

Principles of management and training for program success in Aboriginal communities

Training should not focus only on information transfer but also on developing skills that will help achieve health promotion objectives in communities. The following principles highlight issues in management and training:

- Good human resource practices
 - Great challenge in maintaining motivation and morale.
 - Staff should be given a thorough orientation to their roles and an outline of what is reasonable to expect as outcomes from their work.
 - Strong, proactive support is important.
- Consultation in staff selection
 - Need to consult with community and leaders.
- Staff given status
 - Important source of encouragement for staff to be given status from community members.
- Training
 - Provide adequate training so program staff confident of their responsibilities.
 - Provide field-based support and skills training on how to stay motivated in their roles.
- Support
 - Need for greater staff support as lack of staff expertise and administrative deficiencies lead to program failure.
- Community-based
 - Select individuals from within the target community to receive training and subsequently live within their community implementing the program.
- Regular reporting
 - Keeps extension workers focussed, knowing there will be follow-up and support.
 - Helps program staff set clear and realistic goals and understand issues affecting personnel in field.
- Committed
 - Amount of personal support received affects personal character and motivation.
- Skills development
 - Training should help staff develop skills that will achieve health promotion objectives in communities.

- Available outside working hours
 - Staff need to be available when community is ready and interested.
 - Program activities should be coordinated around community events.

Conclusion

The holistic approach that this 'best practice' model adopts, is geared towards achieving successful Aboriginal Health Promotion programs that are culturally sensitive, cater to diversity within and between Aboriginal communities and maximise opportunities for training.

By using community development and capacity building principles, as well as maintaining a commitment to Aboriginal ownership and cultural security, Aboriginal Health Promotion programs can foster empowerment by inspiring communities to manage their own health issues. Programs can be further enhanced by taking a more holistic approach to health and seizing opportunities to build on elements of Aboriginal culture that can promote better health.

References

1. Australian Bureau of Statistics (1997): The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples. ABS Cat.No.4704.0. AIHW Cat.No.IHW2. ISBN 0 642 23276 8. Australian Bureau of Statistics, Canberra: ABS.
2. Howie RJ. Formative Evaluation of the Kuwinywardu Aboriginal Resource Unit Gascoyne Healthy Lifestyle Program. WA: Telethon Institute for Child Health Research; 2004.
3. Voyle JA, Simmons D. Community development through partnership: promoting health in an urban indigenous community in New Zealand. Soc Sci Med 1999; 49(8): 1035-50.
4. Baum F. The new public health: an Australian perspective. Melbourne: Oxford University Press; 1998.
5. Beaglehole R, Bonita R. Public Health at the Crossroads. Melbourne: Cambridge University Press; 1997.

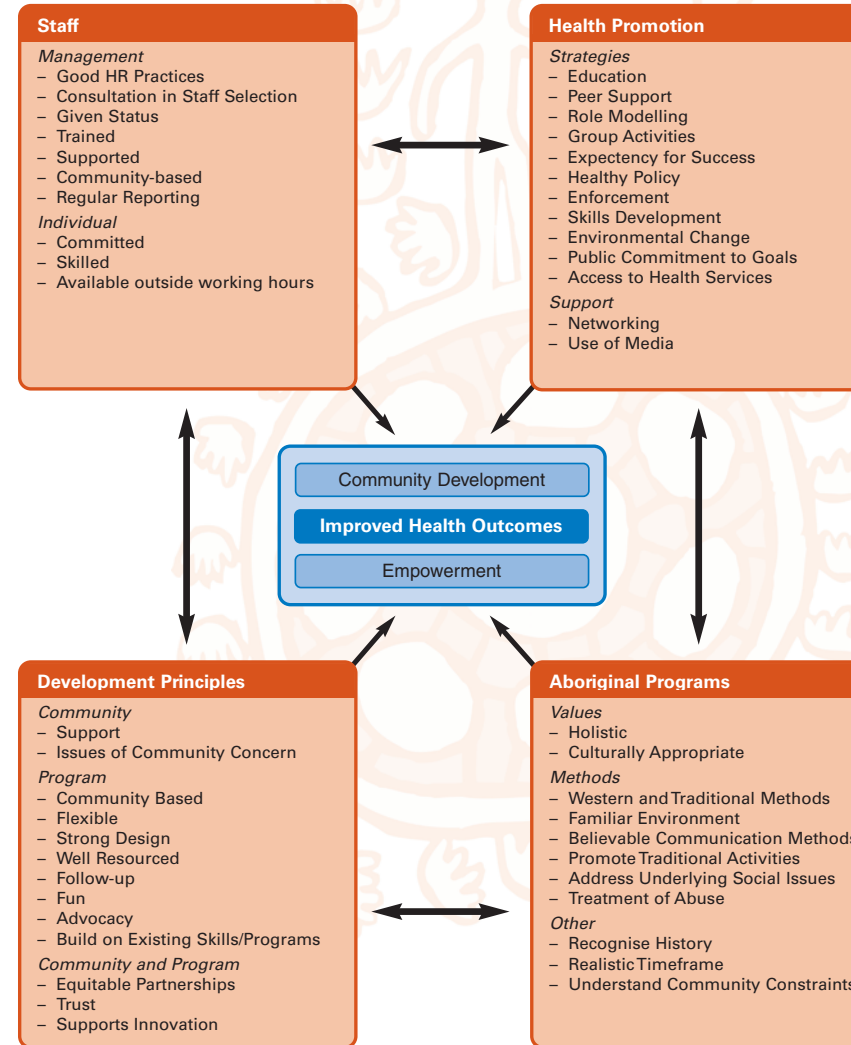
Other useful references

1. Angus S, Lea T. Planning for better health outcomes requires indigenous perspective. Aust NZ J Public Health 1998; 22(6): 636-7.
2. Gough S, Eades D. Gascoyne Healthy Lifestyle Project: Two Way Learning. Carnarvon: Gascoyne Population Health Unit; 2003.

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Appendix 1: Model for health promotion programs using a community development approach by Royden James Howie.



A Best Practice Model for Health Promotion Programs in Aboriginal Communities

Based on the Formative Evaluation of the Kuwinywardu Aboriginal Resource Unit Gascoyne Healthy Lifestyle Program written by Royden James Howie.

Introduction

Aboriginal Australians have significantly higher rates of preventable chronic disease than non-Aboriginal Australians. Behavioural-based risk factors such as smoking, alcohol and substance abuse, poor nutrition, obesity and exposure to violence contribute to the poor state of Aboriginal health.¹

The Office of Aboriginal Health and the Health Promotion Directorate (Department of Health, Western Australia) believe that local, culturally appropriate prevention interventions are essential to improving health status in Aboriginal communities. The most successful approaches will require the active involvement of community members.

Current approaches to improving health in Aboriginal communities include:

- Training of Aboriginal Health Workers
- Outreach programs
- Improving access to services for Indigenous people, especially in remote areas
- Providing education and training to existing health personnel to broaden their expertise in the delivery of culturally appropriate health services to Indigenous people.

The Kuwinywardu Aboriginal Resource Unit Gascoyne Healthy Lifestyle Program is a comprehensive health promotion program for Aboriginal people that focuses on the key priorities of smoking, nutrition and physical activity. Using community development and capacity building principles, the program provides a model for more effective and sustainable health promotion programs in rural and remote Aboriginal communities. The program also addresses workforce development by employing local Aboriginal people to train as Healthy Lifestyle Workers to promote health promotion activities within their communities.

In the formative evaluation of the Kuwinywardu Aboriginal Resource Unit Gascoyne Healthy Lifestyle Program, Royden James Howie developed a model for improving health outcomes in Aboriginal communities.² The model he developed uses a community development approach, which seeks to train and empower people from within the communities to promote healthy lifestyles. This 'best practice' model (Appendix 1) has four key dimensions:

- Principles of cultural security
- Principles of community development and capacity building
- Principles of health promotion
- Principles of management and training in the design and delivery of programs in Aboriginal communities.

This paper summarises the various themes in this 'best practice' model and highlights its useful application in future health promotion programs in Aboriginal communities.

Principles of cultural security in the design and delivery of successful programs in Aboriginal communities

Cultural security is a commitment to the cultural rights, values and expectations of Aboriginal people, and urges that programs provide equal quality and outcomes irrespective of cultural background. The following principles of cultural security are important in designing and implementing successful programs in Aboriginal communities:

- Holistic
 - Indigenous communities see health as having "spiritual, family, mental and physical aspects".
 - Health and each disease should be placed in a holistic social and historical context. This enables the program's key messages to be consistent with people's existing world view.
- Culturally appropriate
 - Aboriginal values should be integrated into program design and implemented to support and build on positive aspects of culture.
- Use western and traditional methods
 - Combine by encouraging traditional activities familiar to target audience.
- In a familiar environment
 - Positive reinforcement in a comfortable environment builds people's confidence to innovate and try new things in their community.
- Use believable communication methods
 - Understand a community's existing beliefs and preferred methods of communication and use to convey program's key messages.

- Promote traditional activities
 - Encourage traditional activities that are health promoting (eg. hunting or collecting bush food).
- Address underlying social issues
 - Access to education and health services
 - Unemployment
 - Drug and alcohol abuse
 - Family violence
- Treatment of abuse
 - Programs should:
 - Take an interest in abuse.
 - Identify it when it occurs.
 - Seek appropriate treatment options and make them available within community.
- Recognise history
 - Understand Aboriginal disempowerment: "dispossession of their lands and resources, a consequent loss of status and cultural identity, and associated physical, emotional and spiritual trauma".³
 - Build capacity of local community and individuals to drive a process of positive change.
- Realistic timeframe
 - Programs often need to be planned, funded and implemented over several years.
- Understand community constraints
 - Find a balance between the need to be flexible and respond to changing community needs and expectations, and resource and practical constraints.

Principles for successful community development

Each Aboriginal community is unique in its traditions, structures, history, expectations and interests. Community development programs need to encompass the following principles in order to successfully address challenges in Aboriginal health:

- Community support
 - Programs are most effective when the community demonstrates strong support by taking responsibility for direction and implementation in the following ways:
 - Providing input to program from each community.
 - Providing feedback through regional/local media.
 - Developing community advisory committees.

- Issues of community concern
 - Programs should be implemented when the community perceives a need.
 - Inform community members of the program role.
 - Network with other health services to address clinical needs.
- Community based
 - Programs should be implemented within the community hence achieving:
 - Program accessibility
 - Personnel having stronger understanding of community and issues that affect program implementation.
 - Program responding quickly and effectively when new priorities emerge.
 - Capacity to form trusting relationships and develop a better learning environment.
- Flexibility
 - Differences exist within and between communities.
 - Priorities, interests and needs change over time.
 - For development program success, need to cater to this heterogeneity.
- Strong program design
 - Thorough planning of proposed implementation processes.
 - Explicit outline of program theory.
 - Clear detail of proposed activities and outcomes.
- Well resourced
 - Need for adequate resources: budgets, personnel, skills, education and infrastructure for about 2-3 years to increase community ownership and build trust.
- Follow-up
 - Important community knows there will be ongoing support.
 - Motivate staff to follow-through on their commitments.
- Fun activities
 - To achieve community participation, program activities should be fun and have appropriate incentives.
 - For example, food has a place in traditional community gatherings. An activity that involves food is fun.
- Advocacy
 - Raise community consciousness of other health issues.

- Enable community decision-making in identifying priorities and driving the development process.
- Should be a precursor to program implementation rather than its first stage.
- Build on existing skills/programs
 - Build on what is already there. For example, Healthy Lifestyle Workers have skills in communicating effectively with community and implementing activities in a culturally appropriate way.
- Equitable partnerships
 - Knowledge, skills and resources of program staff and community recognised equally.
 - Provide ongoing feedback to community throughout the program to empower them to make informed decisions.
 - Listen to indigenous views on health and ways to improve health.
- Trust
 - Need to develop strong trusting relationships between program staff and community members.
 - This encourages learning and brings about positive change and development.
- Support innovation
 - Identify individuals most willing to change and work closely with them as they make positive changes.
 - Train these individuals to demonstrate the effectiveness of these changes to others.

Principles for successful health promotion in Aboriginal communities

Recent frameworks in health promotion take an ecological approach by placing the individual in the context of their environment.^{4,5} Key strategies for success include:

- Education
 - Education and information should be provided in conjunction with other interventions to achieve behaviour change.
- Peer support
 - Help develop support for healthy choices from peer groups (eg. for youth).
 - Need for peer support programs to teach staff how to resist peer pressure and help them develop skills to transfer their knowledge in a culturally acceptable way.

- Role modelling
 - Aboriginal people tend to learn most effectively through trusting relationships.
 - Role models should show good health behaviour through their own habits and choices.
- Group activities
 - Good setting for healthy activities to model good health behaviours and provide peer support.
 - Gradually build community participation by having these on a regular basis.
- Realistic expectations of success
 - Important for community to have realistic expectations about what they would achieve and confidence that they will achieve these outcomes.
- Healthy 'policy'
 - For policy to be implemented effectively in Aboriginal communities there is a need for sufficient resources and recognition of the unique context of communities.
- Enforcement
 - Critical that policy change is consistently enforced through local councils, the Health Department etc.
- Skills development
 - Help people increase their independence and capacity to make positive choices.
 - Increase motivation to change so that staff would have the skills required to help others change.
- Environmental change
 - Encourage easy healthy choices.
- Public commitment to goals
 - Help community to change and sustain change through local media/community events.
 - Give community incentive to follow-through and achieve clear and realistic goals.
- Access to health services
 - Address challenges facing Aboriginal people in accessing health services such as fear of seeing doctors, lack of privacy and long wait times.
 - Need to improve access and regularity of outreach services in regional areas.
- Networking
 - Build partnerships between program stakeholders and community.
 - Link other health services to community.
- Use of media
 - Communicate health messages through local media.
 - Provide feedback to community.