
POLICY BRIEF

The Centre for Research Excellence in the Social Determinants of Health Equity ran from 2015-2020, and generated findings on how we can achieve public policy that addresses the social determinants of health equity.

The most egregious health inequities in Australia are between Aboriginal and Torres Strait Islander peoples and non-Indigenous people, which are the product of social determinants of Indigenous health such as ongoing colonisation, dispossession, racism, and attendant inequities in access to resources for health such as employment, housing, and education. Protective social and cultural determinants of Indigenous health include a sense of connection to culture (as expressed in language, ceremonies, kinship, artwork, food or other forms) and connection to Country. This policy brief summarises what we learned from the program of research about how Australian public policy can be improved to support greater equity in the social determinants of Indigenous health.

We investigated a range of case studies on selected policies at different stages of the policy cycle: problem identification and agenda setting, policy development, implementation, and evaluation. Three of these were directly relevant to Aboriginal and Torres Strait Islander health:

1. Agenda setting in the Northern Territory Emergency Response (NTER), also known as
2. Implementation of Closing the Gap (CTG) policy 2008 to 2018, including a specific focus on early childhood policy, and
3. Implementation of Australian Primary Health Care (PHC) policy 2008 to 2018.

1.1. Key Recommendations for Action for Policy Makers

Key Aboriginal stakeholders recommended a structure to facilitate Aboriginal and Torres Strait Islander input into policy making, such as the proposed **Voice to Parliament**. The structure would require proper resourcing to allow meaningful consultation and participation.

More **localised structures of policy governance** and **consolidated funding** have much untapped potential to strengthen services and improve outcomes, by tailoring responses to localised needs and conditions. Agencies planning to implement such arrangements should partner with and support already existing ACCHOs and other regional or local governance bodies established by communities in different areas. ACCHOs should be preferred providers of culturally safe PHC services. They have demonstrated capacity to deliver a

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