



# *Addressing social and cultural determinants in primary care for Aboriginal and Torres Strait Islander peoples*

## Position statement

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*Culture isn't a risk factor. It's a protective factor.<sup>1</sup>*

– Dr Mark Wenitong, Senior Medical Advisor, Apunipima  
Cape York Health Council

*Health is dependent on conditions that enable  
people to live lives they would choose to live.<sup>2</sup>*

– Professor Michael Marmot, Research Epidemiologist

## Position

The Royal Australian College of General Practitioners (RACGP) recognises that there are many social and cultural determinants that influence health outcomes. This position statement focuses on the effects of social and cultural issues for Aboriginal and Torres Strait Islander peoples, while recognising the benefits to all of a system-wide response.

The RACGP:

- acknowledges the diverse past and present experiences of Aboriginal and Torres Strait Islander peoples, varying according to family and community histories, geography, culture and other factors, which brings a range of views to discussions of these issues
- understands that access to general practice services and primary care is a social determinant of health in itself and advocates for all patients to have reasonable access to high-quality clinical and culturally safe care.

## Primary care settings

The RACGP accepts that social and cultural issues can be addressed in primary care settings, even when they involve other sectors.

The RACGP:

- considers that addressing social and cultural issues in all primary care settings (mainstream general

practice, community health and Aboriginal Community Controlled Health Organisations [ACCHOs]) is needed to improve health and wellbeing for Aboriginal and Torres Strait Islander people

- is aware that many RACGP members already advocate for their patients on these issues – GPs have reported patients seeking healthcare to help them deal with the negative health effects of the Centrelink debt recovery process, gambling, internet scams and bushfires
- acknowledges ACCHOs routinely address social and cultural issues through the delivery of services that respond to the needs of their communities, which demonstrates what can be achieved in primary care settings
- regards funding solely through a fee-for-service model as ineffective and inadequate to compensate for the complexity, skill and time required to adequately address these issues in primary care settings<sup>3</sup> – additional funding models and options are needed to enhance GP capacity to respond to these issues
- calls on Primary Health Networks (PHNs) to provide support to GPs through identifying community needs and service delivery gaps; and for the brokering of mutually supportive relationships between practices, local community, government and non-government agencies and services
- commits to identify knowledge gaps and to develop additional resources to support GPs and practice teams
- encourages further research of new and alternative models of healthcare that incorporate social and cultural issues in all settings; and to better understand constraints and opportunities.

## Policy settings

A comprehensive national approach is needed to address the impacts of the social and cultural determinants of health.

The RACGP:

- supports a systemic approach to addressing social and cultural issues in clinical settings, requiring whole-of-government collaboration and action, in partnership with peak organisations and communities
- expects the revised *Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013–2023*<sup>4</sup> to reflect the voice of Aboriginal and Torres Strait Islander people, encompassing the social and cultural

determinants of health, and that the plan is properly costed and funded to ensure long-term viability.

## Discussion

While healthcare alone is not enough to ensure good health and wellbeing, effective primary healthcare is vital.<sup>5</sup> Acknowledging a patient's social circumstances in clinical settings may significantly influence healthcare outcomes.<sup>6</sup> General practice is the first and often only point of contact for many Aboriginal and Torres Strait Islander people within the healthcare system. As such, GPs can support patients whose health concerns almost always involve issues influenced by non-medical health factors.

## Determinants of health and health status

The social determinants of health are described as 'the conditions in which people are born, grow, live, work and age'<sup>7</sup> – being income, education, conditions of employment, power and social support. 'These circumstances are shaped by the distribution of money, power and resources at global, national and local levels'.<sup>7</sup>

For many Aboriginal and Torres Strait Islander people, the inter-generational effects of colonisation, exacerbated by social, economic and political influences, result in sustained inequities. The effects are evident today in reduced employment and educational opportunities, inequitable living conditions, racism, discrimination and cultural dislocation.<sup>8</sup> As a population, Aboriginal and Torres Strait Islander peoples experience poorer health outcomes than non-Indigenous people. It is understood that approximately 35 per cent of the health gap is linked to social determinants,<sup>9</sup> which rises to just under 54 per cent when combined with behavioural risk factors.<sup>9</sup>

Complementing action on the social determinants of health is recognition of culture as a protective factor for health and wellbeing of Aboriginal and Torres Strait Islander people.<sup>10</sup> Culturally based programs are embedded throughout Aboriginal and Torres Strait Islander primary healthcare service delivery models, which develop community role models, culturally safe services and programs that meet community needs.<sup>11,12</sup> Other successful examples are outlined in the report commissioned by the Close the Gap Steering Committee titled *We nurture our culture for our future, and our culture nurtures us*.<sup>10</sup>

## Current policy environment

The World Health Organization report *Closing the gap in a generation*<sup>7</sup> consolidated available evidence on promotion of health equity globally. Since then, governments across Australia have largely acknowledged this evidence and committed to improving health equity.<sup>13</sup> Yet there remains a considerable gap when it comes to enacting integrated policies designed to overcome inequities. Though it is limited, some progress is notable in Aboriginal and Torres Strait Islander policy and health settings.

The Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan (NATSIHP) provides an example of this progress. Extensive consultation with communities and peak organisations identified the importance of addressing social determinants in healthcare settings and centring culture in health planning.<sup>14</sup> The second Implementation Plan for the NATSIHP, which is currently under development, is looking to incorporate these identified elements. However, without a commitment to fully fund implementation, the expected results will not likely materialise.

## Opportunities in primary care settings

The Aboriginal and Torres Strait Islander health sector is at the forefront in addressing social and cultural factors in healthcare delivery. ACCHOs provide an alternative model of care, based on multidisciplinary teams supporting holistic action for the health and wellbeing of Aboriginal and Torres Strait Islander people, directed by communities.<sup>15</sup> This approach recognises that social and cultural determinants of health cannot be separated from good health and wellbeing. To support the broad-ranging work undertaken to address social and cultural issues, ACCHOs rely on a number of funding streams and grants, from all levels of government.<sup>15</sup>

As primary healthcare providers, GPs can and do help to explore social circumstances, identify opportunities for interventions, and support coordination for patients. Social prescribing is one example of social support provided in primary care settings.<sup>16</sup> However, current funding mechanisms do not adequately support GPs to address social and cultural issues with their Aboriginal and Torres Strait Islander patients. The fee-for-service model limits the ability of GPs and practice teams to provide the required comprehensive responses, or to incorporate

beneficial cultural elements into healthcare.<sup>3</sup> Additional factors also need to be considered – for example service capacity, the level of understanding of Aboriginal and Torres Strait Islander health priorities and a commitment to address these issues. However, without adequate funding underpinning this commitment, the ability to implement services is limited.

One of the greatest remaining challenges is establishing links with non-clinical services. GPs and practice teams benefit from strong partnerships across the healthcare and broader social systems, but are not always equipped to navigate the complexity of the environment. This includes engagement with other practices and health services, local community and government agencies and non-government and corporate organisations. Notable collaborations have been formalised in primary care settings – for example, through health justice partnerships (HJPs) to address health-harming legal need.<sup>17</sup> PHNs can provide stronger support in this regard, aiding GP understanding of the needs of local communities, and identifying gaps and brokering relationships, so as to ensure greater cross-sectoral collaboration.

## Related resources

The RACGP has a range of resources that can help GPs and practice teams deliver high-quality care to Aboriginal and Torres Strait Islander patients, while considering issues of social and cultural determinants:

- ‘Five steps towards excellent healthcare for Aboriginal and Torres Strait Islander people: For GPs and members of the practice team’ provides practical advice on tailoring healthcare delivery for Aboriginal and Torres Strait Islander people
- The RACGP–National Aboriginal Community Controlled Health Organisation (NACCHO) *National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people* guides users to consider the social determinants of health, and not only refer to biomedical interventions
- Resources to support practice teams to take practical actions to build or strengthen culturally responsive primary healthcare are available via the [RACGP–NACCHO Partnership Project](#) web page.

RACGP and Consumers Health Forum of Australia, ‘Social Prescribing Roundtable, November 2019: Report’

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