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# Beyond the mainstream

## Health gains in remote Aboriginal communities

**Background**

Aboriginal and Torres Strait Islander Australians have long asserted the health benefits of maintaining close links with the lands and seas to which they have ancestral connections.

**Objective**

This article outlines the health findings of the 'Healthy country, healthy people' study conducted in central Arnhem Land between 2004–2007, which examined 'caring for country' practices in a remote Aboriginal community, and draws out the policy implications for health promotion and sustainable development.

**Discussion**

At the request of, and in collaboration with, Aboriginal landowners in central Arnhem Land, the study investigated the ecological and human health outcomes associated with 'caring for country' practices. The study demonstrated significant and substantial health benefits associated with greater participation in caring for country, along with a healthier environment.

■ **For Aboriginal Australians in the Northern Territory (NT), the major cause of reduced life expectancy is attributable to the burden of chronic diseases.<sup>1,2</sup> These causes have arisen from an increasingly sedentary lifestyle and malnutrition, and are compounded by the social determinants of unemployment, poverty, overcrowding, poor education outcomes and the erosion of customary governance structures.<sup>3</sup>**

More than 70% of the NT Aboriginal population reside on Aboriginal owned land in remote areas, predominantly in large townships, with a much smaller number occupying ancestral homelands. In these challenging settings, mainstream health promotion messages have failed to improve life expectancy. This has prompted calls for a change in health research to identify 'what works', including improving the social determinants of health, identification of cultural drivers of resilience and health gains, and the stipulation that solutions may arise from outside the health domain.<sup>4</sup>

**The 'Healthy country, healthy people' study**

Aboriginal people's relationship with ancestral lands and seas includes the obligation to 'care for country'. Caring for country involves inter-related activities on 'country' with the purpose of promoting ecological and human health (*Table 1*). As stated by Pat Anderson:

'Our identity as human beings remains tied to our land, to our cultural practices, our systems of authority and social control, our intellectual traditions, our concepts of spirituality, and to our systems of resource ownership and exchange. Destroy this relationship and you damage – sometimes irrevocably – individual human beings and their health'.<sup>5</sup>

Aboriginal populations living on homelands, where caring for country remains a significant part of daily activities, have been observed to have better health outcomes,<sup>6–9</sup> as have individuals with diabetes temporarily re-invigorating these practices.<sup>10</sup> There has also been a rapid growth of contemporary 'caring for country' programs through



the formal employment of Aboriginal land and sea rangers across northern Australia. Formal ranger programs, similar to Aboriginal health workers in the health sector, form a vital connection between customary practices and the delivery of essential environmental services in a culturally secure manner. These programs are belatedly attracting institutional investment,<sup>11</sup> however their full range of benefits (including health) are yet to be evaluated.

## Study findings

We piloted and successfully validated an Aboriginal specific measure of participation in 'caring for country' activities. This was administered in the context of a community based outreach program of adult health checks. Significant and substantial associations were demonstrated between greater caring for country participation and decreased body mass, lower risk of diabetes and lower cardiovascular risk – major causes of Aboriginal morbidity and mortality.<sup>12</sup> Further, environmental indicators suggest that landscapes were healthier under customary management than where this had been disrupted.<sup>12</sup> Formal peer reviewed publications of the details of this health data are in process.

## Study limitations

The 'Healthy country, healthy people' was an exploratory cross sectional study, unable (by design) to determine the causal direction of the associations. Selection bias, with recruitment of volunteers via a preventive health check rather than a formal random sample, was also possible. A longitudinal study is now merited to verify the observed associations. The generalisability of our findings beyond the research setting requires testing.

## Possible implications of this research

### Health practice

Health services need to shift their focus from acute, episodic, curative care focusing on the individual to preventive health care of populations, particularly the prevention of chronic diseases.<sup>13</sup> Patients with chronic diseases need to be empowered to manage their own illnesses with the resources available to them within their communities. Depending on the practice context, identification of aspirations to return to country, barriers and enablers may assist health practitioners to achieve the desired lifestyle modifications to reduce the impact of chronic disease.<sup>10</sup> In addition, primary health care services should also be continued or expanded to remote homeland communities,<sup>6</sup> as one of the motivations to leave a homeland is the health requirements of elderly land owners.

### Health promotion

Engagement with Aboriginal asserted health promotion concepts can identify ways to re-orient and meaningfully express mainstream health promotion messages, making them more culturally appropriate. Participation in 'caring for country' activities appears to deliver greater physical activity and better nutrition while also contributing to environmental improvements. Caring for country may constitute a

Table 1. Responsibilities to country<sup>20</sup>

- Burning (cleansing for ceremony and hunting)
- Let the country know we are there – using resources, hunting and fishing
- Protecting the integrity of the country through respect
- Protecting and enhancing species diversity
- Protecting sacred areas
- Providing a new generation and teaching them on country
- Learning and performing ceremonies

substantial reservoir of community strengths from which improved primary and secondary prevention outcomes could be obtained.

## Social determinants of indigenous health

Addressing social disadvantage requires the creation of healthy public policy across a range of sectors with a focus on community control and participation in the policy development process.<sup>13–15</sup> The Ottawa Charter for Health Promotion expounds this approach: 'Health services need to embrace an expanded mandate which is sensitive and respects cultural needs. This mandate should support the needs of individuals and communities for a healthier life, and open channels between the health sector and broader social, political, economic and physical environmental components'.<sup>14</sup>

Our research posits a broad range of potential benefits that could arise from increasing support for caring for country activities, including employment, vocational based education, sustainable economic development, re-invigoration of customary governance structures, improved social cohesion, and benefits to individual self esteem and autonomy.<sup>15</sup>

## Health research

Our findings support the need for Aboriginal asserted health interventions to be taken seriously and investigated thoroughly. Collaborative engagement with Aboriginal communities can help identify culturally appropriate and meaningful strategies with which to reduce the gap in life expectancy between Indigenous Australians and non-Indigenous Australians. In keeping with the broad definition of Aboriginal health and wellbeing and the mandated whole of government approach,<sup>16</sup> research has a role in identifying interventions that are relevant to several policy areas. In our experience, this involved the assembly and maintenance of a transdisciplinary team of investigators.

## Policy environment

Under the tenure of Indigenous Affairs ministers Brough and Vanstone, remote homelands were depicted as unsustainable and unviable.<sup>17,18</sup> By contrast, our findings concur with those of others,<sup>6,7,9</sup> suggesting that homelands are a health promoting environment, producing health care savings for the management of chronic diseases. Further, as Australia moves toward a carbon trading system, homelands will



become a valuable asset. Homeland residents are ideally placed to maintain customary fire regimens, thus abating carbon dioxide emissions compared to the destructive wildfires that decimate unpopulated regions of Australia's north.

## Conclusion

In considering the approach to closing the gap in life expectancy, careful consultation and collaboration with Aboriginal communities is required to identify locally relevant strategies with which to reduce the burden of chronic disease. More of the same mainstream messages, as history tells us, are unlikely to have either a significant or sustainable impact. Aboriginal people possess great strength and resilience from which to lever health gains. A measure of success is the ability to engage and support these strengths to foster better health outcomes. Our research has outlined Aboriginal relationships with country as one such strength. In the words of Aboriginal and Torres Strait Islander Social Justice Commissioner Tom Calma:

'Culture is the key to caring for country, and caring for country is the key to the maintenance and strengthening of our culture and wellbeing'.<sup>19</sup>

## Summary of important points

- Aboriginal people and Torres Strait Islanders assert that maintaining close connections with ancestral country is a prerequisite for good health.
- Participation in caring for country activities is associated with superior health outcomes.
- Investment in caring for country may present an opportunity for improvements in human health and the health of the environment.

Conflict of interest: none declared.

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