

# Aboriginal and Torres Strait Islander Urban Health and Wellbeing Research Framework

Developed by the UQ Poche Centre for Indigenous Health in partnership with the Research Alliance for Urban Community Controlled Health Services



**RAUCHS**  
Research Alliance for Urban  
Community Controlled Health  
Services

UQ Poche Centre  
for Indigenous Health





UQ acknowledges the Traditional Owners and their custodianship of the lands on which UQ is situated.

— **Reconciliation at UQ**

# Acknowledgement of Country

We acknowledge the traditional custodians of the lands on which this Urban Aboriginal and Torres Strait Islander Health and Wellbeing Research Framework was created. This report acknowledges the Yuggera and Turrbal People as the custodians of this Country since time immemorial. This Country has long been a place for gathering, teaching, learning, and research.



# RAUCCHS

Research Alliance for Urban  
Community Controlled Health  
Services

This framework has been created in partnership with the Research Alliance for Urban Community Controlled Health Services (RAUCCHS), a network of 12 Aboriginal and Torres Strait Islander Community Controlled Health Services operating in capital cities of Australia. RAUCCHS was established in 2021 and meets annually in person and via video meetings at other times. RAUCCHS is supported by the UQ Poche Centre for Indigenous Health.



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## **Aboriginal and Torres Strait Islander Urban Health and Wellbeing Research Framework - Introduction**

Urbanisation is one of the most significant global trends of the 21st century, as identified by the World Health Organization.<sup>1</sup> In Australia, Aboriginal and Torres Strait Islander people have long lived in what are now urban areas, and this population is rapidly growing and far exceeds non-Indigenous population growth in capital cities. An estimated 38% (almost four in 10) of Aboriginal and Torres Strait Islander people lived in Australia's eight capital cities in 2021,<sup>2</sup> and an additional 3% lived in major cities of Australia.<sup>3</sup>

Despite this, Aboriginal and Torres Strait Islander health and wellbeing research, policy, and programs have focused largely on remote communities,<sup>4-6</sup> even though urban populations contribute the largest share of the burden of disease among the total Aboriginal and Torres Strait Islander population.<sup>7</sup> While efforts in rural and remote regions must be maintained and strengthened, Closing the Gap in health and wellbeing inequities will not happen without improving the health and wellbeing of Aboriginal and Torres Strait Islander people living in capital cities.<sup>4</sup>

In this respect, Aboriginal and Islander Community Controlled Health Services (AICCHS) are central to healthcare and research in cities. They must be supported to lead, research and manage the increasing demand for their services. Additionally, data must be disaggregated by cities to reflect the cultural and geographic diversity of Aboriginal and Torres Strait Islander people, and to inform Community-level responses.<sup>8</sup>

This inaugural Aboriginal and Torres Strait Islander Urban Health and Wellbeing Research Framework provides ideas for research aimed at transforming health care and outcomes for Aboriginal and Torres Strait Islander people living in capital and major cities of Australia. This Research Framework contains six themes of research that are holistic in approach and in alignment with the usual business activities of urban AICCHS.

## The Framework:

- Addresses the priorities of urban Aboriginal and Torres Strait Islander communities, and has been led by RAUCCHS members, and strives towards equitable health and wellbeing outcomes for urban Aboriginal and Torres Strait Islander people.
- Aims to drive research that improves health care delivery for Aboriginal and Torres Strait Islander people living in urban areas.
- Provides opportunities to facilitate local-level evidence on the relationships between the social, cultural, political and economic determinants of health and wellbeing for urban Aboriginal and Torres Strait Islander people.
- Provides opportunities to develop and prioritise local-level evidence on under-researched urban Aboriginal and Torres Strait Islander populations such as people experiencing homelessness and LGBTQIASGBB+ people.<sup>9</sup>

## Theme 1: Optimal health services in our cities<sup>13</sup>

OBJECTIVE: This theme aims to highlight the work of AICCHS by generating evidence on the health and wellbeing services provided by AICCHS including future proofing these services for challenges such as population growth and the need to find efficiencies in the way business is done to cope with this as well as mitigating risks posed by climate change.

AIMS:



Highlight strengths and address gaps in systems and models of care provided by AICCHS to improve efficiencies.



Examine the impact of changing social and population demographic characteristics on health services' capacity to deliver quality care and undertake planning to respond to these changes.



Improve First Nations Australians' access to and use of culturally safe services in urban settings by strengthening care pathways between urban ATSI CCHS and other health and wellbeing providers.



Use evidence to support increased funding of urban AICCHS.



Enable greater investment in Aboriginal and Torres Strait Islander research governance structures and processes within urban AICCHS to support research led by the sector.

*'We're seeing such a huge influx into the urban spaces that is the southeast corner... when I look across some of the data that's coming out of the Institute [Institute for Urban Indigenous Health], as well as the ABS [Australian Bureau of Statistics]. You look at some of that and you think to yourself there's no way we can continue to just do the run of the mill expansion plans that we've been doing for the last ten years; we've got to think of something bigger.'*

(Aboriginal RAUCCHS member)<sup>10</sup>

## Theme 2: Liberation from inequity in our cities

OBJECTIVE: This theme focuses on the social, economic, and cultural determinants of health and will investigate the impact of fair and just urban planning, including housing, education, and employment opportunities for Aboriginal and Torres Strait Islander people and the outcomes of these opportunities in major cities on health and wellbeing outcomes.

AIMS:



Understanding suburbs and neighbourhoods where health disparity exists for Aboriginal and Torres Strait Islander people and intervening.



Mitigating racism within health care settings by developing and implementing anti-racism strategies within health care systems and responding to institutional, structural and personal racism in these settings.



Examining the intersectionality of cultural identity, racism and determinants of health.



Documenting and advocating for the housing needs of urban Aboriginal and Torres Strait Islander people.



Prioritising and focusing efforts on excluded, marginalised, and priority populations, such as people experiencing homelessness and LGBTQIA+SGBB people.

*'Racism is a huge barrier to anything. No one wants to go into a place and just feel, they just constantly feel like the "other," so that to me has a profound effect on how people participate, let their vulnerable parts of themselves show.'*  
(Aboriginal RAUCCHS member)<sup>10</sup>

*'Well, the impact is you don't really belong to anybody and you're just waiting, I suppose. That builds on your trauma because you're not connected to any group. Then you're making up your own culture in a sense, or you're traumatised because you're not a part of the community when you're growing up.'*  
(Aboriginal RAUCCHS member)<sup>10</sup>

## Theme 3: Cities that facilitate social and emotional wellbeing

OBJECTIVE: This theme focuses on how we restore and maintain traditions, landscapes, connection to Country, and culture in cities to improve social and emotional wellbeing (SEWB), and includes research ideas that:

AIMS:



Promoting and enabling environments that support physical activity and strengthen promote SEWB.



Increase social and cultural connectedness to promote SEWB.



Promote social cohesion, social capital and social equity to promote SEWB.



Promote public art and culture to promote SEWB.

*'I think the essence is its (ACCHOs) Blackness, its ability to stand there, feel like home for people, feel like it's a comfortable space, you can be vulnerable here, it's okay, and we are going to hold you and we're going to care for you, and we're going to give you the ultimate access to what we've got on offer.'* (Aboriginal RAUCCHS member)<sup>10</sup>



# Theme 4: Making our cities Aboriginal and Torres Strait Islander cities for all ages

OBJECTIVE: This theme centres on making Australians cities great for Aboriginal and Torres Strait Islander people of all ages.

AIMS:



Designing cities that are Aboriginal and Torres Strait Islander cities across the life course.



Developing neighborhoods and public spaces that explicitly support early childhood development.



Sustaining environments that promote adolescents' independence and physical activity, and effectively engaging in neighbourhood transformation for improved health.



Developing public health approaches to violence prevention and harm reduction for kids and youth.



Developing cities that privilege our Elders, including intergenerational approaches to ageing.



Explore strategies to increase social interaction, cohesion and community engagement across the life course.

**'We try to get into schools early and do those programs to work with young people to keep them healthy rather than waiting for the disease to come. It's that messaging and having Aboriginal Torres Strait Island people work with community as much as possible. Some of those programs do that really well.'** (non-Aboriginal clinician of RAUCCHS member service)<sup>10</sup>

# Theme 5: Transforming neighbourhoods through health-focused urban planning

OBJECTIVE: This theme centres on urban planning that respects local Traditional Owners and culture.

AIMS:



Transforming neighborhoods through physical exercise by ensuring appropriate and affordable amenities exist, like healthy transport options (connected bike paths), swimming pools, parks, sporting courts, fields, Aboriginal sporting clubs and carnivals.



Health impact assessments to make environments more health-promoting and using Health Economic Assessment Tools and other tools for measuring and monitoring the economic value of health benefit investments.



Facilitate health infrastructure planning.



Developing methods, approaches, tools, and processes to attract public and private sector financial and human resource investments into better health for all.



Advocate for Health in All Policy.



Tools to quantify financial gain to cities from healthier cities and citizens.

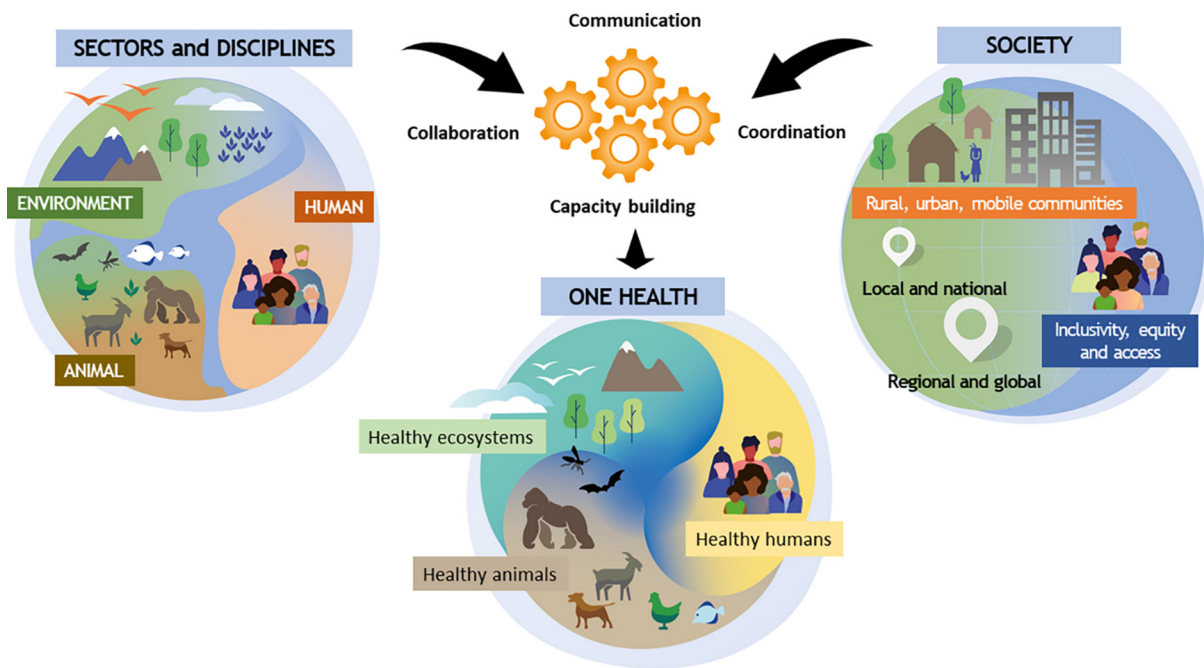


Advancing multidisciplinary and intersectional cooperation and partnerships to improve urban health.



# Theme 6: Cities that are adaptable to changing environment and climate preparedness response and refocus

OBJECTIVE: This theme considers contributions related to using the One Health<sup>15</sup> integrated approach to health and sustainability at the human-animal-environmental ecosystem interface. It focuses on research and experiences that harness climate action to improve health, project biodiversity, contribute to sustainability, and mitigate climate impacts.



AIMS:



Establish systems for monitoring of infectious diseases, including zoonotic and vector-borne diseases.



Ensuring food and nutrition security for urban populations.



Climate change and health impacts in urban contexts.



The impacts of increasing temperatures on health in urban settings.

# Methods

Methods will involve centering Indigenous research methodologies:

- through relationality,<sup>12</sup> decolonising literature reviews,<sup>13</sup> research,<sup>14</sup> and health policy analysis.<sup>15</sup>
- Aboriginal Participatory Action Research.<sup>16</sup>
- Indigenous research methodologies employing qualitative data approaches, like Yarning;<sup>17</sup> or quantitative research methods, like nayri kati (“Good Numbers”).<sup>18</sup>
- Indigenous statistics<sup>19</sup> that move from data deficits to data sovereignty.<sup>20</sup>
- Avoiding or reinterpreting data that is blaming, aggregate, decontextualised, deficit and restricted<sup>8</sup> and data reporting difference, disparity, disadvantage, dysfunction and deprivation.<sup>21</sup>
- Any approach involving data will focus on exercising Indigenous Data Sovereignty<sup>22</sup> through Indigenous Data Governance for routinely collected<sup>23</sup> and newly collected health data.<sup>24</sup>
- following the development of and implementing Indigenous Knowledge Translation methods.<sup>25</sup>

Following strategies and protocols for researchers to work in partnership with communities, including:

- The Australian Institute of Aboriginal and Torres Strait Islander Studies' (*AIATSIS*) *Code of Ethics for Aboriginal and Torres Strait Islander Research*<sup>26</sup> and its accompanying *Guide*<sup>27</sup> to applying it.
- *Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and communities: Guidelines for researchers and stakeholders*<sup>28</sup> and its companion guideline *Keeping research on track II*.<sup>29</sup>
- Strengths-based approaches,<sup>30-32</sup> building on what we know works.

## Abbreviations

| Term                | Full name  |
|---------------------|--|
| <b>AICCHS</b>       | Aboriginal and Islander Community Controlled Health Services   |
| <b>SEWB</b>         | Social and emotional wellbeing   |
| <b>LGBTIQASGBB+</b> | Lesbian, Gay, Bisexual, Transgender, Intersex, Queer/Questioning, Asexual, Sistergirls, Brotherboys and other identities |

## Glossary

| Term  | Definition   |
|---|--|
| <b>Aboriginal and Islander Community Controlled Health Services</b> | The National Aboriginal Community Controlled Health Organisation (NACCHO), the national peak body for all ACCHOs, defines Aboriginal community control in health services as:<br><br>'a process which allows the local Aboriginal community to be involved in its affairs in accordance with whatever protocols or procedures are determined by the Community'. <sup>33</sup>  |
| <b>Anti-racism</b>  | "Anti-racism is an active process, unlike the passive stance of 'non-racism'. Therefore, anti-racism work requires consistent, committed and targeted action and attention." <sup>34</sup>   |
| <b>Burden of disease (and injury)</b>                               | The quantified impact of a disease or injury on a population, using the disability-adjusted life years (DALY) measure, which measures how much healthy life has been lost through premature death or living with illness or injury. <sup>35</sup>  |
| <b>Capital cities</b>   | Capital cities in this report refer to the Australian Bureau of Statistics' geographical boundary of Greater Capital City Statistical Areas. They represent the functional area of each of the eight State and Territory capital city, including populations who regularly socialise, shop or work within the city, but may live either in the city or in the small towns and rural areas surrounding the city. <sup>36</sup>  |
| <b>Country</b>  | Aboriginal and Torres Strait Islander people often use the term Country to describe the lands, waterways and seas that they are connected to. <sup>37</sup> The term 'Country' has complex ideas about law, place, custom, language, spiritual belief, cultural practice, material sustenance, family and identity. <sup>37</sup>  |
| <b>Decolonisation</b>   | Internationally, decolonisation has been defined as the process by which people of colonised territories exercise their right to self-determination to decide the future status of their homeland. <sup>38</sup> In Australia, one definition of decolonisation describes it as a process that seeks to reverse colonisation, by working to identify the assumptions, systems and power structures operating through colonisation. <sup>39</sup> It seeks restorative justice by asserting territorial, cultural, psychological and economic independence. <sup>40</sup> |
| <b>Disability-adjusted life years</b>                               | A measure (in years) of healthy life lost, either through premature death, defined as dying before the expected life span at the age of death, or, equivalently, through living with ill health due to illness or injury. <sup>35</sup>  |
| <b>First Nations</b>  | 'First Nations' refers to the collective of individual Nations in Australia <sup>40</sup> and refers to any Indigenous or 'First People's' inhabiting or existing in a land from the earliest of times or before the arrival of colonists. <sup>41</sup> The term is used with deep respect for the diversity and autonomy of Nations within this broad term.  |

| Term                                   | Definition  |
|--|---|
| <b>Health Economic Assessment Tool</b> | A tool to evaluate the economic benefits of the health impacts of walking and cycling, using the best available evidence and international expert consensus. <sup>42</sup>  |
| <b>Health Impact Assessments</b>       | “A combination of procedures, methods and tools by which a policy, program or project may be assessed and judged for its potential effects on the health of the population and the distribution of these impacts within the population.” <sup>43</sup>  |
| <b>Health in All Policies</b>          | “Health in All Policies is an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity.” <sup>44</sup>  |
| <b>Indigenous Data Governance</b>      | Processes that assert Indigenous interests concerning data by: <ul style="list-style-type: none"> <li>• informing when, how and why data is gathered, analysed, accessed and used; and</li> <li>• ensuring Indigenous data reflects the priorities, values, culture, lifeworlds and diversity of Indigenous people.<sup>45</sup></li> </ul> |
| <b>Indigenous Data Sovereignty</b>     | “Indigenous Data Sovereignty (ID-Sov) is the right of Indigenous peoples to determine the means of collection, access, analysis, interpretation, management, dissemination and reuse of data pertaining to the Indigenous peoples from whom it has been derived, or to whom it relates.” <sup>45</sup>                                      |
| <b>Relationality</b>                   | Relationality describes the reality that all entities are related, with responsibilities to kin and Country defining relational practices of care. <sup>12</sup>  |
| <b>Social and emotional wellbeing</b>  | “A multidimensional concept of health that includes mental health, but which also encompasses domains of health and wellbeing such as connection to land or ‘country’, culture, spirituality, ancestry, family, and community.” <sup>46</sup>   |

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