

# Principles for better practice in Aboriginal health promotion

The Sydney Consensus Statement NSW Health 2002



### **Cover illustration Jaycent Davis**

The inner red circle bounds together the value of family, being mother, father and child.

The yellow sitting shapes represent the contributions from outside the communities.

The figures surrounding the inner red circle are responsible elders from the existing community.

The four circles represent healthy living and community:

- healthy foods
- social and emotional well-being
- partnerships
- physical activity.

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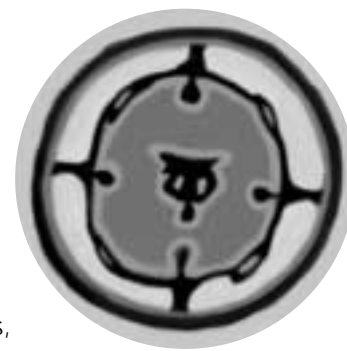
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# Contents

Overview	2
Background	3
Introduction	4
Principles for better practice	6

# Overview



On 29 October 2002, key representatives from all Australian states and territories who work in Aboriginal health promotion, general health promotion or population health met in Sydney, New South Wales (NSW). Their objective was to further develop a shared vision and understanding of the potential national elements of a Collaborative Centre for Aboriginal Health Promotion, being established in NSW.

The workshop was hosted by the NSW Department of Health and supported and attended by representatives of the Commonwealth Department of Health and Ageing and the NSW Aboriginal Health Partnership. These representatives included:

- the Office of Aboriginal and Torres Strait Islander Health (OATSIH) – Department of Health and Ageing, NSW and Australian Capital Territory (ACT)
- National Aboriginal Community Controlled Health Organisations (NACCHO)
- States and Territories Departments of Health and/or Human Services [NSW, ACT, Victoria, South Australia, Queensland, Tasmania, Northern Territory (NT), and Western Australia (WA)]
- Macquarie and Far West Area Health Services, NSW
- Aboriginal Health and Medical Research Council (AHMRC), NSW
- Danila Dilba Health Service, NT
- Australian Indigenous HealthInfoNet – Edith Cowan University, WA
- Dental Health Services, Victoria.

The purpose of the workshop, using an interactive group process, was for participants to reach:

- a greater understanding of the structure and purpose of the Collaborative Centre for Aboriginal Health Promotion
- consensus on best practice principles for Aboriginal health promotion
- a commitment to contribute to the collection of best practice case studies that is time bound and geographically representative
- agreement towards the establishment of quality assurance measures that will match case study material with best practice principles
- agreement on a set of recommendations on the mechanisms required at state and territory level that will ensure the sustainability of case study contributions to the Collaborative Centre for Aboriginal Health Promotion.

The workshop outcomes were intended to build on, and be consistent with, the work of:

- the *National Public Health Partnership: Guidelines for the development, implementation and evaluation of National Public Health Strategies in relation to Aboriginal and Torres Strait Islander peoples*<sup>1</sup>
- the *NSW Aboriginal Health Promotion Program: Directions Paper – NSW Aboriginal Health Promotion*<sup>2</sup>
- the Australian Indigenous HealthInfoNet.<sup>3</sup>

This document sets out the *Sydney Consensus Statement on Principles for Better Practice in Aboriginal Health Promotion*,<sup>4</sup> as agreed by the workshop participants.

Following the workshop the Principles for Better Practice were prepared by the Centre for Chronic Disease Prevention and Health Advancement and endorsed by the Australian Health Minister's Advisory Council (AHMAC) in February 2003.

# Background



## The health of Aboriginal and Torres Strait Islander peoples needs improvement

The health profile of Aboriginal and Torres Strait Islander peoples show that their health is substantially worse than that of the general Australian population. Census data indicates that Aboriginal and Torres Strait Islander people are generally disadvantaged across a spectrum of socio-economic factors that can be associated with adverse health outcomes.

It is clearly understood that socio-economic status alone does not explain the health differentiation that exists between Indigenous people and the general population.

The life expectancy at birth for an Indigenous male averages 56 years, and for an Indigenous female 63 years, compared to males in the general total Australian population of 76 years and females 82 years.<sup>5</sup>

Health risk behaviours such as smoking, alcohol and misuse of other drugs, as well as environmental factors (for example poor housing and sanitation standards), have also contributed to the status of Aboriginal health.<sup>6</sup>

Aboriginal people view health holistically and understand the relationship between health and its determinants. Therefore, establishing services, programs or structures to support Aboriginal health,

needs to be undertaken in collaboration with Aboriginal people and communities.<sup>7</sup>

The determinants of good health that underpin Aboriginal health are structural, spiritual, social, environmental and biological factors. If these determinants are not recognised, Aboriginal health will not improve and potentially serious consequences will ensue for individuals, communities and society in general.<sup>8</sup> This conclusion is underscored by reports such as the *Royal Commission into Aboriginal Deaths in Custody (RCIADIC)*<sup>9</sup> and the *National Strategic Framework for Aboriginal and Torres Strait Islander Health (NSFATSIH)*.<sup>10</sup>

The National Health and Medical Research Council (NHMRC) undertook a comprehensive review in 1996 to identify and analyse current practices in health promotion in Australia. The review confirmed that the 'capacity to deliver high quality, effective action to promote health depends upon there being a well-developed infrastructure to direct and support action'.<sup>11</sup>

The establishment of the proposed Collaborative Centre for Aboriginal Health Promotion represents a key initiative in providing such infrastructure to both the health and other key sectors that will deliver the extensive, sustained, high-quality action necessary to improve Aboriginal and Torres Strait Islander health.

# Introduction



An essential basis for progress is to acknowledge that Aboriginal health issues are complex, that there are no quick fixes or simple solutions and that the task of improving overall Aboriginal health may be beyond the capacity of any individual health sector to resolve.

As the NHMRC review suggests, a coordinated, inter-sectoral response – with joint contributions from Aboriginal community controlled health bodies as well as government and non-government sectors – will be required to identify barriers and develop strategies to move forward.

## Acknowledgment of existing generic principles

Workshop participants strongly emphasised that the 'Principles for better practice in Aboriginal health promotion' should recognise and encompass the health promotion principles of the *Ottawa Charter* (1986) and the subsequent *Jakarta* (1997) and *Mexico* (2000) declarations.

The *Ottawa Charter on Health Promotion* has been a worldwide source of guidance in terms of the five essential strategies for:

- 1 building health-related public policy
- 2 creating supportive environments
- 3 strengthening community action
- 4 developing personal skills
- 5 re-orienting health services.<sup>12</sup>

The *Jakarta Declaration on Health Promotion in the 21st Century* (1997) recognised the clear evidence that comprehensive approaches which use a combination of the five strategies are most effective:

- 1 settings offer practical opportunities for the implementation of comprehensive strategies
- 2 people must be at the centre of health promotion action and decision-making processes if they are to be effective
- 3 access to education and information in achieving effective participation and the 'empowerment' of people and communities
- 4 health promotion is a 'key investment' and an essential element of health development.<sup>13</sup>

The *Mexico Declaration* (2000) urged members to:

- promote social responsibility for health
- increase investments in health development
- consolidate and expand 'partnerships for health'
- increase community capacity and 'empower' the individual in matters of health
- strengthen consideration of health requirements and promotion in all policies
- to adopt an evidence-based approach to health promotion policy and practice using the full range of quantitative and qualitative methodologies.<sup>14</sup>

## Acknowledgment of existing work relating to Aboriginal health promotion principles

In Australia, there are some existing policies, guidelines, strategic directions and other documents guiding Aboriginal health at state, territory and national levels.

The *Guidelines for the Development, Implementation and Evaluation of National Public Health Strategies in Relation to Aboriginal and Torres Strait Islander Peoples* developed by the National Public Health Partnership,<sup>15</sup> describe the findings of a nationwide literature review and consultative process on issues related to the development and implementation of national public health strategies with Aboriginal and Torres Strait Islander communities. Recommendations resulting from this process will be issued in the form of guidelines. Principles and guidelines are necessary to assist in the development of policies and programs that reflect the values and needs of Aboriginal communities.

The *National Strategic Framework for Aboriginal and Torres Strait Islander Health* (NSFATSIH)<sup>16</sup> outlines a number of principles to guide national action to ensure that implementation strategies support the vision of healthy Aboriginal and Torres Strait Islander communities. The principles of community control, holistic approaches, working together, localised decision-making, accountability, prevention and health promotion strongly advocate a focus on

improving the capacity, effectiveness and responsibility of the health sector to deliver better health outcomes for Aboriginal and Torres Strait Islander peoples.

The National Aboriginal Community Controlled Health Organisation (NACCHO) has published its report, *Tobacco time for Action* (2000).<sup>17</sup> It includes four over-arching principles to guide all future work in the area of tobacco control and gives insight into how a specific health issue might be addressed.

The principles (abbreviated here) are:

- community control
- understanding of, and respect for, the social context in which Aboriginal peoples and Torres Strait Islanders live their lives
- programs should be holistic in nature and consider the social determinants of health
- programs should be as comprehensive as possible within given resources.

The 1996 National Health and Medical Research Council (NHMRC) report *Promoting the Health of Aboriginal and Torres Strait Island communities – Case studies and principles of good practice*<sup>18</sup> highlights a number of positive and effective health promotion projects that were undertaken within Aboriginal and

Torres Strait Islander communities around Australia. The report examines the reasons why these projects have succeeded, as well as identifying some common core principles to guide good practice.

Directions for Aboriginal health in NSW are clearly articulated in both the *NSW Aboriginal Health Policy Ensuring Progress*<sup>19</sup> and the *NSW Aboriginal Health Strategic Plan*.<sup>20</sup> Further supporting these guiding documents is the NSW Aboriginal Health Promotion Programs Directions Paper.

These documents have guided the NSW Aboriginal Health Partnership and the NSW Department of Health into adopting an approach that offers a sustainable platform for Aboriginal health promotion. Building the capacities of Aboriginal people, communities, relevant other organisations and the health system will enable these sectors to better promote Aboriginal health.

A way forward at a national level is for a consistent approach to practice to be adopted by all key jurisdictions. All jurisdictions agreeing to a set of 'better practice' principles will assist the development of the necessary infrastructure and support mechanisms to enable better practice Aboriginal health promotion to occur across Australia.

# Principles for better practice Aboriginal health promotion



As a commitment towards Aboriginal health promotion, state and territory representatives convened in Sydney at a national workshop on 29 October 2002. Participants agreed:

- 1** | Aboriginal health promotion should acknowledge Aboriginal cultural influences and the historical, social and cultural context of communities.  
*Health promotion initiatives need to sensitively acknowledge, affirm and reflect the values of Aboriginal culture sensitively within and between communities. Initiatives that neglect the effects of history and the social environment of Aboriginal people will have limited success.*
- 2** | Aboriginal health promotion practice should be based on available evidence.  
*Evidence can come from a wide range of sources. Qualitative as well quantitative evidence can inform practice. Decisions about the evidence on which to base practice should take account of the strengths, limitations and gaps in the available evidence.*
- 3** | Effective Aboriginal health promotion practice means building the capacities of the community, government, service systems, organisations and the workforce, ensuring equitable resource allocation (flexible purchaser provider arrangements) cultural security and respect in the workplace.  
*Examples of building and strengthening capacities through effective practice could be where others agree to participate in, or take on, programs; where individuals, units or even government departments have greater ability to work together to solve problems or where a process is established for routinely improving practice.*
- 4** | Aboriginal health promotion should ensure ongoing community involvement and consultation.  
*Aboriginal health promotion initiatives need to have community input at all levels of program planning, implementation and evaluation. Support from the broader community and within the wider health system will impact on effective and sustainable practice.*
- 5** | The practical application of Aboriginal self-determination principles is fundamental in all Aboriginal health promotion planning.  
*Aboriginal people are best placed to work consistently in partnership with relevant organisations on interventions that build community ownership and respond to the needs and motivations of the community with cultural understanding and sensitivity.*
- 6** | Aboriginal health promotion adheres to the holistic definition of health and acknowledges that primary health care in Aboriginal communities incorporates Aboriginal health promotion.  
*A coordinated and proactive approach to primary health care that includes early intervention and prevention strategies will promote improved Aboriginal health and wellbeing.*
- 7** | The establishment of effective partnerships is required to address many of the determinants of health.  
*Many of the determinants of health are beyond the direct influence of the health sector alone. Different collaborations and partnership approaches are likely to be pre-requisites for effective action to address these determinants.*

**8** | Aboriginal health promotion programs should aim to be sustainable and transferable.

*Sustainable programs will be planned and organised to incorporate rigorous evaluation throughout and responsiveness to the outcomes of that evaluation.*

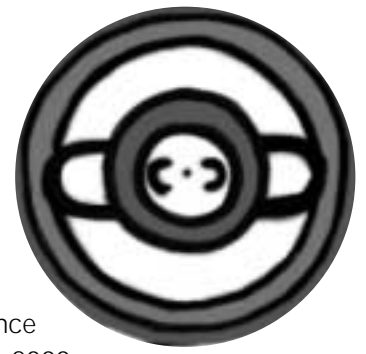
*Programs that are multi-faceted and include effective evaluation and sustainability strategies will also improve the design of future programs.*

*Involving stakeholders, in particular those who have supported similar initiatives, can positively influence the transferability of programs. Providing formal and/or informal training of people whose skills and interest will be retained can create a broader base of advocacy.*

**9** | Aboriginal health promotion should demonstrate transparency of operations and accountability.

*Visible decision-making policies and practices that are based on a sound rationale will have the capacity to take into account the complex and changing nature of Aboriginal health promotion.*

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