

Advancing Indigenous health

Chris Rissel, Lisa Jackson Pulver and Marilyn Wise

Welcome to this issue of the *Health Promotion Journal of Australia*, which focuses on Indigenous health promotion. More than a year ago, the *Journal* editors issued an invitation for authors to submit papers on any aspect of health promotion relating to Indigenous peoples; this issue is the result. The Editors' role in the process of reviewing, requesting revisions and the always difficult decision to reject a paper (given the work involved in preparing a manuscript) was assisted by the contributions of two Indigenous colleagues, Dr Lisa Jackson Pulver (University of New South Wales) and Mr Shane Hearn (University of Sydney).

We sought to invite Indigenous reviewers where possible and tried to apply a culturally appropriate filter to the reviews that were received. There were some shortcomings in the system, but we have learned some valuable lessons on how to better incorporate Indigenous perspectives into our work. This is a positive result, as inequities in health outcomes between Indigenous populations and the rest of Australia will never be redressed if we do not make the effort to engage with the issues.

We have tried to balance the sometimes opposing (and not always evidence-based) views of authors and reviewers, while maintaining the *Journal's* academic standards. Ultimately, the purpose of this issue is to advance the health of Indigenous people in the best way that the *Journal* can – by providing a public forum for the presentation of ideas, ways of looking at concepts and issues and, importantly, presenting evaluations of health promotion programs so as to help build the body of evidence of what works.

The following series of papers illustrate the range of health promotion programs being carried out by and with communities, the development of Indigenous conceptual frameworks, the international context within which the work is occurring, and the structures that are developing to design, deliver and evaluate Indigenous-led interventions. They are based on principles of self-determination and on understanding the relationships between health and social development, and provide real-world examples of theory being put into practice. They are strong examples of health promotion in action, and provide field-based lessons about the contextual difficulties and challenges for gathering health promotion research and developing evidence.

The editorial by Professor Mason Durie, as well as establishing the international context for Indigenous health promotion, offers a significant and original conceptual framework to guide Indigenous health promotion program design and delivery. This serves not only as a technical guide to practice and research, but also provides an insight into the critical importance of Indigenous intelligence and cultural knowledge that form the base of effective Indigenous health promotion.

Dr Sophie Couzos summarises a submission to an inquiry by the Commonwealth Department of Family and Community Services, *Towards the Development of a National Agenda for Early Childhood (0-5 years)*. This paper details the urgent effort required to meet the needs of Aboriginal children based on lessons from within Australia and international studies, and provides examples where health policy and programs can be improved in the areas of child nutrition, hearing loss, immunisation coverage, and preventive health assessments. It emphasises the relationship between community-controlled primary health care services and effective health promotion in communities. The extent of community leadership and management of the health service is, itself, an indicator of health development.

Several conceptual papers address important themes in Indigenous health promotion. Dr Lisa Jackson Pulver and Ms Sally Fitzpatrick review the human rights principles that underpin rights-based reconciliation viewed from the perspective of Aboriginal and Torres Strait Islander health, and provide a brief précis of two recently developed frameworks, the Aboriginal and Torres Strait Islander Commission's *Framework for Integrated Capacity Development* and the Council of Australian Governments' *Framework for Reporting on Indigenous Disadvantage*.

Ms Vanette McLennan and Dr Freidoon Khavarpour examine the meaning of 'well-being' and 'spirituality' as core constructs within a holistic view of Indigenous health. Dr Mark Brough and colleagues focus on the potential value of a strength-based approach to health promotion practice, looking to build on positive features of Indigenous communities. Ms Miranda Rose and Dr Lisa Jackson Pulver look at the issue of professional qualifications for Aboriginal Health Workers and the advantages of university-based training.

Other papers focus on evaluating innovative programs across a range of health issues. Ms Leeann Murphy and colleagues used appreciative inquiry methodology to evaluate an Indigenous Youth Arts and Culture Project and found it to be a positive experience for participants that built on strengths within the community. Dr Karen Adams and colleagues evaluated ear health screening outcomes and management in the Gippsland region of Victoria. Mr Andy Mark and colleagues evaluated a program to encourage smoking cessation among Indigenous people in the Illawarra and Shoalhaven area of NSW, and identified the need for greater co-ordinated and multi-strategy health promotion efforts before cessation rates compare with non-Indigenous Australians.

The research papers were similarly diverse in their focus. One paper, by Dr Louise Signal and colleagues, examined ways that a mainstream health promotion organisation tackles inequalities in health outcomes for Māori, illustrating a positive and

progressive approach by the New Zealand National Heart Foundation to open themselves for scrutiny. Ms Elizabeth Tamwoy and colleagues used qualitative methods to explore the experiences of coming to terms with diabetes in the remote far north of Australia, and the results can usefully inform approaches to health care relevant to the local context. Ms Dawn Gilchrist and colleagues examined differences between breastfeeding education for Aboriginal and non-Aboriginal mothers in Western Australia and found that Aboriginal mothers were less likely to participate in important, inexpensive and proven health promotion activities.

The work presented in this issue reflects developments in international Indigenous health promotion, and adds to the global body of knowledge of effectiveness. To improve Indigenous health there is much more yet to be done by governments, the community-based health sector, the private sector and communities working in partnership. Numerous epidemiological reports have tabled health differentials between Indigenous and non-Indigenous Australians; the time is passed for 'more data', and we need innovative ways of working with urban and with rural Indigenous communities to improve health and the conditions leading to ill-health.

It is now four years since the conclusion of Australia's 10-year formal process of reconciliation, a decade that saw the beginning of the end of the Aboriginal and Torres Strait Islander Commission (ATSIC) and the dismantling of many Indigenous specific-programs designed to help the people who have been shown to have standards of health that are below that of developing countries such as Sudan, Sierra Leone and Nepal. This year also witnesses the conclusion of the United Nations International Decade of Indigenous People.

With no formal treaty or national bill of rights, Australian policy makers must be constantly reminded of the human rights principles that underpin rights-based reconciliation, not the least of which is the right to the highest attainable standard of health. For Aboriginal and Torres Strait Islander peoples, human rights are indissolubly linked to the right to self-determination and the right to development.

During the past International Decade of Indigenous People, there was formal commitment from governments at all levels 'to co-operate and to co-ordinate with the then nationally elected Indigenous representative body (ATSIC), as appropriate, to address Aboriginal disadvantage and aspirations in relation to land, housing, law and justice, cultural, education, employment or health. Contemporaneous recommendations of the Royal Commission into Aboriginal Deaths in Custody included 20 recommendations that dealt with health and emphasised the need for governments to apply principles of access and equity.

The Australian Decade of Reconciliation has seen remarkable

swings of fortune. From its hopeful inception in 1991 with a National Aboriginal Health Strategy and the acknowledgement by the High Court of continuing native title, the tide turned at the close of 1995 with the rise of more conservative government values and policies (including, for example, the 'policies' of Pauline Hanson). Commitments to social justice reform and amendments to the legislation governing native title were sidelined to the extent that some people see them as racially discriminatory and crushed aspirations towards achieving substantive equality for Aboriginal and Torres Strait Islander peoples.

The United Nations International Decade of Indigenous People decade was not successful in convincing the wider community of the importance of land rights and concomitant human rights of First Peoples. Nor has the public and political will been secured to obtain the funding to address infrastructure shortfall and health service provision. The Aboriginal and Torres Strait Islander Social Justice Commissioner has annually tabled reports calling the Australian Government to account for human rights failings. Australia has also been censured by the United Nations. For the grassroots People's Movement for Reconciliation, the National Convention of 1997, where the Australian Prime Minister refused to apologise on behalf of the Government to those affected by policies of forcible removal, was probably the lowest point. A formal apology remains outstanding.

Regardless of political setbacks, there has been some very positive work done throughout Australia at a service provision and grassroots level, as evidenced by the papers in this issue. New Zealand can be proud of its achievements in advancing the structures, systems and policies that underpin efforts to improve Indigenous health. The past decade has seen growing investment in Indigenous health promotion in relation to specific health issues – for example, vascular health, immunisation, social and emotional well-being. These papers represent only a fraction of the health promotion being implemented by and with Indigenous communities in Australia and New Zealand, and demonstrate that there is a strong and healthy base upon which to build further improvements.

Authors

*Chris Rissel, School of Public Health, University of Sydney,
New South Wales 2006; fax (02) 9515 9056;
e-mail criss@email.cs.nsw.gov.au*

*Lisa Jackson Pulver, Muru Marri Indigenous Health Unit,
School of Public Health and Community Medicine,
University of New South Wales;
e-mail l.pulver@unsw.edu.au*

*Marilyn Wise, Australian Centre for Health Promotion,
University of Sydney, New South Wales;
e-mail marilynw@health.usyd.edu.au*