

Appendix 3: Gaps in knowledge

Life is health is life: Taking action to close the gap
Victorian Aboriginal health promotion framework



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Priority 1. Addressing the social and economic determinants of health with focus on:

1. Educational attainment

Gaps in knowledge:

- Further research exploring relationships between educational attainment and the health of Indigenous Australians is required.
- Strategies implemented to improve the educational attainment of Indigenous Australians need to be evaluated rigorously for appropriateness and effectiveness in order to build understanding in this area.
- Research and evaluation in this area need to consider contextual factors and utilise both qualitative and quantitative methods in consultation with local Indigenous communities and organisations.

2. Family and community connections

Gaps in knowledge:

- Further research is needed to understand the appropriateness of social capital theory for Indigenous health, across each of the levels of bonding, bridging and linking relationships.
- Evaluation of effective strategies for promoting positive family, social and community connections as a means of improving Indigenous health outcomes in urban and regional areas.

3. Income and employment

Gaps in knowledge:

- Further research is required to assess the sustainability of employment outcomes of the Indigenous Employment Policy (Black 2007, p. 83).
- Increased understanding of the links between employment, income and the health of Indigenous Australians across a range of geographical contexts. In particular, the health effects of employment, and which types of work and work conditions are required in order for employment to have the most positive impact upon Indigenous health outcomes.

4. Housing

Gaps in knowledge:

- Further research is needed to evaluate the impact of housing programs on the health of Indigenous Australians, such as the health benefits of fixing 'health hardware' (Black 2007, p. 83). This is needed across geographical settings, but particularly in urban and regional areas.
- There is a particular need for information on effective strategies for addressing housing structural problems and overcrowding in urban and regional areas.

5. Race-based discrimination

Gaps in knowledge:

- There is an ongoing need for further research regarding the prevalence of race-based discrimination, and its effects on health, for Indigenous Australians within urban and regional areas and across a diverse range of settings.
- Further research is also required regarding effective strategies for addressing race-based discrimination against Indigenous Australians as the majority of strategies in this area have not been rigorously evaluated.

6. Land

Gaps in knowledge:

- While the critical importance of country to the health and wellbeing of Indigenous Australians is firmly established,

there is a need for more knowledge regarding the best ways of promoting Indigenous health through connection to country. This is particularly the case in urban and regional areas.

7. Culture

Gaps in knowledge:

- Further exploration of the meaning of culture for Indigenous Australians living in urban and regional areas is needed.
- Increased knowledge of effective ways of supporting culture as a means of improving health and wellbeing is also needed in urban and regional areas.

8. Identity

Gaps in knowledge:

- Increased understanding of the influence of cultural identity on health and wellbeing outcomes for Indigenous people living in urban and regional areas is needed.
- Greater knowledge of effective interventions that build cultural identity and link this to health outcomes is required.

Priority 2. Reducing exposure and vulnerability to health-damaging factors with a particular focus on:

1. Tobacco

Gaps in knowledge:

- Further research is required to inform understandings of effective tobacco control programs for Indigenous Australians (Urbis 2008, p. 95). In particular, there is a need for studies examining effective strategies for *preventing* the uptake of tobacco among Indigenous Australians (Horey 2008, p. 93). The type of interventions likely to be effective in encouraging more Indigenous Australians to access quit support strategies (e.g. nicotine replacement therapy, counselling) also require further exploration (Power 2009, p. 92).
- Increased understanding is also required of the extent to which smoking is a 'normalised behaviour' among Aboriginal communities and how this might best be addressed (Power 2009, p. 92; Urbis 2008, p. 95).
- Consideration of the capacity of Aboriginal Health Workers to incorporate smoking cessation and tobacco control into their work given other demands on their time and their role within the community as a whole is also suggested (Power 2009, p. 92; Urbis 2008, p. 95).
- Finally, the potential effectiveness of mainstream population-wide approaches and their potential to be adapted for Aboriginal communities requires further examination (Power 2009, p. 92; Urbis 2008, p. 95).

2. Physical activity, nutrition and access to food

Gaps in knowledge:

- There is a need for more rigorous formal evaluations of nutrition and/or physical activity programs for Indigenous Australians, to increase understanding of how best to promote physical activity and nutrition among Indigenous Australians (Browne 2008, p. 96).
- This is particularly needed in urban areas, as the majority of nutrition and/or physical activity programs are undertaken in rural and remote areas (University of Sydney 2005, p. 97; Browne 2008, p. 96).
- There is also a need for more research and evaluation of interventions to address food supply and food access of urban Indigenous Australians, with a participatory action research approach suggested to be the most appropriate (Browne 2008, p. 96).
- There is a need for evaluation of sporting programs and their effects on the health of Indigenous Australians (Black 2007, p. 83).

3. Alcohol

Gaps in knowledge:

- More knowledge is required regarding effective ways of promoting safe alcohol use among Indigenous Australians (Gray 2000, p. 99; Black 2007, p. 83).
- There is a need for rigorous evaluation of interventions to both prevent and treat harmful alcohol use among Indigenous Australians (Gray 2000, p. 99; Horey 2008, p. 93).

Priority 3. Reducing the unequal consequences of ill health resulting from differential access and treatment within the health system

Gaps in knowledge:

- Increased understanding of why Aboriginal Victorians receive unequal treatment within health services across a range of settings and of effective interventions to redress these inequities. Such research will need to engage with perspectives of Aboriginal Victorians as well as of healthcare providers and policy makers across levels and sectors, including both mainstream and Aboriginal community-controlled services.
- Further information about effective strategies for improving acceptability and appropriateness of health services for Aboriginal people is needed. A key issue within this is exploration of ways of increasing cultural safety, cultural competence and cultural respect in healthcare services, including the effectiveness of cultural audit tools.