

A methodological approach to generate local solutions that promote Aboriginal and Torres Strait Islander social and emotional wellbeing on Kurna Country, Australia

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Abstract

Aboriginal and Torres Strait Islander communities are diverse, strong and faced with adverse social circumstances and unacceptable health and wellbeing outcomes wrought by colonisation. The need for strengths-based initiatives that tailor services according to local knowledges is well accepted, yet few studies have evaluated self-determined strategies to redress the social determinants of health. We describe a research approach where principles of Indigenous methodology guide application of implementation science methods to generate, implement and evaluate local solutions from the perspectives of Aboriginal and Torres Strait Islander peoples. Partnerships with local communities and service organisations are paramount. The co-design phase collected critical insights regarding community needs, challenges and service gaps, and identified shortfalls in local strategic policy. A co-designed theory of systems change articulates mechanisms to strengthen policy, optimise the health and social service system, and empower and connect communities. A developmental approach to the implementation and evaluation of individual, community and service system initiatives will generate new evidence regarding efforts to tackle social factors and promote wellbeing.

Keywords: Aboriginal and Torres Strait Islander peoples; Indigenous methodology; Social and emotional wellbeing; Social determinants of health; Complex systems; Implementation science

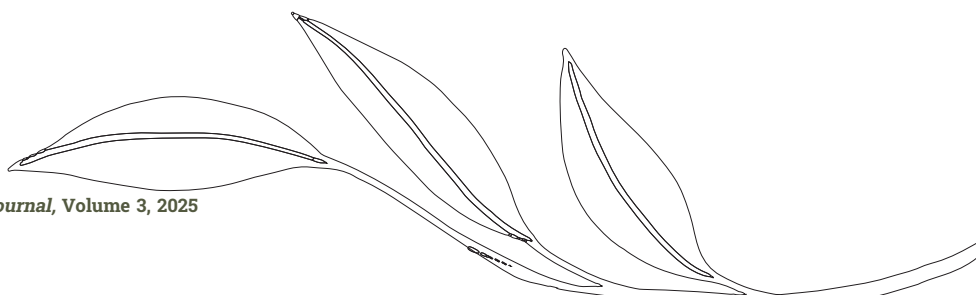
Highlights

- Colonisation has wrought unacceptable health and social circumstances for communities.
- *Taingiwilta Pirku Kawantila* is place-based and focused on social determinants.
- Partnerships with local communities and service organisations are pivotal.
- Theoretical and practical solutions to policy, services and settings are developed.
- Principles of Indigenous methodology guide co-design, implementation and evaluation.

Introduction

Aboriginal and Torres Strait Islander peoples and communities in Australia are unique, diverse, strong and resilient (Bond 2009; Sherwood and Anthony 2020), yet are a long way from experiencing equitable socioeconomic circumstances and health and wellbeing outcomes (Anderson et al. 2016; Markwick et al. 2019; Zubrick et al. 2014; Commonwealth of Australia 2020). Cultural factors such as language (Sivak et al. 2019) and community-level cultural connections (Gibson et al. 2021) are known to promote wellbeing and be protective. Census data highlight inequity in income and educational attainments

(Australian Bureau of Statistics 2017), experiences of racism (Markwick et al. 2019; Reconciliation Australia 2020), unemployment (Markwick et al. 2019) and housing insecurity (Andersen et al. 2016). These adverse social determinants of health (Solar and Irwin 2010; Marmot 2011) have their foundations in Australia's colonial history (Sherwood 2013) and alongside intergenerational trauma negatively impact the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples. Lower socioeconomic position is associated with chronic disease (Ritte et al. 2020), insecure housing has been linked with reduced social and emotional wellbeing (Andersen et al. 2016)





and experiences of racism are associated with poor physical and mental health (Priest et al. 2011; Paradies et al. 2015; Kairuz et al. 2021; Kelaher et al. 2014) along with risk behaviours such as drinking and smoking (Ziersch et al. 2011). Considered together, the social determinants of health are estimated to contribute 34% of the overall burden of disease experienced by Aboriginal and Torres Strait Islander peoples (Australian Health Ministers' Advisory Council 2017). For Indigenous peoples internationally, social disadvantage has been shown to negatively impact access to the very healthcare system that is so desperately needed (Davy et al. 2016). Health and social services are often inadequate and, if and where they exist, are often fragmented and uncoordinated (Liu et al. 2016), leaving many people at risk of falling through the gaps of care.

Australian policies have increasingly targeted the social determinants of health that frame and perpetuate disadvantage (Donkin et al. 2018). The 2005 *Social Justice Report* (Aboriginal and Torres Strait Islander Social Justice Commissioner 2005) presented a call to action that led to equity targets for Aboriginal and Torres Strait Islander peoples introduced in the 2008 National Indigenous Reform Agreement and operationalised in the Closing the Gap policy (Steering Committee for the Review of Government Service Provision 2009). Despite its promise, the Closing the Gap initiative has failed to deliver, with over a decade of annual Prime Ministerial reports documenting missed targets (Commonwealth of Australia 2020). In its first decade, the initiative was devoid of First Nations' conceptualisations of wellbeing and instead focused on biomedical, socioeconomic and educational targets guided by White structures and worldviews. Critics highlighted that it 'reduces Indigenous Australians to a range of indicators of deficit, to be monitored and rectified towards

government-set targets' (Pholi et al. 2009 p. 1) and lacked consideration of 'connectedness, loss, resilience, empowerment and control, so crucial to Indigenous health and wellbeing' (Le Grande et al. 2017).

The importance of redressing health inequities by tackling the social determinants of health and promoting the cultural determinants of health is now woven through key policy documents (Department of Health 2015; Department of Health 2021). There is a desperate need to develop novel approaches led by Aboriginal and Torres Strait Islander peoples to address the social determinants of health that drive adverse health and social outcomes and to strengthen holistic wellbeing. These approaches must consider complex systems that include community settings, primary and tertiary healthcare, social services and overarching policy. Despite widespread understanding of the role that housing, transport, education, social and health services, and the broader macro-social features of civil society, have in determining the health of populations (Solar and Irwin 2010; Donkin et al. 2018; Davy et al. 2016), little attention has been placed on *where* in the system to intervene or *what* approaches will reduce health inequities. The complex systems theory facilitates the conceptualisation of such efforts in real-world settings, with complexity relating to both interventions and the contexts in which they are being implemented (Shiell et al. 2008). Interventions are viewed as having the potential to change relationships, displace existing activities and redistribute and transform resources (Hawe et al. 2009). In the context of Aboriginal and Torres Strait Islander health and wellbeing, displacing and redressing what is not working may well be the key to success.

While action on the social determinants of health in primary healthcare settings is impacted by numerous constraints, Aboriginal community-controlled health





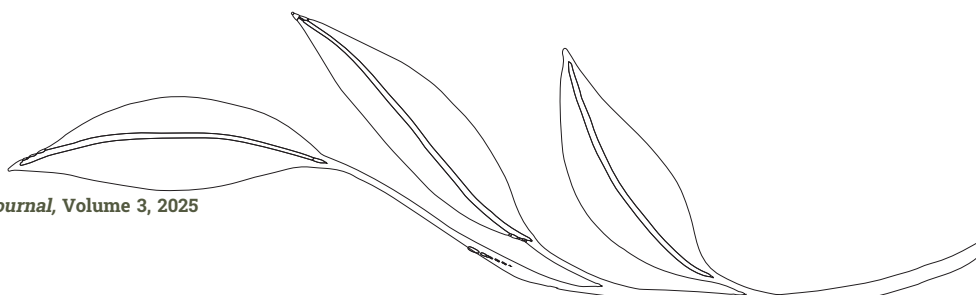
organisations (ACCHOs) are leading the way in tackling this challenge (Baum et al. 2013) and see it as key to comprehensive service delivery (Campbell et al. 2017) and health promotion (Vallesi et al. 2018). Aboriginal community-controlled health organisations are primary healthcare organisations governed by Aboriginal and Torres Strait Islander communities that provide services tailored to the needs of Aboriginal and Torres Strait Islander clients (National Aboriginal Community Controlled Health Organisation 2021). Case study evidence demonstrates that ACCHO staff work closely with clients to identify social needs and do ‘whatever is necessary’ to tackle the social determinants of health through holistic services and support to navigate external social services, despite not being directly funded to do so (The Centre of Research Excellence in Aboriginal Chronic Disease Knowledge Translation and Exchange [CREATE] 2020). Annual reports document their extensive efforts in supporting clients to strengthen culture and address social determinants of health at both intermediary (e.g. housing assistance, financial counselling) and structural (e.g. employment, education and training) levels (Pearson et al. 2020). Yet evidence relating to the specific processes and practices through which workforce in health and social services can effectively and efficiently respond to the social and emotional wellbeing needs of Aboriginal and Torres Strait Islander clients is lacking. Brodie and colleagues (2021) piloted strength-based approaches aimed at strengthening Aboriginal and Torres Strait Islander holistic social and emotional wellbeing through identifying social and cultural needs, engaging in goal setting processes and brokering connections with relevant programs and services. This represents an important contribution in a landscape where screening for social and emotional wellbeing and consequent action to address identified needs is lacking (Langham et al. 2017).

Concerns about research impact have been raised by Aboriginal and Torres Strait Islander communities who ‘continue to question the value of research, particularly in terms of accomplishing benefits and social change that accrue as a result of research’ (Bainbridge et al. 2015). The current authors believe that research endeavours must foster self-determination for Aboriginal and Torres Strait Islander peoples and be focused on implementation efforts leading to impact. They hypothesised that privileging Aboriginal and Torres Strait Islander worldviews and developing enhanced dialogue and shared agendas across Aboriginal and Torres Strait Islander communities, health and social services and policymakers will strengthen the design of system responses to the social determinants of health impacting Aboriginal and Torres Strait Islander peoples. They also hypothesised that supporting practitioners *within* and connecting action *across* complex health and social service settings will directly impact on the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples, and indirectly influence changes in the function of the health and social service system in other parts (Stringfellow 2017).

This research is undertaken with ethical clearances from the Aboriginal Health Research Ethics Committee of South Australia (04-20-885) and the Northern Adelaide Local Health Network (HREC 14241).

Applying principles of Indigenous methodology to generate, implement and evaluate local solutions

This paper presents *Taingingiltila Pirku Kawantila*, a novel program of research that applies principles of Indigenous methodology to generate local solutions to the social determinants of health from the perspective of Aboriginal and Torres Strait Islander peoples. The research was developed in response to self-determined priorities expressed by the Aboriginal





community in relation to how research can seek to improve health and wellbeing in South Australia (King and Brown 2015) and a pilot project engaging local Aboriginal and Torres Strait Islander peoples (Brodie et al. 2021). It provides a unique opportunity to build practice-based evidence on whether a complex systems approach that improves intersectoral dialogue and coordination can bridge the gap between health and social services to better address clients' unmet social, cultural and health needs.

The research is undertaken on the traditional lands of the Kurna people¹ In the 1840s, Kurna peoples were forced off their Country by colonisers, having never ceded sovereignty of their Lands (Lockwood 2017). The city of Adelaide was then established in a place known to Kurna people as *Tarntanyangga*, 'male red Kangaroo rock place' (Amery et al. 2021). The research targets northern Adelaide and specifically the catchment of the Northern Adelaide Local Health Network, which is rated in the highest quartile of the Australian Bureau of Statistics' Index of Relative Socioeconomic Disadvantage (Australian Bureau of Statistics 2016). The region was selected due to the high density of Aboriginal and Torres Strait Islander residents ($n = 7,690$), reflecting 18.1% of the state's First Nations population (Australian Bureau of Statistics 2022). Here, rates of community mental health service utilisation and hospitalisations are higher for Aboriginal and Torres Strait Islander peoples compared with the state average (Gibson et al. 2017), and services for mental health and alcohol and other drugs are reportedly fragmented and inadequate (Liu et al. 2016).

This research is governed by Aboriginal and Torres Strait Islander peoples who provide cultural and

contextual guidance to the *Taingiwilta Pirku Kawantila* research team to ensure that the project achieves maximum benefit. The Aboriginal governance panel consists of Elders and community members employed in health and social service organisations who are living and/or working in northern Adelaide. The panel provide guidance regarding community engagement and data collection methods, assist the research team to interpret data and contextualise research findings, review and advise on project communication and knowledge translation activities, and co-author research outputs. The research team and Aboriginal governance panel sought a name from Kurna language and knowledge holders² of the Adelaide Plains region. The Kurna name *Taingiwilta Pirku Kawantila* translates as 'Strong Community in the North', and the project mission *Taingiwilta Miyurna, Taingiwilta Pirku, Taingiwilta Yungkulungkularna* calls for 'Strong People, Strong Community, Strong Services'.

The research is led by senior researchers in the Wardliparingga Aboriginal Health Equity Theme at the South Australian Health and Medical Research Institute. The chief investigators include two senior Aboriginal and Torres Strait Islander researchers alongside two senior and two mid-career non-Indigenous researchers with experience in Indigenous health research. The associate investigators include three Aboriginal leaders across local health and social service organisations and one non-Indigenous leader in the social services sector. The research team include numerous Aboriginal and Torres Strait Islander students and early career researchers. Collectively, the investigators and research team bring research and

¹The Kurna peoples are the Traditional Custodians and first inhabitants of the study region.

²*Kurna Warra Karrpanthi* are the Kurna language and knowledge holders of the Adelaide Plains region. Upon request, they can provide Kurna language names for initiatives on Kurna Country.





practice expertise in Indigenous methodologies, public health, health systems, health and social service delivery, data sovereignty and implementation science.

Taingingiltila Pirku Kawantila applies principles of Indigenous methodology to the co-design, implementation and developmental evaluation of system reforms. The approach draws on eminent Indigenous scholars and theorists in constructing a body of work that aligns with Aboriginal and Torres Strait Islander worldviews and local ways of working. The research privileges local Indigenous voices (Rigney 1999) and seeks to ‘develop practical possibilities for the centring of Indigenous knowledges’ (Watson 2014). This research considered the questions of Langton (Langton and Bowers 1993):

Can we ever decolonise Australian institutions? Can we decolonise our minds? Probably not. But we can try to find ways to undermine the colonial hegemony.

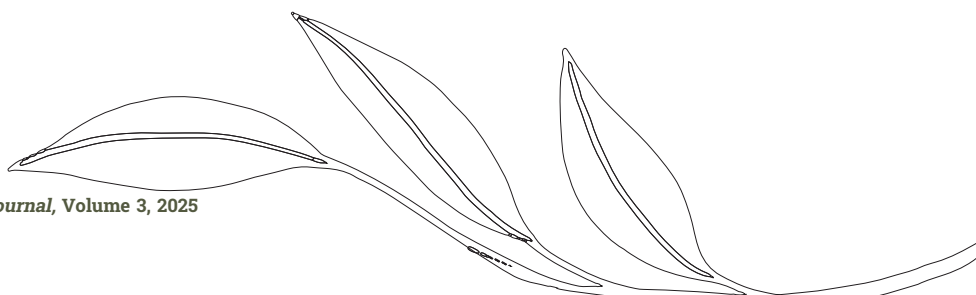
This study applies strengths-based and empowerment approaches that ensure research processes and outputs contribute to ‘changing the collective story of Aboriginal and Torres Strait Islander communities from one of deficit to one of strength and resilience’ (Arabena et al. 2014). The research is guided by Aboriginal and Torres Strait Islander investigators, Aboriginal and Torres Strait Islander governance, application of local co-designed principles for ethical Aboriginal health research (South Australian Health and Medical Research Institute 2014), use of Indigenous research methods (Bessarab and Ng’andu 2010) and cultural protocols (SAHMRI Indigenous Collective 2018). It applies and adapts established Western research methods to the needs and preferences of Aboriginal and Torres Strait Islander peoples, as appropriate, to facilitate both cultural safety and rigour. Two-way learning between Aboriginal and Torres Strait Islander

and non-Indigenous research team members enables cultural safety and shared intercultural understandings.

Integral to this approach, a respected local Aboriginal person in the role of Senior Engagement and Knowledge Broker builds and maintains connections with Aboriginal and Torres Strait Islander communities, facilitates and analyses yarning circles, ensures rapid translation of research evidence in a culturally safe and timely way, and leads advocacy activities. Engagement and knowledge brokering is pivotal to listening to the voices of community, promoting the cultural safety and integrity of the research, facilitating shared decision-making and strengthening two-way knowledge transfer with Aboriginal and Torres Strait Islander community members, service providers and policymakers. These processes consider the diversity across Aboriginal and Torres Strait Islander communities in northern Adelaide and mechanisms for participation. Knowledge brokering is also key to the translation of research evidence to practice (Lomas 2007; Urquhart et al. 2011) since ‘knowledge depends for its circulation on interpersonal networks, and will only diffuse if these social features are taken into account and barriers overcome’ (Greenhalgh et al. 2004).

The vision statement for the project, which was developed by the Senior Engagement and Knowledge Broker in consultation with the Aboriginal governance panel, is:

To enable and support Aboriginal and Torres Strait Islander people, families and community living in northern Adelaide to walk a journey together with health organisations, local stakeholders and services to build a strong, healthy, happy and safe place. This means community can come together as a collective to build a strong connection to services for future generations to ultimately see the north of Adelaide as a strong and healthy place to live, work, play and grow.





The artwork depicts the northern region of Adelaide and the aspirations of *Taingiwilta Pirku Kawantila* (Strong Community in the North). The colours represent the land of the green Adelaide Hills, the earthy tones of orange and reds of the dry northern suburbs of Adelaide, and the blue salt lakes below. There are specs of green in the earthy tones reflecting the wetlands as we travel through. The North has a large portion of the Red Kangaroo Dreaming for many Aboriginal Nation groups and the Red Kangaroo is visible within this artwork when looking carefully at the land. The smaller circle on the bottom right with people sitting around it represents the *Taingiwilta Pirku Kawantila* research team and the broader Wardliparingga Aboriginal Health Equity Group within the South Australian Health and Medical Research Institute. The larger circle with many more people gathering is the Northern Nunga Network, a collective of Aboriginal and Torres Strait Islander workforce in northern Adelaide. The Network is shown in the centre as they are the key to *Taingiwilta Pirku Kawantila* (Strong Community in the North). The Network connects Aboriginal Services, Non-Government Organisations, Government Organisations and Independent businesses in a culturally safe space to support the Aboriginal Community in northern Adelaide. The smaller black circles depict representatives from many organisations in northern Adelaide who share knowledge through the Northern Nunga Network ensuring that clients and families are not left out of the loop regarding services that are available in the region. The specs of white in the tracks that connect are sparks of knowledge shared and knowledge gained at the Northern Nunga Network.

Figure 1: *Taingiwilta Pirku Kawantila* artwork and artist Violet Buckskin's description.

This vision statement was provided to local Kaurna artists who were invited to submit expressions of interest in creating an artwork to visually represent the intent of *Taingiwilta Pirku Kawantila*. A local Kaurna woman was endorsed by the Aboriginal governance panel through this process and commissioned to create the *Taingiwilta Pirku Kawantila* artwork, which is depicted in [Figure 1](#) along with a summary of the artist's description.

Aboriginal and Torres Strait Islander conceptions of health are holistic, incorporating all aspects of physical, social, emotional and cultural wellbeing of individuals and their communities ([National Aboriginal Health Strategy Working Party 1989](#)). This research is guided by Aboriginal conceptualisation of social and emotional wellbeing that includes Connection to Body; Connection to Mind and Emotions; Connection to

Family and Kinship; Connection to Community; Connection to Country; Connection to Spirit, Spirituality and Ancestors; and Connection to Culture, and that is shaped and influenced by historical, political and social determinants ([Gee et al. 2014](#)). The authors' understanding of the social determinants of health drew upon the World Health Organization's conceptual framework ([Solar and Irwin 2010](#)) that depicts how social, economic and political mechanisms influence the health of populations. Social ecological theory ([Bronfenbrenner 1979](#)) informs thinking regarding the ways in which social circumstances impact Aboriginal and Torres Strait Islander peoples, since it facilitates an understanding of the 'interrelations among diverse personal and environmental factors in human health and illness' ([Stokols 1996](#)). The study also drew upon the Mandala of Health, which acknowledges cultural and



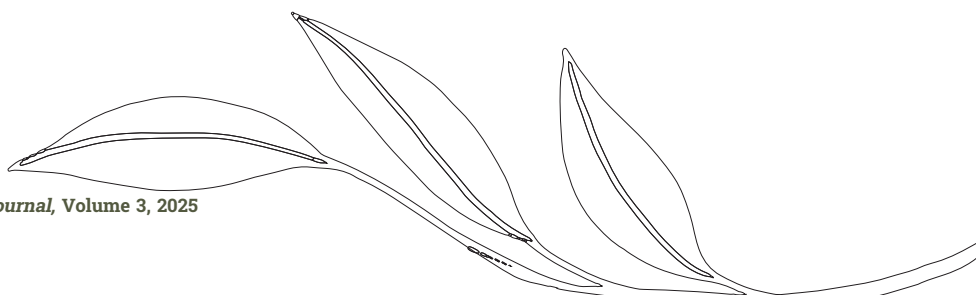
environmental influences that impact the wellbeing (body, mind and spirit) of individuals ([Hancock and Perkins 1985](#)). Complexity theory informs careful consideration of the dynamic relationships, feedback loops and interactions throughout the system and the co-design of adapted ways of working that lead to 'the evolution of new structures of interaction and new shared meanings' ([Hawe et al. 2009](#), p. 267). This theory represents a shift away from linear thinking to a focus on systems change and identifies the ways in which an intervention 'contributes to reshaping a system in favourable ways' ([Rutter et al. 2017](#)).


The authors see the development of effective partnerships between researchers and service providers, funders and policymakers as essential to the production of impactful health and social service research outcomes. Research-practice partnerships are 'long-term collaborations between researchers and practitioners that leverage research to address persistent problems of practice' ([Henrick et al. 2017](#)). These partnerships are integral to the methods and rapid translation of evidence to practice. One such partner is the Northern Adelaide Local Health Network (the major public health service in the region) that is 'committed to being a learning organisation' ([Northern Adelaide Local Health Network 2020](#)). This study supports a learning health system approach within the region through research-practice partnerships that enable rapid translation of findings to community and health and social service organisations. From conception, the research team included service providers and researchers embedded within the health system. Many Aboriginal governance panel members are also embedded within the health and social services system.

The overarching aim of this study is to developmentally generate, implement and evaluate

local solutions to the social determinants of health from the perspective of Aboriginal and Torres Strait Islander peoples. The first objective is to engage local communities and service providers to describe the current context of community needs and service gaps, and to identify solutions to empower communities and strengthen the service system to promote social and emotional wellbeing. A codesigned theory of system change articulates the proposed strategies and the mechanisms to achieve long-term and sustainable impact across community environments, the health and social service system, and policy. The second objective is to implement local solutions through discrete implementation projects within community, health and social service settings and to undertake advocacy initiatives for policy reform. The third objective is to developmentally evaluate the implementation and impact of local solutions on Aboriginal and Torres Strait Islander peoples' wellbeing and multidimensional community and service system outcomes. All three objectives are addressed using flexible and responsive approaches that respond to local needs and opportunities. The allocation of project resources is carefully considered to promote maximum impact, including investing in vulnerable groups and underfunded areas of need, to foster equity across diverse communities. Investment in extensive co-design processes ensures that community priorities are understood, and implementation sub-studies respond to these priorities and generate practice-based evidence to strengthen communities and the service system.

Approaches to achieve equity must centre Aboriginal and Torres Strait Islander peoples in design, implementation and evaluation, and must reflect local and tailored approaches. This collaborative co-production approach is a power-sharing arrangement between researchers and stakeholders ([Redman et al.](#)





2021). Local Aboriginal and Torres Strait Islander peoples' perspectives are privileged in that power arrangement and the project's Aboriginal governance panel members guide the research team in the interpretation and translation of findings. Local knowledge on community needs, challenges, service gaps and potential solutions to these gaps were gathered with community members and service providers during the codesign phase using interviews and yarning circles. The nature of partnerships between health and social service organisations including barriers and enablers of these relationships was also explored.

The findings from interviews and yarning circles were triangulated with rapid review evidence, a content analysis of local strategic policy, a survey of inter-organisational partnerships, and a data profile of health and social outcomes for Aboriginal and Torres Strait Islander communities to generate priorities for action. These were cross-checked for completeness against priorities identified by the Aboriginal governance panel at the study outset regarding the benefit and impact the research should achieve for Aboriginal and Torres Strait Islander communities in northern Adelaide. Over a series of workshops led by the Senior Engagement and Knowledge Broker, local Aboriginal and Torres Strait Islander leaders reviewed these findings and co-created a *Taingiwilta Pirku Kawantila (Strong Community in the North)* theory of systems change that articulates the mechanisms to achieve sustainable outcomes. Systems change refers to 'an intentional process designed to alter the status quo by shifting and realigning the form and function of a targeted system' (Foster-Fishman et al. 2007). Workshop participants were led through a process of constructing a theory that articulates the current context of needs and service gaps and the strategies, outputs and outcomes required to achieve

the intended impact of strengthening the health and social service system to promote wellbeing for Aboriginal and Torres Strait Islander peoples in northern Adelaide. Strategies were carefully constructed for integration within current and future community, organisation and policy structures and all outputs and outcomes reflect Aboriginal and Torres Strait Islander ways of knowing, being and doing. The theory also describes underlying assumptions, mechanisms, risks and opportunities (Dhillon and Vaca 2018) to provide 'a pragmatic framework which describes how the intervention affects change' (De Silva et al. 2014). It considers what person-time-place interactions will potentially be impacted, what relationships may be changed, what existing activities may be displaced or decommissioned, and what resources may be transformed and redistributed as a result (Hawe et al. 2009). The theory includes elements that are evidence based (based on local knowledges, co-design findings, existing evidence), as well as those that are yet to be explored (and, as such, are hypotheses). The key actors in the theory of systems change are described such as frontline workforce, managers, community leaders and governments.

The visually depicted theory of systems change represents a shared agenda towards optimising social and emotional wellbeing for Aboriginal and Torres Strait Islander peoples in northern Adelaide. It guides the implementation and evaluation phases during which some strategies are tested via demonstration projects and others are addressed through advocacy activities with uptake evaluated. The research team has built research-practice partnerships to generate opportunities for intervening across the system such as in community settings, in primary and tertiary health and social service settings, and in bureaucratic settings. In every case, a detailed implementation plan



and evaluation framework co-created with collaborating organisations guides these processes and considers efforts to achieve long-term impact. A developmental evaluation approach (Patton 2010) applies innovative processes to the implementation of strategies across settings and the evaluation of outcomes for Aboriginal and Torres Strait Islander clients, practitioners and service provider organisations. This non-linear developmental approach enables emergent understandings to guide next steps (Patton 2010) including the evaluation of outcomes meaningful to Aboriginal and Torres Strait Islander communities rather than predetermined or standardised evaluation metrics. Each evaluation assesses implementation fidelity including enablers and barriers, and whether attempts at tailoring and

adapting services to the needs of Aboriginal and Torres Strait Islander peoples leads to changes in Aboriginal and Torres Strait Islander peoples' wellbeing, service delivery process outcomes and systems-level outcomes. This developmental approach enables rapid translation of evaluation findings to tailor service delivery in real-time and promotes strengthened policy to better meet the needs of Aboriginal and Torres Strait Islander peoples and the needs of the frontline health and social services' workforce. Figure 2 depicts the *Taingingwilta Pirku Kawantila* approach to the co-design, implementation and evaluation of strengthened system responses to the needs of Aboriginal and Torres Strait Islander peoples.

TAINGIWILTA PIRKU KAWANTILA ABORIGINAL AND TORRES STRAIT ISLANDER LEADERSHIP AND GOVERNANCE

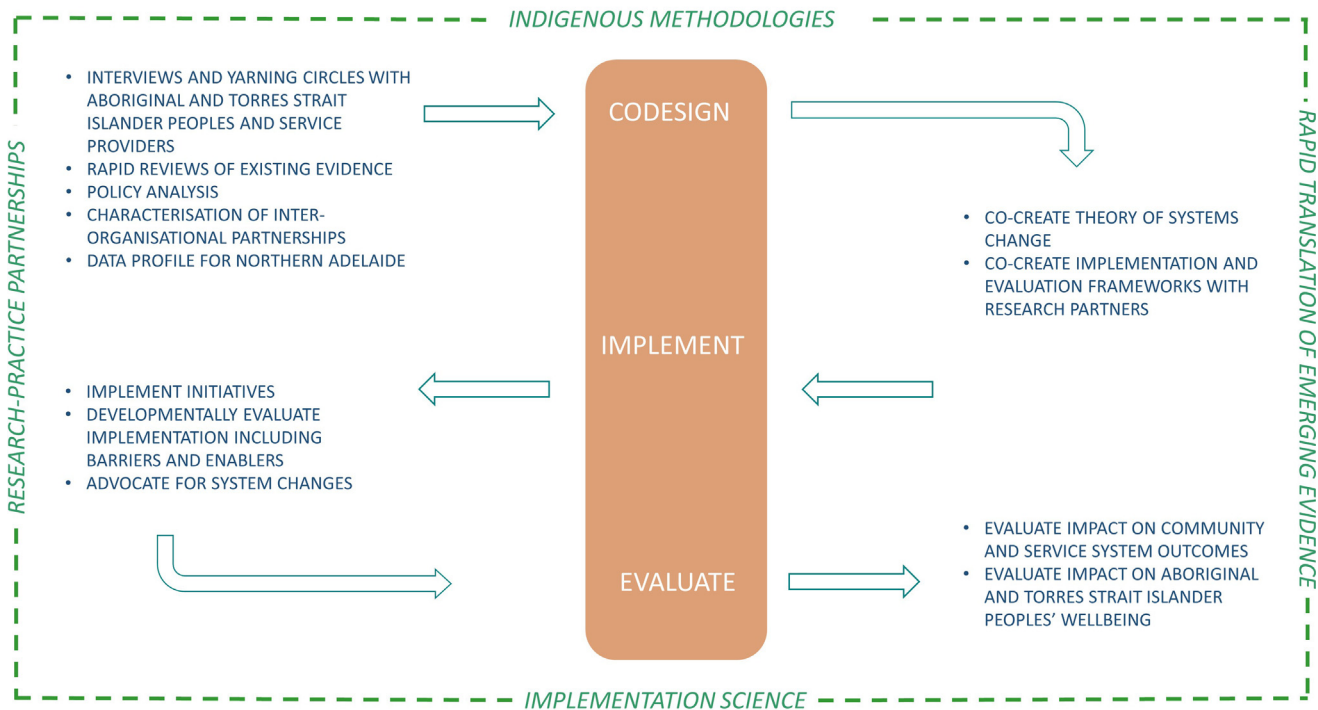
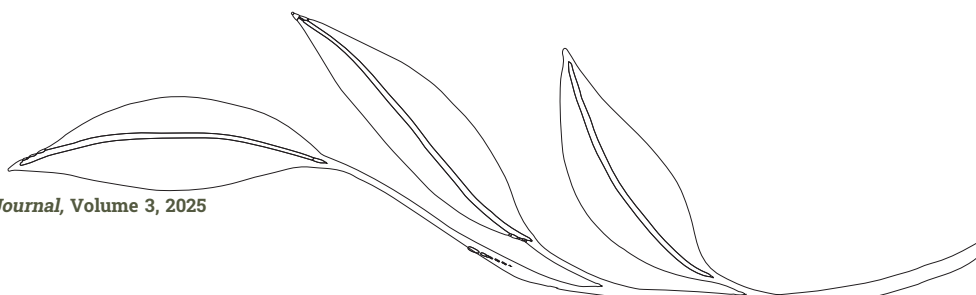


Figure 2: *Taingingwilta Pirku Kawantila* approach.





The research team has ensured that all intended research methods and processes are appropriate from Aboriginal and Torres Strait Islander perspectives following local guidelines (Harfield et al. 2020). Protocols have been developed to safeguard the wellbeing of participants and manage potential emotional distress. Ethical approvals have been sought from South Australia's Aboriginal Human Research Ethics Committee and other relevant committees, and all research activities have been undertaken in line with national ethical guidelines and the locally developed South Australian Aboriginal Health Research Accord (the 'Accord'). The Accord details nine principles of ethical research practice that were co-designed with Aboriginal and Torres Strait Islander communities in South Australia (Morey et al. 2023).

Conclusion

Despite considerable evidence of social disadvantage and consequent health and wellbeing challenges experienced by Aboriginal and Torres Strait Islander peoples, few studies have evaluated the impact of self-determined strategies to redress the social determinants of health and strengthen the service system. *Taingiwilta Pirku Kawantila* represents a novel research program that privileges Aboriginal and Torres Strait Islander worldviews to generate, implement and evaluate local solutions. The research supports advocacy efforts for system-level changes that promote the delivery of accessible health and social services to Aboriginal and Torres Strait Islander peoples in a coordinated and meaningful way. Such a complex system context requires investment in extensive community engagement and co-design processes and in robust research-practice partnerships. It is believed that such processes are crucial in a self-determined future for Aboriginal and Torres Strait Islander communities. *Taingiwilta Pirku*

Kawantila will assess whether identified strategies to strengthen policy, optimise the health and social service system, and empower and connect communities can promote social, emotional and cultural wellbeing in Aboriginal and Torres Strait Islander peoples. It represents an ambitious, innovative and long overdue response to disappointing progress towards Aboriginal and Torres Strait Islander wellbeing.

Author contributions

The research program was designed by study investigators and research team members A. Brown, N. Howard, A. Dawson, O. Pearson, M. Boyd, J. Dwyer, E. Warrior, K. Morey, T. Brodie, C. Hammond and K. Lake. It was informed by associate investigators K. Towers, S. Waters and C. Avila. It was guided by the *Taingiwilta Pirku Kawantila* Aboriginal governance panel including Uncle F. Lampard, Uncle F. Wanganeen, O. Bennell, D. Bromley, T. Shearing, N. Rigney, S. Czygan and N. Clinch. Development of the manuscript was led by A. Dawson and all authors contributed to a critical review of the content.

Declaration of interests

Alex Brown, Odette Pearson, Natasha Howard, Mark Boyd, Judith Dwyer and Anna Dawson report that financial support was provided by the National Health and Medical Research Council. Alex Brown and Odette Pearson are serving members of First Nations Health and Wellbeing – The Lowitja Journal's Editorial Board. Sonia Waters is the Executive Manager, Workforce, at The Lowitja Institute, the community-controlled research institute collaborating with Elsevier on the publication of First Nations Health and Wellbeing – The Lowitja Journal. If there are other authors, they declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.





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CRedit author statement

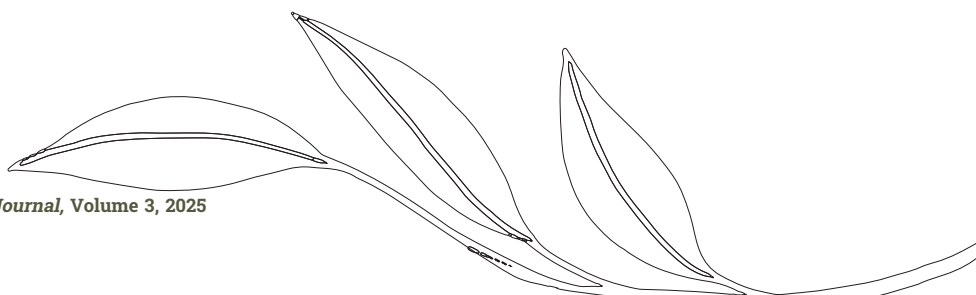
Anna Dawson conceptualisation, methodology, writing – original draft. **Eugene Warrior** methodology, writing – review and editing. **Odette Pearson** conceptualisation, methodology, writing – review and editing. **Mark Boyd** conceptualisation, methodology, writing – review and editing. **Judith Dwyer** conceptualisation, methodology, writing – review and editing. **Kim Morey** methodology, writing – review and editing. **Tina Brodie** methodology, writing – review and editing. **Kurt Towers** methodology, writing – review and editing. **Sonia Waters** methodology, writing – review and editing. **Cynthia Avila** methodology, writing –

review and editing. **Courtney Hammond** methodology, writing – review and editing. **Katherine Lake** methodology, writing – review and editing. **Uncle Frank Lampard** methodology, writing – review and editing. **Uncle Frank Wanganeen** methodology, writing – review and editing. **Olive Bennell** methodology, writing – review and editing. **Darrien Bromley** methodology, writing – review and editing. **Toni Shearing** methodology, writing – review and editing. **Nathan Rigney** methodology, writing – review and editing. **Schania Czygan** methodology, writing – review and editing. **Nikki Clinch** methodology, writing – review and editing. **Andrea Pitson** methodology, writing – review and editing. **Natasha Howard** conceptualisation, methodology, project administration, funding acquisition, writing – review and editing. **Alex Brown** conceptualisation, methodology, project administration, funding acquisition, writing – review and editing.

Author biography

Anna Dawson is a Senior Research Fellow in the Wardliparingga Aboriginal Research Unit at the South Australian Health and Medical Research Institute. She has a clinical background, postgraduate training in public health, and for the last 20 years has undertaken mixed method research focused on Aboriginal and Torres Strait Islander health and wellbeing and health services research. She undertakes participatory and translational research guided by cultural mentors and governed by Aboriginal and Torres Strait Islander leaders.

Eugene Warrior Junior is a Kokatha/Narungga man with approximately 16 years' experience in SA Government including Aboriginal housing, Aboriginal sports and recreation, and health sectors. He was the Senior Engagement and Knowledge Broker within Wardliparingga Aboriginal Health Equity at the South Australian Health and Medical Research Institute





(SAHMRI) and is currently the Senior Project Officer in the Aboriginal Language Interpreter Service in the SA Department of Human Services. Eugene is the Chair of the Northern Nunga Network, which promotes collaboration between workforce and services in the northern Adelaide region.

Odette Pearson is a Kuku Yalanji/Torres Strait Islander person and Associate Professor and co-Theme Leader of the Wardliparingga Aboriginal Health Equity Theme at SAHMRI. Her experience and post-doctoral training in Aboriginal health policy, health systems and equity comprises a unique comprehensive skillset relevant to existing and emerging complexities of Aboriginal and Torres Strait Islander health and wellbeing. Integral to her research is leadership and governance by Aboriginal people and communities.

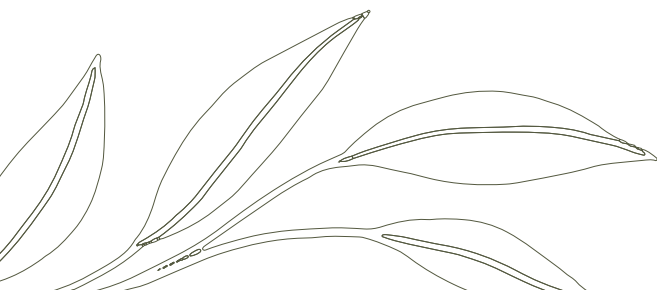
Mark Boyd is the founding Chair of Medicine at the University of Adelaide and a physician working in the Northern Adelaide Local Health Network, South Australia. With extensive experience in infectious diseases research, he has launched an innovative research program to explore how a better understanding of the social determinants of health can be implemented within the healthcare system to improve outcomes, particularly in populations living with disadvantage and vulnerability.

Judith Dwyer is an Adjunct Professor of Health Care Management in the Flinders University College of Medicine and Public Health, and a former CEO of Southern Health Care Network in Melbourne, and of Flinders Medical Centre in Adelaide. For the last 20 years, she has worked with Aboriginal organisations on research, largely through the Lowitja Institute. She is currently a member of the Board of the Central Adelaide Local Health Network.

Kim Morey is of Anmatyerre/Eastern Arrernte descent with family connections to Central Australia. Kim has over 28 years of experience in Aboriginal health and community services, across policy, planning, service development, monitoring and systems performance, including 10 years in Aboriginal health research. Kim leads the South Australian Aboriginal Chronic Disease Consortium, which brings together partner organisations to take action on chronic disease across the health system. Kim co-leads the Wardliparingga Aboriginal Health Equity Theme at SAHMRI.

Tina Brodie is a Yawarrawarrka/Yandruwandha woman and Post-doctoral Research Fellow in Wardliparingga Aboriginal Health Equity at SAHMRI. Tina's research explores Aboriginal and Torres Strait Islander social and emotional wellbeing, mental health and the social determinants of health. Tina has over 15 years of experience in Aboriginal health and wellbeing with expertise in Indigenous methodologies and engaging Aboriginal and Torres Strait Islander people and communities in research.

Kurt Towers is a proud Wiradjuri man, a registered Aboriginal Health Practitioner and Executive Director of Aboriginal Health for the Northern Adelaide Local Health Network. He works closely with his team to develop and implement innovative strategies that are culturally appropriate, evidence-based, and have a meaningful impact on the health and wellbeing of Aboriginal and Torres Strait Islander people. He also actively engages in cutting-edge research in Aboriginal health and is committed to translating research into practice through collaborations with researchers and clinicians to close the gap in health disparities and improve health outcomes of Aboriginal and Torres Strait Islander communities.





Sonia Waters is a proud Aboriginal woman from South Australia, a descendent of three generations of Stolen Generations women, with connection to Ooldea on the Far West Coast of South Australia. She is the Executive Manager, Workforce, at The Lowitja Institute and was employed by Aboriginal Services, AnglicareSA during the development of the *Taingiwilta Pirku Kawantila* research program. Sonia's career spans 40 years working in Aboriginal leadership roles across multiple South Australian Government departments and 13 years in the community services sector. She led Aboriginal Health Workforce Planning and Reform for 16 years in the South Australian Department of Health and is an advocate for human rights and social justice. She was inducted into the South Australian Women's Honour Roll in 2016.

Cynthia Juanta-Avila is a highly experienced General Registered Nurse and is the Aboriginal Health Manager at Sonder, where she has showcased her unwavering commitment to improving the lives of Aboriginal communities. Prior to her current role, Cynthia lived and worked in Aboriginal communities in both South Australia and Western Australia.

Courtney Hammond is an Eastern Arrernte/Tanganekald woman with ties to Country in the lower southeast of South Australia and Central Australia. She holds a Bachelor of Health and Medical Sciences, majoring in Medical Science and a Master of Public Health from The University of Adelaide. She is employed as a Research Associate within Implementation Science at Wardliparingga Aboriginal Health Equity at SAHMRI.

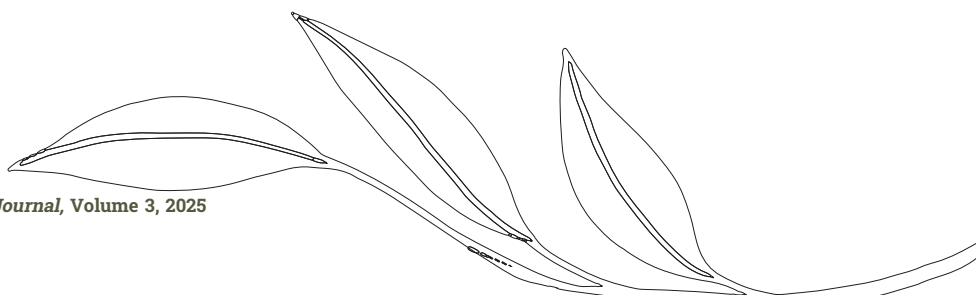
Katherine Lake is a non-Indigenous woman who holds a Bachelor of Health Science, majoring in Health Promotion, a Bachelor of Social Sciences, and a Bachelor of Health and Medical Science Honours

(Public Health Specialisation) from The University of Adelaide. Kate worked within the Implementation Science Program at Wardliparingga Aboriginal Health Equity at SAHMRI before taking on a role in the Indigenous Health Equity Unit within Onemda at the Melbourne School of Population and Global Health, The University of Melbourne.

Uncle Frank Lampard is a Ngarrindjeri and Kurna man who has extensively worked across education and the public sector with a particular focus on Aboriginal and Torres Strait Islander affairs. He held the role of Executive Officer within the Department of State Aboriginal Affairs and has been recognised for his contributions through an Order of Australia Medal, National NAIDOC Aboriginal Male Elder of the Year Award, and a Centenary Medal in recognition of his contribution to Aboriginal education. He works closely with the Wardliparingga Aboriginal Health Equity Unit at SAHMRI providing guidance through Aboriginal research governance.

Uncle Frank Wanganeen is a Kurna and Narungga Elder and current Chairperson of the Salisbury Council Reconciliation Action Plan Working Group. He performs Welcome to Country and also operates the Kurna Cultural Walking Tours in the Adelaide region. He is a leader and cultural educator who creates awareness of Kurna cultural heritage.

Olive Bennell is the Chief Executive Officer of First Nations Healing Incorporated and was previously the Head of Homelessness Services in AnglicareSA. Olive has 15 years of experience as a strategic leader and has developed key partnerships, policies and programs with non-profit, private and government stakeholders. She has more than 30 years of experience working in Commonwealth and State Government in education, child wellbeing, employment and training, family





violence prevention and youth affairs, Aboriginal affairs policy and program delivery. Olive's passion is working to improve the health, safety and wellbeing of Aboriginal people.

Darrien Bromley is a Narungga and Adnyamathanha man who has worked for the past 23 years in Aboriginal community-controlled organisations in health and disability care. With a background in health administration, Darrien is now the Chief Executive of InComPro Aboriginal Association, an Aboriginal community-controlled organisation based in Adelaide's northern suburbs established to provide disability care, youth support and mentoring as well as family and community support for Aboriginal peoples. He holds roles on various boards and the South Australian Aboriginal Community Controlled Organisation Network.

Toni Shearing is a Narungga/Kokatha woman from South Australia with 10 years of experience working in Aboriginal health. She has a passion for translating research evidence into practice, striving for best practice in Aboriginal health outcomes using evidence-based knowledge in strategic planning in her role as the Manager, Aboriginal health strategy and research for the Northern Adelaide Local Health Network. She has built a strong portfolio in Aboriginal health strategy and policy implementation, Aboriginal workforce, reconciliation, cultural learning, consumer engagement, health promotion, data and reporting, and national safety and quality standards.

Nathan Rigney is a Ngarrindjeri man and Associate Director of Aboriginal Health Promotion at Wellbeing SA. He has worked in Aboriginal health for 12 years within SA Health, Cancer Council SA and Wellbeing SA, in roles including counselling, health education, promotion, program design and strategy. Nathan and

his team have developed the SA Aboriginal Health Promotion Strategy focused on strengthening Aboriginal cultural determinants and building capacity and sustainable health initiatives at the local level.

Schania Czygan is a Kuku Yalanji woman from far north Queensland, and the Adelaide metropolitan Indigenous Health Project Officer based at Sonder. She provides professional support and guidance to GPs, nurses and allied health providers to promote practice that is culturally safe and supportive and to strengthen service access pathways. Schania's work focuses on enabling Aboriginal and Torres Strait Islander people to access culturally safe health services to achieve improved health outcomes.

Nicole Clinch is a proud Badimia/Yamatji woman (Western Australia), born and raised on Kurna land. She has 13 years of experience in Aboriginal health in both Aboriginal community-controlled health organisations and state government sectors in various roles including research, quality improvement, accreditation, policy and systems design, program evaluation, Aboriginal employment and community engagement. She is a current member of the South Australian Public Health Council and Reconciliation SA Board.

Natasha Howard is the Wardliparingga Aboriginal Health Equity Theme SAHMRI Program Lead: Implementation Science. The program incorporates a systems view and privileges Indigenous knowledge to deliver mixed method inter-disciplinary perspectives that aim to generate policy and practice-based evidence on the social determinants of health. Her experience spans both the health and social sciences, applying population approaches to investigate how the social and built environment enables and promotes cardiometabolic health and wellbeing, notably for



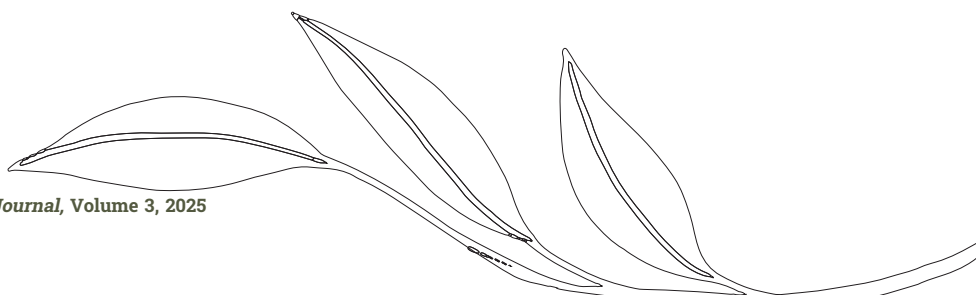


priority populations. She has been active in advocacy and mentoring of the local population health community in both research and practice.

Alex Brown is the Professor of Indigenous Genomics at the Telethon Kids Institute and the Australian National University and Senior Principal Research Fellow at SAHMRI. He is an internationally leading Aboriginal clinician/researcher (Yuin Nation) who has worked his entire career in Aboriginal health in the provision of public health services, infectious diseases and chronic disease care, health care policy and research. He has family connections to Nowra, Wreck Bay and Wallaga Lake on the far south coast of NSW.

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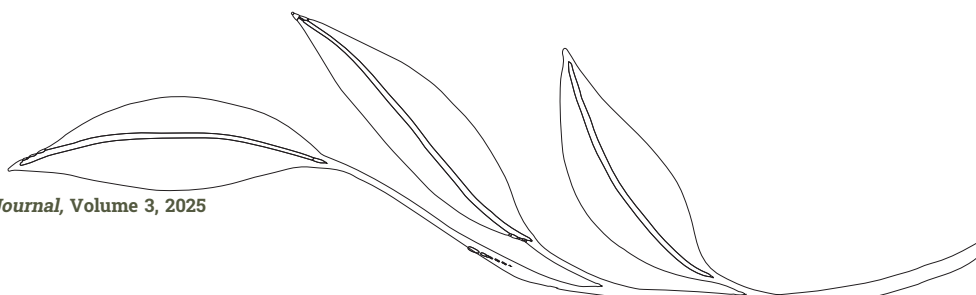
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