

Project Report:

Preliminary Exploration of an Indigenous Health in All Policies Approach

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HEAL



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Research Translation



THE UNIVERSITY OF
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Introduction

Communities worldwide, including in Australia, face unprecedented challenges including climate change, rapid urbanisation, biodiversity loss, global instability, and growing inequality. These pressures contribute to widening health inequities, particularly affecting low-income and Indigenous populations. For Indigenous Australians, 200+ years of colonisation, dispossession, and oppression have resulted in a disruption to the cultural and social determinants of health and to health inequities.

Multisectoral approaches (MSA) involve deliberate cross-governmental collaboration (e.g. health, environment, economy) to achieve a common goal. These approaches have the potential to work alongside Indigenous communities to address health inequities through self-determined action on the social determinants of health, however the role of MSA in Indigenous health equity remains an under-researched topic. The Indigenous Health in All Policies Project has been exploring the utility of a Health in All Policies approach to support Indigenous self-determined health and wellbeing.

Background

In Australia, Aboriginal and Torres Strait Islander people have sustained what is widely recognised as the oldest continuous living culture on earth for over 65,000 years. Indigenous culture, language, art, music, and lore have persisted in some form through Australia's colonisation in the eighteenth century, and the decades of genocide, dispossession, and discrimination that have followed. More than 200 years of oppression by colonial powers has resulted in Indigenous

Australians facing poorer health and wellbeing outcomes than the general Australian population (1). In Australia, communities, governments, and individuals have worked for decades to address these inequities, however a lack of transformative systemic change and collaborative action has left many indicators of Indigenous health unchanged or in decline (2). Acknowledging the unique health challenges faced by Indigenous communities, the World Health Organization (WHO) has mandated the development of a comprehensive Global Action Plan for the Health of Indigenous Peoples at the Seventy-sixth World Health Assembly (3).

Indigenous health inequity is a result of the systemic injustices – both historic and ongoing – faced by Indigenous Australians. Addressing these health inequities requires action across the social determinants of health, in areas such as justice, housing, transport, education, and environment. Solutions to these complex problems do not lie in the health sector alone, and governments must work in genuine partnership with Indigenous communities and collaborate across multiple sectors within government to address the social, economic, historical, and cultural determinants that shape Indigenous health equity.

One example of a multisectoral government approach is the Health in All Policies (HiAP) approach - a collaborative cross-sector strategy that integrates health considerations into all government policy making. Recognising the critical role of multisectoral action in addressing health inequities, the World Health Organization released a report introducing the HiAP 4 Pillars Model (4), a structured framework for integrating health considerations into policies across sectors, ensuring multisectoral approaches to address health inequities. The Model consists of a) **the**

arches, which represent the broad contextual factors that shape and influence health, equity and well-being and signal the importance of the mechanisms at play, b) **the foundations**, which represent existing governance, bureaucracy and administrative systems, and c) **the pillars**, which are at the heart of the HiAP model, and are the main motors supporting collaboration that HiAP

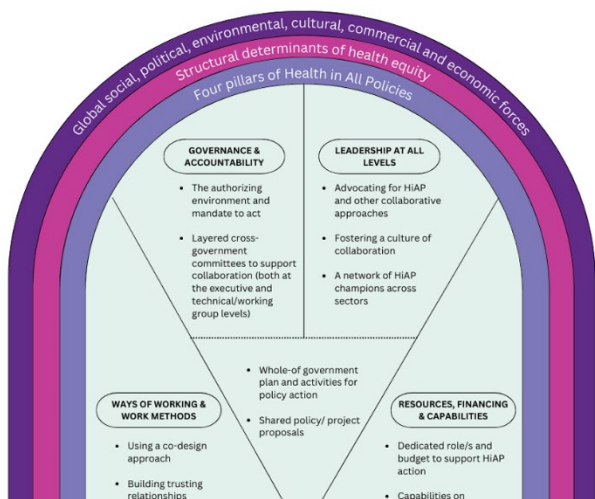


Figure 1: the HiAP 4 Pillars Model

The culture of collaboration within government, including national to local
The principles that government has with respect to bridging gaps between sectoral portfolios
Government values with respect to delivery of public policies and services with an equity focus

champions exercise.

The Four Pillars include;

- Pillar One – **Governance and Accountability** – which provides a mandate and high-level oversight for HiAP activities. Governance legitimises multisectoral work and establishes accountability mechanisms to ensure success.
- Pillar Two – **Leadership at all Levels** – emphasises the importance of advocating for and supporting HiAP to foster collaborative practices. Government officials who advocate for and support HiAP can shift administrations and bureaucracies towards more collaborative practices.

This influence may change the foundational values of governance.

- Pillar Three – **Ways of Working** – describes the collaborative mindsets, behaviours, practices, tools, and processes used to undertake multisectoral action.
- Pillar Four – **Resources, Financing, and Capabilities** – highlights the need for resourcing strategies and consistent investment in order for multisectoral approaches to be sustainable. Each pillar is divided into several ‘sub elements’, which guide the implementation of a HiAP approach.

Despite its widespread adoption by governments worldwide, the HiAP approach and it’s 4 Pillars Model have not been sufficiently tested for their potential to address health inequities experienced by Indigenous communities. To ensure the HiAP 4 Pillars Model effectively supports Indigenous communities and integrates the health needs of Indigenous Peoples into global and national policies, it must be examined and re-imagined through an Indigenous worldview (IHiAP).

Why HiAP?

Globally, Indigenous Peoples conceptualise health and wellbeing as holistic, encompassing not only physical and mental dimensions of health, but spiritual, environmental, cultural, and social dimensions as well (3). Furthermore, as highlighted by the Closing the Gap Strategy, Indigenous health issues are complex, and are inextricably linked with colonisation and resulting societal issues such as housing, justice, language, employment, and education.

HiAP strives to enable collaborative health solutions to the intersecting social, political, economic, and environmental challenges to health equity. However, examination of the available evidence on the model's implementation, and discussion amongst Indigenous stakeholders are required to determine the utility of the HiAP model for transforming governments and improving relations with Indigenous communities for self-determined health and wellbeing outcomes.

Project Overview

This one-year IHiAP project was funded by a Healthy Environments and Lives (HEAL) Network Grant. The project is nested within a NHMRC Synergy Grant – [Stronger Together As Unified Nations for Community-led Health \(STAUNCH\)](#). STAUNCH aims to produce new evidence on Indigenous Nation building processes, focusing on self-determined holistic health and wellbeing solutions which collaboratively address complex problems.

Within this larger project, the IHiAP project investigated the utility of a Health in All Policies Model to transform governments in line with their own ambitions articulated within the Closing the Gap priority reforms. The project was comprised of three key phases:

- **Phase One:** Rapid State-Of-Play Review
- **Phase Two:** Australian Policy Analysis
- **Phase Three:** Roundtable Discussion

Phase One: Rapid State-of Play Review

A rapid state-of-play review of the academic literature describing multisectoral government

approaches to Indigenous health and wellbeing was undertaken in the first half of the year. The review documented the MSA detailed in each paper and assessed these activities against the HiAP 4 Pillars Model and its sub elements. The team then extracted the Indigenous principles and approaches underpinning each paper's MSA and explored their relationship with the HiAP 4 Pillars Model, identifying areas of alignment as well as opportunities for the Model to be strengthened through Indigenous worldviews.

Fifteen articles were included in the review, nine of which were based in an Australian context. No time limit was placed on the search, however 40% of included articles were published since 2020, demonstrating an increased research interest in MSA to address Indigenous health and wellbeing over time. The approaches detailed in these articles described collaboration between the health sector and multiple other sectors, including education, housing, transport, agriculture, and environment. The studies were classified according to their implementation level.

- **Level One:** three (20%) studies (discussed or advocated for MSA without providing an actionable plan for its implementation)
- **Level Two:** seven (46%) studies (provided actionable recommendations for the implementation of a multisectoral approach)
- **Level Three:** five (33%) studies (described implemented multisectoral approaches)

Alignment of the literature with the HiAP 4 Pillars Model

Evaluation of the literature's alignment with the HiAP 4 Pillars Model further demonstrated the early conceptual nature of the work done to date.

Pillar One – governance and accountability – was minimally represented in the included literature, though a number of articles described the need for whole-of-government plans (sub element 1.3), and several described implemented cross-governmental committees (sub element 1.2). Pillar Two – leadership at all levels – was the most well represented pillar in the literature. All articles advocated multisectoral approaches (sub element 2.1) and many worked toward generating and activating whole-of-government plans (sub element 2.4). Pillar Three – ways of working – and Pillar Four – resources, financing, and capabilities – were not well represented.

This indicates that, whilst whole-of-government plans are being developed, there may not be the tools (such as trust-building mechanisms – sub elements 2.2 and 3.1) or enablers (such as dedicated budgets or roles – sub elements 4.1 and 4.2) to act on the goals and priorities set by governments. Without addressing sub elements from all four pillars, multisectoral approaches are unlikely to progress past the planning phase nor create sustainable change. Our analysis suggests that despite the infancy of this body of literature, there is alignment between the MSA described in the literature and the HiAP 4 Pillars Model, demonstrated by the advocacy for collaboration and whole-of-government approaches exhibited by the authors. This suggests that, in time, the literature in this novel area will develop to further reflect the priorities and values of the HiAP 4 Pillars Model. However, it is also important that governments engage with sub elements from all four pillars so that plans for multisectoral action can come to fruition.

Alignment of the literature with the Indigenous principles and approaches

Indigenous principles and approaches which were suggested or used to progress MSA in the included articles were identified and recorded. Three key principles and approaches were found across the included studies; *centring Indigenous ways of knowing, being, and doing; acting on 'Indigenous Determinants of Health'*; and *'by Indigenous, for Indigenous' approaches*. The included studies did not comprehensively incorporate these principles and approaches in the detailed multisectoral approaches, indicating that even multisectoral approaches which aim to address Indigenous health and wellbeing are not adequately incorporating Indigenous worldviews, knowledge systems, principles, and approaches. For policies and interventions to meaningfully and sustainably address Indigenous health inequities, it is vital that they do so.

A report is available which provides a comprehensive overview of this review.

Phase Two: Australian Policy Analysis

After examining the alignment of the HiAP 4 Pillars Model and Indigenous principles and approaches, the need remained to assess the commitment of Australian governments to work collaboratively across sectors. In order to do this, the next phase of the project analysed Australian Government policy documents, assessing how frequently and how comprehensively they discuss multisectoral action.

The team reviewed policy documents from five jurisdictions (Commonwealth, Queensland, New

South Wales, Northern Territory, and South Australia) and four sectors (Dep. Health, Environment, Aboriginal Affairs, and Prime Minister/Premier and Cabinet) in operation from 2020 or beyond. Documents were assessed against the HiAP 4 Pillars Model to determine how comprehensively they discuss multisectoral activity. A total of 33 policy documents which explicitly discussed MSA were included in the study; 15 at the Commonwealth level, six from South Australia, five from Queensland, four from New South Wales, and three from the Northern Territory. Two documents were co-owned by health and environment departments, and the rest were owned by one department each. The health sector was responsible for 61% of documents, and the most well-represented topics overall were mental health (16%), Closing the Gap (16%), and climate (13%).

This policy analysis determined two key findings. Firstly, our analysis shows that the health, environment, and Aboriginal affairs sectors are talking about multisectoral action, presenting it as a valuable way to address complex societal issues. This points toward governments understanding the benefits of engaging in - and being seen to engage in - multisectoral activities and is a positive finding.

Secondly, we found that our methodology was not appropriate for understanding the Australian policy context in the way we had planned, and further research is necessary to achieve those aims. Conducting a traditional grey literature search was difficult due to the limited public availability of policy documents, and our methodology had to be adapted several times in order to find the documents included in the study. In addition, we found that we were unable

to determine the implementation of MSA based on policy documents alone. While our analysis found that the included documents did not comprehensively discuss MSA (based on their alignment with the HiAP 4 Pillars Model), we recognise that what is written in policy documents does not necessarily reflect what is happening on the ground. Based on this, there is need for further research to understand how MSA is operationalised in government, and the implications of this for a multisectoral approach to addressing Indigenous health inequity.

Phase Three: Roundtable Discussion

From the 25th to the 27th of November 2025 a STAUNCH Gathering took place in Meanjin/Magadjin (Brisbane), and the IHiAP roundtable discussion was held. Amongst attendees were leaders and members of the Indigenous Nations involved with STAUNCH, the STAUNCH and IHiAP research teams, and policy makers experienced in MSA. Discussions were held regarding Nations' experiences working with governments and their impressions of the Health in All Policies approach, and a policy maker panel provided insights on the challenges and enablers they experienced when working across sectors. Among the important lessons which emerged from discussions, it was established that STAUNCH's work could be framed as spanning across three levels of governance:

- **Intra-Nation Governance:** the protocols and governance procedures *within* and *between* Indigenous Nations
- **Inter-governmental Relations:** the relationships *between* Indigenous Nations and Australian governments

- **Multisectoral Government Action:** The willingness and ability for governments to work collaboratively *across* sectors

It was also established that the Nations felt they needed to prioritise strengthening their own intra-nation governance first. The preference was for our team to progress with HiAP and continue engaging governments to work collaboratively in parallel with the Indigenous Nation Building work.

A report is currently being developed which will provide a comprehensive overview of the roundtable discussion.

Next Steps

Findings from the roundtable shaped the IHiAP team's plans moving forward, who will continue to operate under stream #2 of the STAUNCH project. In particular, the team will continue to conduct work across two of the governance levels identified at the roundtable; **inter-governmental relations** and **multisectoral government action**. We aim to strengthen the relationships by working with Australian Governments, increasing their capacity to work across sectors and with Indigenous communities to address health inequity.

Conclusion

The IHiAP project provided an opportunity to assess the current state of play of multisectoral government approaches – the systemic barriers and enablers to support Indigenous self-determined health and wellbeing – both nationally and internationally. Our roundtable discussion led us to understand how we could

best support Indigenous Nations in their work, and in 2026 our team will continue to work with Australian Governments towards collaborative, sustainable, and self-determined approaches to Indigenous health and wellbeing.

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