Using a health promotion framework with an ‘Aboriginal lens’

Making Two Worlds Work

Building the capacity of the health and community sector to work effectively and respectfully with our Aboriginal community

Mungabareena Aboriginal Corporation was established as a focal point for Australian Indigenous people living in the Wodonga area. The organisation provides a range of services and supports to meet community needs and to re-establish and strengthen our cultural values and connection to the area.

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WOMEN'S HEALTH
GOULBURN NORTH EAST

Women's Health Goulburn North East (WHGNE) was established in July 2000. Previously known as NEWomen, Women's Health Goulburn North East is the government funded, specialist women's health service for the Goulburn Valley and north east Victoria.

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Using a health promotion framework with an 'Aboriginal lens'

Health promotion can be a very effective way of working collaboratively with Aboriginal individuals and communities. Many health promotion principles and practices mirror those valued by Aboriginal communities working with generalist agencies to improve health outcomes.

This framework can be used as a planning and evaluation tool for specific health promotion initiatives with Aboriginal communities and as a prompt for *all* health promotion initiatives to ensure that we are incorporating the needs of our local Aboriginal people. *It is not a definitive resource* in relation to Aboriginal health promotion concepts and resources. Rather, it is an evolving framework which has been initiated in response to a local need for information and resources to assist health workers in undertaking health promotion that is responsive and respectful to Aboriginal communities.

WHY APPLY AN ABORIGINAL LENS?

Consider additional factors and approaches

Technically, agencies can work in partnership with their local Aboriginal people and communities to design health promotion programs using recognised health promotion planning frameworks[1]. However, Aboriginal people ask that workers in community agencies apply an 'Aboriginal lens' and consider additional factors and approaches.

Build on Aboriginal strengths

The health status and health services needs of Aboriginal people, and Aboriginal concepts of health and illness, differ from those of the general population in many ways. Therefore the development of policies, programs, and resources that affect Aboriginal people must take these differences into account. An approach that builds on the strengths, knowledge, capacities and the resourcefulness of the Aboriginal community is appropriate.

Reflect on values and assumptions

It is important for non-Aboriginal workers to reflect on their own practices, underlying values and assumptions. We may unintentionally omit or misunderstand essential process and practices. We may lack confidence and knowledge. Sometimes our efforts are tokenistic rather than concerted and committed. We may be confronted by conflicting beliefs, for example, the belief that Aboriginal people can and should use existing generalist services versus the belief that targeted programs and services for Aboriginal people are warranted to reduce the health differentials between Aboriginal and non-Aboriginal Australians.

Always check back with the Aboriginal community

As health promotion practitioners we need to continue to challenge existing cultural norms and values to ensure we are making services and programs accessible, responsive and accountable to those with the greatest needs in our communities. Applying an Aboriginal lens reminds us to always check back with the Aboriginal community to ensure services and programs are on track.

WHO SHOULD USE THIS FRAMEWORK?

The framework has been designed for use by health promotion workers who are planning to work with, or who are already working with, the local Aboriginal community. It is designed to challenge workers to think more about the planning, implementation and evaluation of projects; seeing these concepts through an Aboriginal lens, rather than taking a generic health promotion approach.

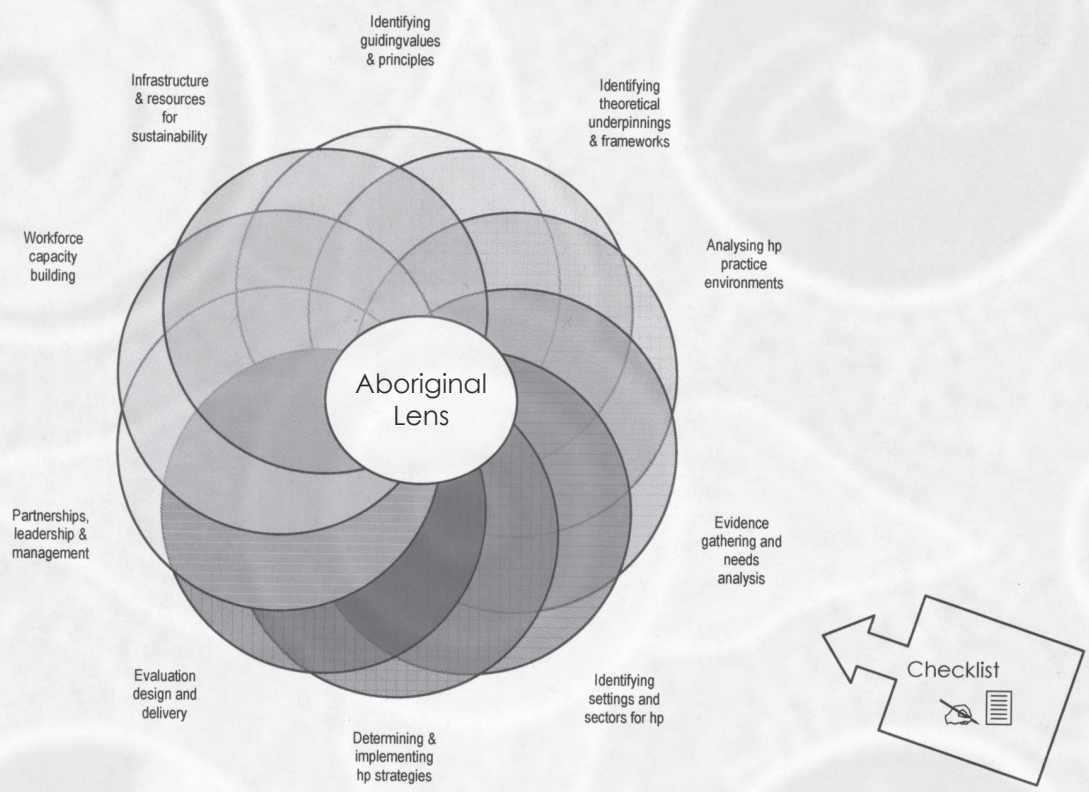
HOW TO USE THIS FRAMEWORK

There are 10 components within the framework. Each section describes a health promotion concept, and then presents it through an Aboriginal lens. Following this are examples of practice and useful resources. The 10 components of the framework are:

1. Identifying guiding values and principles
2. Identifying theoretical underpinnings and frameworks
3. Analysing health promotion practice environments
4. Evidence gathering and needs analysis
5. Identifying settings and sectors for health promotion
6. Determining and implementing health promotion strategies and approaches
7. Evaluation design and delivery
8. Partnerships, leadership and management
9. Workforce capacity building for the Aboriginal community and generalist (non-Aboriginal) health and community sector
10. Infrastructure and resources for sustainability

Workers can consult sections of the framework as needed, or use the framework as a whole. By using an Aboriginal lens, workers are approaching the issue from a position of wanting to better understand the Aboriginal experience of health and wellbeing. Please note that, like any issue, workers will need to devote some quiet time to reading and working through the framework to take in its concepts. At the end of the document is a checklist you can use to quickly determine if you have considered each component in planning your health promotion program.

The framework and checklist can be visualised in the following way (in reality, these components are not neatly compartmentalised; they may overlap or occur in a different order):



FEEDBACK ON THIS DOCUMENT
This is a living document. We welcome your feedback on all components. We also welcome examples from your own experience that we can include as examples in the next version of this document to help make it relevant and useful to all those who use it.

Please send your feedback or examples to: whealth@whealth.com.au

A note about terminology. There is a range of preferences regarding terminology. Because the term 'Indigenous' is not specific, some Aboriginal people feel the term diminishes their Aboriginality. It is recommended by the Victorian Government Department of Human Services to their staff that preference is given to the terms 'Aboriginal' and 'Aboriginal and Torres Strait Islander'. The Making Two Worlds Work project has chosen to use the term 'Aboriginal' is all resources.

1. Identifying guiding values and principles

This section on guiding principles and values is lengthy. However, an understanding of essential values and principles is vital to working effectively with Aboriginal communities. The four components discussed in this section are:
Ottawa Charter;
Partnerships, participation and empowerment;
Social justice and equity;
Social determinants of health.

Non-Aboriginal workers are strongly encouraged to reflect on their underlying personal assumptions, values, and beliefs, stereotypes and automatic responses "to open up to the ideas, values, and experiences of others".[3]

Ottawa Charter

The Ottawa Charter for Health Promotion identified core values that are intended to drive health promotion practice:

- Social justice
- Empowerment
- Participation
- Equity
- Holistic view of health

With an Aboriginal lens

In addition to the core values outlined in health promotion literature, values specifically identified for Aboriginal health promotion theory and practice include:

- Aboriginal self-determination principles;
- A holistic definition of health that acknowledges connection to land and spirit;
- Community ownership and localized decision-making; and
- A recognition of the specific historical, social and cultural context of the community[4]

Examples of practice and useful resources

Ottawa Charter:
www.who.int/hpr/NPH/docs/ottawa_charter_hp.pdf

Indigenous model of health promotion:
Australian Indigenous Health Promotion Network (2006) Working Towards and Indigenous Model of Health Promotion. Workshop held as part of the 16th National Health Promotion Conference, Alice Springs, 2006. *For a copy contact the Australian Indigenous Health Promotion network*: www.indigenoushealth.med.usyd.edu.au

Principles for successful health promotion in Aboriginal communities can be found in this document: Department of Health, Western Australia (2005) A Best Practice Model for Health Promotion Programs in Aboriginal Communities. Department of Health Western Australia, Office of Aboriginal Health.

Partnership, participation, empowerment

Working in **partnership** is both a value and an essential process in health promotion. Likewise, **participation** and **empowerment** are commonly named as broad, overarching, guiding principles for health promotion and are sometimes described as a strategy and other times described as outcomes[5] (also see section 8 -Partnerships, leadership and management).

Participation is essential to sustain efforts. People have to be at the centre of health promotion action and decision-making processes for them to be effective.[6]

With an Aboriginal lens

Partnerships should enable Aboriginal people to "participate actively in negotiations to **expand power and autonomy**" of communities in order to restore and maintain health.[7]

Partnerships are also important for Aboriginal people having a sense of ownership of the issue. "Community control is about people owning it, having a say about their own health and having the opportunity to provide feedback".[8]

"Community control is based on the three 'Cs'; projects need to be Community driven, Community developed and Community implemented…If it isn't Community driven it isn't going to work…The community has to be on board every step of the way".[9]

Examples of practice and useful resources

Book on power, participation and partnerships in health promotion:
LaBonte, R. (1997) Power, Participation and Partnerships for Health Promotion. Melbourne: Victorian Health Promotion Foundation.Online:
www.vichealth.vic.gov.au/Content.aspx?topicID=368

Principles for better practice in Aboriginal health promotion:
NSW Health (2002) Principles for Better Practice in Aboriginal Health Promotion – the Sydney Consensus Statement. NSW Health. Online:
www.health.nsw.gov.au/pubs/2004/pdf/principles_aboriginal.pdf

Case study of a partnership between an Aboriginal agency and non-Indigenous organisations:
The Making of a Great Relationship – partnership between VACCHO Inc, the Hepatitis C Council Victoria and Aids, Hepatitis and Sexual Health Line Inc. Online: www.ahmrc.org.au
➔ Click on 'publications'
➔ Click on 'tools for collaborative research'
➔ A weblink to this document is under *1. Background – part b: Working with Aboriginal communities*

Social justice and equity

Equity is a term which describes fairness and justice in outcomes. It is not about the equal delivery of services, or distribution of resources; it is about recognising diversity and disadvantage, and directing resources and services towards those most in need, to ensure equal outcomes for all.[10] [11]

Equity in health is a theory and practice that rests on a value system that incorporates principles of social justice.[12] Social justice is based on the idea of a society which gives individuals and groups fair treatment and a just share of the benefits of society.

With an Aboriginal lens

Equity and social justice are fundamental values that drive health promotion in Aboriginal communities as the health status of Aboriginal people is significantly below that of non-Aboriginal Australians. Aboriginal life expectation is around 17-years lower than other Australians; infant mortality is three times higher; and death rates for Aboriginal Australians are twice as high across all age groups for all age groups.

Health issues are real in rural and urban communities and not confined to the remote communities we hear most about in the media. Social justice means being entitled to the same rights and services as all other citizens. These rights have been difficult to achieve for Aboriginal and Torres Strait Islanders because of a history of governmental and colonial racism.[13] [14]

Examples of practice and useful resources

Great article about equity from personal perspective:
Houston, S. (2006) Equity, by what measure? *Health Promotion Journal of Australia*, vol. 17, no. 3, pp. 206-209.

Another informative article about health promotion and equity:
Hearn, S., Martin, H., Signal, L. & Wise, M. (2005) Health promotion in Australia and New Zealand: the struggle for equity. In: Scriven, A. & Garman, S. (eds) *Promoting health: global issues and perspectives.* UK: Palgrave Macmillan.

The Australian Human Rights and Equal Opportunity Commission website is an excellent resource regarding social justice, data on health status, key policy documents including the 2006 Social Justice report:
www.humanrights.gov.au

*Also visit the Indigenous Australian site of the National Museum:*www.dreamtime.net.au/indigenous/social.cfm

Social determinants of health

Most contemporary health promotion practice aims to address the broader determinants of health which traditionally fall outside the responsibilities of the health sector: social, economic and environmental. The social determinants of health are those factors that influence the health of individuals, families and communities: gender, social gradient, early life, stress, social exclusion/poverty, work/employment, social support, addiction, food, transport.

With an Aboriginal lens

The social determinants determined by the World Health Organisation (WHO) are all relevant. However, Aboriginal health and ill-health are also linked to cultural and spiritual factors, discrimination, the history of land dispossession, the stolen generation, social exclusion, legislations and policies of protection and assimilation.

Examples of practice and useful resources

For the past three years during Reconciliation Week, Beechworth Neighbourhood Centre has hosted an exhibition featuring paintings and crafts created by Aboriginal prisoners at Beechworth Correctional Centre. During their stay at the Correctional Centre the Aboriginal men are encouraged to explore and reconnect to their culture through art. The 'Education in Prison' program facilitated by Goulburn Ovens TAFE supports the men to write stories to accompany their paintings and craft. The annual exhibition in a community setting provides an avenue for the men to not only display their art, but to talk with pride about their culture, their history and the meaning of the paintings with people attending the exhibition. The Beechworth community, in turn, is inspired by the Aboriginal men, their art, their growing confidence in their abilities and connection with culture.

For social determinant summary see
World Health Organisation (WHO) 2003 Solid facts http://who.dk/document/e81384.pdf

Saggers, S. & Gray, D. (2007) 'Defining what we mean', in Carson, B. Dunbar, T., Richard, D. & Bailie. R. (eds) *Social Determinants of Indigenous Health*. NSW, Allen and Unwin, pp.1-18.

Cooperative Research Centre for Aboriginal Health have a publication on social determinants of health and Northern Territory Indigenous Peoples: An Introduction to the Social Determinants of Health in relation to the Northern Territory Indigenous Population. Online:
www.crcah.org.au/publications/

Commission on Social Determinants of Health (2007) Social determinants and Indigenous health: The international experience and its policy implications. Report on specially prepared documents, presentations and discussion at the International Symposium on the Social Determinants of Indigenous Health Adelaide, 29-30 April 2007.

Carson, B. Dunbar, T., Richard, D. & Bailie. R. (eds) (2007) *Social Determinants of Indigenous Health*. Sydney, Allen & Unwin.

Henderson, G., Robson, C., Cox, L., Dukes, C., Tsey, K. & Hawell, M. (2007) Social and Emotional Wellbeing of Aboriginal and Torres Strait Islander People within the Broader Context of the Social Determinants of Health. *Auseinetter*, Issue 29, November, no. 2, pp.14-19.

2. Identifying theoretical underpinnings and frameworks

This section provides an overview of the theoretical foundations of health promotion which are appropriate for effective health promotion practice.

Appropriate theoretical foundations should drive all health promotion practice.[15] Common theories include:

- Individual behaviour change theory
- Social change theory
- Systems theory

With an Aboriginal lens

All of the common theoretical underpinnings can be appropriate depending on the health issue and approach. The essential foundation, however, is the theory of *empowerment*.

Health promotion should recognise and draw on the strengths, assets and capacities of Indigenous people.[16] This ensures a holistic approach that encourages health promotion practitioners to work with, not on, people, and to use a variety of approaches instead of a single method.

Examples of practice and useful resources

Health Promotion staff from Wodonga Regional Health Service (WRHS) invited Aboriginal Health Workers to have input into the development of the WRHS Integrated Health Promotion Plan 2007-2008. The need to strengthen a collaborative approach to planning was identified from the evaluation of the previous plan. We held discussions to identify priorities and develop strategies for Aboriginal health promotion. Priorities identified were antenatal nutrition, and healthy lunchboxes for pre-school and school aged children. Two working groups were then established. The Antenatal Nutrition Working Group was attended by relevant agencies from both New South Wales and Victoria and led to rich discussion regarding broader antenatal education issues for the Aboriginal community. Stemming from this discussion has been the development of two Aboriginal specific antenatal classes tailored to meet the needs of the clientele. The Healthy Lunchbox Working Party has been successful in received funding to implement a healthy lunchbox education project in local Aboriginal-controlled preschool and primary schools. The project will utilise art in delivering healthy lunchbox messages to children and parents as well as providing culturally appropriate lunchbox resources.

Websites on theory of empowerment – Paulo Freire:
www.education.miami.edu/ip/contemporaryed/Paulo_Freire/paulo_freire.html
www3.nl.edu/academics/cas/ace/resources/Documents/FreireIssues.cfm

Ife, J. & Tesoriero, F. (2006)*Community Development: Community-based alternatives in an age of globalisation*. Canada, Pearson Education.

Nutbeam, D & Harris, E (1998) Theory in a Nutshell, University of Sydney.

3. Analysing health promotion practice environments

The health promotion practice environment is the circumstances, objects, or conditions that surround us including: people; social, political, and economic systems and structures; psychological and physical conditions.[17]

It is recommended that best practice health promotion incorporate an analysis of the internal and external environment.[18]

The environment strongly affects what we do, what we think, and how we interpret things. This makes it extremely important to step back and have a very close look at how environment affects us, and we affect it.

There are two environments to be aware of:
Organisational environment – involves the environmental factors that affect our work.
Health environment – involves the environmental factors that affect individual, community and societal health.

With an Aboriginal lens

For Aboriginal peoples, their environment can be comprised of social, political and economic structures and psychological and physical conditions very different to those experienced by non-Aboriginal people. Therefore, it is important to take these environments into account as fundamental contributors to how we shape health promotion programs and services.

Making sense of the current health status of Aboriginal people requires an understanding of the relationship between the colonisation process, trauma, and its impact on health. The trauma, grief, pain, and anger that have resulted from the assimilation, segregation, and protection policies of the past are still present in the lives of Aboriginal people.[19]

Of ongoing importance is the history that has been experienced by generations of Aboriginal peoples. "History is not 'the past' –it is the present, and only when its effects are known and understood is it possible to work effectively to promote health".[20]

Examples of practice and useful resources

Project: Equity, facilitated by Women's Health Goulburn North East, sought to alert health professionals to the possibility that their practices may unintentionally exclude certain groups within the community. After cultural training with Mungabareena and equity training with WHGNE, workers identified that some environments were not welcoming to Aboriginal people, and could be improved. As one worker said: "*We bring our 'middleclassness'. Our office environment is not inviting to Indigenous people. There is nothing they can relate to. It's a middle class setting*". Another worker from a local community agency reported: "*It is up to us to reach out, not just make changes within, and hope the Indigenous community notices and decides to access our services*".

Kahan, B. and Goodstadt, M. (2005) The IDM Manual: a guide to the IDM (Interactive Domain Model) Best Practices Approach to Better Health (3rd edition) Toronto: Centre for Health Promotion, University of Toronto. Online:www.idmbestpractices.ca/idm/php

Case study of meaning of culturally appropriate health promotion: McLennan, V. & Khavapour, F. (2004) Culturally appropriate health promotion: its meaning and application in Aboriginal communities. *Health Promotion Journal of Australia*, vol. 15, no. 3, pp. 237-9.

4. Evidence gathering and needs analysis

This section reminds us why we must not forget that the need for a health promotion program must be relevant to the community we are working with. To ensure this we need to gather a variety of evidence types.

Health promotion practice is based on sound evidence of need, evidence of effectiveness, and appropriate theoretical foundations".[21] A needs assessment process incorporates the perspectives of all stakeholders and considers both individual risk factors, and population determinants of a health issue.

With an Aboriginal lens

This process needs to be conducted *with* the Aboriginal community, not *to* them. As noted by an Aboriginal ACCHO (Aboriginal Community Controlled Health Organisation) staff member: "We don't want to be consulted; we want to be at the table. That is community control. The original concept has to come from the community".[22]

Work collaboratively with the Aboriginal community right at the beginning of the process, be as flexible as possible, resist pressure to focus only on pre-determined issues and pre-determined solutions, and support communities to define and solve local issues.[23] Be aware that it is not about achieving the 'same' needs: "Australia has always juxtaposed its objectives for Aboriginal people in terms wrapped in sameness with non-Aboriginal Australians – same education, same housing, same health, same jobs, same values etc. But Aboriginal people have always framed our future in terms of difference – Aboriginal culture, Aboriginal values, Aboriginal spirit, Aboriginal community control, and Aboriginal self-determination".[24]

Aboriginal health promotion practice should be based on available evidence. Qualitative as well as quantitative evidence can inform practice. Decisions about the evidence on which to base practice should take account of the strengths, limitations and gaps in the available evidence.[25]

Avoid using current Victorian Department of Human Services health promotion terminology like 'problem definition' as this reinforces stereotypes and a 'deficit' approach to health issues. Give sufficient time and energy "to build knowledge of communities from a grass roots perspective and not solely from a service provider perspective".[26]

Examples of practice and useful resources

Little Women's Business was a project partnership between WHGNE and Mungabareena Aboriginal Corporation. The need for the project was identified by the Aboriginal community, who contacted WHGNE. Together a young women's program was developed which commenced by looking at existing resources regarding young women's health, and this provided a springboard for developing new resources and ideas targeted to the needs of the young Aboriginal women. Spending time with the community you want to work with helps in developing familiarity, which in turn helps to develop a connection. This is important to establishing a common basis on which to work equitably. *Little Women's Business* was successful because staff from WHGNE and Mungabareena spent time in each other's company, and this helped establish a basis of trust and rapport on which the project was built.

*DHS Health promotion website on an approach to gathering evidence:*www.health.vic.gov.au/healthpromotion/

*The Cochrane Collaboration is an international organisation that aims to help people make well-informed decisions about health care by preparing, maintaining and ensuring the accessibility of systematic reviews of the effects of health care interventions. Cochrane public health group:*www.ph.cochrane.org

A useful guide to why we need evidence, where we get it from and different types of evidence: Willis, J., Anderson, I. & Morris, Sexual Health Promotion for Aboriginal and Torres Strait Islander People: A community guide to evidence-based practice in social and behavioural interventions. The Australian Research Centre in Sex, Health & Society, La Trobe University, Melbourne Australia. Online at: www.latrobe.edu.au/arcshs

5. Identifying settings and sectors for health promotion

Settings are locations where health promotion can be undertaken and where people and groups derive meaning and experience, which can impact on their health.[27]

Within health promotion, to take a settings approach is to align policies, resources and funding according to a particular location, rather than focusing on a specific health issue or behaviour.[28]

Many health promotion initiatives take place in a specific setting or location e.g. school, workplace, defined community or location.

With an Aboriginal lens

A settings approach is appropriate for Aboriginal communities. In addition, a settings approach can refer to "taking place within community defined, cultural boundaries" to "ensure cultural safety".[29]

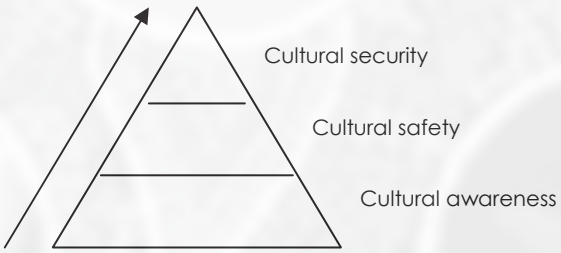
Cultural awareness and cultural safety are important foundations for the attainment of cultural security. In turn, these are important concepts to consider when applying the settings approach to Aboriginal health promotion.

Cultural awareness is the foundational premise on which cultural safety, and then cultural security, are built. Cultural awareness is a basic understanding of relevant cultural issues, but there is not necessarily action taken in relation to being aware.

However, once one is culturally aware, the next step is cultural safety, which involves health providers working with individuals, organisations and the Aboriginal community. There may be some action taken, though this is not covered by a standard procedure or policy.

Cultural security is the direct linking of understanding to action. Policies and procedures create processes that are automatically applied from the time when Aboriginal people first seek health care.[30] Cultural security is also a commitment to the cultural rights, values and expectations of Aboriginal people.[31]

This diagram illustrates how cultural security is built on cultural safety, which in turn is built on cultural awareness.



Adapted from Coffin, 2007

Examples of practice and useful resources

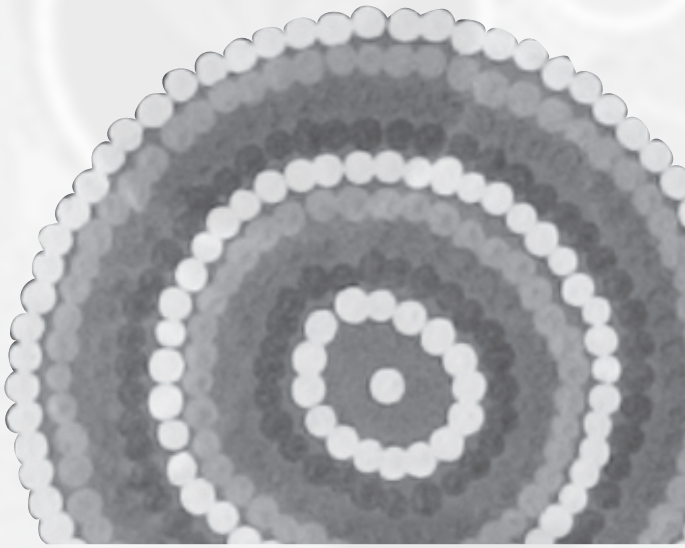
Koori First Steps Playgroup, coordinated by Mungabareena Aboriginal Corporation, has been operating for around six years in Wodonga. In this environment parents and children feel connected to family and community, and are more comfortable discussing parenting, health and personal issues. The weekly playgroup has become the ideal setting for a range of services to be delivered including early intervention and health promotion initiatives. For example, as a result of the Maternal and Child Health Nurse attending the weekly sessions, there has been an increase in the immunization rates of Aboriginal infants, and early detection of post-natal depression. In utilising this setting, Aboriginal workers and agencies and workers have developed strong partnerships.

Coffin, J. (2007) Rising to the Challenge in Aboriginal Health by Creating Cultural Security. *Aboriginal and Islander Health Worker Journal*, vol. 31, iss. 3, pp.22-4.

Thomson, N. (2005) Cultural respect and related concepts: a brief summary of the literature. *Australian Indigenous Health Bulletin*, vol. 5, no. 4, pp.1-11.

The Western Australian Department of Health identified the following principles:
Principles of cultural security in the design and implementation of successful programs in Aboriginal communities are:

- Holistic – Indigenous communities see health as having 'spiritual, family, mental and physical aspects'
- Culturally appropriate – Aboriginal values should be integrated into program design and implemented to support and build on positive aspects of culture
- Use both western and traditional methods
- In a familiar environment
- Use believable communication methods
- Promote traditional activities
- Address underlying social issues
- Recognise history
- Realistic timeframe
- Understand community constraints[32]



Successful health promotion programs are built on: a system for intelligence gathering; clear policy, legislation and regulation; communication of information; provision of primary services; sharing of responsibility across sectors; and mobilisation of communities.[33] These are underpinned by an assumption that programs are determined with a solution in mind, and based on a comprehensive implementation strategy.

A multi-strategic approach across five key action areas of the Ottawa Charter is ideal to tackle an issue from a variety of perspectives:

- Build healthy public policy
- Create supportive environments
- Strengthen community action
- Develop personal skills
- Reorientate health services towards primary health care[34]

Interventions should be chosen which can easily be reproduced, and involve active participation in decision making by the individuals and communities they are intended to benefit.[35]

With an Aboriginal lens

Whilst using a multi-strategic approach across all five health promotion action areas is encouraged; community development principles need to be applied at all times *regardless* of the specific strategy. Ask yourself, Is it:

- Community driven?
- Developed in a supportive familiar environment?
- Built on the success of existing programs?
- Promoting partnerships?
- Aimed at strengthening capacities of individuals and communities, giving consideration to cultural security?
- Engaged in participatory processes?[36]

Health promotion initiatives also need to acknowledge, affirm and reflect the values of Aboriginal culture. Initiatives must have community input at all levels of planning and be supported by the broader community and health system so as to be responsive to health concerns and issues in an effective and sustainable way.[37]

Regardless of the specific strategies chosen, ensure that "processes are in place that transfer power, autonomy, and decision making to community".[38] This strength-based approach builds on the concept of community control, which is an essential component of health promotion projects with Aboriginal people.

Examples of practice and useful resources

"Caring for Kids" is an 8 week course that is specifically designed for young mothers under 25, offering a friendly and flexible entry point back into education. The project is a partnership project between Upper Hume Community Health Service and local education establishments. The first pilot was with the Continuing Education Centre in Wodonga, and the current partnership is with Wodonga Institute of TAFE. "Caring for Kids" is based on competencies from the Certificate III in Children Services, coming with support, transport, childcare, study support and some meals. The program delivers multiple outcomes including educational pathways, workplace competencies, life skills and social supports. Whilst not specifically designed for Aboriginal young women, up to 25% of participants over the past three years have identified as Aboriginal or Torres Strait Islander, and word of mouth recommendations are important. Workers believe the program offers a welcoming and inclusive environment for Aboriginal women due to its focus on validating and sharing existing knowledge and skills, and reducing structural barriers. As a result, workers have spent time building relationships and consulting with Aboriginal organizations and networks, exploring how well the program meets the needs of young parenting Aboriginal women and their families. As a result conversations have now begun about how to establish a focussed program specifically modified to meet the needs of young Aboriginal women, that can act as a bridge into Caring For Kids and other programs.

Some useful frameworks for generating solutions include:

- Appreciative inquiry
- Strength-based approach

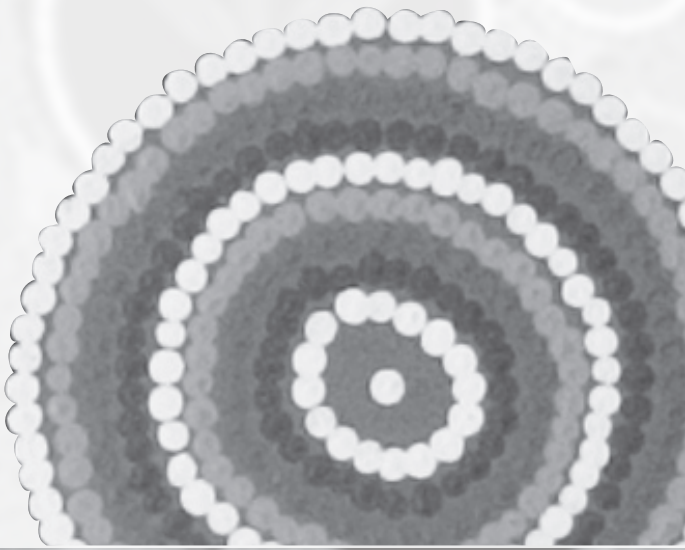
*Case study of **appreciative inquiry** approach*: Murphy, L., Kordyl, P. & Thorne, M. (2004) Appreciate inquiry: a method for measuring the impact of a project on the well-being of an Indigenous community. *Health Promotion Journal of Australia*, vol. 15, no. 3, pp.211-14.

*Case study of a **strength-based** approach*: Brough, M. & Bond, C. (2004) Strong in the City: towards a strength-based approach in Indigenous health promotion. *Health Promotion Journal of Australia*, vol. 15, no. 3, pp.215-20.

For health promotion strategies see the Australian Indigenous Health Promotion Knowledge Network website:http://www.indigenoushealth.med.usyd.edu.au/
and the Australian Collaborative Centre for Aboriginal Health Promotion
http://www.ccahp.org.au/

The Australian Indigenous Health Promotion Network has written a document titled: *Working towards an Indigenous model of health promotion*, which lists specific ideas under each of the 5 key action areas. For a copy contact the Australian Indigenous Health Promotion network: www.indigenoushealth.med.usyd.edu.au

Principles for successful community development with Aboriginal communities can be found in the following document: Department of Health, Western Australia (2005) A Best Practice Model for Health Promotion Programs in Aboriginal Communities. Department of Health Western Australia, Office of Aboriginal Health.



7. Evaluation design and delivery

Evaluation is defined as a way of finding out the effect of the program, who has benefited and who has not (process, impact and outcome evaluation).[39]

The evaluation strategy should reflect personal beliefs, values and perceptions of the people involved.[40] [41]

Health promotion aims for three types of outcomes:
- Achievement of improved personal health literacy
- Changes to public policy and organisational practice
- Changes to social norms and community actions

With an Aboriginal lens

Participatory action research methodology is recommended as it "fits' with the principles of empowerment, action, and flexibility that define effective Indigenous health promotion".[42] Mixed method approaches (qualitative and quantitative) should be clearly informed by appropriate ethical guidelines.[43]

Three critical evaluation questions for all Aboriginal health promotion initiatives are recommended:
- Where has the power changed hands?
- What is the evidence that this has happened?
- Have community and personal autonomy been enhanced?[44]

Be mindful that, historically, research and evaluation have been conducted inappropriately with Aboriginal communities and that particular consideration needs to be given to this.

Examples of practice and useful resources

The Koorie Cultural Regeneration Project was the result of a partnership between WHGNE and Mungabareena Aboriginal Corporation. The project aimed to strengthen the community in terms of its Aboriginal identity. During the implementation of the project, evaluation was not a formal or planned component. Instead, it happened informally through (1)community participation and feedback; (2) reports to auspice and funding bodies and publications (storybooks); (3) reference group meetings and casual group discussions, and through (4) the assessment, which led to an international award for best practice. 18 months after the conclusion of the project, 6 members of Mungabareena and two WHGNE workers met in the park while sharing lunch to reflect on the longer-term outcomes of the project. There were three overarching outcomes: the value of cultural regeneration; a higher profile for Mungabareena; and wide recognition of the project across Victoria.

Participatory action research:
www2.fhs.usyd.edu.au/arrow/arer/004.htm

Useful quote about the link between evaluation and project sustainability:
"There is a lot that we know, as Health Workers and employees of ACCHOs, about the health of our people, but we need the research to back it up and to get further funding. Too often the project ends with the funding and the results of the project fade without being written up or built upon" (Practice Manager)[45]

Interesting examples of the links between evaluation methods and reported outcomes:
Mikhailovich, K., Morrison, P. & Arabena, K. (2007) Evaluating Australian Indigenous community health promotion initiatives: a selective review. *Rural and Remote Health*, vol. 7, no. 746 (online) at www.rrh.org.au

Victoire, A. (2003) Issues in evaluation of a health promotion intervention: taking the big steps. *Aboriginal and Islander Health Worker Journal,* vol. 27, no. 1, pp.10-14.

See section on evaluation in: Hearn, S. & Wise, M. (2004) Health promotion: a framework for Indigenous health improvement in Australia. In: Moodie, R. & Hulme, A. (eds) *Hands-on Health Promotion.* Melbourne, IP Communications, p.322.

8. Partnerships, leadership and management

"Management is doing things right, leadership is doing the right things" (Peter F. Drucker)

Many of the determinants of health are beyond the direct influence of the health sector alone. Different collaborations and partnership approaches are likely to be prerequisites for effective action to address these determinants.[46]

A partnership can be defined as a mutually beneficial relationship that is transparent and accountable and based on agreed ethical principles, mutual understanding, respect and trust.[47]

With an Aboriginal lens

Aboriginal people are best placed to work consistently in partnership with relevant organisations on interventions that build community ownership and respond to the needs and motivations of the community with cultural understanding and sensitivity.[48]

Acknowledge and respect the 'quiet leadership' of Aboriginal community members, Elders and workers. As described by Father Tolowa Nona, a Torres Strait Islander community leader: "In our culture a good leader is one who walks out the front and his people follow. A great leader is one who walks beside his people with them. But the greatest leader of all is the one who you will never see".[49]

Listening is essential, always. This often involves listening to understand difference. Give particular attention to setting up transparent processes about management, leadership, decision-making, participation (who needs to be sitting around the table or camp-fire), on-going monitoring and feedback about project management.

The Victorian Department of Human Services states "partnerships are the way to improve outcomes by building the strengths of Aboriginal organisations and improving the understanding of mainstream services".[50]

Become an advocate, both in generalist settings to ensure Aboriginal point of view is heard and acknowledged, and within your agencies to ensure this work is understood and respected. Consider the concept of reciprocity: what can your agency or network offer? What opportunities exist for the transfer of skills and knowledge? Can the transfer of resources and programs be considered?

Examples of practice and useful resources

The Disability Advocacy and Information Service, located in Wodonga, initiated an Equity & Access Showcase in 2007 to educate service providers in the practical measures they can take to ensure that access barriers are reduced or eliminated for vulnerable groups in our community. A key priority was to provide information about Culturally Sensitive Practice both within our Aboriginal and Torres Strait Islander Communities and our Culturally & Linguistically Diverse (CALD) Communities. Our relationships with local Aboriginal services and our membership of the local Aboriginal Health Portfolio Network helped us to arrange for an Aboriginal Elder to come along & carry out the 'Welcome to Country' and then explain it's importance. We also utilised our contacts to approach some of the key workers involved in a collaborative health promotion project to showcase their way of working. Feedback from participants indicated that the sharing of information about cultural practices and processes was valuable. We will continue to ensure this knowledge is incorporated into any future forums.

The VicHealth Partnership Tool is useful for analysing how partnerships are progressing. Online: www.vichealth.vic.gov.au/Content.aspx?topicID=239

Case study of challenges and benefits of working in partnership: Reilly, R., Doyle, J. & Rowley, K. (2007) Koori community-directed health promotion in the Goulburn Valley. *The Community Psychologist*, vol. 19, no. 1, pp. 39-46.

Victorian Health Promotion Foundation (2005) Building Indigenous Leadership.Promoting the Emotional and Spiritual Wellbeing of Koori Communities through the Koori Communities

Leadership Program.Melbourne, Victorian Health Promotion Foundation. Online: www.vichealth.vic.gov.au/content.aspx?topicID=183#cs_550

9. Workforce capacity building

Workforce capacity building can assist in building relationships and creating new understandings between Indigenous and non-Indigenous workers through opportunities to work together.[52]

Workforce capacity building for the generalist (non-Aboriginal) sector

In the health promotion field we are asked to prioritise activities and interventions that will make an impact on those with the greatest needs to reduce health inequalities. Yet workers frequently identify a lack of skills or confidence to work collaboratively with some specific population groups including Aboriginal people.

With an Aboriginal lens

In order for workers to build personal capacity to work effectively with Aboriginal communities and to "develop reflexive learning practices that enable and ensure open dialogue to occur and trust to build" [53] opportunities for professional development need to be provided.

Indicators that a profession, such as health promotion, is culturally competent (and therefore is able to respond to the health needs of Aboriginal people) are:

- Generic skills rather than stereotypes are promoted, so that health workers understand that people are influenced by their cultural context and circumstances but are not defined by them
- Cultural competency standards are present to guide the work of health workers
- Encouragement of integration of cultural competencies into health professional practice[54]

Are these indicators present in your workplace, and therefore, reflected in your work or otherwise?

Examples of practice and useful resources

In a follow up evaluation, two years after participating in cultural awareness and equity training, staff from a large agency in northeast Victoria were asked to reflect back on what has changed as a result of the training. A number of workers identified that they were better able to reflect on their underlying personal assumptions, values and beliefs. They were alert to stereotypes and their automatic responses. "*I remember being challenged to face that I still had some prejudices…I like to think I can now recognise more of my prejudices*" (Health worker)

This document provides information on workforce capacity building: National Health and Medical Research Council (2005) Cultural Competency in Health: A guide for policy, partnerships and participation. Canberra, Commonwealth of Australia, p.37.

This article has a section on workforce capacity building: Hearn, S. & Wise, M.(2004) Health promotion: a framework for Indigenous health improvement in Australia. In: Moodie, R. & Hulme, A. (eds) *Hands-on Health Promotion*. Melbourne, IP Communications, p.322.

Workforce capacity building for the Aboriginal community

Aboriginal workers and community members naturally tend to act as enablers, facilitators, and advocates for their communities (these are the three key roles of a health promotion worker identified in the Ottawa Charter). Building community competency should be a key component of health promotion work.

With an Aboriginal lens

Acknowledge existing capacities, strengths and assets of Aboriginal workers and community members. They may be very different to those most often acknowledged in the non-Indigenous world but should be valued equally.

"Training many more [Indigenous workers] than the Australian system does now, will lead to more Indigenous people inside the system to be able to make it respond more effectively to their needs. And one of the simplest but most powerful effects of increasing the numbers of Indigenous people trained as health workers is that there will be more Indigenous people with…well paid jobs that lead to a permanent escape from poverty".[55]

Become an advocate: each time a workforce initiative is available, let the Aboriginal workers know, offer to travel together to the training or offer any other support required.

Examples of practice and useful resources

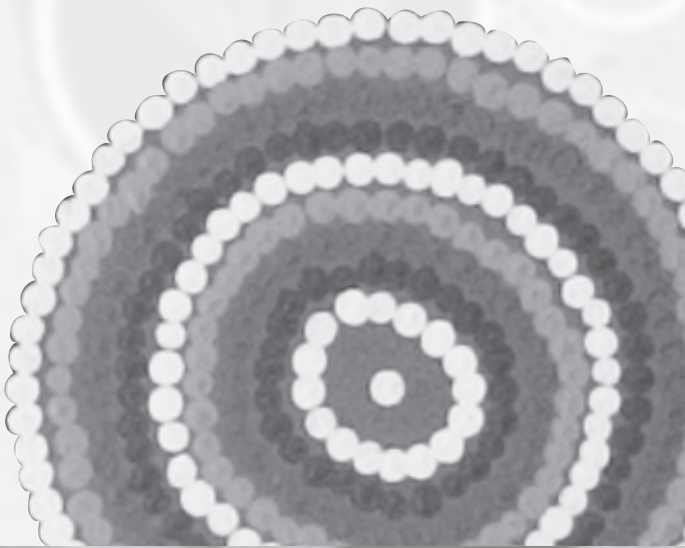
In 2007 Aboriginal workers from Goulburn Valley and northeast Victoria participated in a ten day Aboriginal health promotion short course. It was specifically adapted for Aboriginal workers from an original five day health promotion course offered throughout Victoria. Workers were trained to plan, deliver and evaluate health promotion initiatives in their communities. The training was designed and facilitated by VACCHO (Victorian Aboriginal Community Controlled Health Organisation) in partnership with Deakin University.

Brisbane Institute of Strengths Based Practice: www.strengthsbasedpractice.com.au

McCashen, W. (2005) *The Strengths Approach*. Bendigo, St Lukes Innovative Resources.

Some suggestions for building community and workforce capacity of the Aboriginal community:

- Support opportunities for Aboriginal staff to obtain and upgrade formal qualifications
- Encourage and support opportunities for staff exchanges between Aboriginal and non-Aboriginal health services and organisations
- Encourage and support opportunities for joint training programs between Aboriginal and non-Aboriginal health services and organisations[56]



10. Infrastructure and resources for sustainability

Sustainable health promotion programs need sufficient infrastructure and sustainable resources.

Resources can be a significant issue and can determine the success or otherwise of a great project. Well-developed infrastructure is required to support action.

The Jakarta Declaration acknowledges that "Increasing investment for health development requires a truly multisectorial approach…greater investment for health and reorientation of existing investments…has the potential to achieve significant advances in human development, health and quality of life".[57]

With an Aboriginal lens

Independent analysis consistently indicates that funding allocated to Aboriginal health, from all sources, does not meet the health service needs of Aboriginal people, and doesn't adequately contribute to building capacity and infrastructure for providers of services for Aboriginal people.[58] Therefore, it needs to be considered whether the resources available are adequate to successfully undertake the health promotion program being planned.

It is very important for resources and capacities to be explicitly discussed, and roles and responsibilities clearly defined and agreed to. Aboriginal workers tend to juggle multiple roles and manage high expectations from funding bodies, community and individuals.

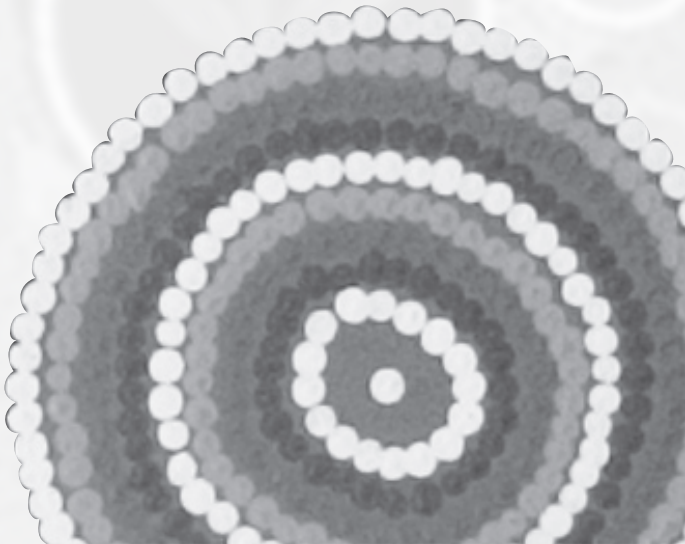
When seeking the involvement of Aboriginal communities consider their resource requirements. For example, some Aboriginal members may need assistance with transport or childcare. This investment may be critical in getting participation from Aboriginal communities.[59]

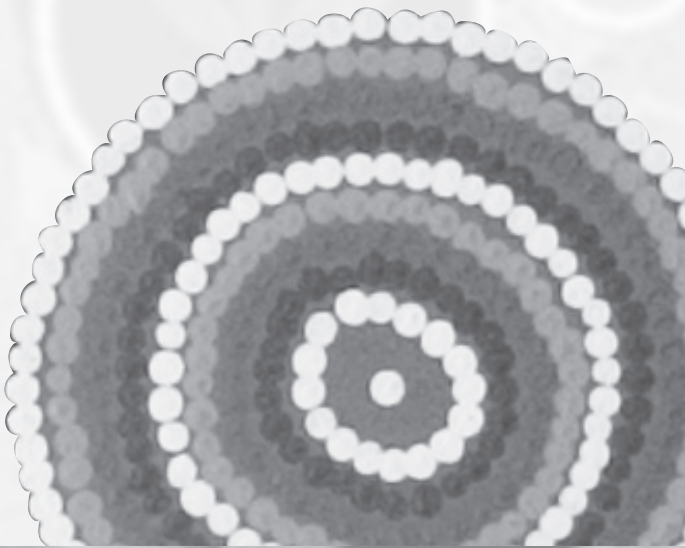
Examples of practice and useful resources

People, Places, Processes: Reducing health inequalities through balanced health approaches. Published for the web in April 2008 by the Victorian Health Promotion Foundation. www.vichealth.vic.gov.au/inequalities

The MESH framework developed by Gavin Mooney and Shane Houston is a useful resource. MESH infrastructure can be built in many ways but is likely to involve management skills, economic resources, strong social institutions and human capital. For more information about MESH, see: www.phaa.net.au/documents/intouch_nov06.pdf

Jakarta Declaration online: www.who.int/hpr/NPH/docs/jakarta_declaration_en.pdf





Aboriginal lens Checklist

Use this checklist to determine if you have considered each component in planning your health promotion program.

Tick the appropriate box. Each 'yes' is worth one point. Each 'no' is zero. Tally your scores at the end of the checklist.

1. Identifying guiding values and principles		
	YES	**NO**
Have I considered the key components of the Ottawa Charter in my program?		
Have I considered values specifically identified for Aboriginal health promotion in guiding my program design?		
Score		

2. Identifying theoretical underpinnings and frameworks		
	YES	**NO**
Have I decided on an appropriate framework to guide my program?		
Does the chosen framework recognise and draw on the strengths, assets and capacities of Aboriginal people?		
Score		

3. Analysing health promotion practice environments		
	YES	**NO**
Have I considered how the practice environment might affect my proposed program?		
Have I considered the social, political and economic structures and psychological and physical conditions for the Aboriginal community I'm working with?		
Score		

4. Evidence gathering and needs analysis		
	YES	**NO**
Have I undertaken a needs analysis in relation to my proposed program?		
Have I worked in partnership with the Aboriginal community on the needs analysis in a way that is respectful to and inclusive of the opinions and needs of all?		
Score		

5. Identifying settings and sectors for health promotion		
	YES	**NO**
Have I considered the appropriate settings in which my program could be most effective?		
Have I considered Aboriginal people's cultural security when selecting the setting/s in which the program could occur?		
Score		

6. Determining and implementing health promotion strategies and approaches		
	YES	**NO**
Have I considered a multi-strategic approach in my program?		
Does my approach acknowledge, affirm and reflect the values of Aboriginal culture?		
Score		

7. Evaluation design and delivery		
	YES	NO
Does the evaluation consider Aboriginal people's personal beliefs, values and perceptions?		
Will the evaluation be developed in partnership and culturally appropriate and sensitive to the Aboriginal community I'm working with?		
Score		

8. Partnerships, leadership and management		
	YES	NO
Have I established or am I working on establishing different collaborations and partnership approaches?		
Are my partnerships with the Aboriginal community built on increasing community ownership and responding to the needs and motivations of the community?		
Score		

9. Workforce capacity building for the Aboriginal community and generalist (non-Aboriginal) health and community sector		
	YES	NO
Have I considered the need to build my own capacity and/or those of my staff in working with the Aboriginal health and community sector and sought out training if required?		
Have I discussed building community competency as part of the project?		
Score		

10. Infrastructure and resources for sustainability		
	YES	NO
Do I have the appropriate amount of resources to undertake my program sustainably?		
Have I discussed resourcing and sustainability issues with the Aboriginal community, service or organisation I am working with?		
Score		

Scoring

Record the scores from the *unshaded* questions in the table below. Each 'yes' is worth one point and each 'no' is worth zero.

Category	Total
1. Identifying guiding values and principles	
2. Identifying theoretical underpinnings and frameworks	
3. Analysing health promotion practice environments	
4. Evidence gathering and needs analysis	
5. Identifying settings and sectors for health promotion	
6. Determining and implementing health promotion strategies and approaches	
7. Evaluation design and delivery	
8. Partnerships, leadership and management	
9. Workforce capacity building for the Aboriginal community and generalist (non-Aboriginal) health and community sector	
10. Infrastructure and resources for sustainability	
Total Score	

Scoring Tally

0 – 10	You are still learning to apply an Aboriginal lens in your approach to health promotion. Don't despair; small steps can make a big difference. Try accessing some of the suggested resources to guide you.
10 – 15	You are making great progress and are showing inclusivity and respect for Aboriginal communities, services and organisations. You are showing that you understand and can apply the principles to providing more inclusive care.
15 - 20	Congratulations. Your approach to health promotion with Aboriginal communities, services and organisations is exemplary. Think about sharing your approach with others who may benefit from hearing about your experiences.

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[7] Hearn and Wise (2004), p.315.
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[9] Fletcher, S. (2007), p. 12
[10] Adapted from Dyson,S (2001) Gender and Diversity Workbook, Women's Health in the South East
[11] The terms 'inequity' and 'inequalities' can be ambiguous and are often used interchangeably in Australia. To avoid confusion, the terms equity and inequity have been chosen by WHGNE as they are the chosen terms used by the World Health Organisation (WHO). Inequality in health is a term commonly used in some countries to indicate systematic, avoidable and important differences. However, there is some ambiguity about the term as some use it to convey a sense of unfairness whilst others use it to mean unequal in a purely mathematical sense. Perhaps the simplest way to begin this distinction is through an example. Whitehead (p. 5) refers to health differences that are inevitable such as disease arising from "natural, biological variation". If two people have the same disease arising naturally it is a condition of equality between them without any moral or justice dilemma posed. However, if one of these same two people cannot access health care or support optimal health care choices due to a lack of resources, inequity is present (Margaret Whitehead, 1985 The Concepts and Principles of Equity and Health ,WHO). Justice dilemmas are posed by the lack of equity between the two people and this is the type of dilemma that warrants attention from those engaged with the work of equity in policy and practice arenas. Planning action in response to this dilemma is equity work and involves directing resources and attention to the person disadvantaged with the aim of narrowing the health differences between the two.
[12] Shane Houston asks us to consider how we determine what is fair or just. "If Aboriginal people value the good we find in country, kin and culture more than the good that we find in a quarter acre, individualism and middle class aspiration, do we give up the right to fairness and justice at the hands of health services and systems" . In relation to an 'equity lens' he suggests the "lenses we need to look at it through are the values we hold".
[12](Houston, S (2006) "Equity, by what measure?" *Health Promotion Journal of Australia*, 17, No 3). The same concept can apply to gender, people with different socio-economic status etc etc. This highlights the importance of working in *partnership* with communities and citizens to determine what is fair and just.
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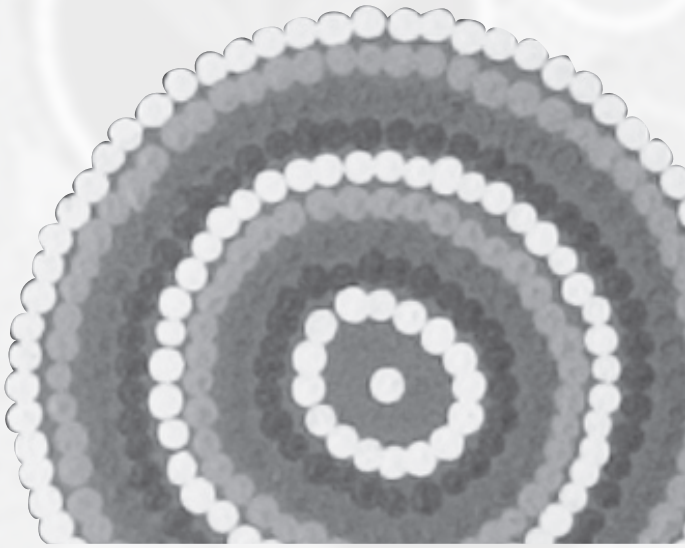

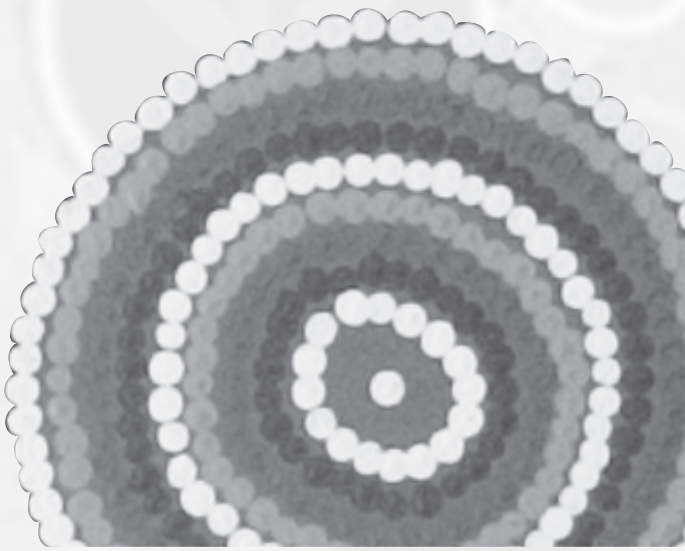

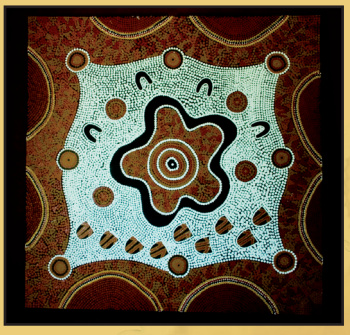

Making Two Worlds Work

A partnership project between Mungabareena Aboriginal Corporation & Womens Health Goulburn North East. Supported by Upper Hume Primary Care Partnership & Wodonga Regional Health Service.

For more information about Making Two Worlds Work telephone Mungabareena 02 60247599 or visit www.whealth.com.au or www.upperhumepcp.com.au

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