



Archived at the Flinders Academic Commons:

<http://dspace.flinders.edu.au/dspace/>

'This is the peer reviewed version of the following article: Schultz R and Cairney S. Caring for country and the health of Aboriginal and Torres Strait Islander Australians. *Med J Aust* 2017; 207 (1): 8-10.

which has been published in final form at

<http://dx.doi.org/10.5694/mja16.00687>

© Copyright 2017. The Medical Journal of Australia - reproduced with permission.

Caring for country and the health of Aboriginal and Torres Strait Islander Australians

Investment in caring for country may help close the gaps in education, employment and health

Health services for Aboriginal and Torres Strait Islander people are expensive. The National Aboriginal Community Controlled Health Organisation reported that government Aboriginal and Torres Strait Islander health and hospital service expenditure per person in 2010–11 was \$8190 nationally, and as high as \$16 110 in the Northern Territory, compared with \$4054 per non-Indigenous person.¹ Increasing expenditure on health services for Aboriginal and Torres Strait Islander people is not closing the gap in health outcomes at the rate to which governments have committed.²

Gaps in education and employment outcomes between Aboriginal and Torres Strait Islander Australians and other Australians are also not closing, despite significant investment. Overall employment indicators for Aboriginal and Torres Strait Islander Australians are deteriorating.² Comprehensive lack of progress in the three key areas of education, employment and health highlights the interplay among these three areas. Transformative changes in our approaches to the health and wellbeing of Aboriginal and Torres Strait Islander people are needed.³

Linking health of people and country

When asked about their health, Aboriginal and Torres Strait Islander people draw attention to the importance of relationships with their culture and country.⁴ However, partitions among government departments and service agencies have led to the development of silos within and between government and different service agencies. The relationship between people and their country is rarely considered in policy or service development.

Health services for Aboriginal and Torres Strait Islander Australians have funding and performance indicators linked to their provision of clinical care.¹ The very meaning of health for Aboriginal and Torres Strait Islander people is often overlooked.⁵

Because health service funding and performance indicators are driven by government, services are limited in their opportunity for innovation.¹ This may be compounded by government focus on the deficits and deficiencies of Aboriginal and Torres Strait Islander communities — the need to close the gap — and lack of recognition of the importance of the relationships between health and country for Aboriginal and Torres Strait Islander people.⁶

To overcome these challenges, Aboriginal and Torres Strait Islander people will need supportive government and industry partners, responsive to people's own

aspirations, and a recognition of the complex interplay of factors that affect wellbeing.⁶

Indigenous land management — caring for country

Outside the health sector, there has been convergence of interests in Indigenous land management between Aboriginal and Torres Strait Islander people, non-Indigenous land managers and scientists, with increasing recognition of the value of Aboriginal and Torres Strait Islander people's knowledge and skills.⁷ Indigenous land management can maintain and improve the condition of Australia's ecosystems, which have developed in response to people caring for their country over thousands of years. For example, Aboriginal fire regimes could have prevented the huge fires of northern Australia of the late 20th century, which resulted from build-up of fuel through neglect of Aboriginal burning practices.⁸

Through the work of government and non-government environment, resource management and Aboriginal and Torres Strait Islander agencies, Indigenous land management programs now operate in every state of Australia and in the NT.⁷ Health benefits are among the positive outcomes of these programs.⁹

Health impacts

Direct health impacts for Aboriginal and Torres Strait Islander people's involvement in land management include increased physical activity; less alcohol and illicit substance use; greater access to bush foods; and less access to takeaway foods.^{7,9,10}

Recognition of Aboriginal and Torres Strait Islander people's knowledge and skills in land management may enhance individual and community autonomy, cultural identity and sense of control. Addressing these factors may counteract the underlying health disadvantage that reflects profound loss of control, disempowerment and disengagement that many Aboriginal and Torres Strait Islander people suffer.⁵

Young and older Aboriginal and Torres Strait Islander men and women are interested in land management, which can provide both education and employment. Land management presents unique opportunities for young people in remote regions who have few other options.¹¹ Non-Indigenous people lack the necessary skills, knowledge, and community and cultural affiliation, and are less likely to live in regions where land management programs operate. Thus, there is little competition for either participants or program resources.¹¹

Rosalie Schultz^{1,2}

Sheree Cairney^{1,2}

¹Centre for Remote Health, Flinders University and Charles Darwin University, Alice Springs, NT.

²Cooperative Research Centre for Remote Economic Participation, Alice Springs, NT.

rosalie.schultz@flinders.edu.au

doi: 10.5694/mja16.00687

Podcast available at <https://www.mja.com.au/podcasts>

Land management in remote regions

Aboriginal and Torres Strait Islander people are involved in land management in urban, rural and remote regions of Australia.⁷ However, there are more significant opportunities and more potential benefits in remote regions, where health status is worse than in non-remote regions.^{12,13}

Aboriginal and Torres Strait Islander people in remote regions suffer even worse health than their compatriots in urban regions. This is attributed to socio-economic determinants of health such as overcrowding, substandard housing, low workforce participation, low school attendance and achievement, and low income.¹³ Many risk factors and markers for chronic diseases, notably diabetes, are more common among Aboriginal and Torres Strait Islander people in remote regions.¹³

However, Aboriginal and Torres Strait Islander people in remote regions are less likely to use alcohol and illicit drugs. They experience fewer stressors, suffer fewer injuries, and report better mental health than Aboriginal and Torres Strait Islander people in non-remote regions.¹³ These social and emotional wellbeing factors may reflect the fact that many remote Aboriginal and Torres Strait Islander people can access their lands and have more opportunity to participate in land management and other cultural activities.^{5,12}

Access to Indigenous lands and funding

Aboriginal and Torres Strait Islander people now have formally recognised interests in over half of the Australian land area, through native title, Indigenous Protected Areas and Indigenous Land Use Agreements.⁷ Aboriginal and Torres Strait Islander people on these lands are increasingly undertaking commercial economic activities such as pastoralism and tourism; control of feral animals, weeds and fire; preservation of their cultural heritage; and improving the conditions of their communities through dust suppression and management of waterways. However, the scale of human input is still small, with less than 800 full-time equivalent Indigenous ranger positions Australia-wide.¹⁴

The Australian government is the major funder of Indigenous land management, principally through its Working on Country initiative. This covers wages and operations to support land management activities by Indigenous rangers. In August 2016, the Commonwealth made a commitment of \$335 million over 5 years (2014–2018) — just under \$70 million per year — to support Indigenous ranger groups through Working on Country projects.¹⁵ This complements state and territory, non-government, philanthropic and other funding to total approximately \$120 million annual expenditure on Indigenous land management nationwide.⁷

Expenditure on land management could be considered in comparison with the total government health service expenditure of \$826 million for 2014–15 for Aboriginal and Torres Strait Islander people¹ and the estimated cost savings of \$900 per person from the health benefits of participation in land management.¹² Estimates of social return on investment suggest net benefits of \$2.70 for each

dollar invested on Indigenous land management through economic, cultural and environmental outcomes.¹⁶

Primary health care

Being responsive to the community is a fundamental principle of primary health care as it was originally conceived.¹⁷ Investment in health is broader than investment in clinical services. Applying this global principle, for many Aboriginal and Torres Strait Islander people — in both remote and urban areas — comprehensive primary health care would require connection to country and support for participation in land management activities.⁵ Land management services can provide Aboriginal and Torres Strait Islander people with aspects of primary health care as it was originally conceived: community, economic and social development; self-reliance and self-determination, and provision of basic needs extending beyond clinical health services.¹⁷

Aboriginal Community Controlled Health Services provide primary health care and have the capacity to provide cultural services including land management.¹ Integration of land management into health care services may be part of the transformative change needed to better serve Aboriginal and Torres Strait Islander people.

Postulated education, employment and health benefits of participation in land management for Aboriginal and Torres Strait Islander Australians are enough to warrant strong government commitment and investment.⁷ Such investment should include rigorous research and evaluation to optimise the impacts on people and our shared country.

Conclusion

There are opportunities for efficiency when investment achieves outcomes in several sectors. Investment in land management for Aboriginal and Torres Strait Islander Australians provides opportunities for better health, complemented by empowerment, education, employment and economic development,⁶ with enhancement of Australian land values benefitting the wider community.⁷ Such transformative change could potentially accelerate progress towards improving the wellbeing of Aboriginal and Torres Strait Islander people through closing gaps in education, employment and health.¹²

Acknowledgements: This research is supported by the Cooperative Research Centre for Remote Economic Participation, hosted by Ninti One. We acknowledge the support and involvement of our key organisational stakeholders: Centre for Remote Health (Flinders University and Charles Darwin University), Department of Prime Minister and Cabinet, Northern Star Resources, Yalu Marggithinyaraw Indigenous Corporation, Marthakal Homelands Resource Centre, Central Desert Native Title Services, Poche Centre for Indigenous Health, Miwatj Health Aboriginal Corporation, Australian Bureau of Statistics, Muntjiltjarra Wurrugumu Group, Kalano Community Association, Wurli—Wurlinjang Health Service, StrongBala Men's Health Program, Flinders NT (Katherine), Katherine Stolen Generation Group, Banatjarl Strongbala Wumin Grup, Wiluna Martu Rangers, and Ngangganawili Aboriginal Health Service Community.

Competing interests: No relevant disclosures.

Provenance: Not commissioned; externally peer reviewed. ■

© 2017 AMPCo Pty Ltd. Produced with Elsevier B.V. All rights reserved.

References are available online at www.mja.com.au.

- 1 Alford K. Economic value of Aboriginal community controlled health services. Canberra: National Aboriginal Community Controlled Health Organisation, 2014. <http://apo.org.au/node/39333?> (accessed May 2017).
- 2 Australian Government Department of Prime Minister and Cabinet. Closing the Gap: Prime Minister's report 2017. Canberra: Department of Prime Minister and Cabinet, 2017. <http://closingthegap.dpmc.gov.au> (accessed May 2017).
- 3 Houston S. We need transformative change in Aboriginal health. *Med J Aust* 2016; 205: 17-18. <https://www.mja.com.au/journal/2016/205/1/we-need-transformative-change-aboriginal-health>
- 4 Australian Government Department of Health. National Aboriginal and Torres Strait Islander Health Plan 2013-2023 Canberra: Commonwealth of Australia, 2013. <http://www.health.gov.au/natsihp> (accessed Aug 2016).
- 5 Kingsley J, Townsend M, Henderson-Wilson C, et al. Developing an exploratory framework linking Australian Aboriginal peoples' connection to country and concepts of wellbeing. *Int J Environ Res Public Health* 2013; 10: 678-698.
- 6 Nguyen O, Cairney S. Literature review of the interplay between education, employment, health and wellbeing for Aboriginal and Torres Strait Islander people in remote areas: working towards an Aboriginal and Torres Strait Islander wellbeing framework. (CRC-REP Working Paper CW013). Alice Springs: Ninti One, 2013. http://www.crc-rep.com.au/resource/CW013_InterplayLiteratureReview_TowardsWellbeingFramework.pdf (accessed Aug 2016).
- 7 Hill R, Pert P, Davies J, et al. Indigenous land management in Australia: extent, scope, diversity, barriers and success factors. Cairns: CSIRO: Ecosystem Sciences, 2013. <http://www.agriculture.gov.au/SiteCollectionDocuments/natural-resources/landcare/submissions/ilm-report.pdf> (accessed Aug 2016).
- 8 Whitehead PJ, Purdon P, Russell-Smith J, et al. The management of climate change through prescribed savanna burning: emerging contributions of Indigenous people in northern Australia. *Public Admin Dev* 2008; 28: 374-385.
- 9 Davies J, Campbell D, Campbell M, et al. Attention to four key principles can promote health outcomes from desert Aboriginal land management. *Rangeland J* 2011; 33: 417-431.
- 10 Burgess C, Johnston F, Berry H, et al. Healthy country, healthy people: the relationship between Indigenous health status and "caring for country". *Med J Aust* 2009; 190: 567-572. <https://www.mja.com.au/journal/2009/190/10/healthy-country-healthy-people-relationship-between-indigenous-health-status-and>
- 11 Gorman J, Vemuri S. Social implications of bridging the gap through 'caring for country' in remote Indigenous communities of the Northern Territory, Australia. *Rangeland J* 2012; 34: 63-73.
- 12 Campbell D, Burgess C, Garnett S, et al. Potential primary health care savings for chronic disease care associated with Australian Aboriginal involvement in land management. *Health Policy* 2011; 99: 83-89.
- 13 Australian Institute of Health and Welfare. The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples 2015. Canberra: AIHW, 2015. <http://www.aihw.gov.au/indigenous-observatory/reports/health-and-welfare-2015> (accessed Aug 2016).
- 14 Australian Government Department of Prime Minister and Cabinet. Indigenous Rangers — Working on Country. <https://www.dpmc.gov.au/indigenous-affairs/environment/indigenous-rangers-working-country> (accessed Aug 2016).
- 15 Australian Government Department of Prime Minister and Cabinet. Project funding — Indigenous land and sea management. Indigenous Advancement Strategy funding. <https://www.dpmc.gov.au/indigenous-affairs/environment/project-funding-indigenous-land-and-sea-management> (accessed May 2017).
- 16 Social Ventures Australia. Social return on investment — consolidated report on Indigenous protected areas. Sydney: Social Ventures Australia Consulting, 2016. <https://www.dpmc.gov.au/resource-centre/indigenous-affairs/social-return-investment-%E2%80%93-consolidated-report-indigenous-protected-areas> (accessed May 2017).
- 17 World Health Organization. Declaration of Alma-Ata. International conference on primary health care, Alma-Ata, USSR, 6–12 September 1978. http://www.who.int/publications/almaata_declaration_en.pdf (accessed May 2017). ■