



INDIGENOUS HEALTHY LIFESTYLE PROGRAM

EVALUATION: Policy Summary

As part of a national initiative, Western Australia funded the Indigenous Healthy Lifestyle Program to reduce the burden of chronic disease. The IHLP projects were based in under-served towns and communities throughout the state. Although each focused on different priorities, they all aimed to improve health through community-based activities that promoted healthy lifestyles and improved use of services.

Combined Universities Centre for Rural Health conducted the program evaluation. Teams visited all five IHLP projects in 2009 and three in 2010, interviewing over 200 people and reviewing documents. Information was synthesised using a comprehensive Aboriginal primary health care framework.

Key Findings

IHLP's flexible model of supporting community-based projects was very successful in enabling the adoption of healthy behaviours using a holistic approach. This was accomplished through the dedication of project workers who had excellent relations with their local community. The evaluation recorded many stories which demonstrated the positive changes caused from giving people the confidence to take control of their health.

The IHLP also provides lessons on how to deliver effective Aboriginal health projects.

Effective governance is critical. Without good processes, projects had poor impact and outcomes. Correct processes require the full support of senior management in an organisation. These should include a commitment to a Reconciliation Action Plan, development of consultation protocols with the Aboriginal community, and orientation for all staff in working with Aboriginal people.

Workforce development is also an important success factor. Aboriginal project workers, especially those working in mainstream organisations, can feel isolated and this affects their ability to work effectively. Clarity of roles, effective line-management, and mentoring by someone with content expertise were strategies used by some projects to increase the confidence and capacity of Aboriginal staff.

Relations with other service providers were also crucial to achieving improved access. Weak relations compromised health outcomes because most other services lacked Aboriginal workers and could have benefited from closer links with the project. Projects that had better service integration used a steering or advisory group of local service providers and formal agreements about collaboration.

Finally, the evaluation found that strategic plans and monitoring tools can be alienating for workers and are not associated with project success. An agreed set of activities and targets are sufficient for projects. These should be developed with other services – after working with the Aboriginal communities to set priorities. Monitoring should take place through conversations between workers, other services and the community about what worked, what did not work, and what should be done next. One project which had a good record of collaboration called this process 'yarning.'

These findings are relevant to other Aboriginal health projects, such as those funded through the COAG's Closing the Gap program.