

**Strengthening Aboriginal  
and Torres Strait Islander  
health policy:** Lessons  
from a case study of food  
and nutrition

*Community Report*

February 2018



**LA TROBE**  
UNIVERSITY

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## Who did this research?

My name is Jennifer Browne and I have been working in Aboriginal health in Victoria since 2003. For the past eleven years I have worked as a public health nutritionist at the Victorian Aboriginal Community Controlled Health Organisation (VACCHO). This report is about the research I did towards my PhD through La Trobe University between 2014 and 2017. The idea for my PhD project came about because I wanted to better understand how government policy decisions are made in the field of Aboriginal and Torres Strait Islander health. As a nutritionist working in Aboriginal health organisations in Victoria, I found it was often very difficult to attract government support to address food and nutrition issues, despite the fact that diet-related conditions are so common in the Community. That is how I became interested in trying to find out how policy decisions are made and how they can be influenced. I hope that the outcomes of my research can contribute, not only to better food and nutrition policy for Australia's First Peoples, but to a strengthening of Aboriginal and Torres Strait Islander health policy in general. I am extremely grateful to VACCHO for supporting me to do this research as well as to all the people who participated in the project.

*This research was undertaken on Aboriginal land. I acknowledge the Aboriginal and Torres Strait Islander peoples as the traditional custodians of this continent and pay respect to the Elders of their communities, both past and present.*

Special thanks go to the following people:

### Supervisors

Dr Deborah Gleeson, Department of Public Health, La Trobe University

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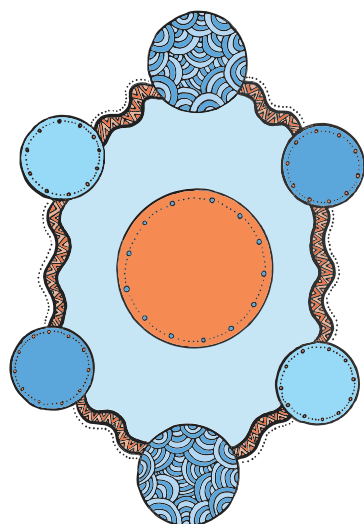
### Advisory Group

Dr Vanessa Lee                      Dr Mark J. Lock                      Summer May Finlay

Deanne Minniecon                      Petah Atkinson                      Lyn Dimer

Nicole Turner                      Sharon Thorpe                      Lang Baulch

### About the artwork



Shakara Montalto | Gunditjmara

The 6 circles are all linked by the orange curved path which connects them all together. The small dots that run alongside the orange path represent strength. They continue along the path, side by side, all the way around, connecting each element to the next. The two larger blue circles on the end represent two core themes "Aboriginal & Torres Strait Islander Leadership" and "A coordinating home base". These circles have more detail as they are the two pivotal elements in the framework which then feed down into the slightly smaller blue circles: evidence, stories, coalitions and, finally, advocacy. Situated in the centre of the artwork is a bold orange circle representing "Stronger Aboriginal and Torres Strait Islander health policy". Health is at the centre of the artwork, as it is at the centre of our community, and is being supported and nurtured by the surrounding circles.

## Why was this research done?

Food and nutrition have significant roles to play in the physical, social, emotional and cultural wellbeing of Aboriginal and Torres Strait Islander populations. Evidence suggests that Aboriginal community-directed food and nutrition programs, that address the underlying causes of nutrition issues, can be effective in improving nutrition-related outcomes.<sup>1</sup> However, little is known about how nutrition issues come to be priorities for government. The aim of this research was to investigate the process through which policy decisions are made in Aboriginal and Torres Strait Islander health, using food and nutrition as a case study. The findings can be used by Aboriginal organisations to support their advocacy work.

## What were we trying to find out?

This research was focused on trying to find the answers to the following three questions:

- 1.** How, and to what extent, has food and nutrition featured as a priority on the national Aboriginal and Torres Strait Islander health policy agenda over the period 1996-2015, and how has this changed over time?
- 2.** What were the key factors influencing the prioritisation of food and nutrition in national Aboriginal and Torres Strait Islander health policy during the period 1996-2015?
- 3.** How have different stakeholders been perceived to influence (or failed to influence) Aboriginal and Torres Strait Islander health policy during the period 1996-2015?

## How was the research done?

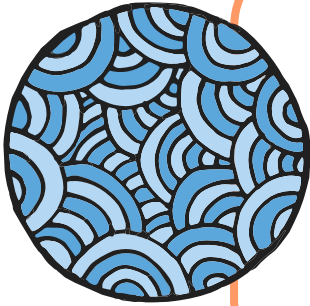
A qualitative case study design, informed by policy theory, was applied to examine the priority given to food and nutrition in Aboriginal and Torres Strait Islander health policy. Information from a range of sources was combined to explore the Aboriginal and Torres Strait Islander health policy process, with specific reference to food and nutrition, during 1996-2015. Three policy case studies were examined during this period:

- 1.** The National Aboriginal Torres Strait Islander Nutrition Strategy and Action Plan (NATSINSAP)<sup>2</sup>
- 2.** The Closing the Gap health reforms<sup>3</sup>
- 3.** The National Aboriginal and Torres Strait Islander Health Plan (NATSIHP)<sup>4,5</sup>.

The research consisted of a range of different methods of data collection and analysis. These included:

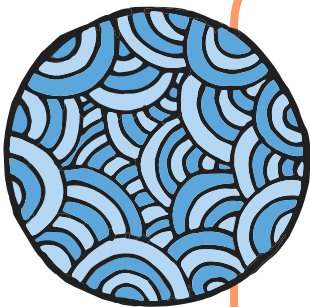
- A review of Aboriginal and Torres Strait Islander health policy documents<sup>6</sup>
- An analysis of stakeholder submissions made during the development of the National Aboriginal and Torres Strait Islander Health Plan<sup>7</sup>
- An analysis of media articles about Aboriginal and Torres Strait Islander nutrition published in major Australian newspapers<sup>8</sup>
- Interviews with 38 people who had been involved in Aboriginal and/or Torres Strait Islander health policy between 1996 and 2015.

## What were the findings?



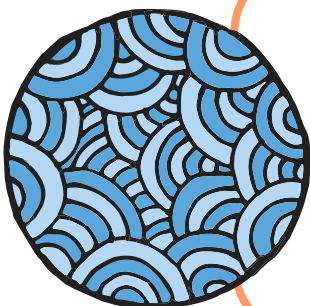
- 1.** The priority given to food and nutrition on the national Aboriginal and Torres Strait Islander health policy agenda has been uneven during 1996-2015, with greater prominence in the first ten years of this period than in the last ten years. Despite inclusion of food and nutrition in recent policy documents, funding commitment for implementation has been lacking.

Figures 1 and 2 provide a timeline of key Aboriginal and Torres Strait Islander health and nutrition policy events.



- 2.** Several key factors have been identified which either promoted or constrained the inclusion of food and nutrition as a policy priority in Aboriginal and Torres Strait Islander health. These include the fact that food and nutrition is a complex issue, which is difficult to measure and can be framed in a number of ways. The absence of a simple, evidence-based solution is another key challenge. However, strategic communication of policy ideas, including through the media, in ways that appeal to people's values may be equally important. There have also been several political and institutional barriers to advancing Aboriginal and Torres Strait Islander food and nutrition policy.

A summary of the key themes identified from interviews with key stakeholders is provided on page 5.




- 3.** This research identified that formation of advocacy coalitions, led by Aboriginal and Torres Strait Islander stakeholders and including broad civil society membership, is a key factor influencing the policy agenda. The nutrition policy community has lacked unity, a collective voice, coordination and Aboriginal and Torres Strait Islander leadership.

A framework for Aboriginal and Torres Strait Islander health policy advocacy is provided in Figure 3.

## Key factors influencing the prioritisation of food and nutrition\*


Four key themes were identified about the factors influencing the prioritisation of health issues. These are summarised below using quotes about nutrition from the Aboriginal health policy stakeholders interviewed during this research project.



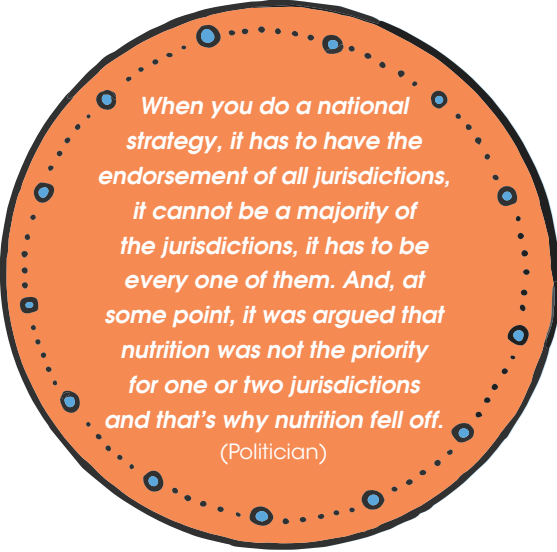
*You need your researchers, you need your funders, you need your lobbyists, you need your health policy/health service people. You need a whole different range of people together.*  
(Public health nutritionist)

**ACTOR POWER** is about the strength of the individuals and organizations concerned with the issue. This research highlighted the importance of having a collective voice, leadership and engaging a range of organisations to build a groundswell for policy change.

**IDEAS** are about the ways in which policy advocates understand and portray an issue. In other words, how they frame the issue. This includes building consensus among the individuals and organizations involved in advocacy and framing policy proposals in a way that will resonate with policy makers and the general public.




*Nutrition policy had some very compelling advocates and very compelling public health but it struggles at times because there's not a very compelling narrative: if you do x, y and z with this amount of resource, this is the health benefit.* (Academic)



*When you do a national strategy, it has to have the endorsement of all jurisdictions, it cannot be a majority of the jurisdictions, it has to be every one of them. And, at some point, it was argued that nutrition was not the priority for one or two jurisdictions and that's why nutrition fell off.*  
(Politician)

**POLITICAL CONTEXTS** describe governance structures within the sector and the broader political environment in which we operate. At key moments in time "policy windows" open, which are opportunities for promoting a particular health issue or policy proposal.

**ISSUE CHARACTERISTICS** are features of the health issue which may be enablers or barriers to policy change. For example, the availability of indicators to monitor the issue, the severity of the "problem" compared to other issues, and the existence of evidence-based "solutions".



*Nutrition was always seen as really important and underlying things, so it cut across early childhood, cardiovascular and particularly diabetes, of course. But it didn't really get a lot of traction as a standalone (...) It's kind of too broad and too big (...) Because of it's breadth, I think it's easy not to prioritise it.*  
(Aboriginal health leader)

\*Adapted from Shiffman & Smith (2007)<sup>9</sup>

Figure 1

## Timeline of national Aboriginal and Torres Strait Islander health and nutrition policy events 1996-2006

1996	1997	1998	1999	2000
National Public Health Partnership (NPHP) established	Inquiry into Indigenous Health commences	Strategic Inter-governmental Nutrition Alliance (SIGNAL) established as sub-committee of the NPHP	SIGNAL establish a working party to oversee development of a national Aboriginal and Torres Strait Islander nutrition strategy	<i>Health is Life</i> report recommends action to address nutrition following Inquiry into Indigenous health



Figure 2

## Timeline of national Aboriginal and Torres Strait Islander health and nutrition policy events 2006-2015

2006	2007	2008	2009	2010
<i>Close the Gap</i> campaign begins following launch of Social Justice Report 2005	COAG commits to closing the life expectancy gap by 2031 and halving the mortality gap for children under five by 2018	COAG agrees to National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes (nutrition not included)	COAG National Strategy for Food Security in Remote Indigenous Communities released	Tackling Indigenous smoking and healthy lifestyle workforce announced

## 2001

National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan (NATSINSAP) endorsed

## 2003

NATSINSAP project officer position funded to lead implementation of the Strategy

## 2004

Aboriginal and Torres Strait Islander Commission abolished as part of NATSINSAP implementation

## 2005

Remote Indigenous Stores and Takeaways project funded

## 2006

National Public Health Partnership and SIGNAL disbanded. NATSINSAP loses its governance structure.

## 2011

Ministers announce development of a new National Aboriginal and Torres Strait Islander Health Plan (NATSIHP) and a National Nutrition Policy

## 2012

NATSIHP discussion paper released and consultation process begins

## 2013

NATSIHP launched (includes National Nutrition Policy as one of the recommendations)

## 2014

Minister announces NATSIHP implementation plan will be developed

## 2015

NATSIHP Implementation Plan launched (no mention of National Nutrition Policy)



## What does this mean for policy and practice?

This research identified factors which may facilitate greater political priority for Aboriginal and Torres Strait Islander health issues, such as food and nutrition. The key findings from the research as well as insights from policy theory have been combined to produce a new framework for Aboriginal and Torres Strait Islander health advocacy (Figure 3). The framework outlines key conditions and strategies (the circles around the outside) that Aboriginal and Torres Strait Islander leaders, their organisations and other public health advocates could pursue together in order to facilitate stronger Aboriginal and Torres Strait Islander health policy (the centre of the framework). Although this framework was derived from research about food and nutrition policy, it is likely to be applicable to advocacy in other areas of Aboriginal and Torres Strait Islander health where stronger policy is required.

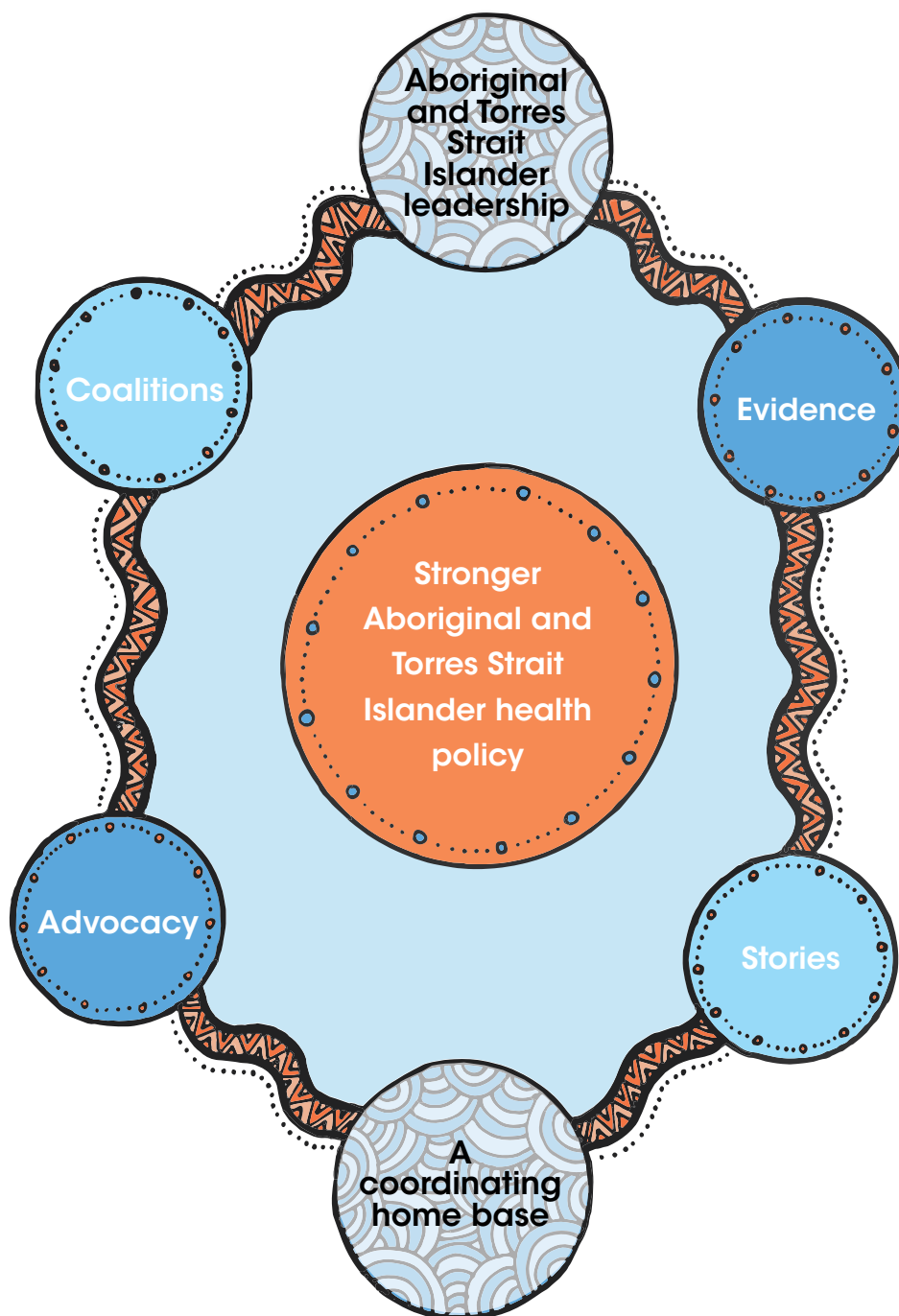
The framework consists of six interconnected elements, which are outlined below.

- 1. Aboriginal and Torres Strait Islander leadership** is essential for effective policy advocacy. Just as Aboriginal and Torres Strait Islander-led health programs are more likely to be effective, Aboriginal and Torres Strait Islander-led advocacy efforts have the best chance at influencing policy.
- 2. A coordinating “home-base”** means having an organisation or coordination mechanism that has the capacity to guide policy and advocacy activities. This helps to formalise the advocacy effort so that it can be recognised as a legitimate and coordinated campaign that can be sustained over time.
- 3. Coalitions** require individuals and organisations who share common goals and beliefs to form a united, collective voice. Advocacy by Aboriginal and Torres Strait Islander leaders should be supported by a range of Community-controlled and mainstream organisations. Consensus and solidarity within the coalition regarding policy is important.
- 4. Evidence** is needed to support health policy decisions. This includes evidence about the health issue (e.g. indicators to measure and monitor the size of the issue) as well as evidence-based policy “solutions”. Ideally, evidence should also demonstrate that proposed solutions are likely to be cost-effective, acceptable to the Community and politically feasible.
- 5. Stories** emphasises that evidence alone is usually not enough to change policy. In order to be effective, advocates need to decide how best to frame and communicate information about the health issue, or tell its story, so that it will resonate with decision-makers and the general public. This means appealing to people’s values to “win hearts and minds”. Using the media may help communicate the story to the public and to put pressure on politicians.
- 6. Advocacy:** Once an Aboriginal and Torres Strait Islander-led coalition has been established, armed with evidence and a unified story about the policy issue, it is important to be ready for windows of opportunity for advocacy. These “policy windows” are when the timing is right to influence political agendas. Examples include election campaigns, policy development processes or events that place a health issue in the spotlight. Policy change is more likely when advocates provide “solutions” to policy “problems”. When policy windows open, it is important to act quickly so that these opportunities are not missed.



Figure 3

## Framework for Aboriginal and Torres Strait Islander health advocacy



### Next steps

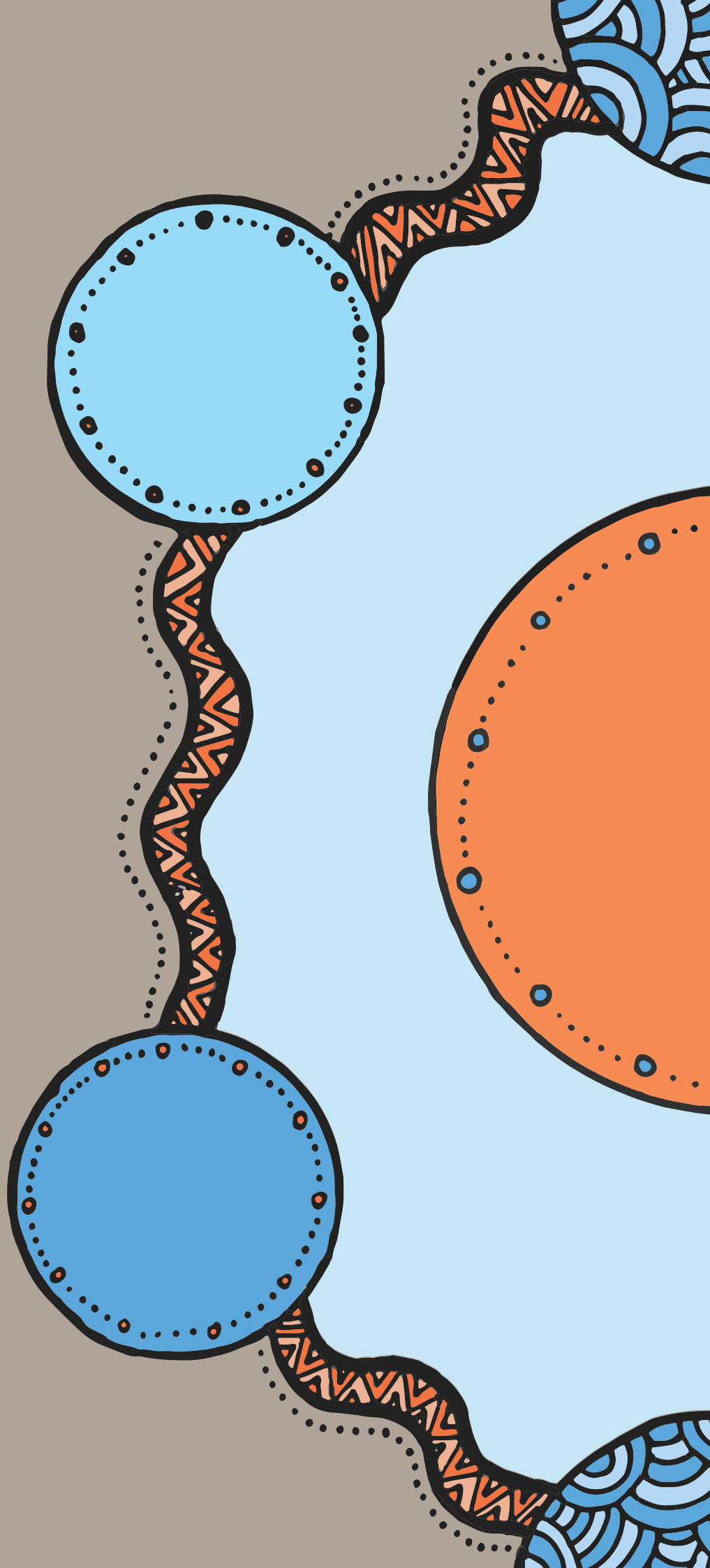
This framework is an initial proposal to inform Aboriginal and Torres Strait Islander health advocacy. The framework now requires implementation, evaluation and, if necessary, modification. This Community Report will be disseminated to Aboriginal and Torres Strait Islander leaders and health organisations so that the proposed advocacy framework can be refined and, if considered appropriate, applied in practice. The most important test of this research will be how useful the framework is for Aboriginal and Torres Strait Islander advocates and organisations.

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