriginal wellbeing program: love, connection, respect, culture and belonging. The lifeworld qualities are relational, communicative and involve the dynamics of identity, power and self-determination.

Conclusions: The five qualities support a lifeworld approach to an Aboriginal wellbeing program, opening communicative and relational opportunities to mediate culturally responsive interactions. The qualities mediated interactions between people in the lifeworld including program participants and coordinators, and systems representatives including health service providers. A lifeworld approach provides a way to empower Aboriginal self-determination and leadership through embedment of cultural determinants of health in wellbeing programs.

So what? Health service providers and policy makers can use lifeworld approaches to guide critical reflection and reorient practice and policy related to Aboriginal health. The lifeworld qualities that encompass this approach in wellbeing programs are

The authors recognise and hold the tension that the complex and rich identities of First Nations people cannot be appropriately represented by simplified English terminology. The authors have respectfully used the term *Aboriginal* to refer to First Nations Peoples from the mainland (including Tasmania) of Australia, and the local community where this research was situated, as this is the term that the community identify with. The authors have respectfully employed the terms *Aboriginal and Torres Strait Islander* as an inclusive term, acknowledging and honouring the diverse First Nations Peoples of Australia.

* Karen Roberts is a proud Dughutti woman with family ties to the Yuin, Gidabal, Birpai, Gumbaynggirr and Bundjalung Peoples.

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communicative and relational, centred on local community voices and co-produced with community for Aboriginal identity, empowerment and self-determination.

KEYWORDS

community based, health-promoting program, indigenous health, strengths-based, yarning

1 | INTRODUCTION

Despite the inextricable interface of culture and wellbeing for Aboriginal and Torres Strait Islander Peoples in Australia, the qualities that sustain Aboriginal and Torres Strait Islander wellbeing programs are limited in the health promotion discourse.¹⁻³ Conceptualised through social-relational, collectivist and ecological views, Aboriginal and Torres Strait Islander perspectives of wellbeing encompass Aboriginal and Torres Strait Islander cultural determinants of health through connection to Country; family, kinship, and community; beliefs and knowledge; cultural expression and continuity; languages; self-determination; and leadership.^{1,3,4} A holistic and ecological view of wellbeing creates a tension for policy makers when funding Aboriginal and Torres Strait Islander wellbeing programs and embedding systemised performance indicators into the delivery and outcomes of the program.¹

Aboriginal and Torres Strait Islander wellbeing programs work to empower individuals and communities to achieve better holistic health. They may include nutrition, exercise and stress-reduction activities and are often facilitated by Aboriginal Community Controlled Health Services (ACCHS) in Australia.⁵⁻⁹ ACCHSs play an important role in facilitating wellbeing programs as ‘...leaders in comprehensive health promotion practice over many decades’.¹⁰ Aboriginal and Torres Strait Islander Peoples and communities are central to ACCHS practice, encouraging thriving communities through culturally safe care and community control.⁹⁻¹¹ Through sensitivity and understanding of cultural considerations including local contexts, knowledges and languages, ACCHSs work to enable local community governance of wellbeing programs.^{5,12}

Aboriginal and Torres Strait Islander cultural considerations and practices for success in wellbeing programs have been linked to the notion of the lifeworld.¹³ For critical sociological theorist Jurgen Habermas, the lifeworld is the communicative and socially acquired shared cultural meanings, social interactions and pre-understandings that shape people's experiences.¹⁴ The lifeworld sits in contrast to the system which is focused on efficiency, outcomes and success.¹⁴ The lifeworld of Aboriginal and Torres Strait Islander Peoples embodies a relational centring through their social, political, historical and cultural realities.^{15,16} Hence, their lifeworld has been shaped by a duality between a strong identity, culture and connection to Country; and the dispossession, stigmatisation and a struggle for social justice as minority People in a colonised society, reinforced by dominate systems.^{15,16} The Aboriginal and Torres Strait Islander lifeworld holds underlying capabilities to reaffirm cultural practices and knowledges for self-determination of wellbeing approaches that are consistent with concepts, positive outcomes and aspirations of wellbeing for Aboriginal and Torres Strait Islander People.^{13-15,17,18}

There is a gap in the literature exploring how health-promoting Aboriginal wellbeing programs are sustained with varying resources and over time.¹³ Information from Aboriginal participants and ACCHS staff about lifeworld qualities that are important for an Aboriginal wellbeing program can inform health promotion practice and policy that is responsive to the needs of local Aboriginal communities. The aim of this article was to *explore what sustains the Spring into Shape Aboriginal wellbeing program located on Gumbaynggirr Country in Australia*, to inform critical reflection and reorientation of Aboriginal wellbeing programs to empower Aboriginal approaches in health promotion practice and policy.

2 | METHODS

2.1 | Context

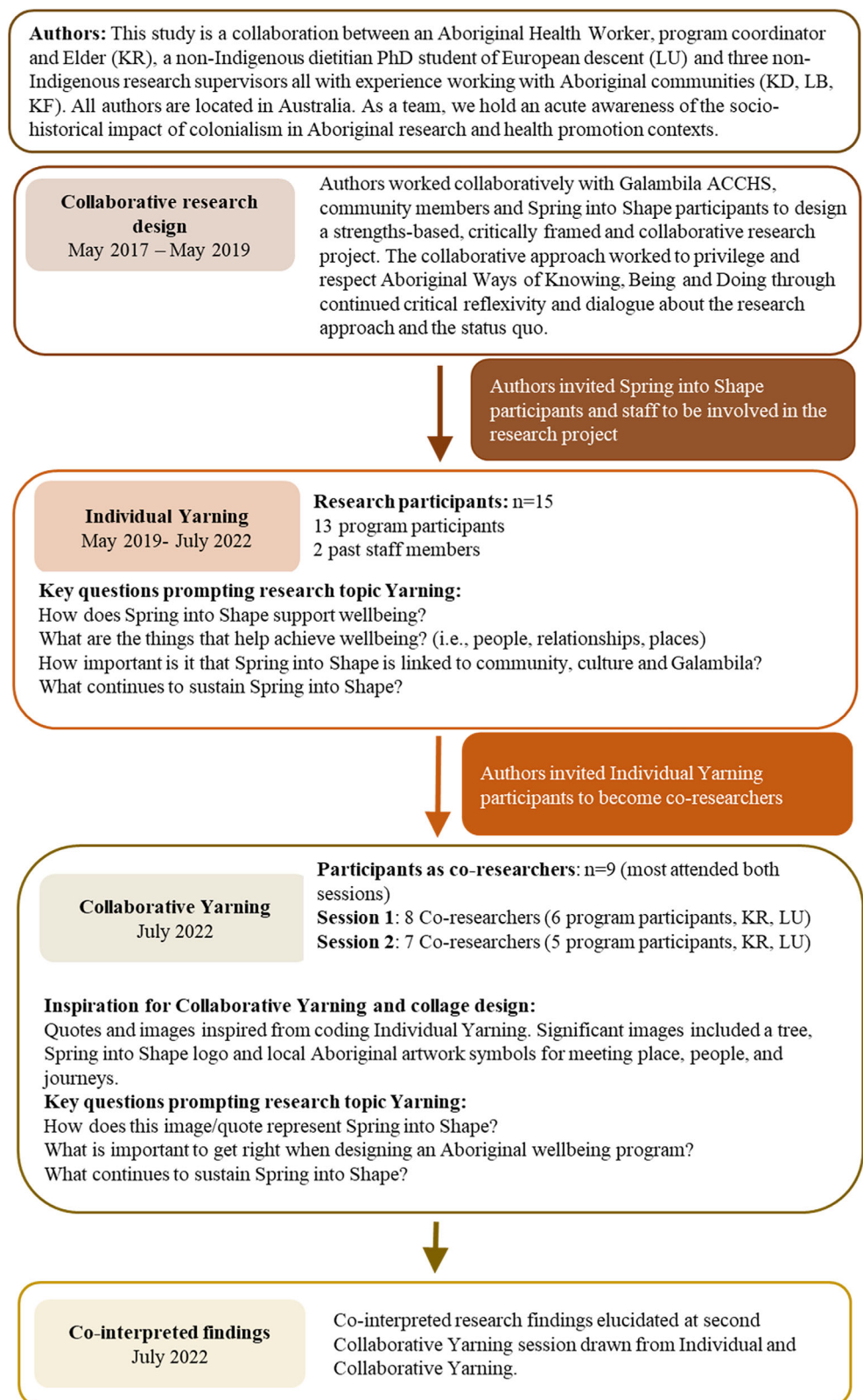
The Spring into Shape Aboriginal wellbeing program has been described elsewhere.^{8,19,20} Briefly, Spring into Shape is an Aboriginal community-driven exercise and nutrition program. The program has been running since 2003 and is described by participants and Galambila ACCHS staff as a wellbeing program. Spring into Shape is facilitated by Galambila. Participants are adult men and women (>18 years), who have, or are at risk of a chronic condition, such as type 2 diabetes or cardiovascular disease, or mental illness such as depression or anxiety disorders.

Spring into Shape is a 20-week program which runs twice per year with up to 20 participants per program. An Aboriginal Health Worker (KR), employed by Galambila, coordinates the program. The weekly program structure includes three group physical activity sessions facilitated by a non-Indigenous Accredited Exercise Physiologist at a local gym on Monday, Wednesday and Friday 10 am–11 am, and one group cooking and nutrition session facilitated by the coordinator and a non-Indigenous Accredited Practising Dietitian (LU) at a local church kitchen on Thursday 10 am–1 pm. There is no cost to attend the program, and transport is offered to participants. Participants who attend most sessions over a 2-week period receive a \$25 fruit and vegetable voucher to contribute towards achieving personal health goals and preparing nourishing recipes with their families.

2.2 | Research approach

This study forms part of a larger research project which stemmed from an expressed interest by local Aboriginal community members and Galambila ACCHS staff to better understand strengths of Spring into Shape.^{13,20,21} Discussions with Galambila staff, and Aboriginal

FIGURE 1 Research design, participants and methods informing interpretation of findings.



and non-Indigenous authors over 2 years led to a critically framed, strengths-based research approach designed collaboratively with community (see Figure 1).^{20,21} A critically framed research approach takes a social justice stance and aims to reveal, critique and challenge power structures which have oppressed Aboriginal Ways of Knowing, Being and Doing for research and wellbeing practice.^{22,23} Aboriginal

and non-Indigenous authors applied a sociocultural strengths-based approach to respect Aboriginal Ways of Knowing and Being.^{23,24} This approach views strengths as coming from social relationships, collective practices and identities that are present in Aboriginal communities.²³ A critically framed, strengths-based research approach aligns with the Ottawa Charter for Health Promotion which focuses on

achieving equity and recognises the capability of community knowledges and involvement to contribute to the development of evidence that can promote change.^{10,11}

The Aboriginal and Torres Strait Islander Quality Appraisal Tool²⁵ and The Consolidated Criteria for Reporting Qualitative Research (COREQ) Checklist²⁶ were applied to ensure the quality and transparency of research reported in this study.

2.3 | Participants

Past and present Spring into Shape participants and staff (approximately 60–80 people) were invited to be involved in the research, provided they could give informed, written consent and had attended at least 10 program sessions ensuring participant familiarity with the program. Two authors (KR and LU) who had established relationships with Spring into Shape participants and Galambila staff used a combination of purposive and snowball sampling via face-to-face or telephone conversations to facilitate recruitment, along with advertisement on the Galambila social media page.

Fifteen current and five past participants and staff of the program communicated an interest in participating and were given a plain language participant information sheet to take home and consider with their families. Seventeen of the 20 invitees consented to the initial Individual Yarning. Thirteen Spring into Shape participants and two staff members (past coordinators) took part in the research (Figure 1). Two people who consented were unable to complete the initial Individual Yarning due to personal reasons. Nine people provided consent to participate in Collaborative Yarning all had participated in Individual Yarning (Figure 1). All participants identified as Aboriginal Peoples.

2.4 | Data creation and interpretative dialogues through Yarning

2.4.1 | Yarning method

Yarning, a rich and complex Aboriginal cultural form of conversation, informed data collection and interpretative dialogues for this study.²⁷ Initially, Individual Yarning was undertaken between participants, KR and LU, followed by two Collaborative Yarning sessions (Figure 1). As the Yarning facilitator for both Individual and Collaborative Yarning, KR used her relational and cultural knowledge as a proud Dunghutti woman and Aboriginal Elder to guide rich dialogues. The Yarning facilitator (KR) acted as a two-way translator, mentor and pacesetter between Aboriginal participants, herself and LU by clarifying language and cultural meanings.^{27,28}

2.4.2 | Individual Yarning

Individual Yarning sessions occurred at a public place chosen by the participant, venues included Galambila ACCHS, cafés or recreation areas. Yarning sessions ($n = 15$) commenced with Family and Social

Yarning^{27,28} between participant and authors (KR and LU) to establish connections, relationships and develop trust. After establishing connections, Research Topic Yarning²⁷ was introduced by KR and LU with an aim for information sharing about the research through participant stories. Research Topic Yarning was prompted by open-ended questions which aimed to explore participant experiences of Spring into Shape (see Figure 1), with results to be published elsewhere.

Individual Yarning was audio-recorded and transcribed verbatim by a confidential transcription service; recordings ranged from 26 min to 73 min in length. Transcripts were coded line-by-line via hand-coding (KD and KF) or using NVivo (LU; Version 12.4, QSR International Pty Ltd). Habermas concepts of lifeworld and system were used as a lens to inform coding.^{14,29} The first author coded all transcripts, KD and KF each coded five transcripts. Coding was reviewed by KR for cultural interpretation. Authors collaboratively discussed coding to reach consensus and begin to develop initial themes. For example, the codes *supporting others* and *motivating others* were discussed and grouped under the sub-theme *inclusiveness*. Individual transcripts were offered to participants to check for accuracy. Participants chose not to review transcripts, instead preferring the Collaborative Yarning (see Figure 2) as a way for member checking. The first author maintained field notes and a reflexive diary throughout the research process.

2.4.3 | Collaborative Yarning

Collaborative Yarning involved a group of Individual Yarning participants ($n = 9$) and two authors (KR and LU) as a co-researcher group (Figure 1) over two half days.²⁷ Inspired by Bessarab and Ng'andu's²⁷ Collaborative Yarning approach and Bridges and McGee's³⁰ Collaborative Dialogical Inquiry model, co-researchers established a Collaborative Yarning process (Figure 2). The Collaborative Yarning process moved between four action stages: beginning, connecting, building and confirming to enable co-interpretation for transformed understanding. The Collaborative Yarning process was underpinned by the characteristics of trust, relationships, communication, safe spaces, respect and reflection (Figure 2).^{27,28,30}

Collaborative Yarning occurred at a local meeting facility chosen together with co-researchers for appropriate size, accessibility and privacy. Collaborative Yarning topics were posed by KR and LU using open-ended questions, images and de-identified quotes from Individual Yarning (Figure 1). As part of the Collaborative Yarning, co-researchers developed a collective collage, guided by a professional local artist, as inspiration to foster further conversation towards interpretation. A component of the collage was a co-constructed diagram which represented the findings (Figure 3).

The two half-day Collaborative Yarning sessions were audio-recorded, transcribed and key concepts were noted on a whiteboard. Co-researchers checked, questioned, refined and reconceptualised interpretations to transform understandings (Figure 2). Authors then linked key concepts identified during Collaborative Yarning to codes developed from Individual Yarning and Collaborative Yarning transcripts and checked meanings and resolved discrepancies with co-researchers.

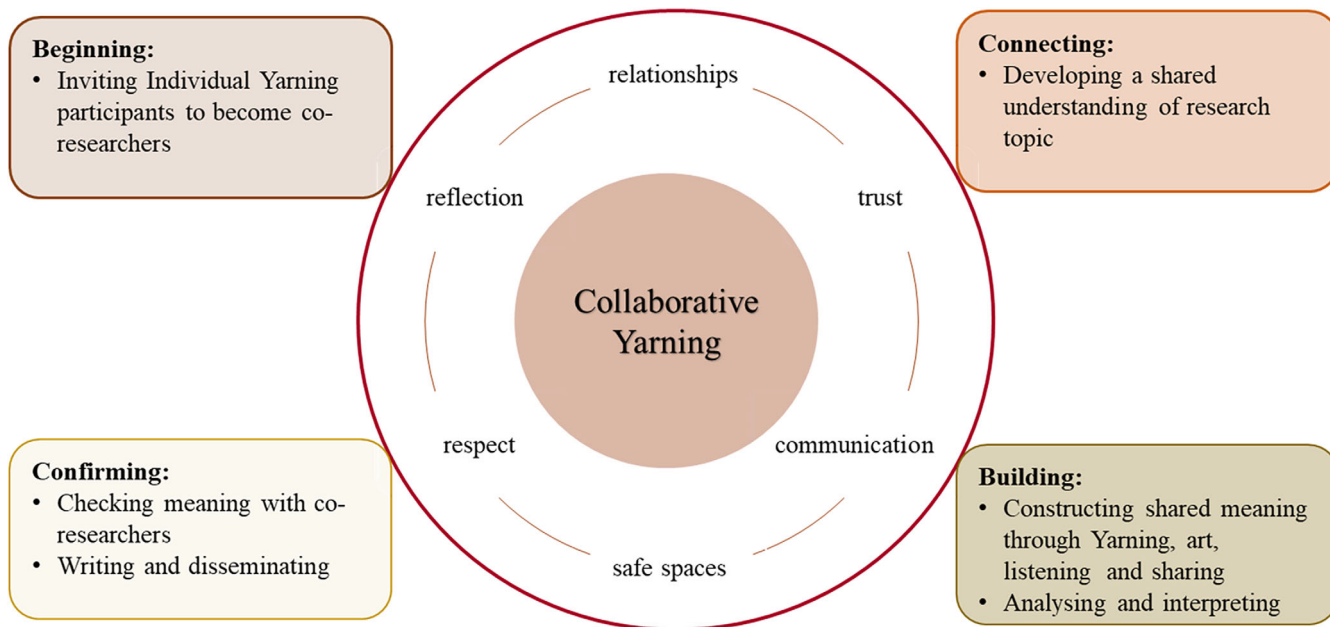


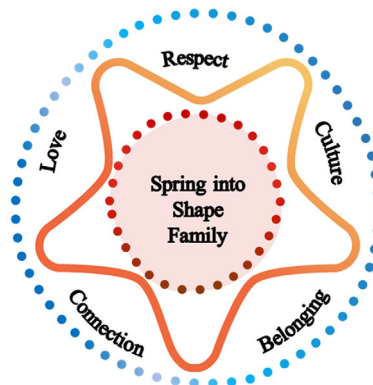
FIGURE 2 Diagram of our Collaborative Yarning process which moves clockwise through four phases: beginning, connecting, building and confirming.^{27,28,30}

2.5 | Ethics

This study obtained ethics approval from the Aboriginal Health and Medical Research Council Ethics Committee, NSW Australia (1411/18) and the University of Newcastle Ethics Committee, NSW Australia (H-2018-0238). A research agreement between Galambila Aboriginal Health Service and The University of Newcastle was co-developed and endorsed by researchers and representatives from both organisations. The agreement detailed the obligations of the organisations around resource sharing, consultation, research outcomes, community benefits, training, timelines and intellectual and cultural property rights.

3 | RESULTS

Interpretation of Yarning about *what sustains an Aboriginal wellbeing program* conceptualised five lifeworld qualities supported by 15 attributes (see Table 1). The lifeworld qualities of love, connection, respect, culture and belonging were all underpinned by communication. The lifeworld qualities were interpreted as inherent and sustaining characteristics of the Spring into Shape Aboriginal wellbeing program as whole-of-program qualities rather than traits of individual people. The lifeworld qualities are relational, mediating interactive communicative relationships between individual participants and program coordinators in the lifeworld, and Aboriginal health service providers representing the system to sustain the wellbeing program (Figure 3).



Interpretation of our co-constructed diagram: Communicative relationships involved in the program are represented as dots and lines in the diagram. The inner circle symbolises participants and program coordinator as a ‘Family’ at the heart of the program (lifeworld). The coordinator also acts as an intermediary between lifeworld and system (orange wavy line). Connected to the ‘Family’, were Aboriginal health providers who worked with the ACCHS (including Aboriginal and non-Indigenous health professionals) represented as the blue outer circle (system). Lifeworld qualities mediated the relationships.

FIGURE 3 Depiction of co-interpreted lifeworld qualities that sustain an Aboriginal wellbeing program.

3.1 | Love

The lifeworld quality of love is related to three attributes shown in Table 1. Personal joy was perceived as a positive concept for wellbeing when participating in the group program.

I just love doing what I'm doing and it's fun, it can be fun. We have laughs. You get out there and everybody's your mate sort of thing and you make silly jokes and whatever. It's really good; I love it. (IY1-participant)

Linked to *personal joy* was a *shared fondness* between participants, who described themselves as a family. The notion of family was important for participants sense of collective identity and solidarity.

Meeting more people, enjoying their company and enjoy doing the exercises ... it's like a family, little things amongst us, in there. I love doing that, I do. (IY9-participant)

Shared fondness was fostered through communication, with the program providing opportunity for participants to strengthen shared relationships and social supports through talking together.

Oh yeah, I think everyone benefits from it Spring into Shape, yeah. And everyone enjoys going there and talking to everyone else... Over the last year we've got to know each other a lot better and, yeah, we all get on well out there. (IY12-participant)

Shared fondness was inherent in the supportive relationships between participants and coordinator, with the coordinator's role in relationships reflected through strong advocacy and support for program participants.

Yeah, and of course [the coordinator], she's really great. We all love her. She's there for us all the time and she does a marvellous job, yeah. (IY15-participant)

Participants imbued a *wholehearted, continuing support for Mob* through their actions, asserting advocacy, self-determination, and leadership over the continuity of the program for community members.

Yeah, when I thought, this wasn't going to start back, I thought oh god, we can't let this program go, we have to try and do everything we can. I wrote a long letter... I put my heart into this letter, you know, and it was good, I was just so happy when I realised, wow, here we go, we're getting back into it again. It was really great, absolutely wonderful. (IY1-participant)

Wholehearted, continuing support for Mob encompassed the coordinator's heartfelt dedication to participants and the Aboriginal community. The quote below describes the compassion for community as a main motivator in her job:

I'll say it this way, what keeps me going as a coordinator is compassion for my Mob, for my people, my culture. Having that compassion to turn up all the time at Galambila...I know I'm being paid and etcetera but, it's

to show up and to be compassionate, and to have that love. (CY1-coordinator)

Participants considered that the ACCHS demonstrated love through *continuing support* for the local Aboriginal community and the well-being program. The ACCHS offered tangible support to empower participant's self-determination over their own healthcare.

It's a really big help and support. It's good that you get support from Galambila you know because that's what they're here for to help and support the community people and that, especially Spring into Shape and that. (IY9-participant)

The lifeworld quality of love was crucial to sustaining the wellbeing program. Love was fostered from a sense of personal joy felt by participants involved in the program, and a shared fondness between participants and coordinator interacting together in the lifeworld. Extending from the lifeworld, love encompassed wholeheartedness and support for Mob expressed by participants and coordinator who interacted with the health service.

3.2 | Connection

The lifeworld quality of connection was associated with three attributes: *connection to Country and Mob*, *communication connections*, and *connections to health service* (see Table 1).

TABLE 1 Summary of Lifeworld qualities and attributes that sustain an Aboriginal wellbeing program.

Lifeworld qualities	Attributes of the lifeworld qualities
Love	<i>Personal joy</i> <i>Shared fondness</i> <i>Wholehearted, continuing support for Mob[†]</i>
Connection	<i>Connection to Country^a and Mob^b</i> <i>Communication connections</i> <i>Connections to health service</i>
Respect	<i>Reciprocity (shown and earned)</i> <i>Cross-cultural</i> <i>Expected of health service providers</i>
Culture	<i>Knowledges</i> <i>Cultural responsiveness</i> <i>The right to practice and celebrate culture</i>
Belonging	<i>Being involved</i> <i>Inclusiveness</i> <i>Feeling heard by others</i>

^aCountry is a term often used by Aboriginal People in Australia to describe the lands and waters which they are connected to. The term encompasses complex notions of law, language, spirituality, cultural practices, ancestors, family and identity.³²

^bMob is a term often used by Aboriginal People to identify a group of Aboriginal People associated with a place or Country. Mob can represent a kinship group, language group or wider community of Aboriginal Peoples.³¹

Connection to Country was a proud spiritual essence connecting program participants with Country as a source of individual and collective identity. The following quote describes one participant's connection to Country through her ancestors and family which affirmed her identity in the program.

... just wanted to move back up here where my people used to roam the country... And [coordinator name] is very easy to get on with and we're cousins... Yeah, so then I was more eager to participate in it [the program]. (IY6-participant)

Connection to Mob included participants and coordinators connecting together from different Countries as members of the group, strengthening shared cultural identity, solidarity and pride.

like I'm a Dunghutti girl, but I'm in this group, I'm part of this group Spring into Shape too. So, I got the love heart to represent my people, and the love that I've got for my Mob.... (CY2-coordinator)

Temporal and intergenerational notions were inherent to *connection to Mob*. The following quote is from an Elder Yarning about the crucial role she plays in sharing knowledge for the self-determined future wellbeing of the Aboriginal community:

...we're putting it out there for the next generation. Like for our children, our grandchildren our great grandchildren. So that means going back to the well-being and the healthy mind and the healthy body and healthy eating. (CY2-participant)

The lifeworld quality of connection typified *communication connections* between participants, coordinator, and Aboriginal health service providers. The below quote exemplifies equitable communication for connection when participants and coordinator worked together with a non-Indigenous health professional in the community setting:

So, with what's happening, like with you [non-Indigenous dietitian] working beside us [participants and coordinator] and coming out there with us, that's helped me a lot. (IY1-coordinator)

Established connections between lifeworld and health services enabled communication for shared understanding between a non-Indigenous health professional and an Aboriginal coordinator. The following quote demonstrates the importance of communication and the willingness and openness to work together for change.

... me and [non-Indigenous exercise physiologist] have got that connection, if any problems happen out there, I communicate with him, and he understands. So that's where I bring the culture in to it. (CY2-coordinator)

Connections to health service empowered participants to engage with other health service providers for further support as part of the program.

But knowing that you've always got the doctor at Galambila as backup to go and see, which is connected with the Spring into Shape program, it's just great, you know. Yeah, that's what I love about it. (IY6-participant)

In summary, connection stemmed from the relational lifeworld, from proud spiritual and traditional knowledge fostered and maintained by participants and coordinators. More broadly, connections existed between participants, coordinators, non-Indigenous health professionals and the health service to sustain a wellbeing program through communication for shared understanding.

3.3 | Respect

The lifeworld quality of respect consisted of three attributes (see Table 1) demonstrated through interactions.

Respect was genuinely *reciprocated* between participants through their actions.

And there's no favouritism, you get on with everyone. You just treat them with respect, you'll get that in return, you know, yeah. (IY6-participant)

Interaction between participants and program coordinator as equals was fundamental for reciprocal respect and was demonstrated through group solidarity for a collective sense of identity.

Well, it's because of the way we are treated. Like we are treated like queens, you know, somebody important. Everybody's got respect for everybody. Nobody puts anybody down. We're all on the same level. You know, it's not like that oh, [coordinator] is better than me or, you know, [participant] is better than me; we're all on the same level. We all respect and that's a big thing, we've got a lot of respect for each other. (IY2-participant)

Furthermore, the coordinator earned the respect of participants by interacting as a peer, demonstrating collaborative leadership and commitment by journeying with participants in the wellbeing program.

I know I got a lot more respect as the person who was running the program when I actually participated... I was with them the whole process, that was my journey too. (IY8-past coordinator)

Non-Indigenous health professionals earned respect from participants through considerate communication and supportive actions which empowered participants' self-determination for their own wellbeing.

...but the boys [non-Indigenous exercise physiologists], they're so considerate and they don't force you to do things you can't do. That's what I love about them. [they] will say, "Oh just do what you can do Aunt" and so to me, I respect him for that. (IY2-participant)

Non-Indigenous health professionals worked to demonstrate *cross-cultural* respect by spending time working with program participants guided by cultural leadership from the program coordinator.

You've got a black woman [Aboriginal coordinator working with you], you're [non-Indigenous dietitian] spending time and respecting. It's about respect too, and you respect us. You respect us. (IY7-coordinator)

Sustaining a strong program required respectful governance by the ACCHS to empower self-determination of participant's wellbeing. The following quote demonstrates how program participants *expected* health service providers to demonstrate respect, for participants to trust system practices:

Oh definitely. Definitely respect. I mean I wouldn't do nothing for nobody if they [health service providers] didn't respect me. I mean you've got to earn respect. Respect's not just given to you because you're an Elder. Honestly, it don't work that way. You've got to prove your worth really. And like I said I've gone from when it first started, and I've seen different people go through these doors and the building's all changed. (IY10-participant)

Respect needed to be both demonstrated and earned to be a genuine lifeworld quality. Participants and coordinators showed and received respect through their everyday interactions in the program. The lifeworld quality of respect extended to include interactions between participants, coordinator and service providers when they spent time and communicated respectfully together to sustain the wellbeing program.

3.4 | Culture

Culture was a lifeworld quality that included *knowledges, responsiveness to many cultural practices and the right to practice and celebrate culture* (see Table 1) in the wellbeing space.

Cultural *knowledge* was important for strong personal and shared identities in the program. Cultural knowledge included values, beliefs, language and cultural practices. For example, coordinator and participant interactions were shaped by unspoken cultural knowledge:

In our culture we know our place. Because I was working with the Elders, a lot of Elders, it was sort of like... I take their lead in how... I don't know, it's actually really

hard to describe it. It's like I look up to them because they're my Elders and they're my leaders, and so I take the lead from them, if that makes sense, but it's like an unspoken... It's like it just comes naturally when we come together, especially if we're all Blackfellas [Aboriginal Peoples] and we're all the Mob from the community (IY14-past coordinator)

Cultural responsiveness recognised, appreciated and included participants different cultural practices in the program. The following quote demonstrates inclusiveness of many Aboriginal cultural practices through the collective identity of a family (Figure 3).

And the Spring into Shape family is everybody that is in the family, but because we're all from different cultures, we all pull together... As a family. (CY2-coordinator)

Cultural responsiveness was demonstrated through communication. For example, non-Indigenous health professionals communicated with Aboriginal participants to develop understanding about cultural practices with ancestral foods. Communicating for shared understanding demonstrated empowerment of Aboriginal knowledge for wellbeing.

How does it respect it [culture]? Because you [non-Indigenous dietitian] ask. You ask what we want... I [participant] know with the cooking you were always asking what people, you know trying to throw some kangaroo meat in there and things like, just trying different things. (IY10-participant)

Self-determination through *the right to practice and celebrate culture* was identified as essential to sustain the program.

Our culture has to be in it Spring into Shape. It's a cultural thing too because our Mob is connected. (CY1-participant)

Feeling safe to practice culture was vital to sustain the wellbeing program, and this was supported through cultural leadership by the coordinator and ACCHS.

Yeah, 'cause I think that was one of the most important things, was creating that cultural safe space ... It was culturally appropriate, it was what we needed, and we had a lot of trust and love in that room. (IY14-past coordinator)

Celebrating culture extended beyond the scope of activities in the program. For example, cultural commitments such as Sorry Business (cultural mourning practices) or family responsibilities may have impacted participants attendance. The coordinator demonstrated cultural leadership by advocating for understanding of cultural commitments with health service providers.

I would sit and talk to them [health service providers] because they've got to understand the cultural side of it too. Because we have Sorry Business. We have other things that's going on and we've got families ..., like put it this way, if my family needed me, I'd use myself as a scenario. I'd have to be there to support my family. I mightn't be able to make it and if it was Sorry Business... Like if they turned around said the funding's going to stop because we haven't got many participants I'd turn around and say well you need to put in a report sometimes it's culturally appropriate that people can't attend. (IY7-coordinator)

Celebrating Aboriginal culture was important to sustain an Aboriginal wellbeing program. Program participants and coordinator held deep cultural knowledge that supported their wellbeing. When interacting with the system, participants valued health service providers who acted in a culturally responsive way, and who encouraged the practice of Aboriginal culture in the wellbeing program.

3.5 | Belonging

The lifeworld quality of belonging included attributes of *being involved*, *inclusiveness*, and *feeling heard by others* (see Table 1).

Being involved was important for belonging and was linked to notions of social identity and empowerment for wellbeing.

Well, it Spring into Shape gives me a reason to go out and it helps maintain my self-worth and wellbeing. (IY12-participant)

The program provided connection to the community, recognised as a significant for cultural and social identity and an important part of *being involved*.

Oh I just had to get out and motivate myself and get out in the community again instead of sitting at home. Yeah, 'cause I have to get out ... I was a bit depressed and so it's a bit of a motivation. (IY13-participant)

The quality of belonging was strongly associated with notions of *inclusiveness* and a sense of solidarity. Participants signified that an inclusive group was valuable, strengthened through practices for mutual benefit, rather than individual needs.

So, you've got to think of everybody, not just yourself, 'cause it's a group exercise thingo, you know, not just one piece or person, it's for everyone. (IY2-participant)

Inclusiveness was affirmed through communication between participants of the program. Participants indicated the importance of having time and space to talk together.

Yeah, when we sit down and talk and stuff or stand around and talking stuff, when we're talking like that, like yeah, problems and stuff like that, yeah. (IY3-participant)

Integral to the lifeworld quality of belonging was the notion of *feeling heard by others*. In the following example, the coordinator describes how she acted as a link between participants and the health service in shaping the program, valuing participant voices for self-determination of their wellbeing:

You were involved with these people for four days a week, so it was just getting to know them on a personal level, what they wanted out of the program, what they thought of the program and also ways of how—what they wanted to see in the program. (IY14-past coordinator)

Feeling heard was also evident for self-determination of participants communicating with the ACCHS:

Let them say what they want to say right. Get it off their chest and then once it's out there it's out there you know. It's sort of like [SIGHS] well I said it...they're [health service provider] supposed to be a professional and learn to understand why this person's venting... Take it on board and try and fix the situation (Y10-participant)

In summary, the lifeworld quality of belonging was associated with participants feeling a sense of being involved and inclusiveness in the group. Beyond interactions within the program, the lifeworld quality of belonging created a sense of feeling heard by health service providers which was often mediated by the coordinator. By feeling heard, participants gave voice to influence how the wellbeing program was shaped and sustained to fit their wellbeing needs.

4 | DISCUSSION

The findings demonstrate that the lifeworld qualities of love, connection, respect, culture, and belonging sustain the Spring into Shape Aboriginal wellbeing program. These relational and communicative lifeworld qualities involve the dynamics of identity, power and self-determination. Together, they explain how the lifeworld approach that sustains Spring into Shape contributes to holistic and relational wellbeing of Aboriginal Peoples in Gumbayngirr Country.³³ Importantly, the lifeworld qualities demonstrate a culturally responsive path towards self-determination of Aboriginal health and wellbeing. They can be used as tools or strategies to navigate and mediate complex communicative and relational interactions between program participants and program coordinator in the lifeworld, and Aboriginal health service providers in the system.^{4,11,34} The collaborative findings

support continued work by ACCHSs to re-orientate Aboriginal health-promoting services which empower Aboriginal wellbeing methods and practices.^{4,10,11}

The findings align with research that acknowledges the pivotal role that Aboriginal Health Worker program coordinators play as *boundary spanners*³⁵ or *cultural brokers*⁴ necessarily transitioning between supportive and advocacy roles within the program participants' lifeworld, and health system logistical and funding requirements.³⁵ Furthermore, Aboriginal Health Workers play a crucial role as cultural mentors, trust-builders and community consultants in wellbeing programs that involve non-Indigenous health professionals as facilitators, and in programs that are funded and facilitated by western health systems.^{35,36} However, Aboriginal Health Workers' rich cultural knowledge, community relationships and modes of communication that support Aboriginal and Torres Strait Islander wellbeing are often undervalued and inadequately recompensed in a system dominated by a western biomedical agenda.^{35,37} The current study represents further insight into the complex relational and communicative approaches that Aboriginal Health Workers undertake to empower cultural practices, beliefs, identity and knowledge systems in a strong, community-driven wellbeing program.

Ultimately, the findings elucidate that it is lifeworld qualities that link people and health systems together to sustain and strengthen Spring into Shape. The application of relational lifeworld qualities in this Aboriginal wellbeing program foster notions of holistic, collectivist and ecological wellbeing through the embedment of Aboriginal and Torres Strait Islander cultural determinants of health.^{3,4} We propose that an Aboriginal lifeworld approach is one way for Aboriginal Peoples to exercise cultural determinants of health that inherently sustain and strengthen wellbeing programs to ceaselessly resist domination of colonising system dialogues. These system dialogues perpetuate racism and western ideologies and fail to recognise the complexity and richness of Aboriginal lifeworld cultures, identities, languages and knowledge.⁴

Consistent with the Ottawa Charter for Health Promotion,¹¹ a lifeworld approach advocates for, and enables participants, community members and coordinator to be the voices which mediate communication with the health system's service providers and policy makers.¹¹ The findings demonstrate that communication that privileges shared understanding is crucial for a lifeworld approach. The findings add to a wider body of literature advocating for policy makers and services providers to listen to Aboriginal and Torres Strait Islander Peoples' voices that have previously been disregarded and silenced, to enable actions *by and with* community members to shape strong wellbeing programs.^{4,10,11} It is important for health service providers and policy makers take the time to develop relationships with each distinct Aboriginal and Torres Strait Islander community as part of their practice to enable change. We consider that the lifeworld qualities we have described provide a compass for communicative and relational health promotion policy and practice. Incorporation of lifeworld approaches in policy and practice can foster cultural, community and personal identity, empower cultural knowledge about health and

wellbeing, and ensure community voices for self-determination in wellbeing programs.^{2,4}

In their 2021 scoping review of Aboriginal and Torres Strait Islander health promotion programs, Canuto et al.³⁸ called for the embedment of strategies that create supportive environments and empower community to reorient health services. A lifeworld approach can guide those involved in policy, planning, designing and delivering wellbeing program services to co-create supportive environments, critically consider power dynamics and re-orientate health promotion services and systems based on the local needs and values of Aboriginal and Torres Strait Islander communities.^{10,11} A lifeworld approach supports communities to take control of their wellbeing and build conditions where their rights can be substantiated in practice.¹⁸ For example, rather than individualised outcome measures such as clinical observations or behaviour change, program participants, coordinator and community could determine key performance indicators of their local wellbeing program. By Yarning together with policy makers and service providers On Country, communities can work to co-create culturally safe and supportive environments for positive outcomes and aspirations of Aboriginal and Torres Strait Islander wellbeing (see Figure 4 for an example).^{4,39,40} Using a lifeworld approach, policy and practice co-production by community and systems representatives creates opportunity for real and meaningful change in health promotion policy practice and evaluation to further strengthen Aboriginal and Torres Strait Islander wellbeing programs.

4.1 | Strengths and limitations

To the authors' knowledge, this is the first study of its kind to use Collaborative Yarning and visual art with community co-researchers to explore what sustains an Aboriginal community-driven wellbeing program. The strengths of this study include the novel and collaborative qualitative research methods designed with the Aboriginal community and ACCHS, which worked to foster trust, facilitate meaningful participation and relevant findings for the community throughout the research process.

The use of the English language in this study presents limitations in fully honouring the depth and richness of Aboriginal knowledge and experiences, especially those conveyed through local oral languages during the Yarning processes. This limitation is further magnified by the need to adhere to academic writing conventions and the predominant use of English in scholarly journals.

The collaborative strengths-based research approach and described findings are based on one Aboriginal wellbeing program located in Gumbayngirr Country, hence, western concepts of generalisability may be limited. However, we reflect that the findings may prompt others who participate in, or are involved in policy, design, delivery and evaluation of Aboriginal and Torres Strait Islander community-driven wellbeing programs to consider how lifeworld qualities, underpinned by communication and a relational reality, may be applicable to their local contexts.

Key performance indicators for a lifeworld approach to an Aboriginal and Torres Strait Islander wellbeing program

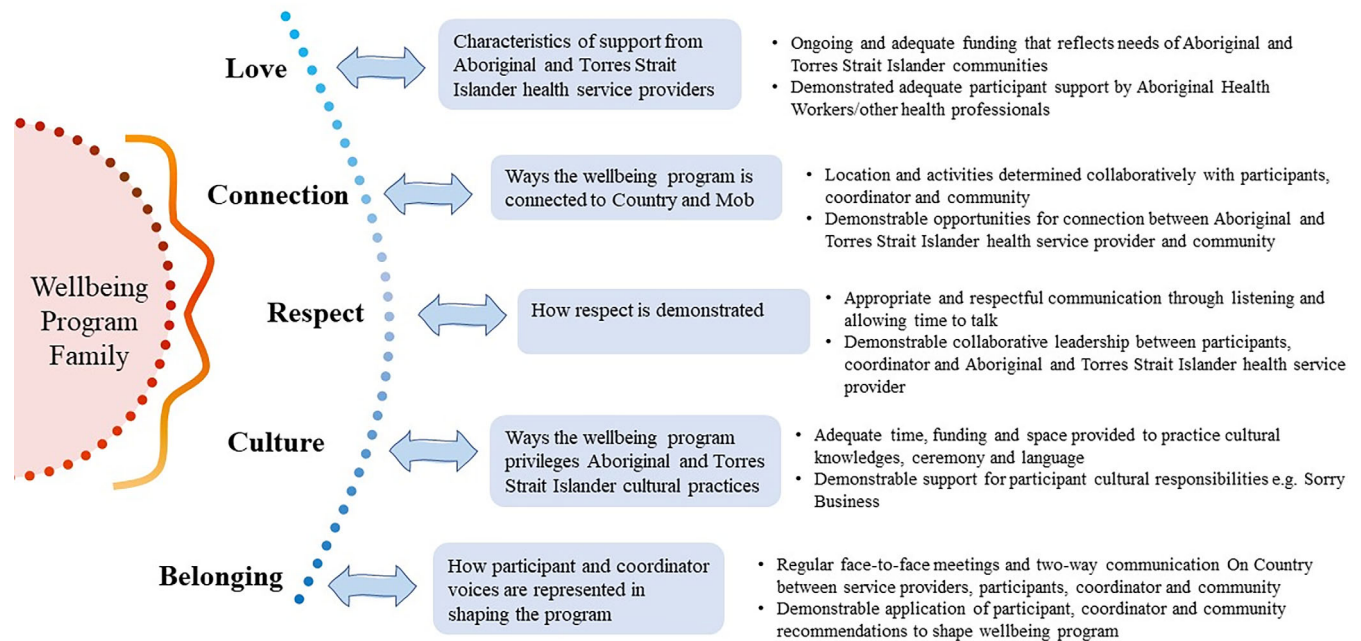


FIGURE 4 Examples of key performance indicators for a lifeworld approach to an Aboriginal and Torres Strait Islander wellbeing program.^{10,39}

5 | CONCLUSION

Individual Yarning and Collaborative Yarning with co-researchers were used to co-interpret and explore what sustains an Aboriginal wellbeing program, located in Gumbaynggirr Country, Australia. Co-researchers depicted five lifeworld qualities that sustain the Spring into Shape Aboriginal Wellbeing program: love, connection, respect, culture and belonging. The lifeworld qualities involve the dynamics of identity, power and self-determination. We propose that the five lifeworld qualities communicatively and relationally mediate interactions between participants, the program coordinator and systems representatives including health service providers for a lifeworld approach to an Aboriginal wellbeing program. A lifeworld approach provides a way to empower Aboriginal self-determination and leadership through embedment of Aboriginal cultural determinants of health in wellbeing programs. We propose that health service providers and policy makers can use lifeworld approaches to guide critical reflection and reorient policy and practice related to Aboriginal and Torres Strait Islander health promotion. The lifeworld qualities that encompass this approach are communicative and relational, centred on local community voices and co-produced with community for Aboriginal identity, empowerment and self-determination.

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CONFLICT OF INTEREST STATEMENT

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

DATA AVAILABILITY STATEMENT

The participants of this study did not give written consent for their data to be shared publicly, so due to the sensitive nature of the research supporting data is not available.

ETHICS STATEMENT

This study obtained ethics approval from the New South Wales Aboriginal Health and Medical Research Council Ethics Committee NSW Australia (1411/18) and The University of Newcastle Human Research Ethics Committee NSW Australia (H-2018-0238).

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