



Social Determinants of Health Fact Sheet

Aboriginal & Torres Strait Islander Health

Introduction

On almost every measure the health of the Aboriginal and Torres Strait Islander population is significantly lower than the health of the non-Aboriginal and Torres Strait Islander population and evidence suggests that this gap has increased in recent years.¹ Aboriginal and Torres Strait Islander health and wellbeing is a holistic concept, encompassing all aspects of physical, emotional, social, spiritual and cultural health.²

The Issues

Aboriginal and Torres Strait Islander peoples have a poorer health profile than other Australians and their life expectancy is 18-19 years less³.

Contributing factors include:

- lower socioeconomic status (low incomes, high unemployment, poor educational attainment)
- specific risk factors (higher tobacco and substance misuse rates, poorer nutrition)
- location and environmental factors (remoteness from services, poor quality housing and facilities, overcrowding)
- legacy of past practices (removal from land, cultural dislocation, family separation, discrimination).

Nearly one third of deaths among Aboriginal and Torres Strait Islander people is from circulatory disease (stroke, heart disease), and another third from injury, respiratory diseases (pneumonia and chronic bronchitis) and cancer. In addition, the death rate from diabetes for Aboriginal and Torres Strait Islander people is about 8 times the national rate. This means that Aboriginal and Torres Strait Islander people are dying more often, and at younger ages from largely preventable conditions³.

Key Messages and Policy Implications

Queensland Health has identified improving the health of Aboriginal and Torres Strait Islander peoples as one of the department's key priorities.

The Queensland Aboriginal and Torres Strait Islander Health Policy identifies seven key areas for future action. This includes:

- community control of primary health care services
- participation (in the planning, delivery, management and evaluation of health initiatives)
- culturally appropriate service provision
- (use of) needs based criteria for service provision and resource allocation
- workforce planning and development
- information, monitoring and evaluation
- across Government approaches.

The Standing Committee on Aboriginal and Torres Strait Islander Health has developed a Cultural Respect Framework for Aboriginal and Torres Strait Islander Health. Participation in Cultural Awareness Programs and Reconciliation Learning Circles are key opportunities for learning about cultural respect and security.

- Culturally responsive services recognising the crucial role of the Aboriginal and Torres Strait Islander health workforce are essential.
- Issue-based programs such as nutrition, physical activity, and chronic disease risk factors must be addressed within a broader social and economic framework for disadvantaged communities.

References:

1. National Aboriginal Health Strategy
2. Department of Health and Ageing. 2003. Consultation Paper for the development of the National Strategic Framework for Aboriginal and Torres Strait Islander Mental Health and social and emotional well being 2004-2009
3. Department of the Prime Minister and Cabinet . 2002 Indigenous Issues Fact Sheet Series – Department of Health. Canberra

Further reading:

- Queensland Health. 1999 Aboriginal & Torres Strait Islander Workforce Management Strategy, Our Jobs Our Health Our Future.
- Queensland Health. 2001. Social Determinants of Health – the Role of Public Health Services.
- Independent Inquiry into Inequalities in Health Report. 1999. Publisher: The Stationery Office, London
- Tackling Inequalities in Health: An agenda for action 1995. Publisher: King's Fund, London
- Australian Aboriginal & Torres Strait Islander Health InfoNet. 2002. Summary of Aboriginal & Torres Strait Islander Health, May, 2002. Perth. WA: Australian Aboriginal & Torres Strait Islander Health InfoNet.

Social Determinants of Health

What's it all about? Fact Sheet

Introduction

While at an individual level a sense of health and well being will vary from person to person, at a population level there are some common characteristics. 'Health' applies to both mental and physical health. Healthy people often report a sense of connection to family, friends, and the broader community. They may also have confidence in their ability to make decisions, solve problems and make a meaningful contribution to society.

The role of Public Health Services' (PHS) in the health system is distinguished by its focus on the health and well being of whole populations rather than individuals. PHS aims to prevent disease, illness and injury (rather than treat it), and to protect and promote population health and well being.

The Issues

In public health there is an ever-increasing acceptance that health is determined not merely by behavioural, biological and genetic factors, but also by a range of economic, environmental and social determinants¹. A safe environment, adequate income, meaningful roles in society, secure housing, higher level of education and social support within communities are associated with better health and well being. It is these determinants that we refer to as the "social determinants of health".

Key messages and policy implications

While much of the responsibility for addressing the social determinants of health rests with other agencies, it is also clear that health systems generally, and PHS specifically, have a role to play in leading and supporting intersectoral collaboration and community actions to improve population health and well being². These include:

1. Raising awareness of the social determinants of health

- Monitoring and reporting of health determining social and environmental conditions and trends.
- Promoting awareness of the Social Determinants Kit and key areas for action to planners, service managers and policy makers.
- Advocating for health promoting policies and programs in non-health sectors.

2. Coordinating Public Health Planning

- Engaging communities and partners in planning, implementing and evaluating initiatives to address health determinants.
- Using community public health planning to coordinate efforts within Public Health Services and with other agencies and sectors at the local level.

3. Health Impact Assessment

- Extending the application of health impact assessment to include a focus on the social determinants of health and to assess the health impacts of policies and programs.

4. Strengthening Community Action

- Working through local organisations to enhance and integrate existing services and structures.
- Developing, implementing and evaluating programs which build social capital, people's sense of control and resilience.

5. Developing Organisational Capacity

- Providing resources to support integration of public health practices.
- Continuing research to further develop our understanding of the causal pathways and intervention points.
- Building workforce capacity including developing skills and methods in evaluation and reporting.
- Continuing to develop PHS as a learning organisation.

References:

1. Baum F. 1999 Social Capital: is it good for your health? Issues for a public health agenda. *J Epidemiol Commun Hlth*, 53(4)
2. Labonte 1999 The Case for Public Health Work on the Social, Economic and Environmental Determinants of Health: A discussion paper developed for the Aotearoa/New Zealand Health Funding Authority

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- Queensland Health Public Health Services 2003. Integrating Public Health Practices: A position statement on community capacity development and the social determinants of health for PHS