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

**Community Development**
- Improved Health Outcomes
- Empowerment

**Development Principles**
- Community
  - Support
  - Feasibility
  - Widespread
  - Follow-up
  - Advocacy
  - Build on Existing Skills/Programs
  - Community and Programs
  - Equitable Partnerships
  - Trust
  - Supports Innovation

**Aboriginal Programs**
- Health Promotion Strategies
  - Education
  - Peer Support
  - Role Modelling
  - Group Activities
  - Expectancy for Success
  - Healthy Policy
  - Enforcement
  - Skills Development
  - Cultural Change
  - Public Commitment to Goals
- Access to Health Services
- Support
- Networking
- Use of Media

**Staff**
- Management
  - Good HR Practices
  - Consultation in Staff Selection
  - Clear Objectives
  - Trained
  - Supported
  - Community-based
  - Regular Reporting
  - Individual
  - Committed
  - Skilled
  - Available outside working hours

**Health Promotion**
- Principles
  - Education
  - Peer Support
  - Role Modelling
  - Group Activities
  - Expectancy for Success
  - Healthy Policy
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- Use of Media

**Aboriginal Programs**
- Values
  - Holistic
  - Culturally Appropriate
- Methods
  - Western and Traditional Methods
  - Familiar Environment
  - Believable Communication Methods
  - Promote Traditional Activities
  - Address Underlying Social Issues
  - Treatment of Abuse
- Other
  - Recognize History
  - Realistic Timeframes
  - Understand Community Constraints

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**References**

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**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.

- **Consultation in staff selection**
  - Need to consult with community leaders.
  - Staff given status.

- **Important source of encouragement for staff**
  - To be given status from community members.

- **Training**
  - Provide adequate training to program staff consistent with 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 focused, knowing there will be follow-up and support.

- **Job satisfaction**
  - 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 seeing opportunities to build on elements of Aboriginal culture that can promote better health.
Introduction

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

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 Kunwiyarpi Aboriginal Resource Unit (Kununurra) 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 Kununurpa Aboriginal Resource Unit (Kununurra) Healthy Lifestyle Program, Raydon James Hoefer developed a model for improving health outcomes in Aboriginal communities. 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 safety**
  - Encourage traditional activities
  - Encourage traditional activities that are health promoting (e.g., 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 when it occurs.
    - Seek appropriate treatment options and make them available within community.
  - Recognise history
  - Understand Aboriginal disadvantage: “dispossession of their lands and resources, a consequent loss of status and cultural identity, and associated physical, emotional and spiritual trauma.”
  - Build capacity of local community and individuals to drive a process of positive change.
  - Rapid 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 of 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 way:
      - Providing input to program from each community.
      - Providing feedback through regional/local media.
      - Developing community advisory committees.

- **Principles of community development and capacity building**
  - Promote traditional activities
  - Encourage traditional activities that are health promoting (e.g., hunting or collecting bush food).
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