

## **Summary of the evidence base for the connection between homeland centre life and better health outcomes for Australian Aboriginal people in the NT**

### **Central Australia**

- The outstanding study is the 2008 Utopia study, largely because it has been carried out over a long period (10 years), the data measurement techniques are high quality, and the results are so dramatic. It establishes that Utopia residents have:
  - a mortality rate from all causes which is 40-50% lower than the NT average for Indigenous adults
  - a mortality rate from cardiovascular disease which is 40-50% lower than the NT average for Indigenous adults
  - much lower rates of the risk factors for cardiovascular disease, including diabetes, blood pressure, cholesterol and smoking
  - much lower rates of hospitalization for cardiovascular disease – this means large savings for governments in terms of the costs of hospitalization.

(Rowley KG, O’Dea K, et al, “Lower than expected morbidity and mortality for an Australian Aboriginal population: 10-year follow-up in a decentralized community”, *Medical Journal of Australia*, 188(5), 3 March 2008; 283-287)

- An earlier study in the same community compared health outcomes and risk factors at Utopia with those in the surrounding centralised communities. The study found homelands residents had
  - significantly lower prevalence levels of type 2 diabetes, hypertension and obesity
  - significantly lower mortality rates than those living in the centralized communities
  - were significantly less likely to be hospitalized for any infection or injury (particularly injury involving alcohol).
  - Homelands residents lived on average 10 years longer than residents of the centralized communities.
  - The positive association with health was more marked among younger adults.

McDermott R, O’Dea K, Rowley K, Knight S and Burgess P, “Beneficial impact of the homelands movement on health outcomes in Central Australian Aborigines”, *Australian and New Zealand Journal of Public Health*, 22(6); 653-58.

### **Top End**

There has been quite a lot of work done in the Top End on this topic from the 1980s onwards:

- In 1984 Kerin O’Dea demonstrated that where Aboriginal people have returned to their traditional land and adopted a semi-traditional hunter/gatherer

lifestyle, there is a marked reduction in the major risk factors for coronary heart disease, and that these changes can occur in a very short time. This indicates that even for people who do not live at homelands all the time, short-term visits will improve health outcomes.

O'Dea, K (1984), "Marked improvement in the carbohydrate and lipid metabolism in Australian Aborigines following temporary reversion to traditional lifestyle", *Diabetes*; 33; 596-603

- The health of residents of the Doyndji homeland centre (NE Arnhem Land) has been studied in detail throughout the 1980s and beyond using a variety of precise biomedical markers. Some of the conclusions were:
  - The general health of Doyndji residents was very good with low BMIs, little anemia, no biochemical evidence of dietary deficiency, red cell folate levels were normal to high and fasting cholesterol levels generally low. Elevated immunoglobulin levels in the less urbanised individuals at Doynji probably reflect a greater exposure to infectious agents.
  - This contrasts with the high BMIs, higher anemia levels, etc, among residents of the centralised community of Yirrkala. Yirrkala residents exhibit reduced immune responses, perhaps indicative of reduced infection, but greatly increased risk of diabetes and cardiovascular disease.
  - The provision of better sanitation and water facilities in homelands and the availability of health care in distant places would allow, or perhaps encourage, Aboriginal people to resume more traditional living (with consequent reduction in chronic disease we have identified and also a lower level of infectious disease).

O'Dea K, White NG, Sinclair A (1988). "An investigation of nutrition-related risk factors in an isolated Aboriginal community in northern Australia: advantages of traditionally-oriented lifestyle", *Medical Journal of Australia*, 148, 177-180.

Flannery G and White N, "Immunological parameters in northeast Arnhem Land Aborigines: consequences of changing settlement patterns and lifestyles" in Schell LM, Smith MT, Bilsborough A, *Urban Ecology and Health in the Third World*, Cambridge University Press, 1993, 202-220.

- A recent study by the Menzies School of Health Research in collaboration with traditional owners of Western and Central Arnhem Land, the NLC and CDU, reported in 2007, draws precise quantitative links with the health of those Aboriginal people engaged in natural and cultural resource management, *particularly those living in homelands*. The study covered western and central Arnhem land.
  - Those who engaged in natural and cultural resource management are significantly healthier overall
  - This includes significantly lower rates of type 2 diabetes and cardiovascular disease.
  - Participants in natural and cultural resource management report a more nutritious diet and a greater degree of physical activity.
  - These are markers of homeland centre life.
  - Investment in natural and cultural resource management - and support of homelands - has the potential to deliver significant economic savings in health care expenditure, in addition to the more obvious environmental and economic benefits.

Burgess CP, Johnston FH, 'Indigenous Natural and Cultural Resource Management and Health', *Stakeholder debriefing paper*, May 8 2007, Menzies School of Health Research, Darwin NT.

- In regard to the nexus between culture and health, a literature survey has emphasized the point that “the failure of health promotion and the biomedical paradigm reflects a non-engagement with the social/cultural drivers of health”. The homelands movement, on the other hand, far from being a ‘cultural museum’ (in the words of a recent minister), has “reinvigorated Aboriginal culture by being closer to sacred sites and enabling intergenerational transmission of traditional law, healthier lifestyles through reduced reliance on store-bought food stuffs, caring for country and fulfilling cultural obligations, lowered rates of substance abuse and domestic violence and greater autonomy from often destructive outside forces.”

Burgess Cp, Johnston FH, Bowman DMJS, Whitehead PJ (2005), “Healthy Country Healthy People? Exploring the health benefits of Indigenous natural resource management”, *Australian and New Zealand Journal of Public Health*, 29(2), 117-122.

- Field research carried out at Yirrkala (NE Arnhem Land) in the 1970s emphasized the development of the homelands movement as the preferred Aboriginal solution to the increasing sickness encountered at Yirrkala mission. This is the most detailed analysis of a Yolngu view of health.

Reid, J., *Sorcerers and Healing Spirits*, ANU Press, 1989.