POLITICS, POLICY AND ‘CLOSING THE GAP’

(WITH A FENCE IN THE WAY)

Cultural Safety in Practice  9th Feb 2012  Dennis McDermott
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WHAT GAP?
THIS GAP

HEALTH RISK: Brian Douglas, 10, often swims in the Mutitjulu sewage ponds to cool off. Picture: HANNAH MILLERICK

Community kids swim in sewage
CLOSE THE GAP

What does it mean nationally – and what is its relevance to population health practitioners?

July 2009 Framework:

- Six national targets
- Six headline indicators
- Seven strategic areas for action
NATIONAL TARGETS IN SUMMARY

- Life expectancy at birth
- Young child mortality
- Early childhood education
- Reading, writing and numeracy
- Year 12 attainment
- Employment
HEADLINE INDICATORS

- Post-secondary education — participation and attainment
- Disability and chronic disease
- Household and individual income
- Substantiated child abuse and neglect
- Family and community violence
- Imprisonment and juvenile detention
STRATEGIC AREAS FOR ACTION

- Early child development
- Education and training
- Healthy lives
- Economic participation
- Home environment
- Safe and supportive communities
- Governance and leadership
Close the life expectancy gap within a generation

Halving the mortality gap for children under five within a decade
WHAT DO THE HEALTH GOALS ADDRESS?

The main components of excess child mortality:

- *Low birth weight*
- *Respiratory and other infections*
- *Injuries*
WHAT DO THE HEALTH GOALS ADDRESS?

The main components of life expectancy gap:

- **Chronic disease** *(cardiovascular disease [CVD], renal, diabetes)*
- **Injuries**
- **Respiratory infections**

These account for 75% of the gap. CVD is the largest component and a major driver of the life expectancy gap (~1/3)
SLEEPER ISSUE ONE: SEWB

Mental health / social and emotional well being

- SEWB links to the other goals in under-recognised ways – example of CVD and depression, social isolation and social support
- A sleeper issue – importance recognised in NZ
- Australian Indigenous incidence under-reported – may be central to the achievement of better health
“PSYCHOLOGY DOESN’T HAVE THE TOOLS … ”

to deal with

- catastrophe*
- complex Post-Traumatic Stress Disorder**
- complicated grief - “People with complicated grief are basically stuck in a state of chronic grieving”***

* Erika Apfelbaum ** Derek Silove *** Paul Boelen
HOW DO WE GET THERE?

- Genuine partnership needed
- An adequate infrastructure for general health service delivery.
- A little bit more of the same will not close the gap
HOW DO WE GET THERE?

- Comprehensive programme to tackle Indigenous disadvantage, *but*
- Need to look beyond changing Indigenous Australia to *changing the wider Australian context in which Indigenous lives are lived*
- Example of racism and low birth weight
Pregnant women in California with Arabic names were suddenly more likely than any other group to deliver low birth-weight babies in the six months after 9/11*

* Madeline Drexler, 2007
Racism is a major determinant of health and a driver of inequalities in health*

* Ricci Harris et al, Lancet, 2006
IN OUR OWN BACKYARD

The pervasiveness of the racism we found suggests that ... Australian society has much more work to do ... Unless racism is tackled the goal of closing the gap ... is unlikely to be met *

* In Our Own Backyard, 2009
A FENCE IN THE WAY
HOW TO CHANGE OUR WORK PRACTICE AND TRAINING?

- A change of curriculum – a stronger emphasis on Aboriginal perspectives and understandings
- More integrated approaches to working across cultural divides: cultural awareness integrated with cultural safety, cultural competence and cultural ease*
- Strategies to be a change agent – to deal with racism and systemic discrimination

* Gabb and McDermott, 2008
DEFICIT MODEL PERVADES

Need a shift
From ... a *politicised ‘blame the victim’ pre-occupation*
To ... a positive *public policy context*

* Tedmanson, 2008
In other words

Shift the focus from remedying presumed ‘shortcomings’ to addressing the context of Indigenous Australian lives
[The] root cause of the continuing entrenched disadvantage of Australia’s Indigenous populations is a longstanding absence of "coherent policy engagement by governments at all levels underpinned by the absence of determination and political will"*.

* Tedmanson, 2008
Cronyism

- a combination of incompetence, greed and short-term power politics ... which ... has suited the mining industry
Writing a cheque is easy.

But it consigns people to the vicious welfare cycle.

Fortescue believes in opportunity and responsibility.
Racial Denigration

[When] little girls come up to you ... and offer themselves ... for the cost of a cigarette, then you know you have come to the end of the line. The social breakdown is complete. Now I’m not going to encourage with our cash that kind of behaviour*

* Andrew ‘Twiggy’ Forrest, Four Corners, 2011
GETS UNDER THE SKIN

We are sick of this prejudice that black-marks Roebourne and gives our community a bad name. This has a terrible effect on our morale, on our spirit and confidence as a community. We feel humiliated and shamed*

* Pansy Sambo, 2011
GETS UNDER THE SKIN

The joint statement to HREOC by the women states, in part: “It is very hard for our young people to grow up strong when racism and insults like Andrew Forrest made are broadcast across Australia.”
Racial Denigration

A lot of money spent in the areas has been wasted. A lot of housing destroyed, you know...

*Colin Barnett, Premier of Western Australia
HOW INEQUALITY GETS UNDER THE SKIN

... A social-evaluative threat (such as threats to self-esteem or social status) ... provoke[s] larger and more reliable cortisol changes than stressors without these ... threats**

** Sally Dickerson & Margaret Kemeny, in Wilkinson and Pickett, 2009
HOW INEQUALITY GETS UNDER THE SKIN

- The biology of stress and key psychosocial risk factors such as social affiliations, early emotional development and social status are interlinked*

* Maggie Walter, Beyond Bandaids
RESILIENCE ... WHAT IS IT?

Resilience is typically understood within a western discourse as good outcomes despite serious threats to well-being

* Luthar, 2003
RESILIENCE ... DOES IT LOOK LIKE THIS?

Speight's Beer, Super 14 Ad - New Zealand
by edenbrackstone
OR DOES RESILIENCE LOOK MORE LIKE THIS?

The capacity of individuals to navigate their way to health-enhancing resources and the capacity of individual’s physical and social ecologies to provide those resources in meaningful ways

* Ungar, 2006
SUPERHUMAN OR SUPERCONNECTED?

The emphasis is not only on beating the odds, but also changing the odds stacked against vulnerable populations*

* Ungar et al, 2008 (after Seccombe, 2002)
FOUR EXEMPLAR ISSUES

1. (a) If connection to, and caring for, country is a potent foundation for Indigenous health and well-being, how can it be supported and strengthened?

(b) Where dispossession, enforced removal (‗stolen generations‘), or other alienation has diminished this possibility, how else could the same sense of strength/support from connection be fostered?
2. How do we engage with the pervasiveness and potency, for well-being, of racism and discrimination?
3. If much of Australian public life suffers from the ‘fog’ of CPR (cronyism/careerism, paternalism and racism)* how can we, as professionals, respond to toxic politics as a pivotal social determinant of health/well-being?

* Nicholas Rothwell, Private Communication, 2010
FOUR EXEMPLAR ISSUES

4. How do you move resilience from, not only personal to population (cultural) resilience, but also from superhuman to superconnected?