

TASKFORCESUBMISSION: submission

NAME: Sandra Bailey

POSITION: Chief Executive Officer

ORGANISATION: Aboriginal Health & Medical Research Council

SUBMISSION1: The Aboriginal Health & Medical Research Council (AH&MRC) supports and represents more than 50 Aboriginal Community Controlled Health Services (ACCHSs) in NSW, and is the NSW State Affiliate of the National Aboriginal Community Controlled Health Organisation.

The AH&MRC, and the Aboriginal community controlled health sector generally, has made significant contributions to the development and delivery of Aboriginal preventative health policy and programs, care and services over many years, including as a component of the culturally appropriate comprehensive primary health care delivered by ACCHSs.

Each of the three specific areas of focus of the current work of the National Preventative Health Taskforce - tobacco control, alcohol, and nutrition/physical activity - are current areas of activity for the AH&MRC and NSW ACCHSs, and each are important areas where health gains can be made for Aboriginal people in NSW. The AH&MRC submission is focused on tobacco control.

The AH&MRC is currently implementing a large scale, action orientated, community-based research project that aims to evaluate the impact of funding and supporting specialist tobacco control workers in Aboriginal community controlled health services. The BREATHE project (Building Research Evidence to address Aboriginal Tobacco Habits Effectively) has many features in common with the actions proposed for Indigenous tobacco control outlined in the relevant Technical Report. The AH&MRC strongly supports NSW tobacco control activities building on the infrastructure and experience that has been developed through the BREATHE project. The AH&MRC also expects to generate evidence that would usefully inform similar activities in other locations.

In addition, the AH&MRC supports the development and implementation of a National Aboriginal Tobacco Control Strategy, to enable a planned and coordinated response to this major health issue for Aboriginal people.

Finally, the AH&MRC strongly endorses partnership approaches and the involvement of Aboriginal community controlled health organisations in decision making about all areas of Aboriginal health, including policy development, program implementation and evaluation.

Additional details about the BREATHE project, including detailed responses to the specific actions proposed by the National Preventative Health Taskforce for Indigenous tobacco control in the relevant Technical Report, are provided in an AH&MRC submission that has been emailed to the Taskforce Secretariat.

PRIVACY: yes

SUBMIT: Submit

Aboriginal Health & Medical Research Council

of New South Wales



SUBMISSION

Prepared by the Aboriginal Health & Medical Research Council of NSW

For: The National Preventative Health Taskforce

December 2008

Funded by NSW Health Department



Introduction and background

The Aboriginal Health and Medical Research Council of NSW (AH&MRC) is the peak Aboriginal health organisation in NSW, representing more than 50 member organisations. These include Aboriginal Community Controlled Health Services (ACCHSs), Aboriginal Community Controlled Health Committees, and Aboriginal Health- Related Services.

The AH&MRC aims to improve the health status of Aboriginal people throughout NSW. In addition to its representative functions, the AH&MRC supports its members to deliver primary health care. The work of the AH&MRC is organised into business units comprising Member Service Support; Workforce Development; the Aboriginal Health College; Public Health; Mental Health; Applied Research; the Ethics Committee and the Secretariat. AH&MRC activities include: policy development and submission preparation; program planning, implementation and evaluation; research; and ethical review of Aboriginal health research.

The AH&MRC is also the NSW State Affiliate of the National Community Controlled Health Organisation.

Core business for the Aboriginal Community Controlled Health sector in Australia is to deliver culturally appropriate comprehensive primary health care to Aboriginal people. This includes a significant preventative health care component.

Local Aboriginal communities, ACCHSs and the AH&MRC have contributed to preventative health care for many years through assessing and responding to local health needs, and developing and evaluating health programs and services. The last decade has seen significant growth in the engagement and active involvement of the sector in developing and delivering preventive health care programs and services, and also in undertaking research and evaluation in this area.

The National Preventative Health Taskforce discussion paper, and associated Technical Reports, review policy and evidence and outline a course of action in the preventative health domain, with the aim of Australia becoming the healthiest country by 2020. There is a primary focus in these papers on tobacco, nutrition and physical activity and alcohol, as specific areas for attention in this phase of developing a framework for preventive health action. While each of these are important areas where health gains can be made for Aboriginal people, and areas of significant activity for the AH&MRC, this submission focuses on tobacco control issues.

The AH&MRC *BREATHE* project

In 2007 the AH&MRC was awarded funds from the Australian Respiratory Council to lead a two year community-randomised trial to evaluate the impact of funding and supporting specialist Tobacco Control Workers in ACCHSs to implement tobacco control and smoking cessation activities. The BREATHE (Building Research Evidence to address Aboriginal Tobacco Habits Effectively) project involves the AH&MRC working with 12 ACCHSs around

NSW, and is being conducted collaboratively with a range of government and non-government organisations, including the Cancer Council of NSW and the National Heart Foundation who have each provided additional funding. The research combines an action-oriented approach, high levels of community engagement and involvement through AH&MRC leadership and the ACCHSs involved, and high level technical expertise and advice through the involvement of recognised leaders in Indigenous Tobacco Control including Dr Rowena Ivers and Professor Sandra Eades.

The BREATHE project workers will receive tailored training to become specialist tobacco control workers in the six ACCHS settings in which they are being employed. Their major roles will be: to undertake local capacity building and advocacy work; to drive local changes in workplace policies; to support local quit groups; and to support our aim of facilitating tobacco control training for all ACCHS staff. A range of support structures are being designed for these workers, including easy access to expertise, customised workplans, and regular meetings for networking, ongoing training and troubleshooting. Baseline data collection has recently been completed, recruitment of the tobacco control workers is underway, and implementation of the intervention phase of the project will begin in early 2009.

Responses to specific proposed actions for Indigenous Tobacco Control

Two AH&MRC staff participated in the CEITC/CRCAH workshop in May 2008. The AH&MRC supports the broad statements on p40 of the Taskforce's *Technical Report No. 2: Tobacco Control in Australia: Making smoking history*, regarding the need to take a large scale, more systematic approach to tackling tobacco in Aboriginal communities, rather than continue to undertake small scale or pilot projects.

The model and activities being trialed and evaluated using the BREATHE project have many features in common with the actions proposed for Indigenous tobacco control in this Technical Report. Based on our experience of developing and implementing this project, we offer the following responses to the specific actions proposed:

- ***Place Indigenous Tobacco Control Workers in each NACCHO state and territory affiliate to support Indigenous communities, in the context of a coordinated national approach, in order to: raise the profile of tobacco control; create smoke-free environments through changes in organisational and community policies; and develop and deliver prevention and cessation activities***

While we would support the placement of Indigenous Tobacco Control positions in NACCHO Affiliates, we believe the role described here for these positions is too large and broad to be achievable. Our proposal is to move towards a situation where each ACCHS has a specialist Tobacco Control Worker, in the same way they might currently have a drug and alcohol worker. A statewide tobacco control role would then be focused on support and coordination, including to develop workforce and ACCHS capacity to

implement tobacco control strategies, through disseminating information on models, best practice and evidence; facilitating linkages; and advocating for example for increased access to appropriate, effective, and affordable nicotine replacement therapies and pharmacology for the NSW Aboriginal and Torres Strait Islander population.

Once an Aboriginal tobacco control workforce is developed, there would need to be a sustained support structure for this workforce and for ACCHSs, to ensure that tobacco control is maintained as a continuously evolving and effective component of the comprehensive primary health care delivered by the ACCHS sector. We are trialing the model of a statewide network coordinated centrally during the BREATHE project, and have successfully implemented a similar model over several years for Aboriginal Drug and Alcohol workers in NSW.

- ***Provide incentives to encourage non-government agencies (such as Quit campaigns, state cancer councils etc) to employ Indigenous workers to improve Indigenous-specific programs***

The AH&MRC supports partnership approaches to improving Aboriginal health, and has well developed partnership arrangements with many of the non-government organisations working in tobacco control in NSW, particularly the NSW Cancer Council, and the National Heart Foundation. While we would support the development of the Indigenous workforce within the mainstream non-government sector, we note that this should not be achieved at the expense of, or in competition with, employing workers within ACCHSs and State Affiliates of NACCHO.

- ***Fund appropriately designed training that is realistic and empowering for health workers, and ensure that they are able to provide their patients with pharmacotherapies***

As part of the BREATHE Project, the AH&MRC is working with partner organisations to customise and pilot an Aboriginal-specific specialist tobacco control worker training package throughout 2009 with its six BREATHE Workers (tobacco control workers), who will be placed in ACCHSs for a 12 month period. While the BREATHE Project funding does not allow for the full development of a training package, enhancement funding would allow this to happen. The AH&MRC has an associated Registered Training Organisation – the Aboriginal Health College – which has developed and is currently delivering a range of training packages to Aboriginal Health Workers and others, in NSW and nationally. In light of this experience, the AH&MRC and its Aboriginal Health College are well placed to further develop and deliver a Specialist Tobacco Control Worker training package, should resources to do this be made available.

- ***Fund a focus-tested, Indigenous-specific social marketing campaign to be delivered at national and local levels that would complement messages in locally delivered programs***

The AH&MRC supports an Indigenous-specific social marketing campaign, and would be an essential partner in the process of its development and implementation in NSW.

- ***Trial multi-component community-based programs in three sites (urban, rural and remote) to deliver locally managed interventions that might include components such as education campaigns, smoke-free areas, regional stores placement, and pricing policies and training for local workers.***

As described previously, the BREATHE Project is a multi-component community-based tobacco control project, that is being implemented in urban, rural and remote settings. It is providing training to local workers; undertaking ACCHS system and service development/tobacco control capacity building; and developing local advocacy including building sustainable partnerships that enhance community-wide tobacco control.

For NSW, the AH&MRC would strongly support building on the infrastructure and experience that has been developed through and by development and implementation of the BREATHE project over the past two years, rather than establishing a new trial. The BREATHE project also expects to generate new evidence regarding implementation of a range of tobacco control interventions in a range of Aboriginal community controlled setting that would usefully inform similar activities in other locations.

Additional comments

The AH&MRC supports the development of a National Aboriginal Tobacco Control Strategy, and the identification of funding to support its implementation, to enable a planned and coordinated response to this major health issue for Aboriginal communities. This Strategy would need to include both Aboriginal-specific activities, as well as measures to ensure access of Aboriginal people and communities to mainstream programs and services.

Finally, we would like to close by reinforcing the importance of partnership approaches being used in all efforts to improve Aboriginal health. This approach was endorsed by the Australian Prime Minister earlier this year when he signed the Statement of Intent to Close the Gap at the Indigenous Health Equality Summit, and made a commitment to “a new partnership between Indigenous and non-Indigenous Australians” on “closing the gap”.