

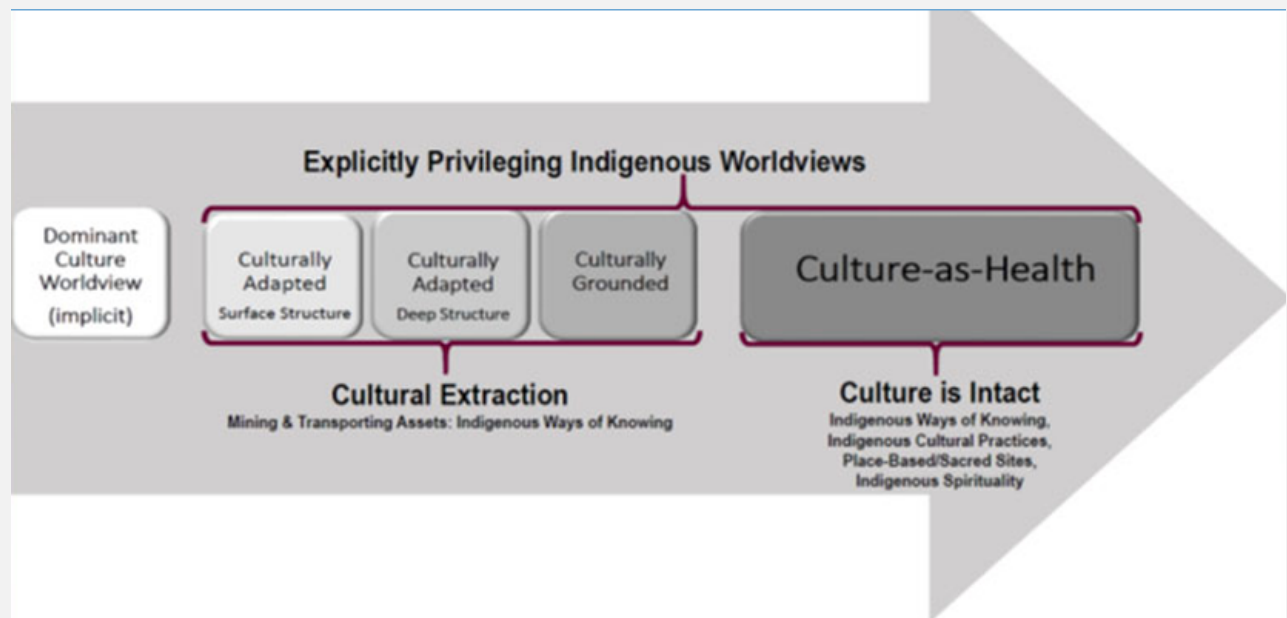
Culture is Health

As the year ends, I think about one of the foundational principles underpinning my work, and I am grateful for the collective authors whose work developed the framework 'culture is health'. The framework 'culture is health' positions culture not as an add on to Western health care, but as a foundation of health, not only for First Nations people but for everyone. For me this conversation gained momentum from a word I struggle to pronounce, **salutogenesis** (Aaron Antonovsky, 1996), it means understanding a person's origins of health. During projects I always felt like an Aboriginal woman reiterating from the sidelines, we need to centre First Nations culture for healing. I had only experienced health care limited to **pathogenesis** or causes of disease.

The Salutogenic Model of Health (**SMH**) begins with; **Sense of Coherence (SOC)**, for me this could mean 'belonging to a world that makes sense'. **SOC** apparently exists when a person feels 1. **Comprehensibility**: a belief that life events happen in a predictable way, a person can reasonably predict what will happen in the future. 2. **Manageability**: a belief that each person has the skills, the support to take care of things, things are manageable. 3. **Meaningfulness**: a belief that things in life are a source of satisfaction, worthwhile and that there is good reason to care about what happens. Salutogenesis positions that experiencing a strong sense of coherence, predicts positive health outcomes. Antonovsky, (1996) further explains that **culture is integral to each person's level of SOC**, culture holds our origins of health. Culture influences how we define health, provides people with their lived experiences, the perspectives each person uses to structure life as comprehensible, manageable and meaningful. Antonovsky, (1996) also discussed **cultural stability** vs instability, suggesting cultural stability leads to a strong SOC, whereas cultural instability and rapid culture change leads to a weak SOC. People groups experiencing cultural instability within a health service may also experience inadequate health outcomes. Health services solely focused on pathology instead of, also origins of health within assessments, treatments and referrals, need to evaluate the cost of people experiencing cultural instability while accessing their health care.

In Australia, Culture is Key: Towards cultural determinants-driven health policy (Lowitja, 2020) positioned **cultural determinants of health** for First Nations people which included Time On Country, with nature • Family and community • Learning and feeling proud of First Nations beliefs, knowledges, Traditional medicine • Participate in cultural expression & responsibility • First Nations languages • Self-determination and stepping into leadership.

From a Hawaiian and Native American review (Yamane & Helm, 2022) developed a 'Culture as Health' continuum. At the '**Culture as Health**' end of this spectrum, where First Nations people experienced the highest level of cultural stability, health services included 1) Indigenous Ways of Knowing, 2) Indigenous Cultural Practices, 3) Place-Based/Sacred Sites, and 4) Indigenous Spirituality. These services were implemented within an Aboriginal space, organisation or Traditional sacred landscape. At the other end of the spectrum **culturally adapted** interventions occurred as an 'add on' to existing service within mainstream health. This type of health service holds a level of benefit but is limited because the adapted interventions retain the worldviews and processes of the dominant culture. **Culturally grounded** interventions located in the middle of the spectrum are designed strong, often First Nations led, from First Nations culture, they position relational worldviews, cultural values, beliefs and



processes. Culturally grounded health interventions hold promising health outcomes; however, they still involve extraction of key cultural elements to be used within a health service not situated in First Nations, Indigenous or African spaces. The process of extraction may limit cultural authenticity, and cultural meanings can be lost during extraction.

It makes sense that health services be transparent regarding where they are positioned on the spectrum. If they are predominantly Westernised health, culturally, then First Nations, Indigenous or African peoples are alerted they may not experience a strong sense of coherence or cultural stability while visiting the service. However, with a continued focus on pathology, without the balance of salutology within our health services, I question how much cultural stability anyone experiences, including medical staff.

1. Antonovsky (1996). The Salutogenic Model as a Theory to Guide Health Promotion. Health Promotion International, 11, 11-18.

2. Lowitja Institute (2020). Culture is Key: Towards cultural determinants-driven health policy – Final Report, Lowitja Institute, Melbourne.
3. Yamane & Helm. (2022). Indigenous Culture-as-Health: A Systematized Literature Review. Journal of Prevention.

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