Abstract
Published 10 March 2021. https://doi.org/10.17061/phrp3112102


Australia’s local, state, territory and federal governments have agreed that the 10-year life expectancy gap between Indigenous and non-Indigenous Australians will be closed by 2031. However, annual Closing the Gap reports tabled by the various prime ministers in the Australian Parliament (for the past 12 years) have consistently indicated that the life expectancy gap continues to widen. Australia has seen more than three decades of government policies since the landmark 1989 National Aboriginal health strategy. What has been missing from these policy commitments is the genuine enactment of the knowledges that are held by Indigenous Australians relating to their cultural ways of being, knowing and doing. Privileging Indigenous knowledges, cultures and voices must be front and centre in developing, designing and implementing policies and programs. The sharing of power, provision of resources, culturally informed reflective policy making, and program design are critical elements. In this paper, we provide a conceptual model of practice, working at the cultural interface where knowledges are valued and innovations can occur. This model of practice is where knowledges and cultures can co-exist, and it could be the answer to Closing the Gap in life expectancy by 2031. Despite a growing willingness and need to consider these models, there remains a deep-seated resistance to identifying and addressing institutional and systemic racism and racist attitudes, including unconscious biases held by individuals. Further, western non-Indigenous worldviews of ways of being, knowing and doing continue to dominate the decisions and actions of governments – and consequentially dominate public health policies and practices. There is an unacceptable standard approach, for and about Indigenous health instead of with Indigenous peoples, resulting in the neglectful dismissal of Indigenous knowledges and Indigenous cultures of ways of being, knowing and doing.