

23 January 2015

Senator Deborah O'Neill
Chair, Senate Select Committee on Health
PO Box 6100
Parliament House
CANBERRA ACT 2600

Submission from the Victorian Health Promotion Foundation (VicHealth) to the Senate Select Committee on Health regarding Indigenous health

Dear Senator O'Neill

VicHealth was pleased to recently receive a copy of the interim report of the Senate Select Committee on Health. We also noted that the Committee is taking additional submissions regarding term of reference (e), particularly around Indigenous health.

Considering our initial submission to the inquiry focused more generally on health promotion and disease prevention, VicHealth would like to take the opportunity to provide an additional short submission on this area. We have a long history in working to improve Indigenous health, and while our experience is shaped by the Victorian context, many of our learnings may be relevant across Australia.

VicHealth's work in promoting the health of Aboriginal and Torres Strait Islander people is based on the evidence-based resource [Life is health is life: Taking action to close the gap](#). This resource was developed by VicHealth in partnership with the Victorian Department of Health in 2011, and includes a framework for action that focuses on: the key determinants of Indigenous health; key contributing factors; priority settings; and health promotion principles and actions. A copy of the summary of learnings from the resource is included as Appendix 1, and the framework is included as Appendix 2.

VicHealth recommends that the Committee considers the following issues when responding to term of reference (e).

Indigenous concept of health

For Aboriginal and Torres Strait Islander people, health is something that connects all aspects of life. It is 'not just the physical wellbeing of the individual but the social, emotional and cultural wellbeing of the whole community. This is a whole-of-life view and it also includes the cyclical concept of life-death-life'.¹

Because of this and the impact of colonisation, certain factors can exert a strong influence on individuals' health. Therefore, VicHealth urges the Committee to ensure that any action they recommend to improve Indigenous health must recognise and address each of these factors.²

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Health promotion approach

VicHealth notes that term of reference (e) relates to the provision of health services. VicHealth strongly recommends that the Committee broadens the focus of this area to include health promotion and disease prevention.

The World Health Organization defines health promotion as the ‘process of enabling people to increase control over and improve their health.’³ Health promotion is central to improving Indigenous 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

Social and economic determinants, key contributing factors and themes for action

Life is health is life provides a summary of available evidence across the key determinants of Aboriginal and Torres Strait Islander health (see Appendix 1), including:

- educational attainment
- family and community connections
- access to economic and material resources
- freedom from race-based discrimination
- connection to country.

These determinants affect peoples’ daily living conditions and their place in society, which creates an environment where people have different levels of exposure and vulnerability to risk and protective factors, such as education, social participation and employment. Individuals’ health-related knowledge, attitudes and behaviours result from and are responses to these factors.⁵

Therefore, VicHealth strongly recommends that the Committee’s response to term of reference (e) includes a focus on the social and economic determinants of Indigenous health.

Evidence on key contributing factors and themes for action to improve Indigenous health is also included in *Life is health life*, such as:

- tobacco
- physical activity
- nutrition and access to food
- alcohol
- access and treatment in the health system.

Life is health is life also includes a comprehensive, evidence-based framework for action (see Appendix 2). The Committee could potentially utilise this framework in the inquiry and subsequent report.

Good practice principles for action in Indigenous health

The evidence review conducted during the development of *Life is health is life* found that to be effective, health promotion action in Indigenous communities must be guided by good practice principles. 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 Indigenous Australians.⁴

The key features of good practice in Indigenous communities are as follows:

- 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.⁶

VicHealth urges the Committee to ensure that any recommendations to improve Indigenous health utilise these good practice principles.

VicHealth would be pleased to share our knowledge of promoting Indigenous health with the Committee, and would welcome the opportunity to work in partnership with the Commonwealth Government to identify, develop and implement health promotion efforts at the national level.

If you would like to follow up on any of the information in our submission, please contact Cassie Nicholls, Senior Policy Development Officer

Yours sincerely

Dale Mitchell
Acting Chief Executive Officer

References

- ¹ National Health Strategy Working Party 1989, *A national Aboriginal health strategy*, National Health Strategy Working Party, Canberra, p. x.
- ² VicHealth 2011, *Life is health is life: Taking action to close the gap. Victorian Aboriginal evidence-based health promotion resource*, Victorian Health Promotion Foundation and Victorian Department of Health, Melbourne.
- ³ WHO 1986, *The Ottawa Charter for Health Promotion*, World Health Organization, Ottawa.
- ⁴ Commission on Social Determinants of Health 2007, *Social determinants and Indigenous health: The international experience and its policy implications. Report on specially prepared documents, presentations and discussion at the International Symposium on the Social Determinants of Indigenous Health Adelaide, 29-30 April 2007 for the Commission on Social Determinants of Health (CSDH)*, Commission on Social Determinants of Health, Adelaide.
- ⁵ VicHealth 2013, *Fair foundations: The VicHealth framework for health equity*, Victorian Health Promotion Foundation, Melbourne.
- ⁶ VicHealth 2011, *Life is health is life: Taking action to close the gap. Victorian Aboriginal evidence-based health promotion resource*, Victorian Health Promotion Foundation and Victorian Department of Health, Melbourne.

Appendix 1: *Life is health is life: Taking action to close the gap – Summary of key learnings* (VicHealth 2011)

Life is health is life: Taking action to close the gap



Summary of key learnings about actions that will help close the gap

Always use good practice Aboriginal health promotion principles

- Inclusive of historical, social and cultural context
- 'Community-centred practice'
- 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

Summary of key learnings

Educational attainment

- High expectations of academic achievement within schools and communities can have a positive impact on attendance and educational outcomes for Aboriginal students.
- Quality preschool programs and other early learning programs promote positive educational outcomes. Programs need to be well resourced, use a mix of school and home-based activities, have well-trained staff and focus on the child's development.
- Increasing the presence of Aboriginal people in schools improves engagement with Aboriginal children.
- Some strategies that have worked in other countries include:
 - increasing students' confidence and motivation to do tasks
 - selecting school curriculum that is reflective of students' cultural background
 - having a whole school commitment to raising educational attainment levels
 - securing parental support in school and homework activities
 - incorporating Aboriginal teachers in teaching teams.
- The path between educational attainment and health for Aboriginal people is complex and less well understood than for non-Aboriginal people.

Freedom from race-based discrimination

- Comprehensive approaches with multiple interconnected strategies are needed to address race-based discrimination. Race-based discrimination can occur at an individual, organisational, community or societal level and in many different settings.
- While there is no 'one size fits all' approach, eight key themes for action are:
 - increasing empathy
 - increasing personal accountability
 - raising awareness
 - breaking down barriers between groups
 - providing accurate information
 - increasing organisational accountability
 - recognising incompatible belief
 - promoting positive social norms.
- Cultural awareness programs alone do not work. These need to be integrated with other ongoing organisational and community level strategies.

Access to economic and material resources

- Providing job skills training, incentives for organisations to create Aboriginal jobs and wage subsidies to support job seekers can have short-term positive impacts on creating access to economic resources.
- Employment through the Community Development Employment Project (CDEP) benefits individuals through increased self-esteem, self-discipline and increasing work skills. It can benefit communities by reducing unemployment and creating a pool of skilled people. However, employment in non-CDEP jobs results in better health outcomes than CDEP employment.
- Likely success factors for Aboriginal employment programs include:
 - providing mentoring and support to job seekers, employees and employers
 - providing Aboriginal-specific employment services
 - publicising Aboriginal employment success stories
 - developing and maintaining strong relationships with Aboriginal business communities and leaders
 - providing job readiness programs that include practical support in overcoming potential barriers to employment, such as the lack of secure housing, transport and ill health.

Family and community connections

- Kinship, family and community connections can be health promoting and harmful to health.
- Increasing understanding of and respect for Aboriginal culture and values among non-Aboriginal people and removing systems in society that perpetuate marginalisation and disempowerment of Aboriginal people helps create stronger community connections.
- When working to support Aboriginal men in creating positive relationships with their children consider providing free transport, childcare, food and flexibility around other community events.
- Engaging family and community members within schools and setting goals may help in improving positive peer relationships among students.
- Culture is critical to Aboriginal health and an important part of family and community connections. Key components of cultural wellbeing include connection to family, community and country, language, art and artefacts, ceremony, respect for elders and identity.
- Identity is critical to Aboriginal health. Broaden 'traditional' stereotypes of cultural identity to encompass a more diverse and contemporary understanding. Connection to family, community and country are key parts of a strong cultural identity.

Connection to country

- Involving Aboriginal people in the management of land – both natural and cultural aspects – has been shown to create 'healthy country and healthy people'.
- Benefits may include reduced risk factors for cardiovascular disease and diabetes, a more nutritious diet, greater participation in physical activity, and improved self-esteem and identity.

Access and treatment in the health system

- Aboriginal people experience unequal access to health services and to standard treatment in health services in Victoria. Possible strategies include:
 - Salaried general practitioners in Aboriginal Community Controlled Health Organisations (ACCHOs) and/or salaried general practitioners and Aboriginal Health Workers in mainstream community health services.
 - Addressing issues of cultural safety, cultural security and cultural respect within health services.

Nutrition and access to food

- Lifestyle programs focusing on nutrition are likely to lead to short-term outcomes in terms of weight loss and positive changes to diet. These have not been demonstrated to lead to long-term change.
- Nutrition education alone does not work. This needs to be combined with strategies that increase the accessibility of healthy foods.
- Providing free or subsidised healthy food as part of a nutrition program can have short-term positive impacts.
- Increasing access to food for Aboriginal Victorians is likely to require:
 - increased advocacy and policy action
 - increased action between health, local government, welfare, housing and Aboriginal organisations
 - specialised Aboriginal nutrition positions.

Tobacco

- Individual strategies such as nicotine replacement therapy or counselling are likely to help Aboriginal people stop smoking if they are motivated to quit.
- Strategies that are worth trying include:
 - employing Aboriginal community smoking cessation workers
 - Aboriginal 'quit coaches' in Aboriginal health services
 - Quit support programs and brief intervention training for Aboriginal Health Workers who smoke
 - combining Quit support programs with other health promotion programs
 - trying new programs to prevent the uptake of smoking among young Aboriginal people.
- Mainstream population-wide strategies for tobacco cessation don't work for Aboriginal people.
- There is currently no evidence about effective actions that will prevent the uptake of smoking.

Alcohol

- Restriction of alcohol supply reduces excessive alcohol consumption and alcohol-related harm, although restriction of alcohol as a single strategy is unlikely to provide a long-term solution.
- The success of treatment programs for alcohol misuse is limited.
- Sobering up shelters may be worth trying as a harm minimisation strategy.

Physical activity

- Lifestyle programs that incorporate physical activity are likely to lead to short-term increases in physical activity and awareness of health issues. These alone are unlikely to lead to long-term change.
- Focusing physical activity promotion on sports is likely to engage young Aboriginal people, particularly men.

Appendix 2: Victorian Aboriginal health promotion framework (VicHealth 2011)

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		
<ul style="list-style-type: none">• 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			<ul style="list-style-type: none">• 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	Education	Housing	Local community (families/clan groups)	Workplace
Local government	Corporate	Sport and recreation	Arts	Media	
Intermediate outcomes					
Individual	Organisational	Community		Societal	
<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• Safe, supportive and inclusive environment• Mutual respect and valuing of diversity• Improved cohesion• Committed to sustaining change		<ul style="list-style-type: none">• 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	
<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• Freedom from discrimination• Effective programs that are contributing to closing the gap	<ul style="list-style-type: none">• Strong cultural identity• Improved productivity• Freedom from discrimination• Reconciliation• Self-determination• Less violence and crime• Equality of health outcomes		<ul style="list-style-type: none">• 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	



Life is health is life: Taking action to close the gap. Victorian Aboriginal evidence-based health promotion resource. Available at www.vichealth.vic.gov.au/lifeishealthislife
^{*} The term 'Aboriginal' refers to people of Aboriginal or Torres Strait Islander descent.