Life is health is life

Taking action to close the gap

Victorian Aboriginal evidence-based
health promotion resource

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Acknowledgements

Acknowledgement of country

We acknowledge the Traditional Owners of the land on which this report was produced, the Kulin Nation. We also acknowledge and pay respect to the wisdom of Elders past and present from all Victorian Aboriginal nations who have inspired the development of this resource.

Front cover artwork

The artwork on the cover of this publication is by Shawana Andrews, titled 'Healthy generations – from Elders to children, communities taking control of their health for generations to come.'

In this report the term 'Aboriginal' is used and is inclusive of both Aboriginal and Torres Strait Islander peoples. The term 'Indigenous peoples' is used where material is drawn from the international context. Personal stories use the language of the storyteller.

Contents

Welcome and how to use this resource

Welcome and how to use this resource

Welcome

This evidence-based health promotion resource provides information and guidance for action to improve the health and life expectancy of Aboriginal Victorians.

It brings together stories of promising health promotion practice from across Victoria and a review of the scientific literature. It provides the evidence for effective interventions that can be used in health promotion planning.

The purpose is to provide the best available information to guide service and program planning. This will contribute to closing the gap in life expectancy while keeping the unique cultural identity of Aboriginal Victorians.

This resource is designed for people who work in community and women's health services, Aboriginal community controlled health services and local government. It will also be useful to others who are working to close the gap.

How to use this resource

This resource has been designed for a diverse audience. It has therefore been divided up into key sections so that readers can find the sections that are most relevant to them.

The key concepts and context section describes some of the foundations used to develop the information provided in this resource. This includes the methodology for the review and an overview of health promotion and health promotion practice. The health promotion practice section also provides useful links to other resources to support health promotion practice. This is useful background for those new to health promotion. The sections on the Aboriginal concept of health and history are priority reading for those new to working with Victorian Aboriginal communities.

The Victorian Aboriginal health promotion framework provides a brief overview of the key contributors to Aboriginal health and wellbeing. It can be used to assess priorities and guide practice or as an advocacy or partnership tool.

The final sections outline the results of the evidence review and provide information on evidence-based interventions:

- A brief introduction looks at how the results of the evidence review and other information, such as stories from Victorian communities, have been included to inform action.

- The best-practice principles section looks at the importance of best-practice health promotion principles and how these need to be used in all actions to close the gap.

- Information for action on the 10 determinants and contributing factors to Aboriginal health:

  – educational attainment
  – family and community connections
  – access to economic and material resources
  – freedom from race-based discrimination
  – connection to country
  – tobacco
  – physical activity
  – nutrition and access to food
  – alcohol
  – access and treatment in the health system.

The appendices will be useful to those wanting to follow up on particular aspects of the resource or the methods more fully.
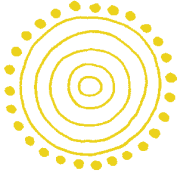
Key concepts
and context

Key concepts and context

Health inequalities

The story of Aboriginal health is a story about health inequality. Aboriginal Victorians have different life chances to other Victorians: they have a shorter life expectancy and are more likely to experience disease.

These avoidable health inequalities '… arise because of the circumstances in which people grow, live, work and age, and the systems put in place to deal with illness.'[1]

The World Health Organization's Commission on Social Determinants of Health uses a framework on health inequality. This framework identifies the mechanisms that play a role in creating unequal health outcomes and also identifies entry points for intervention to reduce health inequalities.[1]
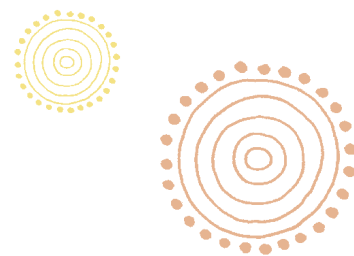
These entry points are:

- decreasing the stratification of people into social classes
- decreasing exposure to health damaging factors
- decreasing the vulnerability of disadvantaged people to suffer greater ill health consequences when exposed to health damaging factors, and
- reducing the unequal consequences of ill health and preventing further socioeconomic degradation through healthcare services.

This health inequality framework was used to inform this resource.

Aboriginal concept of health

This resource uses an Aboriginal concept of health in which health is recognised as determining all aspects of life. It is 'not just the physical well-being of the individual but the social, emotional, and cultural well-being of the whole community. This is a whole-of-life view and it also includes the cyclical concept of life-death-life.'[2]

> 'In Aboriginal society there was no word, term or expression for 'health' as it is understood in Western society. It would be difficult from the Aboriginal perception to conceptualise 'health' as one aspect of life. The word as it is used in Western society almost defies translation but the nearest translation in an Aboriginal context would probably be a term such as 'life is health is life.'[2]

While this definition has been in use for more than 30 years, there is little operational understanding of what it actually means and how it might affect policies, programs and strategies.[3] Work has been undertaken only very recently to better define and measure factors that more fully reflect this concept of health.[4, 5, 6, 7, 8]

Drawing on this work, and using the World Health Organization's health inequalities framework, priority areas were identified. These reflect factors identified as critical to health by Aboriginal people. The priority areas reviewed are as follows:

Priority 1

Addressing the social and economic determinants of health with a particular focus on:

- educational attainment
- family and community connections
- income, employment and housing
- race-based discrimination
- land, culture and identity.

Priority 2

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

- tobacco
- physical activity
- nutrition and food security
- alcohol.

Priority 3

Reducing the unequal consequences of ill health resulting from inappropriate access and treatment within the health system.

Evidence and methodology

'Evidence' means different things to different people. Evidence from scientific research is often thought to be the most valuable, with systematic reviews considered the gold standard. However, in Aboriginal health scientific research has at times created a negative experience for Aboriginal people and resulted in harm rather than benefit.[9]

Some Aboriginal people in Victoria have also identified that 'not having a say' and having 'no voice' in identifying problems and strategies is a significant issue.[10]

Placing Aboriginal perspectives at the centre and drawing on the benefits of scientific inquiry has been identified as the best way to move forward.[11, 12]

In this resource, evidence is informed by both scientific research and Aboriginal understandings and experiences. Evidence is regarded as information that can affect positive change to reduce the health inequalities that exist between Aboriginal and non-Aboriginal Victorians.[13]

The methodology for the evidence review included a review of scientific research evidence, and identification and documentation of Aboriginal knowledge and experiences in the form of stories.

A review of scientific research evidence

A comprehensive search strategy to identify evidence of intervention effectiveness across the priority areas* was conducted. A rapid review approach was used, which involved identifying relevant reviews of interventions, and reviewing primary studies when appropriate.

Peer reviewed and 'grey' or open source literature published between 2000 and 2010 were identified. This included:

- Systematic reviews of health promotion interventions in urban and regional Aboriginal populations in Australia and Indigenous populations in other high income countries. Some non-systematic reviews – those that provided a clear methods section – were also included.

- Primary research studies evaluating effectiveness of health promotion interventions in urban and regional Aboriginal populations in Australia. This included both quantitative (for example, randomised controlled trials before and after studies) and qualitative studies that incorporated a clear methods section.

Other sources included systematic review clearing houses, internet searches using Google, reference lists of identified publications, key websites (for example, Cooperative Research Centre for Aboriginal Health, Indigenous HealthInfoNet, NACCHO) and scientific databases (MEDLINE, PsychINFO, Sociological Abstracts, CINAHL, ATSI Health, ATSI-ROM).

Once papers were identified in this way, abstracts were then screened using specific inclusion criteria. Critical appraisal tools were then used to determine the strength of evidence available.

A summary of key learnings across each of the priority areas was created from the reviews and primary papers. This process also took into account whether interventions from outside Victoria could be usefully transferred to the Victorian context.

A detailed description of the review methods is available as Appendix 1, and full data extraction tables are available as Appendix 2, online only at <www.vichealth.vic.gov.au/lifeishealthislife>

Identification and documentation of Aboriginal knowledge and experiences in the form of stories

The review involved collecting stories from community members about what is making a difference to Aboriginal health and what appears to be promising practice within Victorian Aboriginal communities today.

In order to identify stories, project group members and other key informants were asked the question: 'What do you know that is working really well in Aboriginal communities in Victoria that others should know about?'

Nine stories were chosen according to the following criteria:

- They were from Victoria.
- They were of relevance to the priority areas.
- Storytellers were happy to share their stories.
- They were consistent with the principles identified in the framework.
- They fit a particular purpose and included the following elements:
  - They tell a story that is positive and strong.
  - They motivate workers and organisations to see that they can make a difference.
  - They are inspiring.
  - They demonstrate a process that has worked.

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* See p 7 for priority areas (in section on Aboriginal concept of health).
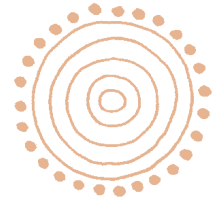
Key contacts were established and individuals and organisations confirmed their willingness to share their stories. They were provided with background information on the project so that they understood the context for the story. Seven organisations were visited personally and the remaining two case studies were developed through telephone interviews and other source material.

While interviews with storytellers were relatively unstructured, core questions included:

- What's the story about?

- What sits behind the story?

- What were the circumstances or situation that brought you (the individual/s or the organisation) to doing this work?

- Why is this a story others need to know?

- What difference does it make/is it making?

- How is it making a difference?

- What lessons are you learning?

- What do you think the key messages are that others can draw from this story?

Stories were then drafted and sent to the organisation for approval.

A note about stories

Clearly there are many wonderful people working in Aboriginal health in Victoria who have been doing so for many years. The nine stories told here represent some of this work, but we know there are many other stories that have not yet been told to a wider audience. Together the key learnings and the stories are all part of a larger evolving story about what we know could work to close the gap in Aboriginal life expectancy. The value of including some stories is to enrich and try to gather in one place the best of what we know about effective interventions. Readers are encouraged to seek out stories from their local area. We hope that by the time this resource is revised there will be many more positive and inspiring stories to be told.

History

Recent history – and in particular the colonisation of Australia – has had a profound impact on the health of Aboriginal Victorians. [4, 15]

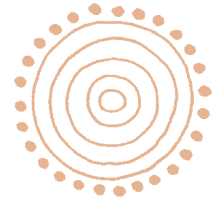### A short history of Aboriginal people of Victoria

Aboriginal people shaped a Great Tradition in Victoria that was sustainable for 50,000 years before European intrusion – that is, five times longer than farming societies have existed. In this time before colonisation the land experienced massive changes: being cold and wet, and then becoming drier and diminished by one-fifth in size as sea levels rose following temperature variations 20,000 years ago. Small volcanoes oozed lava across the basalt plains. Giant mega fauna became extinct in the drying conditions, severing totemic relationships with the people. The Great Tradition determined that humans and the natural world were one and that people inherited totems that determined their connection and custodianship to the natural world. These totemic relationships were sanctioned by the ancestral beings who originally shaped and breathed life into the land and who now – still powerful resided in the land at sacred sites.

Throughout their long residence, Aboriginal people did not live a static existence but managed the land in a changing and sustainable way, assisted by population levels that in Victoria did not surpass possibly 50,000 people. The Aboriginal economy was one of hunting and gathering, but it changed over time as new technology – first stone, then wood and bone – and new economic strategies were applied to the food quest. Nets, hooks and weirs increased the catch and ducks and game were felled by clever tactics. Eeling grounds in the Western District were shaped and extended by much labour to direct eels into run-offs, stone and wicker-work weirs and long woven baskets. Large food supplies led to seasonal residence in houses with stone bases, and wicker and tuft walls and roofs, sited along the eeling-grounds. Aboriginal people lived a life of relative affluence by managing their environment, limiting their population and reducing their possessions to what could be carried.

Sails on the horizon and several aborted attempts at settlement after 1804 threatened this long era of autonomy. Smallpox, probably introduced by Macassan fisherman on the far north coast of Australia, preceded the Europeans' advance, with outbreaks in Victoria in the 1790s and again around 1830. This reduced the disease-inexperienced Aboriginal population by three-quarters to about 15,000. Permanent settlement at Portland in 1834 and Melbourne in 1835 further disrupted the Aboriginal world.

Change became constant as settlers and their flocks spread over Aboriginal lands of Central and Western Victoria in less than a decade in the fastest occupation in human history. Sheep caused an ecological revolution to the land, trampling the ground and water courses with their jack-hammer hooves, and eating out the grasses that sustained kangaroo and devouring the people's staple *murnong* (yam daisy). Many settlers, influenced by the idea of absolute private ownership of property, pushed Aboriginal people from their pastoral runs. Violence resulted from confrontations over land and other misunderstandings leading to the death of over a thousand Aboriginal people. Others fell to introduced European diseases including influenza, childhood diseases and dysentery. Within twenty years of European settlement only about 2,000 Aboriginal people survived.

Some settlers co-existed with the Aboriginal people employing them on their runs as seasonal pastoral hands. Local authorities, directed by the British government, created the Port Philip Protectorate which operated in the 1840s, to mediate between settler and original owners. It aimed to change Aboriginal people into Christian farmers to fill the void by the rupturing of their traditional economy and culture. These overtures were rejected at first, as Aboriginal people still had the ability to gather bush tucker in isolated regions, and maintain traditional culture despite population loss. *Continued...*

Settlers who were concerned at the Aboriginal population's decline created an Aboriginal Protection Board in 1860. The Board, which was pressured by Aboriginal people who sought to retain land, established reserves throughout the colony. A series of new Aboriginal Acts by the Victorian Parliament managed the people's lives and sapped their initiative in an increasing draconian way – in 1869 pushing them onto reserves, controlling their work and removing some of their children for 'retraining', and after 1886, pushing those of mixed descent from reserves. The Board lacked the will and finances to use all its power, and people resisted expulsion as reserves were their homes on which they had made flexible adaptations, embracing Christianity and becoming skilful farmers. The Board, nicknamed the 'Aboriginal Destruction Board' by Aboriginal people, successively closed reserves after 1886 except for Lake Tyers, where over a hundred people lived by the 1920s. The Aboriginal population then numbered about 500 – its lowest level since 1834.

As the Board wound down its activities, it denied the Aboriginality of all those people not on a reserve – but the people fought such denial. In 1933 William Cooper, a Yorta Yorta man then aged 72, created the Australian Aborigines' League to fight for civil rights. He and others petitioned for an Aboriginal representative in parliament and co-created the Day of Mourning protest of 1938. This protest issued a manifesto calling for civil rights, an end to special legislation, and the recognition of Aboriginal culture. Doug Nicholls (later Sir Doug) assumed the mantle upon Cooper's death and led Aboriginal people in Melbourne through his Gore Street Church, Fitzroy.

In 1957 Nicholls formed, with white activists, the Victorian Aborigines Advancement League – now the oldest Aboriginal organisation in the country – to continue the struggle against the Board and its successor in 1958, the Aborigines Welfare Board. The Welfare Board pursued an aggressive assimilationist agenda until its power passed to the federal Ministry of Aboriginal Affairs in 1975. Aboriginal people were employed in this new body for the first time, having some small say in their own destiny. Aboriginal people assumed control of the Advancement League after 1969 and asserted their Aboriginality, many assuming the name 'Koorie'. Other Aboriginal-controlled organisations emerged from 1973, such as the Victorian Aboriginal Health Service and the Victorian Aboriginal Legal Service. Aboriginal autonomy was not restored but Aboriginal people now had some measure of control.

Over the last 30 years a cultural renaissance and a blossoming of Aboriginal-controlled organisations across Victoria have made greater autonomy more likely. The legacy of colonial history is still powerful, but Aboriginal control of their destiny is now a greater reality.

Dr Richard Broome
Professor of History, La Trobe University

For further information:
See Broome, R 2005, *Aboriginal Victorians. A history since 1800*, Allen & Unwin, Sydney.

For further reading, go to Museum Victoria's website: <http://museumvictoria.com.au/encounters/resources.html>

Policy context

Health promotion planning occurs within a policy context. Organisational policies form part of this context but are usually shaped and influenced by state and federal policies as they apply to Victoria, depending on the funding and governance structures of an organisation.

It is essential to be aware of the policy context for Aboriginal health in Victoria. Such policies are available from both State and Federal Government websites.

Health promotion

The World Health Organization defines health promotion as the 'process of enabling people to increase control over and improve their health.'[16] Health promotion is central to improving Aboriginal health, with its foundations in empowering people and communities to exercise control over the determinants that affect their health and lives.

This is also critical to Aboriginal health given the disempowerment of Aboriginal people and communities that occurred as a result of colonisation. Helping to '...restore Indigenous peoples' control over their lives and destinies' through self-determination is recognised as a requirement for reversing the effects of colonisation.[4]

Health promotion is also built on a set of core values or principles[17] similar to those used in the framework (see page 15). One health promotion principle is the need to explicitly consider cultural perspectives.

Health promotion practice

'Doing' health promotion simply means taking action to address the factors that impact on health. In the context of Aboriginal health, this means addressing the 10 determinants and contributing factors described in this resource.

There are three important features of health promotion practice:

- Planning and evaluation are fundamental. This helps us to be successful and to learn what works and what doesn't work.
- 'Do no harm'. Use the health promotion principles as a foundation for all work (see page 19).
- Develop multiple strategies and work in partnership.

An overview of the skills, knowledge and actions that make up health promotion practice is provided in the *Integrated health promotion resource kit: a practice guide for service providers*. Download it at <www.health.vic.gov.au/healthpromotion/ downloads/integrated_health_promo.pdf>

The Victorian Aboriginal health promotion framework provides an overview of best-practice principles and health promotion actions.

There are a range of health promotion training opportunities in Victoria, from half-day introductions to short courses that run over several days. Some of these focus specifically on Aboriginal health. For details contact:

- Your local regional health promotion officer.
- Victorian Aboriginal Community Controlled Health Organisation (VACCHO) on ph: 03 9419 3350.
- Victorian Health Promotion Foundation (VicHealth) on ph: 03 9667 1333.

Women's Health Goulburn North East and Mungabareena Aboriginal Corporation: Making Two Worlds Work

Artwork: Making Two Worlds Work.

Staff at Albury Wodonga Health wear their respect for the local Aboriginal community literally, and with pride. Those who have undergone cultural awareness training are presented with badges, designed by a local elder, in an effort to ensure Aboriginal community members feel welcome and understood by the hospital.

The badges are one of the many tangible outcomes of an initiative called Making Two Worlds Work, jointly coordinated by Mungabareena Aboriginal Corporation and Women's Health Goulburn North East (WHGNE) in north-east Victoria.

The initiative has created a kit of resources that can be used by organisations to promote respectful, honest and strong partnerships between Aboriginal and mainstream organisations. The outcome is terrific, but it is the processes that were developed along the way that were its greatest success, says Kylie Stephens, WHGNE Health Promotion Worker.

The project began in 2005 when non-Aboriginal workers attending a cultural-awareness training session at Mungabareena saw some of the art-based health resources created by Aboriginal artist and health worker Karin McMillan. 'They were stunning,' Kylie says. 'Just extraordinary.'

Karin says artwork is a very powerful way to communicate health promotion ideas to the Aboriginal community. 'It's a map of what we are talking about. People can identify with it and relate to it. Whilst the health concepts are contemporary we are using traditional ways of explaining them and drawing issues out.'

It took 18 months for the project to evolve as ownership and trust developed, and relationships were strengthened and tested between the organisations and the Aboriginal community. Three workers from different agencies shared responsibility for the project, each bringing different skills and roles to the team. Health practitioners workshopped issues. Community members, from elders to young children, contributed by nominating their priorities, ideas... and handprints.

'About 120 people and agencies helped create the resource,' Karin says.

'Pretty much everyone in the community would know someone who has been involved.' Cries of 'I put a dot there', or 'that's my handprint' are commonly heard when the posters are viewed. 'It works because people have a sense of ownership around it.'

Six original artworks were created depicting aspects of health and wellbeing for Aboriginal communities, including spiritual and mental health, kinship and family, culture and identity, physical health, practical support and understanding, and partnerships with health and community agencies.

The partnership has made the decision to offer the work to other health agencies as a 'gift from the local community.' *Continued...*

The complete Making Two Worlds Work kit includes:

- **An audit tool for agencies:** Aimed at making it easier for staff and organisations to work respectfully with Aboriginal clients and communities, ensuring there is a welcoming environment.
- **Checklist for working with Aboriginal clients:** A small poster with simple reminders for workplaces about day-to-day practices that are respectful of Aboriginal clients and community.
- **Tailored health promotion framework:** A step-by-step manual on supporting good local health promotion practice.
- **CD:** More than 100 images that can be used when designing written or visual information for Aboriginal clients and community.

- **DVD:** The DVD explains 'Indigenous welcomes' and 'acknowledging country', and the importance of art for Aboriginal communities.
- **'Welcome' sticker:** A sticker is in each kit with the template included on the CD so it can be reprinted for permanent signage.
- **Information guide:** Outlines local knowledge of culture and history, frequently asked questions, key Aboriginal organisations and contacts.
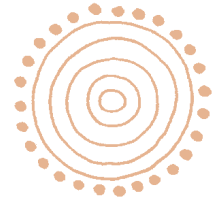
Download the kit at <www.whealth.com.au/mtww> ●

'Pretty much everyone in the community would know someone who has been involved... It works because people have a sense of ownership around it.'

Karin McMillan
Aboriginal artist and health worker

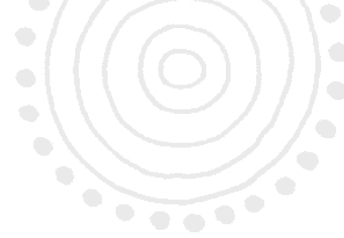# Victorian Aboriginal health promotion framework

Victorian Aboriginal health promotion framework

Key determinants of Aboriginal health in Victoria and themes for action				
History of colonisation				
Educational attainment	**Family and community connections**	**Access to economic and material resources**	**Freedom from race-based discrimination**	**Connection to country**
Socially inclusive, supportive and aspirational educational environments	Supportive personal relationships Supportive community connections navigating in 'two worlds' Strong culture and identity Aboriginal people systematically included in policy processes	Economic participation Employment Adequate housing for health	Security and respect at all levels of society Equality of opportunity Valuing diversity	Recognition and access to homelands Strong culture and identity

Key contributing factors and themes for action				
Tobacco	Physical activity	Nutrition and access to food	Alcohol	Access and treatment in the health system

Health promotion principles and actions	
Principles: good practice Aboriginal health promotion action	**Health promotion actions**
• Inclusive of historical, social and cultural context • 'Community-centred practice' – community owned and driven, builds on strengths to address community-identified priorities • Flexible, allowing for innovation, and accountable • Comprehensive with multiple strategies to address all the determinants • Sustainable in terms of funding, program and governance • Evidence-based with built-in monitoring and evaluation systems • Builds and sustains the social, human and economic capital from a strengths-based perspective	• Build healthy public policy • Create supportive environments • Strengthen community actions and increase community capacity to empower the individual • Develop personal skills • Reorient health services towards comprehensive primary health care • Secure an infrastructure for health promotion • Advocate and communicate • Consolidate and expand partnerships for health

Priority settings for action				
Early childhood	Health services	Municipalities	Local communities (families/clan groups)	Workplaces
Education	Housing	Corporate	Sports clubs	Media

Intermediate outcomes			
Individual	**Organisational**	**Community**	**Societal**
• Strong family and community relationships • Access to socially inclusive and supportive educational opportunities • Access to employment • Reduced experiences of discrimination • Access to appropriate health care	• Policies, practices and procedures that model good practice in Aboriginal health promotion • Systematic inclusion of Aboriginal people in policy processes • Committed to sustaining change • Appropriately sized, well trained and supported Aboriginal workforce	• Safe, supportive and inclusive environment • Mutual respect and valuing of diversity • Improved cohesion • Committed to sustaining change	• Inclusive, non-discriminatory education, employment, housing and other social policies, programs and legislative platforms that support Aboriginal health • Strong leadership • Social norms and practices that support Aboriginal health • Appropriate resource allocation • Responsive and inclusive governance structures

Long-term benefits			
Individual	**Organisational**	**Community**	**Societal**
• Strong cultural identity • Self-esteem, pride and leadership • Alleviation of poverty and socioeconomic inequalities • Improved health and wellbeing • Control/mastery over determinants of own health • Increased sense of belonging	• Freedom from discrimination • Effective programs that are contributing to closing the gap	• Strong cultural identity • Improved productivity • Freedom from discrimination • Reconciliation • Self-determination • Less violence and crime • Equality of health outcomes	• A fairer society with equality of access to opportunities and resources that support health • Freedom from discrimination • Equality of life expectancy between Aboriginal and non-Aboriginal people

The Victorian Aboriginal health promotion framework:

- Highlights that the basis of health and wellbeing is in social and economic structures beyond the control of individuals.
- Summarises a complex picture in a simple form.
- Develops a logic that is based in evidence and that can be used to guide practice.
- Provides a tool that can assist in assessing priorities – in terms of determinants and contributing factors – and can also assist in evaluation.
- Allows people and organisations to see how they can contribute to Aboriginal health outcomes both individually or as members of partnerships.

Key determinants, contributing factors and themes for action

History of colonisation

European settlement and colonisation has had a profound and negative impact on the health of Aboriginal Victorians (see page 10).[4] It resulted in loss of land, loss of family, loss of language, loss of culture, loss of food source and loss of traditional options for activity. Ultimately this represents a loss of control over most areas of life that determine health. The history of colonisation is therefore the overarching key determinant of Aboriginal health identified on the framework.

Key determinants and contributing factors

As described in the key concepts and context section, Aboriginal concepts of health have been used to underpin this framework.[4, 5, 6, 7, 8]

Living in 'two worlds'

In recent Victorian research into Aboriginal perspectives of health in early childhood, community members described the differences between Aboriginal and non-Aboriginal culture and how there is a need to learn to function in both cultures.[15] At times this involves the need to resolve differences when conflict arises, for example, between cultural responsibilities to elders and contradictions in school curriculum related to Aboriginal experiences of history. This ability to navigate and connect in both worlds was identified as key to health and wellbeing. The term 'two worlds' is used in the framework to give a sense of this need for Aboriginal people to navigate across more than one cultural boundary, noting that in reality, non-Aboriginal culture is itself multicultural.

Health promotion principles and action

One of the resounding learnings from this review is the critical importance of being guided by best-practice principles when working with Aboriginal people. In almost all studies reviewed, the importance of taking actions consistent with principles was noted. Adhering to these principles ensures that self-determination and the ability to have control over the determinants of one's health and life is at the heart of work to improve the health of Aboriginal Victorians.[4]

The principles recommended to underpin Aboriginal health promotion action identified in the framework are drawn from a variety of sources.[8, 18, 1, 19] These are consistent with the integrated health promotion principles that guide general health promotion action in Victoria.[17]

The health promotion actions identified in the framework are drawn from two seminal international health promotion documents, the 1986 Ottawa Charter[16] and the 2005 Bangkok Charter.[20]

Providing 'community-centred practice'

One of the principles in the framework uses the term 'community-centred practice'. This is a new concept that has been adapted from the concept of family-centred practice, which is used widely in the early childhood setting.[21] The term captures the central concept of returning control to Aboriginal people over the factors that affect their health and their lives. It assumes that communities have the right to determine what is most important to them and that they are recognised as the experts regarding their community.

Health promotion work that adopts a community-centred approach places Aboriginal community members at the centre of all work. Any work that is undertaken is community owned, community driven, addresses community priorities and builds on strengths to address community-identified issues.

Communities may need information and support to work out what they need and to make well-informed decisions.

Priority settings for action

A number of settings for action have been identified in the framework. These settings have been chosen as they impact on the determinants and contributing factors for health.

The local community setting also includes opportunities for working with families or clan groups. In line with the principle of 'community-centred practice', health promotion practitioners should be guided by local community members as to the most appropriate community structures to work within.
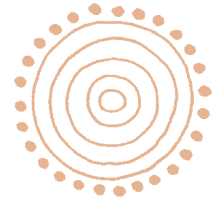
Intermediate outcomes and long-term benefits

The intermediate outcomes and long-term benefits outlined in the framework are likely to result from action on the determinants and contributing factors using the defined health promotion principles and actions.

Action on the key determinants and contributing factors

Action on the key determinants and contributing factors

Evidence-based interventions: introduction to the findings

This section describes the literature included in the scientific review and the key learnings that emerge from this review.

It also includes stories from communities around Victoria that describe diverse and inspiring ways to improve health outcomes.

A note about the findings

This resource is about translating evidence into health promotion practice. The focus is on creating an action-oriented summary of findings that people can understand and apply.

There are currently few systematic reviews of interventions to improve Aboriginal health. While existing evidence may not be strong by scientific standards, this resource has gathered information to allow us to make a good start on better incorporating evidence into practice.

Health promotion practitioners are encouraged to try new approaches alongside established ones, drawing on the framework and principles described here, and to evaluate their work so that we can continue to build our knowledge base.

A summary of current gaps in knowledge is included as Appendix 3, available online at <www.vichealth.vic.gov.au/lifeishealthislife>

Best-practice principles

To be effective, health promotion action in Victorian Aboriginal communities must be guided by best-practice principles (refer to the framework on page 15):

- Inclusive of historical, social and cultural context.
- 'Community-centred practice' – community owned and driven, and builds on strengths to address community-identified priorities.
- Flexible, allowing for innovation, and accountable.
- Comprehensive with multiple strategies to address all the determinants.
- Sustainable in terms of funding, program and governance.
- Evidence-based with built-in monitoring and evaluation systems.
- Builds and sustains the social, human and economic capital from a strengths-based perspective.
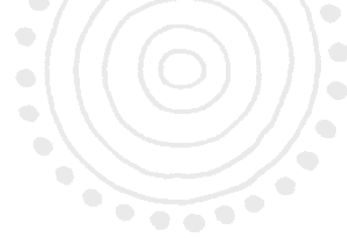
Educational attainment

Two systematic reviews addressing educational attainment were identified. The first considered Australian Aboriginal early childhood and school programs[22] and the second was an international review of strategies for raising the educational attainment of students from culturally diverse backgrounds.[23] A non-systematic review exploring the relationship between education and Aboriginal health in Australia was also included.[24]

Key learnings about educational attainment

- Education is usually thought to have a positive impact on health outcomes by increasing chances of employment, earning capacity and access to material resources.[24] The association between schooling and Aboriginal health is more complex and less well understood.[24]

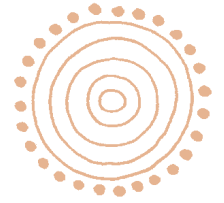- Poor health in Aboriginal Australian communities – particularly around nutrition and hearing – adversely impacts on educational attainment. It is not clear whether higher levels of educational attainment lead to better health for Aboriginal Australians, or better health leads to higher educational attainment.[24]

- Participation in mainstream education can have a detrimental impact because of the potential for cultural and linguistic alienation in an environment where Aboriginal people are usually in the minority.[24] The quality and cultural appropriateness of schooling is relevant to the impact of education on health and social outcomes for Aboriginal Australians.[24]

- Culturally appropriate educational programs increase the engagement of Aboriginal Australian children and parents in schooling.[22] Increasing the presence of Aboriginal people within schools – including parents, family members and community members – improves engagement with Aboriginal children.

- High expectations within school and communities for Aboriginal students' success can have a positive impact on attendance and educational outcomes.[22]

- International evidence indicates that quality pre-school programs and other early learning programs successfully promote positive outcomes, including educational attainment. Such programs need to be well-resourced, utilise a mixture of centre and home-based activities, have well-trained staff and focus on the child's development.[22]

- According to international evidence, factors that help raise the educational attainment of culturally diverse students include:

  – increasing students' confidence and motivation to do tasks – confidence appears to affect achievement, as does poor motivation

  – selecting school curriculum that is reflective of students' backgrounds

  – ensuring effective school leadership; that is, leadership that is aware of any issues facing the school and is committed to, and active in, addressing them

  – involving senior management in classroom observation and teaching

  – having high expectations of students

  – incorporating team teaching

  – having a whole-school commitment to raising educational attainment levels

  – securing parental support in school and homework activities

  – monitoring lessons with a focus on equal opportunities and reducing race-based discrimination to identify and remove barriers to learning

  – transition programs to support students moving from primary into secondary education to foster a culture of learning

  – using first language and dual language texts in dedicated sessions to support students' literacy and numeracy skill development

  – providing opportunities for small group work in literacy

  – involving bilingual classroom assistants.

Bairnsdale Secondary College: raising expectations

Photo source: Bairnsdale Secondary College.

At 7.30am on a chilly morning at Bairnsdale Secondary College, the sight of 30 young students kicking the footy warms Assistant Principal Graham Blackley's heart. The majority of the kids are Indigenous and five years ago far fewer of them would have still been attending school regularly.

The before-school football program, run by the Clontarf Foundation, is one of the many resources and approaches the school is using in its ongoing quest to improve the educational outcomes and retention rates of its Indigenous students.

When Graham arrived at the school 11 years ago, there was a culture of low expectations for Indigenous students. 'I was shocked,' he says. 'There were 15 Indigenous students in Year 9 and 10 at the time and their attendance rate was 20 per cent – and that's attendance at school, not attendance in the classroom.' In addition, very few Indigenous students were making the transition to the senior campus for Years 11 and 12.

'I've since found out that our story was similar to other schools right across Australia because no one was having much success. We had a very high suspension rate for students when they were here. I realised that Indigenous kids were coming to school and what they were identifying with was: 'Well, we're Indigenous so we go to school if we feel like it, and we muck up when we get there'.'

Over the next few years, in a process of trial and error, the school improved its relationship with its students and their families and saw average attendance increase to 60 per cent. The number of Indigenous students moving to the senior campus to continue their education was still 'terrible' though, with students dropping out from Year 8, leaving relatively few still engaged in education at Year 10.

'We improved a little bit but there was still nothing on the horizon that would suggest we were going to break the cycle of students failing to attend regularly and leaving school early,' Graham says. He was working closely with the school's Koorie Education Support Officer Darryl Andy but while they had the will to change the situation they were unclear as to what needed to be done.

Graham and Darryl sought the assistance of experts such as Indigenous educator Dr Chris Sarra of Queensland University's Stronger Smarter Institute and Brian Giles Brown, the then NSW State Coordinator of the Dare to Lead Coalition, which assists principals improve outcomes for Indigenous students. 'Looking outside our own backyard was one of the best things we did,' says Graham. 'It really challenged the way we thought.' *Continued...*

Darryl and Graham attended a Dare to Lead training program, which introduced them to the idea that the success of Indigenous students is a responsibility that should be shared by all school employees. A team from the school then participated in the Stronger Smarter Leadership program, working with educators from across the nation, sharing ideas and best practice.

Inspired by the training program, and with input from the local Indigenous community, the school developed an action plan that involved all staff taking responsibility for improving the outcomes for Indigenous students. 'The plan is a 'one pager',' says Graham, 'but it's one of the most 'alive' documents in the school.'

'If you read between the lines in the plan, it clearly takes the focus off the kids and places it on the staff. And there's an acceptance that while we have no control over what happens outside the school we've got full control over what happens inside the school – and that's where our focus needs to be. So, the focus of the plan isn't on the behaviour of the kids, it's on our behaviours.'

As part of prioritising relationship building with the Indigenous community, staff members now visit families if 'bad' news needs to be broken, such as a serious discipline issue. Good news, on the other hand, is often delivered by a telephone call. 'It's a simple change in our behaviour,' says Graham. 'I doubt that many Indigenous families across the country regularly receive 'good news' phone calls from their local school but we've found this is a great way to build trust with our families.'

The plan set high expectations for the students with a focus on building strong relationships between the school, the students and their parents. Strategies such as enforcing the school's often-flouted uniform policy have been embraced by the school community. Feedback made it clear that families have needed the school to back them when it comes to enforcing the rules. One student's grandmother said: 'It's about time you fellas did this. That's what I've been telling the kids for a long time.'

'First and foremost, we have to have a genuine relationship with the students and their families,' Graham says. 'They have to feel they belong here.' With that in mind, a large display case depicting the history of the Gunnai Kurnai peoples of the area is now on show in the school's reception area, the Indigenous flag flies proudly and there are statements such as 'We have high expectations for our Indigenous students' displayed throughout the school's junior and senior campuses.

It's a sentiment that Graham says is now ingrained in the school. 'We need to have the same high expectations of all kids, otherwise we're colluding with low expectations. The minute we do that, we're selling those kids short.'

The school's determination to do even better was given a significant boost in 2009 when the Clontarf Foundation offered to run a Football Academy program on campus. Clontarf's phenomenal success in increasing the education and training retention rates of young Indigenous men began in Western Australia 10 years ago and has since spread to involve 2,000 young people across Australia. The foundation harnesses the boys' love of football to improve their education, discipline, self-esteem, life skills and employment prospects.

Clontarf's program at Bairnsdale includes mentoring Indigenous students through to the senior campus and then onto further education or employment. In 2009, all five Indigenous students in Year 10 made the transition to the senior campus. Clontarf staff tracked down another four students who had dropped out and brought them back. 'So we actually had 180 per cent retention for the year,' says Graham. Overall attendance in class by Indigenous students now averages 85 per cent and 95 per cent for students connected with Clontarf.

In addition to improving the attendance and retention rates, a number of Indigenous students at Bairnsdale have improved their spelling and comprehension skills by the equivalent of three year levels since 2008.

'The transformation of this group of students is just quite extraordinary to see. These kids are walking so tall. They're so confident and they're so proud of who they are,' says Graham.

While the results are inspiring, the school's quest to improve the outcomes of its Indigenous students is not over. 'We have to believe in these kids because if we don't believe in them, they're not going to believe in themselves.' ●

For further information:

Stronger Smarter Institute:
www.strongersmarter.qut.edu.au

Clontarf Foundation:
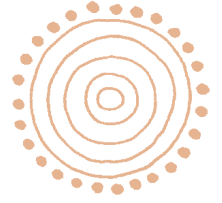www.clontarffoundation.com.au

'The transformation of this group of students is just quite extraordinary to see. These kids are walking so tall. They're so confident and they're so proud of who they are.'

Graham Blackley
Assistant Principal

Family and community connections

No systematic reviews of program evaluations promoting family and community connections for Aboriginal Australians were identified in the literature review. One primary study that aimed to promote family and community connections in an urban setting was included.[25] An evaluated program conducted in a remote setting was also identified.[26]

This review also draws on a non-systematic review that discusses relationships between social capital and Aboriginal health.[27]

Social capital theory is a useful way of conceptualising different forms of social and community connections that operate within society.[27] These connections are considered to operate across three levels: bonding, bridging and linking. Bonding ties are those between members of the same close-knit group; bridging relationships are looser and between members of different cultural or social groups; and linking social capital refers to relationships across power or authority gradients in society.

Key learnings about family and community connections

- Family and kinship networks and community connections can promote health and can be harmful to health.[27] Aboriginal people may be required to take on significant responsibilities for people in their kinship group resulting in increased stress and anxiety.[27]

- Increasing understanding and respect for Aboriginal culture and values among non-Aboriginal Australians and addressing systems in society that disempower and marginalise Aboriginal Australians are important in reducing health inequalities.[27]

- Key factors that support Aboriginal men in an urban setting to develop more positive relationships with their children and partner/ex-partner include:[27]
  - involvement of Aboriginal men in developing and implementing the program to help ensure cultural appropriateness
  - provision of free transport, childcare and lunch as well as flexibility around other community events, both planned and unplanned, when scheduling program sessions.

- A family wellbeing program developed in Queensland focused on empowerment and personal development of Aboriginal people through sharing stories, discussing relationships and setting future goals. The program has been adapted for secondary school settings in remote areas. Evaluation suggests that outcomes include improved peer relationships between students. However, increasing engagement of family and community members within schools and ensuring the sustainability of the program were ongoing challenges.[26]

- Key factors of effective programs to promote family and community connections include:
  - programs are based on identified community needs
  - Aboriginal people are involved in both program development and implementation to ensure the cultural appropriateness of program content and delivery
  - consider and address potential barriers to participation such as transport, childcare, food access, and flexibility around significant community events.
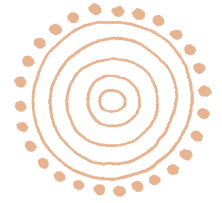
Photo source: VicHealth.

Ask CEO Michael Bissell how the Rumbalara Football & Netball Club came to be one of the largest and most successful providers of health, employment, leadership and education for Aboriginal people in the Goulburn Valley and his answer is disarmingly simple: it was in response to the demands of the community.

While Rumbalara Football & Netball Club's current incarnation dates back to the Aboriginal rights movements from the 1970s, the history of Rumba, as it is better known, dates back more than a century. It is a gripping tale of dispossession and racism with mainstream clubs blocking talented Aboriginal teams from competing until 1997, when Rumba was finally accepted into the Goulburn Valley Football League's second division. The club went on to win its first premiership in 1998; exactly 100 years after its Cummeragunja Football Club forebears won their first premiership in the Nathalia and District League.

The club's strength and persistence has enabled it to achieve success on the sporting field, with 19 premierships across all grades in 13 seasons. But its biggest impact is off the field in community development, says Michael. A key driver of the formation of the club was to address the high rates of youth suicide in the region in the late 1980s, with the Aboriginal community leadership escalating its calls for the establishment of a sporting club to engage young people in healthy lifestyle choices.
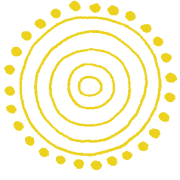
'We said: 'Let's use the club to promote Aboriginal connection, Aboriginal culture, cultural safety, everybody coming together and just sharing a laugh through the fun of footy and netball. All these other things can happen around it but in a non-intrusive way'.'

The results have been stunning. Goulburn Valley's 4,000-strong Aboriginal community is the second largest in Victoria. The club works directly with approximately 500 community members on a weekly basis through either football and netball, its employment and leadership programs, health and wellbeing programs, or the Academy of Sport Health Education (ASHE), which it runs in partnership with the University of Melbourne.

Last year ASHE produced more Indigenous graduates than the local TAFE and the four local secondary schools combined. In the past 18 months, its employment initiative, Rumbalara Ripples, run in partnership with RAD.com, has secured employment for 74 people, with 51 in earning roles and 23 in learning roles. Local police have told Michael there is a 75 to 80 per cent reduction in the number of kids involved with police and the justice system during football season, mainly because of the positive role of the club. 'They want us to start a cricket club!' he says.

Rumba's work is vital, says Michael. It is both the spiritual home and 'the social glue' that holds the Aboriginal community together, providing people with a place where they can freely express themselves and be proud of who they are. And it is a place where young people are around strong role models and are inspired and supported to become the next generation of leaders.

Rumba's impact has not been confined to the Aboriginal community. A recent report from Access Economics, commissioned by the Business Council of Australia, shows that closing the gap of Indigenous disadvantage in the Goulburn Valley will add an additional $215 million to the economy from 2010 to 2030. The regional economy will have grown by 1.3 per cent or $60 million by 2030. If the gap is closed on Indigenous disadvantage these economic, social and cultural benefits will be enjoyed by everyone across the Goulburn Valley. *Continued...*

'Far more important than the dollar value is the cultural celebration, the expression of identity, the strength of a place of ownership that is associated with the club and community,' says Michael.

'That can't be attributed a dollar value.'

Through its success, the club has challenged funding bodies to revisit the way they view and support organisations. In response to Rumbalara's needs for intergenerational support to close the gap on Indigenous disadvantage in the Goulburn Valley, VicHealth has developed a more flexible and sustainable funding model.
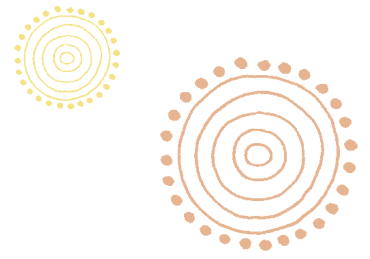
'It won't be an easy journey,' says Michael. 'But the future for us is bright.'

Rumba's unique history is detailed in the book *Proud Strong Family: How we built Rumba*, which is available on the club's website at <www.rumba.org.au> ●

'Far more important than the dollar value is the cultural celebration, the expression of identity, the strength of a place of ownership that is associated with the club and community.'

Michael Bissel
CEO

Culture and identity (as components of family and community connections)

Culture

The critical role of culture in the health and wellbeing of Aboriginal Australians is widely acknowledged.[28, 29, 30, 31, 32, 33] However, culture as a determinant of health remains a relatively under-explored area of health promotion and public health research.[32, 33] Health promotion interventions with Aboriginal Australians commonly refer to the incorporation of culture or cultural activities within programs. Few give further details explaining what this involves.

This evidence review was unable to identify evaluations that explicitly considered the effectiveness of promoting Aboriginal culture as a health promotion strategy. A recent qualitative study in Melbourne identified key components of culture related to child health and wellbeing as connection to family, connection to community, connection to country, language, art and artefacts, ceremony, respect for Elders, and identity.[34]

While this study was focused on health and wellbeing for Aboriginal children, exploring ways of incorporating these aspects within health promotion programs for Aboriginal adults in urban areas is suggested as a strategy for further exploration and evaluation.

Key learnings about culture

- Culture is a critically important determinant of Aboriginal health yet remains under-explored within health promotion and public health research.

- Key components of cultural wellbeing in urban areas include connection to family, connection to community, connection to country, language, art and artefacts, ceremony, respect for Elders and identity.

Identity

Strong cultural identity as a determinant of health and wellbeing, and its significance as a goal for health promotion, is recognised by Aboriginal people in Australia and internationally.[28, 29, 30] Research exploring the relationships between Aboriginal identity and health has generally focused on links between cultural identity and mental health outcomes, such as suicide or school retention.[29, 35, 36, 37, 38]

There is a need for greater understanding of 'Aboriginal identity', how identity is constructed through cultural practice and meanings, and how this affects health and interactions with broader society.[33] Recognising that all cultures evolve over time, it is appropriate to move beyond stereotypical concepts of 'traditional' or 'primitive' Aboriginal identity to consider more diverse expressions of Aboriginality.[39]

The urban Aboriginal identity also confronts issues related to skin colour and false separations between 'black' and 'white' that are linked with identity confusion, trauma, stress and emotional illness.[39, 40, 41, 42, 43, 44] Connectedness to family, community and country have also been identified as key components of a strong cultural identity in an urban setting.[15]

No evaluated health promotion programs in urban areas that explicitly promoted Aboriginal cultural identity were identified for this review. This is despite the fact that cultural identity is regularly described as a critical component of Aboriginal health and wellbeing.

One remote area program adapted from Queensland's Family Wellbeing Program reported positive benefits to Aboriginal students' sense of identity and social and emotional wellbeing.[26]

Key learnings about identity

- Strong cultural identity is considered an essential component of Aboriginal health and wellbeing and is an important health promotion goal.

- Move beyond 'traditional' stereotypes of cultural identity to consider more diverse meanings of Aboriginal identity, particularly in urban and regional areas.

- Connectedness to family, community and country has been identified as key components of a strong cultural identity in urban areas.
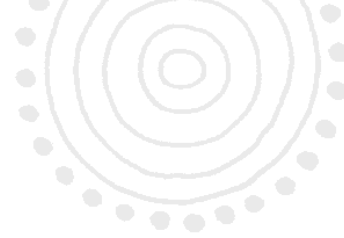
Photo source: Koorie Heritage Trust.

The crowd roared as 10 young Aboriginal men and women stepped out of the pink stretch Hummer and onto the red carpet in King Street, Melbourne. While the security and paparazzi on the footpath were fake, the cheers could not have been more genuine.

The young people were about to launch their own fashion show, the culmination of the innovative 13-week Kooriez in da Hood training program run by the Koorie Heritage Trust. While the participants signed up to learn how to create culturally based designs on hoodie jackets, the program's goals and achievements went further.

Jason Eades, Trust CEO, believes that programs aiming to improve the health and wellbeing of Aboriginal people must acknowledge the need to restore cultural identity, pride and aspirations if they have any chance of long-term success.

'Culture and identity is a big part of who we are. It's about place, it's about pride, it's about connections across the generations. You can put all the money you want into health, but unless you invest in culture and pride, you won't cut through. Culture encircles everything,' Jason says.

'If you are a young Aboriginal person growing up, not knowing where you fit and feeling that you are not valued, it can lead to anger, depression and other health problems,' he says. 'If you look at countries like Canada that have done great work in closing the gap with their First Nations people, culture and identity has played a huge role.'

'With almost 60 per cent of the Victorian Aboriginal community aged under 24 years, health programs must engage young people in their culture in a way that is relevant to their lives,' says Jason. 'Most people, when they think of Aboriginal culture, they think of the old stuff. But if we just focus on that, we will lose our kids. Culture dies if it doesn't evolve and change.'

Kooriez in da Hood is an example of how the Trust is walking that talk. The program was based on the historical cultural practice of Victorian Aboriginal people using a possum skin cloak to tell the story of the wearer's life through patterns and designs, with panels added as the owner grew.
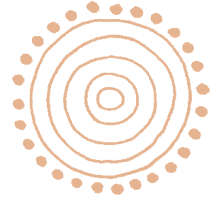
Possum skin cloaks became hoodie jackets, with mentors including Wiradjuri artist Brook Andrew challenging the young people to think about what defines Aboriginal art and how to create designs that reflected their lives.

Their work was launched at a red-carpet fashion show choreographed by Aboriginal hip-hop dancer Nikki Ashby with an enthusiastic audience of community members.

'I didn't think they would get up and perform in front of people but they did,' Jason says. Later, the mother of one of the participants rang Jason to thank him. 'She had been worried about him – she said during the course of this project she could see him change. He has gone from having no sense of direction to enrolling in graphic design at RMIT.'

Jason says the program shows what is possible when young people have pride, cultural identity and the opportunity to aspire to a better life. 'They have got some focus on what they want to do now,' Jason says. 'They can take ownership of their own culture.'

The Koorie Heritage Trust is now investigating the possibility of extending the *Kooriez in da Hood* project to a range of clothing, including jeans. 'The idea is to turn it into a social enterprise and make it self-supporting,' says Jason. ●

'Culture and identity is a big part of who we are. It's about place, it's about pride, it's about connections across the generations. You can put all the money you want into health, but unless you invest in culture and pride, you won't cut through. Culture encircles everything.'

Jason Eades
CEO

Access to economic and material resources

One of the most significant determinants of a person's ability to access material resources is having sufficient funds to do this. For this reason, priority was given to identifying the literature on income and employment as determinants of Aboriginal health.

Aboriginal people consistently identify housing as a material determinant of health and it has therefore been included in this review.

Income and employment

Three Australian systematic reviews of income and/or employment programs including or relevant to Aboriginal Australians were located.[45, 22, 46]

Key learnings about income and employment

- Relationships between income, employment and health are not straightforward for Aboriginal Australians.[22] At present there is limited knowledge of effective strategies for overcoming Aboriginal disadvantage in the labour market.[45]

- The Indigenous Employment Policy (IEP) appears to have had positive short-term impacts for Aboriginal job seekers, including increased income and decreased need for income support.[22] This policy included a range of strategies, such as job skill training, incentives for organisations to create jobs for Aboriginal Australians, and wage subsidies to support job seekers.

- Employment through the Community Development Employment Project (CDEP) appears to benefit individuals through increased self-esteem, self-discipline and work skills, as well as benefiting communities through reduced local unemployment and the creation of a pool of trained people.[22] However, employment in non-CDEP programs has been associated with better health outcomes than CDEP employment.[22] Conditions of employment and the type of work are critical factors influencing the health impacts of employment for Aboriginal Australians.

- Factors that support employment programs and organisations to achieve success for Aboriginal Australian job seekers include:
  - creating a context that is grounded in reality for job seekers – in particular an understanding of the realities of the current labour market[46]
  - providing mentoring and support to job-seekers, employees and employers
  - dedicated organisations that support Aboriginal employment for job seekers who are reluctant to use mainstream services as well as inclusion of dedicated services within mainstream employment services
  - publicising employment success stories to promote community awareness of supportive strategies both among potential employees of Aboriginal people and among the Aboriginal community
  - developing and maintaining strong relationships between the Aboriginal business communities, including organisations and employers consulting with local Aboriginal leaders and groups
  - Aboriginal people holding decision-making positions in management, on boards and advisory groups, as well as employees
  - providing job readiness programs to Aboriginal people that are culturally appropriate and holistic, including support for participants to overcome potential barriers to employment such as housing, transport or poor health.

- Consider adopting successful strategies for reducing poverty from American Indian communities such as:[22]
  - sovereignty: Aboriginal people making their own decisions about use of resources
  - cultural appropriateness: congruence between Aboriginal cultures and community institutions
  - good governance: clear governance arrangements within institutions, including being able to settle disputes fairly, separation of the functions of elected representatives and business management, and successful implementation of tribal policies.
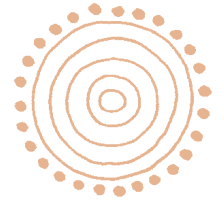
Photo source: Ganbina.

When the Indigenous unemployment rate is 77 per cent, it's not hard to understand why Aboriginal kids in the Goulburn Valley don't see the point of staying in school and getting an education.

Adrian Appo, Executive Officer of Koorie employment and training agency Ganbina, says one of his organisation's major tasks is to encourage young people to aspire to, and believe in, a future that is brighter than life on welfare.

'In some cases we even have to believe for them, before they can learn to believe in themselves,' Adrian says.

Funded mainly through corporate sponsorship and philanthropic donations, Ganbina works with more than 200 young people primarily from Year 7 through to Year 12 each year. With the aim of improving school retention rates and employment of Indigenous young people, Ganbina helps young people develop their individual education and employment goals. It also helps them develop leadership and life skills, such as gaining a drivers license, to ensure they can get a job – and keep it. Practical help includes assistance in obtaining a birth certificate, tax file number and setting up a bank account.

'It's a proactive approach to addressing that welfare cycle,' Adrian says. 'Rather than waiting for kids to become unemployed before we help them, we are engaging them early on. Part of that has been introducing a culture where they can be building an employment history whilst they are still at school by doing part-time work.'

The results have been impressive. In 2009, 91 per cent of the young people involved in the program achieved their education, training or employment goals, including 40 gaining employment. All except one of the Indigenous students in the area who completed Year 12 last year were involved with Ganbina.

Ganbina is rich in success stories such as Geoff West, who is now a manager at a hardware business; Meagan O'Shannessy, who does the books for her family dairy farm business and is planning to create a bed and breakfast on their land; and Troy Firebrace, Year 12 student and school captain who holds down two part-time jobs while working towards his dream of becoming a physiotherapist. Other Ganbina 'graduates' have already gone on to university.

Adrian says Ganbina's relationship with local business is vital, as it enables employers to talk directly to students about their requirements and expectations and reinforces the idea that continuing with their education and training will give them choices.

'Business and industry is keen to work with us. We are helping them fulfil a need. With such low unemployment on the non-Indigenous side there are skill shortages and we are able to work with an employer and say: 'In terms of employees we have untapped potential within the Aboriginal community, what we need you to do is help us to bump up their skills 'to enable them to contribute',' says Adrian. 'They can see that we are part of their recruitment solution.'

Adrian says he is proud of the success that Ganbina has enjoyed and the fact it sets its benchmarks so high. Students face a quarterly review of their performance and if they are not putting in, they are asked to leave the program to make way for someone who will. The way he sees it, Ganbina has to make the most of what little funding it has.

'Having three-quarters of your community's employable workforce unemployed is just catastrophic,' Adrian says. 'It has all of those flow-on effects of welfare dependency, people not feeling good about themselves, problems with self-confidence, mental wellbeing and how people see themselves fitting, or not fitting, into society.' *Continued...*

When Ganbina's young people achieve their goals it is not only themselves who benefit but the community as a whole, Adrian says. With more money to spend, they can make a greater contribution to the local economy and participate more in activities like fundraising, which leads to greater social cohesion. And, importantly, Ganbina graduates become positive role models for other Indigenous young people.

'Our greatest success is not the kids that we actually have on the program at the moment, it's about the kids that are performing and have said: 'We don't need your assistance anymore' because ultimately that's where we want to be. We want to build self-confidence, self-reliance and self-ability into young people so they can continue the journey when we are no longer there.' ●

'Our greatest success is not the kids that we actually have on the program at the moment, it's about the kids that are performing and have said: 'We don't need your assistance anymore'...'

Adrian Appo
Executive Officer
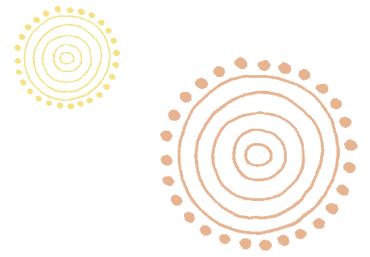
Housing

One evaluated strategy to address poor housing in an urban/regional context was identified. This strategy focused on protecting Aboriginal clients of tenant support programs from eviction and possible homelessness.[47] A remote and rural areas housing program[22] was also reviewed.

Despite the historical and contemporary evidence suggesting that housing has a major influence on health, there is limited evidence in Australia and internationally of health improvements as a result of specific housing interventions.[22]

Key learnings about housing

- Tenant support programs do appear to be effective in protecting Aboriginal tenants against eviction and possible homelessness and in linking Aboriginal tenants to external support programs to meet their non-housing needs.[47]

- Programs aimed at directly addressing housing structural issues are most effective when based upon the 'Housing for health' methodology.[22] This ensures houses have adequate health hardware – such as toilet facilities, electricity, hot water, and washing facilities – and trains local Aboriginal people in housing maintenance and management.
  Programs in remote areas have improved the functioning of essential facilities for washing, sanitation and storing and preparing food in houses. For further information go to <www.healthabitat.com>

- Practices within tenancy support programs that contribute to positive outcomes for Aboriginal clients include:[47]
  - intervening before the causes of tenancy instability become too great to manage
  - empowering and building clients' skills to successfully manage their own tenancies
  - developing trust between workers and local Aboriginal communities and building credibility of service providers within Aboriginal communities
  - employing staff who are culturally sensitive, including being able to understand and acknowledge cultural issues such as kinship obligations and local family relationships
  - providing case management services to tenants through one-to-one client contact, assertive follow-up, access to brokerage funds, and referral of clients to community agencies providing services such as mental health support or drug and alcohol counselling if appropriate.

Freedom from race-based discrimination

One Australian systematic review of national and international interventions to reduce race-based discrimination was located.[48] This review included strategies addressing race-based discrimination against Aboriginal people as well as those for other minority populations.

Four primary studies on addressing race-based discrimination against Aboriginal Australians were also found.[49, 50, 51, 52]

Key learnings about freedom from race-based discrimination

- Comprehensive approaches and multiple interconnected strategies are needed at various levels to address race-based discrimination. This multilayered approach is relevant at a community level or within a particular organisation such as a school or workplace.[48] This is because race-based discrimination occurs at the individual, organisational, community and societal level. Race-based discrimination also occurs across multiple settings including schools, workplaces, sports and recreation venues, and the media.[48]

- While there is no 'one size fits all' approach, eight key themes for action are:

  - increasing empathy

  - raising awareness

  - providing accurate information

  - recognising incompatible beliefs

  - increasing personal accountability

  - breaking down barriers between groups

  - increasing organisational accountability

  - promoting positive social norms.

For further information on reducing race-based discrimination, refer to VicHealth's publication *Building on our strengths: A framework to reduce race-based discrimination and support diversity in Victoria.*
Go to <www.vichealth.vic.gov.au/buildingonourstrengths>

- Cultural awareness programs do not, on their own, influence participants' attitudes or perceptions of Aboriginal Australians and promote positive behaviour change.[50, 51] In response, it is suggested that ongoing prejudice reduction programs that promote the values and principles of equality and social justice be integrated into organisations and/or communities.

- Some evidence indicates that challenging common 'false beliefs' held by non-Aboriginal Australians about Aboriginal people – such as that Aboriginal Australians receive 'special treatment' – appears to have a positive influence on reducing prejudice.[49, 52]

**LOOK OUT FOR**   **VicHealth: Localities Embracing and Accepting Diversity**

Local governments have considerable potential to address discrimination and promote diversity at a local level. A new pilot program to address interpersonal and local level institutional discrimination is being run by the cities of Whittlesea and Greater Shepparton.

The Localities Embracing and Accepting Diversity (LEAD) pilots will involve the development of a range of local strategies. They are aimed at increasing acceptance of diversity and reducing race-based discrimination among those most affected by discrimination – including Aboriginal Victorians. Developed in July 2009, the programs were implemented from April 2010. The first evaluation results are due in July 2011. ●

For further information:
Go to the VicHealth website at <www.vichealth.vic.gov.au> or contact the LEAD Program Coordinator on 03 9667 1333.
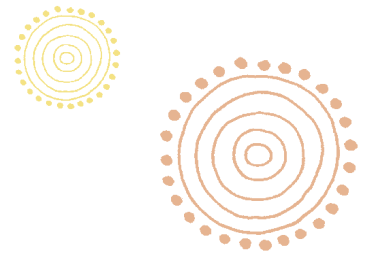
Connection to country

Connectedness to land, or 'country', is an important determinant of Aboriginal health and wellbeing.[5, 8] A non-systematic review of country as a determinant of Aboriginal health was identified for this resource.

Evaluated programs for promoting connectedness to country for Aboriginal Australians in urban and regional areas were not identified in this review.

The findings of studies conducted in remote settings examining this issue have also been included.[53, 54] A qualitative study conducted with Aboriginal Victorians exploring their beliefs about the health benefits of caring for country was also identified.[55]

Key learnings about connection to country

- Programs that involve Indigenous Natural and Cultural Resource Management (INCRM) have an important role in promoting both healthy country and healthy people.[53] INCRM activities include back to country reconnection programs, landscape fire management, subsistence hunting and gathering, Aboriginal ranger activities, and cultural practices such as visits to sacred sites and ceremonial grounds.[53]

- Research in Arnhem Land found participation in such activities was associated with lower levels of risk factors for cardiovascular disease and diabetes, a more nutritious diet and greater participation in physical activity. Participants also reported feeling good about themselves and their fulfilment of cultural responsibilities.[54]

- Positive impacts of caring for country for Aboriginal people living in Victoria appear to be linked to improved identity, self-esteem, cultural connection and relaxation.[55]

- Strategies that provide opportunities for Aboriginal Victorians to have contact with their traditional country, involve educational opportunities and build pride and identity are recommended as a means to improving health.[55]

In a short film called *Healthy Country, Healthy People* made by Parks Victoria, Aboriginal park rangers describe the central role of country and belonging to the land. Go to <www.youtube.com/watch?v=2UmVNOpC1zU>

OUR STORY   **Parks Victoria: Healthy Country, Healthy People**

In a short film called *Healthy Country, Healthy People* made by Parks Victoria, Aboriginal park rangers describe the central role of country and belonging to the land. Go to <www.youtube.com/watch?v=2UmVNOpC1zU> ●

Tobacco

Three systematic reviews have examined tobacco interventions for Aboriginal Australians.[57, 58, 59] One review examined tobacco use in the context of drug prevention research.[59]

There is little evidence about how to stop Aboriginal Australians from taking up smoking.[59] There is also a lack of knowledge of the effectiveness of tobacco control interventions for Aboriginal Australians.[58]


Photo source: VicHealth.

Key learnings about tobacco

- Individual level strategies such as nicotine replacement therapy or counselling are likely to be effective in assisting smoking cessation for Aboriginal Australians who are motivated to quit smoking.[60, 57]

- Tobacco cessation and prevention strategies most likely to be effective include:[57]

    – employment of Aboriginal smoking cessation workers to support communities and organisations to implement tobacco policy and legislation, with the aim of reducing the public visibility and acceptability of smoking

    – dedicated Aboriginal smoking cessation counsellors ('quit coaches') in Aboriginal health services, to support individuals and families wanting to quit

    – offering quit support programs and brief intervention training to assist Aboriginal Health Workers who smoke, to quit

    – community ownership of programs and development of training and resources in collaboration with local communities

    – combining quit support programs with other health promotion programs

    – promoting the importance of protecting children from tobacco smoke

    – supporting pregnant women to quit smoking

    – implementing programs to prevent the uptake of smoking among Aboriginal young people.

- Mainstream population-wide strategies for tobacco cessation, such as restriction of tobacco sales, smoke free legislation, mass media campaigns and tobacco taxation, do not appear to be successful for Aboriginal Australians.[60]

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* The eleven selected risk factors are: tobacco, high body mass, physical inactivity, high blood cholesterol, harmful alcohol use, high blood pressure, low fruit and vegetable intake, illicit drug use, intimate partner violence, child sexual abuse and unsafe sex.
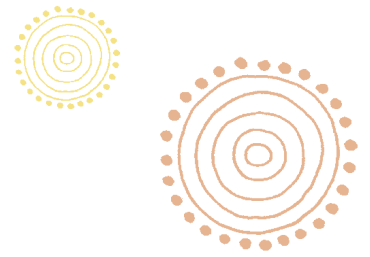
Making Njernda smoke-free: a journey

Nicotine is a notoriously addictive drug, with smokers often making repeated attempts to quit before they are successful. But at the Njernda Aboriginal Community Controlled Organisation, it only took two attempts by staff to create a smoke-free workplace.

Previously, with only five non-smokers among its 63 staff, Medical Clinic Practice Manager Anne Munzel says having a cigarette and a cup of tea in the outdoor gathering place had been a strong part of the organisation's culture.

Concerned that the organisation was sending a message to the community that smoking was acceptable, Anne and Health Promotion Officer Kelli Bartlett, herself a smoker at the time, decided that the organisation needed to be a better role model.

'We decided we wanted the community to know we were making a stand against smoking,' Anne says.

The pair set up a committee to run with the idea and secured the support of the board to declare both the buildings and grounds of Njernda smoke-free, but at the first attempt, they struggled to change smokers' behaviour.

'When you have so many people who smoke it's very hard to enforce it,' Anne says. For two months, the pair tried to rigorously enforce the smoke-free policy but eventually agreed to staff smoking in designated areas only. 'But it still wasn't getting the message through that we wanted a smoke-free environment.'

Disappointed at their lack of progress, Anne and Kelli boosted the smoke-free workplace committee with representatives from the local hospital and the Primary Care Partnership and began consulting with staff about the best way to approach the change. With the support of the CEO, staff were offered support to quit, including a financial incentive for those able to stay smoke-free for six months.

Njernda paid for eight staff members to have hypnotherapy, with two of them remaining smoke free, and funded other quit options including nicotine patches, medication and 'whatever could work'.

'It took 12 months but we now have a totally smoke-free workplace,' Anne says, and those employees who continue to smoke off the premises have greatly curbed their habit, with at least one employee down from a packet a day to half.

'It has reduced the number of work breaks, people can't be bothered now. Everyone who still smokes has reduced their intake. They say it's just not the same: 'We don't feel like it, it's not so relaxing, it's not as social as it used to be',' Anne says.

The smoke-free committee still meets monthly and works with the 'Close the Gap' committee of local health care providers to keep them up to date on its initiatives and benefit from its input. With the workplace policy locked in, the committee has expanded the focus of its anti-smoking campaign to the wider community.

The 'quit' theme has been embedded in all interactions at Njernda, from telephone hold messages through to display posters of staff members who have been successful in giving up cigarettes, and one that highlights the fact that the average smoker spends $45,000 on their addiction over 10 years.

'When you are living on nothing really, and then see smoking is costing so much, I think it has a real impact,' Anne says.

Njernda's maternity program is focusing on pregnant women who smoke with one midwife who is a trained Quit counsellor. 'We offer these women a financial incentive of $250, but they have to quit while pregnant and remain smoke-free for three months after they deliver, because that's when they take it back up. They deserve a little reward for that effort.'

Every health consultation includes a query about the client's smoking habits and whether they would be interested in support to quit. All the community events Njernda runs are smoke-free, including NAIDOC and sporting events for young kids showcasing local champions with the 'quit' message. *Continued...*

'Smoking is on every agenda we have. That's how high a priority it is for this organisation,' Kelli says.

The results have been immediate, with eleven community members quitting in the past six months.

'I think everyone had an awareness of the health message before we began. No one wants to smoke. They all know what it does to their health but it's very, very difficult. We have people who have been dependant on a number of substances that they have managed to give up but they have not been able to give up the tobacco.'

Anne says she is confident that while the program is ongoing, the change is real and lasting. 'Everyone used to smoke and it was part of the culture but there's been a real change. People are not happy smoking and they want to change, we're there to support them to do that.'

For other organisations considering going smoke-free, Anne says involving staff and management from the start is the key. 'The biggest lesson we learned was consult, consult, consult, and take one step at a time; don't try to say: 'Next month we are going to be smoke-free'. You need to do it gently and get everyone on board – and it's worked.' ●

'Smoking is on every agenda we have. That's how high a priority it is for this organisation.

Kelli Bartlett
Health Promotion Officer
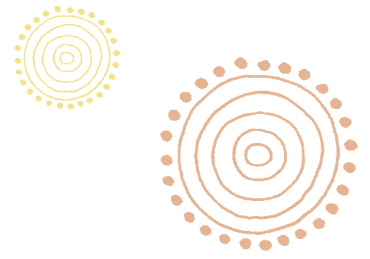
Physical activity

Evidence on effective physical activity interventions is drawn from two systematic reviews[22, 61] as well as two recent non-systematic literature reviews produced through the Victorian Aboriginal Community Controlled Health Organisation.[62, 63]

There is a lack of formal and rigorous evaluations of physical activity promotion programs for Aboriginal Australians.[61, 63] In particular, there appear to be few physical activity projects for Victorian Aboriginal people.[63]

Key learnings about physical activity

- Lifestyle programs that incorporate physical activity interventions appear to have had some positive outcomes, such as increasing physical activity[63], weight loss[61, 63] and raising community awareness of health issues.[61] Long-term health benefits have not been demonstrated.[63]

- Sports programs appear to have the capacity to engage young Aboriginal Australians. However, there is a lack of evidence demonstrating their impact upon health outcomes.[22] Team sport is regarded as an effective way of engaging Aboriginal men in physical activity.[61]

'Everything is about creating opportunities for the kids. Surfing is the vehicle to allow them to feel good about themselves and participate in other broader community opportunities.'

Max Wells
Executive Director

Surfing Victoria's Aboriginal surfing program

Photo source: VicHealth.

Kelly Slater dedicated his 2010 Rip Curl Pro trophy – surfing's equivalent to the Wimbledon trophy – to the Wathaurong Aboriginal Co-operative. It was telling proof of how far a surfing participation program had come in building relationships and respect within Aboriginal communities.

The program's beginnings date back more than a decade to when Max Wells, the executive director of Surfing Victoria, approached the Department of Sport and Recreation to fund surf instructor training for a young Aboriginal man. The department provided the funds and proposed the creation of an annual state-wide Indigenous surfing carnival.

Determined to get the Aboriginal community involved from the beginning, Max pursued funding for an Aboriginal Aquatics Officer to assist with running the carnival, a role taken up by carpenter and surfer Steve Parker. Max and Steve's respect and friendship provided a solid foundation for a program that was to build strong links and support between Surfing Victoria and Aboriginal communities throughout Victoria.

Gunditjmara hosted the first Indigenous carnival in Warrnambool 12 years ago. 'It was held in the most atrocious weather conditions possible but we still had 40 people show up and it was quite successful,' says Max.

Knowing 'you can't have a carnival without programs around it', Max and Steve then set about developing relationships with Aboriginal communities and seeking support to run youth surfing lessons and water safety training. They approached the Department of Sport and Recreation, VicHealth, the state government's water safety initiative *Play it Safe by the Water* and surfing

businesses such as Rip Curl, Quiksilver and Billabong, to help with programs and to provide equipment and prizes for the carnival.

For the past two years, the two-day Indigenous carnival has attracted more than 200 participants, ranging in age from two to 60 years. Participants, families and supporters come from as far afield as Portland, Lakes Entrance, Phillip Island, Robinvale and Swan Hill. Importantly, the event is now owned by Wathaurong Aboriginal Co-operative, with Surfing Victoria acting as the facilitator.

'The Open Men's division is the only one that is run as a formal surfing contest,' says Max. 'It's more about participation and fun. Surfing is a vehicle for us to engage kids... It's a carnival about bringing families and groups together with the added benefit of teaching them water safety.'
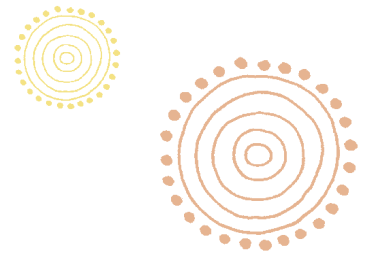
Organisers have been determined that body image issues would not prevent girls from taking part. 'We have broken down the barriers for girls to participate with their numbers growing significantly,' says Max. *Continued...*

The work and training opportunities have also helped create and support mentors who in turn support young people from Aboriginal communities. Steve now holds the senior position of site manager of the Rip Curl Pro, and paid and volunteer Aboriginal staff work during the carnival. Surf Victoria now includes 10 Aboriginal surf instructors – six men and four women.

The Rip Curl Pro is now opened by a Welcome to Country ceremony by the Wathaurong Aboriginal Co-operative, and the winners are presented with their trophies by local Aboriginal dancers. The winner of the Open Men's division at the Indigenous carnival goes on to represent Aboriginal Australians at Surf Victoria's trials, and competes for a wild card entry into the Rip Curl Pro.

While Max hopes some of the kids who participate in the carnival will continue with the sport, it goes beyond that. He is proud of the way the carnival has enabled Aboriginal communities throughout Victoria to reconnect, the jobs it has created for people – some of whom had drug and alcohol problems, or issues within the justice system. And it has improved the self-esteem and pride of those who have taken part – including the boost provided by Slater's dedication.

'It's not just about surfing. Everything is about creating opportunities for the kids,' says Max. 'Surfing is the vehicle to allow them to feel good about themselves and participate in other broader community opportunities.' ●
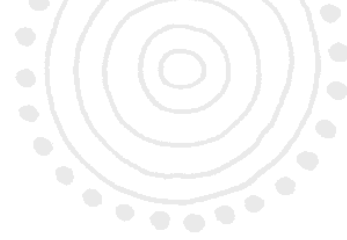
Nutrition and access to food

Evidence on nutrition and access to food is drawn from several systematic reviews[22, 61] and two non-systematic literature reviews from the Victorian Aboriginal Community Controlled Health Organisation.[62, 63]

There is little formal or rigorous evaluation of nutrition and food access programs for Aboriginal Australians.[61, 63] In particular, there appears to be few evaluated Victorian Aboriginal nutrition projects.[63] There is also an absence of research on effective interventions to address the supply of and access to nutritious food, particularly in urban areas.[62]

Key learnings about nutrition and access to food

- Lifestyle programs incorporating nutrition interventions appear to have had some positive outcomes in promoting weight loss, positive changes in dietary intake[61, 63] and community awareness of health issues.[61] Long-term health benefits have not been demonstrated.[63]

- Short-term nutrition education programs do not appear to have benefited Aboriginal Australians.[22] While nutrition education is considered to improve knowledge of the link between diet and health[22] and to improving diet[63], its effectiveness appears dependent upon the availability and accessibility of healthy foods.[62] It is recommended that education programs be coupled with other strategies as part of a comprehensive nutrition intervention and not delivered as a stand-alone program.[22]

- Comprehensive nutrition programs in indigenous communities in Australia, New Zealand, Canada and the United States of America appear to have had a positive impact upon particular health outcomes. These include decreased weight, improved child growth, decreased insulin and cholesterol, or changes in dietary behaviour.[22] However, given that multiple strategies were used, it was difficult to attribute success to specific elements.[22]

- Providing free or subsidised healthy food to individuals is another strategy aimed at improving nutrition. In Australia, these programs are mostly limited to small school food programs in Aboriginal communities.[22] While not formally evaluated, such programs have had short-term positive impacts on nutrition.[22]

- Recommendations to improve appropriate, regular, and reliable access to nutritious foods, using socially acceptable means, include:[62]

  - greater advocacy and policy action regarding food access

  - increased action at all levels between health, local government, welfare, housing and Aboriginal organisations to trial and evaluate interventions that use a mix of strategies to improve food supply and food access in urban settings

  - trial and extend the reach of socially inclusive nutrition promotion programs that incorporate a form of subsidy for healthy food and/or meals

  - create specialised Aboriginal nutrition positions to develop and coordinate nutrition and food security programs through partnerships between health and other local agencies

  - ensure food security issues impacting on Aboriginal people living in urban, rural and remote locations are researched and reported, and that food security indicators are developed for routine monitoring and reporting nationally.

The Mullum Mullum food bank

Photo source: Newspix.

Mullum Mullum's food bank is doing more than filling stomachs with healthy food. It is helping Aboriginal community members reconnect with each other, share stories, find talents and restore community pride.

On Wednesdays, about 50 Aboriginal families on low incomes arrive at Mullum Mullum's Indigenous Gathering Place. They come for a cuppa and a chat and to pick up a food package filled with fresh fruit, vegetables, nutritious meals such as quiches and soups, and health tips and simple recipes.

This sustainable program is based on the Aboriginal principles of giving and receiving. Everyone who registers for the food bank volunteers at least two hours each month to 'give back' to their community. 'The Elders are exempt but they all participate,' says Food Bank founder Bronwyn Fenn. Volunteers can spend their time assisting with any of Mullum Mullum's community programs, depending on their interests and talents.

'I think everyone is born with a natural gift, and I want to give people the opportunity to use that gift rather than saying you have to do this or you have to do that,' says Bronwyn. 'So, if you are a good story teller or you love children, you can volunteer with the babies or, if you like Elders, you can volunteer to help with Elders Day.'

The volunteers now essentially run the program themselves, with the assistance of one worker. 'I looked at other food banks and the ones that had collapsed and why they collapsed and it was because they didn't have enough backup, so if something went wrong with the coordinator it just crumbled,' she says.

When Bronwyn was given the task of setting up a food bank, with an initial $8,000 grant, she had a clear shopping list. 'I wanted to avoid heavily processed food and a system that reinforced the cycle of welfare dependency or relied too much on a single person to be sustainable,' she says.

Bronwyn says the initial aim of the food bank was to improve the health status of the Aboriginal community by increasing the availability of fresh foods and vegetables, rather than providing the non-perishable processed foods other food banks often need to rely upon, which are high in sugar and fat.

Fruit and vegetables are provided by non-profit organisations SecondBite and FareShare, who rescue fresh produce that would otherwise end up in landfill. FareShare also turns some of that rescued produce into nutritious meals.
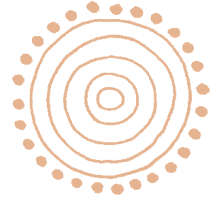
The success of the food bank has gone far beyond expectations.

'With the contents of the boxes varying radically from week to week, families are learning about seasonal shopping, kids are trying new fruits and vegetables and Elders are sharing their knowledge about foods and how to cook them,' says Bronwyn. Volunteers add timely health tips on issues such as looking after yourself in the heat, or preventing heart disease, as well as simple nutritious recipes.

Local health workers often have a cuppa with families as they wait for their boxes, providing an informal setting to talk about health or other issues and linking community members with local services. The community itself has become stronger as news of the food bank and the broader role of Mullum Mullum Indigenous Gathering Place spreads.

'Families tell me they save $50 a week,' Bronwyn says. 'Most is going into paying bills, for uniforms, all sorts of things. Some are buying more nutritious food.'

'They tell me: 'This is changing our lives'.'

'Families are learning about seasonal shopping, kids are trying new fruits and vegetables and Elders are sharing their knowledge about foods and how to cook them... They tell me: 'This is changing our lives'.'

Bronwyn Fenn
Food Bank founder

Alcohol

There is very little information available about how best to prevent alcohol misuse among Aboriginal Australians. The majority of evidence is focused on treatment rather than prevention. Those studies that are prevention-focused provide descriptions rather than evaluations of the methods used.[59]

Evidence for action to address alcohol as a health promotion priority was drawn from three systematic reviews of alcohol interventions with Aboriginal Australians.[64, 22, 59]

Key learnings about alcohol

- Evaluations of alcohol treatment programs are either inconclusive[64, 22] or suggest only modest gains.[64]

- The few interventions that have been evaluated are those restricting alcohol supply to Aboriginal Australians.[64, 22, 59] While initial results suggest that these interventions may reduce excessive alcohol consumption and alcohol-related harm[22], evaluations reveal considerable variation in the effect. Results suggest that restriction to supply alone is unlikely to provide any long-term solution to alcohol misuse.[64, 59]

- There is limited evidence to support sobering-up centres as an effective harm minimisation strategy. Other harm minimisation strategies such as the *Living with Alcohol Program* that aimed to reduce alcohol consumption and alcohol-related fatal accidents in non-Aboriginal people in the Northern Territory, showed no positive impact on Aboriginal communities.[59]
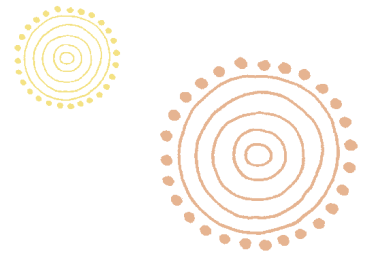
Access and treatment in the health system

Ensuring that Aboriginal Victorians have equal access to health services and standard treatment within the Victorian health system is one of the entry points to reducing health inequality.

There is limited information or research available regarding the health service needs of Aboriginal people living in urban areas at a national level.[65] There is no research on the issues affecting Aboriginal Victorians given that the issue of access to health services and treatment within health services has been highlighted only relatively recently.[66]

Below are the findings from a non-systematic review of theoretical and empirical studies examining healthcare access for Aboriginal Australians living in urban areas.[67]

Key learnings about access and treatment in the health system

- Aboriginal people living in urban areas are a highly diverse and mobile population, often described as an 'invisible minority' and perceived by some as not being 'real' Aboriginal people. Evidence suggests Aboriginal people living in urban areas experience similarly poor health as those living in remote areas.[67]

- Salaried general practitioners within Aboriginal community-controlled health organisations and/or salaried general practitioners and Aboriginal Health Workers within mainstream community health services are likely to be much more effective than fee-for-service models of general practice.

- Barriers to healthcare for Aboriginal Australians include availability (location), affordability, acceptability and appropriateness. Acceptability and appropriateness of services are considered to be particularly relevant for Aboriginal people living in urban areas.[67] Sociocultural issues such as provider attitudes and practice, communication issues, poor cultural understanding and racism, as well as mistrust of the system among Aboriginal people, are also influential barriers in urban areas.

- Cultural safety, cultural security and cultural respect must be present if a health service is to be appropriate to an Aboriginal person. An appropriate health service addresses all dimensions of health as conceptualised by Aboriginal people, and meets the needs of those with complex and multiple health issues as experienced by many Aboriginal people. Audit tools for identifying the cultural competence of healthcare services for Aboriginal people have been developed.[68]

- Aboriginal people attend hospital emergency departments at a significantly higher rate than non-Aboriginal people, and it is not clear why this occurs. Effective transitions between acute and primary healthcare, including discharge from hospital, continue to be a problem.

Recommendations on how to improve the treatment experienced by Aboriginal people going to hospital can be found in a National Heart Foundation and Australian Healthcare and Hospitals Association report. Go to: <www.heartfoundation.org.au/Professional_Information/Indigenous_Health/Resources>

Gippsland Lakes: an inclusive health service

Photo source: Gippsland Lakes Community Health.

Five years ago it was possible to visit Lakes Entrance and be completely unaware that it has a sizeable Aboriginal community. Today evidence of the community is all around, from the dramatic Spirit Poles outside the health centre to the Aboriginal flags flying from buildings in the heart of town.

The dramatic shift is one of the many positive impacts of a unique partnership borne of the desire to increase the accessibility of health services to the local Aboriginal community.

In 2005, Aboriginal Elder Phyllis Andy contacted Bruce Hurley, the newly appointed CEO of Gippsland Lakes Community Health (GLCH), to alert him to the issue of Aboriginal people being reluctant to access the service. 'He'd only been in the job for four months,' recalls Phyllis. 'I dropped a bombshell on him!'

Phyllis explained that local Aboriginal people had no control over the services provided and felt unwelcome in the health service and in the town. 'Our people were very shy of using the service and they would only come if there was a chronic illness they needed to deal with, but if there were other illnesses or ailments they went unnoticed.'

Bruce listened to her concerns and recognised the need for Aboriginal people to play a significant role in the running of health services. A community meeting was held to establish the Lakes Entrance Aboriginal Health Association (LEAHA) and elect a board of Elders.

The Lakes Entrance Aboriginal Health Association and GLCH negotiated a partnership agreement that included providing LEAHA with its own space to run Aboriginal-specific health services that provided a more welcoming environment for community members waiting to access the general practitioner. New services were developed to ensure that everyone in the community – from new mums and bubs through to Elders and those with chronic conditions – was catered for.

Mainstream services were supported to become more welcoming to Aboriginal clients. Improved training opportunities resulted in the number of Aboriginal Health Workers employed by both services increasing from two to 22.
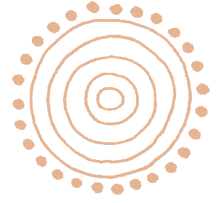
'Aboriginal Health Workers bring unique skills and experience to the organisation and play a vital role as health workers,' says Bruce. 'The employment strategy can't be underestimated.' It is a visible message that the Aboriginal community is welcome and respected, builds pride and creates career paths for Aboriginal people. Bruce is committed to strengthening training so that Aboriginal Health Workers can go on to further medical study – as doctors, nurses or physiotherapists.

The success of the health partnership is clear: there has been a more than 100 per cent increase in the use of health services by the Aboriginal community and a dramatic increase in the number of community members having health checks and care plans.

It is a healthier community too. The partnership has encouraged other organisations, including the local police, to fly the Aboriginal flag. The two organisations have secured a pool of recurrent funding with which they support health and cultural activities, such as NAIDOC, and arts projects such as the series of Spirit Poles that represent the five clan groups of the local Gunnai Kurnai people.

Phyllis says it has been an amazing partnership. The Aboriginal community now has a real say in the provision of health services that fit their needs from birth to old age. Lakes Entrance has embarked on a journey of accepting, embracing and celebrating the community, with Aboriginal people now more active, visible and proud.

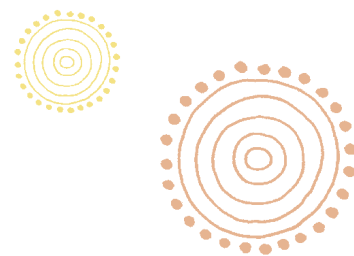'I think the difference is we are now living healthier and longer lives.' ●

'Aboriginal Health Workers bring unique skills and experience to the organisation and play a vital role as health workers. The employment strategy can't be underestimated.'

Bruce Hurley
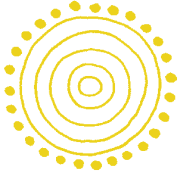*CEO*
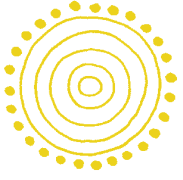
What you can do next

What you can do next

There are many practical steps that can be taken to close the gap in Aboriginal health inequality in Victoria. You can use the Victorian Aboriginal health promotion framework as a checklist to review your own health promotion plans:

- Review action across all of the 10 key determinants and contributing factors in the framework in your local area. Check if action is happening across all, most or some of the key determinants. Consider advocacy or partnering with other organisations to ensure that all or most determinants and contributing factors are addressed. Even if your organisation's core business is in one area only, you can still make a valuable contribution to change by raising the issues with those who have the capacity for change in other areas.

- Check that the good practice principles are reflected in all your actions.

- Check that you are using many or most of the health promotion actions from the framework. If not, consider other actions that you could undertake to strengthen your health promotion action.

- Consider using the intermediate and long-term benefits from the framework as evaluation measures in your health promotion plan.

- Check the key learnings sections from this resource (pages 19 to 47) that are relevant to your priority areas.

Other useful links

Closing the Gap Clearing House – a clearing house for evidence-based research on overcoming disadvantage for Aboriginal Australians: <www.aihw.gov.au/closingthegap>

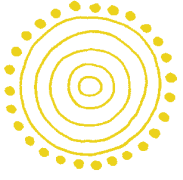# Appendices
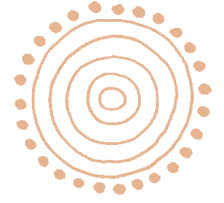
Available online only at <www.vichealth.vic.gov.au/lifeishealthislife>
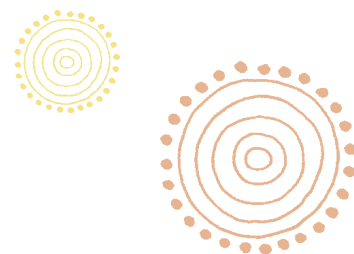
Appendix 1: Detailed description of review methods

Appendix 2: Data extraction tables of reviews and primary studies
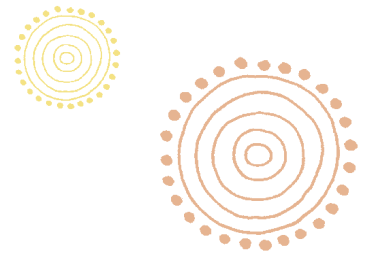
Appendix 3: Gaps in knowledge

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