



## Conclusion

.....  
Ian Anderson (Onemda VicHealth Koori Health Unit, The University of Melbourne)

Fran Baum (Department of Public Health, Flinders University)

Michael Bentley (Department of Public Health, Flinders University)  
.....

*Beyond Band-aids: Exploring the Underlying Social Determinants of Aboriginal Health* draws together work commissioned by the Cooperative Research for Aboriginal Health (CRAH) to support the development of a research agenda on the social determinants of Aboriginal health. In this conclusion, our aim is to give a brief description of the evolving policy and research context with which this research agenda articulates. The interest in research in this field has occurred within an environment of increasing focus on the development of capacity in the health system, and in governments more broadly, to respond to the significant disparities in Indigenous outcomes. In this conclusion, we describe how the social determinants of health are contextualised within Aboriginal and Torres Strait Islander health and research policy. We finish by placing these developments in a global context by reference to the work of the World Health Organization's Commission on the Social Determinants of Health (CSDH).

### **Social determinants within the National Strategic Framework for Aboriginal and Torres Strait Islander Health**

The broad framework for strategy in Aboriginal and Torres Strait Islander health was first established in the National Aboriginal Health Strategy in 1989 (NAHS Working Party 1989). Since then, there has been considerable policy elaboration on various elements of this strategy, including a focus on developing the institutional framework to support the planning, coordination and delivery of strategies. In the decade following the transfer of responsibility from the Aboriginal Affairs portfolio (then the Aboriginal and Torres Strait Islander Commission) to the Commonwealth Health portfolio (now the Department of Health and Ageing), much of the focus in the development of institutional structures has been within the health system (Anderson 2002, 2004b; Anderson & Wakeman 2005). This has resulted in the development of high-level multi-jurisdictional agreements, the Framework Agreements for Aboriginal and Torres Strait Islander health, regional planning forums, a national Indigenous health performance measurement framework, and strategies

to improve health data and the contribution of research (Anderson 2004a). New programs that aim to increase the capacity of Indigenous primary health care services have been implemented in parallel with these broader system reforms.

Strategies to address the social determinants of Aboriginal health have continued to evolve but they have been framed by a health system-centred approach. In the main, they have also been driven by knowledge, from other population contexts, about the relationship between social factors and processes in health. Institutional reform strategies have been based on policy constructs such as 'whole of government' or 'seamless government'. Since the abolition of the Aboriginal and Torres Strait Islander Commission in 2004, a number of reforms have been initiated which, in part, aim to improve the policy and administrative coordination across Australian government Aboriginal programs. (Anderson 2006, 2007; Cunningham & Baeza 2005). The Council of Australian Governments has also initiated trials to investigate the development of integrated and flexible delivery of services for Aboriginal people in eight sites across the country. Each of these was led by a state and Australian government agency and the evaluation reports finalised in 2007 (Australian Government 2005).

However, these developments have, in the main, focused on broad-level policy connections. They have not been driven by analysis that problematises the possible conflicts between programs across different sectors. The assumption underpinning these reforms is that improved administrative and policy coordination will enhance the access and uptake of government services, which would in turn drive improved outcomes. The extent to which the design of programs in other sectors may impact negatively on Indigenous health (or fail to maximise health outcomes) is not central to these reforms.

National strategy has, however, consistently had some focus on the determinants of Aboriginal health. The *National Strategic Framework for Aboriginal and Torres Strait Islander Health* (NSFATSIH) was signed off by all Australian governments for the decade 2003–2013 (National Aboriginal and Torres Strait Islander Health Council 2003a, 2003b). It has nine key result areas, which in summary are (Anderson 2004b):

- Building the capacity of community-controlled health services so that individuals and communities can better address and manage their own health needs.
- Improving the responsiveness of the mainstream health system to Indigenous Australians, and developing stronger partnerships between mainstream and Indigenous-specific services.
- Improving the training, supply, recruitment and retention of appropriately skilled health professionals, health service managers and policy officers in both mainstream and Indigenous-specific health services.
- Improving outcomes with respect to mental health, suicide, family violence, substance misuse and male health (through non-health sectors strategies).
- Improving the delivery of safe housing, water, sewerage and waste disposal.
- Undertaking action in portfolios outside the health sector and implementing health gain strategies in the areas of education, employment, transport, food and nutrition, custodial health, aged and disability services, recreation and exercise.
- Improving the quality of information about how well the health sector is meeting the needs of Indigenous Australians.
- Aiming to provide an optimal level of resources for Aboriginal health commensurate with levels of need, costs of delivering services and community capacity to deliver health outcomes.
- Strengthening accountability, both to communities and to governments, for the delivery and effectiveness of health services.

The NSFATSIH, details of which can be found in Box 1, has a focus on health system reform and improved access to health care. This is in its own right addressing a significant determinant of Indigenous health as we outlined in our introduction. In this strategy, it is environmental health (Key Result Area 5) and 'wider strategies that impact on health' (Key Result Area 6) that most clearly articulate how the other social determinants have been drawn into the national policy framework. There is a clear intersection of this policy agenda with a number of the papers in this volume. This is perhaps most evident in the paper by Wayte *et al.* (Chapter 7), which presents a 'Framework for Research on Aboriginal Health in the Physical Environment'.

There are a number of papers that address those determinants of health that are influenced by other sectors of government. For example: Bell *et al.* (Chapter 3) and Askell-Williams *et al.* (Chapter 4) with education; Walter's paper on poverty (Chapter 5); Lowry and Moskos on the labour force (Chapter 6); and Reynolds *et al.* (Chapter 12) and Smith (Chapter 13) with respect to legal systems and process.

Two papers, in particular, address issues fundamental to broad strategy: Campbell *et al.* on 'Community Development and Empowerment' (Chapter 9), and Sullivan *et al.* on 'Governance, Indigenous and Non-Indigenous, as a Social Determinant of Aboriginal Health' (Chapter 10). Henderson *et al.* (Chapter 8) tackle another key result area in national strategy, social and emotional wellbeing, and reframe it as a social determinant of health. There are also a number of papers that extend the scope of the social determinants of health to areas beyond current strategy. Those that raise the issues of culture and racism, such as Morrissey *et al.* (Chapter 15) and McDonald (Chapter 16), are good examples of this. Brough *et al.* (Chapter 11) examine the relevance of social capital to this field. Finally, there are those that critically interrogate key constructs relevant to the field. Vickery *et al.* (Chapter 2) and Tynan *et al.* (Chapter 1) have undertaken work that points to a different way of conceptualising the social determinants that takes into account Indigenous cultural and intellectual frameworks. Bond and Brough (Chapter 14) critique the way in which culture is constructed in public health discourse.

## Box 1

### National Strategic Framework for Aboriginal and Torres Strait Islander Health and the social determinants

#### Environmental Health

... [The NSFATSIH] aims to improve standards of environmental health, including housing and essential services, in Aboriginal and Torres Strait Islander communities. This key result area emphasises the collaboration needed between ATSIC and a range of other Commonwealth, State, Territory and local government agencies and authorities in improving environmental health services to Aboriginal and Torres Strait Islander communities. It supports closer links between health services and environmental health services and emphasises that Aboriginal and Torres Strait Islander peoples are entitled to the standards of service and legislative protection enjoyed by the broader Australian community. To achieve this, more culturally appropriate models of service delivery may be required.

#### Objective

- Levels and standards of environmental health in Aboriginal and Torres Strait Islander communities commensurate with the standards of the wider Australian community including equitable access to an environmental health workforce.
- Reduced rates of environmental health-related conditions (such as respiratory diseases).

#### Wider strategies that impact on health

... [The NSFATSIH] aims to develop partnerships with, and obtain commitment from, other sectors whose activities impact on health. Some strategies for developing joint action are nominated. Priority is given to collaborative approaches in areas such as food and nutrition, child and maternal health, recreation and exercise, aged and disability services, education, employment, transport and prison health.

#### Objectives

- Effective strategies for improving health in Aboriginal and Torres Strait Islander communities in partnership with other sectors.
- Policy and program initiatives in primary and secondary education that contribute to improved outcomes for both educational and health goals.
- Partnerships that address key issues that impact on health, such as nutrition, recreation and transport.
- Policy and program initiatives and effective partnerships that address the needs of Aboriginal and Torres Strait Islander peoples in custodial settings, including health care delivery, health education and post-release programs.

Source: National and Torres Strait Islander Health Council 2003b

## Research and Indigenous health

Since the mid-1990s, Indigenous health research policy has increasingly focused on the development of capacity in health research systems to address questions that will improve policy and service development effectiveness, ultimately contributing to improved health and social outcomes for Aboriginal Australians. Some of this effort has addressed the development of methods and processes to assist with priority setting in Indigenous health. An example of this is the development, by the National Health and Medical Research Council (NHMRC), of *The NHMRC Road Map: A Strategic Framework for Improving Aboriginal and Torres Strait Islander Health through Research* (Aboriginal and Torres Strait Islander Research Agenda Working Group 2002). Other strategies have focused on the development of capacity in Indigenous health research, both with respect to individuals and in relation to research policy and institutional structures. Critically underpinning these strategies has been some investment in developing the skills and experience of Aboriginal Australians in all aspects of the research process. The aim here has been to bolster the development of Indigenous-led or Indigenous-partnered research practice.

These approaches provide an opportunity, and an imperative, for the future development of a research agenda in the social determinants of Indigenous health that is relevant both to service delivery and policy development. The framework and priorities articulated in the NHMRC Road Map for

Aboriginal and Torres Strait Islander health research are illustrative of key aspects of what has been called the Indigenous health research reform agenda.

The Road Map is drawn together by a number of key principles that include a commitment to a construction of health in which health is conceived of as ‘... not just the physical wellbeing of the body but a whole of life view, which embraces the life, death, life concept’ (Aboriginal and Torres Strait Islander Research Agenda Working Group 2002). The importance of the involvement of Indigenous Australians and their communities in the development, conduct and communication of the research is emphasised along with the effective communication of research plans, progress and results. The Road Map document also signals the importance of

research support strategies that aim to enhance the skills, knowledge and capacity in the Aboriginal and Torres Strait Islander research workforce. Further, it articulates principles that commit researchers to ‘ethical research aiming to be of practical value to Aboriginal and Torres Strait Islander peoples and their service providers’, as well as ‘a focus on identifying “positive models” or examples of success’ (Aboriginal and Torres Strait Islander Research Agenda Working Group 2002).

The Road Map sought to outline some key, high-level priorities for the national research agenda (see Box 2). The social determinants research agenda intersects most clearly with Priority No. 4 which directs the focus of the research community to the ‘association between health status and health gain and policy and programs that lie outside the direct influence of the health sector’ (Aboriginal and Torres Strait Islander Research Agenda Working Group 2002). However, the social determinants research agenda intersects with a number of the Road Map priorities. Research that clarifies the relationship between social processes and health outcomes within the Indigenous context could make a significant contribution to the development of improved prevention strategies. In this volume, the work on culture, racism and health provides an important contribution to the development of this research agenda by bringing to the foreground aspects of the social determinants agenda that have particular importance to Indigenous Australia. Health services research also has a critical role in the advancement of this agenda as it addresses one of the social determinants of health that does not get much direct attention in this volume—the need for strategies to improve access to health services, particularly primary health care. In order to build resilience and to promote children’s health (Priority No. 2 below), the social factors that support healthy children and their social development need to be strengthened. Finally, as has been reiterated a number of times already, the social determinants research agenda needs to be supported by strategies that improve the overall capacity and performance of the research in the field of Indigenous health.

## Box 2

### Research Themes

#### **NHMRC Road Map: A Strategic Framework for Improving Aboriginal and Torres Strait Islander Health through Research**

1. Descriptive research that outlines patterns of health risk, disease and death. This information should be utilised to inform the development of sound preventive, early diagnosis and treatment-based interventions that are likely to result in meaningful health gain for Aboriginal and Torres Strait Islander peoples.
2. A research focus on the factors and process that promote resilience and wellbeing; in particular but not exclusively, during the periods of pregnancy, infancy, childhood and adolescence and form the basis for good health throughout the lifespan.
3. A focus on health services research that describes the optimum means of delivering preventive, diagnostic and treatment-based health services and interventions to Aboriginal and Torres Strait Islander peoples.
4. A focus on the association between health status and health gain, and policy and programs that lie outside the direct influence of the health sector.
5. A focus on engaging with research and action in previously under-researched Aboriginal and Torres Strait Islander populations and communities.
6. Development of the nation's Aboriginal and Torres Strait Islander health research capacity (including training Aboriginal and Torres Strait Islander researchers) and health research practice in relation to Aboriginal and Torres Strait Islander communities.

*Source: Aboriginal and Torres Strait Islander Research Agenda Working Group 2002*

## The social determinants of Indigenous health in a global context

At its meeting in Nairobi in June 2006, the Commission on the Social Determinants of Health identified Indigenous peoples' health as a specific component of its work program. An International Review of Social Determinants of Indigenous Health was subsequently established to build on existing knowledge in the field of Indigenous health. In this conclusion we provide a summary of the findings of this review drawing from a report prepared for the CSDH by Mowbray (2007). The work undertaken for the Commission aimed to address three questions:

- What actions on the social determinants of Indigenous health would mitigate risk conditions and improve health outcomes for Indigenous peoples globally?
- What examples are there of successful action on the social determinants of health that have resulted in positive outcomes for the health and wellbeing of Indigenous peoples?
- What policies concerning the social determinants of health are most likely to be effective in improving the health of Indigenous peoples?

In order to address these questions, the CSDH convened an International Symposium on the Social Determinants of Indigenous Health in April 2007, which was hosted by the CRAH and organised by Flinders University. A number of institutional partners provided funding and support for this two-day program, including the Australian Government (Department of Health and Ageing); the Canadian International Development Agency; the Canadian National Collaborating Centre for Aboriginal Health; the First Nations and Inuit Health Branch, Health Canada; and the Government of South Australia (Department of Health). The CRAH's support and funding of the symposium was another step in the development of its social determinants research agenda.

It was intended that the symposium would provide a forum for international exchange between Indigenous peoples on the social determinants of health and lead to recommendations for tabling at the eighth meeting of the CSDH in June 2007. A situational analysis background paper was commissioned to 'summarise existing information on the social determinants of Indigenous health globally, including basic demography and epidemiology' (Mowbray 2007). This task was undertaken

by facilitating authors from the London School of Hygiene and Tropical Medicine and drew upon a number of authors and reviewers from different regions across the globe. In January 2007, a call was made for contributed case studies to address the Commission's questions about actions and policies 'most likely to be effective in improving the health of Indigenous peoples' (Mowbray 2007:5). Operational problems that resulted from the timing of the call—which was tight in order to meet the CSDH's eighth meeting in Vancouver in June—and the time needed for translation, impacted upon the readiness of case study material. In general, however, the content of these case studies complemented the work undertaken in the international review. The symposia was attended by seventy-four participants from Australia, Belize, Cambodia, Canada, Chile, China, Ecuador, Guatemala, New Zealand, Peru, The Philippines and the United Kingdom. A number of the authors of papers in this monograph were among the Australian delegates who attended this workshop. Final draft versions of papers presented in this monograph were also made available to a review team who were undertaking the literature review and situational analysis.

The final themes that emerged from the workshop included: self-determination; ecology and environment; economic prosperity, fairness and equity; leadership and capacity strengthening; racism / dominance / imperialism; healing, services, systems, structures; cultural sustainability, protection, stewardship; land; human rights. These ideas and themes had remained remarkably consistent through the entire process, in both the written material and workshop process (Box 3 provides another window into these discussions with a summary of emerging ideas at the midpoint of the workshop). The themes identified in this process add to, elaborate and extend the ideas that have been highlighted in this monograph.

Despite the differences in the social and political context of Indigenous peoples worldwide, there was a remarkable degree of concordance at the workshop in the collective understanding that emerged regarding the role played by social processes in the development of disparities in Indigenous health. However, it was also clear, in particular through the case studies presented, that these broad ideas need to be critically interpreted within particular historical and social environments. In this sense, local research is required to identify how these more broadly defined processes might impact on local lives and realities.

Another significant finding was the understanding that, while the influence of social determinants on health can be identified in all populations, there is a specific cluster of factors and relationships that can be found in the Indigenous context. New descriptive and analytical work could be of considerable value in enhancing our understanding of these differences.

The role of work and other economic relationships is likely to be different within the context of Aboriginal Australia, where the realm of social life is distinctly organised relative to other Australians. The historical processes of colonialism, and the ongoing processes of social marginalisation, have effects on the health of Indigenous Australians that require the development of a particular approach to the analysis of social relationships critical to health outcomes. These challenges are pivotal to the future development of research in this field.

## Box 3

### Commission on Social Determinants of Health: Symposium on Indigenous Health

#### Emerging Themes

##### **Ecological renewal and sustainability—issues and strategies**

Including ecological damage (including global warming) and its impact on Indigenous people who are sustained by fragile ecologies; deforestation; the impact of mining and other resource based industries on Indigenous communities. The CSDH can highlight the significance of global processes to address these issues.

##### **Political empowerment, legal and institutional reform—issues and strategies**

Stop the violation of the human rights of Indigenous people; recognise the collective rights of Indigenous peoples (e.g. political representation; treaties, rights to self-determination; participation in institutional processes, land rights); reconciliation and negotiated settlements; ameliorate the harms caused by omission and commission by the criminal justice and legal system; address the problems of Indigenous peoples who straddle state and jurisdictional borders; UN Declaration on the Rights of Indigenous Peoples, global governance in health. Ensure equitable, effective access to the resources and services of a nation state or jurisdiction. The CSDH should do or recommend: support for global for a for Indigenous health and human rights (Draft UN Declaration on the Rights of Indigenous Peoples); draft UN General Comment on Children's Rights; Indigenous equivalent to the Kyoto Accord; affirm fundamental significance of collective rights of Indigenous peoples to self-determination; affirm and promote reconciliation and negotiated settlements; promote an agenda of better practice development across sectors such as housing, education, etc.; promote an agenda of legal reform; borders and health program.

##### **Affirmation and respect for Indigenous cultures—issues and strategies**

Address racism; support for Indigenous determination over the rate and direction of social change; affirm Indigenous spirituality; promote constructive dialogues on the values and behaviours that enhance well-being; facilitate the development of trust between Indigenous peoples and the institutions of the dominant state; promote social inclusion but not to the detriment of Indigenous cultural development. (The rapporteur asked whether 'spiritual fulfilment' should be a part of this set of issues.) The CSDH should support the UN Draft Declaration on the Rights of Indigenous Peoples, etc; and promote anti-racism strategies.

##### **Economic prosperity—issues and strategies**

Support and protect subsistence economies; minimise the misdistribution of wealth; enable Indigenous peoples to benefit from economic growth, in particular for those aspects of the economy that relate to Indigenous lands; address poverty; education and the development of other forms of intellectual capital. The CSDH should promote constructive dialogue on wealth distribution within states; promote ethical governance and practice in the transnational corporations responsible for the extraction of wealth.

##### **Healing systems and services—issues and strategies**

Invest and build the capacity of primary health care services; promote Indigenous governance, priority setting and development in health systems; support kin-based and traditional healing practices; primary health care; promote access to health services on the basis of need; link and coordinate disparate services; quality data. The CSDH should reinforce existing strategies for primary health care; promote development of mechanisms to improve data quality; and link into health services.

##### **Nurturing families and individuals—issues and strategies**

Promote, support nurturing relations within Indigenous families with respect to gender and generations; develop the capacity of Indigenous families and kin networks to respond to change in social roles; support the healthy development of Indigenous children and youth; promote resilience and 'mastery' in individuals; create a social climate in which Indigenous families and individuals take action to enhance their wellbeing; strategies to address addictions and other harmful behaviour; social and emotional wellbeing. The CSDH should reinforce significance of Indigenous self-determination in facilitating dialogue within Indigenous communities on addictions, harmful relationships, positive gender relationships, health-enhancing values and behaviours; promote programs and resources to support Indigenous families.

Source: Mowbray 2007

## References

- Aboriginal and Torres Strait Islander Research Agenda Working Group 2002, *The NHMRC Road Map: A Strategic Framework for Improving Aboriginal and Torres Strait Islander Health through Research*, National Health and Medical Research Council, Canberra.
- Anderson, I. 2002, *National Aboriginal and Torres Strait Islander Health Strategy: A Framework for Health Gain?*, Discussion Paper No. 6, VicHealth Koori Health Research and Community Development Unit, The University of Melbourne, Melbourne.
- Anderson, I. 2004a, 'The Framework Agreements: Intergovernmental agreements and Aboriginal and Torres Strait Islander health', in M. Langton, M. Tehan, L. Palmer & K. Shain, *Honour among Nations? Treaties and Agreements with Indigenous People*, Melbourne University Press, Melbourne, pp. 254–7.
- Anderson, I. 2004b, 'Recent Developments in National Aboriginal and Torres Strait Islander Health Strategy', *Australian and New Zealand Health Policy*, vol. 1, p. 2.
- Anderson, I. 2007, 'The End of Aboriginal Self-determination?', *Futures*. Accessed on 28 June 2006 at <http://www.sciencedirect.com>.
- Anderson, I. & Wakerman, J. 2005, 'Aboriginal and Torres Strait Islander Primary Health Care and General Practice', in Department of Health and Ageing (ed.), *General Practice in Australia*, Australian Government, Canberra, pp. 303–36.
- Anderson, I. P. 2006, 'Mutual Obligation, Shared Responsibility Agreements & Indigenous Health Strategy', *Australia and New Zealand Health Policy*, vol. 3.
- Australian Government 2005, *COAG Indigenous Trials*. Accessed on 19 August 2007 at <http://www.indigenous.gov.au/coag/default.html>.
- Cunningham, J. & Baeza, J. 2005, 'An "Experiment" in Indigenous Social Policy: The rise and fall of Australia's Aboriginal and Torres Strait Islander Commission (ATSIC)', *The Policy Press*, vol. 33, pp. 461–73.
- Mowbray, M. 2007, *The Social Determinants of Indigenous Health: The International Experience and its Policy Implications*, Commission on Social Determinants of Health, Adelaide.
- National Aboriginal and Torres Strait Islander Health Council 2003a, *National Strategic Framework for Aboriginal and Torres Strait Islander Health: Context*, Commonwealth of Australia, Canberra.
- National Aboriginal and Torres Strait Islander Health Council 2003b, *National Strategic Framework for Aboriginal and Torres Strait Islander Health: Framework for Action by Governments*, Commonwealth of Australia, Canberra.
- National Aboriginal Health Strategy Working Party 1989, *A National Aboriginal Health Strategy*, Department of Aboriginal Affairs, Commonwealth of Australia, Canberra.