22nd National Australian Health Promotion Association Conference & 18th Chronic Diseases Network Conference

Equity @ the Centre:
Action on Social Determinants of Health

The Eberhard Wenzel Oration:

Empowerment and Closing the Gap

By

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Good afternoon ladies and gentlemen, brother and sisters

I begin by acknowledging the Arrernte people, traditional owners of the land on which we are meeting today.

I would like to thank the Australian Health Promotion Association for inviting me to speak to you this afternoon.

I would like to acknowledge Donna Ah Chee of Central Australian Aboriginal Congress who is chairing this session.

I am particularly honoured to have been invited to deliver this Eberhard Wenzel oration.

In addressing you today, I am very conscious that I am following in the footsteps of many distinguished practitioners, beginning with Dr Wenzel himself.

The common theme, as I understand it, linking these thinkers is a commitment to a broad and challenging view of health promotion.

According to this view, the genuine promotion of health and wellbeing involves a willingness to look deeply – and sometimes critically – at the way our lives are structured, at how power is distributed, and at how accepted ideas can reinforce and reproduce inequities in health.

This is a view of health promotion that I endorse, and it informs my paper today, in which I want to start with a broad look at the theory of the social determinants of health and how it fits with the ongoing struggle to improve the health of Australia's Aboriginal Peoples.

I want to argue that – while the social determinants of health are now widely accepted in policy-making – one of the critical determinants, what we know as 'the control factor' – or what I will call 'empowerment' – is often missing.

And, further, I want to discuss racism as a key way in which Aboriginal people remain disempowered.

I will argue that with the emerging evidence about the effect of racism on the health of Australia's First People means that integrating notions of power and control

and putting them back at the centre of the debate about Aboriginal health and wellbeing is the critical challenge facing all of us today.

Let me start with the broad theory of the 'social determinants of health'.

As we all know, this theory simply states that the health of peoples is not just about health services.

Access to appropriate health care is of course an important determinant of health.

But health is also strongly influenced by a range of social factors – poverty, employment, education, access to food and transport, housing, stress and social exclusion or racism.

All these have profound and lasting impacts on our health throughout our lives.

Today, this idea is widely accepted, at least in research, service delivery and policy circles.

This is both welcome and important, particularly when it comes to dealing with the poor health of the Aboriginal Peoples of Australia.

But as we all know, this way of looking at health was not always so widely accepted.

I am not an expert on the history of the theory of the social determinants of health.

But my understanding is that, while some of the ideas had been around for a long time, bringing these together under the label of 'social determinants' – and intensively exploring them – is something that has only happened over the last twenty years or so.

For me personally, I first heard this theory being talked about in Aboriginal health policy circles in the mid-1990s.

At the time, I was the director of Danila Dilba health service in Darwin, and heavily involved with many other Aboriginal health leaders in the debates on health policy and funding across the country.

So, this new theory that said that there was social, emotional and even political dimension to our health was welcome to us.

It was also instantly recognizable.

It was not as new to us as it might have been to others.

Because the notion that our health was about more than access to services had already been at the heart of the modern Aboriginal struggle for many years.

For example, the definition of health put forward in the landmark 1989 *National Aboriginal Health Strategy* put it simply and well:

> *[quote]*
>
> *[Health is] not just the physical well-being of an individual but the social, emotional and cultural well-being of the whole community ...*
>
> *[unquote]*

This definition of health is as relevant today as it was twenty-five years ago, and is still used by numerous Aboriginal communities and health services.

Importantly, it appeared before there was any talk of the social determinants of health, yet it seems almost a crystallisation of that theory.

And, although they put it so beautifully, the National Aboriginal Health Strategy Working Party did not invent this Aboriginal idea of health.

The political struggles for Aboriginal rights of the 1960s and 1970s had the same idea, under the label of what we then called the 'underlying causes' of ill health.

Land rights, access to quality education, freedom from discrimination and racism, self-determination: all these were explicitly part of the movement with which we sought to achieve better health for our peoples.

It was this movement which led to the establishment of the first Aboriginal Medical Services, beginning in Redfern in 1971.

However, even then, forty or fifty years ago, this understanding that physical health was linked to social, economic and emotional health drew upon deeper sources.

Ultimately, I believe, our holistic view of health springs from the flexible and holistic thinking that epitomises Aboriginal cultures.

It is, in fact, embedded in a unique and imaginative approach to the world, one that emphasises the inter-connectedness of all things.

Seen from this ancient perspective, the idea that physical health was inseparable from social health makes absolute sense.

Of course, more recently the idea that poor health was linked to social and political issues was also reinforced for us every day by our lived experience as members of a colonised people.

We could see in our own communities and own families the effects of poor housing, unemployment, racism; we could see the long-term effects of the day-to-day

stress of worrying about where this week's rent or the money for the kid's clothes was going to come from.

We could see that this was how the world worked, in a way that was probably not so obvious to those from more privileged backgrounds.

So, when the theory of the social determinants of health appeared out of the research world in the 1990s, telling us that it had now been 'proved' that social, emotional and political issues affected health, it aroused mixed feelings amongst many of us.

There was a temptation to put our hands on our hips, sigh loudly, and say "Yeah, that's what we've been trying to tell you for the last two hundred years!"

However, that aside, the theory is welcome as a confirmation of our experience and of the 'holistic' approach to Aboriginal health we had been living and advocating.

It provides a powerful new way of conducting the argument about how to improve the health of our communities – in other words it provides an intellectual

framework upon which policy decisions can – and should – be made.

The scientific nature of the evidence is much more difficult for politicians and policy makers to deny than our arguments from political analysis and community experience.

It is also significant that the theory of the social determinants has been central, in my opinion, to the building of a bridge between the research world and the Aboriginal community sector.

For example, the Lowitja Institute, of which I am Chairperson, grew out of the innovative Cooperative Research Centre for Aboriginal and Tropical Health in the late 1990s.

It was no accident that one of the first areas of research that we asked this newly established collaborative body to look at was how the evidence on social determinants – then largely from overseas – might fit the Aboriginal world.

For us at the Lowitja Institute, research into the social determinants of health continues to be an important part of our work today.

It provides a crucial intellectual framework for the Aboriginal health sector from which we can base our dialogues, discussions and advocacy.

So, the idea has now become universally accepted amongst researchers, policy makers and service deliverers in Aboriginal health.

It is now conventional thinking.

No report or policy, no conference or academic article on Aboriginal health is complete without an acknowledgement of the fact that better health requires action across a whole range of social issues.

You can see the influence of the social determinants of health approach at the highest levels.

It is implicit in the current Federal Government's *Indigenous Advancement Strategy Guidelines* where the continuing bipartisan commitment to 'closing the gap' is to be achieved through action in five areas,

including Jobs, Land and Economy; Children and Schooling; and Culture and Capability.

All of these are important social determinants, and it is a step forward that these are now accepted as the basis for national policy in addressing Aboriginal disadvantage.

But this is the policy – but what about practice?

How well we are progressing, as a nation, in truly adopting a 'social determinants' approach to tackling Aboriginal ill health?

To me, the challenge that a social determinants approach to Aboriginal health makes is this: they come as a package and they all need to worked on at the same time.

You can't do education this year, housing the next, and employment after that.

They demand an holistic, integrated approach.

And, crucially, they all need to be included.

We can't allow the situation where some of the factors that affect the health of our peoples are accepted, while others are politely acknowledged and then ignored.

Because it seems that Governments are 'getting it' on some of the social determinants of health – but they are passing over other, just as important, determinants.

They've 'got it' that education is important.

They've 'got it' that housing is important.

They are beginning to 'get' the importance of early childhood development and investing there.

The one social determinant however which always seems to slip off the list is to me one of the most critically important.

It is 'the control factor' – what we might call empowerment.

We know that the evidence on the social determinants of health includes powerful confirmation that

disempowerment, social exclusion and racism have negative effects on health.

This evidence cannot be ignored.

It means that issues of empowerment and freedom from discrimination must be at the heart of policy and practice to 'close the gap'.

It means that any policy or program aimed at reducing the disadvantage of our communities must from its conception through to its implementation and beyond, ask itself how it will increase the ability of Aboriginal people, families and communities to take control over their own lives.

And this is where I think the current thinking of Australian Governments – of both political persuasions – is coming unstuck.

Let me back track a little to look at some history.

Anyone familiar with our nation's past in relation to its First Peoples will recognise a number of overlapping historical stages.

'Invasion' when non-Aboriginal people came to our lands and took them, frequently by force – and introduced diseases also devastated the many Aboriginal peoples of the continent.

Followed by 'assimilation' when we were expected to disappear into non-Aboriginal Australia, when our cultures and languages were suppressed and our children taken away.

And then 'self-determination', a more hopeful path to rebuilding our communities which grew out of the political struggles of the 1960s and 70s, and which I mentioned before.

But now, we are in a new historical phase.

2007 can be seen as the watershed, the year when (with the announcement of the 'Intervention' in the Northern Territory) Australia's policy-makers decisively broke with a commitment to self-determination as a shaping concept for action in Aboriginal health and wellbeing.

Instead we have what we might call 'Interventionism'.

These past years have seen a renewed interest in 'closing the gap' and a much needed investment of resources in services and infrastructure.

However, they have also seen a profound turning away from political or social issues, a narrowing of focus to technical solutions to the complex and difficult health and social issues underpinning poor health.

We have commitments to more houses, more doctors, more children in the classroom, more services delivered – but the critical issues of control and empowerment are rarely addressed or resourced.

Explicitly or implicitly, self-determination is rejected as a 'failed policy'.

Our communities are not seen as having anything valuable to offer or indeed of having achieved anything in the past.

We are to be the passive recipients of non-Aboriginal "help".

This has left many Aboriginal people marginalized from the decision-making processes in their own communities.

Crucially, it adds to the sense of disempowerment and stress that many already feel.

And we know from the social determinants of health theory that a diminished sense of control and increased stress will lead to poorer health outcomes.

In other words, the recent history of government approaches to 'closing the gap' have pulled in two opposite directions at once – increasing investment in services and housing on the one hand, but undermining control and empowerment on the other.

To borrow a phrase from a research colleague (used in a different context, I should add) they've got one foot on the accelerator and one foot on the brake.

This is not going to get us anywhere fast.

It is certainly not going to get us to the bipartisan 'closing the gap' targets – as is now beginning to be

clearly reflected in the Prime Minister's annual 'Close The Gap' reports.

Of course, if government winds back investment in the Aboriginal or mainstream health systems, then this will be like them taking the foot off the accelerator while keeping their foot on the brake.

In this scenario, we can expect any progress we are making to grind to a halt.

So, what do we need to do?

Well, at a program or policy level we should be putting the control and the decision making in the hands of local Aboriginal people, and then supporting them to do the job.

This would be truly in keeping with a 'social determinants' approach.

But getting to this point requires addressing some much deeper historical issues of empowerment and control in Australia.

It means asking some deep and challenging questions about the racism and social exclusion which is still felt keenly in Aboriginal communities.

There is a tendency to down-play the existence of racism in contemporary Australia.

When the topic does force its way into public consciousness, unfortunately many Australians are tempted to either see such incidents as isolated 'one offs' or as trivial: 'it's just name calling'; 'it's just a joke'; 'get over it!'.

But the evidence is that racist speech and behaviour directed at Aboriginal people is very common: in a study in Victoria in 2010-11, funded by the Lowitja Institute[1], close to 100% of Aboriginal participants reported experiencing racism in the previous year, and over 70% of those surveyed experienced eight or more such incidents in the previous twelve months.

[1] Ferdinand, A., Paradies, Y. & Kelaher, M. 2012, *Mental Health Impacts of Racial Discrimination in Victorian Aboriginal Communities: The Localities Embracing and Accepting Diversity (LEAD) Experiences of Racism Survey*, The Lowitja Institute, Melbourne. Available: http://www.lowitja.org.au/lowitja-publishing/L023

Other studies in Australia have also found high levels of exposure to racist behaviours and language[2].

Such statistics unfortunately describe the lived experience of Aboriginal and Torres Strait Islander people.

We know that exposure to racism is a determinant of health: it is associated with psychological distress, depression, poor quality of life, and substance misuse.

Prolonged experience of stress can also have physical health effects such as on the immune, endocrine and cardiovascular systems.

We also know, by the way, that health systems do not provide the same level of care to Aboriginal and Torres Strait Islander people as to other Australians[3] - but that is a story for another time.

So, on an individual level and at the level of the health system, racism is a health issue.

[2] Paradies, Y., Harris, R. & Anderson, I. 2008, *The Impact of Racism on Indigenous Health in Australia and Aotearoa: Towards a Research Agenda*, Discussion Paper No. 4, Cooperative Research Centre for Aboriginal Health, Darwin, page 6

[3] Cunningham, J, Cass, A, Arnold, PC 2005 *Bridging the treatment gap for Indigenous Australians*. Medical Journal of Australia 182: 505-6

But there is also a deeper level – profoundly connected to the issues of empowerment and control – at which racism is a powerful contributor to poor health and wellbeing.

Let me illustrate this with an example from my childhood.

It is the early 1950s, I am about seven or eight years old, with my class at my primary school in Darwin.

We are all in the classroom on a hot afternoon, sitting on our wooden benches, and the teacher starts talking and writing on the blackboard about how this man called Captain Cook had 'discovered' Australia.

At my age, I don't have any sense about what had happened at La Perouse, I have no historical knowledge, I have no images, but I just immediately think: 'Hang about, that's not true!'

There is no way I can communicate this to the teacher, of course.

I don't have the words.

All I have is my own experience, as an Aboriginal child, and as part of an Aboriginal family and community.

An incident like this, of having one's own lived experience denied, implicitly or explicitly, is a common one for Aboriginal people.

It is a profound but subtle form of racism, that has the potential to undermine a person's – particularly a child's – confidence and sense of worth.

Just as our peoples' occupation of the lands of Australia was not recognised for over two hundred years until the Mabo decision in 1992, it seems that our experience is a kind of 'terra nullius'.

Because the non-Aboriginal system can't see it, it isn't there.

So, there is this deeper level at which we need to address issues of empowerment and control in Australia if we are serious about wanting to 'close the gap'.

How we do this is not easy.

I don't have any ready-made solutions.

However, we do know that internationally, processes of truth, reconciliation and justice can be important to try and 're-set' relationships in post-conflict societies.

These processes are based on the idea that the 'conflict' doesn't stop when the fighting stops: the psychological, spiritual, physical effects can continue for years, even generations.[4]

The evidence is that these are particularly severe in the case of genocidal conflict.

Aboriginal Australia could be seen as a case study of what happens when there is no such process to address the effects of conflict.

The colonisation of this country was frequently accompanied by brutality, killings and sexual violence.

It was followed up by dispossession from land and livelihood, and the removal of children from their families.

[4] See Lambourne, W (2004) *Post-Conflict Peacebuilding: Meeting Human Needs for Justice and Reconciliation*. Peace, Conflict and Development – Issue Four, April 2004 ISSN: 1742-0601. Available at: http://www.peacestudiesjournal.org.uk/docs/PostConflictPeacebuilding.PDF

Even in those few places which escaped the violence and dispossession, the colonisation process profoundly disrupted processes of meaning and decision-making.

Yet for much of our shared history, non-Aboriginal Australia refused to acknowledge what had taken place.

Even the well-documented history of the Stolen Generations was ignored.

The lack of recognition of the damage done, and the lack of a process to deal with it has, I believe, contributed profoundly to feelings of disempowerment and disengagement in our communities.

Addressing these deep issues of empowerment and control, and re-setting the relationship between Aboriginal and non-Aboriginal Australia needs to be based on a process of genuine reconciliation.

It means engaging with a difficult shared past, and its contemporary manifestation in Aboriginal communities.

It means recognising the health effects of racism – and may I say that I was very pleased that the Federal Government has seen sense and dropped its

amendments to section 18C of the Racial Discrimination Act, amendments which would have removed Aboriginal people's legal protection against racially-motivated abuse.

It means ensuring that we gain the recognition of Aboriginal and Torres Strait Islander peoples in the Constitution, both as the basis for improved stewardship for the health system, and as a way to formally, at the highest level, acknowledge the role of our peoples in this nation.

And it means government and other mainstream agencies entering into a true dialogue with Aboriginal people, communities and organisations, respecting the results of that dialogue, and acting upon them.

It means the nation state abandoning once and for all the myth that it can impose solutions on Aboriginal people against their will.

This is complex, and it is difficult, but it means abandoning the kind of 'we know best' attitudes that still seem so deeply embedded in current policy-making in Aboriginal Australia.

It means putting the issue of true empowerment back at the heart of this nation's work to 'close the gap' between Aboriginal and non-Aboriginal Australia.

Thank you.