



Cooperative Research Centre for
Aboriginal Health

Social Determinants of Aboriginal Health Workshop

Held at Flinders University

5-6 July 2004

Summary Report 2004

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Workshop Executive Summary

Introduction

On the 5th and 6th July 2004, over 45 people from the Cooperative Research Centre for Aboriginal Health (CRAH) partners came together at Flinders University in Adelaide to discuss the social determinants of Aboriginal health.

Social Determinants, Processes and Aboriginal Health is one of the emerging priorities, listed by the CRAH. As part of the refining of the focus on this research funding program, the CRAH commissioned fourteen papers covering a broad range of topics relating to *Social Determinants, Processes and Aboriginal Health*.

The 14 papers were presented and discussed over the two days of the workshop, with the aim of developing recommendations on potential research topics.

Workshop Themes

A significant central theme is placing the Indigenous voice at the centre of research into the social determinants of Aboriginal health. This is particularly important in the areas of education, community development, and Aboriginal understandings of social determinants.

Some specific themes that emerged from the workshop are:

- ❖ racism and discrimination and their relationship to health, in particular the impact of the cultures of non-Indigenous health care organisations/ structures on Indigenous health.
- ❖ law and the impact of community justice interventions on health and wellbeing.
- ❖ gaps in Aboriginal understandings of health and social determinants, in particular in interventions that Aboriginal people want and the implications of this for health (and other) services.
- ❖ the impact of education, in particular the areas of educational interventions that Aboriginal communities think are important and want.
- ❖ the understanding and experience of poverty from an Indigenous perspective.
- ❖ the impact of physical environments and infrastructure on health, in particular further research into environmental health in the urban context.
- ❖ the lived experience and meaning of work, (un/under) employment for Aboriginal people.
- ❖ preventing problems associated with social and emotional health, in particular the meaning and experiences of resilience
- ❖ what works in community-based strategies, in particular, what works in prevention of illness and how can communities be approached to develop sustainable interventions.

The outcomes of the workshop will be used to provide advice to the Research Development Group and the Board of the CRAH on the development of a research funding program that will identify effective strategies and interventions that lead to Aboriginal health gain by improving knowledge about the relationship between social processes and Aboriginal health outcomes.

These themes have implications for the Five Program Areas of the CRCAH.

Program	SDOH workshop themes that are highly relevant to the program area <i>(indicative research questions in italics)</i>	SDOH workshop themes that should inform the program area <i>(indicative research questions in italics)</i>
Social Determinants and The Physical Environment	<p>Aboriginal Health and the Physical Environment:</p> <p><i>How do urban environments (including social amenities) impact on health?</i></p> <p><i>What are Aboriginal people's perceptions and needs in areas directly related to housing, and water supply and sanitation?</i></p> <p>Poverty:</p> <p><i>How do we understand what 'poverty' is from an Indigenous perspective? What is the experience of Aboriginal people in 'poverty'?</i></p> <p>Work:</p> <p><i>What is the 'meaning of work' for Indigenous Australians? What is the lived experience and health impacts of Aboriginals in various un/employment settings? What sort of work is health-enhancing?</i></p>	<p>Racism and discrimination and their relationship to health:</p> <p><i>What is the health impact of racism, and anti-racism strategies? Which recommendations and programs about racism haven't been implemented, monitored, or enforced? What are the barriers, what has worked well?</i></p> <p>Aboriginal understandings of health and social determinants:</p> <p><i>What do Aboriginal people see as the main causes of health? How do these causes and processes link to conventional social determinants (e.g. education, employment, etc.)?</i></p> <p>Law:</p> <p><i>What is the impact of community justice interventions on health and wellbeing? What comparative studies may be useful? e.g. between settler-colonial societies</i></p>
Chronic Disease	<p>Community-based strategies:</p> <p><i>What works in prevention of chronic disease and how can communities be approached to develop sustainable interventions?</i></p> <p>Aboriginal understandings of health:</p> <p><i>What do Aboriginal people see as necessary to improve their health? What chronic disease interventions do Aboriginal people want and do they work? What are the implications of this for health (and other) services?</i></p>	<p>Racism and discrimination and their relationship to health:</p> <p><i>How are the cultures of non-Indigenous health care organisations/ structures impacting on Indigenous health?</i></p> <p>Poverty:</p> <p><i>How does the whole domain of 'Aboriginality' impacted on poverty and health?</i></p>

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Aboriginal Social and Emotional Well Being	<p>Resilience: <i>What is the meaning of 'resilience' to Aboriginal communities? What are the factors that encourage and support resilience?</i></p> <p>Social and emotional wellbeing: <i>What change strategies are effective in preventing problems associated with social and emotional health? What are the barriers to implementing knowledge from Indigenous groups in other colonised countries?</i></p> <p>Aboriginal understandings of health: <i>What do Aboriginal people see as necessary to improve their social and emotional wellbeing? What interventions do Aboriginal people want and do they work? What are the implications of this for health (and other) services?</i></p> <p>Community-based strategies: <i>What works in the improvement of social and emotional wellbeing and how can communities be approached to develop sustainable interventions?</i></p>	<p>Racism and discrimination and their relationship to health: <i>How are the cultures of non-Indigenous health care organisations/ structures impacting on Indigenous health?</i></p> <p>Law: <i>What is the impact of community justice interventions on social and emotional wellbeing?</i></p>
Healthy Skin (Scabies)	<p>Community-based strategies: <i>What works in prevention of infectious diseases and how can communities be approached to develop sustainable interventions?</i></p> <p>Aboriginal understandings of health: <i>What do Aboriginal people see as necessary to improve their health? What infectious disease interventions do Aboriginal people want and do they work? What are the implications of this for health (and other) services?</i></p>	<p>Racism and discrimination and their relationship to health <i>How are the cultures of non-Indigenous health care organisations/ structures impacting on Indigenous health?</i></p> <p>Poverty: <i>How does the whole domain of 'Aboriginality' impacted on poverty and health?</i></p> <p>Physical environments: <i>How are Aboriginal people's perceptions and needs in areas directly related to housing, and water supply and sanitation?</i></p>
Comprehensive Primary Health Care, Health Systems and Workforce	<p>Education: <i>What are the areas of educational interventions that Aboriginal communities think are important and want? What is the effect of the systematic under investment in education on the health of Aboriginal communities? How does literacy impact on health outcomes?</i></p> <p>Aboriginal understandings of health: <i>What do Aboriginal people see as necessary to improve their health? What primary health care interventions do Aboriginal people want and do they work? What are the implications of this for health (and other) services?</i></p>	<p>Racism and discrimination and their relationship to health: <i>How are the cultures of non-Indigenous health care organisations/ structures impacting on Indigenous health?</i></p>

Introduction

On the 5th and 6th July 2004, over 45 people from the Cooperative Research Centre for Aboriginal Health (CRAH) partners came together at Flinders University in Adelaide to discuss the social determinants of Aboriginal health.

Flinders University is on the traditional lands for Kurna people. As custodians of the greater Adelaide region, their cultural and heritage beliefs are still as important to the living Kurna people today.

Kurna elder, Leonie Brodie gave a welcome to country and Ian Anderson, Director Research, CRAH set the context for the workshop.

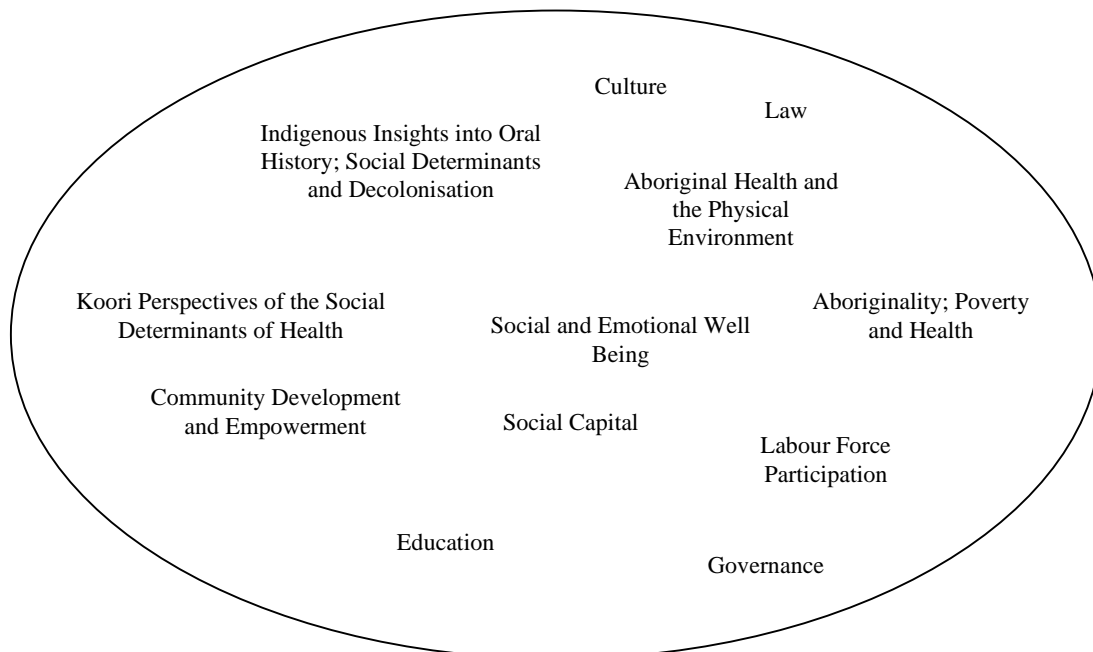
Indigenous health inequalities are not a new idea. Over the past decade, there has been a maturing of the social epidemiology research agenda with better measures and thinking at macro and mezzo (communities and families) levels. But there still are critical gaps in knowledge about the social determinants of Aboriginal health.

Social Determinants, Processes and Aboriginal Health is one of the emerging priorities, listed by the CRAH.¹ The research goal is: *To analyse the relationship between social determinants and processes and Aboriginal health outcomes in order to develop effective interventions in policy, planning and service delivery.*

The CRAH Board is seeking to support research programs that lead to effective collaborations, that are programmatic in nature rather project based, and that are collaborative (bringing together public, policy and community perspectives).

As part of the refining of the focus on this research funding program, the CRAH commissioned fourteen papers covering a broad range of topics relating to *Social Determinants, Processes and Aboriginal Health*.

The social determinants and processes of Aboriginal health are broad and complex, as illustrated by the topics covered:



¹ Emerging Priorities: Cooperative Research Centre for Aboriginal Health Research Funding Program. March 2004

The 14 papers were presented and discussed over the two days of the workshop, with the aim of developing recommendations on potential research topics.

The outcomes of the workshop will be used to provide advice to the Research Development Group and the Board of the CRCAH on the development of a research funding program will identify effective strategies and interventions that lead to Aboriginal health gain by improving knowledge about the relationship between social processes and Aboriginal health outcomes.

Workshop Process

The 14 papers were presented over 3 sessions on Monday and on Tuesday morning, with a plenary discussion after each paper and a broader plenary discussion at the end of each session.

Small Group Sessions

For the small group discussions on Tuesday afternoon, the themes were arranged into three broad groups:

1. Culture and law
2. Education, poverty, work force participation, housing
3. Social and emotional well-being, social networks, and governance

The purpose of the small group exercise was to produce a series of recommendations that can be put to the CRCAH Board to help shape the CRCAH research agenda. These recommendations will concern the research agenda for social determinants of Aboriginal health and the Board has already decided that this agenda should have a strong focus on interventions designed to improve Indigenous health status.

Participants joined one these groups through self-selection to discuss the themes in relation to their reflection on the sessions and the following questions:

- ❖ What are the key gaps in knowledge?
- ❖ What gain/potential outcomes will be achieved if we address this gap?
- ❖ What are the indicative research questions?
- ❖ What issues need to be considered in commissioning research in the field of social determinants of Aboriginal health?

Further reflection on the small group discussion was attained by a rotation of groups from one theme to review the work of another group and make suggestions for modification and additions.

Preliminary Findings

Context

There has been a diversity of skills, experience, interests being presented at SDOH workshop. There has been a common sense of purpose – we all care about Aboriginal health.

The CRCAH is looking to fund research where there are possible ways in which we can make a difference. What sort of work is going to make a difference?

What sort of research questions should the CRCAH support? Interventions and applied work are important (though there can be foundational work alongside). What outcomes would we get from the research (knowledge and practical outcomes)?

Evidence may not always make much of a difference but it can be the pointy-end of an advocacy/political process and evidence is useful for those who are going to roll out a program.

Collaboration is very important. Work of a programmatic nature is important, particularly in evaluation (comparative and time-sequence) and interventions (or change strategies) as well as building capacity.

Emerging Themes

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- ❖ what works in community-based strategies, in particular, what works in prevention of illness and how can communities be approached to develop sustainable interventions.

Two methodological considerations:

Colonisation/decolonisation may be a useful framework for exploring social determinants.

Comparative studies may be useful, e.g. in resilience, community development, governance, law.

Implications for the Five Program Areas of the CRCAH

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Small Group Sessions

General considerations:

How can we develop an integrated social determinants research program which involves biomedical work?

How does our research ensure that Aboriginal voices are prominent, rather than non-Aboriginal people interpreting Aboriginal voices? – Demand from CRCAH to work in true partnership, and Aboriginal ownership of the research.

Need to look at non-Indigenous area as a barrier, not just focus on Indigenous as problem. How do non-Indigenous organisations/social structures impact on Indigenous health?

Where is the reflective historical process of the CRCAH (past and present)?

CRCAH is trying to involve indigenous researchers. CRCAH should encourage NHMRC and ARC to encourage indigenous researchers. We must have researchers who are committed, who know how to do the work, are there for the long-term, but not there for just their own interest. More young indigenous health professionals are needed in the research of CRCAH.

Suggestion of developing a plain language report on this workshop for Aboriginal institutions in CRCAH and taking information from workshops like this to Aboriginal people in communities and then see what people think of it. For example,

- ❖ a “Freirian” action cycle of stimulating people to think about problems/ social determinants and what can be done. What Aboriginal constituencies of core partners think of where we have got to? How would we do this feedback?
- ❖ Action research about practice. Inviting communities of practice to document and reflect on what we re doing and how can it can be used to build capacity? At different levels.

Culture and Law

Racism and Discrimination

Culture is a complex concept that cannot be reduced to a category of analysis. Culture matters to Indigenous health because it matters to Indigenous people. We need to understand cultural issues to understand Aboriginal health. But culture cannot be examined alone – it is interconnected with broader social, economic, environmental and political conditions.

Culture needs to be reflexive. Colonisation/decolonisation may be a useful framework for looking at culture.

If culture is too broad a term, then racism is a potential area for the CRCAH to focus on, e.g. systemic institutional racism studies could lead to interventions that impact on health. Racism and discrimination are commonalities across the different cultural groups. Relationship between racism and health.

Recommendations

- ❖ Review previous recommendations and programs about racism. Which haven't been implemented, monitored, or enforced? What are the barriers, what has worked well, what evaluation is there of interventions such as cultural awareness programs.?
- ❖ Measure health impact of racism, and anti-racism strategies (include process evaluation).

- ❖ How are the cultures of non-Indigenous organisations/social structures impacting on Indigenous health?

Law

- ❖ In law, evaluate the impact of community justice interventions (e.g. Koori Court) on health and wellbeing. The Koori Court may also be seen as an anti-racist strategy.
- ❖ Comparative work e.g. treaties – settler-colonial societies.
- ❖ Police Force – examine and evaluate some of their programs, e.g. youth initiatives. What impact have they had on the whole police force which is still institutionally racist?

Aboriginal Understandings of the Social Determinants of Health

Aboriginal (language and lay knowledge) understandings of sickness/health are known to be different – has implications for interventions, services and education. There is a gap between Aboriginal people's understanding of health *and* appropriate health service delivery.

- ❖ What do Aboriginal people see as the main causes of health?
- ❖ How do these causes and processes link to conventional social determinants (e.g. education, employment, etc.)?
- ❖ What do Aboriginal people see as necessary to improve their health? What interventions do Aboriginal people want and do they work?
- ❖ What are the implications of this for health (and other) services?
- ❖ Acknowledging and examining the place for practice of Aboriginal Bush medicine/knowledge in health. Review current knowledge on traditional healers, bush medicine etc.
- ❖ What does non-assimilationist adaptation and change look like? (positive de-colonisation).
- ❖ There is a tension between legal rights/freedom and more coercive social controls advocated by some communities. Where is the balance between human rights, civil rights, legal rights and cultural rights? Comparative studies between communities that have taken different paths are needed. What is the impact on health in different communities and in different situations? What theoretical studies can inform policy?
- ❖ What are the barriers and facilitators to ACCHOs doing health development? (Needs to be Action Research project.)

Education, poverty, work force participation, housing

Education

- ❖ Gap 1: A demographic crisis was identified, namely that with declining infant mortality, there are more and more young Aboriginals, but there is limited opportunities for transfer of knowledge by recognised (identified) leaders (this was seen to apply to both Aboriginal education and western education). The CRCAH could construct an interventionist program to deal with this crisis. This is necessary since the way a society reproduces itself is through children and their exposure to the (Aboriginal) education system.
- ❖ Gap 2: How does formal education of Aboriginal carers impact on health of children?
- ❖ Gap 3: What are the areas of educational interventions that Aboriginal communities think are important and want?

- ❖ Gap 4: What is the effect of the systematic under investment in education on the health of Aboriginal communities?
- ❖ Gap 5: Even given this under investment, are some models of education better than others, and if so, what are they and can they be utilised more widely?
- ❖ Gap 6: what changes have been made to the curriculum which may impact on student health?
- ❖ Gap 7: What is the 'lived experience' of Aboriginal students in schools?
- ❖ Gap 8: How does literacy impact on health outcomes?
- ❖ Gap 9: What roles do parents/carers and communities play in the education of children?
- ❖ Gap 10: Who needs the education that leads to good health? (The point was made here that perhaps Government agencies, managers in organisations need some education in understanding Aboriginal perspectives)

Poverty

The discussion centred on material poverty, which was considered to include the notion of 'opportunities' (i.e. Aboriginal people's access to opportunities). How does the whole domain of 'Aboriginality' impacted on poverty and health? What would an 'Aboriginalisation' of the social determinants concept look like? The notions of 'Aboriginalisation and poverty' can reinforce the stigma associated with being Indigenous.

Where is Aboriginal poverty in class? Working? Underclass? Pariah class?

Is being an Aboriginal person a structural component in itself on life and health chances?

- ❖ Gap 1: What is the experience of Aboriginal people in 'poverty'?
- ❖ Gap 2: Is there something different between being a poor Aboriginal and being a poor non-Aboriginal?
- ❖ Gap 3: Is poverty associated with a lack of sovereign rights?
- ❖ Gap 4: We need to understand what 'poverty' is from an Indigenous perspective.

Physical Environment

- ❖ Gap 1: We need to understand the extent to which interventions are based on positive evidence about people's perceptions and attitudes in relation to the physical environment
- ❖ Gap 2: There is a lack of longitudinal research on the impact of housing interventions, e.g. healthy start to life and lifestyle issues
- ❖ Gap 3: We need to explore how urban environments (including social amenities) impact on health.
- ❖ Gap 4: What choices are available with regard to housing (i.e. are there alternatives to public housing)
- ❖ Gap 5: What is the impact of infrastructure issues on health (e.g. access to transport and other services – link with employment)
- ❖ Gap 6: What is the extent of difficulties when Aborigines are presented with 'empty housing', i.e. what are the hardships associated with purchasing bedding, appliances, furniture etc.

Labour Force Participation

- ❖ Gap 1: What is the 'meaning of work' for Indigenous Australians, i.e. we need to understand how Aboriginal people view conceptions of work.
- ❖ Gap 2: What is the lived experience and health impacts of Aboriginals in 'mainstream' employment, CDEP schemes, Unemployment (including long-term unemployment), Job searching, Not in the labour force (NILF)
- ❖ Gap 3: What are the positive and negative aspects of employment in various industries, e.g. health, mining, arts, (e.g. the point was made that the health care sector was serving to reproduce segmentation since Aboriginal health care workers are paid sig. less than other health care workers). What sort of work is health-enhancing?
- ❖ Gap 4: How do communities view CDEP? Are there gender issues in the CDEP scheme (this was prompted by stats which show that females in CDEP schemes are less likely than males to report good health)

Outcomes: Contribute to the design and implementation of better informed policy on work programs, and provide data on health outcomes related to work and labour force status. May inform the design of mentoring strategies for Aboriginal people to develop career pathways (if that is what they want).

Social and emotional well-being, social networks, and governance

Resilience

- ❖ Does 'resilience' have meaning to Aboriginal communities? Yes, Aboriginal people do want to know why some communities are doing better and 'why did that kid suicide when has good life'
- ❖ Resilience – why are some resilient and others not? How do we research idea of resilience? What are pathways that lead to it?
- ❖ What are the factors that encourage and support resilience? At different levels? What kinds of social connectedness are operating? In urban settings? Remote? Rural?
- ❖ How can we turn information on resilience, who is resilient etc., into policy and practice.
- ❖ Do we need a more thorough review of the grey literature?
- ❖ Explore resilience as one possible pathway but how does this relate to identified problems, there are plenty of approaches but can a community-based organisation sustain interventions themselves? Lots get introduced but don't last.
- ❖ Kinship – social connectedness is a better term. Kinship should be included in 'resilience'.
- ❖ Problems are things people want to talk about by trying to focus only on the positives, e.g. 'resilience'. Must also talk about the negatives/problems, e.g. suicide. Are we jumping to solutions by talking about resilience without talking about the problem.
- ❖ How do you avoid stigma of people who are not resilient?
- ❖ Resilience comes from psychology but also taken on by social psychologists – it is an epidemiological and quantitative approach. Should we be taking a narrative approach? Resilience as 'healthy survival'. Look at narrative therapy with an emphasis on social action and as an educational strategy

Social and emotional wellbeing:

- ❖ What is identified in national frameworks about what research effort required? Is there a need for more community focussed work?
- ❖ What change strategies are effective in preventing problems associated with social and emotional health?
- ❖ What are key issues affecting communities – empowerment and control?
- ❖ Colonisation is key to poor health. What are the barriers to implementing knowledge from Indigenous groups in other colonised countries?
- ❖ Prevention strategies to prevent suicide etc., - early intervention must be well-structured, high Indigenous input, look over time at outcomes There is a gap in knowledge about interventions at different levels in terms of knowing what works – early intervention, adolescence and with families.
- ❖ What research has worked where indigenous people are happy? Can we build on this? Possible value of PAR (participatory action research).

Community Development Intervention on Social Determinants

- ❖ Community Development has been around for a long time, not much known about what makes it positive.
- ❖ What practices are looking for when put program in the ground? Often interventions get imposed in communities over what is already going on. Need a release button for the pressure building up in community development.
- ❖ Build knowledge and capacity within Aboriginal organisations to address Social Determinants of health. Provide resources for Aboriginal organisations to determine agenda
- ❖ What works in prevention and how can communities be approached to develop sustainable interventions? Look at different levels – individual, family, community etc. That it should be left open – don't target one over another.
- ❖ What is happening in Canada that has contributed to health improvements? Why haven't lessons from Canada etc., been applied here? What are the barriers to implementing lessons here?
- ❖ Could be good to do a review of community-based strategies. An audit of community-based research? – a more thorough review of the grey literature.
- ❖ Draw on both community development and education stuff. What are the barriers to community development being implemented by e.g. AMS? All the money goes to health services not health development. Barriers and facilitators to AMS doing health development? – to shifting from sickness focus to health development? Need to take an action research approach. Participation from range of partners, disciplines.

The Presentations

The Full List of Presented Papers

- Culture as a Determinant of Aboriginal Health.*
Written by Michael Morrissey, Rogelia Pe-Pua, Alex Brown and Ahmed Latif.
Presented by Michael Morrissey, Centre for Remote Health, Flinders University.
- Culture in health service and practice.*
Written by Heather McDonald and Janelle White.
Presented by Heather McDonald, Australian Institute for Aboriginal and Torres Strait Islander Studies, Canberra, and
The meaning of culture within public health practice.
Written by Chelsea Bond and Mark Brough.
Presented by Rosemary Foster, School of Population Health, University of Queensland.
- “If you don’t have health, what’s the point of living?” Koori Perspectives of the Social Determinants of Health in the Goulburn-Murray Rivers Region.*
Written by Michael Tynan, Petah Atkinson, Lisa Bourke, Mungabareena Aboriginal Corporation, Percy Green Recovery Centre, Rumbalara Aboriginal Cooperative and the Rumbalara Football Netball Club.
Presented by Michael Tynan, Department of Rural Health, University of Melbourne.
- Indigenous Insights into Oral History, Social Determinants, and Decolonisation.*
Written by Joan Vickery, Shannon Faulkhead, Karen Adams and Angela Clarke.
Presented by Shannon Faulkhead and Joan Vickery, Deakin University.
- Law as a Determinant of Aboriginal Health.*
Written by Chris Reynolds, Rosie Smith, Genevieve Howse, and Anna Beesley.
Presented by Chris Reynolds, Centre for Public Health Law, La Trobe University and Rosie Smith, Victorian Department of Justice.
- Labour Force Participation as a Determinant of Indigenous Health.*
Written and presented by Diannah Lowry, National Institute of Labour Studies, Flinders University.
- Education as a Determinant of Indigenous Health.*
Written by Stephanie Bell, Bob Boughton, and Ben Bartlett.
Presented by Stephanie Bell, Central Australian Aboriginal Congress, Bob Boughton, University of New England, and Ben Bartlett, Planhealth Pty Ltd.
- Identifying complex, transactional relationships between education and the well-being of Indigenous people.*
Written and presented by the EDAH (Educational Determinants in Aboriginal Health) group, Flinders University (the EDAH group comprises Helen Askill-Williams, Kim O’Donnell, Judith Peppard, Mike Lawson, Felicity Lewis, Roz Murray-Harvey, Phillip Slee, and Simone Tur with input from Bevin Wilson and Michael Coughlin).
- Aboriginality, Poverty and Health: Exploring the Connections.*
Written and presented by Dr Maggie Walter, School of Sociology, Social Work & Tourism, University of Tasmania.
- Framework for Research on Aboriginal Health and the Physical Environment.*
Written by Kayli Wayte, Ross Bailie, Natalie Gray and Graham Henderson.
Presented by Ross Bailie, Menzies School of Health Research, Darwin.

11. *Social and emotional well being of Aboriginal and Torres Strait Islander people within the broader context of the social determinants of health.*
Written by Graham Henderson, Carrie Robson, Craig Dukes and Leonie Cox.
Presented by Graham Henderson and Carrie Robson, Australian Institute for Aboriginal & Torres Strait Islander Studies, Canberra.
12. *Community Development and Empowerment: A review of interventions to improve Aboriginal health.*
Written by Danielle Smith, Priscilla Pyett, Nicki Clelland, Leisa McCarthy, Mary Whiteside, Komla Tsey, Lyn O'Donoghue and Catherine Elderton.
Presented by Danielle Smith, Menzies School of Health Research, Darwin.
13. *Governance as a Social Determinant of Health Outcomes for Aboriginal People.*
Written by Patrick O'Sullivan and Katherine Oliver.
Presented by Patrick Sullivan, Australian Institute for Aboriginal & Torres Strait Islander Studies, Canberra.
14. *Social Capital and Aboriginal and Torres Strait Islander Health: Problems and Possibilities.*
Written by Mark Brough, Graham Henderson, Rosemary Foster and Heather Douglas.
Presented by Rosemary Foster, School of Population Health, University of Queensland.

Abstracts/summaries

Culture

Culture as a Determinant of Aboriginal Health.

Written by Michael Morrissey, Rogelia Pe-Pua, Alex Brown and Ahmed Latif.

Presented by Michael Morrissey, Centre for Remote Health, Flinders University.

Non-author summary. Abstract to follow

This paper looked at the tensions of how culture is used in health research. It made the point that culture is made everyday in a context of power. It is a social process and we should allow the culture to emerge in its lived reality and impinge on services/research.

- ❖ The dominant strain in Aboriginal health research has either ignored questions of culture completely or utilised crude, restrictive and static notions of culture which effectively function as a residual explanatory category to which behaviours whose causes are inexplicable (or unexamined) in other terms are consigned. This boils down from the more general propositions that, having recognised the social determinants of health it is time for medical researchers to engage seriously with social theory.
- ❖ The authors make no attempt to describe in any detail the cognitive and social structures and processes comprising the different cultures that might impact upon Aboriginal health (with one major exception, namely the cultural construction of racism). This is partly because ... the current literature provides no basis for such a task: but it is mainly because of our argument that the static description, categorisation and comparison of cultures which was the central concern of classical anthropology, should not be our main approach in any case.
- ❖ Racism is a pervasive cultural construct which operates at every level of social process and structure: and that multiple research strategies are requisite to investigating it, analysing it and working towards its end.
- ❖ One firm proposition: that until Aboriginal health research engages with social process in appropriate ways at both the theoretical and methodological levels we have no prospect of understanding (and less still of altering) the social determinants of chronic disease and injury among Aboriginal people. The big question is how we learn collectively to integrate the social with the biomedical.

Culture in health service and practice.

Written by Heather McDonald and Janelle White.

Presented by Heather McDonald, Australian Institute for Aboriginal and Torres Strait Islander Studies, Canberra

Non-author summary. Abstract to follow

This paper explored health systems as cultural domains with their links to the structured invisibility of whiteness as normal.

It discussed ways of working and highlighted tensions between a western architectural design on the privacy of the doctor/client relationship and community witnessing of healers. The authors also noted the real problem of the high turnover of staff in health services.

This paper critically examines the conceptualisation of the culture concept within public health practice, and considers its implications for understandings of Aboriginal and Torres Strait Islander² health status. As part of this analysis, a recently constructed EndNote database of 4722 Indigenous health research papers³ was searched for journal articles which explicitly used the term 'culture' in keywords, title and/or abstract. A total of 45 papers were identified and were analysed qualitatively to develop six themes which were used to 'classify' different ways in which public health research uses the culture concept in Indigenous health research. Often papers invoked more than one theme area, however from this analysis, it appears that Indigenous culture is most commonly referred to as either a label within epidemiological studies, as a set of belief systems, or as a predicator of health behaviours.

This rather brief overview of public health applications of 'culture' within Indigenous health research is not an attempt to argue for a particular version of the culture concept. Instead it seeks to encourage research efforts that engage in a more critical reflection of the culture concept which open up, rather than constrain our imaginations concerning the role of culture in Aboriginal and Torres Strait Islander health. Public health tends to acknowledge the importance of *cultures* though rarely engages in the culture concept itself. Culture then becomes little more than a branding device to denote research among cultural 'others' whilst the cultural spaces that determine public health research agendas, including non-Indigenous imaginings of Indigenous health, remain relatively unexplored within these discussions.

Culture matters to Indigenous health because it matters to Indigenous people, yet much of the public health rendering of Aboriginal & Torres Strait Islander culture is not concerned with how it matters to Indigenous people, but rather how it matters to 'risk-factors'. Understandings of Aboriginal and Torres Strait Islander people, culture and health ultimately require an approach that acknowledges the fluidity, diversity, strength and vitality of Indigenous culture. Such an approach demands an imagination of Indigenous culture that extends beyond the stereotypical images of the "traditional", the "dysfunctional" and the "pathogenic" and instead engage in the culture concept in a way which recognises the interplay with the broader social, economic, environmental and political conditions that continue to entrench health inequalities.

² Aboriginal and Torres Strait Islander people are at times referred to as "Indigenous" within this article. It is acknowledged that Aboriginal and Torres Strait Islander reflect two distinctly different cultural groups.

³ The Database was collected as a preliminary exercise for the Burden of Disease study in Indigenous health by the School of Population Health at the University of Queensland. The original database was compiled by searching for publications (whether journal articles, reports etc) containing the terms 'Indigenous', 'Aboriginal', 'Torres Strait Islander', 'health', 'and 'disease' from the period of 1994 – 2004 from Australian Indigenous HealthInfonet, and databases such as PubMed, Science-direct, Informit, Proquest, and Blackwell synergy).

Aboriginal Understandings of Social Determinants

“If you don’t have health, what’s the point of living?” Koori Perspectives of the Social Determinants of Health in the Goulburn-Murray Rivers Region.

Written by Michael Tynan, Petah Atkinson, Lisa Bourke, Mungabareena Aboriginal Corporation, Percy Green Recovery Centre, Rumbalara Aboriginal Cooperative and the Rumbalara Football Netball Club. Presented by Michael Tynan, Department of Rural Health, University of Melbourne.

It is widely recognised that “Aborigines and Torres Strait Islanders comprise the least healthy identifiable sub-population in Australia” (Thompson, 1998: 37). Research has pointed to a range of indicators describing the poor health status of Aboriginal Australia and its links to economic and social indicators, which are also lower than mainstream Australia. Many Aboriginal people argue that this research has done little to improve health and social environments for Aboriginal communities and only contributes to negative stigmas about Aboriginal Australians. To develop strategies to improve health status, a launching point must be understanding how Aboriginal communities and individuals experience health and its determinants. Insight into how Aboriginal communities and individuals think about, respond to and understand health can be the basis for developing strategies for these communities and individuals to improve health and change structures to enable such improvements to occur.

This paper explored the perceptions of Koori people in the Goulburn-Murray Rivers region via focus groups of staff, service users and members of local Koori organisations. These focus groups viewed health holistically and there was little separation between health issue and cause, with social, cultural and political issues frequently mentioned as health issues, and often as both health issues and causes. Further, they identified key determinants of health from a Koori perspective, including substance use, role models, self esteem and shame, education, identity, relationships (and trust) with mainstream, holistic approach and daily realities and lifestyles. What became evident was that the daily struggles, pressures and issues facing Aboriginal people in conjunction with their holistic perspective meant that social determinants of health are all interrelated, inseparable and a daily experience for Koori people.

Improving health requires going beyond conventional models and getting to the heart of social, economic, political and cultural issues and addressing them simultaneously.

Indigenous Insights into Oral History, Social Determinants, and Decolonisation.
Written by Joan Vickery, Shannon Faulkhead, Karen Adams and Angela Clarke.
Presented by Shannon Faulkhead and Joan Vickery, Deakin University.

To begin to comprehend the effects of colonisation and decolonisation on the health of Indigenous people, then it is necessary to listen to their histories. This discussion paper investigates the use of Indigenous oral histories in the research of social determinants of Indigenous health in regards to colonisation and decolonisation. This has been undertaken by reviewing published Indigenous oral histories.

This paper found that Indigenous oral histories show that our community, land, people and health are one - Indigenous people view everything as interconnected. It is therefore difficult to investigate Indigenous health without having a holistic view and look at the big picture as opposed to the individual sections. Although most of the colonisation social determinants relate to cultural genocide and their affects on Indigenous health, it is gratifying to be able to note that cultural genocide was not successful.

Indigenous people have different worldviews and experiences and these should be reflected in our social determinants of health. So we believe that Indigenous people should decide what our determinants of health are – this literature review has to some extent begun exploring this perspective. We recommend that oral history research should be used alongside other research methods to further understand social determinants of Indigenous health. That oral history research should be acknowledged as a valued methodology. And finally, to ensure cultural integrity of oral histories, we also view that ideally it should be Indigenous people who conduct the recording and editing of these.

We view this paper as the beginning to the opening up of dialogue about Indigenous views of social determinants of health through the listening to Indigenous oral histories.

Law

Law as a Determinant of Aboriginal Health.

Written by Chris Reynolds, Rosie Smith, Genevieve Howse, and Anna Beesley.

Presented by Chris Reynolds, Centre for Public Health Law, La Trobe University and Rosie Smith, Victorian Department of Justice.

It is well known that health and welfare outcomes for Indigenous Australians are dramatically worse than for other Australians. Does our Constitution, as the expression of basic governance arrangements, bear any responsibility for this and, more particularly, can it be changed in a way that values and respects the relationship Indigenous Australians have with their country?

The Australian Constitution was drafted in 1900 when it was assumed that Indigenous Australians were dying out. They were specifically excluded from the new Commonwealth's ambit of responsibility and while that ceased to be the case after the 1967 Referendum, the fact remains that the things that might be important for reconciliation and a proper assessment of the past are missing from the document. There is nothing in the Preamble that properly describes the special place of Indigenous Australians. There is no provision for rights that might strengthen their claims for better treatment or allow the argument that they have an enforceable right to better health. There is no capacity for the creation of constitutionally guaranteed regional autonomy or for treaty arrangements, which means that the regional governance which has been put in place was easily abolished. There is no guarantee that the Commonwealth could not use its powers to pass legislation impacting on Indigenous Australians in a regressive or detrimental way.

As an issue of rights these things matter greatly but do they also impact on health? This question is worth exploring: Indigenous health in Canada, New Zealand and the United States, though worse than the average, is substantially better than it is in Australia. These jurisdictions are also different to Australia insofar as they have constitutional arrangements that recognise prior Indigenous interests. In some respects these arrangements may only be symbolic; but they may also facilitate and sustain more resilient communities. A case clearly exists, from both a rights and a public health perspective, to explore these deficiencies the Australian Constitution and to consider how (given a positive political environment) they might be changed.

Labour Force

Labour Force Participation as a Determinant of Indigenous Health.

Written and presented by Diannah Lowry, National Institute of Labour Studies, Flinders University.

This paper reviews a number of studies that explore matters related to the labour force status and associated health of Indigenous Australians. The aggregate studies reveal that unemployed Indigenous Australians and those not in the labour force are more likely to experience ill-health than those who are employed, and that the extent of the impact on health is qualified by locational factors. In addition, Indigenous people who are in employment, may be subject to certain 'risk' factors for health in the workplace.

While the reviewed research sheds some light on labour force participation and health, such studies really only scratch the surface of the nature of the linkage between the two. The nature and direction of the causal nexus between labour force participation is a vexed issue, and is in need of fresh research. Thus an underlying argument in the paper is that the concepts of work and health in the context of Aboriginal Australia need to be sensitively reconceptualised in order to truly understand the meaning of both 'work' and 'health' (appropriately defined) and the complexities of the relationship between the two.

The implications for the CRCAH is that there is a great need for ethnographic research to illuminate the meaning of work for Indigenous people, and how this in turn may impact on health. There currently exists a wealth of relevant aggregate economic data and statistical evidence broadly related to labour force participation and Indigenous health, most of which forms a sound basis from which to take the conceptual methodological leap into a more subjective and discursive form of research. Both types of research are necessary, but in order to understand the complex linkage between work and Indigenous health, there is now a crucial need for a more sensitive and sophisticated ethnographic approach.

Education

Education as a Determinant of Indigenous Health.

Written by Stephanie Bell, Bob Boughton, and Ben Bartlett.

Presented by Stephanie Bell, Central Australian Aboriginal Congress, Bob Boughton, University of New England, and Ben Bartlett, Planhealth Pty Ltd.

For several decades, it has been accepted that the health of populations improves with rising education levels, and it is also well-known that Aboriginal peoples and Torres Strait Islanders receive much less formal schooling and have much lower levels of literacy than non-Indigenous people.

This paper explores the relationship between Indigenous education and health inequalities, from two directions.

Firstly, it reviews the international research which demonstrates the link between education and health, and the studies done by the last CRCATH on this issue.

Secondly, it reports on a series of semi-structured dialogues between two researchers, one an educationalist, the other a health professional, and a small number of Indigenous health leaders, which aimed to achieve greater clarity about the meanings to be made of the education-health link, and what action should flow from this.

We then draw together these first two elements, the review of the research literature and the dialogue with the health leaders, to build some illustrative models of the ways in which education can be better understood, as both a determining factor in the reproduction of health inequalities, and as an active intervention into overcoming them.

The concluding part of the paper outlines three inter-related project ideas which emerged from this review, namely: a study of education resource allocation; a pilot study of a 'whole-of-community' education-for-health development program; and a professional development program for senior Indigenous health leaders within the CRCAH to enable them to increase their control over the social determinants research agenda and support the community level health leaders in their work.

Identifying complex, transactional relationships between education and the well-being of Indigenous people

Written and presented by the EDAH (Educational Determinants in Aboriginal Health) group, Flinders University (the EDAH group comprises Helen Askill-Williams, Kim O'Donnell, Judith Peppard, Mike Lawson, Felicity Lewis, Roz Murray-Harvey, Phillip Slee, and Simone Tur with input from Bevin Wilson and Michael Coughlin).

This paper resulted from a collaborative venture between Indigenous and non-Indigenous academics and community members. The paper draws from both personal stories and a review of extant literature to illustrate that the education—well-being relationship for Indigenous peoples is embedded in a complex system of interactions among history, culture, governance, social practice and attitudes, national and local policy, community operations, schooling policy and practice, individual action, and teacher and student action. The paper proposes that

- ❖ Relationships between education and well-being are not simple and/or linear. Relationships are transactional and embedded in small and large systems of power and control.
- ❖ Education is not just schooling, but includes formal and informal teaching and learning as well as incidental learning, across an interacting system of partnerships
- ❖ Education is simultaneously required at multiple sites and at multiple levels, including student, teacher, individual, local community, organisational and political levels.
- ❖ What teachers and Indigenous students actually do in classrooms is a key site of action, requiring fine grained, contextualised description, analysis and the forging of new perspectives.
- ❖ Education must be directed at invoking the imperative for, and facilitating, conceptual change, in order to enable people and organisations to develop well-connected mental models that are capable of generating powerful, positive actions.
- ❖ Well-connected models of knowledge need to be developed, distributed and stored at levels beyond the individual, extending to community groups and organisations, in order to counteract knowledge loss due to changing personnel and changing leadership.
- ❖ In order to achieve the above points, knowledge needs to be flexibly shared amongst individuals, groups and organisations, working in productive collaboration.

The paper concludes with a discussion of a number of issues that are not yet well-understood, and that are considered worthy of further investigation.

Poverty

Aboriginality, Poverty and Health: Exploring the Connections.

Written and presented by Dr Maggie Walter, School of Sociology, Social Work & Tourism, University of Tasmania.

In Australian studies of poverty, the heavy over-representation of Aboriginal people among the economically and socially disadvantaged is long and well documented. The continuing inequity and extremely poor status of Aboriginal health is also clearly established. Using social determinants of health models we might, therefore, easily conjecture that poverty is a key explanation for Aboriginal ill health. However, the link between poverty and health for Aboriginal Australia is, as yet, not well understood and without an empirical base. Moreover, the little existing research evidence suggests that the concepts and constructs relating to poverty, inherent in social determinants processes and models are not applicable to Aboriginal peoples' contemporary lives.

This paper explores the theoretical and empirical relationship between poverty and ill-health for Aboriginal Australia within a framework of the complex, multi-dimensional, and arguably different nature of Aboriginal poverty.

The 'domain of Aboriginality' or the social, economic and political ramifications of being an Aboriginal person in contemporary Australia is proposed as a missing feature of the current Indigenous health/poverty analysis. Aboriginal people, families and communities do not just happen to be poor; their poverty is directly related to their Aboriginality and the historic and contemporary consequences of Aboriginality on an individual or a family's ability to access the economic, social, cultural and human capital resources of our society. Aboriginal poverty is fundamentally connected to the historical, social, cultural, economic and political environment in which that poverty is embedded. Aboriginality, therefore, is the central core of Aboriginal poverty, with other aspects of poverty intimately interwoven and interpreted through that Aboriginality.

Finally, the paper recommends the development of new research and theoretical paradigms that incorporate an understanding of the role of the 'domain of Aboriginality'. The central 'social' focus of neo-materialist perspectives in their examination of the mechanisms by which poverty and health inequalities are interwoven are proposed as a way forward for examining the poverty/health interrelationship for Australian Aboriginal peoples.

Housing & Physical environment

Framework for Research on Aboriginal Health and the Physical Environment.

Written by Kayli Wayte, Ross Bailie, Natalie Gray and Graham Henderson.

Presented by Ross Bailie, Menzies School of Health Research, Darwin.

The aim of this project is to provide a framework that will assist in the development of a focused and strategic research program in the area of Aboriginal health and the physical environment.

The research framework was developed through a survey of CRCAH partner organisations and other stakeholders involved in research or service delivery in the area of Aboriginal health. A review of the published and unpublished literature on the physical environment and Aboriginal health looked at research that has been conducted to date and pointed to gaps in activity and knowledge.

The survey findings were categorized into three broad areas of research, and respondents ranked these categories very closely. The categories related to research that aimed to enhance understanding of:

- A) Aboriginal people's perceptions and behaviour in relation to the physical environment,
- B) the determinants, outcomes and relationships between environmental factors and health outcomes, and
- C) the development and impact of programs and interventions.

Category A research was given the highest priority by CRCAH industry partners. In contrast to this, respondents from research organisations nominated Category B as the top priority.

The current research activities reported in the survey showed that most research related to the physical environment is being conducted in the area of housing. There are also projects underway in the areas of hygiene, water supply, migration and the environment in a more broad sense.

The findings from the survey and the review of the literature prioritised research in the urban environment, housing and areas directly related to housing, and water supply and sanitation. Many of the interventions reported in the literature are not based on either good evidence or good knowledge of Aboriginal people's perceptions and needs. This points to the importance of setting research priorities based on existing Category B evidence, and further investigating Aboriginal people's perceptions and needs in order to develop health strategies and actions based on Category A research.

The Categorical Framework is based on the three categories of research in each identified area of the physical environment. Because of the complex nature and the multiple factors that influence each component, it may be useful to take an ecological approach to research in Aboriginal health and the physical environment. The ecological approach is guided by appropriate causal concepts based on universal laws (Category B), with the realisation that health and disease are mediated by specific social behaviours at the individual, population and global level (Category A). The best hopes for making an impact through services (Category C) in any of the areas rests upon a coherent strategy that is based on sound research in both Categories A and B. The Conceptual Framework outlines a method for setting research priorities and developing interventions to improve health through the identified aspects of the physical environment. The importance of a more holistic approach to research is evident in the high priority placed on all three Categories in the survey and on the expressed need to take a multi-disciplinary approach to research.

The research framework is intended as a guide to setting research priorities for the CRCAH in the area of Aboriginal health and the physical environment.

Social and Emotional Well-being

Social and emotional well being of Aboriginal and Torres Strait Islander people within the broader context of the social determinants of health.

Written by Graham Henderson, Carrie Robson, Craig Dukes and Leonie Cox.

Presented by Graham Henderson and Carrie Robson, Australian Institute for Aboriginal & Torres Strait Islander Studies, Canberra.

We focus in this review on social and emotional well being within the context of the social determinants of Aboriginal and Torres Strait Islander health. A large international literature (mainly with a western perspective) demonstrates the association between social factors and health outcomes. However, there is less evidence that these findings apply directly to Aboriginal and Torres Strait Islander peoples, and there is a need to use both quantitative and qualitative methodologies to clarify this situation.

The notion of social and emotional well being is not easily defined, but is clearly much broader than mental health and mental ill health, and is a critical part of the holistic view of health. We review the literature on Aboriginal and Torres Strait Islander social and emotional well being, which is quite sparse on well being, but more comprehensive on mental health and mental ill health. We explore the limited research literature on Aboriginal and Torres Strait Islander resilience, and briefly summarise the broad anthropological and cross cultural psychiatric literature covering specific issues such as the removal of children and forced separation, inter-generational trauma, and healing and spirituality. We describe the difficult and sensitive area of measuring social and emotional well being of Aboriginal and Torres Strait Islander peoples in the context of public health and evidence-based policymaking.

Based on our overall review, we outline a possible research agenda in social and emotional well being of Aboriginal and Torres Strait Islander peoples consistent with the principal objectives of the Cooperative Research Centre for Aboriginal Health. This would include the development of valid and reliable measures of social and emotional well being, research on the protective factors, pathways, and processes that promote resilience, and research on spirituality and healing as important aspects of social and emotional well being of Aboriginal and Torres Strait Islander peoples.

Community Development & Empowerment

Community Development and Empowerment: A review of interventions to improve Aboriginal health. Written by Danielle Smith, Priscilla Pyett, Nicki Clelland, Leisa McCarthy, Mary Whiteside, Komla Tsey, Lyn O'Donoghue and Catherine Elderton. Presented by Danielle Smith, Menzies School of Health Research, Darwin.

Social inequality and relative powerlessness have long been identified as major factors affecting Aboriginal health and well-being. Indigenous leaders, Aboriginal Community Controlled Health Services, government departments, and public health practitioners and researchers have all identified 'empowerment' initiatives that assist Indigenous people to take greater control and responsibility for their situation as a possible 'solution' to the ongoing deterioration of Indigenous health and wellbeing. It is difficult, however, to find tested and validated empowerment programs in the Indigenous health literature. This paper explores interventions that have engaged Indigenous communities in addressing their health issues through a community development approach which promotes the development of locally appropriate health interventions and fosters individual and community empowerment. 17 identified studies were analysed according to five categories: theoretical underpinnings, nature of the intervention, implementation and evaluation method, outcomes and critical success factors.

This review highlights the limited availability of literature on community development in Indigenous health, despite the widespread practice of community development in Indigenous settings. The community development projects that are described in the mainstream literature are generally poorly theorised, which makes it difficult to evaluate the extent to which community development outcomes such as empowerment and capacity building were attained, as well as to compare the value of one intervention with another. However, there is some evidence that community development can contribute to the development of locally appropriate health initiatives and increased Indigenous empowerment and control. While these community development outcomes have the potential to contribute to improved health outcomes, few studies sought to evaluate health outcomes and this relationship was not demonstrated.

The CRAH should support long-term research to determine the potential of different community development interventions to contribute to empowerment and improved health outcomes in Aboriginal populations. This will involve developing an operational concept of community empowerment that can be applied and evaluated in the Australian Aboriginal health setting. It will also require the development of appropriate, practical evaluation methodologies capable of assessing and explaining community development processes and outcomes. Community development processes implemented and evaluated by the CRAH should be based on success factors identified in this review including community ownership of health problems and solutions, employing local people to work in partnership with external community development facilitators, and adequate internal and external resourcing and appropriate timeframes.

Governance

Governance as a Social Determinant of Health Outcomes for Aboriginal People.

Written by Patrick O'Sullivan and Katherine Oliver.

Presented by Patrick Sullivan, Australian Institute for Aboriginal & Torres Strait Islander Studies, Canberra.

Governance is the field of enquiry that looks at processes, systems, and institutions, both formal and informal, by which social groups constitute themselves, devise values and policies, carry out joint objectives, distribute power and authority and hold their members accountable to one another. The field of governance studies is therefore relevant to understanding the social determinants of health both by reference to indigenous and non-indigenous systems. This paper aims to reduce the large intercultural area of research to a set of core research problematics that may be usefully planned out as research projects.

On the indigenous side, informal governance arrangements among groups and across regions are as important as the formal organisations for community administration or health delivery. On the non-indigenous side there are impediments to meeting Aboriginal health needs both because of confusion at the interface of indigenous and non-indigenous governance, and also because of lack of clarity over governance arrangements within and between health service and related agencies.

Governance can influence perceived health goals in relation to other community purposes, it can affect the peoples' understanding of health determinants and the intentions of health programme deliverers, and it can aid or inhibit health education and intervention. Governance can do this whether it is understood as sets of institutional structures or series of repetitive informal processes. In fact it can be seen as both of these, since stable processes harden over time into institutions, and institutions themselves harbour governance processes that are often unintended and unacknowledged but nevertheless influential. In the field of Aboriginal health the situation is more complex still because it involves cross-cultural mediations where the formal and informal processes of non-indigenous health delivery institutions meet up with and share a common ground with the formal and informal processes for indigenous governance.

The relatedness between indigenous and non-indigenous systems and health outcomes are viewed through particular areas of investigation in this paper. These include aboriginal political life and custom; the governance organisations in place for ordering aspects of Aboriginal life and the fit between civil rights, cultural rights and good governance principles; on the non-indigenous side, the culture of organisations that affects their ability to be effective and how cultural constraints may limit cooperation in whole-of-government programmes; finally it looks at the effect of mobility and migrations on good governance and points out the need for a better understanding of urban Aboriginal governance.

Social Capital

Social Capital and Aboriginal and Torres Strait Islander Health: Problems and Possibilities.

Written by Mark Brough, Graham Henderson, Rosemary Foster and Heather Douglas.

Presented by Rosemary Foster, School of Population Health, University of Queensland.

The concept of social capital has quickly gained widespread currency within public health in Australia and internationally in recent years. To date, though, the concept has attracted little use within Aboriginal and Torres Strait Islander health research. This paper is therefore predominantly a review of potential opportunity, rather than of an established track record. Social capital research generally is widely regarded as being still in a period of 'infancy' with many uncertainties about its potential yet to be answered.

We explore conceptual, methodological and political uncertainties surrounding the potential use of the concept within future Indigenous health research agendas. The review demonstrates the potential danger of ethnocentrism within social capital research, but also points toward the value of a concept which provides a strong leverage point for explaining the relationship between the social world surrounding Indigenous Australians and health inequality. The need to develop measurement strategies which are valid and reliable and which help explore relationships with health outcomes is clearly an important starting point.

The ultimate value of the social capital concept though will be whether it resonates with Indigenous voice and experience.

Appendix

Workshop Program

**CRCAH Social Determinants Workshop
5 - 6 July 2004
Functions Centre, Flinders University of SA, Adelaide**

PROGRAM

DAY 1 - MONDAY 5 JULY

9.00am **Coffee available**

9.30-9.40 **Welcome to Country**

9.40-9.50 **Introduction: Ian Anderson**

Morning Session – chaired by Ian Anderson

9.50-10.20 Culture as a determinant of health (Michael Morrissey, Centre for Remote Health FUSA)

10.20-10.50 Culture as a determinant of health (Heather McDonald, Australian Institute for ATSI Studies, Canberra)

10.50-11.10 **Morning Tea**

11.10-11.40 Koori understandings of health determinants: innovations in research (Michael Tynan, Dept. of Rural Health, University of Melbourne)

11.40-12.20 Oral history, health research and decolonisation (Joan Vickery, Deakin University)

12.20-1.00 Discussion

1.00-2.00 **Lunch**

Afternoon Session – chaired by Patricia Fagan

2.00-2.30 Law as a determinant of Aboriginal health (Genevieve Howse, National Centre for Public Health Law, La Trobe University)

2.30-3.00 Labour Force Participation as a Determinant of Aboriginal Health (Diannah Lowry, National Institute of Labour Studies, FUSA)

3.00-3.30 Education as a determinant of Indigenous health (Stephanie Bell, Central Australian Aboriginal Congress)

3.30-3.50 **Afternoon Tea**

3.50-4.20 Educational Determinants in Aboriginal Health (Phillip Slee – Education, FUSA)

4.20-4.50 Poverty. (Maggie Walter – School of Sociology & Social Work, University of Tasmania)

4.50-5.30 **Discussion**

DAY 2 - TUESDAY 6 JULY

9.00 Start

Morning Session – chaired by Fran Baum

- 9.00-9.30 Housing, the physical environment and Aboriginal health (Ross Bailie, Menzies School of Health Research, Darwin)
- 9.30-10.00 The determinants of social and emotional well-being in Aboriginal people (Graham Henderson, Australian Institute for Aboriginal & Torres Strait Islander Studies, Canberra)
- 10.00-10.30 Community development and the social determinants of health (Danielle Smith, Menzies School of Health Research, Darwin)

10.30-10.50 Morning Tea

- 10.50-11.20 Governance and its role in Aboriginal health (Patrick Sullivan, Australian Institute for Aboriginal & Torres Strait Islander Studies, Canberra)
- 11.20-11.50 Links between social networks, social capital and Aboriginal health outcomes- Literature Review (Mark Brough, Centre for Indigenous Health, University of Queensland)
- 11.50-12.30 Discussion

12.30-1.30 Lunch

Afternoon Session

- 1.30-1.45 Context for the Research Agenda (Ian Anderson)
- 1.45-3.00 Small group work on the research agenda (3 groups)

3.00-3.20 Coffee Break

- 3.20-4.00 Small group work on the research agenda (move to another group)
- 4.00-4.45 Plenary discussion of group recommendations for research agenda

4.45 Workshop close

Participants

Glenn Giles	Aboriginal Health Council of South Australia
Graham Henderson	Australian Institute of Aboriginal & Torres Strait Islander Studies
Heather McDonald	Australian Institute of Aboriginal & Torres Strait Islander Studies
Katharine Oliver	Australian Institute of Aboriginal & Torres Strait Islander Studies
Debra Reid	Australian Institute of Aboriginal & Torres Strait Islander Studies
Carrie Robson	Australian Institute of Aboriginal & Torres Strait Islander Studies
Patrick Sullivan	Australian Institute of Aboriginal & Torres Strait Islander Studies
Donna Ahchee	Central Australian Aboriginal Congress
Ben Bartlett	Central Australian Aboriginal Congress
Stephanie Bell	Central Australian Aboriginal Congress
Clive Rosewarne	Central Australian Aboriginal Congress
Gary Robinson	Charles Darwin University
Leisa McCarthy	Danila Dilba Health Service
Joan Vickery	Deakin University
Helen Askell-Williams	Flinders University
Fran Baum	Flinders University
Michael Coughlin	Flinders University
Michael Groves	Flinders University
Inge Kowanko	Flinders University
Michael Lawson	Flinders University
Felicity Lewis	Flinders University
Diannah Lowry	Flinders University
Tamara Mackean	Flinders University
Michael Morrissey	Flinders University
Roz Murray-Harvey	Flinders University
Kym O'Donnell	Flinders University
Phillip Slee	Flinders University
Simone Tur	Flinders University
Eileen Willis	Flinders University
Karen Adams	La Trobe University
Anna Beesley	La Trobe University
Shirley Godwin	La Trobe University
David Legge	La Trobe University
Chris Reynolds	La Trobe University
Mark Saunders	La Trobe University
Rosie Smith	La Trobe University
Ross Bailie	Menzies School of Health Research
Joan Cunningham	Menzies School of Health Research
Priscilla Pyett	Menzies School of Health Research
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Patricia Fagan	Office of Aboriginal & Torres Strait Islander Health
Joy McLaughlin	Office of Aboriginal & Torres Strait Islander Health
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Petah Atkinson	University of Melbourne
Lisa Bourke	University of Melbourne
Angela Clarke	University of Melbourne
Shaun Ewen	University of Melbourne
Bill Genet	University of Melbourne
Michael Tynan	University of Melbourne
Bob Boughton	University of New England
Rosemary Foster	University of Queensland
Maggie Walter	University of Tasmania