Victorian local government priority for Aboriginal health and wellbeing: a mixed-methods study

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Abstract. The aim of this study is to identify if Victorian local governments prioritise Aboriginal health and wellbeing issues through policy and explore the key factors influencing policy and program development and implementation. A sequential explanatory mixed-methods study design utilised a survey to quantify commitment to Aboriginal health policy followed by in-depth interviews that explored how and why policy or programs were in place. Data were analysed separately and then interpreted together. Representatives from 39 of Victoria’s 79 local governments (49%) responded to the survey and 14 were interviewed. Seventy-four per cent had policy and programs addressing Aboriginal health and wellbeing. The key factors influencing policy and program development were: (i) the process of policy and program development and implementation and the role of other policies; (ii) the influence of Aboriginal community characteristics; and (iii) advocacy for Aboriginal health and wellbeing. Underpinning these factors was that local government is ‘working together (in partnership and through collaboration) towards reconciliation’. Victorian local governments that participated in this study appear to prioritise Aboriginal health and wellbeing, especially where collaboration with the Aboriginal community is strong. The effect of policies and their subsequent programs on the health of Aboriginal peoples warrants further exploration.

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Introduction

Public health policy is a key strategy for health promotion (World Health Organization 1986) and is used to set health agendas for priority population groups. The health and wellbeing of Aboriginal and Torres Strait Islander peoples, hereafter referred to as Aboriginal peoples, are a priority for Australian governments (Council of Australian Governments 2008). Aboriginal peoples are the first Australians, yet experience disproportionate burden of chronic disease contributing to a life expectancy \(\sim\)10 years less than non-Aboriginal people (Australian Bureau of Statistics 2012; Victorian Government 2015). Despite government investment and some improvement in health indicators such as child mortality, there remains great inequity in life expectancy for Aboriginal Australians (Commonwealth of Australia Department of the Prime Minister and Cabinet 2018) and therefore Aboriginal health and wellbeing remains a priority for health policy. Evidence is clear that efforts to improve Aboriginal health are more effective when focused on addressing the underlying factors that contribute to poorer health (Osborne et al. 2013).

Aboriginal health policy has been the focus of the Australian government for many years (Bartlett and Boffa 2005). Analysis of these national health policies has identified Aboriginal community-controlled health services as a key factor in influencing appropriate strategies (Bartlett and Boffa 2005) and that recent advocacy efforts have ensured policies are focused on the social determinants of health and a partnerships approach to policy development (Fisher et al. 2019). Few government policies demonstrate effective community engagement (Thorpe et al. 2016). Much of this research focuses on national or state policy (Bartlett and Boffa 2005; Jones and Brideson 2009; Thorpe et al. 2016), with limited literature analysing local government policy (Helson et al. 2017). More research is needed on why policies are developed and how evidence is used to inform policy development, especially at the local government level (de Leeuw et al. 2008; Browne et al. 2018).

Local governments across the world have an important role in protecting health and wellbeing, often using policy to accomplish this. Yet, little is known if local government policies have any effect (Blackmore and Lauder 2005), particularly for priority population groups. In Victoria, Australia, local government public health initiatives are governed by the Victorian Public Health and Wellbeing Act 2008 (Victorian Government 2015),
What is known about the topic?
- Public health policies are key for health promotion, yet little is known of local government policy and the factors influencing their implementation, particularly for Aboriginal and Torres Strait Islander peoples.

What does this paper add?
- Meaningful collaboration with Aboriginal communities and organisations is key to the development and implementation of local government policy and programs addressing Aboriginal health and wellbeing.

which mandates local governments to work collaboratively with agencies to accomplish the goals within the Victorian Public Health and Wellbeing plan 2015–19 (Victorian Government 2015). Local governments must also develop a Municipal Public Health and Wellbeing Plan (MPHWP) every 4 years (Victorian Government 2015), which aims to promote health and prevent illness (Victorian Government 2008) and outlines programs and partnerships to address priority health and wellbeing issues (Victorian Government 2015). Typically, local governments outline strategic priorities for improving health in their catchment area in these plans and state the partnerships with health and other sectors; for example, the local health services, that they will engage with to deliver on the strategic priorities. There is little evidence of the priority placed on Aboriginal community health in Victorian local government policies and plans. Previous work has found that many local government policies acknowledge Aboriginal health disparities but do not provide strategies to address Aboriginal health issues (Helson et al. 2017). There is little research assessing if these local policies and programs address Aboriginal health and wellbeing, why and how Aboriginal health is prioritised and the factors that influence prioritisation. Therefore, the aim of this study was to identify if Victorian local governments prioritise Aboriginal health and wellbeing issues through policy and explore the key factors influencing policy and program development and implementation.

Methods

Study design
This study built on previous policy analysis of how local governments frame health and nutrition in policy (Helson et al. 2017). Our research specifically aimed to identify if Aboriginal health was identified as a priority in policy and the factors influencing policy and program development and implementation. Therefore, a sequential explanatory mixed-methods study design was used (Creswell 2013). The two-phase design involved first using an online survey of Victorian local governments followed by qualitative interviews with local government representatives. In this pragmatic philosophical approach, the qualitative results aimed to highlight and interpret the findings from the quantitative phase. In our study, this approach allowed researchers to answer the question of both if and why local governments prioritise Aboriginal health and wellbeing. Ethics approval to undertake the study was received by Monash University Human Research Ethics Committee, approval number 6139.

Sampling and survey procedures
An online survey was developed and distributed to all local governments (n = 79) across metropolitan (n = 31) and regional (n = 48) Victoria using the Qualtrics Research Suite (Qualtrics, Sydney, NSW, Australia). Two staff members at the Victorian Aboriginal Community Controlled Health Organisation pilot tested and reviewed questions for cultural suitability, question sequence and clarity. The survey was sent to one email address at each local government. The majority of these were generic or department email addresses (n = 69). Where possible, direct email addresses to local government employees working in health and wellbeing were used (n = 10). Email recipients were asked to forward the survey to an employee within their organisation best placed to respond. The survey remained open for 10 days during April–May 2015.

Survey design
The survey comprised 28 questions exploring four areas: (i) demographic questions captured job title and location of the local government employee completing the survey. Aboriginal representation within the organisation was determined by asking local government employees if they had employees identifying as Aboriginal (yes, no) or dedicated positions addressing Aboriginal health and wellbeing (yes, no). Respondents were asked to provide position titles if ‘yes’ was selected; (ii) policy development by local governments to address Aboriginal health and wellbeing generally, and nutrition and physical activity specifically. Respondents were asked if they had policy addressing these areas (yes, no) then asked to list relevant policy titles; (iii) programs or strategies implemented over the past 12 months, addressing Aboriginal health and wellbeing generally. Respondents were asked if they had programs addressing these areas (yes, no) followed by names of such programs; and (iv) partnerships with Aboriginal community members or organisations during development of policies or programs. Respondents were asked if they had partnerships (yes, no) and were asked to describe how partnerships worked to improve Aboriginal health and wellbeing. The focus of the survey was on gathering the local government’s knowledge of Aboriginal policy and program implementation; therefore, Aboriginal employees were not targeted for data collection. Aboriginal employees may have had a deeper knowledge of the policy environment however, we sought to understand the local governments knowledge and perspectives.

Qualitative interviews
In-depth, semi-structured interviews were conducted with a convenience sample of survey participants to gain a deeper understanding of why (or why not) health and wellbeing of Aboriginal Victorians was prioritised in policy, and the factors that influenced translation of policy to program implementation. We were interested in the factors influencing policy development and implementation for government with and without specific Aboriginal health policy, as we believed both success and
absence of stories of prioritising Aboriginal health would equally answer our research questions. Aboriginal employees were not targeted for interviews, as we sought to obtain the broader local government perspectives, rather than those who had knowledge of the perspectives of the Aboriginal community. Questions were developed based on a review of the literature and preliminary analysis of the survey (Table 1) and tested with a public health professional who was employed by a local government but not a participant in the study. Phone interviews were conducted by two authors (Y. Aron and R. Walker), audio-recorded and transcribed verbatim.

Data analyses
Quantitative and qualitative analyses were performed separately, with key findings mainly integrated throughout the discussion, as is typical of sequential explanatory mixed-methods designs (Creswell 2013).

Quantitative data were analysed using SPSS (Version 23; IBM Corp, Armonk, NY, USA). Categorical data were presented as frequency and percentage (n (%)) and non-normally distributed numerical data as median, interquartile range (IQR). Demographic characteristics of local government areas were obtained from the Victorian Government (Department of Health and Human Services 2014) and included the geographical classification, proportion of Aboriginal population, and an Aboriginal Community Controlled Health Organisation (ACCHO) within their catchment area.

The non-parametric Mann–Whitney U-test was used to determine differences for all non-normally distributed data, Chi-Square ($\chi^2$) test was used to assess differences in categorical data and cross-tabulations were used to determine whether local governments who had: (i) dedicated Aboriginal health and wellbeing positions; (ii) Aboriginal involvement in policy or program development; or (iii) established partnerships with external Aboriginal organisations, were more likely to have Aboriginal health and wellbeing policies or programs. Pearson’s Chi-Square test was used to determine differences in associations. The Fisher’s Exact Test was used when the expected cell count was less than five in any cell ($P < 0.05$).

Interviews averaged 30 min and were analysed by two authors (Y. Aron and C. Helson) using thematic analysis (Liamputtong 2013). This involved initially two transcripts being independently coded without any pre-existing codes or frameworks separately by each author in order to develop a consensus-based preliminary coding framework. All remaining transcripts were then analysed independently by one author (Y. Aron) and half of these were analysed independently by another author (C. Helson). Any additional codes identified in subsequent analyses were labelled and previously analysed transcripts revisited to ensure this code had not been missed in the initial coding. The codes were then grouped into categories using an interpretative approach in light of the research question to establish key themes that described the key factors influencing policy and program development and implementation.

Results
Sample characteristics
Of the 79 local governments invited to participate, 39 (49%) local government representatives completed the survey in its entirety, three (4%) declined to participate and 31 (39%) did not respond. Fourteen survey respondents agreed to participate in an interview and were interviewed. The demographics of survey and interview participants are shown in Table 2.

Aboriginal policy, programs and partnerships
Seventy-four per cent ($n = 29$) of local government employees identified having policy, programs and partnerships to address Aboriginal health and wellbeing and 66% stated they had programs or implemented strategies (Table 3). Most local governments ($n = 28$) said they involved either Aboriginal community members or Aboriginal organisations in policy and program development.

Analyses exploring factors influencing policy development revealed a moderate positive association between local

<table>
<thead>
<tr>
<th>Focus of question</th>
<th>Question logic</th>
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<tbody>
<tr>
<td>Local Aboriginal community: strengths and how to harness these strengths; the top three health and wellbeing issues</td>
<td>To engage participant in the interview and gain an overall sense of their engagement with the local Aboriginal community; and awareness of health and wellbeing needs and priorities</td>
</tr>
<tr>
<td>The role of government in promoting and improving Aboriginal health and wellbeing</td>
<td>To ascertain the approaches (including policy and programs) local governments uses to address Aboriginal health and wellbeing</td>
</tr>
<tr>
<td>The formation of partnerships with organisations and health services</td>
<td>To identify with whom local governments are partnering and how these partnerships were established and how this influences policy/program development or implementation</td>
</tr>
<tr>
<td>Consultation with the Aboriginal community in the process of policy and program development</td>
<td>To determine the perceived level of consultation and the importance placed on this</td>
</tr>
<tr>
<td>Development and implementation of policies and programs</td>
<td>To identify enablers to policy and program development and implementation</td>
</tr>
<tr>
<td>Challenges in development and implementation of policies and programs</td>
<td>To identify barriers to policy and program development and implementation</td>
</tr>
<tr>
<td>The prioritisation of Aboriginal health and wellbeing in the MPHWP</td>
<td>To determine if Aboriginal health and wellbeing is addressed in the MPHWP</td>
</tr>
<tr>
<td>Other policy documents (i.e. Reconciliation Action Plan) versus the MPHWP</td>
<td>To determine the influence of other policies on local governments’ approach to Aboriginal health and wellbeing</td>
</tr>
<tr>
<td>Future directions</td>
<td>To further explore barriers and enablers to policy and program development and implementation and clarify any previous responses</td>
</tr>
</tbody>
</table>
governments with Aboriginal involvement in policy or program development, and having policies \((r = 0.628; P < 0.001)\) and programs \((r = 0.608; P < 0.001)\) addressing Aboriginal health and wellbeing. There was also a modest positive association between local governments who partnered with Aboriginal organisations and having policy \((r = 0.415; P < 0.001)\) and programs \((r = 0.474; P < 0.001)\) addressing Aboriginal health and wellbeing (see Table S1 available as Supplementary Material to this paper).

The key factors influencing policy and program development were: (i) the process of policy and program development and implementation and the role of other policies; (ii) the influence of Aboriginal community characteristics; and (iii) advocacy for Aboriginal health and wellbeing (Table 4). Underpinning these factors was the notion that local government is ‘working together (in partnership and through collaboration) towards reconciliation’.

### Working together towards reconciliation

Some local governments described being in the ‘early stages’ of working towards reconciliation; however, many participants perceived they had well-established and positive connections with the local Aboriginal community. Reconciliation strategies in these areas were targeted at attaining more engagement from the wider community through raising awareness and positive promotion of Aboriginal culture. Participants discussed their efforts to engage the broader, non-Aboriginal community at local government events aimed at increasing acceptance of diversity.

By getting that social connection through the community garden, it also connects people to training and to services, and develops a sense of community. Just to see the change that’s happened in the last three years out there is actually mind-blowing… and if you look at who’s turning up, it’s about 50-50 [Aboriginal – non-Aboriginal participants]. So it’s a real community… [Participant 11, Regional].

Support from the wider, non-Aboriginal community was reported to have an effect on policy development and implementation. This was seen as an essential element in local government areas that was perceived to not have established Aboriginal leadership, such as Elders, or organisations such as an ACCHO. Participants explained that community cohesion lowered prejudice and expressed their plans to continue building on this by increasing the involvement of the wider community in Aboriginal programs and events.

...trying to put out a whole lot of good news stories, events, opportunities to get involved in the area, promoting all the great stuff that’s happening, and trying to shift those

### Table 2. Sample characteristics of survey respondents \((n = 39)\) and interviews \((n = 14)\) from local government

<table>
<thead>
<tr>
<th>Survey response rates (^{\text{A}})</th>
<th>n (%)</th>
</tr>
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<tbody>
<tr>
<td>Invited to participate</td>
<td>79 (100)</td>
</tr>
<tr>
<td>Representatives that completed the survey</td>
<td>39 (49)</td>
</tr>
<tr>
<td>Declined to participate</td>
<td>3 (4)</td>
</tr>
<tr>
<td>Did not respond to the survey</td>
<td>31 (39)</td>
</tr>
<tr>
<td>Partially completed surveys (^{\text{B}})</td>
<td>6 (8)</td>
</tr>
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<table>
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<tr>
<th>Job titles of survey respondents</th>
<th>n (%)</th>
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<tbody>
<tr>
<td>Community Development Officer</td>
<td>6 (16)</td>
</tr>
<tr>
<td>Councillor</td>
<td>5 (13)</td>
</tr>
<tr>
<td>Director</td>
<td>2 (5)</td>
</tr>
<tr>
<td>Environmental Health Officer</td>
<td>4 (10)</td>
</tr>
<tr>
<td>General Manager</td>
<td>4 (10)</td>
</tr>
<tr>
<td>Health Promotion Officer</td>
<td>4 (10)</td>
</tr>
<tr>
<td>Project Officer</td>
<td>1 (3)</td>
</tr>
<tr>
<td>Social Health and Wellbeing Planner</td>
<td>6 (15)</td>
</tr>
<tr>
<td>Other</td>
<td>7 (18)</td>
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<tr>
<th>In-depth interviews</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local government employee interviews that identified having prioritised Aboriginal health in policy</td>
<td>13 (93)</td>
</tr>
<tr>
<td>Local government employee interview that identified having a specific position dedicated to Aboriginal community development</td>
<td>6 (43)</td>
</tr>
</tbody>
</table>

\(^{\text{A}}\)There were no significant differences between geographical classification, proportion of Aboriginal population and local governments with an Aboriginal Community Controlled Health Organisation in their catchment area between local governments included in the survey \((n = 39)\) and those excluded \((n = 40)\) from analysis.

\(^{\text{B}}\)Excluded from analyses.

### Table 3. Frequency and percentage \((n \%)\) of local government employees identifying policy, programs and partnerships that address Aboriginal health and wellbeing compared with local government employees that identified no policy, programs or partnerships

<table>
<thead>
<tr>
<th>Policy, programs, partnerships</th>
<th>n = 39 (%)</th>
<th>(\chi^2)</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy, plans, strategic documents: Aboriginal health and wellbeing</td>
<td>29 (74)</td>
<td>10 (26)</td>
<td>9.25</td>
</tr>
<tr>
<td>Programs or implemented strategies: Aboriginal health and wellbeing</td>
<td>26 (66)</td>
<td>13 (33)</td>
<td>4.333</td>
</tr>
<tr>
<td>Partnerships: Aboriginal involvement (^{\text{A}}) in policy/program ((n = 31))</td>
<td>28 (90)</td>
<td>3 (10)</td>
<td>7.410</td>
</tr>
<tr>
<td>Partnerships with other organisations (^{\text{C}})</td>
<td>26 (67)</td>
<td>13 (33)</td>
<td>4.333</td>
</tr>
</tbody>
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\(^{\text{A}}\)Aboriginal involvement includes staff, Aboriginal community members, other stakeholders.

\(^{\text{B}}\)Includes local governments with policies or programs addressing Aboriginal health and wellbeing.

\(^{\text{C}}\)Partnerships may include Victorian Aboriginal Community Controlled Health Organisation (VACCHO), Aboriginal community-controlled organisations (ACCHO), Aboriginal Early Childhood services, Aboriginal Elders, other Aboriginal organisations.
negative perceptions that’s a part of that unconscious bias that people hold, and trying to counter the subtle or overt racism wherever that appears [Participant 4, Metropolitan].

While the MPHWP was seen as a broader document that set direction, the Reconciliation Action Plan (RAP) was described as the driving force initiating action. It was also perceived to increase the accountability of local governments in achieving their policy goal of reconciliation. These documents were perceived to enhance partnerships between local government and Aboriginal communities. They were also reported to increase awareness throughout all departments of local government ensuring integration and an all-of-government approach in working towards reconciliation and improving Aboriginal health and wellbeing.

### Discussion

This mixed-methods study aimed to identify if and why Victorian local governments prioritised Aboriginal health and wellbeing. The findings suggest that out of a representative sample of the 79 Victorian local governments surveyed, 39 (74%) prioritise Aboriginal health and wellbeing in policy and programs. A key factor influencing policy and program development was partnerships with Aboriginal organisations. The interviews further highlighted the importance of empowering the Aboriginal community during the process of policy and program development and implementation, and the need for multiple policies with accompanying programs run by different organisations to support action. In addition, certain characteristics of the Aboriginal community and the need for partnerships and advocacy for Aboriginal health

<table>
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<tr>
<th>Theme</th>
<th>Descriptors</th>
<th>Illustrative quotes</th>
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| **The process of policy and program development and implementation and the role of other policies** | • Local government have been successful in putting Aboriginal health into policy but still perceive they need to do more.  
• MPHWP is one of many policy documents that can influence Aboriginal health outcomes.  
• RAP raised awareness of integrations of policy.  
• All councils need a RAP because it is the plan that initiates action.  
• Evaluation of policy and programs is also important.  
• Collaboration for guidance in policy formulation and opportunities to share experiences and knowledge with other local governments is beneficial. | … you need the broader plan like the Municipal Health Plan, Council Plan. … at that strategic level to set up the direction, but the [Reconciliation] Action Plan … it is also essential to support that, because that’s the … day work [Participant 1, Metropolitan]. |
| **The influence of Aboriginal community characteristics** | • Certain perceived characteristics of Aboriginal communities were reported to enable or hinder policy development.  
• Connectedness, pride, health and wellbeing issues and the number of Aboriginal organisations within the local government were enablers.  
• Communities were described as vibrant and strong (enablers to consultation), as well as diverse, small and dispersed (barriers to consultation).  
• Access to Aboriginal leadership to seek representation and consensus was instrumental in policy development. | You see contemporary culture emerging. … Then you find that the whole community is starting to feel really proud about their Aboriginality and their history [Participant 5, Metropolitan].  
There isn’t a particular organisation we can go to and say, ‘Okay, let’s partner and do something [Participant 12, Regional].  
… As an organisation, we don’t have strong relationships with our Indigenous population. … we need to make more of an effort to do [Participant 12, Regional]. |
| **Advocacy by council (internally and externally) for Aboriginal health and wellbeing** | • Local government establishing partnerships with the Aboriginal community and organisations in the wider community is key to policy development.  
• Ensuring Aboriginal health is on the agenda is the role of local government.  
• Development of policy and programs tailored to meet the needs of the community.  
• Combatting racism and celebrating and acknowledging Aboriginal culture is integral. | … responding to community need, and opportunities to advocate on behalf of the community. … the local community’s a dynamic community, and the needs and issues … can change. … We really try to be agile and alert. … [Participant 4, Metropolitan].  
To bring out to the public forum the fact that we support, acknowledge, encourage and embrace the first Australian culture [Participant 7, Regional]. |
| Working together towards Reconciliation — in partnership and through collaboration with the Aboriginal community, wider community and health services … The RAP is such a powerful tool for us [in local government] … the RAP is key and integral to our relationship, opportunities and respect going forward [Participant 7, Regional]. |
and wellbeing were identified as influencing policy development and implementation. Underpinning these factors was the goal of local governments for reconciliation.

While our study showed a commitment to Aboriginal health in policy, it indicated that more detailed Aboriginal health policy documents may be necessary to instigate action and initiate change within local government. These findings also suggest a commitment in policy to promoting health; however, this may be limited to a focus on individual behaviour change rather than acknowledgement and prioritisation of strategies that address the underlying social, economic and political conditions that prevent Aboriginal people from achieving good health (Carson et al. 2007). The limited literature that exists in local government policy suggests that many policies acknowledge Aboriginal health disparities in background data but fail to provide strategies that address Aboriginal health issues or the determinants of health (Helson et al. 2017). There is a need for further research to explore the influences on policy translation into practice and the effect of policy on health outcomes.

Local governments that formed partnerships with Aboriginal organisations were more likely to have a discrete Aboriginal health policy or have included the Aboriginal community in developing the universal policy. These findings build on previous work demonstrating the importance of active community engagement and respectful partnerships with Aboriginal community members in developing policy (Reilly et al. 2007; Liaw et al. 2011). National policy analyses have also found a lack of effective engagement with the Aboriginal community despite involving community members in the process of policy development (Thorpe et al. 2016). Without trust and partnerships, policies and programs aiming to improve the health of Aboriginal Victorians are likely to fail (Taylor and Thompson 2011; Meyer et al. 2012; Tsey et al. 2012).

While our study is the first of its kind to quantify Aboriginal-specific policy for local government and explore factors associated with policy prioritisation, it is not without limitations. The study relied on the viewpoint of one representative from each participating local government and participants may not have been aware of all local government activities related to Aboriginal health and wellbeing or the relevant facilitators and barriers to policy and program development. Interview participants were selected from those that responded to the survey and their perceptions may reflect those who place value in improving Aboriginal health and wellbeing. Understanding the perspectives of the Aboriginal community and organisations regarding policies, programs and partnerships is an important area for future research. This includes how the Aboriginal community perceives local government’s degree of investment in health improvement, as well as their perceptions of how local government should be investing in Aboriginal health and wellbeing. Our focus on if and why Aboriginal health is prioritised in local government policy and programs, rather than on the content of the policies, prevented our analysis from assessing the degree to which the policies addressed the determinants of Aboriginal health. In addition, further research is required to evaluate how existing local government policy and programs affects the health and wellbeing of Aboriginal people.

Conclusion

Local governments have an important role in protecting health and wellbeing. This study demonstrated that improving health and wellbeing of Aboriginal Victorians is reported to be a priority for many of Victoria’s 79 local governments. While local governments are acknowledging and attempting to address Aboriginal health and wellbeing issues, policy and program development and implementation can be improved with increased collaboration with local Aboriginal peoples. Respectful partnerships with Aboriginal communities and organisations, combined with support from the wider community and health services, are vital to support reconciliation and for local governments to address the specific needs of Aboriginal Victorians. Supporting local governments to collaborate on planning and implementing programs, specifically for the Aboriginal community, may facilitate improvements in Aboriginal health. The effect of policy and programs on the health and wellbeing of Aboriginal people should be the focus of further research.

Conflicts of interest

The authors declare that they have no conflicts of interest.

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