

# Good Health Outcomes Over Two Decades for a Decentralised NT Aboriginal Community

A long-term study has found that on most measures health outcomes are better at Utopia, a remote Aboriginal community north-east of Alice Springs, relative to the NT average for Indigenous populations. This is because of:

- Diet and exercise: people live a more traditional life, that includes hunting, on outstations away from the community store.
- The community-controlled Urapuntja Health Service: this provides regular health care services to outstations.
- Mastery and control over life circumstances: residents are in control of community services and connected to culture, family and land, with the community holding freehold title to their land.

Although there is still room for improvement, in particular an urgent need for better housing and infrastructure, this study has serious implications for government policy at all levels.

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## About Utopia and the study

The Utopia community is made up of 16 Homeland communities ('outstations') located on Alyawarr and Anmatjerr traditional lands. There is no centralised settlement as such, with administrative offices, store and clinic located up to 100 km apart.

Urapuntja Health Service, a community-controlled Aboriginal Medical Service, supports the decentralised mode of living including through the provision of regular primary health care services to outstations.

Risk factor surveys were conducted in 1988 and 1995 at Utopia and other communities, and aggregate results reported. The subsequent study collected 10-year follow-up data on mortality and hospitalisation from cardiovascular diseases (CVD) relating to a cohort of all 296 participants in the 1995 survey at Utopia.

Prevention of obesity and diabetes are major, but elusive, aims of public health programs worldwide because of the high risk of heart disease and stroke associated with these conditions.

Despite the steady rise of obesity and diabetes nationally, the Utopia Homelands communities have achieved successful prevention of obesity, diabetes and smoking, and consequently a relatively low risk of CVD, and a lower mortality rate than expected for an Aboriginal community in the Northern Territory.

Of course, improvement is needed and better housing and infrastructure are urgently required.

## What is the overall mortality rate at Utopia compared to the rest of the Northern Territory?

*Adult mortality rates from all causes have been consistently lower by about 40% at Utopia compared to those for Aboriginal people in the NT generally. This is despite ABS statistics showing a lack of housing, low average incomes, and low rates of paid employment.*

## Why is Utopia doing so well?

**Diet and exercise**—people at Utopia have access to their traditional lands and hunt for food regularly, especially those on the more remote outstations. This is possible because of the decentralised design of the community, with people on the outstations successfully preventing weight gain compared with many of those who live near the store.

**Primary Health Care services**—at the direction of the community, Urapuntja Health Service regularly travels to all outstation to deliver health services.

**Community control**—mastery and control over life circumstances is a fundamental determinant of good health. Utopia community has freehold title to their land and control of the way health and other services are delivered.

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## What has happened since 1995 regarding the rates of heart disease and stroke at Utopia?

Death rates from CVD at Utopia are about half the rate for Aboriginal people in the NT generally. Likewise, hospitalisation with CVD as the primary cause of admission occurred at a much lower rate for Utopia residents than for other Aboriginal people in the NT.

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## What did the earlier surveys of adult health at Utopia show?

Since 1988, adult residents of Utopia have participated in community-based health surveys. Between 1988 and 1995, there was a fall in the risk of heart disease and stroke, indicated by:

- A significant fall in the prevalence of high cholesterol;
- No significant change in the prevalence of smoking for women (which stayed at almost zero prevalence);
- A significant fall in the prevalence of smoking among men;
- A significant fall in the risk of new diabetes, that is, a lower prevalence of impaired glucose tolerance (pre-diabetes), as well as;
- No change in the prevalence of existing diabetes;
- No significant change in the prevalence of obesity.

*These results are remarkable, and possibly unique, because they occurred against a national trend to rapidly increasing risk of diabetes.*

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## Policy Implications

Living in remote communities does not necessarily incur poor health outcomes. In fact, given the right circumstances, remote Aboriginal communities function well, and produce good health outcomes.

*The current decentralised mode of living and primary health care delivery must be well supported in order not to do harm to Utopia community.*

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## History of Utopia community

The pastoral lease known as 'Utopia' was bought in 1976 by a land trust representing local Alyawarr and Anmatyerr people and thus became Aboriginal Freehold Land. Prior to this, from the 1920s onwards, most of the population had been living nearby to homesteads associated with the pastoral industry. After 1976, clan groups again dispersed to outstation communities on their traditional Homelands.

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### REFERENCE

This Policy Brief is based on information contained in the *Medical Journal of Australia*, March 2008: Rowley, K., O'Dea, K., Anderson, I., McDermott, R., Saraswati, K., Tilmouth, R., Roberts, I., Fitz, J., Wang, Z., Jenkins, A., Best, J. D., Wang, Z. & Brown, A. 2008, 'Morbidity and Mortality for an Australian Aboriginal Population: 10 year follow up in a decentralised community', *MJA*, 188(5):283-7.

### FURTHER INFORMATION

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