

# THE CONVERSATION

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## Indigenous health programs require more than just good ideas

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Rather than reinventing the wheel, we need to examine what programs are valued by Indigenous Australians. aia web team

Despite efforts to close the gap, Indigenous Australians continue to suffer two-and-a-half times the burden of disease than the total Australian population, with most of the health gap caused by preventable chronic diseases.

Clearly, strengthening the capacity of the health system to deliver effective and responsive health services is a critical priority. But improving Indigenous health requires more than resources and good intentions; how the programs are implemented, evaluated and translated is equally important.

The Family Wellbeing program was developed by Indigenous people, for Indigenous people, and has great relevance and credibility in Indigenous health program delivery. It also offers important lessons on program implementation, evaluation and translation.

### **The Family Wellbeing program**

The program was developed 20 years ago by the Aboriginal Employment Development Branch of the South Australian Department of Education, Training and Employment to support Aboriginal people meet their well-being needs and build capacity for employment.

Family Wellbeing prompts participants to take control of their daily life challenges and make healthier choices. It is premised on the idea that everyone has basic physical, emotional, mental, and spiritual needs; and that failure to satisfy these needs results in problems.

Family Wellbeing promotes analytical skills that help participants confront complex problems through cultural renewal and spirituality, conflict resolution and other problem-solving skills.

The program is delivered as either a 30-hour short-term course or a more substantial accredited Certificate II program. It has been integrated into existing health and well-being, education, parenting, men's and women's group, prison, job preparedness and other services and programs.

## Successful implementation

The critical success factors for implementing health programs generally include evidence for the program from research, practitioners or clients; stakeholder support and adequate resourcing; and tailoring the program to reach the target population. But two additional factors are critical to the successful implementation of Indigenous health and well-being programs.

For Indigenous Australians who implement Family Wellbeing, what is important is empowerment – the capacity by which individuals, organisations and communities gain control over their lives to improve equity and outcomes. When Indigenous participants have experienced personal change as a result of Family Wellbeing, they are motivated to spread the program to support the empowerment of their family members, friends and others.

The second important factor is the role of networks and partnerships. The transfer and implementation of Indigenous health programs across sites involves negotiation by individuals and organisations through interpersonal and inter-organisational networks, partnerships and collaborations.

Informal networks are important for spreading awareness of programs such as Family Wellbeing and cross-sectoral collaborations bring together expertise, knowledge and resources that enable new understandings of problems and identify potential programs and resources in response.



When Family Wellbeing participants felt in control of their lives, they were keen to help others. Flickr/yaruman5

## Evaluation and translation

There has been very limited evaluation of Indigenous health programs. In their absence, one telling indicator of the success of Indigenous health programs is whether or not they are valued and requested by Indigenous people themselves.

In the case of Family Wellbeing, widespread demand from multiple organisations, as diverse as the Royal Flying Doctor Service, youth centres, drug and alcohol rehabilitation centres, child welfare agencies, and Indigenous men's and women's community groups speaks volumes about how the programs is valued by Indigenous participants and others involved.

Family Wellbeing seems to have achieved results in communities across Australia, tackling suicide prevention, child protection, alcohol rehabilitation and other well-being issues. When delivered in Indigenous men's groups, for instance, men were more likely to seek help instead of resorting to violence, drugs, alcohol or suicide.

One program facilitator I interviewed said:

*The minute that people felt in control themselves, they were really keen to help other people.*

This enthusiasm has prompted transfer and delivery, largely through Indigenous-controlled and owned grassroots networks and collaborations, to 56 places across Australia. Over 20 years, more than 3,300 people have participated, 90% whom are Indigenous.

But the program has not been sustained in the majority of sites to which it was transferred – and this comes down to funding. The program has been funded by multiple short-term grants obtained by health and welfare organisations across Australia, and is provided on a case-by-case basis (as funding allows) by TAFE South Australia, Batchelor Institute of Tertiary Education and James Cook University, which I work for.

When short-term funding grants run out, organisations have often integrated the program principles within improved service capacity but rarely sustain delivery of the program itself. Sustained funding for a program coordinator and linkage roles with program providers would go a long way towards fixing this problem.

## Building on what works

People working in Indigenous health operate within the constraints of the high cost of program delivery, changes to government at leadership and policy level, funding availability, geographic isolation, and what can reasonably be achieved within the confines of organisational structures.

Interventions take a long time to translate into outcomes, with a significant amount of effort and resources required to achieve change that impacts at individual and community levels.

Rather than reinventing the wheel, it is instructive to examine what good programs are already in operation and valued by Indigenous Australians – such as the Family Wellbeing program – and what actually works to improve health and well-being. Programs that have proven or promising benefits in one place can then be transferred and implemented (with or without modification) in another and evaluated to continuously improve the evidence.

Such transfer and implementation offers a pragmatic and potentially cost-effective approach

for incrementally improving a range of Indigenous Australian health, well-being, and educational outcomes.