

Breaking the cycle

Governments have been slow to understand how best to improve the health of the Aboriginal population, writes Health editor **Adam Cresswell**

| May 26, 2007

IN its first budget within months of coming to power in 1996, the Howard Government announced it would set up 35 extra Aboriginal health services in indigenous communities - and boasted the following year that it was "putting in place strategies to achieve sustained change".

If there was a strategy, it has roundly failed. Indigenous Australians can still expect a lifespan nearly 20 years shorter than their fellow citizens - and, despite progress made in other comparable nations, some other crucial health measures have barely improved in the past three decades.

As Australia celebrates the 40th anniversary of the 1967 referendum that recorded an overwhelming vote to end discrimination against Aboriginal people, Professor Fiona Stanley, director of Perth's Telethon Institute for Child Health Research, says the understanding of what's causing the longevity gap has evolved - it is not simply "due to nutrition, or living conditions, or employment or education, although it's all there".

The Telethon Institute conducted a series of groundbreaking studies called the Western Australian Aboriginal Child Health Survey, published in four volumes in stages between 2004 and November last year.

"This isn't an Aboriginal problem, really - it's not to do with being Aboriginal," Stanley says. She points out that the health issues faced by Aboriginal people today are remarkably similar to those of the European colonisers 150 years ago, and while there are probably greater levels of family dysfunction and violence among Aboriginal people now than among the early colonists, that is partly due to "an incredible sense of low self-esteem" in the Aboriginal community.

"It just so happens that the aboriginal communities in most colonised countries around the world have this pattern of disease and social disruption, high rates of alcoholism and drug abuse and child abuse and domestic violence, and many of them have a lower life expectancy," Stanley says. "It's just that some indigenous populations seem to have fared better than in Australia. We know that 100 or 150 years ago, we (Europeans) were like this. So it's really about poverty and poor living conditions and social inequalities and so on."

As this implies, the health and social factors dragging lifespans back are not necessarily so surprising, but Professor Ian Hickie, director of the Brain and Mind Research Institute at Sydney University, says for a long time governments have seen the solution in terms of sending out more white doctors and nurses.

"There's been a view espoused by western medicine that it's all about vaccination, it's all about nutrition, it's about improving eye disease or physical health outcomes," Hickie says. But many of the physical and mental health problems faced by Aboriginal people are instead "deeply embedded in the social difficulties and deprivation, and then complicated by drug and alcohol abuse".

All that contributes not only to premature death, but also to "higher rates of disability and ongoing cognitive impairment, and that's affecting the whole life trajectory and the capacity not just of the individuals but of the whole community to respond", Hickie says.

In other words, many experts now agree that the solution to the woeful state of Aboriginal health lies not merely in many more new brick buildings marked "Hospital", but in a whole network of Aboriginal-controlled social programs designed to break what has become a vicious cycle.

This cycle is complex - as demonstrated by the Medical Journal of Australia's decision to theme an entire issue around Aboriginal health, examining various challenges such as the need to change medical school courses to encourage more indigenous doctors. The AMA's latest report card on Aboriginal health, unveiled in Adelaide this week, also blamed the continuing health shortfall on a tangle of interlinked problems, including what it described as "institutional racism".

The downward health spiral starts when babies, before they are even born, incur physical damage caused by tobacco or other drug use by the mother. For example, low birth weight - caused by smoking during pregnancy - greatly increases the risk of a host of physical health problems in later life, such as diabetes.

In childhood, this physical health deficit is exacerbated by the stresses of growing up in underprivileged surroundings. Not only can these stresses themselves damage a person's physical health, they can also leave the child ill-equipped for later life, by sowing the seeds for emotional and behavioural problems that can, for example, increase the risk of drug and alcohol abuse, which in turn drag physical health even lower.

Pile on top of this the psycho-social problems that are becoming ingrained in an Aboriginal population battling to overcome the legacy of poor parenting skills created by the former policy of separating children from their parents, the so-called stolen generation.

Parenting skills are partly learned by example, and so problems are passed on to the next generation - making the cycle self-perpetuating.

With all this in mind, Professor Sven Silburn – one of the chief investigators of the Aboriginal child health reports – reels off a whole list of policies that would improve Aboriginal life expectancy before even mentioning traditional hospital-type health services.

Silburn, director of the Centre for Developmental Health Research, a joint venture between the Telethon Institute and Curtin University, says while conventional health services are important, the priority lies in prevention, such as antenatal care, better nutrition particularly in childhood, reducing stress – now known to be linked to behavioural problems and cardiovascular disease – and social supports such as parenting skills.

Good antenatal care – which includes education about avoiding stress, tobacco and alcohol while pregnant, diet advice and other health monitoring – would fix the causes of low birth weight, which automatically puts a baby at greater lifetime risk for a range of diseases, including heart disease, and protect the foetus from brain-damaging toxins.

Silburn says why many Aboriginal women don't already access antenatal care has little to do with the services themselves or the cost, but factors such as transport issues and the fact that they "often are so overwhelmed with housing and other social problems that in the list of things they are dealing with, antenatal care ranks pretty low".

Parenting skills and better support for indigenous mothers – whose average age is 20 compared to 32 for the general population – is also needed.

"The knowledge and experience of parenting was so radically dislocated by the stolen generation – this is the enduring chaos that Aboriginal families have been left with," Silburn says. "We've had very dysfunctional patterns of parenting being handed down. But if you help parents to understand that, rewards are much more effective than punishments, you see dramatic improvements in behaviour."

The other factor only recently recognised and which urgently needs addressing, according to Silburn, is the impact of stress, which he describes as "particularly damaging to healthy brain development" and damaging to the unborn foetus as well as children and adults.

In the unborn, the release of stress hormones by the mother affects brain development in a number of ways, including making the child more sensitive to stressful situations in later life.

"They are born vulnerable to patterns of stress reactivity . . . they over-activate in a sort of emergency mode, and don't switch off," Silburn says. "That's now understood to make a greater contribution to adult cardiovascular disease than other well-known risk factors such as smoking, lack of exercise and diet."

In adults, he says the complex diseases of adulthood – diabetes, obesity, insulin resistance, heart disease – have poor nutrition and stress as their common denominators.

Unfortunately, making Aboriginal people's lives less stressful is not going to be easy. The Telethon Institute's child health surveys found that 20 per cent of Aboriginal children were in households that had experienced seven or more major life stresses in the previous 12 months.

"That's things like death, divorce, imprisonment, arrest, accidents – life's nasties," Silburn explains. "In comparison, less than half of 1 per cent of non-Aboriginal children are in households that have had that level of stress in the past year."

"When we looked at the 20 per cent in Aboriginal households that had the seven stressful events, you see their risks for all these physical health outcomes go up by 10 to 15 per cent. Their school performance, their risk for learning problems and behavioural problems at school increase five-fold. We've got to do something about stress."

Silburn and Fiona Stanley agree one of the problems with current Aboriginal health policy is a trend towards "mainstreaming" – attempting to address the problems of Aboriginal health through programs, such as Medicare, and facilities designed for the majority population.

Stanley says we have "totally failed" to get through to Aboriginal populations for the purposes of preventing sudden infant death syndrome (SIDS), promoting the use of folate in pregnancy to cut rates of spina bifida, teaching about safer sex and smoking cessation, and other public health issues.

"If anything, those rates are increasing," Stanley says. "We've totally failed with mainstream services on the whole for providing improved living conditions and infrastructure where it's needed, including housing, which is incredibly important for (the prevention of) child abuse."

Stanley also points to Canadian research that, intriguingly, found another factor that seemed to have a large bearing on indigenous health: the extent of acknowledgment of their status and entitlement by the dominant culture through a treaty or other device.

The research compared different indigenous groups and found communities that had had their historical role and ownership acknowledged by a formal treaty, and had retained control of essential services such as education, health, legal services and fire brigades, had very low or absent rates of suicide compared to communities that had retained less control.

"A treaty really does acknowledge ownership and history . . . self-esteem and acknowledgement of history is an extraordinarily powerful preventive factor for health," Stanley says. Better employment options will flow from, and

reinforce, these improvements. "The more you make Aboriginal people feel good about what they can do, and succeed, the more self-esteem they have, the less drug abuse they'll do, the less alcohol abuse, the less child abuse, the less domestic violence – and they'll start to feel good about being Aboriginal."

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