

5.6 Interventions to address the burden of disease

The work of many government and non-government agencies, industry and community groups impacts directly and indirectly on the health of Queenslanders. *Health Determinants Queensland 2004* has been produced to assist these organisations to gain a clearer understanding of the determinants and risks of ill health, as well as the broader social implications to the whole population and specific target groups. The interventions outlined build upon the Queensland Health directions statement *Smart State: Health 2020 Strategic Vision for Queensland Health*.

There is now good evidence that a range of interventions are effective in preventing disease, illness and injury, and in promoting health and wellbeing through action on the broad range of determinants of health and ill health. The key challenges are to ensure these initiatives are ongoing and widespread, and at a level sufficient to achieve broad based population-wide outcomes as well as reduce health inequalities across population subgroups.

Since population health issues are being addressed by multiple organisations and communities, the aim of these intervention sections is to identify key evidence based strategies that are currently being undertaken, are planned or are required to be undertaken, based upon best practice. This intervention list is intended to be a useful resource for about three years. These interventions will be led by many organisations in partnership with other sectors.

There are a number of ways of influencing systems and settings to improve population health and wellbeing, or to create healthy environments that are conducive to health and wellbeing. These include, but are not limited to:

- Community public health planning: A broad range of bottom-up planning processes that engage communities and partner agencies,⁹⁶ and,
- Health Impact Assessment: An approach used to assess and judge an initiative or policy for its potential effects on the health of the population and the distribution of those effects within the population.^{97,98}

It is clear that there are no simple, quick fixes to these complex issues. Action on all determinants requires multi-strategy approaches which:

- include both population wide and at risk group approaches
- involve sectors working together at state and local levels
- focus on both risk and protective factors
- address social, behavioural, economic and environmental factors
- specifically address equity and reduce disparities by focusing on the needs of the most disadvantaged communities and population groups
- take a lifecourse perspective.

Key action areas and evidence based strategies unique for Indigenous peoples are described. These strategies complement those provided in the *Whole of population* chapter, although the interventions may be population specific.

There are no Indigenous peoples specific strategies for communicable disease, food safety and sun protection.

Alcohol

Key action areas	Key evidence based strategies
Protect those at higher risk	<ul style="list-style-type: none"> • Implement reforms to address alcohol and violence identified within Meeting Challenges, Making Choices Report including: <ul style="list-style-type: none"> - creation and strengthening of community justice groups - transfer of liquor licenses from councils to community-based Community Management Boards - implementation of restrictions on the sale of alcohol at hotels and road houses close to communities - improvements to governance models in Indigenous communities. • Implement alcohol management plans in Indigenous communities with particular focus on harm reduction strategies at the local level.
Screening and treatment services	<ul style="list-style-type: none"> • Implement a screening instrument and brief intervention to enable health workers to address alcohol, mental health and environmental vulnerability issues for Indigenous clients. • Implement the recommendations of the Meeting Challenges, Making Choices project. This includes a framework to guide the development of all aspects of the continuum of care for drug treatment services, and provision of better and more training for workers. • Support the Cape York Health Council's development of Foetal Alcohol Management Plans for Indigenous communities. • Implement zonal Indigenous Men's Health Plans to enhance access to health services, workforce participation, cultural respect within services, inclusion and partnerships.
Workforce capacity	<ul style="list-style-type: none"> • Develop resources to enhance the education and training of Aboriginal and Torres Strait Islander workers in the illicit drug field. • Provide training for Aboriginal and Torres Strait Islander workers in rural, remote and urban centres on the use of screening and brief intervention tools such as Indigenous risk impact screen (IRIS). • Deliver training programs to police, Community Justice Groups and Magistrates around prevention, sentencing and penalties to address alcohol related problems.

Further information regarding the intervention strategies above can be accessed from:

1. Commonwealth Government (2001) National Alcohol Strategy: A plan for action 2001 to 2003-04, Canberra.
2. Queensland Government (unpublished) Finding the Balance: Queensland Alcohol Action Plan 2003/04 to 2006/07.
3. Meeting Challenges, Making Choices: The Queensland Government's Response to the Cape York Justice Study, Queensland Government, 2002.
4. National Drug Strategy Framework - <http://www.nationaldrugstrategy.gov.au>
5. Event Management Planning Guidelines - <http://www.liquor.qld.gov.au/ourproducts>
6. Water and Alcohol Safety Project, Drug and Alcohol Coordination Unit, Queensland Police Service.

Immunisation

Key action areas	Key evidence based strategies
Community awareness and immunisation uptake	<ul style="list-style-type: none"> • Implement targeted strategies to address gaps in coverage levels, informed by the recent national evaluation and needs analysis processes.

Further information regarding the intervention strategies above can be accessed from:

1. Annual reports of the Communicable Diseases Unit, Queensland Health, available at <http://qheps.health.qld.gov.au/phs/home.htm> or <http://www.health.qld.gov.au/HealthyLiving/home.htm> or http://www.health.qld.gov.au/health_information/public/default.asp
2. Information sheets on various vaccine-preventable diseases, accessed through <http://qheps.health.qld.gov.au/phs/home.htm> or <http://www.health.qld.gov.au/HealthyLiving/home.htm> or http://www.health.qld.gov.au/health_information/public/default.asp
3. Australian Standard Vaccination schedule - <http://immunise.health.gov.au/schedule.pdf>

Injury

Key action areas	Key evidence based strategies
Supportive public policies and environments	<ul style="list-style-type: none"> • Implement reforms to address alcohol and violence identified within Meeting Challenges, Making Choices Report including: <ul style="list-style-type: none"> - creation and strengthening of community justice groups - transfer of liquor licenses from councils to community-based Community Management Boards - implementation of restrictions on the sale of alcohol at hotels and road houses close to communities - improvements to governance models in Indigenous communities.
Build capacity for, and commitment to, action	<ul style="list-style-type: none"> • Increase opportunities to build social capital as well as respect for cultural practices and diversity. • Build local skills in community development and social connectedness. • Make a long term commitment to establish trust and build personal relationships among and between community members and stakeholders. • Provide training, funding and technical assistance so communities can develop their own injury prevention/safety promotion programs.

Further information regarding the intervention strategies above can be accessed from:

1. Berger, L (2002), Injury Prevention and Indigenous Peoples, Injury Prevention (8) pp175-176.
2. New South Wales Health (2003) Aboriginal Safety Promotion Strategy.
3. Commonwealth Department of Health and Aged Care (2003), Aboriginal and Torres Strait Islander Injury Prevention Workshop, 18 March 2003 Perth WA – Summary of Workshop Proceedings.
4. University of Queensland Indigenous Health Program (1999), 'Startin somewhere': Are community management and harm reduction strategies the place to start in injury prevention in Queensland Aboriginal Communities?
5. University of Queensland Indigenous Health Program, Injury prevention in Indigenous communities: Aboriginal Community members talk about injury.
6. University of Queensland Indigenous Health Program, Injury prevention in Indigenous communities: An example of policy to practice.

Mental health

Key action areas	Key evidence based strategies
Supportive environments and infrastructure	<ul style="list-style-type: none"> • Implement culturally appropriate policies and practices in workplaces and community settings to increase understanding and appreciation of cultural differences. • Connect Aboriginal and Torres Strait Islander representatives to existing and developing local community and regional health planning systems and structures, including housing, transport, education and employment.
Social support and sense of connectedness to family and community	<ul style="list-style-type: none"> • Build safe, engaging and positive learning environments in home and community settings, eg. flexi-school program, vocational training. • Provide opportunities for Indigenous people to participate in cultural, arts and youth festival events to increase acceptance, and valuing, of social and cultural diversity.

Further information regarding the intervention strategies above can be accessed from:

1. Social Health Reference Group (2003) Consultation Paper for Development of the National Strategic Framework for Aboriginal and Torres Strait Islander Mental Health and Social and Emotional Well Being 2004 – 2009, Commonwealth Department of Health and Ageing, Canberra.
2. Department of Health and Aged Care (2000) National Action Plan for Promotion, Prevention and Early Intervention for Mental Health 2000.
3. Department of Health and Aged Care (2000) Promotion, Prevention and Early Intervention for Mental Health: A Monograph 2000.
4. Department of Health and Aged Care (2000) National Mental Health Report 2000.
5. Commonwealth of Australia (2002) Building capacity for mental health.
6. Queensland Health (2002) A Strategic Policy Framework for Children's and Young People's Health 2002 – 2007, Queensland Health.
7. Queensland Government (2003) Reducing Suicide: The Queensland Government Suicide Prevention Strategy 2003-2008.
8. Queensland Health (2003) Mental Health Promotion Outcome Area Plan 2003 – 2006.
9. Queensland Health (2003) Reducing Suicide: Action Plan 2003, The Queensland Government Suicide Prevention Strategy 2003 - 2008

Nutrition

Key action areas	Key evidence based strategies
Food supply	<ul style="list-style-type: none"> • Support the establishment, promotion and ongoing management of local supply options, including household production, community market gardens and local markets. • Support the local production and harvesting of a variety of traditional and non-traditional foods and appropriate management practices. For example, “Gardin kaikai blo umi” in the Torres Strait Islands. • Develop and implement good retail practice including an accreditation system framework and award program. • Provide healthy food stocking guidelines for stores and take-aways, such as “Guidelines for Healthy Take-Away Food” booklet for store managers and staff. • Provide food preparation guidelines for take-away food outlets. • Implement a system for the identification and promotion of healthy choices in stores and takeaways, such as the Green Food Label system in northern Queensland. • Develop collaborative partnerships with industry to develop suitable products and improve access to healthy food in remote areas.
Healthy eating	<ul style="list-style-type: none"> • Disseminate and promote culturally appropriate food and nutrition guides, eg. What to Eat.
Nutritional health of mothers, infants and children	<ul style="list-style-type: none"> • Implement systematic Indigenous child Growth Assessment and Action in primary health care settings in selected communities and follow up on identified at risk children. • Incorporate evidence based approaches to nutrition advice and support as part of all antenatal and postnatal care programs, eg. Growing Strong Feeding You and Your Baby resources. • Implements culturally appropriate nutrition resources in schools, eg. Healthy Jarjums Make Healthy Food Choices.
Workforce capacity	<ul style="list-style-type: none"> • Increase the number of Aboriginal and Torres Strait Islander people employed within all sectors of the food and nutrition system including health, welfare, environmental management, primary industries and transport. • Provide professional development for Indigenous health workers in nutrition, physical activity and chronic disease prevention. • Fund an Indigenous nutrition workforce to facilitate programs, work with other sectors and support the broader health workforce.

Further information regarding the intervention strategies above can be accessed from:

1. Queensland Public Health Forum (2002) Eat Well Queensland 2002-2012: Smart Eating for a Healthier State. Brisbane <http://www.health.qld.gov.au/QPHF/FoodNutrition.htm>
2. Australian Centre for International and Tropical Health and Nutrition, (1995) Queensland Aboriginal and Torres Strait Islander Food and Nutrition Strategy. Brisbane: Queensland Health.
3. SIGNAL (2001). National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan. Canberra, National Public Health Partnership.
4. NHMRC (2000) Nutrition in Aboriginal and Torres Strait Islander Peoples: An information paper. Canberra: National Health and Medical Research Council.
5. National Obesity Taskforce (2003) Healthy Weight 2008 – Shaping Australia’s Future: Report to the Australian Health Ministers Advisory Council. Canberra.
6. World Health Organisation (2004). Global strategy on diet, physical activity and health 2004. Geneva: WHO.
7. World Health Organisation (2003) Diet, nutrition and the prevention of chronic diseases. Geneva: World Health Organisation.
8. NHMRC (2003) Dietary Guidelines for Australian Adults. Canberra: National Health and Medical Research Council.
9. Queensland Health (2001) Healthy Jarjums Make Healthy Food Choices. Inala Community Health Centre.
10. Queensland Health programs and resources - http://www.health.qld.gov.au/healthyliving/Nutrition_HP.htm
11. Australian Guide to Healthy Eating - <http://www.health.gov.au/pubhlth/strateg/food/guide>
12. SIGNAL- Strategic Inter-Governmental Nutrition Alliance - <http://www.nphp.gov.au/workprog/signal>
13. NHMRC nutrition publications - <http://www.health.gov.au/nhmrc/publications>

Oral health

Key action areas	Key evidence based strategies
Supportive policies and treatment	<ul style="list-style-type: none"> • Progress the development of specialised oral health services for indigenous peoples, eg. provision of culturally appropriate and accessible services. • Implement initiatives to increase the level of personal oral health skills in high risk communities, eg. Indigenous Oral Health Flipcharts.
Community awareness	<ul style="list-style-type: none"> • Increase the capacity of Indigenous Health Workers to incorporate oral health issues into family and community programs, eg. diabetes, cardiovascular disease, tobacco and alcohol control, nutrition programs.
Workforce capacity and infrastructure	<ul style="list-style-type: none"> • Develop the capacity of the oral health workforce to meet the needs of indigenous peoples, including health promotion, using a multidisciplinary approach.

Further information regarding the intervention strategies above can be accessed from:

1. Queensland Health (2003) Oral Health Outcome Area Team Plan 2003-2006.
2. Queensland Health (2003) Improving Public Oral Health Services – Options for Change.
3. Queensland Health (2003) Review of Queensland Health Responsibilities and Interests in LGPS. Discussion Paper Environmental Health Unit.

Physical activity

Key action areas	Key evidence based strategies
Community awareness and provision of physical activity options	<ul style="list-style-type: none"> Promote opportunities for participation in physical activity, eg. through the Indigenous Community Development Program.

Further information regarding the intervention strategies above can be accessed from:

- Getting Australia Active – Towards a Better Practice for the Promotion of Physical Activity (people from non-English-Speaking backgrounds and Indigenous communities section p 126) 2002 - www.nphp.gov.au/publications/wa_index.htm#sigpah
- Indigenous Sport- Cross Cultural Awareness – www.active.australia.orh/isp/awareness.htm
- Australian Sports Commission – Indigenous Sport – www.ausport.gov.au/asc/media/factindig.htm
- Australian Sports Foundation – Newsletter – www.asf.org.au/newsletters/dec02news.htm
- Discussion paper: The role of Public Health Services in Secondary and Tertiary Prevention of Chronic Disease (2000) Queensland Health.
- Health Priorities: The Role of Physical Activity, Background Paper (2003) Queensland Health.
- National Physical Activity Guidelines – www.health.qld.gov.au/npag/indigen.htm
- Northern Territory – Physical Activity – www.nt.gov.au/health/comm_health/food_nutrition/nutri_phys.shtml
- Australian Capital Territory Physical Activity – Indigenous – www.healthpromotion.act.gov.au/act/networks/s210119.htm
- Games from Dreamtime – Indigenous – www.abc.net.au/rn/talks/8.30/sportsf/stories/s210119.htm
- What works-Indigenous school setting – www.whatworks.edu.au/4_3_1a.htm
- For more information on Queensland Health programs and resources see: http://www.health.qld.gov.au/healthyliving/Physical_Activity_P.htm

Sexual health

Key action areas	Key evidence based strategies
Prevention of transmission	<ul style="list-style-type: none"> • Implement community based education programs to assist influential elders and others to promote safe behaviours for Indigenous peoples at risk, eg. awareness sessions for elders on risks of sexually transmitted infections (STIs) and blood borne viruses (BBVs) to their communities. • Provide equipment that supports adoption of safe behaviours and cultural practices, including initiation ceremonies. • Conduct community education sessions in relation to sexually transmissible infections (including HIV), as part of broader Indigenous well person's health checks. • Conduct education forums for the broader Indigenous community in relation to sexual identity, including sexuality, homophobia, sexual rights and issues for Sistergirls (transgenders).
Early detection, treatment and care	<ul style="list-style-type: none"> • Provide access to the Indigenous Polymerase Chain Reaction (PCR) Testing and Drug Replacement Program for chlamydia and gonorrhoea.
Workforce capacity	<ul style="list-style-type: none"> • Provide information to Indigenous people on the range of HIV/AIDS, hepatitis C and sexual health training and education opportunities available, including information on how to access these. • Develop needs of Indigenous Sexual Health Workers through implementation of the strategies including: <ul style="list-style-type: none"> – a statewide database that provides information on when education and training competencies have been completed and reassessment of competencies are due – implementation of a consistent statewide approach to competency-based training and assessment for Indigenous sexual health workers – with the Queensland Aboriginal and Islander Health Forum (QAIHF), development and use of single set of competency standards across Queensland for both training requirements and ongoing performance measurements – implementation of a uniform assessment process that will outline a model of assessment of competencies and the acquisition and possession of qualifications.

Further information regarding the intervention strategies above can be accessed from:

- 1 Queensland HIV/AIDS Strategy 1999 –2002 - http://www.health.qld.gov.au/sexhealth/Publications_n_Policies.shtml
- 2 National HIV/AIDS Strategy 1999-2000 to 2003- 2004 Changes and Challenges - <http://www.health.gov.au/pubhlth/publicat>
- 3 National Hepatitis C Strategy 1999 –2000 to 2003 –2004 <http://www.health.gov.au/pubhlth/publicat>
- 4 Queensland Health Website - www.health.qld.gov.au/sexhealth/

Smoking

Key action area	Key evidence based strategies
Community awareness	<ul style="list-style-type: none"> • Implement the Indigenous Event Support Program in Indigenous communities to raise awareness of the dangers of smoking, through sponsorship of sporting and cultural events.
Cessation of tobacco use	<ul style="list-style-type: none"> • Increase the capacity of frontline health staff with Indigenous clients to use the SmokeCheck program. This involves screening for smoking status and providing culturally effective quit smoking advice. • Provide culturally appropriate anti-smoking education in the school curriculum in-line with the health promoting schools approach. • Provide culturally appropriate information and education resources addressing tobacco smoking issues. • Assist Indigenous organisations to implement smoke-free workplace policies.

Further information regarding the intervention strategies above can be accessed from:

1. Queensland Government (2000) Queensland Tobacco Action Plan 2000/01 to 2003/04. Brisbane - www.health.qld.gov.au/atods
2. Ministerial Council on Drug Strategy (1999) National Tobacco Strategy 1999 to 2003/04. Canberra - www.health.gov.au/pubhlth
3. World Health Organisation (2003) Framework Convention on Tobacco Control. Geneva.
4. Quitline - www.quitnow.info.au

Social determinants

Key action areas	Key evidence based strategies
Ethnicity, culture and discrimination	<ul style="list-style-type: none"> • Implement the Queensland Aboriginal and Torres Strait Islander Health Policy including the seven key areas for future action. This includes: <ul style="list-style-type: none"> – community control of primary healthcare services – participation (in the planning, delivery, management and evaluation of health initiatives) – culturally appropriate service provision – use of needs based criteria for service provision and resource allocation – workforce planning and development – information, monitoring and evaluation – across Government approaches. • Ensure meaningful community participation in government decisions affecting Indigenous people at every step of the process eg. community public health planning. • Promote economically sustainable development.

The work of a multitude of government and non-government agencies impacts directly and indirectly on the social determinants of health. Further information regarding the intervention strategies above can be accessed from:

1. Social Determinants of Health: Support Package for Public Health Services - http://qheps.health.qld.gov.au/phs/social_determinants
2. Queensland Health multicultural policy.
3. Queensland transport www.transport.qld.gov.au or QT Call Centre on 132380.
4. Lifelong Learning Council of Queensland - <http://www.llcq.org/>.
5. World Health Organisation Solid Facts 2003 - <http://www.who.dk/document>
6. NHMRC, Using socioeconomic evidence in clinical practice guidelines,2002 - <http://www.health.gov.au/nhmrc/publications>

Women's cancer screening

Key action areas	Key evidence based strategies
Recruitment to screening programs	<ul style="list-style-type: none"> • Implement Healthy Women's Initiative in the Northern Zone initially and then in other discrete Indigenous communities across the State. • Develop and implement strategies that will enhance the provision of Indigenous identification to the Pap Smear Registry. • Undertake routine analyses of participation rates in discrete Indigenous communities and disseminate this information as appropriate to the communities and relevant Health Service Districts.
Access and quality service provision	<ul style="list-style-type: none"> • Implement the Principles of Practice, Standards and Guidelines for Providers of Cervical Screening Services for Indigenous Women in collaboration with the National Program. • Implement enhanced outreach follow up colposcopy services for rural and remote Indigenous communities. • Provide education material and advocacy for community men to assist in the support of their partners with cervical abnormalities. • Review the Queensland Indigenous Women's Cervical Screening Strategy 2000-2004 and develop the Strategic Plan for the next phase based on monitoring data, emerging trends and research.
Workforce capacity	<ul style="list-style-type: none"> • Develop additional Indigenous Women's Health Worker positions in identified areas of need. • Develop networks in each Zone to strengthen the role of Indigenous Women's Health Workers in implementing community education activities. • Develop a nationally accredited competency based training program for Indigenous Women's Health Workers. • Maintain and improve the provision of Indigenous Women's Cancer Support Officers in association with tertiary treatment areas.

Further information regarding the intervention strategies above can be accessed from:

1. National Breast Cancer Centre (2000) 'Advice About Familial Aspects of Breast Cancer and Ovarian Cancer' NBCC.
2. International Agency for Research on Cancer (2002) 'Mammography Screening Can Reduce Deaths from Breast Cancer,' - www.iarc.fr.
3. Baade P and Coory M (2002) Queensland Health Information Circular 63, Health Information Centre.
4. Kirk M, Hoban E, Dunne A and Manderson L. 1998. 'Barriers to and Appropriate Delivery Systems for Cervical Cancer Screening in Indigenous communities in Queensland'. A Report to Queensland Health. ISBN 0-7242-0843-X.
5. Kirk M, McMichael, C. Potts, H Hoban L, Hill, Deb C. and Manderson, L. 2000. 'Breast Cancer: Screening, Diagnosis, Treatment and Care for Indigenous women in Queensland Report' Queensland Health.
6. Women's Cancer Screening Services (2002) 'Queensland Cervical Screening Program: Phase 3 State Plan 2002-2006,' Queensland Health.
7. Women's Cancer Screening Services (2001) 'Queensland Health BreastScreen Queensland State Plan 2001 – 2006', Queensland Health.