



Aboriginal health and wellbeing in public health planning

Key considerations

By embedding Aboriginal health priorities and cultural determinants into public health planning, local governments can contribute to effective and sustainable public health outcomes for Aboriginal people and communities.

Ongoing health inequities, driven by systemic factors including racism and limited recognition of cultural determinants of health, impact access to appropriate services. This in turn contributes to ongoing disparities in health outcomes.

A culturally informed approach to public health planning helps build more equitable, responsive health systems that better support Aboriginal communities across WA. To support this process, it is essential local governments proactively consider the key concepts outlined in this resource. These concepts should be considered alongside the advice provided in the other resources as part of this suite.

Coordinated and sustainable public health initiatives

Public health planning for Aboriginal people and communities must be grounded in culturally safe, inclusive, and community-led approaches that coordinate and complement wider service delivery to ensure sustainable health outcomes. As a minimum, local governments should:

- enable ongoing community engagement and self-determination by building strong and meaningful relationships and formal partnerships with Aboriginal communities
- ensure Aboriginal communities are empowered by having an active and meaningful role in planning, monitoring and reporting of public health initiatives
- ensure culture is at the centre when working with Aboriginal people by embedding cultural safety and responsiveness within all processes
- invest in relationships and partnerships with ACCOs through collaboration and support in a way that honours and respects their leadership and expertise to provide holistic support for Aboriginal people and communities
- continuously lead with strengths-based approaches that reinforce resilience and protective factors in Aboriginal communities
- commit to and prioritise implementation of the priority reforms of the *National Agreement on Closing the Gap* and the *WA Aboriginal Health and Wellbeing Framework 2015-2030*.^{1, 2}

Social and emotional wellbeing

The domains of social and emotional wellbeing should be incorporated into public health planning.

Social and emotional wellbeing acknowledges connections to land, culture, spirituality, family and community impact the health and wellbeing of Aboriginal people. Social and emotional wellbeing is influenced by physical health, mental health, and the social determinants of health (e.g. education, housing, employment, and economic engagement).³ For Aboriginal people, social and emotional wellbeing is also shaped by a collective history of colonisation and contemporary experiences of systemic racism and marginalisation.³

A holistic framework, which is consistent with Aboriginal and Torres Strait Islander ways of knowing, being and doing, outlines the guiding principles and domains of social and emotional wellbeing.^{4,5}

The 9 guiding principles underpin social and emotional wellbeing:

- health as holistic
- the right to self-determination
- the need for cultural understanding
- the impact of history in trauma and loss
- recognition of human rights
- the impact of racism and stigma
- recognition of the centrality of kinship
- recognition of cultural diversity
- recognition of Aboriginal strengths.

The social and emotional wellbeing domains are presented in Figure 1 (overleaf).

Supporting resources

[*Social and Emotional Wellbeing: A Review*](#)

[*Fact Sheet: A. Social and Emotional Wellbeing*](#)



SEWB Diagram adapted from Gee et al., (2014)

Figure 1: The Social and Emotional Wellbeing Domains

Self-determination

Self-determination is central to Aboriginal health and wellbeing and is a key cultural determinant of health. It is important to understand the distinct health needs as well as the unique rights of Aboriginal people. The rights of Aboriginal people to be self-determined, enjoy health equity and be free from racism, amongst other unique rights are captured under the United Nations Declaration on the Rights of Indigenous Peoples.⁶

Meaningful engagement and co-design must be empowering, reciprocal, and inclusive and should occur with:

- Aboriginal people working within the local government
- Aboriginal people who live in or visit the local government area
- ACCOs, including ACCHS, providing services in the local government area.

Local governments should ensure public health initiatives for Aboriginal people are led or guided by Aboriginal people wherever possible and with appropriate reimbursement for this valuable time and knowledge.

Supporting resources

[United Nations Declaration on the Rights of Indigenous People](#)

[Co-Design Lessons Learned Report](#)

[Fact Sheet: Codesign with Aboriginal and Torres Strait Islander peoples](#)

Cultural responsiveness and cultural safety

Cultural safety is a critical concept and practice aimed at achieving justice and equity for Aboriginal people in health and human services.⁷ Cultural safety is an experience and an outcome, operating at both individual and systemic levels and is vital for reducing health inequities, and improving access, quality, and safety in the health and human services environment for Aboriginal people.⁸

Cultural responsiveness is the practice that enables cultural safety. It is what is needed to transform systems and must incorporate knowledge (knowing), self-knowledge and behaviour (being) and action (doing).⁹ To achieve cultural safety and implement culturally responsive initiatives, as a minimum, local governments should:

- partner with Aboriginal communities and ACCOs to co-design initiatives that reflect Aboriginal community priorities
 - provide cultural learning training for local government officers
 - create culturally inclusive spaces within public services
 - ensure Aboriginal governance and representation in decision-making
 - prioritise relationship-building and trust with Aboriginal communities
 - foster inclusive engagement processes that promote transparency and respect.
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Supporting resources

[Cultural Safety in Australia – Discussion Paper](#)

Evaluation

Evaluation of public health planning initiatives can highlight individual and community strengths, support self-determination and contribute to positive outcomes.

Local governments should refer to culturally responsive resources to support evaluation processes related to Aboriginal health and wellbeing.

Supporting resources

[*An Evaluation Framework to Improve Aboriginal and Torres Strait Islander Health*](#)

Indigenous Data Sovereignty

Indigenous Data Sovereignty is a global movement concerned with the rights of Indigenous people to exercise ownership over Indigenous data.

Indigenous data refers to information or knowledge, in any format or medium, which is about and may affect Indigenous peoples both collectively and individually. Ownership of data can be expressed through the creation, collection, access, analysis, interpretation, management, dissemination, and reuse of Indigenous data.¹⁰

Local governments should apply Indigenous Data Sovereignty principles, ensuring alignment with Aboriginal people's values, priorities, and cultural contexts.

Supporting resources

[*Maiaṃ nayri Wingara Indigenous Data Sovereignty Principles*](#)

[*Framework for Governance of Indigenous Data*](#)

[*Taking Control of Our Data: A Discussion Paper on Indigenous Data Governance for Aboriginal and Torres Strait Islander People and Communities*](#)

Strengths-based approaches

It is important to apply an Aboriginal cultural lens to the collection, interpretation, and presentation of information and data related to Aboriginal people, and that a strengths-based approach is applied.

Strengths-based approaches seek to move away from the traditional problem-based paradigm and offer a different language for thinking about and discussing topics.¹¹

Health information and data about Aboriginal people should be free from negligent 'deficit discourse'. Deficit discourse refers to disempowering patterns of thought, language and practice that represent people in terms of deficiencies and failures. It particularly refers to discourse that places responsibility for problems with the affected individuals or communities, overlooking the larger socio-economic

structures in which they are embedded.¹¹ An example of deficit discourse is ‘*Aboriginal people are more likely to have poorer health and experience chronic disease than non-Aboriginal people as Aboriginal people are less likely to engage with health services and programs.*’ A strengths-based approach would be ‘*Aboriginal people are more likely to engage with health services and programs which are culturally responsive to the needs of Aboriginal people.*’

To assist with identifying and avoiding deficit discourse, check for the ‘Five Ds’:¹²

- **Disparity** – for example, biased focus on inequalities between groups that reinforces racial dominance of one, often positioning as the ‘universal norm’, and inferiority of the other.
- **Deprivation** – for example, implying a lack of resources, education, income, or housing without recognition of the impacts of colonisation and ongoing racism.
- **Disadvantage** – for example, terms such as ‘vulnerable’ and ‘at-risk’ place an onus of the ‘problem’ onto Aboriginal people rather than the systems that create inequality.
- **Dysfunction** – for example, reference to Aboriginality as a risk-factor for poor health or socioeconomic outcomes, dismissing culture as a protective factor for good health.
- **Difference** – for example, emphasis on ‘difference’ can be exacerbated by using wording such as ‘compared to non-Aboriginal’.

Supporting resources

[Deficit Discourse and Strengths-based Approaches: Changing the Narrative of Aboriginal and Torres Strait Islander Health and Wellbeing](#)

Indigenous Cultural and Intellectual Property

It is best practice that Indigenous Cultural and Intellectual Property is acknowledged and respected.

It may be necessary for local governments to gain permission from Aboriginal people to use stories, languages and designs, even if in the public domain. Where used, resources should always be appropriately acknowledged and cited.

Supporting resources

[Indigenous Cultural and Intellectual Property](#)

Reconciliation Action Plans

Many local governments have developed Reconciliation Action Plans (RAPs) to guide their commitments to Aboriginal engagement, cultural awareness, relationships and partnerships. A RAP is a strategic document that outlines an organisation’s commitment to reconciliation by fostering respectful relationships, increasing cultural understanding, and creating opportunities for Aboriginal people through different initiatives. A public health plan is primarily concerned with measurable health and wellbeing outcomes, whereas a RAP focuses on broader institutional and cultural change.

While RAPs serve a very important role and there may be some overlap between the 2 documents, RAPs are not considered a substitute for meaningfully integrating Aboriginal health and wellbeing into public health planning. By taking a proactive, collaborative and strengths-based approach to public health planning, local governments can contribute to genuine reconciliation while also improving health and wellbeing outcomes for Aboriginal communities.

Public health plans and RAPs are complementary and should align where possible.

Summary of key considerations

<i>Review and consider key Aboriginal health and health-related policies including the National Agreement on Closing the Gap, the WA Aboriginal Health and Wellbeing Framework 2015–2030 and the Aboriginal Empowerment Strategy - Western Australia 2021–2029.</i>	
<i>Consult and co-design with Aboriginal people and Aboriginal Community Controlled Organisations to ensure objectives and strategies consider Aboriginal people's priorities.</i>	
<i>Look for opportunities to include Aboriginal Community Controlled Organisation staff in public health related activities and events being hosted by the local government to assist with information sharing.</i>	
<i>Establish agreements (e.g. a Memorandum of Understanding) to facilitate ongoing partnerships and collaboration with Aboriginal Community Controlled Organisations.</i>	
<i>Provide reimbursement (e.g. via Grant Agreements, paid participation, and engagement fees, etc.) to support consultation and co-design processes with Aboriginal people and Aboriginal Community Controlled Organisations.</i>	
<i>Report back on the outcome of consultations with Aboriginal people and Aboriginal Community Controlled Organisations to ensure accountability and transparency is maintained at all stages of the public health planning process.</i>	
<i>Include both new and existing local government initiatives in public health planning, recognising activities already underway in Aboriginal engagement, health and wellbeing.</i>	
<i>Ensure public health initiatives for Aboriginal people, including consultation and evaluation processes, are led, or guided by Aboriginal people wherever possible.</i>	
<i>Investigate grant and funding opportunities (e.g. via Healthway) for the development and implementation of public health initiatives specific for Aboriginal people.</i>	
<i>Ensure consultants who are developing or assisting with the development of public health plans are culturally responsive to the needs of Aboriginal people and communities.</i>	
<i>Employ a strengths-based approach which focuses on the cultural determinants of health and recognise culture as a protective factor for the health and wellbeing of Aboriginal people.</i>	
<i>Use language that fosters trust, inclusion, and positive partnerships and relationships with Aboriginal people communities.</i>	
<i>Build in continuous feedback processes with Aboriginal people and communities to refine and improve public health initiatives.</i>	
<i>Ensure elements of the public health plan which consider Aboriginal health and wellbeing have a strong evidence base using Aboriginal-led and culturally responsive resources (e.g. from sources such as Australian Indigenous HealthInfonet¹³ and Lowitja Institute¹⁴) and/or feedback generated through consultations with local Aboriginal people and communities.</i>	
<i>Ensure public health plans complement existing Reconciliation Action Plans (RAPs) and be clear to differentiate public health plans are driven by health and wellbeing while RAPs are driven by reconciliation.</i>	
<i>Recognise and uphold the importance of Aboriginal Cultural and Intellectual Property.</i>	

Contact details

For questions related to public health planning, contact doh.phplanning@health.wa.gov.au.

Acknowledgements

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References

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Acknowledgement of Country and people

WA Health acknowledges the Aboriginal people of the many traditional lands and language groups of Western Australia. It acknowledges the wisdom of Aboriginal Elders both past and present and pays respect to Aboriginal communities of today.

Using the term Aboriginal

Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. Aboriginal and Torres Strait Islander may be referred to in the national context and Indigenous may be referred to in the international context. No disrespect is intended to our Torres Strait Islander colleagues and community.

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