Rumbalara Aboriginal Co-operative

Aboriginal Communities

Social Determinants of Health

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Our Aboriginal Community Controlled Health Organisation

Shepparton/Mooroopna
North Eastern Victoria

RUMBALARA
ABORIGINAL CO-OPERATIVE LTD.

Cummergunja Walk Off

"Pride – Respect – Culture

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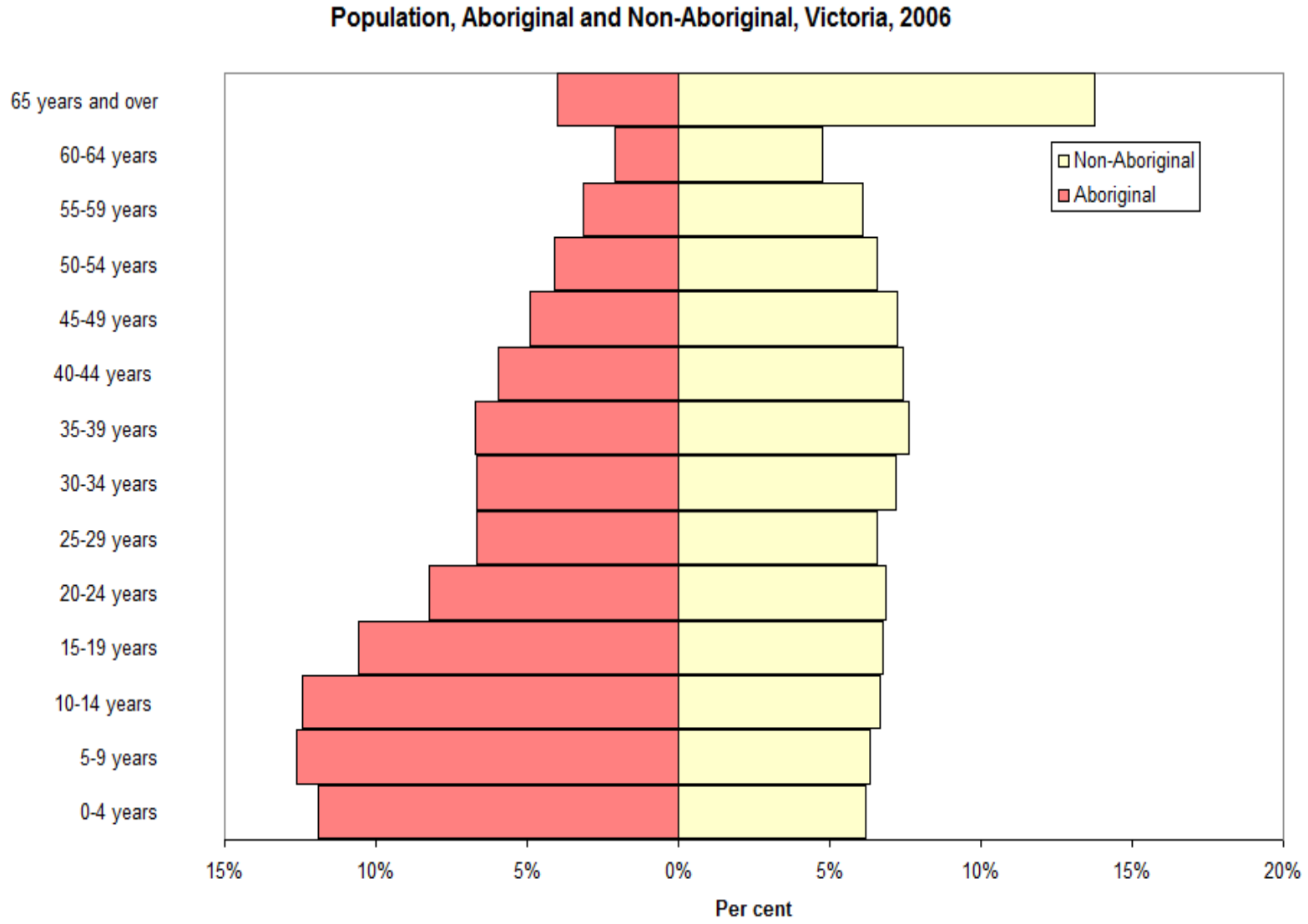
The Cummergunja walk off of 1939 was in protest to the Cruel Treatment and Exploitation of residents at the Mission. This protest showed the strength and organisational skill of Aboriginal people in contravention to the rules of the protection board

Population

- Census 2006, Victoria
  - 33,517 Aboriginal people
  - 5,093,023 total population
- Aboriginal people
  - 0.6% of Victorian population
    - 89.9% Aboriginal, 6.6% Torres Strait Islander, 2.9% Aboriginal and Torres Strait Islander
  - 6.1% of Australian Aboriginal population live in Victoria
  - 2.3% of Australian population

Victoria, Australia, 2006; ABS 2006, ABS 2008 [2, 3]



Victoria, 2006; ABS2007 [5]

Expectation of life

- Victorian data not available
- ABS adjusted direct method for NSW, 2005-07

	Male	Female
Aboriginal life expectancy	69.6	74.8
Gap	9.1	7.8

NSW, 2007; ABS 2008 [11]

Closing the gap

- The prevalence of burden shows the potential gain
- The prevalence of risk factors shows the size of the task
- Risk factors are driven by social determinants

World Health Organisation

- Social Determinants of Health are factors in society or in our every day living conditions that affect our health, for better or worse, throughout life.

- Things like land dispossession, education, housing, employment, money and a good start to life are some of the social determinants of health.

Social Determinants of Health

- Some Social Determinants are gender, ethnicity, class, income, education, occupation (employment or unemployment) and social capital.
- Furthermore, it is important to understand that it is the ways in which these social variables inter relate that determines our ability to achieve healthy lives.

National Aboriginal Community Controlled Health Organisation (NACCHO)

Not Just the Physical Well-being of an Individual but Refers to the Social, Emotional and Cultural Well-being of the Whole Community in Which Each Individual Is Able to Achieve Their Full Potential As a Human Being Thereby Bringing About the Total Well-being of Their Community. It Is a Whole of Life View and Includes the Cyclical Concept of Life-death-life.
(Memorandum of Association NACCHO November 2002. P.5)

VACCHO MEMBERS

http://www.vaccho.com.au/html/members.htm

Why?

- A launching point for this research was to gain an understanding of how Aboriginal people conceptualise their experiences of health and its determinants.

Why?

- Discovering 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 including addressing the determining social processes.

We

- Believe that Aboriginal communities are owners of their health and it is only through interventions built on understanding their perspectives of health determinants that changes in health are also owned, implemented and successful.

"If you don't have health, what's the point of living?"

Koori Voices from the Goulburn Murray Rivers Region on Health And Its Determinants

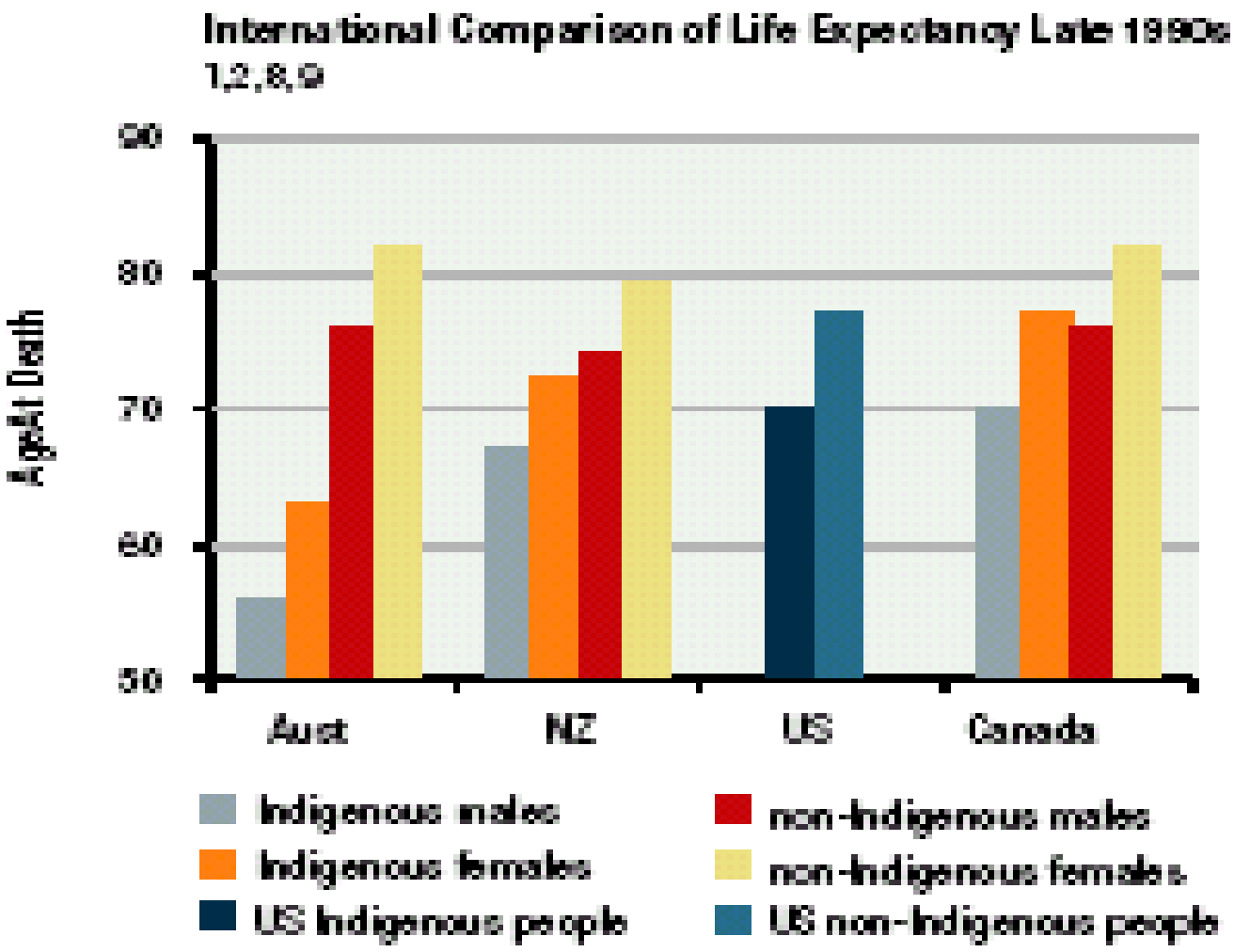
Tynan, Atkinson, et al 2004.

Background – Aboriginal health

- Life expectancy 17 years less
- Death rates more than twice as high
- Hospitalisation rates 2.5-3 times higher
- Health Risk factors (smoking, diet etc)
- Education, employment, income much lower

Interestingly…

- Depression higher among those employed in Aboriginal organisations (39%) than unemployed (26%) (RAC 2001).
- No correlation between the level of formal education and employment status of employed Kooris (Alford 2002).
- Lack of correlation between educational level (Malin 2003) and income (Hunter 2000) and health status.

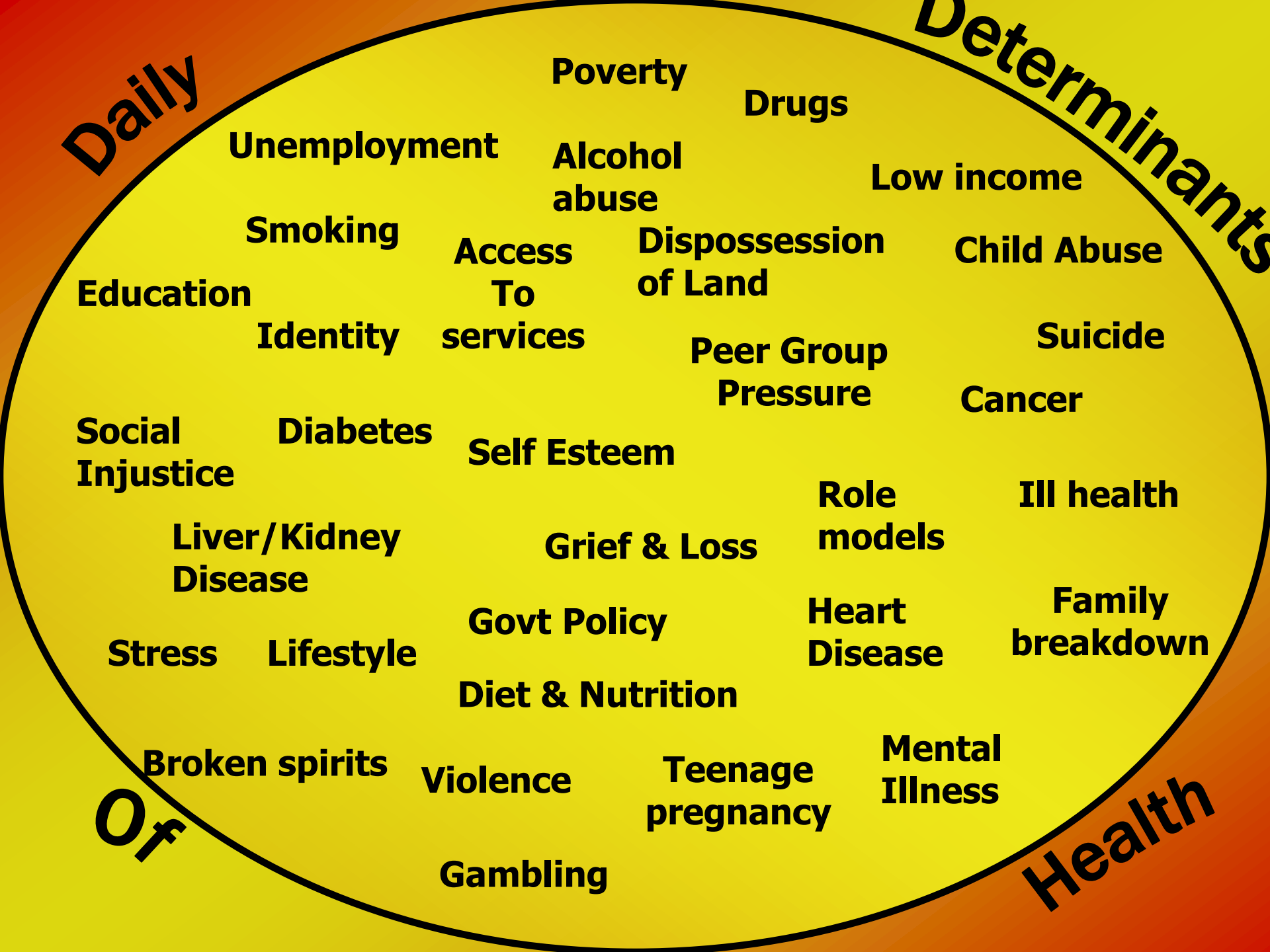

International Comparison of Life Expectancy Late 1990s
1,2,8,9
Age at Death
90
80
70
60
50
Aust
NZ
US
Canada
Indigenous males
Indigenous females
US Indigenous people
non-Indigenous males
non-Indigenous females
US non-Indigenous people

Focus Group Discussions

- Focus Groups
  - Open ended questions on major health issues, who is affected and causes
  - Responses to three handouts
    - Health data
    - Socio-economic correlates/social determinants
    - Social causes

Themes

- emerged across all (or nearly all) focus groups
- were raised independent of participants' age, gender, occupational status or whether they lived in the area or elsewhere
- are closely connected
- relate far more to day-to-day social processes that impact on health rather than the more 'macro' conventional social determinants


Daily
Determinants
Of
Health
Poverty
Drugs
Unemployment
Alcohol abuse
Low income
Smoking
Access To services
Dispossession of Land
Child Abuse
Education
Identity
Suicide
Peer Group Pressure
Cancer
Social Injustice
Diabetes
Self Esteem
Role models
Ill health
Liver/Kidney Disease
Grief & Loss
Govt Policy
Heart Disease
Family breakdown
Stress
Lifestyle
Diet & Nutrition
Broken spirits
Violence
Teenage pregnancy
Mental Illness
Gambling

Critique

- While mainstream models may be useful in providing a more systematic approach to policy development in Aboriginal health "interventions in policy will only impact on population health outcomes if they impact on individuals or the relations between individuals" (Anderson 2001: 257).
- "notions of hierarchy and class may need to be replaced with culturally informed notions closer to lived experience…" (Robinson 2002)
- They need to be 'socialised' in accordance with the values and practices of the community in question.

Key Findings

- Micro and macro level problems were combined and all manifested themselves in daily life simultaneously. Koori experience does not separate the different types of and levels of factors.

- e.g. Health policies which take as their starting point issues including identity (including the importance of place) self-esteem, trust and role models are clearly needed.

- “Understanding of the links between social change and epidemiological change, of causes of health improvement, requires the ability to understand what is occurring in society other than through the actions of service providers.” (Robinson 2002)

What Are We Doing About This?

- We employ more than 100 staff of which around 80% are Aboriginal
- We believe Aboriginality is a qualification in this field and we value it
- We strongly support the professional development of Aboriginal Health Workers
- We understand that Aboriginal Health Workers are crucial to effective client service

Aboriginal Health Workers are defined as:

- Emotional & Spiritual Well-being Health
- Maternal & Child health
- Dental Health
- Women's Health
- Men's Health
- Substance Abuse
- Sexual Health
- Health Promotion
- Health Education
- Allied Health
- Home & Community Care
- Administration/Finance/Management
- Diabetes

- Eye & Ear Health
- Transport Health Worker
- Clinical Health Worker
- Youth Health Worker
- Environmental Health
- Research
- Social Health
- Cultural Health
- Medical Receptionist
- Nutritionist
- Healthy Lifestyle (Sport & Recreation, Living skills)
- Advocacy
- Pharmacy
- Counselling

What other things are we doing?

- Established the 1st Health Promotion Unit in Victoria – incorp AHPACC, HfL and IHSHY

- Produced 4 advertising campaigns encouraging our community to visit our service for Health Checks – "1 hour, once a year!"

What are we doing about it?

- Built elements of Health Promotion into everyone's job – from AHW – Dr.

- Support RFNC & YY Nations as vehicles for change for our community

- Support individuals with health information, physical assessments and opportunities to be positive role models

National & State Govt Commitment

The combination of the Victorian Indigenous Affairs Framework (VIAF), the Council of Australian Governments (COAG) agenda and the Federal Government apology to the stolen generations has placed a heightened emphasis on improving the length and quality of life for Indigenous Australians.

In December 2007 and March 2008 COAG agreed to six ambitious targets for closing the gap between Indigenous and non-Indigenous Australians. This included a commitment to close the gap in life expectancy within a generation and to halve the gap in mortality rates for Indigenous children under five within a decade.

Closing the Health Gap

Under the Aboriginal Health National Partnership, Victoria will focus activity to improve the health of Aboriginal people in the following five priority areas:

- Tackling smoking
- Primary health care services that can deliver
- Fixing the gaps and improving the patient journey
- Healthy transition to adulthood
- Making Indigenous health everyone's business

Hume Region Closing the Health Gap Plan

Hume Region Closing the Health Gap Steering Committee endorse the five priorities for action in closing the health gap in the Hume region are:

- Improve the interface (client journey) between hospital and primary care services in the Hume region.
- Increase the cultural competency of the service system across the Hume region.

Hume Region Closing the Health Gap Plan

- Identify health needs and develop service models for the Aboriginal Communities living in the Central Hume and Lower Hume PCP catchment areas.
- Improve the services and programs available to address the health and wellbeing of young Aboriginal women living in the Hume region.
- Reduce the rate of tobacco use in the Aboriginal communities in the Hume region

Acknowledgements

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Australian Government

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