The Closing the Gap (CTG) Refresh: Should Aboriginal and Torres Strait Islander culture be incorporated in the CTG framework? How?

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In recent years, Australia has seen the emergence and incorporation of Aboriginal and Torres Strait Islander* culture into national public health policies and frameworks as an essential requirement for the health and wellbeing of Indigenous Australians.[1,2] Nationally, this represents a significant shift in public policy because Indigenous culture was often dismissed as irrelevant from the development of policy.[3] Despite these advances, a significant evidence gap remains concerning the significance of Indigenous culture to these frameworks, and how public policy makers can best enable, embed and enact Indigenous culture within public policies and frameworks. These concerns have been raised elsewhere in a discussion paper that asks whether the culture of Aboriginal and Torres Strait Islander people should be incorporated into a refreshed Closing the Gap initiative and, if so, how.[4] This commentary article further explores these concerns by highlighting how Indigenous knowledge is intrinsic to Indigenous culture and vice versa. Understanding the relationship between Indigenous knowledge and Indigenous culture could bring greater meaning to culture when incorporated into public policies or frameworks. However, further investigation is a necessity to resolve a significant evidence gap when Indigenous culture is incorporated into a policy framework.

A cultural dimension for public policy

The Australian Government, its organisations and government officials (known as policy makers) develop public policies in order to address issues of significance.[5] They are the things that governments decide to do.[6] The National Aboriginal and Torres Strait Islander Health Plan is an example of a public policy that aims to address racism, health disparities and inequities, and the social inequalities experienced by Indigenous Australians.[1] The culture of Aboriginal and Torres Strait Islander people is central to this policy framework.[1]

Policy makers have previously been encouraged to create a cultural infusion by providing the means for Indigenous Australians to bring their cultural worldview to policy development.[3] Cultural infusion occurs when the Indigenous and non-Indigenous cultural worldviews meet in an intercultural social space and innovative solutions are developed.[3] Critical to this infusion is the central positioning of Indigenous people.[3]

The Closing the Gap Initiative

What is repeatedly missing in officialese accounts of what lies behind 'disadvantage' is the very thing that everyone in such circles is usually quick to say needs proper recognition – Indigenous tradition, social values and culture.[7]

The 2007 Close the Gap peoples' movement campaign called upon governments to embrace a new national agenda of achieving equality for Indigenous Australians.[4] In 2008, governments agreed to an aspirational plan for generational change.[8] This involved the signing of the Statement of Intent between the Australian Government and communities. The National Indigenous Reform Agenda (NIRA) – known as the Closing the Gap initiative (set out in Box 1) – was also agreed to by governments through the Council of Australian Governments (COAG).[8]

A decade on, these commitments to addressing the health, education and employment inequities have not successfully achieved all their targets.[9] Only one of the seven targets agreed by COAG is on track: halving the year 12 attainment gap by 2020.[9] Life expectancy and child mortality targets are not being met; school attendance rates with reading, writing and numeracy skills of children are behind; and employment targets have also not been achieved.[9]

If improvements are to be made to the COAG Closing the Gap, Indigenous culture must be integral to addressing these health, education and employment targets. However, if culture is to be incorporated into public policies and frameworks, it would be prudent to further explore and understand this intercultural social space and the concept of cultural infusion.

Indigenous culture

Culture has been defined as "that complex whole which includes knowledge, belief, art, moral, law, custom, and any other capacities and habits acquired by man as a member of society".[11]

The importance of culture was outlined in the seminal work of the 1989 National Aboriginal Health Strategy (the Strategy) that argued for the necessity of culture to inform culturally

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* In recognition of the diversity that exists among Aboriginal and Torres Strait Islander Australians, from this moment forward Indigenous will be used except during citations or when expected practice would suggest otherwise.

appropriate and responsive initiatives.[12] The Strategy urges that approaches to health should focus on:

> Not just the physical well-being of the individual but the social, emotional and cultural well-being of the whole community.[12]

Health for Indigenous people includes the right to practice their cultural values, beliefs and norms[13] including such practices that reaffirm connection to Country, languages and the spiritual world.[1] This Indigenous whole-of-life and whole-of-community approach to health and wellbeing often conflicts with Western concepts of health.[12,14] This tension is a longstanding reality experienced by Indigenous Australians who regularly challenge Australia's understanding and approaches to health.[12]

Importance of Indigenous culture

The importance of culture is one of several domains in a model for wellbeing that affirms culture's significance as being critical to the mental health and social and emotional wellbeing of Indigenous Australians.[2] Similarly, they must be led and owned by Indigenous people and "informed by an Indigenous – not a Western – worldview" that ensures a holistic and culturally responsive program is designed and delivered.[15] The consideration and incorporation of Indigenous culture has shown to impact on program and health outcomes.[14-16] Further, a health promotion project to address chronic disease demonstrated good health gains when culture and an Indigenous worldview had been incorporated into the 'Healthy Country Healthy People' initiative. This initiative saw a reduction in a range of chronic disease indicators, and also called for government policies to recognise the significance of cultural approaches and its relevance in achieving such health outcomes.[17]

Culture and the National Aboriginal and Torres Strait Islander Health Plan (the Health Plan)

The Health Plan represents Indigenous culture as:

- Aboriginal and Torres Strait Islander peoples hav[ing] the right to live a healthy, safe and empowered life with a healthy strong connection to culture and country;[1] and
- that culture adapts and changes according to current or past influences.[1] Further,

it recognises the legacy of colonisation dismantling the practice of culture and the strength that Indigenous Australians have despite past policies.[1]

The importance of Indigenous culture is further reinforced in the 2017 My Life, My Lead national consultation report about the social determinants and cultural determinants of Indigenous health, which argues that culture must be incorporated into services to contribute towards robust health gains and resilient individuals.[16] The use of Ngangkari traditional healers in South Australia is an example of how the practices of culture have been successfully incorporated into mainstream services.[2] Aboriginal patients now have a choice of accessing Ngangkari healers as an integral part of their healthcare.[18]

Despite the incorporation of culture in the Health Plan, it is argued that culture's representation is insufficient in a public policy context and without a deeper understanding of Indigenous culture in these contexts little real improvement will be made. The missing link is Indigenous knowledge and its relationship to Indigenous culture.

Indigenous knowledge

While lessons can be learnt from the above example and some improvements have been made, further investigation is required to address an evidence gap. Indigenous-led initiatives, supported by governments, are vital to bridging this evidence gap because it is only Indigenous peoples and communities who hold this knowledge and are rightfully able to practice it.

Although Australia's Indigenous health leaders were clear that references to Indigenous culture in the Health Plan were inextricably tied to Indigenous knowledge,[19] this tacit and intrinsic relationship with Indigenous knowledge is not considered in the national public policy dialogue.

Indigenous knowledge in academia has been prominent since the 1980s.[20] It has also been prominent in the arts in relation to intellectual property rights,[21] education about the relevance of Indigenous knowledge to the sciences,[22,23] health concerning translational research,[24,25] global development programs about designing projects[26] and research regarding Indigenous paradigms.[27] Although Indigenous knowledge is clearly recognised as an invaluable asset for programs and services,[20] it is rarely acknowledged in a public

policy context – let alone valued. This is the experience of Aboriginal and Torres Strait Islander people who work in government, which is clearly articulated by this insider (first) author:

> I have come to observe and experience tensions between Western and Indigenous ways of knowing, thinking and working. In Australia, governments espouse the importance of working in partnership with Aboriginal and Torres Strait Islander peoples concerning their health. I have observed the benefits of such arrangements and the challenges of two distinct yet valid worldviews coming together and clashing in conflict with the other. More significantly, I have watched the dominance of the Western system overriding Indigenous frames of reference and knowledge during the policy development process as well as the design and implementation of services … It appears that little is known about the relationship between the Indigenous and non-indigenous frames of reference including the practical integration of Indigenous knowledge into complex health policies and services.[28]

Indigenous knowledge could aid the enactment of culture; however, further work is warranted to understand the innate relationship between Indigenous knowledge and culture. Despite three decades or more of scholarly knowledge concerning Indigenous philosophy and methodologies, the theoretical and conceptual framework(s) that could support enabling, embedding and enacting Indigenous culture (and Indigenous knowledge) in public policies are absent.

Discussion

Given the shortcomings of previous government policies and frameworks, it is timely for Indigenous philosophies and methodologies to become praxis, and for governments and policy makers to provide the means for Indigenous Australians to apply their culture in policy development.[3] An evidence gap undoubtedly exists about enabling, embedding and enacting Indigenous culture once it is incorporated into public policies. Although a range of initiatives offer answers to this gap in evidence, the absence of theoretical and/or conceptual frameworks is problematic. Similarly, Indigenous culture's intrinsic relationality with Indigenous knowledge must be understood. Time, investment and research with an Indigenous worldview-led project is fundamental to overcome this evidence gap and the failings of the Closing

the Gap and health initiatives. Governments and policy makers must be open and respectful to Indigenous ways of knowing, being and doing, and to the meanings of Indigenous culture and Indigenous knowledge.

Acknowledgement

References

1. Australian Health Department. *National Aboriginal and Torres Strait Islander Health Plan 2013-2023*. Canberra (AUST): Government of Australia; 2013.

2. Department of the Prime Minister and Cabinet. *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017 – 2020* [Internet]. Canberra (AUST): Government of Australia; 2017 [cited 2018 Feb 9]. Available from: https://pmc.gov.au/sites/default/files/publications/mhsewb-framework_0.pdf

3. Parter C. Cultural Dimensions in Policy Development: A Case Study – The NSW Aboriginal Justice Plan. *Public Adm Today*. 2005;4:4-8.

4. Department of Prime Minister and Cabinet. *Closing the Gap: The Next Phase Public Discussion Paper* [Internet]. Canberra (AUST): Government of Australia; 2017 [cited 2017 Dec 20]. Available from: https://closingthegaprefresh.pmc.gov.au/sites/default/files/resources/ctg-next-phase-discussion-paper.pdf

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

6. McConnell A. *Lecture on Policy Success: What Is It and What are the Implications for Policy Making?* Sydney (AUST): University of Sydney; 2018.

7. Sutton P. *New Edition: The Politics of Suffering*. Melbourne (AUST): Melbourne University Press; 2011.

8. Gardiner-Garden J. *Closing the Gap* [Internet]. Canberra (AUST): Parliament of Australia; 2012 [cited 2018 Mar 21]. Available from: https://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/BriefingBook44p/ClosingGap

9. Department of the Prime Minister and Cabinet. *Closing the Gap: Prime Minister's Report 2017*. Canberra (AUST): Government of Australia; 2017.

10. Council of Australian Governments. *COAG Fact Sheet - National Indigenous Reform Agreement*. Canberra (AUST): Government of Australia; 2009.

11. United Nations Department of Economic and Social Affairs. *State of the World's Indigenous Peoples*. Geneva (CHE): UNDESA Division for Social Policy and Development; 2009.

12. National Aboriginal Health Strategy Working Party. *A National Aboriginal Health Strategy*. Canberra (AUST): Government of Australia; 1989.

13. United Nations General Assembly. *United Nations Declaration of the Rights of Indigenous Peoples: Resolution / Adopted by the General Assembly, 2 October 2007* [Internet]. Geneva (CHE): United Nations High Commissioner for Refugees; 2007 [cited 2017 Feb 6]. Available from: http://www.refworld.org/docid/471355a82.html

14. Dudgeon P, Milroy J, Calma T, Luxford Y, Ring I, Walker R, et al. *Solutions That Work: What the Evidence and Our People Tell Us - Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project Report*. Perth (AUST): University of Western Australia; 2016.

15. Day A, Francisco A. Social and emotional wellbeing in Indigenous Australians: identifying promising interventions. *Aust NZ J Public Health*. 2013;37(4):350-5.

16. Australia Department of Health. *My Life My Lead: Opportunities for Strengthening Approaches to the Social Determinants and Cultural Department of Health Determinants of Indigenous Health - Report on the National Consultations December 2017*. Canberra (AUST): Government of Australia; 2017.

17. Burgess CP, Johnston FH, Berry HL, McDonnel J, Yibarbuk D, Gunabarra C, et al. Healthy country, healthy people: The relationship between Indigenous health stutus and "caring for country". *Med J Aust*. 2009;190(10):567-72.

18. Hanifie S. Ngangkari healers: 60,000 years of traditional Aboriginal methods make headway in medical clinics South Australia. *ABC Riverland News* [Internet]; 2018 Mar 28 [cited 2018 Mar 9]. Available from: http://www.abc.net.au/news/2018-03-28/aboriginal-healers-complementary-medicine-finds-its-place/9586972

19. Parter C. Bringing Meaning and Understanding to Indigenous Culture through its Relationship to Indigenous Knowledge in Public Health Policy - 30 May 2017, National Health Leadership Forum (NHLF) Meeting - Personal Communication. Unpublished Observations. 2017.

20. Nakata M. *Disciplining Indigenous Knowledge. Disciplining the Savages, Savaging the Disciplines*. Canberra (AUST): Aboriginal Studies Press; 2008.

21. Janke T, Dawson P. *New Tracks: Indigenous Knowledge and Cultural Expression and the Australian Intellectual Property System* [Internet]. Roseberry (AUST): Terri Janke & Company; 2012 [cited 2015 Nov 9]. Available from: http://apo.org.au/system/files/38273/apo-nid38273-68691.pdf

22. Battiste M. Indigenous Knowledge: Foundations for First Nations [Essay]. *World Indigenous Nations Higher Education Consortium*; 2005. p. 1-17.

23. Barnhardt R, Kawagley AO. Indigenous knowledge systems and Alaska Native ways of knowing. *Anthropol Educ Q*. 2005;36(1):8-23.

24. Smylie J, Martin CM, Kaplan-Myrth N, Steele L, Tait C, Hogg W. Knowledge translation and indigenous knowledge. *Int J Circumpolar Health*. 2003;63 Suppl 2:139-43.

25. Durie M. Understanding health and illness: Research at the interface between science and indigenous knowledge. *Int J Epidemiol*. 2004;33(5):1138-43.

26. Gorjestani N. *Indigenous Knowledge for Development*. Geneva (CHE): United Nations Conference on Trade and Development on Traditional Knowledge; 2000.

27. Wilson S. *Research is Ceremony: Indigenous Research Methods*. Nova Scotia (CAN): Fernwood Publishing; 2008.

28. Parter C. Indigenous Culture and Indigenous Knoweldge in Public Health Policies, Saves Lives-Doctorate of Philosophy Research Project. Unpublished Observations. 2017.

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