Priority 1 – Reduce consumption of tobacco and make healthy lifestyle choices easy

- Heart disease is the single biggest killer of Aboriginal and Torres Strait Islander peoples, who continue to die from this disease at greater rates and much younger ages than non-Indigenous Australians.
- The Heart Foundation aims to reduce the life expectancy gap by improving heart health of Aboriginal and Torres Strait Islander peoples.

What is the challenge?

Despite a reduction in smoking rates among Aboriginal and Torres Strait Islander peoples, smoking rates are still high, particularly in remote areas. Smoking is still the greatest contributor to the preventable mortality gap, responsible for one in five deaths and 17% of the disease burden. In addition to reducing smoking rates, improving nutrition and levels of physical activity present a significant opportunity for health improvements and reduction in heart disease rates for Aboriginal and Torres Strait Islander peoples.

Reducing the impact of these modifiable risk factors, which often occur in combination, is a critical step for reducing the health gap between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians.

The Aboriginal Health Workforce plays a critical role in providing frontline advice and treatment to clients. The ability of Aboriginal Health Workers to provide quality advice or treatment can be negatively impacted by poor knowledge of best practice in smoking cessation and often feeling uncomfortable to advise clients to quit, while they themselves smoke.

Key facts

Tobacco smoking

- In 2012–13, 44% of Aboriginal and Torres Strait Islander adults smoked tobacco daily, and were 2.6 times more likely to smoke tobacco daily than non-Indigenous adults.²
- In 2011, Aboriginal and Torres Strait Islander mothers were four times as likely as non-Indigenous mothers to have smoked during pregnancy (49% and 12% respectively).³
Poor nutrition

- In 2012–13, 43% of Aboriginal and Torres Strait Islander peoples reported eating an adequate amount of fruit each day, and 5% reported eating an adequate amount of vegetables each day.4

Physical inactivity

- In 2012–13, 62% of Aboriginal and Torres Strait Islander peoples reported they were sedentary or engaged in low levels of exercise, and 69% were overweight or obese.2

What needs to happen?

Ensure well-funded and culturally appropriate public health programs that address the key modifiable risk factors such as tobacco, poor nutrition and physical inactivity.

The reduction in smoking rates among Aboriginal and Torres Strait Islander peoples over the last decade, as well as the marked increase in those not taking up smoking, suggest that initiatives to reduce smoking rates, such as the Tackling Indigenous Smoking Program, are working and further gains are possible. This public health program needs to be maintained and strengthened, as mainstream anti-tobacco programs have shown that sustained, appropriately resourced programs over decades are needed to make significant population health gains. It is critical to continue and strengthen the program as the Tackling Smoking and Healthy Lifestyle teams are fully established, and start to consolidate and expand their activities. Initiatives that increase access and take-up of smoking cessation, such as pharmacotherapy, and culturally appropriate quit smoking programs need to be strongly supported.

Preventing the uptake of smoking among the Aboriginal and Torres Strait Islander population and reducing smoking among Aboriginal and Torres Strait Islander pregnant woman should be of particular focus.

Support, grow and increase the capability and capacity of the Aboriginal Health Workforce to target modifiable risk factors, to encourage healthy lifestyles via brief intervention methods and to provide best practice in nicotine pharmacotherapy.

It is critical to invest in increasing the capability and capacity of Aboriginal Health Workforce in primary care, in both Aboriginal Community Controlled Health Service (ACCHS) and mainstream health services, to be able to meet identified needs. This includes increasing the quantity of workers, ensuring remuneration appropriately reflects level of responsibilities and training staff to deliver best practice treatments, such as brief interventions, counselling, follow-up strategies and nicotine pharmacotherapies. Critically, the Aboriginal Health Workforce needs support and encouragement to quit smoking themselves to be able to provide any smoking cessation advice to their clients.

Support development a national strategy to improve Aboriginal and Torres Strait Islander nutrition.

A national nutrition strategy that addresses the nutritional needs of Aboriginal and Torres Strait Islander populations is needed. The strategy needs to elevate the importance of nutrition and set a national framework for action.
Ensure sustained and well-funded physical activity programs with proven effectiveness are made available to Aboriginal and Torres Strait Islander communities.

Sustainable physical activity programs that allow flexibility and negotiations between local needs and program priorities are needed. Programs should have adequate, secure and ongoing resourcing to allow sustainable action that can be refined over time. Physical activity programs should provide recreation facilities in Aboriginal and Torres Strait Islander communities that are accessible, attractive and safe, and where physical activity programs are developed in line with the needs and interests of local people and delivered by qualified staff.

What will this achieve?

- Reduction in the smoking rate among Aboriginal and Torres Strait Islander adults from 41% in 2012–13 and among pregnant Aboriginal and Torres Strait Islander women from 50% in 2011.
- Reduction in the proportion of Aboriginal and Torres Strait Islander peoples who are overweight or obese from 66% in 2012–13.
- Increase in capability and capacity of Aboriginal Health Workforce professionals in primary care in both ACCHS and mainstream health services.

References