
POLICY BRIEF

Social Determinants of Indigenous Health and Closing the Gap

(Prepared in March 2019 to inform discussion on Australia's 'Closing the Gap' strategy.)

Importance of the Social Determinants of Health


There are many drivers of health and wellbeing that lie outside of the health care system: the conditions in which people live, work, and play will shape their opportunities for health.^{1, 2} These **social determinants of health** include factors such as **housing, employment conditions, education, social relationships, income, poverty and the distribution of power and resources.**¹ These factors can adversely affect physical or mental health in a range of ways, such as: increasing risk of infectious disease or injury; influencing diet, smoking or alcohol use; or by causing psychological stress or lack of control over life's circumstances. **Early childhood development** is another social determinant, affecting health outcomes over the whole life course. **Access to health care** is a significant determinant of health in its own right. However, evidence indicates that between 45-50% of population health is determined by social and economic factors operating outside the health system, compared to estimates of 15-43% determined by health care interventions.³ Social and economic inequalities lead to differences in the social determinants of health between population groups, which in turn leads to health inequalities.

The health of Aboriginal and Torres Strait Islander people in Australia is affected by all the social determinants of health mentioned above. However, a number of other factors have also been identified as **social determinants of Indigenous health.** For example, **experiences of racism** contribute to chronic stress, influence health behaviours such as smoking, and may reduce access to health care. On a positive front, **connectedness to culture** and **caring for country** are positive determinants of Indigenous health. Aboriginal and Torres Strait Islander people living in remote areas may face particular challenges related to determinants such as **housing** conditions, **environmental health** and **food costs.** Living in an overcrowded household increases the likelihood of health problems such as ear and eye infections, and mental ill health.⁴ High rates of **incarceration** are likely to undermine Aboriginal and Torres Strait Islander health in a range of ways, including through adverse effects on families and children. **Processes of colonisation** have disempowered Aboriginal and Torres Strait Islander communities, underpin the inequities we see in access to social determinants of health, and contribute to on-going trauma.⁶

Closing the Gap and social determinants

Around 30-50% of the health gap between Aboriginal and Torres Strait Islander people and other Australians can be attributed to social determinants of health.⁵ The Federal

Government's **Closing the Gap** (CTG) strategy has addressed some determinants, in particular access to health care, education and employment, and this is to be welcomed. However, it has so far failed to address a broader range of the social determinants. Such a broader, holistic approach holds the most promise for meeting CTG targets. Literature on social determinants of Indigenous health often divide up determinants into distal, intermediate and proximate. Some examples are given in the table below:^{2, 6-10}

Negative impact of social determinants of health	Positive impacts of social determinants of health
Distal Determinants	
Colonisation, institutionalised racism	Self-determination, sovereign rights, representation
Intermediate Determinants	
Systemic racism, colonial systems, dispossession, exclusion from government and policy processes	Community control, capacities, infrastructure, resources, service systems, land rights and control over land, inclusion in policy processes
Proximal Determinants	
interpersonal racism, poor housing conditions (inc. sanitation, overcrowding), poverty, stress, social exclusion, trauma, incarceration, addiction	Individual control over lives, income, employment, education, early life experiences, access to health care, social support, food security, transport, cultural determinants
	
Health outcomes for Aboriginal and Torres Strait Islander peoples	

It can be argued that to-date, Closing the Gap strategies have focused only on proximal determinants (education, employment, access to health care), while ignoring, or undermining the intermediate and distal determinants (through policy actions that were not sufficiently developed nor implemented in partnership with Aboriginal and Torres Strait Islander peoples).

How can policy makers act on social determinants of health?

A partnership approach to policy: Our current and previous research on Australian health policy and Closing the Gap policy highlights the central importance of a partnership approach to policy development and implementation in all sectors, involving government actors and well-resourced Aboriginal and Torres Strait Islander organisations, respected as equal partners.¹¹ A partnership approach can highlight and focus action on determinants that might otherwise not be addressed.¹²

A strengths-based approach: Understanding the social determinants of health and appreciating their impacts also highlights the potential for strategies that **build** individual and community **strengths and capabilities** for health, **prevent ill-health** and **reduce** other problems. Such an approach provides a vehicle for action on a range of determinants of health. The CTG strategy has adopted this approach to some extent but is implemented alongside coercive and deficit-based interventions such as income management, incarceration for minor offences, and ongoing removal of children. It is important that Australian governments commit to a predominantly strength-based approach to improving Aboriginal and Torres Strait Islander health and wellbeing and meeting Closing the Gap targets, and aim to reduce and minimise coercive interventions.

Regional governance structures: Vesting a greater level of control over policy in Aboriginal and Torres Strait Islander-led governance structures and community-controlled organisations at a local or regional level is central to a strengths-based approach and to effective policy. Having a sense of control over the conditions of one's life is an important psychosocial determinant of health in its own right. Indigenous communities able to exercise more control have better health outcomes. Current Southgate research on CTG policy indicates that representative regional governance structures are an effective approach to: recognise and value the role of community leaders and empower communities in decision making; design and deliver culturally relevant, strength-based strategies tailored to local conditions; and build partnerships between communities and local publically-funded services, local governments or private businesses. Innovative funding and regulatory strategies are required that satisfy accountability requirements while also allowing for increased control and flexibility at a regional or local level.

Community-controlled services: are also an effective means to ensure access to health care and act on other determinants of health. Southgate research has found the Aboriginal Community Controlled Health Organisation (ACCHO) model delivers culturally safe, comprehensive primary healthcare services *and* addresses a range of social determinants by:

- Employing Aboriginal people
- Providing services/activities such as community events, family counselling, and leadership programs
- Working with other sectors to address social determinants
- Improving community self-determination and control¹³⁻¹⁵

Community-controlled services can also provide similar benefits in other service areas such as: aged care, early childhood care and education, adolescent health, land care, employment and social housing services.

Improved cultural safety and accountability in 'mainstream' services: Aboriginal and Torres Strait Islander people have a right to access 'mainstream' aged care, health, education and childcare services according to their own choices and needs. It is essential that such services are accountable for providing services that are accessible, culturally safe and relevant for Aboriginal and Torres Strait Islander adults, families and children.

Employment opportunities: A range of policy strategies can be deployed to improve Aboriginal and Torres Strait Islander employment opportunities, and these should be flexibly applied depending on the setting and location. Support for community-controlled services is important. Current government strategies such as the ranger program provide culturally relevant employment that respects Aboriginal and Torres Strait Islander people's sovereign relationships with country. Other strategies include government procurement policies favouring Indigenous businesses, and ensuring major private and public sector employers implement Reconciliation Action Plans (RAPs) including Indigenous employment targets.

For more detail about this research, visit [here](#) and [here](#).

For further information about the work of the [Southgate Institute](#).

Useful Resources

1. Commission on Social Determinants of Health. [Closing the gap in a generation: Health equity through action on the social determinants of health](#). Geneva: World Health Organization; 2008.
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15. Freeman T, Edwards T, Baum F, Lawless A, Jolley G, Javanparast S, et al. [Cultural respect strategies in Australian Aboriginal primary health care services: beyond education and training of practitioners](#). Aust N Z J Public Health. 2014;38(4):355-61.



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