

Chapter 4

Addressing the Social Determinants of Health: ACCHO practices and principles



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Addressing the Social Determinants of Health: ACCHO practices and principles

Summary

ACCHOs support clients with their social, emotional and cultural wellbeing as well as physical health needs. Embedded within this holistic approach is the work ACCHOs undertake to tackle the social determinants of health – these are the conditions in which we are born, grow, work, live and age. The social determinants of health explain why and how there are differences in health and social outcomes between people. They include features of the society we live in (governance, policies, culture and societal values), our place in society (social class, income, education, employment, ethnicity), and our life experiences (who we are, how we live, our relationships and social connections, and the health system we can access).

ACCHOs do whatever is necessary to address the social determinants of health and meet the needs of their communities. ACCHOs strive to create an accessible and culturally safe health service and employ a multidisciplinary workforce that walk side by side with clients to link them across sectors such as housing, employment, education, and family services. They work to combat racism through cultural awareness training and mentoring and undertake extensive advocacy efforts to address inequitable features of the society we live in. The work of ACCHOs to address the social determinants of health is enabled by community consultation and engagement, a highly skilled workforce, and respectful partnerships with external organisations.

The content within this chapter was drawn from an in-depth case study with a Regional ACCHO that was reviewed and refined by the CREATE Leadership Group and strengthened with learnings and perspectives from the ACCHO sector nationwide.

What we cover in this chapter:

- An introduction to the Social Determinants of Health
- Principles guiding the ACCHO Social Determinants of Health approach
- ACCHO practises to address the Social Determinants of Health
- Outcomes of the ACCHO Social Determinants of Health approach
- Enablers of the ACCHO Social Determinants of Health approach
- Challenges to the ACCHO Social Determinants of Health approach
- Recommendations
- Discussion
- References
- Reflection Tool

An introduction to the Social Determinants of Health

Health is complex. Health is influenced by a range of factors related to our life experiences (who we are, how we live, who we connect with, and the health system we can access). These life experiences are influenced by our place in society and features of the society itself. These factors are broadly known as the **social determinants of health**.

The social determinants of health are commonly and more simply described as

‘the conditions in which we are born, grow, work, live and age and the wider set of forces and systems shaping the conditions of daily life.’¹ These forces and systems include factors such as socioeconomic position, societal values, racism and social policies. These influence the health of individuals and communities and explain why there are health differences between populations.

Our life experiences

Our health is determined by who we are including our biology and our behaviours (things such as diet, physical activity, and whether we drink or smoke). How we live, including the environments we live and work in and the quality of food available to us, also play a role (these are our material circumstances). Our relationships, social supports and whether we experience stressful life circumstances (collectively known as our psychosocial factors) also influence our health as does our connection to others (social cohesion) and ability to share and exchange resources within our networks (social capital). The quality and accessibility of the health system available to us also influences our health.

Our place in society

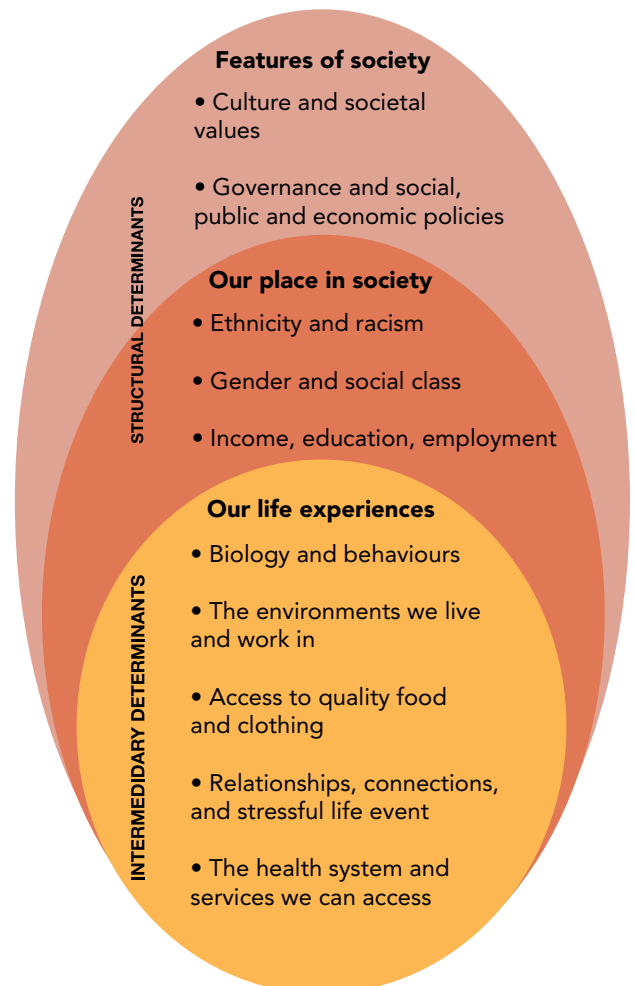
Our life experiences are influenced by our place in society (our socioeconomic position) which include the opportunities we have for education, income and employment. Our ethnicity (and whether we experience racism), gender and social class also impact our life experiences including how we are treated when accessing health and social services.

Features of society

Our place in society is influenced by features of the society we live in including social, public and economic policies, governance, culture and societal values.

A practical model of the Social Determinants of Health is presented in Image 4. It is based on the World Health Organisation’s ‘Conceptual Framework for Action on the Social Determinants of Health’² (see further information on Page 80). The image depicts the three levels of the social determinants of health: features of the society we live in, our place in society, and our life experiences. The society we live in and our place in it are known as structural determinants, and our life experiences are known as intermediary determinants of health.

Image 4: A practical model of the Social Determinants of Health



¹World Health Organisation (2018). *Social determinants of health*. Accessed on January 17, 2020 at: who.int/social_determinants/en/

²Solar O, Irwin A. (2010). *A conceptual framework for action on the social determinants of health*. World Health Organisation's Social Determinants of Health Discussion Paper 2 (Policy and Practice).

Principles guiding the ACCHO Social Determinants of Health approach

ACCHOs describe four overarching principles that guide their efforts to tackle the Social Determinants of Health:

- ACCHOs safeguard **client self-determination** and support clients to make their own decisions about the services they receive.

At the *Regional ACCHO*, case managers support their clients to make decisions about the health care they want to receive. Intensive support is provided during times of great need and this support is gradually reduced over time. Staff are there to support and provide information to help clients make decisions.

- ACCHOs do **whatever is necessary** to directly address, or facilitate services that address, the social determinants of health that impact clients.

In many instances an ACCHO can be the first point of contact for local Aboriginal and Torres Strait Islander communities to gain support and guidance on addressing a broad range of holistic health needs and living circumstances. The *Regional ACCHO* staff do whatever is necessary to support clients with their needs. This extends the work of ACCHOs far beyond the health system and calls on staff to work flexibly across teams and programs and with partner organisations.

- ACCHOs provide **culturally safe care** for Aboriginal and Torres Strait Islander clients and promote cultural safety in associated social services and partner organisations.

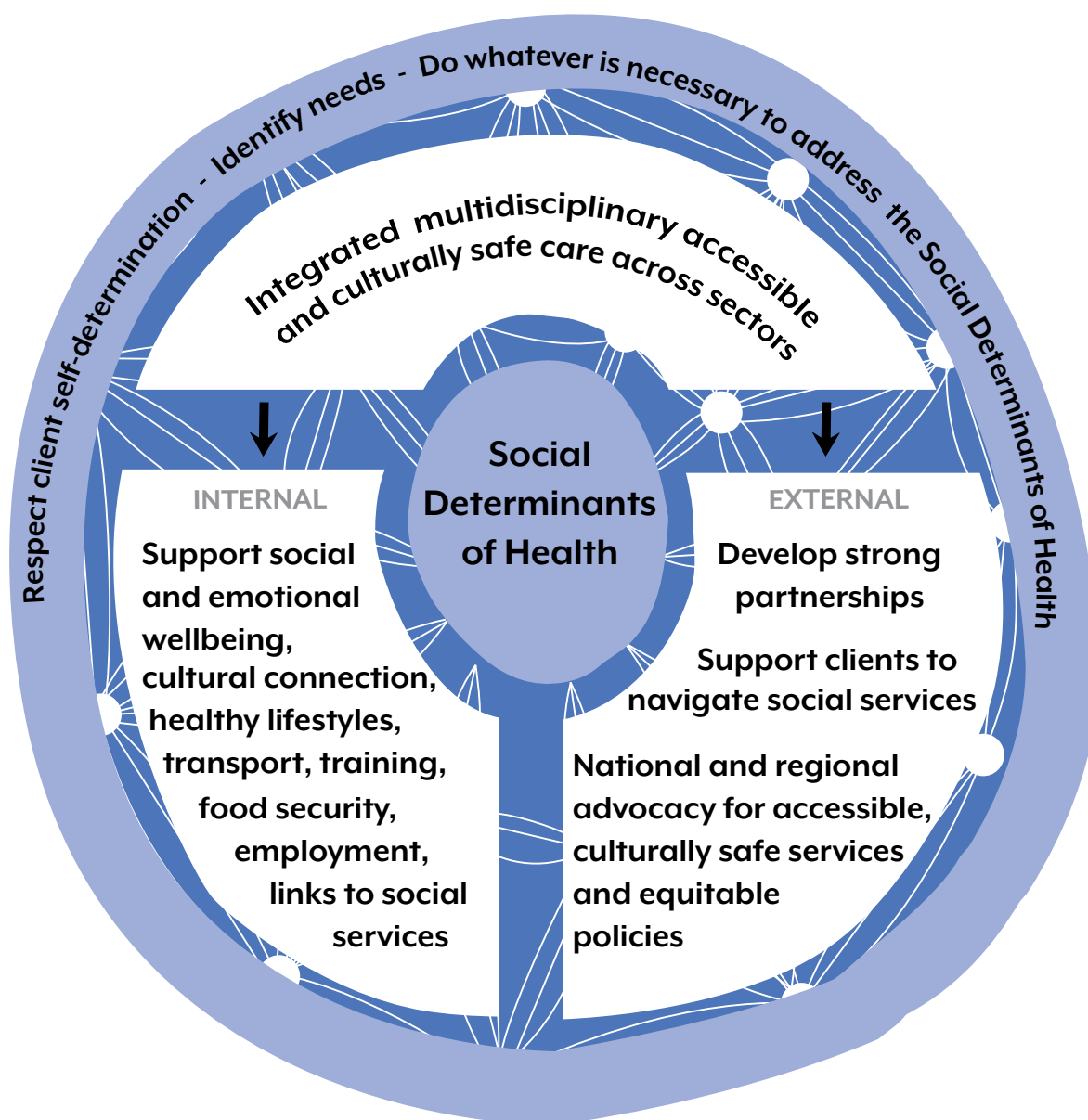
The *Regional ACCHO* is committed to providing culturally safe care and advocating for safe care in partner organisations. This includes a Cultural Awareness induction program for all staff including visiting specialists and registrars, and the use of local language in programs and resources. Local Aboriginal and Torres Strait Islander staff have been charged with the responsibility of working as a cultural mentor to guide other ACCHO staff and those employed by partner organisations in what it means to provide an acceptable service for Aboriginal and Torres Strait Islander peoples. This helps to create an accessible, acceptable and appropriate health service for Aboriginal and Torres Strait Islander communities including culturally safe connections to other mainstream services.

- ACCHOs advocate for **seamless, integrated and multidisciplinary care** through holistic internal programs and services and engagement with partner organisations.

The *Regional ACCHOs* case management approach ensures that clients move seamlessly between providers. This is particularly important when clients are dealing with numerous, and often quite complex, health and social problems that require contact with and help from more than one service provider. Case managers work closely with external providers to ensure clients are supported to access services. They are often the bridge between clients and mainstream services. This approach helps to reduce the burden on clients having to re-tell their story to different clinicians and providers.

Image 5 (over page) describes ACCHO principles and approaches to tackling the social determinants of health.

Image 5: ACCHO Approaches to the Social Determinants of Health Model



Model description

The ACCHO Approaches to the Social Determinants of Health Model highlights respect for client self-determination as a key principle. ACCHO staff work with clients to identify their needs before doing 'whatever is necessary' to support them to address the social determinants of health. The model demonstrates how ACCHOs act as a one-stop-shop for community through internal holistic services and programs and through partnerships with external service providers. ACCHOs create a positive experience for clients who walk through their doors through a range of services such as cultural activities, clinic services, employment and housing programs. The one-stop-shop model increases client confidence and engagement when managing complex circumstance by providing support to navigate numerous systems and services.

This model was developed through the CREATE project based on case studies with the ACCHO sector and consultations with the CREATE Leadership Group.

ACCHO practises to address the Social Determinants of Health

The holistic view of health adopted by ACCHOs ensures that clients are supported to address their social and cultural needs as well as their physical and emotional health needs. ACCHOs provide multidisciplinary coordinated care within teams and across sectors and act as a gateway to a range of external social services. ACCHOs also commonly address the social determinants of health at a structural level to impact their clients' place in society as well as features of the society itself.

1. Our life experiences (intermediary determinants)

ACCHOs understand the impact of historical trauma on their communities and work tirelessly to support clients with their social, emotional and cultural wellbeing, and to improve their life circumstances. ACCHOs do this to enable clients to make positive lifestyle choices relating to diet, exercise, and risk behaviours (e.g. smoking, alcohol). Initiatives include healthy lifestyle programs, assisting with access to housing, food and transport, tackling social issues such as social isolation, and ensuring equitable health care services for all community members.

Material circumstances

At *Regional ACCHO*, staff advocate for clients at risk of losing their housing. Clients who are homeless or at risk of becoming homeless are supported to gain access to secure and affordable housing. At times staff also help older members of the community who cannot carry out maintenance on their homes.

Food security is promoted at the service through a positive food program run in conjunction with local schools where kids cook a healthy meal and share it with their parents. The service also has a community garden to encourage clients to reconnect with nature while also providing a source of fresh vegetables.

Behaviours and biological factors

The *Regional ACCHO* programs promote healthy lifestyle choices including a program to promote physical activity and tackle obesity. The service has an onsite gym and a dietician to provide tailored information

about good eating habits. The Mothers and Babies Team focus on healthy lifestyles for children and organise community events to promote healthy choices. A range of drug and alcohol services and programs are available to promote healthy choices around substance use.

Psychosocial circumstances

The *Regional ACCHO* supports clients and community with their psychosocial wellbeing in several ways, led by their strong Social and Emotional Wellbeing Team comprising of case workers and a hospital liaison worker. The primary role of this team is case management and advocating with external agencies to ensure client needs are met. Flexible approaches are used with clients and their families over the long term. The team also provides a Pre-release Prison Advocacy Program to identify and support the social needs of prisoners prior to their release into the community.

The *Metro ACCCHO* has a Strong in Country program to enable community to spend time in Country practicing culture. It also has an extensive social and wellbeing program that connects members of the Aboriginal community through arts activities such as visual arts, music, dance and theatre workshops. The team has strong community connections that enable them to engage those members of the community who do not access services. The team engages the community to co-design program activities based on community-determined priorities. Services are flexible and holistic and include extensive advocacy and relationship building to enable community to access the services they need (e.g. health, legal, education, children's services, drug and alcohol services).

The *Regional ACCHO* has a Grief and Loss Support Group which aims to support community members on their healing journey and includes a monthly structured activity or guest speaker. There is also a Men's Shed program to provide a space for men of all ages to come together and for Elders to discuss and deal with community issues.

Health system

The *Regional ACCHO* provide an accessible and quality service tailored to community needs. The service provides transport to

support clients to attend appointments at the ACCHO and in partner organisations, and to attend community events. They also work tirelessly to ensure partner organisations are aware of and able to provide culturally safe services to meet the needs of Aboriginal and Torres Strait Islander peoples. In this way the ACCHO acts as an important bridge between Aboriginal and Torres Strait Islander peoples and mainstream services.

Social Cohesion and Social Capital

As a community hub, ACCHOs provide a welcoming and culturally safe space where people can come together and create cooperative and mutually beneficial connections. ACCHOs focus on social inclusion and cultural programs through their comprehensive health model.

The *Metro ACCHO* has a Family Support Program that aims to keep families safely together at home. Their Family Support Workers provide intensive wrap around support for families, have established strong working relationships with government departments and other ACCHO programs (e.g. social and emotional wellbeing team, clinic, childcare service), advocate on behalf of clients, and assist children and families to access the services they need. Both the *Metro ACCHOs* Social and Emotional Wellbeing Team and Strong in Country program teams provide numerous opportunities for community to come together to connect and practise culture.

2. Our place in society (structural determinants)

ACCHOs support clients to improve their socioeconomic position through education, training and employment opportunities. ACCHOs also work at multiple levels to promote reconciliation and address racism.

Income, education and employment

The *Regional ACCHO* creates partnerships with external agencies and seeks opportunities for clients to gain access to education and employment. Examples include linking with the local TAFE to create traineeship opportunities for clients. They employ

local Aboriginal and Torres Strait Islander peoples within their workforce and invest in capacity development through supporting staff to undertake certificate training towards nationally recognised professional qualifications. In some instances, this can include supporting staff to take study leave, supporting the costs of the training, or supporting transport costs.

Much of the work of the *Regional ACCHO* to address income challenges includes advocating for clients to access Centrelink payments and assisting clients with household budgeting. Some ACCHOs also create social marketing campaigns around making good financial choices (e.g. anti-gambling campaigns).

Racism

The *Regional ACCHO* works on several levels to strengthen cultural pride and combat racism within the community. They provide cultural awareness training to all staff including visiting specialists and partner organisations, host NAIDOC events and participate in Reconciliation Week events.

3. Features of society (structural determinants)

ACCHO leaders undertake extensive advocacy to promote the development of equitable policies and programs for their local communities.

The *Regional ACCHO* advocates in an ongoing way with local, state/territory and federal governments and a range of peak bodies for public health and social policies that consider the needs of Aboriginal and Torres Strait Islander peoples. This advocacy work also aims to strengthen positive societal views related to Aboriginal and Torres Strait Islander communities.

Table 4 presents a summary of programs and practices that ACCHOs undertake to address the social determinants of health. ACCHOs provide some or all of these depending on local context, size and community need.

Table 4: Summary of ACCHO activities to address the Social Determinants of Health

ACCHO ACTIVITIES TO ADDRESS THE SOCIAL DETERMINANTS OF HEALTH		
Features of society	Our place in society	Our life experiences
Structural Determinants		Intermediary Determinants
Social, public and economic policies <ul style="list-style-type: none"> ACCHOs write letters and contribute to submissions to lobby and provide recommendations to government. Advocating for Aboriginal and Torres Strait Islander health as a priority area across sectors. 	Education and employment <ul style="list-style-type: none"> ACCHOs are the largest employer of Aboriginal and Torres Strait Islander peoples. Support for capacity development including formal qualifications and other upskilling opportunities. Traineeships leading to formal employment. Work for the Dole programs. 	Material Circumstances <ul style="list-style-type: none"> Housing security: assisting clients to access secure and affordable housing. Transport and bus tickets. Assisting Elders with home maintenance.
Culture and societal values <ul style="list-style-type: none"> ACCHO peak bodies advocate at a national level to promote positive societal values relating to Aboriginal and Torres Strait Islander rights and cultural respect. ACCHO leaders represent strong Aboriginal and Torres Strait Islander role models contributing to positive societal views. 	Income <ul style="list-style-type: none"> Assistance and advocacy with Centrelink to promote financial security. Funeral funds. Emergency assistance. Financial budgeting. Social marketing campaigns to promote good financial choices (e.g. anti-gambling messages). 	Behaviours and biological factors <ul style="list-style-type: none"> Health promotion related to behavioural factors (physical activity, diet, smoking). Food security: programs that strengthen skills to grow and cook healthy and affordable food (e.g. community gardens, cooking programs).
Governance <ul style="list-style-type: none"> ACCHOs link with their state/territory and national peak bodies which advocate for Aboriginal and Torres Strait Islander sovereignty in governance. 	Ethnicity and racism <ul style="list-style-type: none"> Cultural awareness training and cultural mentorship to increase culturally safe spaces and services. Representation on local committees. Positive interactions between Aboriginal and non-Indigenous peoples to promote reconciliation through celebrations that showcase local Aboriginal and Torres Strait Islander dancers, artists, singers, caterers. 	Psychosocial circumstances <ul style="list-style-type: none"> Intersectoral case management through the Social and Emotional Wellbeing Team. Support to navigate the justice system: links with Police, supporting clients to attend court, pre-release Prison Advocacy Program. Linking and supporting Aboriginal and Torres Strait Islander communities to strengthen cultural and social action. Grief and Loss counselling. Men's Shed, Women's programs. Connecting with Country programs.
		Health system <ul style="list-style-type: none"> ACCHOs provide accessible and culturally respectful primary health care, and support clients to gain access to services (e.g. dental) and navigate hospitals and specialist health services. ACCHOs form partnerships with external providers to link clients to other services. ACCHOs link with hospitals to promote effective discharge planning.
	Social Cohesion and Social Capital <ul style="list-style-type: none"> As a community hub, ACCHOs provide a welcoming and culturally safe space where people can come together and create cooperative and mutually beneficial connections. ACCHOs focus on social inclusion and cultural programs through their comprehensive primary health care model. 	

Outcomes of the ACCHO Social Determinants of Health approach

The One Stop Shop model

By doing whatever is necessary to support clients, ACCHOs become a one-stop-shop increasing access to both health and social services. ACCHOs create a positive experience for clients who walk through their doors through a range of services including cultural activities, clinic services, employment and housing programs. The one-stop-shop model increases client confidence and engagement when managing complex circumstance by providing support to navigate numerous systems and services.

Positive client outcomes regarding health behaviours and housing security

ACCHO staff report positive client outcomes such as improved access to safe housing, increased access to health and social services, and a reduction in drug and alcohol use.

Educational and employment outcomes for clients and staff

ACCHOs report a range of positive educational and employment outcomes for their clients and staff such as participation in training programs, gaining qualifications, new work opportunities, and even setting up small businesses.

Enablers of the ACCHO Social Determinants of Health approach

Community consultation and engagement

ACCHOs recognise that initiatives to address the social determinants of health are driven by consultation, engagement and input from their communities

Highly skilled staff

The ACCHO social determinants of health approach is enabled by a dedicated ACCHO workforce who do not limit themselves to the responsibilities outlined by their role. They go over and above in their day to day work and are skilled in navigating complex systems and sectors. The ACCHO workforce understand the inequalities experienced by their local Aboriginal and Torres Strait Islander communities and are committed to creating positive outcomes. The ACCHO workforce also maintains partnerships with numerous external service providers to promote culturally responsive services for their clients.

Respectful and collaborative relationships and partnerships

The ACCHO social determinants of health approach is enabled through multidisciplinary and coordinated service provision that links clients across teams within the ACCHO. It is also enabled through collaborations and partnerships across sectors. ACCHOs invest in close working relationships with a broad range of external organisations to ensure their clients can access all necessary supports across the social services system.

Challenges to the ACCHO Social Determinants of Health approach

Challenges for ACCHOs include insufficient resources, challenges with staff wellbeing, recruitment and retention, inadequate staff salaries, managing relationships with numerous external partners, and administering multiple funding streams.

Insufficient funding

Lack of funding is a key challenge of providing such a diverse range of services. Some ACCHO initiatives are implemented with little or no external funding. Reductions or a withdrawal of funding can also force ACCHOs to abandon successful initiatives that could have made a real difference. Unfunded activities undertaken by ACCHOs that address the social determinants of health can include: advocacy, supporting clients to navigate complex systems, transport, clinic appointments that extend past the MBS rebate time of 45 minutes, funeral funds, tenders and funding submissions, cultural awareness training and cultural mentoring, and program evaluation.

Challenges with staff recruitment and retention

ACCHOs often face difficulties with recruiting and retaining staff which impacts their ability to address the social determinants of health. At times services can find it difficult to replace staff which means initiatives are suspended until appropriately skilled workers are recruited.

Non-competitive adequate staff salaries

In order to provide comprehensive services to community, ACCHOs often accept inadequate funding from governments which threatens their financial viability and can result in non-competitive staff salaries. Service delivery is the focus for ACCHOs, which can mean that staff salaries are sacrificed.

Staff wellbeing is threatened

Aboriginal and Torres Strait Islander staff feel responsible for the communities they serve, and work can be 24/7 when community members seek assistance after hours. In their unwavering commitment to community, ACCHO staff often take on roles and responsibilities beyond their scope of practice which can negatively impact on wellbeing.

Maintaining relationships with numerous external partners and keeping services accountable

ACCHOs invest in relationships with an extensive number of partner organisations and funders. There are challenges in maintaining these relationships, particularly when organisations are bureaucratic and difficult to work with. ACCHOs also have a role in keeping government funders accountable for the consequences of policy decisions and priority setting. Delays in service provision from external providers can be problematic, and at times ACCHOs need to fill the gap when clients are on the waiting list of other organisations.

Administering multiple funding streams

In providing comprehensive primary health care, ACCHOs often administer funds from multiple government departments and organisations. To be successful in this funding model, ACCHOs must build and sustain relationships with multiple government departments and other funders, must prepare tender applications and funding submissions in a timely way, must achieve accreditation across multiple standards, and must navigate complex financial administration and reporting requirements.

Recommendations

Recommendations for ACCHOs

- Hold partner organisations and governments accountable to their responsibilities to local Aboriginal and Torres Strait Islander communities.
- Maintain and strengthen engagement with partner organisations through mutual attendance at team meetings and case management meetings.
- Provide compulsory cultural awareness training for all ACCHO staff and visiting personnel. Recommend all workforce in partner organisations receive cultural awareness training.
- Develop a formal Memorandum of Understanding with partner organisations to recognise the cultural mentoring that ACCHOs provide. Consider fee for services. Note that Memorandum of Understandings are not legally binding documents, and may not always be adhered to by all parties.
- Advocate for clear pathways between the ACCHO and partner services to assist clients to navigate external services.
- Strengthen initiatives aimed at addressing the structural determinants of health that include a focus on culture, education and employment.
- Expand efforts to integrate local language within programs to enhance the provision of culturally-centred care.
- Promote the health and sustainability of Aboriginal and Torres Strait Islander staff through wellbeing initiatives, succession planning and capacity building.
- Seek training for strengthened negotiation skills when advocating for adequate administration and program funding. Programs need to be funded at the actual cost of service delivery so that staff can be remunerated appropriately.

Recommendations for Policy Makers

- Commonwealth, state and territory governments formally acknowledge the extensive amount of work ACCHOs do in addressing the social determinants of health.
- Commonwealth, state and territory governments provide ongoing and specific funding streams to enable ACCHOs to continue to develop and implement strategies, programs and initiatives that directly address the social determinants of health. This funding should appropriately remunerate ACCHO staff, support integrated family-centred care coordination and adequately resource travel costs, administration expenses and program evaluation.
- Commonwealth, state and territory governments acknowledge and support ACCHOs as the preferred providers for health, mental health, alcohol and other drugs, aged care, disability and child protection services to build on their experience, knowledge and existing relationships with Aboriginal and Torres Strait Islander communities.
- Commonwealth, state and territory governments acknowledge the need for greater investment in an environmental health workforce and environmental health program agenda so that ACCHOs can support clients in gaining safe and secure living environments.

Discussion

ACCHOs were established to provide comprehensive primary health care to Aboriginal and Torres Strait Islander communities who encountered racism and other barriers to access in the mainstream health system. They have long adopted a holistic definition of health that includes social, emotional and cultural wellbeing in addition to physical wellbeing. As defined in the Constitution of the National Aboriginal Community Controlled Health Organisation (NACCHO):

"Aboriginal health" means 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 (NACCHO, 2018).

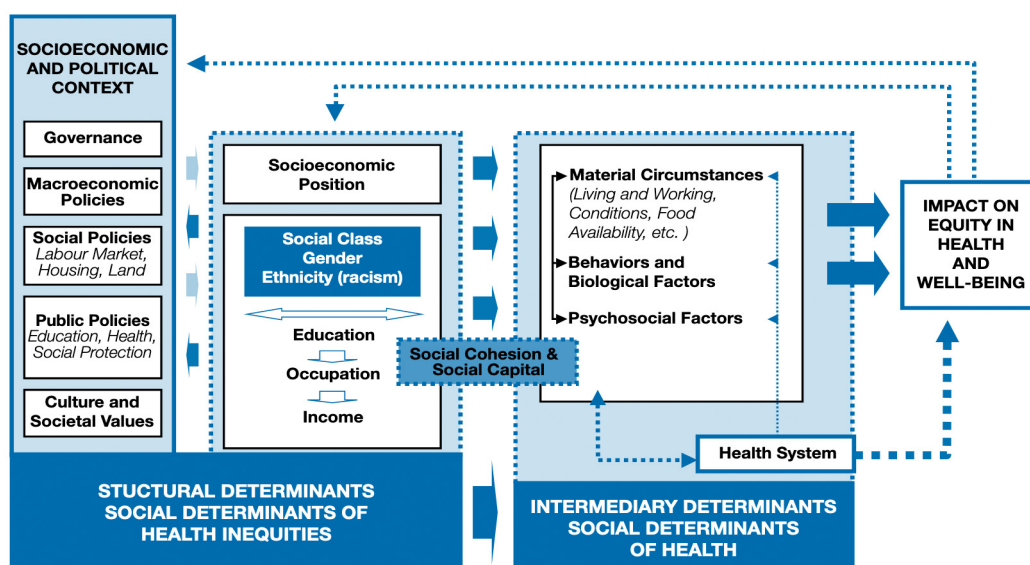
ACCHOs undertake extensive efforts to address the social determinants of health impacting their clients. A close connection to local Aboriginal and Torres Strait Islander communities enables the ACCHO workforce to support clients with their social and cultural needs. ACCHOs are a community hub that provide a culturally safe and welcoming space for local Aboriginal and Torres Strait Islander peoples. Through supporting clients to navigate multiple services, ACCHOs act as the unseen glue between systems. If ACCHOs didn't exist, local communities would lose this safe space where they come together to connect and would lose the support they need to navigate complex

systems. ACCHOs must be adequately resourced for their work to address the social determinants of health so that they can provide an expanded scope of services to support clients to address the challenges they face such as related to housing and food security, employment security and social connection.

The Conceptual Framework for Action on the Social Determinants of Health

The World Health Organisation's 'Conceptual Framework for Action on the Social Determinants of Health' (Solar and Irwin, 2010) outlines the multiple levels of health determinants and is depicted in Figure 1. On the left and centre of the image are the structural determinants which create social inequalities that cause some members of society to have more advantages than others. Structural Determinants include the overarching 'socioeconomic and political context' such as governance, policies, culture and societal values (i.e. features of society) in addition to socioeconomic position, social class, gender, ethnicity, income, education and occupation that determine our place in society. The Intermediary Determinants result from these social inequalities and include material circumstances, psychosocial circumstances, behaviours and biological factors and features of the health system itself (i.e. our life experiences). Social cohesion and social capital are positioned in the Conceptual Framework as bridging the intermediary and structural determinants. These include our connection to others and ability to share and exchange resources within our networks.

Figure 1: The World Health Organisation's Conceptual Framework for Action on the Social Determinants of Health³



³Reproduced with permission from World Health Organisation Press. Source: Solar O, Irwin A. (2010). A conceptual framework for action on the social determinants of health. World Health Organisation's Social Determinants of Health Discussion Paper 2 (Policy and Practice), 6.

How do the social determinants of health impact Aboriginal and Torres Strait Islander peoples?

Australia was colonised without acknowledgement or regard for Aboriginal and Torres Strait Islander peoples (Sherwood, 2013) and included dispossession and marginalisation practices (Castle and Hagan, 1987) as well as discriminatory government policies that resulted in systemic racism, forcible removal of children, and limited opportunity for employment and education (Dudgeon et al, 2010). The Australian Constitution was developed without recognition of Aboriginal and Torres Strait Islander peoples and the right to vote was granted as late as 1967. This history continues to impact contemporary Aboriginal and Torres Strait Islander peoples and communities manifesting through the social determinants of health including the experience of racism and inequitable income, education, housing, psychosocial distress and access to health care.

In the 2016 Census, Aboriginal and Torres Strait Islander peoples were half as likely as non-Indigenous people (20% compared with 41%) to report an equivalised weekly household income of \$1,000 or more, and more than twice as likely to live in a household with more than one family (5.1% versus 1.8%). Only 47% of Aboriginal and Torres Strait Islander peoples aged 20 to 24 years reported completing Year 12 (or equivalent) compared with 79% of non-Indigenous Australians (ABS, 2017).

Aboriginal and Torres Islander peoples in Sydney report a range of housing challenges (e.g. access, poor conditions, overcrowding) and link these to both poor physical health and social and emotional wellbeing (Andersen et al, 2016). For Aboriginal and Torres Strait Islander children, housing problems are associated with recurrent gastrointestinal infections (Andersen et al, 2018). Analyses of population health data from Victoria demonstrate that compared with non-Indigenous Australians, Aboriginal and Torres Strait Islander peoples experience lower socioeconomic status (unemployment and low income), lower social capital (e.g. inability to get help from family), and a higher prevalence of psychosocial risk factors (e.g. psychological distress, food insecurity, financial stress) risk behaviours (e.g. smoking, obesity, inadequate fruit and vegetable intake) and poor health (i.e. self-rated poor health, cancer, asthma, anxiety and depression) (Markwick et al, 2014).

In Aboriginal and Torres Strait Islander communities across the Northern Territory, Queensland and Western Australia, chronic kidney disease is associated with low socioeconomic status, unemployment, lack of home ownership and welfare (Ritte et al, 2017).

Racism is common for Aboriginal and Torres Strait Islander peoples and has dramatic health consequences. Compared with non-Indigenous adults, Aboriginal and Torres Strait Islander adults in Victoria are four times more likely to have experienced racism in the past year (Markwick et al, 2019). Experiences of racism lead to emotional, physiological and behavioural responses that include harmful health-related behaviours such as smoking and drinking (Ziersch et al, 2011). In Aboriginal and Torres Strait Islander youth, self-reported racism is associated with anxiety, depression, suicide risk and poor overall mental health (Priest et al, 2011). Systematic review evidence from international studies confirm the association between racism and poor general health, physical health and mental health (such as depression, anxiety, psychological stress) (Paradies et al, 2015). There is also evidence that racism negatively impacts social capital, since it creates psychological distress which limits the creation of social capital within peers and interracial networks (Brondolo et al, 2012). For urban-dwelling Aboriginal and Torres Strait Islander peoples in South Australia, racism and unequal access to wealth create barriers to bridging social capital (i.e. connections between Aboriginal and Torres Strait Islander groups) and linking social capital (i.e. connections between Aboriginal and non-Indigenous or mainstream groups). The health benefits of bonding social capital (i.e. connections within Aboriginal networks) are limited by stressful cultural demands and expectations (Browne-Yung et al, 2013). Considered together, these data demonstrate the great need for strengthened cultural awareness and competency across the Australian population to address the harmful effects of racism impacting Aboriginal and Torres Strait Islander peoples.

For Indigenous peoples internationally, social determinants of health features, including unemployment and low levels of education, negatively impact access to the health system (Davy et al, 2016). Practical barriers to access also exist for Aboriginal and Torres Strait Islander communities. In South Australia and New South Wales, driver's licenses are reported by only 51-77% of people and are associated with full time employment and educational attainment (Ivers et al, 2016).

The Cultural Determinants of Health

It is evident throughout this chapter that culture is at the heart of ACCHO practice and is present throughout all activities to address the social determinants of health. ACCHOs provide opportunities for Aboriginal and Torres Strait Islander peoples to connect with the Aboriginal community through shared values, beliefs, world views and lived experiences, to heal, strengthen cultural identity and pride, and practice culture. There is widespread agreement that for Aboriginal and Torres Strait Islander peoples, health outcomes are greatly influenced by the 'enabling, protecting and healing aspects' (pg. 33) of culture that are critical in fostering resilience and contributing to Indigenous identity (Department of Health, 2015). The cultural determinants of health are promoted through 'traditional cultural practice, kinship, connection to land and Country, art, song and ceremony, dance, healing, spirituality, empowerment, ancestry, belonging and self-determination' (Department of Health 2017, p.7). Culture has been found to be the most prominent characteristic of Indigenous primary health care in a recent systematic review (Harfield et al, 2018). Community consultations on the *National Aboriginal and Torres Strait Islander Health Plan 2013-2023* also found that culture was the leading priority placed at the centre of change (Department of Health, 2017). A Roundtable on the cultural determinants of health, hosted by the Lowitja Institute, identified the need to 'advocate and lobby for the systems level changes that will strengthen culture and the cultural determinants of health' (Lowitja Institute 2014, p.6). It is evident in this chapter that the ACCHO sector is undertaking this advocacy work with state/territory and Commonwealth governments to highlight the importance of the cultural determinants of health. They are also working extensively to promote culturally safe environments, such as through cultural awareness training and cultural mentorship, to address the interpersonal and institutionalised racism experienced by their communities.

ACCHOs facilitate and strengthen the cultural determinants of health in multiple ways. The Tasmanian Aboriginal Corporation has a successful *rrala milaythina-ti* (meaning 'Strong In Country') program that began in 2017 and has enabled more than 200 community members to practice their culture in Country (Tasmanian Aboriginal Centre, 2018). The program provides opportunities to build strength and resilience through connecting with living culture, language and land. Activities include day trips through to extensive in Country camps and hikes over many days and provides community

members with walking and camping equipment to address any barriers to access. *rrala milaythina-ti* is responsive to community identified priorities, is led by community, informed by community knowledge and represents shared power through participatory action research methods. The term 'in Country' was used in the project 'to show the complex interdependent relationship we have with our Country, and the way we draw strength from the Country and keep the country strong' (Tasmanian Aboriginal Centre 2018, p.24). Participants of the program reported that 'the wellbeing of the whole community is strong when we are connected to our Country and to one another, and work together to achieve goals' (Tasmanian Aboriginal Centre 2018, p.82).

Addressing the social and cultural determinants of health

The importance of redressing health inequities by tackling the social and cultural determinants of health is well recognised at a national level. It is woven through key policy documents such as the *Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013 – 2023* (Australian Government, 2015). The World Health Organisation's Conceptual Framework on the Social Determinants of Health highlights that real change can only be achieved by efforts that deliberately use intersectoral approaches to tackle the structural determinants of health (Solar and Irwin, 2010).

ACCHOs play a central role in combating the negative impacts of the social determinants of health. ACCHOs work closely with community to strengthen their social, economic and living circumstances by supporting access to social services such as Centrelink, housing, employment and training programs. The extensive efforts of ACCHOs to address the social determinants of health has been illustrated in a recent document review of ACCHO annual reports (Pearson et al, 2019). ACCHOs strive to provide transport, wherever possible, and minimise the out of pocket expenses of health care (Davy et al, 2016). ACCHO clients value the holistic and accessible nature of services, the welcoming and culturally safe spaces within ACCHOs, and the local Aboriginal and Torres Strait Islander staff (Gomersall et al, 2016).

The practical strategies outlined in this chapter demonstrate how ACCHOs act to tackle the structural determinants of health and the intermediary determinants of health. These efforts are often unfunded and well beyond the

expected scope of practice of a primary health care service. The key to achieving real change, however, are effective partnerships between Aboriginal and Torres Strait Islander organisations and advocates within governments and non-government organisations to collectively address the social determinants of health impacting Aboriginal and Torres Strait Islander peoples. This chapter highlights the need for greater resourcing of the ACCHO sector to support efforts to address both the social and cultural determinants of health impacting Aboriginal and Torres Strait Islander communities.

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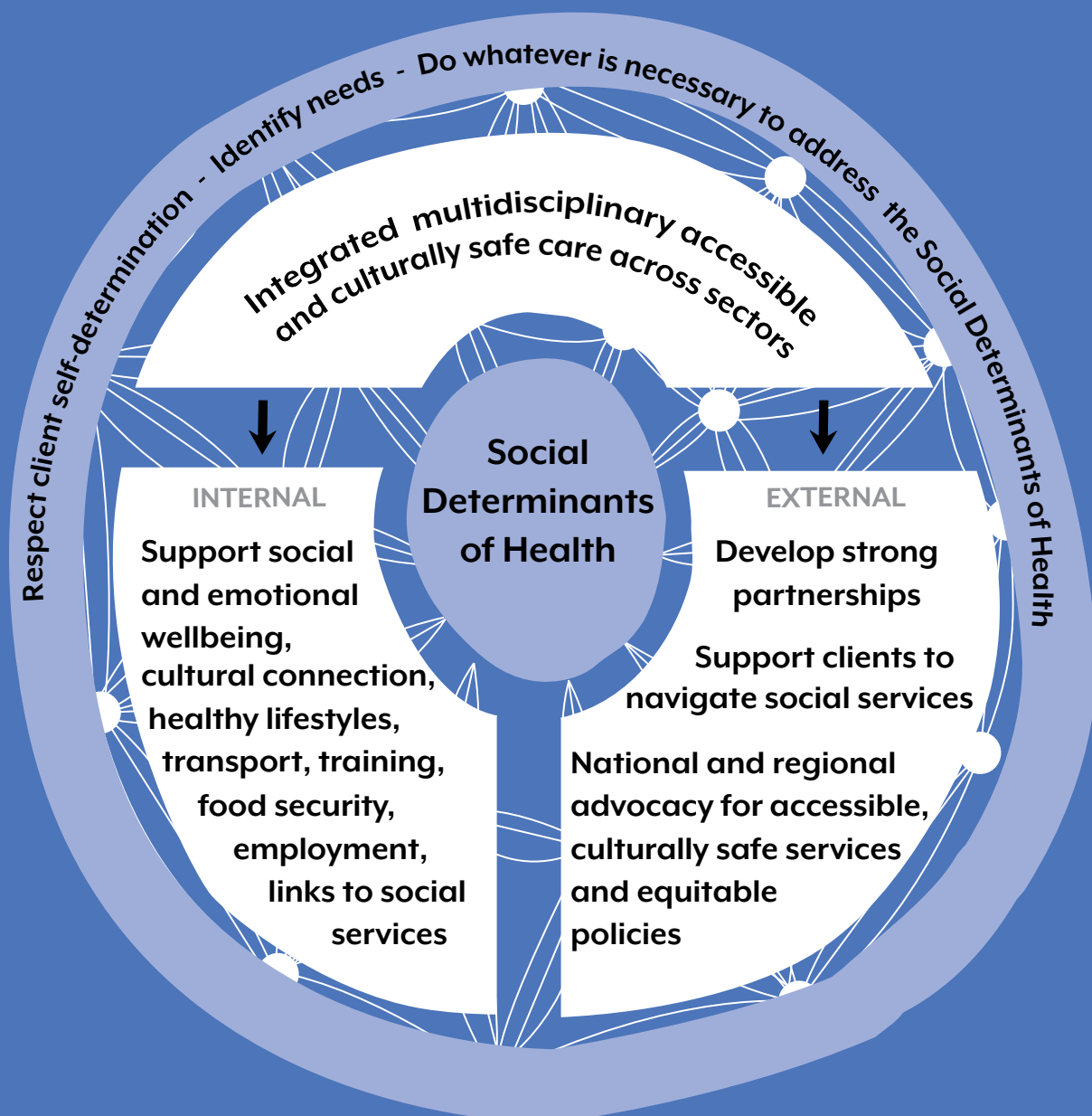
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ACCHO Social Determinants of Health: Reflection Tool

The social determinants of health explain why there are health differences between people, communities and populations and include our life experiences, our place in society and features of the society itself. **Our life experiences** include our biology and behaviours, the environments we live and work in, who we connect and share resources with, and the health system we can access. These experiences are influenced by **our place in society** which includes our socioeconomic position, social class, gender, ethnicity, income, education and occupation. It is also influenced by **features of the society** we live in such as governance, policies (macroeconomic, social, public) and the values and culture of society.

ACCHOs work tirelessly to address the social determinants of health impacting their communities. They do **whatever is necessary** to support their clients by providing **seamless, integrated and multidisciplinary care** within their teams and by creating partnerships to assist clients to gain access to and navigate other services. ACCHOs ensure **culturally safe care** is provided and clients are supported to **make their own decisions** about the services they receive. This creates a one-stop-shop for community.

ACCHO Approaches to the Social Determinants of Health Model



Step 1. Consider the activities your ACCHO currently practises to address the social determinants of health.

Step 2. What other activities could your ACCHO consider in the future and what partnerships will be needed to achieve this?

Our life experiences: *intermediary determinants of health*

- ☐ We support clients and staff with their social, emotional and cultural wellbeing. We have a Social and Emotional Wellbeing Team that provides case management and supports clients to navigate other services.
- ☐ We promote healthy lifestyles relating to diet, exercise, smoking, alcohol and substance use.
- ☐ We promote food security and healthy eating behaviours.
- ☐ We support clients to improve their life circumstances through housing advocacy and home maintenance.
- ☐ We promote social wellbeing such as through a Men's Shed program, Women's programs and Elders group.
- ☐ We have a Grief and Loss Support Group to support clients on their healing journey.
- ☐ We are a welcoming community hub and provide social and cultural programs to unite communities.
- ☐ We promote access to health and social services through providing transport for clients.
- ☐ We form partnerships beyond the health sector and assist clients to navigate external health and social services.
- ☐ We advocate for culturally safe care in partner services to promote access for community. We have links to police and support clients to navigate child protection services and the justice system.

Our place in society: *structural determinants of health inequity*

- ☐ We support clients to seek opportunities for education and employment including linking with the local TAFE to create traineeship opportunities for clients.
- ☐ We employ local Aboriginal and Torres Strait Islander peoples and provide opportunities for professional development.
- ☐ We support clients to access Centrelink payments and we have social marketing campaigns around good financial choices.
- ☐ We strengthen cultural pride and promote positive interactions between Aboriginal and Torres Strait Islander and non-Indigenous peoples through hosting celebrations that showcase local dancers, singers and artists (e.g. NAIDOC events).
- ☐ We combat racism by providing cultural safety training and cultural mentorship to visiting clinicians and to staff in partner services.
- ☐ We promote reconciliation through participating in Reconciliation Week events.

Features of society: *structural determinants of health inequity*

- ☐ We advocate with local, state/territory and federal governments and peak bodies for public health and social policies that prioritise the needs of Aboriginal and Torres Strait Islander peoples.
- ☐ We write letters and contribute to submissions to lobby governments and provide recommendations to benefit our communities.
- ☐ Our leaders represent strong Aboriginal and Torres Strait Islander role models and contribute to positive societal views about our community.
- ☐ We link with our state/territory peak body to advocate for our sovereignty in governance.