the Lowitja INSTITUTE

Australia's National Institute for Aboriginal and Torres Strait Islander Health Research

Incorporating the Cooperative Research Centre for Aboriginal and Torres Strait Islander Health

Scoping Study of Health Promotion Tools for Aboriginal and Torres Strait Islander People

A REPORT PREPARED FOR THE LOWITJA INSTITUTE

Associate Professor Marilyn Wise

Ms Sandra Angus

Dr Elizabeth Harris

Ms Sharon Parker

UNSW AUSTRALIA

Centre for Health Equity Training Research and Evaluation

Part of UNSW Research Centre for Primary Health Care and Equity

University of New South Wales

July 2012

ISBN 978-1-921889-21-9

First published in October 2012

This work has been published as part of the activities of The Lowitja Institute – Australia's National Institute for Aboriginal and Torres Strait Islander Health Research, which incorporates the Cooperative Research Centre for Aboriginal and Torres Strait Islander Health (CRCATSIH). The CRCATSIH is a collaborative partnership partly funded by the Cooperative Research Centre Program of the Australian Government Department of Innovation, Industry, Science, Research and Tertiary Education.

The Lowitja Institute
PO Box 650, Carlton South
Vic. 3053 AUSTRALIA

T: +61 3 8341 5555
F: +61 3 8341 5599
E: admin@lowitja.org.au
W: www.lowitja.org.au

Authors: Marilyn Wise, Sandra Angus, Elizabeth Harris and Sharon Parker

Managing Editor: Jane Yule

For citation: Wise, M., Angus, S., Harris, E. & Parker, S. 2012, *Scoping Study of Health Promotion Tools for Aboriginal and Torres Strait Islander People*, The Lowitja Institute, Melbourne.

An Australian Government Initiative

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A Summary Overview

As part of a larger program of work to strengthen the capacity of Aboriginal and Torres Strait Islander peoples to promote their health, the Lowitja Institute contracted the University of New South Wales, Centre for Health Equity Training, Research and Evaluation (CHETRE) to scan the literature to identify current health promotion tools for Aboriginal and Torres Strait Islander peoples in order to identify gaps in what is available, and to recommend actions and opportunities for the development of health promotion tools.

'A tool is anything used as a means of accomplishing a task or purpose.'[1] Health promotion is defined as both a process and method to bring about positive social change in groups, communities and society to improve health. This requires the use of multiple tools by many people working at different levels of jurisdiction.

Our scan of the literature identified four broad groups of tools, serving different purposes, have been developed and implemented.

Technical tools • National policy context • Strategic planning • Program planning • Selection of strategies • Program implementation • Program evaluation • Structured programs	**Infrastructure tools** • Organisational capacity • Workforce capacity
Process tools Community capacity Project management and partnerships Quality improvement	**Governance tools**

Overall, the study found that community-controlled and government-managed health services, NGOs and community groups, and individual health workers, together with policy actors, program managers and administrators, researchers and teachers have contributed to building the knowledge, experience and evidence that informs best practice in Aboriginal and Torres Strait Islander health promotion in Australia in 2012.

There is an extensive range of tools available to guide and support effective health promotion practice. This study found that that more than 1900 relevant articles and reports have been published in the literature between 2005 and 2012. The literature offers guidance about the methods, processes and capacity required to conduct health promotion projects, programs, and services that have been effective in promoting the health of communities and individuals. There is growing evidence that Aboriginal and Torres Strait Islander community-led health promotion that is designed and implemented by and with Aboriginal and Torres Strait Islander health promotion practitioners results in improved health in Aboriginal and Torres Strait Islander communities.

This study has confirmed that all effective health promotion begins with Aboriginal and Torres Strait Islander community and health promotion governance. This ensures that health promotion is planned and conducted in partnership within communities and with governments and NGOs and across sectors, and builds long-term, trusting relationships. The indicators of successful health promotion include improved health status *and* the extent to which increased personal and collective autonomy and political power are available to communities, individual community members, and health workers**.**

The scoping study recommended actions to strengthen the range and quality of tools to support Aboriginal and Torres Strait Islander health promotion. However, if the tools are to be effective in contributing to promoting the health of people and communities additional actions are needed to:

- expand and strengthen the Aboriginal and Torres Strait Islander health promotion workforce, including increased options for education and training, together with building organisational capacity to ensure career pathways, pay scales, mentorship, and professional support
- build and support the body of professional practice in Aboriginal and Torres Strait Islander health promotion under Aboriginal and Torres Strait Islander leadership. Mechanisms upon which to build such a body include the Australian Indigenous Health Promotion Knowledge Network and the *Aboriginal and Islander Health Worker Journal*
- support health service managers to embed health promotion in the core business of their organisations and to ensure that the Aboriginal and Torres Strait Islander health promotion workforce is supported in its work. A training module developed to support the NSW SmokeCheck Project is one model of such a module, developed with Aboriginal and Torres Strait Islander health service managers.

Executive Summary

The Lowitja Institute, Australia's National Institute for Aboriginal and Torres Strait Islander Health Research, is an innovative research body that brings together Aboriginal organisations, academic institutions and government agencies to facilitate collaborative, evidence-based research into Aboriginal and Torres Strait Islander health.

In 2011, as one component of a large-scale plan to increase the quality, scale, intensity and effectiveness of Aboriginal and Torres Strait Islander health promotion the Institute commissioned the Centre for Health Equity Training, Research and Evaluation (CHETRE), University of New South Wales, to conduct a scoping study of the tools available to Aboriginal and Torres Strait Islander people to use in promoting the health of their communities.

1. AIMS

The scoping project aimed to:

1. scan the literature to identify current health promotion tools for Aboriginal and Torres Strait Islander people, and
2. propose recommendations about possible gaps and opportunities for the development of health promotion tools.

2. WHAT ARE HEALTH PROMOTION TOOLS?

Health promotion is both a set of methods and processes to bring about planned positive social change in groups, communities and societies in order to promote, protect, and sustain good health and wellbeing. A tool is 'anything used as a means of accomplishing a task or purpose'.[1] Tools may include techniques, guidelines or implementation processes. Different tools are needed to guide the methods used (including theory) at each of the stages of action in the health promotion policy/program cycle. As well, different tools are needed to guide the processes used in health promotion to work with communities, to work in partnership across sectors, and to build the capacity of communities to achieve and sustain good health.

In this report, the purposes for which tools were identified were:

Technical tools (methods)

- Identifying the national policy context
- Comprehensive community planning and setting priorities
- Program planning
- Selection of strategies
- Program implementation
- Program evaluation
- Structured programs

Process tools

- Community capacity
- Project management and partnerships
- Quality improvement

Infrastructure tools

- Organisational capacity
- Workforce capacity

Governance tools

3. WHO WERE THE INTENDED AUDIENCES?

The audiences for the tools are:

- Aboriginal and Torres Strait Islander health promotion practitioners, health workers, researchers, service managers and administrators, and health and public policy actors working in community controlled or government managed health services
- Aboriginal and Torres Strait Islander community members
- non-Indigenous health promotion practitioners, researchers, service managers and administrators, and health and public policy actors working with Aboriginal and Torres Strait Islander colleagues and communities in health promotion.

Where possible the study attempted to identify tools that had been developed by Aboriginal and Torres Strait Islander 'authors' or practitioners/researchers/ communities.

4. WHAT DID WE FIND?

There has been increasing Commonwealth and state/territory government investment in Aboriginal and Torres Strait Islander health promotion. In 2008 a National Healthcare Agreement was signed by the Council of Australian Governments (COAG), setting out six targets and five priority areas for action to improve the health and wellbeing of Aboriginal and Torres Strait Islander Australians.[2] The Agreement builds on the work that has been undertaken nationally and within each of the jurisdictions over the last two decades, by individuals, communities, and community-controlled and government-managed organisations to promote the health of Aboriginal and Torres Strait Islander peoples and communities.[3 4] The programs and services have addressed a variety of priority health issues—smoking, alcohol and other drugs, sexual health, heart health, and social and emotional wellbeing, antenatal care and infant health, to name some of these. The programs have used a range of health promotion strategies and a wide range of communication/educational resources has been developed to support the programs.

Over time, jurisdictions and organisations have invested in developing Aboriginal and Torres Strait Islander-led approaches to health promotion, one of the most significant of these being the process of preparation of the Northern Territory *Public Health Bush Book* to assist communities and health workers in the Northern Territory (in particular)[5] to plan and deliver effective health promotion programs. Theories and models of health promotion have been applied to Aboriginal and Torres Strait Islander programs, and

increasingly sophisticated evaluation methods have been used to assess the impact and outcomes achieved by these programs.

There has been a gradual growth in opportunities for Aboriginal and Torres Strait Islander health workers to develop specialist qualifications in health promotion; the Australian Indigenous Health Promotion Knowledge Network began the development of a national professional network; the Aboriginal and Islander Health Worker Journal continued to published reports on effective programs, and other journals, too, have expanded their inclusion of papers on Aboriginal and Torres Strait Islander health promotion. And there is growing Aboriginal and Torres Strait Islander presence in national, regional, and local conferences—specialist health promotion conferences and other, health issue-specific conferences.

In 2012, it is possible to observe the growing infrastructure support to build the capacity of the Aboriginal and Torres Strait Islander health promotion workforce, and to embed responsibility for health promotion in the core business of all services and programs for Aboriginal and Torres Strait Islander peoples and communities. There is a growing range of initiatives to increase the cultural competence of non-Indigenous service providers, including health promotion practitioners. The publication of a Health Promotion Audit Tool for use by Aboriginal and Torres Strait Islander primary health care services and health workers represents a further step towards this goal. More work is needed, however.

Overall, it is clear that community controlled and government managed health services, NGOs and community groups, and individual health workers, together with policy actors, program managers and administrators, researchers and teachers have contributed to building the knowledge, experience and evidence that informs best practice in Aboriginal and Torres Strait Islander health promotion in Australia in 2012.

The tools available to guide and support effective health promotion practice are, now, extensive. This study found that that more than 1900 articles and reports relevant to Aboriginal and Torres Strait Islander health promotion have been published in the peer reviewed and grey literature in the period 2005–2012. The Closing the Gap Clearinghouse has registered more than 4000 publications (journal articles, research reports) on Aboriginal health and development published since 1972. A bounded search conducted for this study identified more than 170 articles specific to Indigenous health promotion published between 2005 and 2012 and more publications were identified by a web search (see Appendix 1).

The literature provides an insight into the large number of health promotion projects, programs, and services that have been developed and delivered by and with Aboriginal and Torres Strait Islander people, families, and communities across the country. There is growing evidence that community-led, well-designed and implemented health promotion does result in improved health in Aboriginal and Torres Strait Islander communities.

Using the definition of ‘tools’ above, we grouped them using the steps in the policy/ planning/ implementation/evaluation cycle, the processes necessary to effective health promotion, the infrastructure needed to design and deliver effective health promotion, and finally, the steps in ensuring Aboriginal and Torres Strait Islander governance of health promotion. Each of the groups is described in more detail below.

4.1 Technical tools (methods) for each of the steps in the policy/planning cycle

Identifying the national policy context

Knowing the national policy context—national priorities, funding opportunities, and reporting requirements—is an essential first step in effective health promotion. The tools in this group are examples of national policies that are current in 2012.

Comprehensive community planning and priority setting

This group of tools includes frameworks, guides and methods to assist communities and health workers to prepare a comprehensive community plan and to select priorities for action. The guides assist in:

- Gathering and reporting on information about communities'
  - demographic and socio-economic characteristics;
  - perceptions of quality of life, of the community, and of health and other social, economic needs;
  - patterns of health and illness;
  - access to social and economic infrastructure;
  - access to supportive physical environments; and
  - capacity and access to resources to help them to improve their health and wellbeing.
- Deciding which health problems are priorities for action within and by communities.

Program planning

- identifying causes and determinants of priority health problems;
- developing a comprehensive program plan to prevent or reduce the incidence or prevalence of a health problems—including setting measureable goals and objectives

Selecting strategies

- identifying theories and strategies to guide actions to change contributing factors
- identifying structured health promotion programs that have been demonstrated to be effective

Program implementation

- implementing a program plan, including assigning responsibilities for action, managing and monitoring progress

Program evaluation

- measuring the impacts of interventions on health promotion and intermediate outcomes.

4.2 Process tools

This group of tools focuses on the processes that underpin and enable effective health promotion—respectful, empowering processes to engage communities and stakeholders from all affected groups and organisations to make decisions, to plan, and to take action.

Community capacity and capacity building

The group of tools identifies indicators of community capacity and strategies and activities that have been shown to contribute to building the capacity of communities to identify problems and their causes, and to act to resolve them.

Project management and partnerships

This group of tools guide project implementation, including managing and sustaining partnerships among the stakeholders (communities included) engaged in health promotion programs.

Quality improvement

This category introduces the health promotion quality improvement audit tool now available to assess the quality of health promotion developed and delivered with and by Aboriginal and Torres Strait Islander primary care services.

4.3 Infrastructure tools

Organisational capacity

This category of tools focuses on the organisational capacity required by health services to plan, implement and evaluate effective health promotion programs.

Workforce capacity

This group of tools focuses on competencies identified as being needed by the Aboriginal and Torres Strait Islander health promotion workforce, and global health promotion competencies. This group also included tools to assist non-Indigenous organisations (governments, NGOs, community organisations, private sector organisations) and their agents to build their knowledge and skills in being respectful, competent partners in working with Aboriginal and Torres Strait Islander communities, peers and colleagues.

4.4 Governance tools

Finally, this scoping study showed that, in every case, health promotion had succeeded only when it had been initiated, designed, and carried out under Aboriginal and/or Torres Strait Islander authority and leadership - governance.

There are two reasons that Aboriginal and Torres Strait Islander control of and engagement in the processes of health promotion is critical. The first is that autonomy and control of decision-making are independent determinants of the health of individuals and communities. Having the authority and influence to make decisions about priorities and actions taken to promote health are indicators of dignity and respect, including self-respect. These are independent, positive influences on health and wellbeing.

There are also dependent reasons that Aboriginal and Torres Strait Islander governance is so critical to health. It is only Aboriginal peoples and Torres Strait Islanders, themselves, who have the deep knowledge, skills, experience, and understanding of local and broader community history, of contemporary strengths, aspirations, ideas, experiences, resources and needs that form the bedrock upon which all effective health promotion is based. In addition to this, the capacity of communities to work effectively to promote health relies on their own local, practical knowledge—about organisations and services and their constituencies, about relationships and networks, about needs and problems, and about how they can work to 'get things' done effectively. These are specific bodies of knowledge and expertise and essential to effective health promotion.

In summary, effective health promotion begins with Aboriginal and Torres Strait Islander community and health promotion governance. The structures and processes of good governance then ensure that health promotion is planned and conducted in partnership within communities and between communities and governments and NGOs and across sectors; that it expands upon respectful communication and builds long-term, trusting relationships. Above all, an emphasis on effective processes recognise that the final measures of successful health promotion are not, only, improved health status but that they are, also, the extent to which increased personal and collective autonomy and political power that are available to communities and health workers to enable the repetition of successes into the future:

- where has power changed hands?
- what is the evidence that this has happened?
- have community and personal autonomy been enhanced**?**[6]

5. GAPS IN TOOLS AVAILABLE

National policy context

The lack of recognition in the national policy environment (and through COAG), that effective Aboriginal and Torres Strait Islander health promotion requires Aboriginal and Torres Strait Islander governance and leadership of the planning for, delivery of, and evaluation of health promotion. This has meant that local priorities are, often, over-ridden by national priorities. The external control of decision-making undermines autonomy and the political power of individuals and communities.

5.1 Gaps in technical tools (methods)

Comprehensive community planning and priority setting

- Data

Relevant, reliable, up-to-date data are the bedrock of effective health promotion. Although there is a rapidly growing body of data on Aboriginal and Torres Strait Islander health and its determinants at jurisdictional and national levels there is less reporting on health and its determinants at local levels. It is challenging to access and analyse census and other routinely collected health and social data down to LGA (or smaller area) level.

There are continuing concerns about the accuracy of the routinely collected data on the health status (and prevalence of risk factors and distribution of social determinants of health) between Aboriginal and Torres Strait Islander populations and patients/clients. There are initiatives being taken nationally and within each jurisdiction to improve the accuracy and coverage of routinely collected data, and of service-specific data. However, continued, sustained effort is still required to improve on this.

- Comprehensive community planning

Although multiple guides to comprehensive community planning for health promotion have been prepared over decades, only two that had been prepared by and with Aboriginal and Torres Strait Islander populations were identified by this study.

- Deciding on priorities

Identifying and deciding on which health problems or 'target' groups are to be priorities for health promotion investment over any given period is challenging. In any community there is a variety of needs and demands that must compete for limited resources. This is true for the nation as well.

There are few guides to assist communities (and health promotion practitioners) to identify criteria to use in selecting priorities for action, and to assist in making decisions (given that there is, on occasion, conflict). Increasingly, the decisions about 'priorities for investment' in health promotion are being made nationally in Australia (for the Indigenous and non-Indigenous populations). There are, however, health benefits to be gained, directly, when individuals and communities are able to exercise autonomous choices.

Program Planning

There are multiple useful guides to program planning in health promotion. Only two, however, were identified as having been written by and for Aboriginal and Torres Strait Islander health promotion practitioners and communities.

Theories and models

Although there is evidence of growing use of generic health promotion theories and models to guide Aboriginal and Torres Strait Islander health promotion practice, it will be important to continue to test the relevance and application of such theories to ensure that they do 'explain and predict' the outcomes of Indigenous health promotion initiatives.

The lack of investment in building and supporting an Aboriginal and Torres Strait Islander body of theory and practice that adds to global knowledge and effectiveness in the field of health promotion. There is much to be learned from Aboriginal and Torres Strait Islander knowledge and experience that is likely to have universal application.

Structured programs

For some very common health problems (tobacco smoking, cardiovascular disease, diabetes) and for contributing to social and emotional wellbeing organisations have developed and tested structured intervention programs. These can include manuals, audiovisual resources, guides to teaching and learning, and templates for instruction, and evaluation.

Few structured programs are applicable universally — all require adjustment to local conditions and needs. On the other hand, structured programs that have been developed over time with communities and Aboriginal and Torres Strait Islander health professionals can be useful to guide health promotion practitioners working with patients or clients with specific conditions or risk factors.

Selecting strategies

Although there is a large and growing literature describing the multiple interventions being undertaken across communities in Australia, however, it will be important to develop more theory-based, comprehensive programs over time.

There are guides to assist in the selection of strategies to address the factors contributing to health problems. However, there are no guides that have been developed from an overt Aboriginal or Torres Strait Islander cultural or theoretical base.

Few of the strategies described in the literature have been subjected to process evaluation; few of the interventions have been subjected to impact evaluation. And fewer still have used quasi-experimental or experimental evaluation designs.

It is common for strategies and their implementation to be described independently of the problem they are intending to address (and its causes or determinants). Logic models assist in ensuring that the link between 'inputs' and intended 'outcomes' is clear and that it is feasible that the former will lead to the latter.

Program implementation

There are few guides to program implementation, and none that have been written by Aboriginal or Torres Strait Islander program managers/administrators.

Evaluation

It is common to find systematic reviews of the Aboriginal and Torres Strait Islander health promotion literature reporting that there are few examples of 'well-evaluated' programs, i.e. evaluations with experimental or quasi-experimental designs. This is an example of the need to differentiate between lack of tools and limited organisational and workforce capacity, including at national levels. The need for a skilled, experienced Aboriginal and Torres Strait Islander research workforce, combined with investment of sufficient resources (including time) to include evaluation of impact and outcomes are major contributors to the limited evaluations reported in the literature.

This does not preclude, either, the need for Aboriginal and Torres Strait Islander researchers and communities to develop research and evaluation methods that reflect cultural and community-specific perspectives.

5.2 Gaps in process tools

Community capacity

The gap is in guides to the steps in and processes to use in building the capacity of Aboriginal and Torres Strait Islander communities (in particular) to become self-determining—including deciding on problems and implementing solutions that are particular to their own populations and locations; and creating social, environmental, and economic conditions that promote the health and wellbeing of communities. Although there is a significant body of evidence recognising that the capacity of Aboriginal and Torres Strait Islander communities to lead and undertake these actions is a necessary pre-requisite for successful health promotion, there is need for Aboriginal/Torres Strait Islander-authored guides to assist community members and practitioners in community capacity building.

Project management and partnerships

There are several gaps in relation to project management and partnerships.

One gap lies in the limited tools available to guide Aboriginal and Torres Strait Islander people and practitioners to work in partnership—within the health sector, between the health sector (health promotion) and communities, and between the health sector and other sectors.

Another gap is the lack of guidance for non-Indigenous organisations (including governments) and their agents to support and work with Aboriginal and Torres Strait Islander governance structures and processes.

The tools that identify critical elements of Aboriginal and Torres Strait Islander governance do not necessarily assist in persuading or supporting non-Indigenous agencies and agents to support Aboriginal and Torres Strait Islander communities and organisations that are responsible for self governance.

5.3 Gaps in infrastructure tools

There has been limited investment in Aboriginal and Torres Strait Islander organisational, and designated health promotion workforce capacity. Although the authors are aware of a growing specialist Aboriginal and Torres Strait Islander health promotion workforce working at a variety of levels of jurisdiction there is limited evidence of this in the literature.

Organisational capacity

Almost all the projects and programs identified through this scoping study had been funded for limited periods as 'pilot' projects (even if that is not their title). They had been funded as if there is need to continue to prove that it is possible to use health promotion methods and processes to bring about positive changes in the conditions for health and in the health of Aboriginal people and communities. The short-term, project-based funding has prevented communities from moving beyond simple programs to develop and implement the complex and comprehensive programs that we know are necessary to achieve sustained improvements in health. Short-term investment in projects results in over-emphasis on education as the primary strategy to bring about community-wide change; and in under-emphasis on the need to build community and organisational capacity for change.

One of the consequences of short-term funding is the loss of trust by communities and by staff in this work, which requires long lead-times, high levels of commitment and energy, and sustained action over time. Short-term funding undermines each of these elements of effective health promotion.

The lack of recurrent investment in Aboriginal and Torres Strait Islander health promotion practice — in building a field of theory and practice, and in supporting the incremental roll out of small, simple and complex, and large, comprehensive programs over a decade or more (the amount of time it has taken to achieve the population-wide successes of health promotion interventions in the non-Indigenous population). The limited investment has been insufficient to achieve sustained improvements in the health of the population, and has also been too limited to enable high quality evaluation to be conducted and reported.

Workforce Capacity

There has been limited investment in Aboriginal and Torres Strait Islander community, organisational, and designated health promotion workforce capacity. Although the authors are aware of a growing specialist Aboriginal and Torres Strait Islander health promotion workforce there is no evidence of this in the literature, and no evidence of Aboriginal and Torres Strait Islander leadership of the decisions and the actions taken to build this workforce.

The gaps lie in the lack of investment in:

- Aboriginal and Torres Strait Islander development of curricula and teaching/learning methods for vocational and tertiary education programs in Aboriginal and Torres Strait Islander health promotion at a variety of levels of qualification

- academic positions for Aboriginal and Torres Strait Islander health promotion specialists
- supporting and enabling Aboriginal and Torres Strait Islander health workers to obtain the qualifications, experience, mentorship and career pathways that will increase their capacity to promote health
- supporting a national professional body of practice, including a national network of Aboriginal and Torres Strait Islander health promotion practitioners, researchers, and managers – the Australian Indigenous Health Promotion Knowledge Network, the Australian Indigenous Doctors' Association and the Australian Indigenous Nurses Association are potential models.

5.4 Gaps in governance tools

Every report detailing 'what works' in Aboriginal and Torres Strait Islander health promotion recommends, as the most important factor, Aboriginal and Torres Strait Islander 'engagement' in decision-making about each step in comprehensive community planning (including priority setting) and in health promotion program planning, implementation and evaluation. The significance of this for Aboriginal and Torres Strait Islander people and communities has been reflected in every report documenting community needs and aspirations, in every review of effectiveness in health promotion, and in every review of the literature on 'what works'.

The first gap lies in the lack of recognition in the national policy environment (and by COAG), that effective Aboriginal and Torres Strait Islander health promotion requires Aboriginal and Torres Strait Islander governance and leadership of the planning for, delivery of, and evaluation of health promotion. The second lies in the lack of priority being given to investment in supporting Aboriginal and Torres Strait Islander communities to govern and lead their communities' comprehensive planning for health and development, and to lead the delivery of these programs (including health promotion programs).

Such recognition and investment are not remediable by the use of tools but there is an increasing body of evidence to support communities to develop local governance structures and processes.

6. SUMMARY OF FINDINGS OF THE SCOPING STUDY

In summary, this scoping study has shown that there are tools available to Aboriginal and Torres Strait Islander people to assist them in health promotion. However, the study has shown that many of these tools have not been developed by and for Aboriginal and Torres Strait Islander health promotion practitioners, or communities. Nor have they been subjected, necessarily, to critical scrutiny and evaluation.

The scoping study has identified gaps in the investment in Aboriginal and Torres Strait Islander leadership, in the organisational capacity required to design and deliver effective health promotion programs, and in strengthening the workforce capacity necessary to lead and conduct effective health promotion in communities. These gaps also require tools (some of which are available). However, they also require the investment of resources in building the systems—financial, human and time—that are necessary to bring about sustained improvements in health.

Such investment has rarely been available in Aboriginal and Torres Strait Islander health promotion. Indeed, the literature is rife with reports on pilot studies and short-term programs. The lack of recurrent, substantial investment over time is a further reason for the limited examples of implementation of comprehensive (and more effective) health promotion programs, and for the limited examples of the use of more sophisticated, substantial evaluation designs and methods.

Health promotion is both a science and an art; both a method and a process; both an individual and a social activity. Over more than thirty years, health promotion, as a discipline, has become increasingly theory and evidence-based, and increasingly effective. Much has been learned about ‘what to do’ and about ‘how to do it’, and the tools identified in section 6, above, represent the synthesis of this knowledge.

In addition, much has been learned about what, in addition to tools, is needed by individuals, communities, and nations (particularly, but not only, health systems) to improve the health of populations. Australia has been one of the leaders in this. However, within Australia that learning has not been transferred to our nation’s work in promoting the health of Aboriginal peoples and Torres Strait Islanders.

7. RECOMMENDATIONS

The scoping study of the tools available to guide effective Aboriginal and Torres Strait Islander health promotion has identified gaps both in tools available, and in the systems that are necessary to ensure that tools are used effectively to promote health. In the tables below, for each of the categories of tools, the gaps have been summarised and recommendations for action to eliminate or reduce the gaps have been identified.

Group One: Technical tools (methods)

Policy and Planning Cycle	Gaps identified	Recommendations
National policy	The lack of recognition in the national policy environment (and through COAG), that effective Aboriginal and Torres Strait Islander health promotion requires Aboriginal and Torres Strait Islander governance and leadership of the planning for, delivery of, and evaluation of health promotion. This has meant that local priorities are, often, over-ridden by national priorities. The external control of decision-making undermines autonomy and the political power of individuals and communities.	Advocate with national and jurisdictional funding agencies for investment in comprehensive programs over a longer period. Evidence suggests 10 years (or more) is necessary for population-wide changes to be measureable.
National policy	Lack of recurrent investment in Aboriginal and Torres Strait Islander health promotion theory and practice. Almost all projects and programs identified through this process (and others) are, or have been, funded for limited periods as pilot projects.	
National policy	Normative, comparative and expressed needs[7] (based on routinely collected data) dominate evidence used by governments to make decisions without reference to 'felt' needs. There are no guides available to assist health promotion professionals and communities to engage with communities and funding agencies to decide on (and use) criteria for setting priorities for health promotion action and investment.	Commission a guide to processes to use in establishing and using criteria for setting priorities for health promotion. Advocate for partnership in setting priorities between funding agencies and communities, explaining the positive relationship between decision-making, autonomy, self-respect, and health.
Comprehensive community planning	Few planning frameworks and guides developed by and for Indigenous communities.	Commission an Aboriginal and Torres Strait Islander researched and authored guide to comprehensive community planning.
Data	Challenging to access and analyse census and other routinely collected health and social data down to LGA (or smaller area)	Collaborate with AIHW, ABS, state/territory jurisdictions, and other relevant data collection agencies to

	level.	prepare LGA-level routine reports on demographic, social, economic, environmental and health and service access characteristics.
Data	Continuing concern about under-reporting of Aboriginal/Torres Strait Islander identification.	Collaborate with ABS, AIHW, jurisdictions, NACCHO and, for example, the Australian Electoral Commission, on initiatives to increase Aboriginal/Torres Strait Islander identification in all routinely collected data.
Deciding on priorities	Few guides to assist communities to identify criteria to select priorities for action and investment.	Commission an Aboriginal and Torres Strait Islander guide to processes to use in establishing and using criteria for setting priorities for health promotion.
Program planning	Only two guides for program planning written by and for Aboriginal and Torres Strait Islander health promotion practitioners and communities.	Commission an Aboriginal and Torres Strait Islander researched and authored guide to health promotion planning and evaluation.
Theories and models	Globally recognised theories and models have not all been subjected to rigorous testing and evaluation by Aboriginal and Torres Strait Islander health promotion professionals and communities.	Commission research to develop Aboriginal and Torres Strait Islander theory and models of health promotion.
Evaluation	Need for continued building on evidence at regional and local levels of progress on indicators from the National Aboriginal and Torres Strait Islander Health Performance Framework	Continue to advocate for building on the National Aboriginal and Torres Strait Islander Health Performance Framework—at local and regional levels.
Evaluation	Few examples of rigorously evaluated programs, particularly comprehensive programs.	Advocate for sufficient funding to enable evaluation designs to 'fit' the interventions being evaluated and to enable assessment of progress over time.
Evaluation	There is need to ensure that evaluation includes measurement of whether power has changed hands, evidence that this has happened, and whether community and personal autonomy have been enhanced as an outcome of involvement in health promotion?[8]	Under Aboriginal and Torres Strait Islander governance, build such questions in to all actions taken to promote the health of communities, including all actions taken to increase the capacity of the health sector to undertake this work effectively.

Group Two: Processes

Community capacity	Little guidance available to guide 'building communities from the inside out', a 'bottom-up' rather than 'top-down' approach.[37] Lack of trust by funding agencies in community governance.	Commission the development of an Aboriginal and Torres Strait Islander-specific guide to community capacity building.
Partnerships	Few examples of tools to guide partnerships between Aboriginal and Torres Strait Islander communities funding/policy organisations (and their agents), and non-Indigenous health practitioners. Few examples of shared power, based on respect for Aboriginal and Torres Strait Islander languages and cultures.	Commission research to develop a tool to guide working in partnerships for health promotion. The study would include case studies of effective partnerships across a variety of differences (in core business, in values and goals, in culture and language, in discipline), for example.
Partnerships	Few partnerships between funding agencies and communities built and sustained over time.	Advocate for partnership in setting priorities between funding agencies and communities, explaining the positive relationship between decision-making, autonomy, self-respect, and health.

Group Three: Infrastructure

Organisational capacity	Short-term investment in projects—no substantive investment in organisational capacity of primary health care services to develop capacity for health promotion. Short-term investment means little opportunity to implement interventions over time and to monitor (and expand on) reach across a population	Invest in comprehensive programs over a longer period. Evidence suggests 10 years is necessary for population-wide changes to be measureable.
Organisational capacity	Limited commitment to health promotion by health services. This is one consequence of short-term, project-based funding, high turnover of staff in communities and high turnover of staff in funding agencies.	Identify facilitators and barriers to the inclusion of health promotion in the core business of Aboriginal and Torres Strait Islander primary health care services.
Adequate resourcing for planned and comprehensive interventions. Ongoing government support—including human, financial and physical resources.[9]	Lack of recurrent investment in comprehensive interventions Difficult to implement new programs/activities within standard policy/funding cycles. Intermittent investment in health promotion programs/activities for a short term has made it more difficult to hire people and to train them—trust is broken and skilled people move on.	Investigate the reasons for lack of government investment in comprehensive, sustained health promotion interventions. Sustained, large-scale investment in effective health promotion interventions—beyond pilot programs and short-term education or information interventions. See Workforce Capacity recommendations.
Workforce capacity	Limited investment in developing, supporting, and expanding a qualified Aboriginal and Torres Strait Islander health promotion workforce. Limited investment in building a national	Advocate for recurrent investment in the key elements of a national professional body of practice and research, including a national network of Aboriginal and Torres Strait Islander

	professional body of practice and research. Limited investment in career pathways, professional support, mentoring for Aboriginal and Torres Strait Islander health promotion workforce.	health promotion practitioners, researchers, and managers –using the Australian Indigenous Health Promotion Knowledge Network, the Australian Indigenous Doctors' Association and the Australian Indigenous Nurses Association as models. Investigate options for accreditation of Aboriginal and Torres Strait Islander health promotion professionals under current review by government through the Australian Health Practitioner Regulation Agency.
Workforce capacity	Limited investment in building vocational and tertiary education programs in health promotion based on Aboriginal and Torres Strait Islander defined competency standards and curricula.	Advocate for sustained large-scale recurrent investment in preparatory and tertiary programs in Aboriginal and Torres Strait islander health promotion based on Aboriginal and Torres Strait Islander defined competency standards and curricula.
	Limited investment by vocational and tertiary education organisations in Aboriginal and Torres Strait Islander academic staff—including career pathways, mentoring, and professional support.	Advocate for and support educational institutions to build and support the career development of Aboriginal and Torres Strait Islander academic staff.
	Limited investment in building knowledge and skills of non-Indigenous health workforce to work effectively with Aboriginal and Torres Strait Islander partners—communities, community-based organisations, and Aboriginal Health Promotion and Health Workers	Identify effective methods and processes to build trust and respect for difference. Invest in working together in ways that build trust and respect—and investing in methods/processes that enable and enhance this.

Group Four: Governance

Aboriginal and Torres Strait Islander governance of communities, organisations, services, and projects.[10]	Limited investment in developing, supporting and sustaining local, regional, and national Aboriginal and Torres Strait Islander governance and autonomous decision-making, across all sectors and aspects of community life.	Invest in and support strengthening of Aboriginal and Torres Strait Islander governance—of communities, and civil society organisations, health and other services, and health promotion (and other) programs.
Indigenous control of infrastructure and decision making results in improved health outcomes.[11] [12]	Lack of trust in and investment by governments and other funding agencies in Aboriginal and Torres Strait Islander governance.	Advocate for Aboriginal and Torres Strait Islander governance—as an independent/direct contribution and as a dependent /indirect contribution to health and wellbeing.

The Scoping Study Report

The Lowitja Institute, Australia's National Institute for Aboriginal and Torres Strait Islander Health Research, is an innovative research body that brings together Aboriginal organisations, academic institutions and government agencies to facilitate collaborative, evidence-based research into Aboriginal and Torres Strait Islander health.

In 2011, as one component of a large-scale plan to increase the quality, scale, intensity and effectiveness of Aboriginal and Torres Strait Islander health promotion the Institute commissioned the Centre of Health Equity Training Research and Evaluation (CHETRE), University of New South Wales, to conduct a scoping study of the tools available to Aboriginal and Torres Strait Islander people to use in promoting the health of their communities.

1. AIMS

The Scoping Project aimed to

- scan the literature to identify current health promotion tools for Aboriginal and Torres Strait Islander people, and
- propose recommendations about possible gaps and opportunities for the development of health promotion tools.

2. WHAT IS ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH?

The National Aboriginal Health Strategy defined health as '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.[13]

The Dance of Life describes five dimensions of Aboriginal health—physical, psychological, social wellbeing, spirituality, and cultural integrity—within which are a number of layers that reflect historical, traditional and contemporary influences on health. The concept emphasizes the intersection of both the layers and dimensions that create the interconnectedness for a whole of life approach to Aboriginal wellbeing.[14 15]

The Declaration on the Health and Survival of Indigenous Peoples, presented to the United Nations Permanent Forum on Indigenous Issues in 2002, affirms the links between culture, inter-generational transfers, the wider natural environment, human rights, and health.[16]

3. WHAT IS ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH PROMOTION?

A national workshop on principles for better practice in Aboriginal health promotion defined health promotion as:

> the process of enabling people to improve their health by increasing their control over their health and the determinants of good health. It's essentially the effort to prevent disease and injury from occurring in the first place, as opposed to traditional health services, which treat disease and injury once it has occurred.

Unlike the traditional clinical care provided by health services, health promotion focuses on populations (or communities), as opposed to individuals. Often, health promotion requires the health system to work with non-health sectors, such as schools, child care, workplaces, local government, as they have a powerful influence over health.[17]

The World Health Organization defined health promotion as 'the process of enabling people to increase their control of the determinants of health and to improve their health.'[18]

A Maori model for health promotion identified four key areas that, together, constitute health—natural environment and environmental protection; cultural identity and access to the Maori world; wellbeing and healthy lifestyles; and full participation in wider society. Two capacities were identified as being required to make progress—effective leadership and autonomy.[19]

4. WHAT ARE THE GOALS OF ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH PROMOTION?

primary prevention

- to support individuals and communities to achieve and maintain good health, including psychological, social, cultural, and spiritual wellbeing;
- to contribute to building social, economic and physical environments for health;
- to prevent the onset of risk behaviours, to reduce biological risks to health, and to prevent the onset of health problems/diseases, injuries, and premature death

secondary prevention

- to reduce the prevalence of risk factors, risk behaviours and symptoms of chronic disease;
- to reduce the prevalence of chronic diseases, including chronic mental health problems or mental illness.

tertiary prevention

- to reduce the incidence and prevalence of complications of chronic disease.
- to reduce harm associated with chronic disease.

Health promotion programs or interventions can be –

Simple (a single strategy)—as in brief education to advise people about purchasing healthy food or cooking nutritious meals; or a structured education/self-help program that builds the self-management knowledge and skills needed by individuals and groups with chronic conditions,

Complex (more than one strategy)—changes in the food supply in a community store; changes in a school curriculum; or development and implementation of a clinical outreach program for people with kidney disease (for example); or brief interventions on

smoking cessation delivered by Aboriginal health workers or other health professionals accompanied by printed resources, access to nicotine replacement therapy, and a 'buddy system'.

Comprehensive (multiple strategies)—as in multiple strategies delivered over time—such as the strong mothers, strong babies, strong culture program that included mobilisation, education, advocacy, community action, and partnerships, and that resulted in changes to food supply, to hospital policy and health care, to community and hospital norms; and to the health of babies and mothers and families.

Health promotion strategies

Aboriginal and Torres Strait Islander health promotion works by **educating** individuals and communities about their health and its determinants, by **mobilising** people and communities to create and sustain **healthy living, working and recreational environments**, by developing and influencing **public policy and health policy** (local, and national), and by **re-orienting health services**.

These strategies lead to:

- Improved health literacy among Aboriginal and Torres Strait Islander people and communities and positive health and social norms
- Improved living/working/recreational conditions in communities that make healthy choices easier
- Improved access to health care services—primary, secondary, and tertiary
- Improved quality of health care to Aboriginal and Torres Strait Islander patients and clients
- Community leadership and control of decisions affecting their health and wellbeing, including decisions about health promotion.

Communities and local health services need designated health promotion services and a workforce to:

- Enhance and build local governance for health promotion in Aboriginal and Torres Strait Islander communities
- Build and sustain partnerships within communities and health care services, and across sectors
- Build and sustain local primary health care services that include health promotion as a core component of their work
- Establish a system to build the knowledge, skills, and networks of a designated Aboriginal and Torres Strait Islander health promotion workforce.

5. WHAT ARE HEALTH PROMOTION TOOLS?

Health promotion tools were defined as 'techniques, processes, guidelines or implements designed to achieve a particular purpose' (or particular purposes). In this review, the purposes for which tools have been identified are to:

1. identify needs and priorities for health promotion in a population or community (comprehensive community planning), and
2. design an effective intervention (program planning)
    - identify problems and their determinants (contributing factors)
    - set goals and objectives
    - select strategies linked to objectives (program planning)
    - implement effective interventions (implementation)
    - measure the impacts and outcomes of health promotion (research and evaluation)
3. guide the processes for effective Aboriginal and Torres Strait Islander health promotion (processes)
4. strengthen the capacity of communities to identify health problems, their determinants, and responses to resolve the problems
5. strengthen and build the capacity of health services and community organisations to promote health and manage project implementation (organisational capacity)
6. strengthen the Aboriginal and Torres Strait Islander health promotion workforce (workforce capacity)
7. assess the quality of the work and strengthen implementation and individuals' practice (quality improvement)
8. strengthen and build Aboriginal and Torres Strait Islander governance of health promotion.

A health promotion tool was considered to be any one of the following: a **technical guide**, a guide to the **processes that support effective health promotion**, a guide to **building capacity (community, organisational, workforce**) for health promotion, a guide to **assessing the quality of health promotion**, or a guide to **strengthening Aboriginal and Torres Strait Islander governance** of comprehensive community planning, program planning, and capacity building to promote health.

Wherever possible the study attempted to identify tools that had been developed by and with Aboriginal and Torres Strait Islander authors or practitioners/researchers/ communities.

The tools were identified for use by:

- Aboriginal and Torres Strait Islander health promotion practitioners, health workers, researchers, service managers and administrators, and health and public policy actors working in community controlled or government managed health services
- Aboriginal and Torres Strait Islander community members, and

- non-Indigenous health promotion practitioners, researchers, service managers and administrators, and health and public policy actors working with Aboriginal and Torres Strait Islander colleagues and communities in health promotion.

6. METHOD

The tools and resources included in this review were identified in a literature review using the following search methods and sources.

1. CINAHL

   Using the terms 'health promotion' and 'Aboriginal' resulted in 41 hits when limited by 'English' and '2006-2011'. Ten were ineligible (not Australian Aboriginal), and eleven were duplicates from the Medline search.

2. Cochrane Library

   There were no reviews specific to Aboriginal populations.

3. Campbell Collaboration

   There were no reviews specific to Aboriginal populations.

4. Ovid MEDLINE(R)—See Appendix 1 for expanded methodology.

5. A web-search for relevant publications from 2000–2012 was conducted using the following key words:

   - Aboriginal and Torres Strait Islander health promotion
   - Indigenous health promotion
   - strategic planning for health
   - strategic planning for Aboriginal and Torres Strait Islander health
   - Aboriginal and Torres Strait Islander health policy and programs
   - Aboriginal and Torres Strait Islander health promotion research and evaluation.

   The websites searched were the Australian Institute of Health and Welfare, the Australian Bureau of Statistics, the Closing the Gap Clearinghouse, the Australian Indigenous Health*Info*Net, the National Aboriginal Community Controlled Health Organisation (NACCHO), the Office of Aboriginal and Torres Strait Islander Health (OATSIH) and the Australian National Preventative Health Agency (ANPHA).

   Only those publications that have specific relevance to Aboriginal and Torres Strait Islander health and health promotion have been referenced in this report.

7. WHAT TOOLS WERE IDENTIFIED?

The bounded search conducted for this study identified more than 170 articles specific to Indigenous health promotion published between 2006 and 2011 and more tools were identified by the web search (see Appendix 1). The Closing the Gap Clearinghouse has registered more than 4,000 publications (journal articles, research reports) on Aboriginal health and development published since 1972. The Australian Indigenous Health*Info*Net also holds an extensive collection of health-related publications (peer reviewed and grey literature). No collection is (or can be) exhaustive. It is clear that there is a growing body of literature available. A recent study to determine the growth patterns and citation volume of research publications referring to Indigenous health in Australia from 1972–2008 compared its findings with seven selected health fields and found that there had been a positive growth in publications (at a rate higher than in other health fields). A count of the number of citations of these publications, however, found that the attention paid to the research had been disappointingly low (p. 269).[20]

In all, the scoping study revealed that there is a large range of tools available to inform, guide, and support Aboriginal and Torres Strait Islander people to plan, deliver and evaluation health promotion. However, such information is useful only if it can be interpreted and used appropriately to guide practice in specific communities and policy contexts. Tools must be used by people and groups that are knowledgeable, well connected within communities, and skilful in order to be useful in health promotion. The sections that follow describe and reference tools in relation to their use in the cycle of health promotion comprehensive community planning, program planning/delivery/evaluation, and in building the capacity (organisational, community, and workforce) to implement effectively.

Following the listing of foundational documents in Aboriginal and Torres Strait Islander health promotion, and in global health promotion, and in important sources of routinely up-dated information about Aboriginal and Torres Strait Islander health and health promotion, the tools have been grouped according to the categories outlined in section 6 (Method).

8. FOUNDATION DOCUMENTS IN ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH PROMOTION: PRINCIPLES AND SUMMARIES OF EVIDENCE OF BEST PRACTICE

1996 An NHMRC review of infrastructure support for Indigenous health promotion in Australia and a report on case studies of good practice in Indigenous health promotion (conducted in 1996) concluded with the identification of a set of 'best practice' principles as follow. [21]

- Needs identified by communities
- Partnerships between Indigenous health workers, communities, and non-Indigenous health workers
- Resources and organisational support
- Implementation in the control of communities and Indigenous health workers
- Outcomes—measured incrementally—short, medium, and long term
- Sustainability: ongoing investment and activity.

2004 Hearn and Wise outlined success factors necessary to promote the health of Aboriginal and Torres Strait Islander communities, expanding on the principles of best practice, above. [22]

Reconciliation Australia and the Centre for Aboriginal Economic Policy Research (CAEPR) conducted research on Indigenous community governance between 2004 and 2008, and developed the *Indigenous Governance Toolkit* to assist individuals, organisations, communities and enterprises to improve their governance[23] and identified 10 key messages.[24]

2006 Human Rights and Equal Opportunity Commission 2006, *Achieving Aboriginal and Torres Strait Islander health equality within a generation: A human rights based approach*, Human Rights and Equal Opportunity Commission, Sydney.

2007 Black, A. 2007, *Evidence of effective interventions to improve the social and environmental factors impacting on health. Informing the development of Indigenous Community Agreements*, Office for Aboriginal and Torres Strait Islander Health, Commonwealth Department of Health and Ageing, Canberra.

A systematic review of the literature evaluating programs in nutrition, education/early life, housing and health hardware in houses, swimming pools, sporting and cultural programs/facilities for young people, employment, and alcohol misuse.

Fletcher S. 2007, *Communities Working for Health and Wellbeing: Success stories from the Aboriginal Community controlled health sector in Victoria*, Victorian Aboriginal Community Controlled Health Organisation, Melbourne, and Cooperative Research Centre for Aboriginal Health, Darwin

Case studies of successful health promotion programs conducted by the Victorian Aboriginal Community Controlled health sector.

2009 Erben, R., Judd, J., Ritchie, J., Rowling, L. (eds) 2009, *Success stories: environmental, social, emotional and spiritual health of Aboriginal and Torres*

Strait Islanders. Report of the Indigenous Health Workshop, CRC for Aboriginal Health, Darwin.

A compendium of reports on Aboriginal and/or Torres Strait Islander health promotion programs that had succeeded in improving the environmental, social, emotional or spiritual health of Aboriginal peoples and Torres Strait Islanders.

McCalman, J., Tsey, K., Gibson, T., Baird, B. 2009, *Health of Indigenous Australians and health promotion*, in S. Jirojwong & P. Liamputtong (eds), Population Health, Communities and Health Promotion, Oxford University Press, Melbourne, pp. 69–91.

2011 Closing the Gap Clearinghouse 2011, *What works to overcome Indigenous disadvantage: Key learnings and gaps in the evidence 2009–10*, Closing the Gap Clearinghouse, Australian Institute of Health and Welfare. Canberra & Australian Institute of Family Studies, Melbourne.

Closing the Gap Clearinghouse 2012, *What works to overcome Indigenous disadvantage: Key learnings and gaps in the evidence 2010–11***,** produced for the Closing the Gap Clearinghouse, Closing the Gap Clearinghouse, Australian Institute of Health and Welfare & Australian Institute of Family Studies, Melbourne.

These reviews synthesised the evidence of 'what works' to overcome Indigenous disadvantage in relation to each of the seven building blocks prioritised by COAG in its National Closing the Gap initiative. What works?

- Community involvement and engagement - strong leadership, strong community– member engagement, appropriate infrastructure and use of a paid workforce to ensure long-term sustainability, and a strong sense of community ownership and control is a key element in overcoming Indigenous disadvantage.
- Respect for language and culture, recognising social determinants of the health of Aboriginal and Torres Strait Islander communities and people, and understanding the complexity and specific contexts within which health and ill health are created.
- Adequate resourcing and planned and comprehensive interventions (i.e. organisational and workforce capacity).
- Working through partnerships, networks and shared leadership in program design and delivery. Commitment to doing projects with, not for, Indigenous people. Creative collaboration that builds bridges between public agencies and the community and coordination between communities, non-government and government to prevent duplication of effort
- Development of social capital—horizontal and vertical.

2011 In 2011 an audit of progress in Indigenous health prepared by the Productivity Commission[25] found there had been some progress toward 'closing the gap' in the distribution of health and other social resources between the Indigenous and non-Indigenous populations in some Australian jurisdictions. The 'success

factors' that were found by the Productivity Commission to be essential to improved Indigenous health were:

- Cooperative approaches between Indigenous people and government—often with the non-profit and private sectors as well
- Community involvement in program design and decision-making—a 'bottom-up' rather than 'top-down' approach
- Good governance—at organisational, community, and government levels
- Ongoing government support—including human, financial and physical resources.[26]

2012 The Closing the Gap Clearinghouse prepared a resources sheet on 'improving Indigenous community governance through strengthening Indigenous and government organisational capacity' and identified 'what works' as:

- community ownership of governance improvement with organisational change led by Indigenous people using community capacity;
- long-term partnerships between government and Indigenous people, with a focus on strengthening capacity;
- collaborative developmental approaches between Indigenous people and government that aim to strengthen existing capacity through long-term partnering;
- approaches tailored to each situation that take into account the complexities of Indigenous governance;
- capacity strengthening programs with clarity of purpose;
- building trust and respect between government agencies and Indigenous communities.[27]

9. FOUNDATION DOCUMENTS IN GLOBAL HEALTH PROMOTION: VALUES AND METHODS

Aboriginal and Torres Strait Islander health promotion is evolving from and contributing to foundational knowledge underpinning global health promotion over the last thirty years. The values and goals of social justice and equity and the emphasis on working with people and communities to promote health were integral to the evolution of the field of health promotion.

1978 The Declaration of Alma Ata represented a significant shift in understanding of the roles of primary health care—including an overt focus on the prevention of ill health and injury among the core roles of primary health care[28] and linking this to the target of Health for All by the year 2000.

1986 The Ottawa Charter for Health Promotion[29] is a global reference that continues to guide health promotion practice more than 25 years on. The Ottawa Charter described five strategies that had been proven to be necessary to improve the health of populations. These are improving personal skills, mobilising communities, creating supportive environments, re-orienting health services, and building healthy public policy.

Following the Ottawa Charter, the World Health Organization has developed a series of policy statements that represent global consensus on best practice health promotion at the time.[30] [31] [32] [33] [34] These documents form the foundation for contemporary health promotion across the world, and there is evidence that they have been influential in the actions taken to improve the health and life expectancy of populations, including Australian Indigenous populations.[35] [36] [37] [38]

2008 The WHO Commission on the Social Determinants of Health's report on Closing the Gap in a Generation concluded with three priorities:

- Improve the conditions of daily life—the circumstances in which people are born, grow, live, work, and age.
- Tackle the inequitable distribution of power, money, and resources—the structural drivers of those conditions of daily life—globally, nationally, and locally.
- Measure the problem, evaluate action, expand the knowledge base, develop a workforce that is trained in the social determinants of health, and raise public awareness about the social determinants of health.[39]

10. SOURCES OF ROUTINELY UPDATED INFORMATION ABOUT ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH PROMOTION

Health promotion is a combination of methods and processes to bring about positive social change—in people's knowledge and behaviours and in people's living, working, and recreational environments. Such work requires practitioners to keep up to date with evidence of health promotion programs and projects, and with evidence of trends in the distribution of the determinants of health, and in health behaviours, and in community and organisational capacities to promote health. The tools, below, are websites offering routinely updated information on national and/or jurisdictional and/or local initiatives relevant to health promotion.

Aboriginal and Islander Health Worker Journal <www.aihw.com.au/>

The Journal has a long history of recording the work of Aboriginal and Torres Strait Islander Health Workers, including clinical and health promotion work. It publishes a biannual listing of Indigenous health promotion resources, the most recent of which will be published early in 2012.

Australian Indigenous Health*Info*Net <www.healthinfonet.ecu.edu.au/>

A comprehensive, up-to-date source of information on projects, programs, a bibliography, yarning places, courses and training, funding opportunities, and job opportunities. It also includes a listing of relevant organisations. It also includes a listing of health promotion resources by health topic and document type.

Australian Indigenous Health Bulletin <http://healthbulletin.org.au/>

A peer reviewed, quarterly electronic journal that includes original, peer reviewed articles, reviews (peer reviewed), brief reports, and current topics. In addition, however, it publishes up-to-date listings of articles, reports, resources, conference presentations, theses and website information that have been published in the period covered by each quarterly issue. It is a useful guide to identify contemporary literature on Aboriginal and Torres Strait Islander health (and health promotion).

Centre for Aboriginal Economic Policy Research. CAEPR. Australian National University <http://caepr.anu.edu.au/governance/index.php>

CAEPR was a partner with Reconciliation Australia to undertake research on Indigenous community governance with participating Indigenous communities, regional Indigenous organisations, and with leaders across Australia (2004-8). The CAEPR publishes widely on issues central to improving the social, economic, and environmental conditions for health in Aboriginal communities.

Centre for Excellence in Indigenous tobacco control. Resources for Aboriginal Health Workers <http://www.ceitc.org.au/resources-aboriginal-health-workers>

A comprehensive, up-to-date source of information on Indigenous tobacco control, including information on professional development and educational opportunities.

Closing the Gap Clearinghouse

Assessed Collection <http://www.aihw.gov.au/closingthegap/assessed/index.cfm**>**

The Clearinghouse is an arm of the Australian Institute of Health and Welfare. The Clearinghouse includes a collection of literature that has been assessed to provide information on what works to overcome Indigenous disadvantage (including improving health) across the seven building blocks (http://www.aihw.gov.au/closingthegap/resources/building-blocks.cfm) identified by COAG as essential to overcoming Indigenous disadvantage:

- Early Childhood
- Economic participation
- Governance and Leadership
- Safe communities
- Health
- Healthy homes
- Schooling

A summary of the key findings of each paper or report in the Clearinhouse is included, together with an assessment of the quality and rigour of the evidence, and what the evidence tells us about overcoming Indigenous disadvantage. Policy makers and other interested parties can readily access evidence-based information by searching the database.

As at 23 February 2012, there were 602 reviews in this collection. Each publication reviewed is linked to a COAG building block. Most, although not all, the papers are based on Australian studies.

Resource Sheets <http://www.aihw.gov.au/closingthegap/documents/resource_sheets/ctgc-rs11.pdf>

Resource Sheets on specific topics are particularly useful summaries of evidence of what works and implications for future research and practice. They point to the relationship between health and actions taken by and within sectors other than health. Ten Resource Sheets were available as at 12 March 2012.

General Collection <http://www.aihw.gov.au/closingthegap/general/>

The Clearinghouse also has a General collection of literature relevant to overcoming Indigenous disadvantage, including improving health. The general collection includes research, evaluations and other material relating to overcoming Indigenous disadvantage that have not been assessed by the Clearinghouse. As at 23 February 2012 there were 4793 items in this collection.

Cooperative Research Centre for Aboriginal Health <www.lowitja.org.au/lowitja-publishing>

The Lowitja Institute. Australia's National Institute for Aboriginal and Torres Strait Islander Health <www.lowitja.org.au/lowitja-publishing>

The Lowitja Institute, and its predecessor, the Coooperative Research Centre for Aboriginal Health routinely publish high quality results on issues central to Aboriginal and Torres Strait Islander health promotion.

Reconciliation Australia <www.reconciliation.org.au/>

The Indigenous Governance Toolkit is a particular resource available from this website. there are multiple resources available to support actions to build relationships for change between Aboriginal and Torres Strait Islander peoples and other Australians.

In addition, there are many journals that publish, regularly and increasingly, peer reviewed articles on Aboriginal and Torres Strait Islander health and health promotion. Although there is some sign of positive change, the Aboriginal and Torres Strait Islander health promotion articles published in such journals do not always include Aboriginal or Torres Strait Islander authors; and the peer review panels do not, always, include Aboriginal or Torres Strait Islander colleagues.

11. TOOLS TO GUIDE PRACTICE

The tools listed below have been grouped by their relevance to the steps in the policy, program planning, delivery, evaluation, and quality improvement cycles. The groups are:

11.1 National policy context

The first set of tools focuses on the policy environment within which priorities for Aboriginal and Torres Strait Islander health promotion are established and funded. The policies listed below, are current examples of national policies that outline the priority health issues/population groups/settings in which funding for Aboriginal and Torres Strait Islander health promotion is invested and for which governments and their agencies are accountable.

The policies are subject to frequent review and change—the documents identified here are examples of those that are pertinent in February/March 2012. We have selected policies developed by the health sector, primarily. However, increasingly, as greater emphasis is given to working with sectors other than health to achieve improved health outcomes, it is necessary for health promotion practitioners to seek out the policies of sectors such as housing, education, and employment (for example).

Office of Aboriginal and Torres Strait Islander Health, Department of Health and Ageing

The Commonwealth Department of Health and Ageing, through the Office of Aboriginal and Torres Strait Islander Health (OATSIH) established a National Health Performance Framework for Aboriginal and Torres Strait Islander Health 2003-2013 and reports bi-annually on in closing the gap in Indigenous health outcomes, health system performance and broader determinants of health.40 OATSIH has priority investments in the following areas:

- Primary Health Care
- Social and Emotional Wellbeing
  - Substance Use
  - Child and Maternal Health
  - Chronic Disease
  - Remote Services (including Closing the Gap in the Northern Territory)
  - Workforce.[41]

Other programs being funded by OATSIH include:

- Healthy for Life
- Closing the Gap—tackling chronic disease
- Health service accreditation
- Petrol Sniffing Prevention Program

Commonwealth of Australia, National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003–2013, Australian Government Implementation Plan 2007–2013. Accessed 30 September 2012 at http://www.health.gov.au/internet/main/publishing.nsf/Content/6CA5DC4BF04D8F6ACA25735300807403/$File/nsfatsih2013.pdf.

This is the Australian Government's plan for the actions it will take to contribute to achieving the goals in the national Aboriginal and Torres Strait Islander health performance framework.

Closing the Gap – Council of Australian Governments (COAG)

In 2008, the Council of Australian Governments set targets for Closing the Gap, an agenda that is the responsibility of multiple sectors, including health.

- To close the life-expectancy gap within a generation
- To halve the gap in mortality rates for Indigenous children under five within a decade
- To ensure access to early childhood education for all Indigenous four years olds in remote communities within five years
- To halve the gap in reading, writing and numeracy achievements for children within a decade
- To halve the gap for Indigenous students in Year 12 (or equivalent) attainment rates by 2020
- To halve the gap in employment outcomes between Indigenous and non-Indigenous Australians within a decade.[42]

The Indigenous Chronic Disease Package has been rolled out nationally through the community controlled and government health sectors—a program that is to run from 2009–2013. The first report on progress was published in 2010.[43]

Commonwealth Department of Health and Ageing: Mental health and Wellbeing

Purdie, N., Dudgeon, P., Walker, R. eds. 2010, *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice*, Australian Government Department of Health and Ageing, Canberra.

A national review of evidence of need for action, and of evidence of effective interventions to promote mental health and wellbeing.

11.2 Technical tools

Comprehensive community planning and priority setting

These are guides to the development of community-led strategic plans that include a profile of a community/population, identify patterns of health/illness and behavioural and socially-determined risks to health, identify community-defined strengths and needs, and establish priority health issues (for example, chronic disease or infant nutrition), and/or priority population groups (for example, men, or adolescents, or older people).

One step in preparing a comprehensive community plan is the engagement of communities and local/regional organisations—particularly, Aboriginal or Torres Strait Islander organisations.[44]

- Wolfe J. 1989, *'That Community Government Mob': Local government in small Northern Territory Communities*, ANU North Australia Research Unit Monograph, Darwin.

  This is an older document that provides a comprehensive overview of the relationship between local community governance, community development planning, and structures for service delivery, including health services. Its focus is on empowered communities undertaking comprehensive community planning.

- Indian and Northern Affairs, Canada 2006, *CCP Handbook. Comprehensive Community Planning for First Nations in British Columbia*, developed in partnership with Okanagan, Lytton, Squiaia, We Wai Kai (Cape Mudge) and Yekooche First Nations, and the First Nations/INAC Comprehensive Community Planning Working Group. Indian and Northern Affairs Canada, BC Region, Vancouver. Accessed 21 January 2012 at <http://www.aadnc-aandc.gc.ca/eng/1100100021972>.

  This is a comprehensive community planning template set up to guide communities to plan for health and wellbeing. It has been developed by First Nations communities, and provides clear guidance for setting up the community governance for planning, and a useful template to guide planning. It includes illustrations, checklists, and audit tools to use at each step in the planning process.

Data for comprehensive community planning and program planning

These tools are intended to assist communities to identify their health needs and the causes or determinants of these health needs—including behavioural, social, and environmental determinants of health.

The National Aboriginal and Torres Strait Islander Health Performance Framework and Performance Measures[45] (see Figure 1, below) established a nationally-agreed set of indicators to use to describe patterns of health and illness in a population or community, to describe patterns in the determinants of health, and to map the capacity of the health care system serving that population or community.

What follows is a sample of the multiple, increasing number of reports available on the health (and determinants) of Aboriginal and Torres Strait Islander populations and communities. It is not a comprehensive listing but is intended to illustrate the range of information that is available and some useful sources. The Australian Institute of Health and Welfare publishes a wide range of specialist reports on the health and wellbeing of Aboriginal and Torres Strait Islander people.

- A national report on progress measured against the national health performance indicators is published bi-annually. The Indigenous Observatory in the Australian Institute of Health and Welfare prepares reports on specific conditions (e.g. eye health), on population groups (older people), as well as on the health of the Aboriginal and Torres Strait Islander population. Accessed 10 March 2012 at <http://www.aihw.gov.au/indigenous-observatory/>. Examples of some of the reports available include:

- National Aboriginal and Torres Strait Islander Social Survey, the National Aboriginal and Torres Strait Islander Health Survey <http://www.aihw.gov.au/publications-catalogue>
- Bi-annual Aboriginal and Torres Strait Islander Health Performance Framework Reports for each State and Territory <http://www.aihw.gov.au/publications-catalogue>
- Australian Institute of Health and Welfare 2011, Life expectancy and mortality of Aboriginal and Torres Strait Islander people 2011, AIHW, Canberra <http://www.aihw.gov.au/publications-catalogue>
- NSW Health 2010, New South Wales Population Health Survey. 2006–2009 Report on Adult Aboriginal health, Centre for Epidemiology and Research, NSW Department of Health, Sydney <http://www.health.nsw.gov.au/resources/publichealth/surveys/hsa_0609ab.asp>
- Awofeso, N. 2010, The 2008–2030 National Indigenous Health Equality Targets: Suggestions for translating potential into sustainable health improvements for Indigenous Australians, *Australian Indigenous Health Bulletin*, vol. 10, no. 2.

  Data on the health and wellbeing of Aboriginal and Torres Strait Islander Australians, and on the determinants of health and wellbeing are also published in journals, books, and on the internet—by a wide variety of organisations, including community organisations and community-controlled health services (for example). One of the challenges for health promotion practitioners is to stay abreast of the information needed to plan and implement and evaluate health promotion programs.

Aboriginal and Torres Strait Islander Identification

An underlying, vital issue in relation to the data on Aboriginal and Torres Strait Islander people is that of identification. Although there has been some effort across the nation to improve on this (in the health sector in particular), it continues to be a gap in the information available to support and evaluate health promotion initiatives.

- *Australian Institute of Health and Welfare 2010,* Indigenous identification in hospital separations data: Quality report, *Australian Institute of Health and Welfare, Canberra* Accessed 15 December 2011 at <http://www.aihw.gov.au/publications-catalogue/>.
- *Australian Institute of Health and Welfare,* National best practice guidelines for collecting Indigenous status in health data sets. Accessed 24 January 2012 at <http://www.aihw.gov.au/publications-catalogue/>.
- Kelaher, M., Parry, A., Day, S., Paradies, Y., Lawlor, J. & Solomon, L. 2010, *Improving the Identification of Aboriginal and Torres Strait Islander People in Mainstream General Practice*, The Lowitja Institute, Melbourne.

Identifying determinants of health

- Anderson, I., Baum, F. & Bentley, M. (eds) 2007, *Beyond Bandaids: Exploring the Underlying Social Determinants of Aboriginal Health*. Papers from the Social Determinants of Aboriginal Health Workshop, Adelaide, July 2004, Cooperative Research Centre for Aboriginal Health, Darwin.

- *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. Accessed 20 March 2012 at <http://www.who.int/social_determinants/resources/indigenous_health_adelaide_report_07.pdf >
- Helps, Y., Moodie, D. & Warman, G. 2010, *Aboriginal People Travelling Well: Community Report*, The Lowitja Institute, Melbourne.
- McDermott, D. 2006, Unknown family at the taxi stand. The Dr Ross Ingram Memorial Essay Competition 2006, *Medical Journal of Australia,* vol. 184 no. 10, pp. 519–20.
- Australian Institute of Health and Welfare 2010, *Aboriginal and Torres Strait Islander Health Services report, 2008–09*. OATSIH Services Reporting—Key results, Cat. No. IHW 31, Canberra: AIHW.

  Description of Australian government funded Aboriginal and Torres Strait Islander primary health care, substance use, and Bringing Them Home and Link Up counselling services.
- Australian Institute of Health and Welfare 2011, *Access to health services for Aboriginal and Torres Strait Islander people 2011*, AIHW, Canberra.

  This paper examines Indigenous Australians' use of a range of health services, including those that provide preventive, primary and community health, hospital or specialised care.

Program planning

The tools listed, below, are intended as guides for the design of effective health promotion interventions—simple, complex, and comprehensive. These guides assist communities and health promotion practitioners to:

  - identify causes and determinants of specific priority health problems—needs assessment
  - set measureable goals and objectives
  - select strategies that will enable these to be achieved.

- Commonwealth Department of Health and Ageing 2011, *Live Longer. Community Action Pack: A practical guide to health promotion planning with Aboriginal and Torres Strait Islander Communities*, Australian Government Department of Health and Ageing, Canberra. Accessed 24 January 2012 at <www.livelonger.health.gov.au>.

  A contemporary manual guiding communities applying for grants to promote health, with particular emphasis on social marketing, health education. This manual is the only comprehensive planning tool written by an Aboriginal author in consultation with community members and health promotion practitioners.
- Mungabareena Aboriginal Corporation/Women's Health Goulburn North East 2008, *Using a health promotion framework with an 'Aboriginal lens'. Making two worlds work***,** Mungabareena Aboriginal Corporation/Women's Health Goulburn North East. Accessed on 21 January 2012 at <www.whealth.com.au>.

This is an excellent guide written Aboriginal and non-Aboriginal authors, introducing a framework for health and community sector workers to work effectively and respectfully with Aboriginal communities. There are multiple references, and the explanations/illustrations of sometimes dense information are very clear. The checklist at the end is a helpful summary of the steps required to in program planning.

- Northern Territory Public Health 2007 & 2009, *The NT Public Health Bush Book*, (Vol. 1, edn 1, 2007; Vol. 2, edn 2, 2009), Health Promotion Strategy Unit, Health Development Branch, NT Department of Health, Darwin**.** Accessed 27 January 2012 at **<**http://www.health.nt.gov.au/Health_Promotion/Tools_for_Good_Practice/index.aspx>.

  This is the most comprehensive of the program planning tools developed by Aboriginal and Torres Strait Islander health promotion practitioners, non-Aboriginal health promotion practitioners, and Aboriginal and Torres Strait Islander communities. It has been used extensively by Aboriginal Health Workers and other health promotion practitioners and provides clear, staged guidance to each step in constructing a program plan, and in implementing the plan and evaluating the impacts and outcomes.

- Department of Health and Ageing, *Ten steps to planning a health promotion project*. Accessed 27 January 2012 at <http://livelonger.health.gov.au/category/community-health-action-pack/part-1-ten-steps-to-planning-a-health-promotion-project/>.

  A contemporary web-based tool to assist communities to undertake project planning.

- W.A. Department of Health, Office of Aboriginal Health 2005, *A best-practice model for health promotion programs in Aboriginal communities*, based on formative evaluation of the Kuwinyuyardu Aboriginal Resource Unit Gascoyne Healthy Lifestyle Program, written by R. J. Howie, Western Australia, Department of Health, Office of Aboriginal Health, Perth. Accessed on 2 February 2012 at <http://www.diabetes.health.wa.gov.au/docs/1887%20BestPraciceModel19402.pdf>.

- Canadian Best Practices Portal. Accessed 24 January 2012 at <http://cbpp-pcpe.phac-aspc.gc.ca/>. Includes: Interventions-at-a-glance; Intervention Search Centre; Resources at a glance; Resource Search Centre; Systematic Review Sites. And a Population Health Approach: Organizing Framework.

  A helpful model of a website for communities/people seeking assistance at different points in a program planning cycle.

- Quality Improvement Program Planning System (QIPPS) website. Accessed on 2 February 2012 at <http://www.qipps.com/>.

  This is a comprehensive, up-to-date website with useful planning and evaluation tools and a public web-based library.

- An Outcomes Planning Model for Health Promotion[46]. The model was developed by Nutbeam expanding on the work of the many who have contributed to contemporary understanding of the steps involved in effective health promotion planning, implementation and evaluation.

This model is not specific to Aboriginal and Torres Strait Islander health promotion. Indeed, this scoping study would suggest that there is need for an Aboriginal and Torres

Strait Islander–led review and revision of the model to reflect, amongst other things, the definition of Aboriginal health, the central role of 'process' (governance and engagement) in designing, delivering, and evaluating health promotion.

Setting goals and objectives

This step requires communities and health promotion practitioners to specify who or what needs to change, by how much, by when? Deciding who and/or what needs to change should be clear following the needs assessment—the target group and the determinants of the health problem.

Deciding on 'how much change' over what period of time can be helped by seeing what has been possible for other programs in other communities. SMART goals and objectives are Specific, Measureable, Achievable, Realistic, and Timely (see <http://www.health.qld.gov.au/chipp/community/goals.asp> for an example).

Selecting strategies

Strategies are the active ingredient in a health promotion program. It is through the use of education, mobilisation, advocacy and partnership that health promotion programs act to bring about positive changes in the health of populations and communities.

The first issue in selecting strategies is to ensure that the strategy 'matches' the 'cause or determinant' of the problem—that if a new policy is required, it is likely that all four strategies are needed; if a population group needs new knowledge and skills, it is likely that education is the most useful strategy; and if a change in environment is needed (e.g. trees planted or improved food in a school canteen) it is often necessary to work in partnership with other sectors and organisations. In addition, there are multiple theories to use in deciding on strategies and in strategy development.

Advocacy can facilitate the implementation of a policy; mobilisation (building community capacity) is needed for communities to assert their need for and right to effective services (including health care services) and health promotion programs; and education is needed to inform and educate individuals about their health, its determinants, and health care. (see Nutbeam model in Appendix 2).

- Nutbeam, D., Harris, E. & Wise, M. 2010, *Theory in a nutshell: A practical guide to health promotion theories*, 3rd edn, McGraw Hill, Sydney.

  A concise, accessible overview of the major theories and models used to guide the development of health promotion strategies. Each chapter describes and explains a theory or model and provides an example of its use.

In selecting strategies it is necessary to also decide on which actions are most likely to succeed in the particular community or group with whom practitioners are working. There are multiple ways to 'educate' people'; multiple ways to engage and mobilise people; and multiple ways to inform and motivate policy makers to change policies. There is no single guide to this.

Program implementation

The publications, below, are examples of actions taken (or needs identified) to improve the likelihood that planned interventions reach their intended audiences. It is of interest

that there are fewer publications in this category. This is an indication that limited attention has been given to the significance of 'implementation' as a step in effective health promotion. One of the reasons for this is certainly the lack of sustained investment in Aboriginal and Torres Strait Islander health promotion interventions. Short-term projects can only, ever, be limited in reach—and have few resources to enable specific attention to be given to the incremental steps necessary to reach a whole population.

The papers, below, describe the implementation of a variety of programs. Although none of the papers is written as a 'guide' for others, each offers information about the factors that enhance the likelihood of the successful implementation of a health promotion program.

- Hoy, W. E., Kondalsamy-Chennakesavan, S., Smith J., Sharma, S., Davey, R. & Gokel, G. 2006, Setting up chronic disease programs: Perspectives from Aboriginal Australia, *Ethnicity & Disease*, vol. 16, no. 2(Suppl 2), pp. S2 73–8.
- Flenady, V., Macphail, J., New, K., Devenish-Meares, P. & Smith, J. 2008, Implementation of a clinical practice guideline for smoking cessation in a public antenatal care setting, *Australian & New Zealand Journal of Obstetrics & Gynaecology*, vol. 48, no. 6, pp. 552–8.
- Glover, M. & Cowie, N. 2010, Increasing delivery of smoking cessation treatments to Maori and Pacific smokers [Erratum appears in N Z Med J. 2010; 123(1310):125], *New Zealand Medical Journal*, vol. 123, no. 1308, pp. 6–8.
- Wise, M., Massi, L., Rose, M., Nancarrow, H., Conigrave, K., Bauman, A. & Hearn, S. 2012, Developing and implementing a state-wide Aboriginal health program: The process and factors influencing successful delivery, *Health Promotion Journal of Australia*, vol. 23, no. 1, pp. 25–29.

Program evaluation

This group includes generic tools to guide the design of evaluation of health promotion programs, and illustrate the measurement of the impacts of interventions on health promotion and intermediate outcomes. The publications, below, include guides on evaluation methods and measures used to assess the quality, impact and outcomes of health promotion interventions, and some (few) examples of evaluated programs. For more examples of evaluated programs see the Closing the Gap Clearinghouse Assessed Collection. Accessed on 31 March 2012 at <http://www.aihw.gov.au/closingthegap/assessed/index.cfm>.

- Nutbeam, D. & Bauman, A. 2009, *Evaluation in a nutshell*, McGraw Hill, Sydney.

  An accessible guide that explains the purposes of evaluation in health promotion. It goes on to describe different evaluation methods and to explain when and how to use each in the development and implementation of health promotion programs.
- Colin, T. & Garrow, A. 1994/95, *Thinking, listening, looking, understanding and acting as you go along*, Council of Remote Area Nurses of Australia Inc., Alice Springs.

A guide prepared specifically for Aboriginal and Torres Strait Islander Health Workers including templates for evaluating the quality and impact of a single-strategy health promotion program (using education as its major strategy).

- Department of Health Victoria 2003, *Measuring health promotion impacts: A guide to impact evaluation for health promotion*, Department of Health, Melbourne. Accessed on 31 March 2012 at <http://www.health.vic.gov.au/healthpromotion/steps/evaluation.htm#measuring>.
- Department of Health Victoria 2005 (reprinted 2007), *Planning for effective health promotion evaluation*, Department of Health, Melbourne. Accessed on 31 March 2012 at <http://www.health.vic.gov.au/healthpromotion/downloads/planning_may05_2.pdf>.

  These two publications are manuals to guide health promotion practitioners (working with communities) to evaluate the impact of a health promotion program—including information and case examples on the design of an impact evaluation, the selection and use of indicators of impact, and the methods used to gather information, and to analyse, and report on findings. They are not specific to Aboriginal and Torres Strait Islander health promotion but relevant case examples are included.

- Mickhailovich, K., Morrison, P., Arabena, K. 2007, Evaluating Australian Indigenous community health promotion initiatives: A selective review, *Rural and Remote Health*, vol. 746 (online).

  This review of the literature on the evaluation of Australian Indigenous community health promotion initiatives was intended to identify practice issues pertinent to evaluators of Aboriginal and Torres Strait Islander health promotion initiatives. The paper recommended action to enhance the use of ethical standards and to strengthen the design of evaluations to increase their rigour.

- Clifford, A., Jackson Pulver, L., Richmond, R., Shakeshaft ,A. & Ivers, R. 2011, Smoking, nutrition, alcohol and physical activity interventions targeting Indigenous Australians: Rigorous evaluations and new directions needed, *Australian & New Zealand Journal of Public Health*, vol. 35, no. 1, pp. 38–46.
- Ivers, R. G., Castro, A., Parfitt, D., Bailie, R. S., D'Abbs, P. H. & Richmond, R. L. 2006, Evaluation of a multi-component community tobacco intervention in three remote Australian Aboriginal communities, *Australian & New Zealand Journal of Public Health*, vol. 30, no. 2, pp. 132–6.

  These are examples of evaluations of community-based interventions, describing the methods used in the evaluation, and demonstrating the learning that arises from evaluating a health promotion intervention.

- Panaretto, K., Coutts, J., Johnson, L., Morgan, A., Leon, D. & Hayman, N. 2010, Evaluating performance of and organisational capacity to deliver brief interventions in Aboriginal and Torres Strait Islander medical services, *Australian & New Zealand Journal of Public Health*, vol. 34, no. 1, pp. 38–44.
- Thomas, D., Johnston, V. & Fitz, J. 2010, Lessons for Aboriginal tobacco control in remote communities: An evaluation of the Northern Territory 'Tobacco Project, *Australian & New Zealand Journal of Public Health*, vol. 34, no. 1, pp. 45–9.

- Viola. A. 2006, Evaluation of the Outreach School Garden Project: Building the capacity of two Indigenous remote school communities to integrate nutrition into the core school curriculum, *Health Promotion Journal of Australia*, vol. 17, no. 3, pp. 233–9.

  The three papers in this group, above, are examples of issues that must be addressed in the evaluation of health promotion programs—the identification of measurable goals or outcomes; the selection of measures and indicators; the design of the evaluation (experimental/quasi-experimental), the method to be used (qualitative or quantitative), and the conduct of the evaluation (sampling, interview schedule, interviewing (or alternative) as a means to gather data; analysis and reporting.

It is common to find systematic reviews of the Aboriginal and Torres Strait Islander health promotion literature reporting that there are few examples of 'well-evaluated' programs, i.e. evaluations with experimental or quasi-experimental designs.

This is, indeed, an important future step—but one that requires a level of investment of resources - financial, human and time—that has rarely been available in Aboriginal and Torres Strait Islander health promotion. Indeed, the literature is rife with reports on pilot studies and short-term programs. The lack of recurrent, substantial investment over time is a further reason for the limited examples of implementation of comprehensive (and more effective) health promotion programs, and for the limited examples of the use of more sophisticated, substantial evaluation designs and methods.

Reporting on national progress in improving Aboriginal and Torres Strait Islander health

- The Office of Aboriginal and Torres Strait Islander Health (OATSIH) and the States/Territories agreed to a national framework and indicators to use to measure progress toward the achievement of improved Aboriginal and Torres Strait Islander health.

It is a critical to note that evaluation of Aboriginal and Torres Strait Islander health promotion interventions need to include evaluation of:

- Where has power (to self-determine) changed hands?
- What is the evidence that this has happened?
- Have community and personal autonomy been enhanced?[47]

These are the measures by which it will be possible to determine whether progress toward self-determination, autonomy and empowerment is being made.

Structured programs

This is a group of structured programs that have been evaluated and packaged in forms that are available for use by other jurisdictions or communities.

There are relatively few of these and care is needed in the transition—few programs are universally applicable without adjustment to local conditions. However, one way to disseminate structured programs whose efficacy has been proven is to ensure that there is ongoing professional training in their use across all relevant populations/communities.

As well, they need to be actively included into professional preparatory training for the Aboriginal and Torres Strait Islander health promotion workforce—becoming, as a consequence, a part of their core knowledge and skill set.

The adaptation necessary for local communities and conditions is, then, within the hands of skilled Aboriginal and Torres Strait Islander health workers working with their communities and clients.

1. Family Wellbeing Empowerment Program and Participatory Action Research

Tsey, K., Wilson, A., Haswell-Elkins, M., Whiteside, M., McCalman, J., Cadet-James, Y. & Wenitong, M. 2007, Empowerment-based research methods: A 10-year approach to enhancing Indigenous social and emotional wellbeing, *Australasian Psychiatry*, vol. 15, Suppl., pp. S34-S38.

The FWB was developed by a group of Adelaide-based 'stolen generation' Indigenous people, and built on by Indigenous and non-Indigenous university researchers and Indigenous community organisations in Central Australia and Queensland.

The program is structured in four stages, each led by a trained Aboriginal or Torres Strait Islander facilitator. Each stage runs for 10 weeks.

- Foundations in counselling
- Coping with grief and loss
- Changing and working together
- Moving forward

The Program has evolved over time, and was later combined with participatory action research and integrated into a range of health promotion initiatives including programs to reduce family violence, enhance parenting skills, facilitate job preparedness, promote self care in chronic disease, and to address the meanings of contemporary Aboriginal spirituality in people's lives.

2. The 'lifestyle' diseases and diabetes management and care program (DMCP)

Gracey, M., Bridge, E., Martin, D., Jones, T., Spargo, R., Shephard, M. & Davis, E. 2006, An Aboriginal-driven program to prevent, control and manage nutrition-related 'lifestyle' diseases including diabetes, *Asia Pacific Journal of Clinical Nutrition*, vol. 15, no. 2, 178–88.

Developed by the UFPA (Unity of First People of Australia—a not for profit Aboriginal-run organisation.

Multiple strategies for children in community and in school, healthy adults, 'at risk adults'. Education, skills building, role modelling, sports and recreation, increasing health literacy, health screening and risk assessment, training local carers.

3. The Indigenous Risk Impact Screen (IRIS)

Schlesinger, C. M., Ober, C., McCarthy, M. M., Watson, J. D. & Seinen, A. 2007, The development and validation of the Indigenous Risk Impact Screen (IRIS): A 13-item screening instrument for alcohol and drug and mental health risk, *Drug & Alcohol Review*, vol. 26, no. 2, pp. 109–17.

Developed and validated in Queensland, the IRIS instrument was validated statistically as a screen for alcohol and drug and mental health risk, and recommended as a brief screening instrument for use with Aboriginal and Torres Strait Islander people.

4. National guide to a preventive health assessment in Aboriginal and Torres Strait Islander peoples

Prepared by the NACCHO as lead agency of the Chronic Disease Alliance of non-government organisations, and endorsed by the Royal Australian College of General Practitioners. Victoria: Royal Australian College of General Practitioners, 2005.

As a clinical guide for doctors working with Aboriginal and Torres Strait Islander clients the summaries of evidence and recommendations are valuable.

5. The NSW SmokeCheck Program: Brief Intervention for Smoking Cessation

Developed, implemented and evaluated by a Project Team from the Australian Centre for Health Promotion, Sydney School of Public Health, University of Sydney, funded by the NSW Department of Health, and the Cancer Institute of NSW.

The program comprises a training manual together with audiovisual resources and written resources for clients/patients. Quasi-experimental evaluation design found it had succeeded in building self-reported knowledge, skills, and confidence of Aboriginal health workers and others who participated in training.

There is also an online training module and other resources available at <http://www.smokecheck.com.au>.

A Health Services Integration Project has been developed to support health services and health workers to integrate brief smoking cessation intervention into routine practice. Accessed on 5 April 2012 at <http://www.smokecheck.com.au/programs-activities/health-services/index.php>.

6. Strong Women, Strong Babies, Strong Culture

The *Strong Women, Strong Babies, Strong Culture* program promotes improvement in the health of Aboriginal women and their babies. The program aims to:

- improve the health and well being of all mothers and their newborn babies
- strengthen the family unit and help bring back cultural practices
- prevent and promote early intervention of lifestyle illness and disease before, during and following pregnancy
- provide a healthier community for future generations.

The program recognises the traditional cultural approaches to parenting and lifestyle, supporting pregnant Aboriginal women and their babies through better diet, education and ante natal care, with the aim of increasing the birth weight of babies and improving early childhood development. The program relies on and supports senior women in participating communities to provide direct support to pregnant women and their families. The senior women encourage attendance at antenatal care clinics and provide advice on nutrition. Connections and support for involvement in cultural events are an important part of the program. This particular program is one that has a strong community development focus and potentially major health benefits to Aboriginal people. This has a long-term outlook with lasting benefits rather than only treating immediate health problems.[48] Accessed on 5 April 2012 at <http://www.healthinfonet.ecu.edu.au/key-resources/programs-projects?pid=357>.

Keeping up to date

For a more complete listing of Projects and Programs that have been and/or are being conducted by and with Aboriginal and Torres Strait Islander communities across the country it is recommended that readers go to the Australian Indigenous Health*Info*Net website. Most of the projects/programs listed have not been evaluated (or evaluations have not been published). But the listing illustrates the large body of work that has been undertaken to promote the health of Aboriginal and Torres Strait Islander communities and people in the last two decades.

11.3 Process tools

This group of tools focuses on the processes that underpin and enable effective health promotion—respectful, empowering processes to engage communities and stakeholders from all affected groups and organisations to make decisions, to plan, and to take action.

Community capacity

There is a large body of evidence of programs that have succeeded in strengthening the capacity of Aboriginal and Torres Strait Islander communities to govern and make collective decisions about priorities for action, to plan collectively, and to engage in health promotion program delivery.

- ANTaR 2010, *A better way. Success stories in Aboriginal community control in the Northern Territory*. Accessed on 4 April 2012 at <http://www.antar.org.au/abetterway>.

  This booklet showcases 13 successful Aboriginal community-controlled organisations in the NT. In each case, the organisations are under Aboriginal management and administration, are responsive to local community needs and priorities and work in partnership with other organisations.

- Digiacomo, M., Abbott, P., Davison, J., Moore, L. & Davidson, P. M. 2010, Facilitating uptake of Aboriginal Adult Health Checks through community engagement and health promotion, *Quality in Primary Care*, vol. 18, no. 1, pp. 57–64.

  There is a limited number of practical tools to guide communities and practitioners to build community capacity. Those listed below have not been developed by and with Aboriginal and Torres Strait Islander communities and practitioners. They are good examples of web-based resources that describe the steps in capacity building in detail.

- University of Kansas, *The Community Toolbox*. Accessed 15 February 2012 at <http://ctb.ku.edu/en/default.aspx>.

  A web-based resource that provides practical guidance to community capacity building. It has not been designed by and for Aboriginal and Torres Strait Islander communities in particular, but it provides detailed templates and guidance that can be used readily by communities and health promotion practitioners, alike.

- Kretzmann, J. & McKnight, J. 1993, *Building communities from the inside out: a path toward finding and mobilising a community's assets*, The Asset Based Community Development Institute, Northwestern University, ACTA Publications, Chicago.

An older resource that provides clear, guidance (including templates and exercises) about building the capacity of communities to act on their own behalf to identify and solve problems, and to create positive social, economic and physical environments for health and wellbeing.

Project management and partnerships

There are few tools available to guide project management and partnerships in Aboriginal and Torres Strait Islander health promotion. The reference, below, brings valuable insights into effective project management.

- O'Faircheallaigh, C., Wanna, J., Weller, P. 1999, Managing public services for Indigenous Australians, Chapter 15 in C. O'Faircheallaigh, J. Wanna, P. Weller (eds), *Public sector management in Australia: New challenges, new directions*, Centre for Australian Public Sector Management, Brisbane.

  This is an older reference that brings useful insights to the field of project management for Aboriginal and Torres Strait Islander services (including health services). It was not written as a guide, but offers a useful framework for deciding on actions to be taken and by whom.

Quality improvement

This category introduces the quality improvement audit tool now available to assess the quality of health promotion developed and delivered with and by Aboriginal and Torres Strait Islander primary care services.

- National Centre for Quality Improvement in Indigenous Primary Health Care 2012, *One21Seventy. Health promotion audit tools*. Accessed 15 June 2012 at <http://www.one21seventy.org.au/Public/CQItools.aspx>.

The tools have been developed with Aboriginal and Torres Strait Islander health promotion practitioners and primary health care professionals for use by services and program managers. The tools enable service providers to systematically describe and assess how well activities and projects align with good practice, assess how well organisational systems are functioning, and plan how to improve systems that support good practice.

- Department of Health and Ageing 2004, *Principles of practice, standards and guidelines for providers of cervical screening services for Indigenous women*, Department of Health and Ageing, Canberra.

11.4 Infrastructure tools

Organisational capacity

The tools in this category focus on identifying and building the organisational capacity required by health services to design, deliver and evaluate effective health promotion.

- NSW Health 2001, A framework for capacity building to promote health, NSW Department of Health Sydney. Accessed 31 March 2012 at <http://www.health.nsw.gov.au/pubs/2001/pdf/framework_improve.pdf>

- Clifford, A., Jackson Pulver, L., Richmond, R., Shakeshaft, A. & Ivers, R. 2009, Disseminating best-evidence health-care to Indigenous health-care settings and programs in Australia: Identifying the gaps, *Health Promotion International*, vol. 24, no. 4, pp. 404–15.

Workforce capacity

The Aboriginal and Torres Strait Islander health promotion workforce is critical to the future of Aboriginal and Torres Strait Islander health promotion. All health professional workforces share a similar need for the 'system' that is outlined in this section—i.e. a 'professionally-led system that oversees, assess, advises on: effective professional preparation based on evidence-based standards of best practice; mentored/supervised work experience; on-going professional development opportunities; professional networks and civil society organizations that routinely update and expand on knowledge and skills (conferences, journals, websites, workshops, etc.).

Some of the building blocks for such a system of professional practice are in place but have not been linked under Aboriginal and Torres Strait Islander leadership and control.

The tools in this group focus, primarily, on the knowledge and skills needed by the Aboriginal and Torres Strait Islander health promotion workforce. These include competency standards being used in Certificate III and IV and in tertiary education for Aboriginal health workers; a guide to sources of information about workforce development opportunities, funding opportunities, and professional networks.

There are also some initiatives that are contributing to building the body of professional practice in Aboriginal and Torres Strait Islander health promotion, including specialised tertiary education, web-based training, and models of curricula and competency standards.

- Department of Education, Employment and Workplace Relations. *HLTAH411B Plan, develop and evaluate health promotion for Aboriginal and/or Torres Strait Islander communities.* Industry Skills Councils. Commonwealth of Australia, 2012. Accessed 27 May 2012 at <http://www.google.com.au/search?q=Community+health+promotion+planning&hl=en&site=webhp&prmd=imvns&ei=mxAiT66XEsSQiQeTqIzwBA&start=10&sa=N&biw=1096&bih=1272>.

  The website includes a copy of the Competency standards for this Certificate IV Course.

- New South Wales Ministry of Health 2012 [in press], *Aboriginal Public Health Training Initiative*, NSW Ministry of Health, Sydney.

  This initiative has been developed with the Local Health Districts in NSW to provide a structured pathway for Aboriginal and Torres Strait Islander health professionals to undertake a Masters of Public Health degree and a three-year program of supervised work-based placements and personal mentorship in population health in New South Wales. A set of competency standards has been developed to guide the work of the first group of participants.

- PHERP Indigenous Public Health Capacity Development Project Reference Group 2008, *National Indigenous Public Health Curriculum Framework*, Onemda VicHealth Koori Health Unit, The University of Melbourne.

  This is a model curriculum on Indigenous Public Health for inclusion in Master of Public Health programs. Developed through a national consultative process, the curriculum is a useful guide for tertiary program designers to use in establishing tertiary training for public health practitioners.

- The University of Sydney, Graduate Diploma in Indigenous Health Promotion. Accessed 31 March 2012 at <http://sydney.edu.au/courses/Graduate-Diploma-in-Indigenous-Health-Promotion>.

  The Graduate Diploma in Indigenous Health Promotion has more than 120 Aboriginal or Torres Strait Islander graduates. The program was developed by Aboriginal and Torres Strait Islander health promotion practitioners and health promotion professionals. The course is based on contemporary best practice in Aboriginal health promotion, and offers a globally recognised qualification. It is taught in block release mode, and bases the teaching and learning on students' own health promotion work in their communities.

- Aboriginal Health Council of Western Australia, The WA Aboriginal Health Promotion Collaboration Program. Accessed 21 January 2012 at <http://www.ahcwa.org.au/programs/program-health-promotion/>.

  The WA Aboriginal Health Promotion Collaboration program has created six Aboriginal Health Promotion Development officers (AHPDO) positions, based in six Aboriginal Community Controlled Health Services (ACCHS) across the state. Each AHPDO will work closely with existing health promotion activities in their respective ACCHS, and will also develop and implement health promotion activities that are population based and outside of the ACCHS clinic.

- Australian Indigenous Health Promotion Knowledge Network. Accessed 15 December 2011 at <www.indigenoushealth.med.usyd.edu.au/links.htm>.

  This group also included tools to assist non-Indigenous organisations (governments, NGOs, community organisations, private sector organisations) and their agents to build their knowledge and skills in being respectful, competent partners in working with Aboriginal and Torres Strait Islander communities, peers and colleagues. There is reference to guides for increasing the cultural competency of health professionals and organisations; and a review of tools to prevent race-based discrimination and support diversity.

- National Health and Medical Research Council 2005, *Cultural competency in health: A guide for policy, partnerships and participation*, National Health and Medical Research Council, Canberra.

- Trenerry, B., Franklin, H. & Paradies, Y. 2010, *Review of audit and assessment tools, programs and resources in workplace settings to prevent race-based discrimination and support diversity*, McCaughey Centre, VicHealth, Melbourne.

- Liaw, S. T., Lau, P., Pyett, P., Furler, J., Burchill, M., Rowley, K., & Kelaher M. 2011, Successful chronic disease care for Aboriginal Australians requires cultural

competence, *Australian & New Zealand Journal of Public Health*, vol. 35, no. 3, pp. 238–48.

- Mak, D. B., Plant ,A. J. & Toussaint, S. 2006, 'I have learnt ... a different way of looking at people's health': An evaluation of a pre-vocational medical training program in public health medicine and primary health care in remote Australia, *Medical Teacher*, 28(6):e149-55.

11.5 Governance tools

Finally, this scoping study showed that, in every case, health promotion had succeeded only when it had been initiated, designed, and carried out under Aboriginal and/or Torres Strait Islander authority and leadership—governance.

Every report on evidence 'what works' in improving the health of Aboriginal and Torres Strait Islander communities and people points to the central significance of governance—of Aboriginal and Torres Strait Islander leadership and governance of communities, organisations and projects. 'Good governance and leadership need to be supported as they are the foundation for success'. [49]

Every report goes on to highlight the central significance of good processes in determining the success of Aboriginal and Torres Strait Islander health promotion initiatives—Aboriginal and Torres Strait Islander communities and health workers and organizations leading and engaging in every step in comprehensive community planning, program planning, delivery, and evaluation. These, combined with Indigenous governance, are without doubt the most significant actions influencing the success of health promotion.

- Reconciliation Australia and Centre for Aboriginal Economic Policy Research, Indigenous Community Governance, 2009, *Indigenous Governance Toolkit*. Accessed 15 January 2012 at <http://caepr.anu.edu.au/governance/index.php>.
- Hearn, S., Wise, M. 2004, Health promotion: A framework for Indigenous health improvement in Australia, in R. Moodie & A. Hulme (eds), *Hands On Health Promotion*, IP Communications, Melbourne.

12. WHAT DID WE FIND?

This scoping study has identified a range of tools available to support Aboriginal and Torres Strait Islander communities and health promotion practitioners (in particular) to undertake health promotion.

On one hand, the **methods** of health promotion are **generic**—a series of steps that describe what has been proven to be effective in designing, delivering, and evaluating planned actions to improve the health of people and communities. To date, the evidence confirms that these steps are universal—identifying a problem, identifying what is causing or determining the problem, and acting to address each of the causes or determinants over time and with sufficient intensity to bring about widespread social change.

There is need for this evidence to be used in the preparation of Aboriginal and Torres Strait Islander-developed and authored tools and guides, and in the development and testing of theories and models to support comprehensive community planning, priority setting and program planning by and with Aboriginal and Torres Strait Islander communities. The steps in comprehensive community and program planning, however, are likely to be very close to those used in all populations.

On the other hand, the **processes** of health promotion are **specific** to the people and communities whose health is of concern, and to the social, economic, and political contexts within which they live, work and play. The processes used to develop comprehensive community and program plans, and the organisations and workforces responsible for implementing these are all critical to effective Aboriginal and Torres Strait Islander health promotion. This study (and many others) confirmed that the effectiveness of Aboriginal and Torres Strait Islander health promotion is determined by the extent to which Aboriginal and Torres Strait Islander communities and practitioners lead and engage actively in every phase of the work.

This means that there is a high level of need for explicit Aboriginal and Torres Strait Islander tools—that reflect communities' and practitioners' own knowledge and practice, and to guide the practice of non-Aboriginal and Torres Strait Islander health promotion practitioners (and other health practitioners) who work with Aboriginal and Torres Strait Islander health promotion practitioners and communities to promote health. There is a particular need for tools to guide the processes of building communities 'from the inside out', and of expanding communities' active engagement in and governance of comprehensive community planning, and health promotion program planning, implementation, and evaluation.

What follows is the analysis of the gaps in the tools currently available and a set of recommendations to address the gaps.

13. GAPS IN TOOLS AVAILABLE

13.1 Gaps in technical tools (methods)

National policy context

The lack of recognition in the national policy environment (and through COAG), that effective Aboriginal and Torres Strait Islander health promotion requires Aboriginal and Torres Strait Islander governance and leadership of the planning for, delivery of, and evaluation of health promotion. This has meant that local priorities are, often, over-ridden by national priorities. The external control of decision-making undermines autonomy and the political power of individuals and communities.

Comprehensive community planning and priority setting

Data

Relevant, reliable, up-to-date data are the bedrock of effective health promotion. Although there is a rapidly growing body of data on Aboriginal and Torres Strait Islander health and its determinants at jurisdictional and national levels there is less reporting on health and its determinants at local levels. It is challenging to access and analyse census and other routinely collected health and social data down to LGA (or smaller area) level.

There are continuing concerns about the accuracy of the routinely collected data on the health status (and prevalence of risk factors and distribution of social determinants of health) between Aboriginal and Torres Strait Islander populations and patients/clients. There are initiatives being taken nationally and within each jurisdiction to improve the accuracy and coverage of routinely collected data, and of service-specific data. However, continued, sustained effort is still required to improve on this.

Planning guides

Only two of the tools identified in this study had been developed by or with Indigenous populations—and only one of those had been developed in Australia.

Deciding on priorities

Identifying and deciding on which health problems or 'target' groups are to be priorities for health promotion investment over any given period is challenging. In any community there is a variety of needs and demands that must compete for limited resources. This is true for the nation as well.

There are few guides to assist communities (and health promotion practitioners) to identify criteria to use in selecting priorities for action, and to assist in making decisions (given that there is, on occasion, conflict). Increasingly, the decisions about 'priorities for investment' in health promotion are being made nationally in Australia (for the Indigenous and non-Indigenous populations). There are, however, health benefits to be gained, directly, when individuals and communities are able to exercise autonomous choices.

Program Planning

There are multiple useful guides to program planning in health promotion. Only two, however, were identified as having been written by and for Aboriginal and Torres Strait Islander health promotion practitioners and communities.

Theories and models

Although there is evidence of growing use of generic health promotion theories and models to guide Aboriginal and Torres Strait Islander health promotion practice, it will be important to continue to test the relevance and application of such theories to ensure that they do 'explain and predict' the outcomes of Indigenous health promotion initiatives.

The lack of investment in building and supporting an Aboriginal and Torres Strait Islander body of theory and practice that adds to global knowledge and effectiveness in the field of health promotion. There is much to be learned from Aboriginal and Torres Strait Islander knowledge and experience that is likely to have universal application.

Structured programs

For some very common health problems (tobacco smoking, cardiovascular disease, diabetes) and for contributing to social and emotional wellbeing organisations have developed and tested structured intervention programs. These can include manuals, audiovisual resources, guides to teaching and learning, and templates for instruction, and evaluation.

Few structured programs are applicable universally—all require adjustment to local conditions and needs. On the other hand, structured programs that have been developed over time with communities and Aboriginal and Torres Strait Islander health professionals can be useful to guide health promotion practitioners working with patients or clients with specific conditions or risk factors.

Selecting strategies

Although there is a large and growing literature describing the multiple interventions being undertaken across communities in Australia, however, it will be important to develop more theory-based, comprehensive programs over time.

There are guides to assist in the selection of strategies to address the factors contributing to health problems. However, there are no guides that have been developed from an overt Aboriginal or Torres Strait Islander cultural or theoretical base.

Few of the strategies described in the literature have been subjected to process evaluation; few of the interventions have been subjected to impact evaluation. And fewer still have used quasi-experimental or experimental evaluation designs.

It is common for strategies and their implementation to be described independently of the problem they are intending to address (and its causes or determinants). Logic models assist in ensuring that the link between 'inputs' and intended 'outcomes' is clear and that it is feasible that the former will lead to the latter.

Program implementation

There are few guides to program implementation, and none that have been written by Aboriginal or Torres Strait Islander program managers/administrators.

Evaluation

It is common to find systematic reviews of the Aboriginal and Torres Strait Islander health promotion literature reporting that there are few examples of 'well-evaluated' programs, i.e. evaluations with experimental or quasi-experimental designs. This is an example of the need to differentiate between lack of tools and limited organisational and workforce capacity, including at national levels. The need for a skilled, experienced Aboriginal and Torres Strait Islander research workforce, combined with investment of sufficient resources (including time) to include evaluation of impact and outcomes are major contributors to the limited evaluations reported in the literature.

This does not preclude, either, the need for Aboriginal and Torres Strait Islander researchers and communities to develop research and evaluation methods that reflect cultural and community-specific perspectives.

13.2 Gaps in process tools

Community capacity

The gap is in guides to the steps in and processes to use in building the capacity of Aboriginal and Torres Strait Islander communities (in particular) to become self-determining—including deciding on problems and implementing solutions that are particular to their own populations and locations; and creating social, environmental, and economic conditions that promote the health and wellbeing of communities. Although there is a significant body of evidence recognising that the capacity of Aboriginal and Torres Strait Islander communities to lead and undertake these actions is a necessary pre-requisite for successful health promotion, there is need for Aboriginal/Torres Strait Islander-authored guides to assist community members and practitioners in community capacity building.

Project management and partnerships

There are several gaps in relation to project management and partnerships.

One gap lies in the limited tools available to guide Aboriginal and Torres Strait Islander people and practitioners to work in partnership—within the health sector, between the health sector (health promotion) and communities, and between the health sector and other sectors.

Another gap is the lack of guidance for non-Indigenous organisations (including governments) and their agents to support and work with Aboriginal and Torres Strait Islander governance structures and processes.

The tools that identify critical elements of Aboriginal and Torres Strait Islander governance do not necessarily assist in persuading or supporting non-Indigenous agencies and agents to support Aboriginal and Torres Strait Islander communities and organisations that are responsible for self governance.

13.3 Gaps in infrastructure tools

There has been limited investment in Aboriginal and Torres Strait Islander organisational, and designated health promotion workforce capacity. Although the authors are aware of a growing specialist Aboriginal and Torres Strait Islander health promotion workforce working at a variety of levels of jurisdiction there is limited evidence of this in the literature.

Organisational capacity

Almost all the projects and programs identified through this scoping study had been funded for limited periods as 'pilot' projects (even if that is not their title). They had been funded as if there is need to continue to prove that it is possible to use health promotion methods and processes to bring about positive changes in the conditions for health and in the health of Aboriginal people and communities. The short-term, project-based funding has prevented communities from moving beyond simple programs to develop and implement the complex and comprehensive programs that we know are necessary to achieve sustained improvements in health. Short-term investment in projects results in over-emphasis on education as the primary strategy to bring about community-wide change; and in under-emphasis on the need to build community and organisational capacity for change.

One of the consequences of short-term funding is the loss of trust by communities and by staff in this work, which requires long lead-times, high levels of commitment and energy, and sustained action over time. Short-term funding undermines each of these elements of effective health promotion.

The lack of recurrent investment in Aboriginal and Torres Strait Islander health promotion practice—in building a field of theory and practice, and in supporting the incremental roll out of small, simple and complex, and large, comprehensive programs over a decade or more (the amount of time it has taken to achieve the population-wide successes of health promotion interventions in the non-Indigenous population). The limited investment has been insufficient to achieve sustained improvements in the health of the population, and has also been too limited to enable high quality evaluation to be conducted and reported.

Workforce Capacity

There has been limited investment in Aboriginal and Torres Strait Islander community, organisational, and designated health promotion workforce capacity. Although the authors are aware of a growing specialist Aboriginal and Torres Strait Islander health promotion workforce there is no evidence of this in the literature, and no evidence of Aboriginal and Torres Strait Islander leadership of the decisions and the actions taken to build this workforce.

The gaps lie in the lack of investment in:

- Aboriginal and Torres Strait Islander development of curricula and teaching/learning methods for vocational and tertiary education programs in Aboriginal and Torres Strait Islander health promotion at a variety of levels of qualification

- academic positions for Aboriginal and Torres Strait Islander health promotion specialists
- supporting and enabling Aboriginal and Torres Strait Islander health workers to obtain the qualifications, experience, mentorship and career pathways that will increase their capacity to promote health
- supporting a national professional body of practice, including a national network of Aboriginal and Torres Strait Islander health promotion practitioners, researchers, and managers—the Australian Indigenous Health Promotion Knowledge Network, the Australian Indigenous Doctors' Association and the Australian Indigenous Nurses Association are potential models.

13.4 Gaps in governance tools

Every report detailing 'what works' in Aboriginal and Torres Strait Islander health promotion recommends, as the most important factor, Aboriginal and Torres Strait Islander 'engagement' in decision-making about each step in comprehensive community planning (including priority setting) and in health promotion program planning, implementation and evaluation. The significance of this for Aboriginal and Torres Strait Islander people and communities has been reflected in every report documenting community needs and aspirations, in every review of effectiveness in health promotion, and in every review of the literature on 'what works'.

The first gap lies in the lack of recognition in the national policy environment (and by COAG), that effective Aboriginal and Torres Strait Islander health promotion requires Aboriginal and Torres Strait Islander governance and leadership of the planning for, delivery of, and evaluation of health promotion. The second lies in the lack of priority being given to investment in supporting Aboriginal and Torres Strait Islander communities to govern and lead their communities' comprehensive planning for health and development, and to lead the delivery of these programs (including health promotion programs).

Such recognition and investment are not remediable by the use of tools but there is an increasing body of evidence to support communities to develop local governance structures and processes.

14. SUMMARY OF FINDINGS OF THE SCOPING STUDY

In summary, this scoping study has shown that there are tools available to Aboriginal and Torres Strait Islander people to assist them in health promotion. However, the study has shown that many of these tools have not been developed by and for Aboriginal and Torres Strait Islander health promotion practitioners, or communities. Nor have they been subjected, necessarily, to critical scrutiny and evaluation.

The scoping study has identified gaps in the investment in Aboriginal and Torres Strait Islander leadership, in the organisational capacity required to design and deliver effective health promotion programs, and in strengthening the workforce capacity necessary to lead and conduct effective health promotion in communities. These gaps also require tools (some of which are available). However, they also require the investment of resources in building the systems - financial, human and time—that are necessary to bring about sustained improvements in health.

Such investment has rarely been available in Aboriginal and Torres Strait Islander health promotion. Indeed, the literature is rife with reports on pilot studies and short-term programs. The lack of recurrent, substantial investment over time is a further reason for the limited examples of implementation of comprehensive (and more effective) health promotion programs, and for the limited examples of the use of more sophisticated, substantial evaluation designs and methods.

Health promotion is both a science and an art; both a method and a process; both an individual and a social activity. Over more than thirty years, health promotion, as a discipline, has become increasingly theory and evidence-based, and increasingly effective. Much has been learned about ‘what to do’ and about ‘how to do it’, and the tools identified in section 6, above, represent the synthesis of this knowledge.

In addition, much has been learned about what, in addition to tools, is needed by individuals, communities, and nations (particularly, but not only, health systems) to improve the health of populations. Australia has been one of the leaders in this. However, within Australia that learning has not been transferred to our nation’s work in promoting the health of Aboriginal peoples and Torres Strait Islanders.

15. RECOMMENDATIONS

15.1 Technical tools (methods)

National policy context

- Advocate with national and jurisdictional funding agencies for greater and recurrent investment in comprehensive programs to address community-defined priority health problems. Evidence suggests that sustained action for 10 years (or more) is necessary for population-wide improvements in health outcomes to be measureable.

Comprehensive community planning and setting priorities

- Commission a guide to comprehensive community planning for Aboriginal and Torres Strait Islander health promotion for use by communities. The guide should include sections on the **processes** of working with communities to identify and review social and demographic information, and to identify health needs (normative, comparative, felt, and expressed), and personal and behavioural determinants of health.

Data

- Collaborate with AIHW, ABS, state/territory jurisdictions, and other relevant data collection agencies to develop a system to prepare LGA-level routine reports on demographic, social, economic, environmental and health and service access characteristics for use by communities and Aboriginal and Torres Strait Islander health promotion practitioners (and all health practitioners working to promote health).
- Collaborate with ABS, AIHW, jurisdictions, NACCHO, and, for example, the Australian Electoral Commission on initiatives to increase Aboriginal and Torres Strait Islander identification in all routinely collected data.
- Advocate for the annual or biannual publication and dissemination of trend data on the social determinants of Aboriginal and Torres Strait Islander health.

Setting priorities

- Commission an Aboriginal and Torres Strait Islander guide to processes to use in establishing and using criteria for setting priorities for health promotion.
- It must also include a section on how to select priorities for action and investment. The author(s) must be of Aboriginal and Torres Strait Islander descent and examples of its use in a variety of communities (remote, urban, rural and outer metropolitan) should be included.

Program planning

- Commission an Aboriginal and Torres Strait Islander researched and authored guide to health promotion program planning and evaluation. This should include technical guidance (steps in program planning) and guidance on the processes of working with communities and in partnership with other organisations and sectors.
- Commission research to develop Aboriginal and Torres Strait Islander theory and models to use in health promotion program planning and strategy development.

Evaluation

- Under Aboriginal and Torres Strait Islander governance, continue to advocate for building on the National Aboriginal and Torres Strait Islander Health Performance Framework reporting—to extend reporting on progress against indicators at regional and local levels where possible.
- Advocate with national and jurisdictional funding agencies for investment in evaluation that 'fits' interventions and enables assessment of progress over time.
- With Aboriginal and Torres Strait Islander governance, advocate for mandatory reporting on:
  - have community and personal autonomy been enhanced?
  - what is the evidence that this has happened?
  - where has power changed hands? [50]

15.2 Process tools

Community capacity and capacity building

- Commission the development of an Aboriginal and Torres Strait Islander-specific guide to community capacity-building, including an emphasis on:
  - community leadership of and engagement in assessing needs and identifying priorities[51] for health promotion
  - identifying and using effective methods and processes to build trust and respect for differences in aspirations and experiences and ways o9f working
  - building partnerships in setting priorities between funding agencies and communities.

Partnerships

- Commission research to develop a tool to guide working in partnerships for Aboriginal and Torres Strait Islander health promotion. The study should include case studies of effective partnerships across a variety of differences in for example, core business; values and goals; culture and language; in disciplines. It should seek to outline ways to work together that build trust and respect among partners (at personal and organisational levels).
- Advocate for partnership in setting priorities between funding agencies and communities, explaining the positive relationship between decision-making, autonomy, self-respect, and health.

15.3 Infrastructure tools

Organisational capacity

- Commission research on the reasons for lack of federal government investment in comprehensive, sustained Aboriginal and Torres Strait Islander health promotion interventions.
- Commission a study to identify barriers and facilitators to the inclusion of health promotion in the core business of Aboriginal and Torres Strait Islander primary health care services.

- Prepare evidence of and advocate for sustained, large-scale investment in comprehensive health promotion interventions to reach whole populations using multiple strategies over time. Evidence suggests that at least 10 years of sustained intervention is necessary for population-wide changes in health outcomes to be measurable.

Workforce capacity

- Recurrent investment in the key elements of a national professional body of practice and research, including a national network of Aboriginal and Torres Strait Islander health promotion practitioners, researchers, and managers –using the Australian Indigenous Health Promotion Knowledge Network, the Australian Indigenous Doctors' Association and the Australian Indigenous Nurses' Association as models.
- Investigate options for accreditation of Aboriginal and Torres Strait Islander health promotion professionals under current review by government through the Australian Health Practitioner Regulation Agency.
- Advocate for:
  - sustained, large scale recurrent investment in Aboriginal and Torres Strait Islander professional health promotion leadership and the development of a workforce with universally recognised qualifications
  - investment in preparatory and tertiary programs based on Aboriginal and Torres Strait Islander-based on Aboriginal and Torres Strait Islander-defined standards of competence, and curricula
  - support for the existing Aboriginal and Torres Strait Islander health promotion / primary health care workforce to obtain universally-recognised qualifications and mentored experience in Aboriginal and Torres Strait Islander health promotion
  - investment in increasing opportunities for Aboriginal and Torres Strait Islander graduates to obtain higher degrees, including PhDs, in public health and health promotion
  - investment in mentorship/career development pathways for Aboriginal and Torres Strait Islander health promotion workforce
  - investment in an active program of regular updates on new findings re priority issues—trend data, and content updates re heart disease, diabetes, renal disease, cancer, injuries—as well as on the risk factors (smoking, physical activity, nutrition, etc.).

15.4 Governance tools

- Invest in and support strengthening of Aboriginal and Torres Strait Islander governance – of communities, and civil society organisations, services, and programs.
- Advocate for Aboriginal and Torres Strait Islander governance – as an independent/direct contribution and as a dependent /indirect contribution to health and wellbeing.

16. IN CONCLUSION

The scoping study revealed the large and growing body of literature available to Aboriginal and Torres Strait Islander people and communities, Aboriginal health workers, and non-Indigenous health workers to guide their work in health promotion.

It is significant that no matter what the 'topic' or intended outcomes of a health promotion intervention, no matter where it has been implemented, and no matter whether the findings were based on the evaluation of a program or on a systematic review of the literature, 'good governance and leadership need to be supported as they are the foundation for success'. [52]

The scoping study recommended actions to strengthen the range and quality of tools to support Aboriginal and Torres Strait Islander health promotion. However, if the tools are to be effective in contributing to promoting the health of people and communities additional actions are needed to:

- expand and strengthen the Aboriginal and Torres Strait Islander health promotion workforce, including increased options for education and training, together with building organisational capacity to ensure career pathways, pay scales, mentorship, and professional support;
- build and support the body of professional practice in Aboriginal and Torres Strait Islander health promotion under Aboriginal and Torres Strait Islander leadership. Mechanisms upon which to build such a body include the Australian Indigenous Health Promotion Knowledge Network and the Aboriginal and Islander Health Worker Journal;
- support health service managers to embed health promotion in the core business of their organisations and to ensure that the Aboriginal and Torres Strait Islander health promotion workforce is supported in its work. A training module developed to support the NSW SmokeCheck Project is one model of such a module, developed with Aboriginal and Torres Strait Islander health service managers.

APPENDIX 1 – Method

The tools and resources included in this review were identified in several ways. The searches were each conducted for the period 2005–2012.

CINAHL

Using the terms 'health promotion' and 'Aboriginal' resulted in 41 hits when limited by 'English' and '2006-2011'. Ten were ineligible (not Australian Aboriginal), and eleven were duplicates from the Medline search.

Cochrane Library

There were no reviews specific to Aboriginal populations.

Campbell Collaboration

There were no reviews specific to Aboriginal populations.

Ovid MEDLINE(R)

1 exp Health Promotion/ (44866)
2 *"Cultural Competency"/ (969)
3 exp Health Education/ (124827)
4 exp Patient Education as Topic/mt [Methods] (11346)
5 self management program*.mp. (586)
6 health information.mp. (9424)
7 exp Preventive Health Services/ (381700)
8 health promotion tools.mp. (9)
9 patient education* resource*.mp. (42)
10 health promotion materials.mp. (30)
11 health promotion policy.mp. (80)
12 educational pamphlet*.mp. (66)
13 educational posters.mp. (14)
14 exp Audiovisual Aids/mt [Methods] (1701)
15 1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10 or 11 or 12 or 13 or 14 (396381)
16 exp Health Services, Indigenous/ (1846)
17 exp Oceanic Ancestry Group/ (5904)
18 torres strait islander health.mp. (42)
19 aboriginal.mp. (4399)
20 torres straight islander.mp. (1)
21 aboriginal health service*.mp. (38)
22 16 or 17 or 18 or 19 or 20 or 21 (9133)
23 heart health.mp. (895)
24 health checks.mp. (336)
25 exp Immunization/ (124457)
26 exp Men's Health/ (729)
27 healthy food.mp. (659)
28 exp Smoking Cessation/ (17096)
29 adolescent health.mp. (5970)
30 exp Child Welfare/ (45042)
31 sexual health.mp. (3435)
32 petrol sniffing.mp. (45)
33 exp Chronic Disease/ (207316)
34 exp Oral Health/ (8814)
35 exp Eye Diseases/ (412462)
36 nutrition.mp. (127501)
37 exp Women's Health/ (19227)
38 exp Mental Health/ (18057)

39 (drug and alcohol).mp. [mp=protocol supplementary concept, rare disease supplementary concept, title, original title, abstract, name of substance word, subject heading word, unique identifier] (33319)

40 physical activity.mp. or Motor Activity/ (98970)

41 exp Domestic Violence/ (31646)

42 23 or 24 or 25 or 26 or 27 or 28 or 29 or 30 or 31 or 32 or 33 or 34 or 35 or 36 or 37 or 38 or 39 or 40 or 41 (1103162)

43 15 and 22 (1069)

44 15 and 22 and 42 (343)

45 limit 44 to (english language and humans and yr="2006 -Current") (177)

A web-search was conducted using the following key words:

- Aboriginal and Torres Strait Islander health promotion
- Indigenous health promotion
- strategic planning for health
- strategic planning for Aboriginal and Torres Strait Islander health
- Aboriginal and Torres Strait Islander health policy and programs
- Aboriginal and Torres Strait Islander health promotion research and evaluation.

The following websites were reviewed.

- Australian Institute of Health and Welfare
- Australian Bureau of Statistics
- Closing the Gap Clearinghouse,
- the Lowitja Institute,
- Australian Indigenous Health*Info*Net,
- National Aboriginal Community Controlled Health Organisation (NACCHO),
- Office of Aboriginal and Torres Strait Islander Health (OATSIH)
- Australian National Preventative Health Agency (ANPHA).

Additional information to support Aboriginal and Torres Strait Islander Health Promotion

The Medline search of the literature on Aboriginal and Torres Strait Islander health promotion for the period 2005–2012 identified a range of relevant peer reviewed literature that is available to practitioners, depending on the issue, population group, and setting within which they are working. In a separate paper we have attempted to illustrate the points in the planning cycles at which literature is used to inform specific program development. The articles listed are examples of the information that is available about health promotion programs carried out by and with Aboriginal and Torres Strait Islander health promotion practitioners, their communities, and a range of organisations and sectors. The list is not exhaustive but is intended, rather, to illustrate the usefulness of searching for the actions taken and resources used by other communities in their health promotion work.

Appendix 2: An outcomes planning model for health promotion[53]

Problem definition	Epidemiological & demographic information	Behavioural and social research on the determinants of health	Community needs and perceived priorities
Solution generation	Theory and intervention models	Evidence from past programs	Experience from practitioners
Capacity building	Mobilising resources (people, money, materials)	Building capacity (training and infrastructure development)	Raising public awareness
Development and pre-testing methods and materials – process evaluation			
Health promotion actions	Education Examples include: • Patient education • School education • Broadcast media and print media communication	Social mobilisation Examples include: • Community development • Group facilitation • Targeted mass communication	Advocacy Examples include: • lobbying • political organisation and activism • overcoming bureaucratic inertia
Program monitoring and quality control – process evaluation			
Health promotion outcomes (intervention impact measures)	Health literacy Measures include: • Health related knowledge • Attitudes • Motivation • Behavioural intentions • Personal skills • Self-efficacy	Social action and influence Measures include: • Community participation • Community empowerment • Social norms • Public opinion	Healthy public policy & organisational practice Measures include: • Policy statements • Legislation • Regulation • Resource allocation • Organisational practices
Intermediate health outcomes (modifiable determinants of health)	Healthy lifestyles Measures include: • Tobacco use • Food choices • Physical activity • Alcohol and illicit drug use	Effective health services Measures include: • Provision of preventive services • Access to and appropriateness of health services	Healthy environments Measures include: • Safe physical environment • Supportive economic and social conditions • Restricted access to tobacco • alcohol
Health and social outcomes	**Social Outcomes** Measures include: • Quality of life • Functional independence • Equity	**Health Outcomes** Measures include: • Reduced morbidity • Disability • Avoidable mortality	

ENDNOTES

[1]Dictionary.com. Accessed on 30 September 2012 at <http://dictionary.reference.com/browse/tool>.

[2] Council of Australian Governments 2008, *National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes*, COAG, Canberra. See <http://<.coag.gov.au/intergov_agreements/federal_financial_relations/docs/national_partnership/NP_closing_the_Gap_indigenous_health_outcomes.pdf>.

[3] National Health and Medical Research Council 1996, *Promoting the health of Aboriginal and Torres Strait Island communities: Case studies and principles of good practice*, National Health and Medical Research Council, Canberra.

[4] Australian Indigenous Health*Info*Net. The bibliography includes publications on Aboriginal health beginning in 1840.

[5] Northern Territory Public Health 2007 & 2009, *The NT Public Health Bush Book*, (Vol. 1, edn 1, 2007; Vol. 2, edn 2, 2009), Health Promotion Strategy Unit, Health Development Branch, NT Department of Health, Darwin. Accessed 27 January 2012 at <http://www.health.nt.gov.au/Health_Promotion/Tools_for_Good_Practice/index.aspx>.

[6] Hearn, S. & Wise, M. 2004, Health promotion: A framework for Indigenous health improvement in Australia, in R. Moodie & A. Hulme (eds), *Hands On Health Promotion*, IP Communications, Melbourne, p. 322.

[7] Bradshaw, J. 1972, The concept of social need, *New Society*, March, pp. 640–43.

[8] Hearn, S. & Wise, M. 2004 … p. 322.

[9] The Steering Committee for Government Service Provision 2011, *Overcoming Indigenous disadvantage: Key indicators 2011*, Productivity Commission, Canberra, pp. 10–11.

[10] Dodson, M. 2009, *Indigenous Governance Toolkit*. Accessed on 31 May 2012 at <www.reconciliation.org.au/governance>.

[11] Chandler, M. & LaLonde C. 1998, Cultural continuity as a hedge against suicide in Canada's First Nations, *Transcultural Psychiatry*, vol. 35, no. 2, pp. 191–219.

[12] The Harvard Project on American Indian Economic Development 2008, *The State of the Native Nations: Conditions under U.S. policies of self-determination*, Oxford University Press, New York, Oxford.

[13] Australia. National Aboriginal Health Strategy Working Party 1985, *A national Aboriginal health strategy*, National Aboriginal Health Strategy Working Party, Canberra.

[14] Milroy, H. 2002 (unpublished), *The Dance of Life*, conference proceedings, presented at the AIDA Symposium, Sydney, NSW. Also available in Australian Indigenous Doctors' Association and Centre for Health Equity Training Research and Evaluation, UNSW, 2010, *Health Impact Assessment of the Northern Territory Emergency Response*, Australian Indigenous Doctors' Association, Canberra, p. 6. Accessed on 30 June 2012 at <http://www.aida.org.au/viewpublications.aspx?id=3>.

[15] Milroy, H. 2002. In: Australian Indigenous Doctors' Association and Centre for Health Equity Training Research and Evaluation, UNSW, 2010, *Health Impact Assessment of the*

Northern Territory Emergency Response, Australian Indigenous Doctors' Association, Canberra, p. 6.

[16] Committee on Indigenous Health 2002, *The Geneva Declaration on the Health and Survival of Indigenous Peoples*, United Nations Permanent Forum on Indigenous Issues, New York.

[17] NSW Health 2004, *Principles for better practice in Aboriginal Health Promotion*, NSW Health, Sydney.

[18] World Health Organization & Canadian Public Health Association 1986, *The Ottawa Charter for Health Promotion*, WHO & CPHA, Geneva.

[19] Durie, M. 2004, An Indigenous model of health promotion, *Health Promotion Journal of Australia*, vol. 15, no. 3, pp. 181–5.

[20] Derrick, G., Hayen, A., Chapman, S., Haynes, A., Webster, B. & Anderson, I. 2012, A bibliometric analysis of research on Indigenous health in Australia 1972–2008, *Australian New Zealand Journal of Public Health*, vol. 36, no.3, pp. 269–73.

[21] National Health and Medical Research Council 1996, *Promoting the health of Aboriginal and Torres Strait Island communities: Case studies and principles of good practice*, National Health and Medical Research Council, Canberra. Rescinded. Accessed on 16 July 2012 at <http://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/hp6.pdf>.

[22] Hearn, S. & Wise, M. 2004 … pp. 315–30.

[23] Reconciliation Australia & Centre for Aboriginal Economic Policy Research 2009, *Indigenous Community Governance*. Accessed on 31 May 2012 at <http://caepr.anu.edu.au/governance/index.php>.

[24] Hunt, J., Smith, D. 2006, *Ten key messages from the preliminary findings of the Indigenous Community Governance Project, 2005*, Centre for Aboriginal Economic Policy Research, ANU, Canberra. See <http://caepr.anu.edu.au/system/files/Publications/WP/10key.pdf>.

[25] The Steering Committee for Government Service Provision 2011, *Overcoming Indigenous disadvantage: Key indicators 2011*, Productivity Commission, Canberra.

[26] Ibid. pp. 10–11.

[27] Tsey, K., McCalman, J., Bainbridge, R., Brown, C. 2012, *Improving Indigenous community governance through strengthening Indigenous and government organisational capacity*, Closing the Gap Clearinghouse, Resource Sheet No. 10, Australian Institute of Health and Welfare, Canberra & Australian Institute of Family Studies, Melbourne.

[28] World Health Organization 1978, *The Declaration of Alma Ata*, World Health Organization, Geneva. Accessed on 16 January 2012 at <http://www.who.int/hpr/NPH/docs/declaration_almaata.pdf>.

[29] World Health Organization & Canadian Public Health Association 1986, *The Ottawa Charter for Health Promotion*, World Health Organization, Geneva.

[30] World Health Organization 1988, *Adelaide Recommendations on Healthy Public Policy*. Conference Statement, World Health Organization, Geneva.

[31] World Health Organization 1991, *Sundsvall Statement on Supportive Environments for Health*, Third International Conference on Health Promotion, World Health Organization,

Geneva. Accessed on 3 July 2012 at <http://www.who.int/healthpromotion/conferences/previous/sundsvall/en/>.

[32] World Health Organization & Ministry of Health, Republic of Indonesia 1997, *The Jakarta Declaration on leading health promotion into the 21st Century*, World Health Organization, Geneva.

[33] World Health Organization 2005, *The Bangkok Charter for Health Promotion in a Globalised World*, World Health Organization, Geneva.

[34] World Health Organization 2009, *The Nairobi Call to Action for closing the implementation gap in health promotion*, World Health Organization, Geneva.

[35] International Union for Health Promotion and Education (IUHPE) 2000, *The evidence of health promotion effectiveness: Shaping public health in a new Europe, Part One and Part Two*, European Commission & IUHPE, Luxembourg.

[36] Black, A. 2007, *Evidence of effective interventions to improve the social and environmental factors impacting on health: Informing the development of Indigenous Community Agreements*, Office for Aboriginal and Torres Strait Islander Health, Canberra.

[37] Griew, R. 2008, *The link between primary health care and health outcomes for Aboriginal and Torres Strait Islander Australians: A report to the Office for Aboriginal and Torres Strait Islander Health, Department of Health and Ageing*, Robert Griew Consulting, Sydney.

[38] Australian Bureau of Statistics 2011*, Australian Social Trends March 2011. Life expectancy trends, Australia,* Cat. No. 4102, Australian Bureau of Statistics, Canberra. Accessed on 21 March 2012 at <www.abs.gov.au/socialtrends>.

[39] World Health Organization 2008, *Closing the gap in a generation: Health equity through action on the social determinants of health*, WHO, Geneva.

[40]Australia's Health Ministers' Advisory Council (AHMAC) 2010, *Aboriginal and Torres Strait Islander health performance report 2010*, AHMAC, Canberra.

[41] Department of Health and Ageing, Office of Aboriginal and Torres Strait Islander Health, 2012, *Aboriginal and Islander Health Programs*. Accessed on 20 February 2012 at <http://www.health.gov.au/internet/main/publishing.nsf/Content/Aboriginal+and+Torres+Strait+Islander+Health-1lp>.

[42] Department of Families, Housing, Community Services and Indigenous Affairs 2012, *Closing the Gap: targets and building blocks, 2012*. Accessed on 20 February 2012 at <http://www.fahcsia.gov.au/sa/indigenous/progserv/ctg/Pages/targets.aspx>.

[43] Australian Government, Department of Health and Ageing 2010, *Closing the Gap: The Indigenous Chronic Disease Package in 2009–10. Annual Progress Report on the Australian Government's contribution to the National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes*, Commonwealth of Australia, Canberra.

[44] Department of Health and Ageing 2011, *Live Longer! Community Health Action Pack. A practical guide to health promotion planning with Aboriginal and Torres Strait Islander communities*, Department of Health and Ageing, Canberra, p 14.

[45] Australia's Health Ministers' Advisory Council (AHMAC) 2010, *Aboriginal and Torres Strait Islander health performance report 2010*, AHMAC, Canberra.

[46] Nutbeam, D. 1996, Outcomes and health promotion: Defining success in health promotion, *Health Promotion Journal of Australia,* vol. 6(2): 58–60.

[47] Hearn, S. & Wise, M. 2004 ... p. 322.

[48] Australian Indigenous Health*Info*Net, *Strong Women, Strong Babies, Strong Culture*. Accessed on 21 March 2012 at <http://www.healthinfonet.ecu.edu.au/key-resources/programs-projects?pid=357>.

[49] Dodson, M. 2009, *Indigenous Governance Toolkit*. Accessed on 31 May 2012 <www.reconciliation.org.au/governance>.

[50] Hearn, S. & Wise, M. 2004 ... p. 322.

[51] National Health and Medical Research Council 1996, *Promoting the health of Aboriginal and Torres Strait Island communities: Case studies and principles of good practice*, National Health and Medical Research Council, Canberra. Rescinded. Accessed on 16 July 2012 <http://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/hp6.pdf>.

[52] Dodson, M. 2009, *Indigenous Governance Toolkit*. Accessed on 31 May 2012 <www.reconciliation.org.au/governance>.

[53] Nutbeam, D. 1996 ... pp. 58–60.