

5.5 Health determinants

The factors that lead to someone developing disease are likely to have their beginnings years earlier, through a complex chain of events and interactions among the individual, the environment, and broader social and economic factors. Determinants of health is the term used for those factors that have either a positive or negative influence on health at the individual or population level.⁷²

The aim of this section is to answer the following questions:

- Are the factors that determine good health for Queensland Indigenous peoples changing for the better?
- Is it the same for everyone?
- Where and for whom are these factors changing?

Health determinants can be broadly divided into 'upstream' determinants (education, employment, income, living and working conditions), 'midstream' (health behaviours and psychosocial factors) and 'downstream' (physiological and biological factors).⁷² In this section, the upstream determinants are addressed in sections on environmental factors and socioeconomic factors, and midstream determinants through sections on community capacity and health behaviours. Environmental, socioeconomic and community capacity dimensions impact on health within the spheres of societal or community, household and individual determinants of health.

As this report focuses on modifiable determinants of health, the person-related factors dimension of the *National Health Performance Framework* is not included. All determinants of health indicators are reported in the domain where there is the greatest opportunity for health gains. Thus, aspects of physiological factors that can be addressed through behaviour have been included in the health behaviour dimension.

Actions to address these health needs are described in section 5.6.

5.5.1 Environmental factors

"It is universally accepted that the attainment of a satisfactory standard of health in any community depends on the provision of certain basic amenities."

Commonwealth Parliamentary Inquiry into Indigenous Health³²

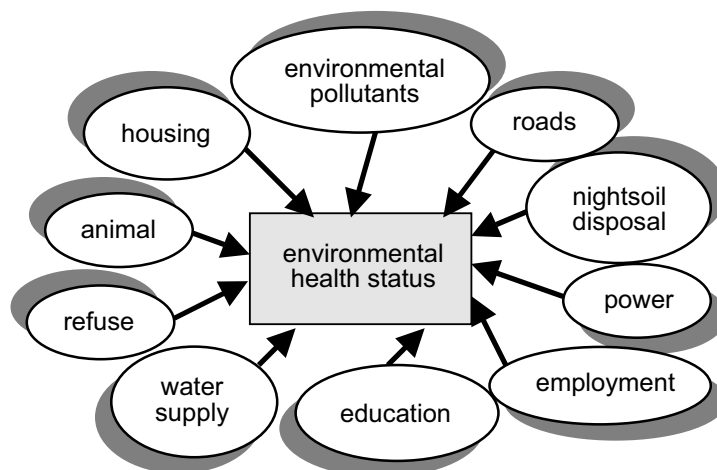
Population health status is influenced by the interaction of social, economic and environmental health determinants.⁷³ Societal, household and individual environmental conditions directly relate to people's health. As societal factors impact on all the population, they are reported in the *Whole of population* chapter. Environmental indicators of specific relevance to Indigenous peoples are reported in this section.

Six key issues in the sustainable improvement of environmental health in Indigenous communities were identified in The Queensland Health Aboriginal and Torres Strait Islander Environmental Health Strategy 2001-2006.⁷⁴ These are:

- Community participation
- Coordination and collaboration between agencies
- A sustainable environmental health workforce
- Healthy housing and infrastructure
- Information networks
- Optimal environmental health programs

The Strategy also identified environmental health as having a complex set of causal factors.

Figure 5.51: Impacts on environmental health status (from: The Queensland Health Aboriginal and Torres Strait Islander Environmental Health Strategy 2001-2006⁷⁴)



Seven of the 44 Queensland Indigenous communities that have a population of 50 or more had no treatment of their drinking water in 1999 (Table 5.6). This is not considered safe.⁷⁵ While few communities have no organised rubbish collection (Table 5.7), the important factor, in terms of environmental health, is whether the rubbish is covered in the tip. This requires substantial heavy machinery and expertise that is not available in many communities.⁷⁵ In addition, anecdotal evidence from an experienced environmental health officer indicates that burning of rubbish is thought to be far more prevalent than reported.⁷⁵

Almost half of these communities do not have an environmental health worker (EHW) either working or in training (Table 5.9). EHWs increase the communities capacity to improve the identification and management of environmental health issues.⁷⁴

Forty per cent (40%) of permanent dwellings managed by Indigenous Housing Organisations (IHOs) require major repairs or replacement (Table 5.8). Poor housing conditions lead to unsanitary environments and an increase in infections, especially enteric conditions. In addition, poor housing condition may lead to increases in the rate of injury.

Indigenous households in Queensland were almost three times as likely to have more than five people usually resident (Figure 5.52).

Those living in poor quality housing where overcrowding and damp conditions are present are more likely to suffer both physical and mental health problems.⁷⁶ Inadequate housing and housing stress caused by the need to spend more than 30% of a low income on housing can lead to family conflict and breakdown.⁷⁷

Table 5.6: Main source of drinking water, all communities, Queensland and Australia, 1999

	Connected to town supply	Bore water	Rain water tanks	River or reservoir	Well or spring	Other organised water supply	No organised water supply	Total
COMMUNITIES WITH A POPULATION OF 50 OR MORE								
Queensland	2	27	12	28	24	4	1	98
Australia	75	614	37	73	47	22	21	889
COMMUNITIES WITH A POPULATION OF 50 OR MORE								
Queensland	7	12	8	15	2	-	-	44
Australia	111	170	16	26	4	-	-	327
ALL COMMUNITIES								
Queensland	9	39	20	43	26	4	1	142
Australia	186	784	53	99	51	22	21	1,216

Source: Housing and Infrastructure in Aboriginal and Torres Strait Islander Communities. ABS, 2001. Cat. No. 4710.0

Table 5.7: Type of rubbish disposal, all communities, Queensland and Australia, 1999

	Fenced community tip	Unfenced community tip	Rubbish tip outside community land	Burnt	Other type of rubbish disposal	No organised rubbish disposal	Total(a)
COMMUNITIES WITH A POPULATION OF LESS THAN 50							
Queensland	7	55	28	-	3	4	98
Australia	74	512	153	70	36	24	889
COMMUNITIES WITH A POPULATION OF 50 OR MORE							
Queensland	5	26	13	-	-	-	44
Australia	57	137	132	-	-	-	327
ALL COMMUNITIES							
Queensland	12	81	41	-	3	4	142
Australia	131	649	285	70	36	24	1,216

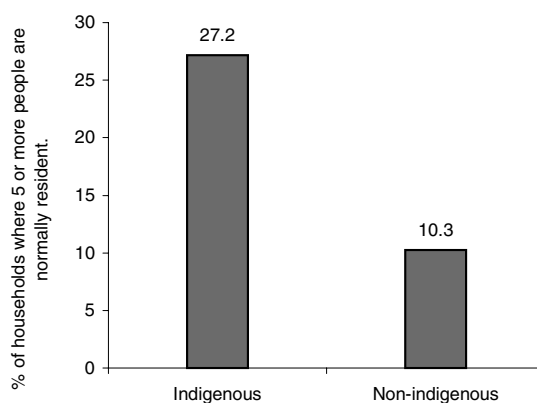
Source: Housing and Infrastructure in Aboriginal and Torres Strait Islander Communities. ABS, 2001. Cat. No. 4710.0
 (a) includes 'Whether has organised rubbish disposal' not stated.

Table 5.8: Condition of permanent dwellings managed by Indigenous housing organisations, all communities, Queensland and Australia, 1999

	Condition of IHO permanent dwellings			All IHO managed permanent dwellings(a)
	Minor or no repair	Major repair	Replacement	
COMMUNITIES WITH A POPULATION OF LESS THAN 50				
Queensland	47	12	-	60
Australia	1,928	357	221	2,521
COMMUNITIES WITH A POPULATION OF 50 OR MORE				
Queensland	2,192	1,056	432	3,680
Australia	8,505	2,822	1,380	12,707
ALL COMMUNITIES				
Queensland	2,239	1,068	432	3,740
Australia	10,433	3,179	1,601	15,228

Source: Housing and Infrastructure in Aboriginal and Torres Strait Islander Communities. ABS, 2001. Cat. No. 4710.0
 (a) includes 'Condition of permanent dwellings' not stated.

Figure 5.52: Proportion of Queensland households with more than five people usually resident, by Indigenous status, 2001



Source: ABS Census of population and housing 2001

Table 5.9: Environmental Health Workers, 1999

	Communities with environmental health workers			No environmental health workers	All communities ^(a)
	Working	Training	Total		
Queensland	14	6	20	21	44
Australia	91	17	108	216	327

Source: Housing and Infrastructure in Aboriginal and Torres Strait Islander Communities. ABS, 2001. Cat. No. 4710.0

(a) includes 'Whether environmental health workers working or training in the community' not stated.

Healthy food access

In 2001, as in previous years, basic healthy food cost more in rural and remote areas of Queensland, compared to urban and metropolitan areas.^{78,79} Food items in a healthy access basket are defined as the most commonly available foods that meet nutritional requirements of a reference family of six people for two weeks. In Queensland in 2001, the cost of a healthy food access basket was 24% higher in the very remote Accessibility/Remoteness Index of Australia (ARIA) category than in the highly accessible ARIA category. The difference in price between accessible and remote areas was greatest for meat and alternatives and dairy food groups, and least for fruit, vegetable and legumes.

There was little difference in the cost of tobacco and take away snack items between areas, with costs in the very remote category being only 11% higher than in the highly accessible category.

This difference is important. Every time we buy food, we make a decision whether to buy healthy food or un-healthy food, and cost is a factor in this decision. In the very remote areas of Queensland, healthy food costs 24% more than in highly accessible areas, yet snack and takeaway food costs only 11% more. The cost differential favours takeaway and snack foods more, in very remote areas, than it does in the highly accessible areas of Queensland.

There had been a marked increase in the price of basic healthy food throughout Queensland in the period from April-June 2000 to April-June 2001, in addition to consumer price index changes. Contrary to expectations, price rises were greatest in the three most accessible ARIA categories (Figure 5.53). Price increases were most dramatic for vegetables and fruit, which increased by nearly 30% in moderately accessible areas.

Many social determinants impact on good nutrition and access to food: *transport* for delivery of goods; access to nutritious food outlets; *education* and literacy to interpret labels and nutrition panels; *housing* and associated whitegoods for appropriate storage and preparation of foods; *income*, especially where the price and availability of healthy food is high; and *discrimination* issues around cultural appropriateness of foods.³³

Figure 5.53: Mean percent annual change in costs in the same stores, by accessibility, Queensland, 1998-2000 to 2001

