SUMMERY

Two national policy concerns are the loss of environmental services and the higher level of chronic or noncommunicable disease born by Aboriginal people relative to non-Indigenous Australians. This difference in health outcomes is the result of the higher level of psychosocial stress born by the Aboriginal population, with the socioeconomic determinants of health and loss of control through invasion and colonization being important additional stressors. These stressors act as primary-causative agents leading to disruption of the homeostatic system and to risky behavioural choices.

The initial intention of the thesis is to demonstrate the positive interrelationship between the above two policy issues according to the nexus between healthy country, healthy people, through involvement by Aboriginal people in traditional land management, or caring-for-country. This demonstration was carried out using two quantitative economic analyses of the probable cost savings in primary health care through involvement in caring-for-country. These analyses were for an Aboriginal community in tropical west Arnhem Land in the Northern Territory's 'top end', and for an Aboriginal community in the Northern Territory central Australian desert.

In addition to the private good benefits enjoyed by those participating in caring-for-country, the analyses shows the possibility of substantial cost savings in primary health care. A number of other public good social benefits, including biosequestration of greenhouse gases, maintenance of biodiversity, and mitigation of dust storms, which is a vector of airborne particulate matter and of disease. Such public good benefits occur as cost free by-products, or externalities. That is, these public good benefits can occur at no cost to society as a whole. As Aboriginal people receive minimal benefit from these public goods, they are likely to be under supplied, which might be corrected through use of appropriate incentives.

Much of government engagement in prevention and mitigation of noncommunicable disease is focused on risky behavioural choices and curative health interventions. While such interventions can be helpful, they do not address the primary stressors, which have negative health impacts beyond risky choices. Having a nonmedical origin they can be addressed through the application of nonmedical primary-preventative health interventions. For Aboriginal people in remote to very remote Australia, participation in caring-for-country provides an opportunity to assert control over their lives and the mitigation of those psychosocial stressors, which are primary-causative agents affecting negative health outcomes.

At a higher level of abstraction, caring-for-country exemplifies a cost-effective nonmedical primary-preventative health intervention, when such preventative actions might be applicable to the mitigation of the global noncommunicable disease pandemic. Nonmedical primary-preventative health interventions are likely to increase disability-free survival, with depressed morbidity leading to reduced health costs, increased social welfare and an extended

tax base. Contrary to these benefits, primary- preventative health funding by government appears to be underfunded relative to curative health funding. Such government policy imbalance can constitute government policy failure. The processes by which economically optimal nonmedical primary preventative health interventions might be assessed and applied are considered, according to the likely multidisciplinary and multijurisdictional nature of such interventions.