Cooperative Research Centre for Aboriginal Health

Program Statement

Social Determinants of Health

Goal of the Social Determinants of Health Program:

Develop a detailed understanding of the social determinants of Aboriginal health and of the interventions that are effective in improving health status through action on social determinants.

The Cooperative Research Centre for Aboriginal Health (CRCAH) is committed to carrying out research that will improve Aboriginal health. To do this, we will continue to develop strong partnerships between the research community, the Aboriginal health sector, governments, community partners and organisations in the broader community. Our research will be directed towards priorities identified by Aboriginal and Torres Strait Islander people and by those industry partners who can make use of the research. We will also incorporate capacity development and research transfer throughout our work.

The Social Determinants of Health Program is one of five programs through which research development within the CRCAH is organised. Within the Social Determinants of Health Program Statement, other program and administrative areas of the CRCAH are incorporated for a whole CRCAH approach.

1. Background

Public health history demonstrates that improvements in the social and economic determinants of health produce significant gains in life expectancy and quality of life. Clean water, sanitation, education, meaningful employment, good nutrition, appropriate housing, control over life circumstances, supportive communities and networks, peace and freedom from discrimination and racism all make significant contributions to keeping people and their communities healthy. Unfortunately Aboriginal people have not had access to these basic determinants of health to the same degree as non-Aboriginal Australians.

While the CRCAH has been founded on the belief that these social determinants are fundamental to Aboriginal health, developing a research agenda in this area is not an easy task. The social determinants are 'upstream' and change in them will often take some time to show outcomes in 'downstream' health. In the immediacy of the health crisis faced by Aboriginal people in contemporary Australia the provision of 'downstream' services often takes precedence, even though these will not tackle the underlying causes. Yet history shows that if significant gains are to be made across a population, interventions, both upstream and downstream, are essential, otherwise health services will be curing people simply to return them to the conditions that created the illness in the first place. The importance of the social determinants of health has been consistently recognised by the World Health Organisation (WHO) through its Alma Ata Declaration and Health for All 2000 strategy, the Ottawa Charter for Health Promotion and, in 2005, through the formation of a WHO Commission on the Social

Determinants of Health which will work for three years to examine evidence on effective strategies to improve health through the underlying determinants (See Appendix A).

The CRCAH's predecessor, the CRC for Aboriginal and Tropical Health, and the CRCAH's Core Partners have already done considerable work to promote a better understanding of the social determinants of health, and particularly, the Aboriginal understandings of the social determinants of health. This work also contributed significantly to developing a research agenda in the Social Determinants of Aboriginal Health.

There are two key components of this pre-existing work:
1. The development of a short course and text book about the social determinants of Aboriginal health which is now to be developed into a semester long unit as part of the Charles Darwin University's Public Health course work program.
2. A substantial body of work carried out through the CRCAH, Menzies School of Health Research and Flinders University about infrastructure and essential services and Aboriginal health.

2. Program Development

In 2004 the CRCAH commissioned a series of papers covering a broad range of topics relating to Social Determinants, Processes and Aboriginal Health. The papers were presented at a two day workshop held at Flinders University in July 2004 where specific themes emerged. These themes were:

Racism and discrimination and their relationship to health, in particular the impact of the cultures of non-Indigenous health care organisations/ structures on Indigenous health.

Law and the impact of community justice interventions on health and wellbeing.

Gaps in Aboriginal understandings of health and social determinants, in particular in interventions that Aboriginal people want and the implications of this for health (and other) services.

The impact of education, in particular the areas of educational interventions that Aboriginal communities think are important and want.

The understanding and experience of poverty from an Indigenous perspective.

The impact of physical environments and infrastructure on health, in particular further research into environmental health in the urban context.

The lived experience and meaning of work, (un/under) employment for Aboriginal people.

Preventing problems associated with social and emotional health, in particular the meaning and experiences of resilience.

What works in community-based strategies, in particular, what works in prevention of illness and how can communities develop sustainable interventions.

The papers (being prepared for publication following a process of peer review) have made a significant contribution to defining a CRCAH Social Determinants research agenda. The CRCAH Board has also emphasised its priorities for the Program. Together, these influences suggest that the need is for:

Assessment of strategies that have worked in the past in terms of the social and economic changes that affect Aboriginal health status (also drawing on international experiences), and, on the basis of these assessments, determining what can be learnt from these to implement practical strategies in urban, rural and remote Aboriginal communities.

Evaluation of the health and health determinant impacts of social determinant interventions.

Further research on the impact of racism on health, particularly in policy and service provision.

Specific research on rural, remote, regional, suburban and urban Aboriginal health need to be encouraged as the social determinants are likely to operate differently in each of these settings.

A key component of work undertaken in the CRCAH to date has been a pilot audit of social determinants interventions. There is currently no consolidated picture of the types and extent of interventions in Australia that focus on the social determinants of Aboriginal health. The CRCAH undertook a pilot audit of such interventions in South Australia. Information collected

in this exercise indicated that current interventions focus on basic infrastructure and health hardware needs. The pilot audit will be used to inform the conduct of a more extensive national audit, which will provide for the first time a picture of Australian social determinants interventions likely to impact on Aboriginal health.

3. CRCAH Social Determinants of Health Program Scope

Social determinants of health are the economic, physical and social conditions that influence the health of individuals, communities and jurisdictions as a whole. Social determinants of health determine whether individuals stay healthy or become ill. Many circumstances are included as social determinants. Some of these are housing, education, social networks and connections, physical infrastructure, racism, employment and law enforcement and the legal and custodial system.

The challenge for the CRCAH in setting the scope of this program is to prioritise funded activity in a way that is focussed enough to achieve outcomes, without narrowing the scope to exclude the encouragement of work by partners across a broader spectrum.
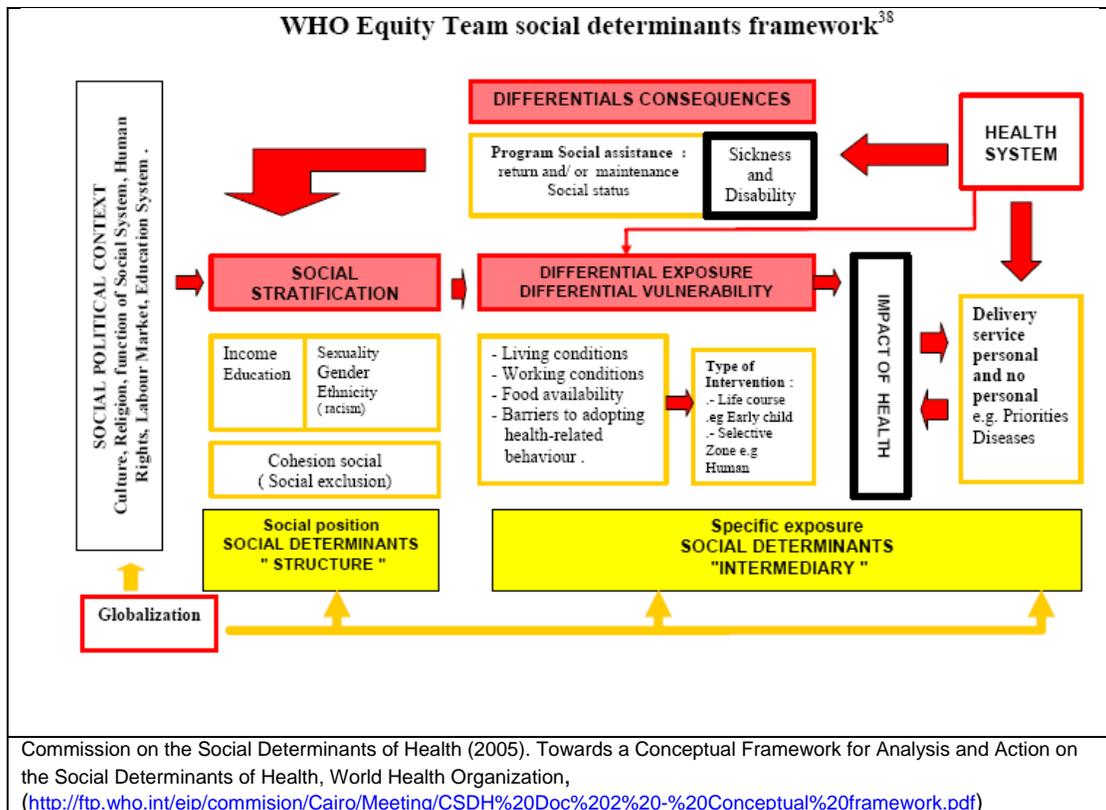
The following diagram is a proposed conceptual framework for the World Health Organization (WHO) Commission on the Social Determinants of Health that identifies two major groups of determinants, structural (social position) and intermediary (social exposure). The WHO Commission on the Social Determinants of Health has proposed the two domains be divided as under:
Structural determinants
> Racism
> Social Inclusion/Exclusion (Culture & Gender), and
> Law and Governance

Intermediary determinants
> Aboriginal Health and the Physical Environment, and
> Employment

WHO Equity Team social determinants framework[38]

Commission on the Social Determinants of Health (2005). Towards a Conceptual Framework for Analysis and Action on the Social Determinants of Health, World Health Organization, (http://ftp.who.int/eip/commision/Cairo/Meeting/CSDH%20Doc%202%20-%20Conceptual%20framework.pdf)

It is the purpose of this program statement to set a framework that can guide the planning, monitoring and implementation of the Social Determinants program. The scope of the program will include:

  identification of existing Australian interventions that address the social determinants of Aboriginal health;

  evaluation of outcomes of sustainable interventions set up by partner organisations that address the social determinants of health in order to improve Aboriginal health;

  development of collaborative research, and in particular, evaluation of interventions in partnership with government agencies and other service providers;

  identification of current achievements and gaps in research;

  systematic review of existing knowledge, including drawing explicitly on the knowledge generated by the WHO Commission on the Social Determinants of Health (see Appendix A) and its relevance and value in an Australian Aboriginal context;

  how the relative value of resource allocations to health, education and housing for example, can be assessed;

  comprehensive understanding of factors that contribute to the development and onset of social determinants;

  modelling of relevant interactions between different determinants; and,

  identification of gaps and barriers to the uptake of knowledge for change.

The planning and implementation of this program will be closely integrated with the work of other research programs of the CRCAH. Improvements in the social determinants of Aboriginal health, for instance, addressing racism and improvements in physical environments and employment, will have long term benefits to the outcomes of the other CRCAH program areas.

The focus of the Social Determinants program will be to undertake collaborative research and evaluate outcomes and current sustainable interventions that have been set up by other partner organisations. The negotiation and implementation of these evaluations may be to some extent opportunistic, based on the receptivity and availability of collaborative partners and relevant interventions.

Stakeholders in the work of the Social Determinants Program will be broad ranging. Unlike most CRCAH programs, where the key stakeholder groups are within the health sector, this program will largely focus on stakeholders outside the traditional health sector. However, this will not exclude the health sector, which is of vital importance in carrying out the work of the program.

Research design and implementation will be undertaken in ways that recognise Aboriginal authority in framing problems, setting priorities and valuing outcomes.

4. Outcomes

4.1 Health outcomes
Improved health outcomes in Aboriginal communities through:

  better understanding of the social determinants of health; and

  interventions designed to meet the values and needs of Aboriginal Australians and which will have downstream improvements in Aboriginal health.

These health outcomes will be achieved through the combination of research, policy and practice, and capacity development outcomes outlined below.

4.2 Research outcomes
Evaluation of research on the social determinants of Aboriginal health will result in evidence that can be used by policy makers and service providers to:

  focus on interventions that address the social determinants of health and improve health outcomes in Aboriginal communities;

  identify key factors in successful uptake of evidence, barriers to that uptake and evaluation of interventions to improve the uptake of evidence; and

  develop processes that produce sustainable change at community, organisational, practice and policy levels.

4.3 Policy and practice outcomes (research transfer)

Policy and practice outcomes will be achieved through the combined efforts of the CRCAH's research and industry partners. These include:

> influencing the development and implementation of strategies and policies to address the social determinants of health in Aboriginal populations at national, state/ territory and local levels;
>
> using research outcomes to inform policies, guidelines or standards that contribute to the on-going development and use of public health and educational materials and,
>
> improved access to and uptake of evidence (in policy, service development and practice).

4.4 Capacity development outcomes

Capacity development outcomes are a priority and these will be achieved by:

> identifying and strengthening pathways for Aboriginal practitioners (both within and outside the health sector) to acquire research training in the social determinants area;
>
> increasing Aboriginal research capacity through scholarships, traineeships, professional development strategies and/or cadetships;
>
> developing a greater understanding by researchers and government policy makers of the social determinants of health;
>
> the incorporation of evidence-based practice about the social determinants of Aboriginal health into education and training for both Aboriginal and non-Aboriginal practitioners; and,
>
> assisting non-Aboriginal researchers to learn to work appropriately and effectively with Aboriginal communities and agencies and building linkages (in language and experience) between researchers and industry, between Aboriginal and non-Aboriginal partners.

5. What we don't know – knowledge and implementation gaps

Further work is needed to identify knowledge and implementation gaps in this program. This will be done by:

> identifying existing interventions that address the social determinants of health in order to improve Aboriginal health;
>
> developing a more complete description of existing projects, including potential outcomes, indicative research questions, research strategies, research transfer, education and training, capacity development activities (planned or potential);
>
> identifying other potential in-kind work that might be brought into this program; and, developing linkages and collaborations between projects and programs (multidisciplinary research projects have a greater chance of achieving transferable outcomes).

6. Indicative Research Questions

As the Social Determinants of Health has such a broad scope it is anticipated that the program development activity (see 7.4) will help the CRCAH to focus its activity and develop indicative research questions.

7. Development and implementation of the program

7.1 Facilitated collaborative research development

This program will achieve its outcomes by drawing together existing funded and in-kind research projects, and where necessary, undertaking additional research. Developing a robust and productive research plan involves articulating specific questions that can be answered by research, identifying methods of data collection and analysis, negotiating settings and partners. This is commonly a highly iterative process, visiting and revisiting the questions, methods, data and settings until a tight powerful protocol has been developed.

In the context of the CRCAH research this cycle of iterations will also include questions about community involvement, transfer and dissemination, and education and training.

The CRCAH is keen to encourage the community of researchers and the wider CRCAH community to participate cooperatively, not just in identifying research priorities but also in the

shaping of the projects themselves. This is a marked change from customary practice where research planning is often a quite private activity involving a small group of colleagues.

7.2 Integrating research, research transfer and capacity building
Provision for transfer and dissemination will be incorporated into research design from the earliest stages. This will include researcher and CRCAH initiated strategies (offering resources and opportunities), as well as industry and community initiated strategies (responding to and supporting practitioners who are asking questions and looking for better ways of doing things). It will include all avenues from accredited training to outreach programs to the internet.

Opportunities for capacity building, including education and training, will be incorporated into research design. Capacity in this program refers to the capacity to frame research questions on the social determinants of health, design and conduct research, and work to maximise the chances of uptake of the research findings. Capacity building includes organisational development as well as workforce development.

Research transfer and capacity building will be facilitated by building close links with Aboriginal health care organisations and communities in the design and implementation of the research.

7.3 Network of interest
The CRCAH has one network of interest which consists of interested researchers and practitioners from across the CRCAH community. The CRCAH's communications activities, such as Convocation, committees, visits, and emails, contribute towards bringing people together and keeping them updated. The network brings people together to develop and undertake a series of fundable projects and linked groups of projects across all the CRCAH programs ensuring that synergies between the programs are maintained. The network includes:

> researchers and practitioners associated with projects already funded by the CRCAH;
> researchers and practitioners from CRCAH partner organisations (including CRCAH Research Development Group members);
> relevant experts (people from outside the CRCAH may be invited to participate);
> industry representatives including people from the CRCAH Small to Medium Enterprise (SME) forum.

7.4 Development and implementation priorities, strategies, and proposed 2006 timeline
Following Board approval of the Social Determinants Program Statement, a Program Proposal will be developed through the following process.

Development/ implementation priorities	Strategies	Proposed timeline
1. Circulate the Program Statement across the CRCAH community and invite researchers and practitioners to engage in the program development	➢ Key stakeholders are engaged in development activity.	April 2006
2. Carry out a national audit of social determinants interventions aimed at improving Aboriginal health, based on the pilot study undertaken in SA. This audit will provide a national picture of the social determinants of health, and assist the CRCAH in identifying potential collaborators in the evaluation of interventions.	➢ Short research project commissioned.	April-Sept 2006
3. Priorities for research refined through consultation with key stakeholders.	➢ 'Round table' gathering of relevant Aboriginal community organisations and	April-May 2006

		government stakeholders.	
	➤ Wider consultation with CRCAH community is undertaken.	
	➤ CRCAH Program Leaders (across all programs) provide input about priorities from the perspectives of each program.	
4. Project outlines developed that reflect industry priorities and opportunities for CRCAH to have an impact.	➤ Program Leaders and CRCAH staff refine priorities into researchable questions.	June 2006
	➤ Board prioritises project outlines.	
5. Developing research proposals from strategic concept statements and providing these to Board for endorsement.	➤ CRCAH Facilitated Research Development processes implemented.	July 2006
7. Implementing Board endorsed research activity	➤ Research project teams commissioned for projects endorsed by Board.	Aug-Nov 2006

8. Linkages with other programs

The Social Determinants program will have strong linkages with all CRCAH programs although there is a high degree of overlap between the Social Determinants of Health Program and the Social and Emotional Well Being Program which will take responsibility for Early Childhood Development and direct interventions to promote well being.

The Social Determinants Program will also build strong linkages with the other CRCAH program areas, which include:

Healthy Skin – Housing and overcrowding, appropriate functioning health hardware and access to water for washing;

Chronic Conditions – Aboriginal understandings of health and whole of community strategies, racism and discrimination and their relationship to health services;

Comprehensive Primary Health Care, Health Systems and Workforce – Aboriginal health preferences, racism and discrimination and their relationship to health services, intersections between the health and other sectors in comprehensive primary health care.

9. Additional CRCAH information and contact details

Web address: www.crcah.org.au
Email: admin@crcah.org.au
Phone: 08 89228396
Fax: 08 89227797

The World Health Organisation (WHO)
Commission on Social Determinants of Health[*]

Global recognition of the importance of social determinants to health: the World Health Organisation (WHO) and the Commission on Social Determinants of Health (CSDH)
At the 2004 World Health Assembly, WHO Director-General Dr LEE Jong-wook called for the formation of the Commission on Social Determinants of Health. Operating for three years from March 2005, the Commission is charged with recommending interventions and policies to improve health and narrow health inequalities through action on social determinants.

The Commission was launched in March 2005 and will complete its initial work in May 2008. It is chaired by Sir Michael Marmot of the University College, London and has twenty Commissioners. Commissioners have been selected from the ranks of leading policymakers, scientists, practitioners and civil society. Professor Fran Baum from Flinders University is the sole Oceania representative.

The Commission's main goals are:
> To support policy change in countries by promoting models and practices that effectively address the social determinants of health especially "the causes of causes" of ill health.
> To support countries in placing health as a shared goal to which many government departments and sectors of society contribute.
> To help build a sustainable global movement for action on health equity and social determinants, linking governments, international organisations, research institutions, civil society and communities.

The Commission will convene processes that organise knowledge, strengthen country practice and support leadership. These processes will be structured around specific themes (e.g., early child development, urbanisation, gender and health systems); the health challenges faced by particular communities (e.g., informal workers, indigenous peoples, and slum dwellers); and opportunities for policy and action.

The Commission aims to lever policy change by turning existing public health knowledge into actionable global and national policy agendas. It will:
> Compile evidence on successful interventions and formulate policies that address key social determinants, particularly for low-income countries;
> Raise societal debate and advocate for implementation by Member States, civil society, and global health actors of policies that address social determinants;
> Define a medium- and long-term action agenda for incorporating social determinants of health interventions/approaches into planning, policy, and technical work within WHO.

Country work will illustrate ways of addressing the social determinants of health in national health policies and programmes related to the Commission's themes. Partner countries will document their findings with respect to the policy process and health impacts. Their reports will inform the Commissioners' recommendations, both for national and global policies and ways of working at WHO.

Knowledge Networks comprised of leading scientists and practitioners will compile knowledge on interventions to overcome the social barriers to health, with a focus on low-income countries. The Knowledge Networks will cover themes including: early child development, health systems, employment conditions, globalisation, priority public health conditions, urban settings, social exclusion, gender and measurement and knowledge to document the impact of social determinants approaches on health outcomes.

Commission Reports will outline opportunities for action on the social determinants of health for each WHO theme, and recommend specific areas of policy and institutional change to global and Member State stakeholders.

---

[*] http://www.who.int/social_determinants/en/

The CRCAH Programmatic Approach: Underpinning Philosophy

We have in place an existing body of knowledge about Aboriginal health, descriptive, explanatory and prescriptive.

We have in place a range of customary ways of working, including government policies, organisational strategies and clinical practices.

We live amidst a range of debates and variations in practice many of which flag important uncertainties about causes, policies, strategies and practices.

Some of this conventional wisdom and best practice is referenced in the various policy documents that have been produced at federal and state levels, in the indexed literature and in the grey literature, much of which is produced through industry organisations. However much of the conventional wisdom is carried in the current understandings and practices of Aboriginal health practitioners and managers as well as policy makers, funders and educators.

It is this assemblage of conventional wisdom, best practice and debate with which the research sponsored through this program will engage. This includes:

> clarifying causes,
> evaluating existing policies, strategies, models and practices,
> developing and evaluating better policies, strategies, models and practices, and
> clarify the conditions for their implementation.

This kind of research is not and cannot be value free. In defining problems, setting priorities and steering implementation the research sponsored or funded through the CRCAH will be oriented around the concerns, interpretations and aspirations of Aboriginal people. The continuing influence of Aboriginal perspectives will be effected through the increasing role of Aboriginal researchers and the active partnership role played by community organisations and practitioners in all facets and stages of research development and implementation.

Building on previous and current CRCAH sponsored research
Research planning within this program will build on previous and current research sponsored through the CRCAH. This will include following promising leads, filling in gaps, harnessing synergies and complementarities and capitalising on existing relationships and methods.