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## **Aboriginal Health Promotion in Sydney South West Area: Effective Strategies, Methods and Approaches in Promoting Health and Wellness in Aboriginal Communities**

### **Introduction:**

Aboriginal and Torres Strait Islander peoples constitute a small proportion of the total population in Australia. They make up only 2.4% according to the 2001 census; with the largest population living in state of New South Wales (NSW) [1]. Unfortunately, Aboriginal people tend to have higher levels of health risk, poorer health, and a shorter life expectancy than non-Aboriginal people [2]. In the recently released 2007 State Health Plan, the NSW Health System has identified equity in health as one of the significant challenges that lays ahead for the state health system. In the plan, it is stated that a major aim for the NSW State Health System in 2010 is to reduce the health gap between Indigenous and non-Indigenous people by “enhancing the health of those who currently have the poorest health status.” The Sydney South West Area Health Service (SSWAHS), which is part of the NSW State Health System, has a strong commitment to improving the health of the Aboriginal communities within its area [3]. Specifically, the division of Health Promotion Service (HPS) has developed and is undertaking a number of Aboriginal programs and projects. The goal of HPS is to promote health and wellness in the area Aboriginal communities and to impact the determinants of health in these communities. Currently, HPS has developed an Aboriginal Health Promotion Implementation Plan outlining three areas for intervention: tobacco control, nutrition, and physical activity [5]. The objective of this report is to:

- Analyse various strategies, methods and resources used by the SSWAHS Health Promotion Unit to promote health in the Aboriginal communities
- Review Aboriginal health issues and how current health promotion strategies address, combat, and reduce these health issues

- Explore the challenges that are encountered by health promotion officers when working with Indigenous communities and comment on approaches used to overcome such challenges
- Review the current projects and programs developed by HPS targeting the three intervention areas: tobacco control, nutrition, and physical activity

**Strategies:**

- Review of literature on Aboriginal health and society; health promotion in communities; and social determinants of health for Aborigines
- Interview with personnel in both area health promotion, Aboriginal Health Services, and Community Health Centres using formalized questions
- Observe and participate in Aboriginal health promotion projects, events and activities; forums; and strategic business planning meetings

**Background:**

Aboriginal and Torres Strait Islander people have the poorest health status of any population subgroup in Australia. Hence, age specific death and morbidity rates are higher for Aboriginal people [2]; estimates from the Australian Bureau of Statistics (ABS) indicate that an Indigenous male born in the period 1996-2001 could be expected to live to 59 years as compared to 76.6 years for non-Indigenous population. In the same period, an Indigenous female could be expected to live to 65 years compared to 82 years for non-Indigenous women in Australia [4]. The leading causes of death for Indigenous and for all Australians in 2000-2001 were cardiovascular disease, followed by injury and poisoning (accidents, self harm, and assault), cancer, respiratory diseases and endocrine or metabolic diseases (especially diabetes). However, in each of these categories, death rate for indigenous people far exceeds those of non-indigenous Australians [6].

For any population, the social determinants of good health include a wide variety of structural, environmental, economic, social and biological factors—such as the right to live in permanent, safe houses; have access to a clean water supply; to participate in the employment market and the education sector; and the right to live without experiencing racism [13]. For Aboriginal people, health is holistic. Aboriginal people define health as it refers to the social, emotional, spiritual and cultural well-being of the whole community [14]. Tragically, the health status of Aboriginal and Torres Strait Island people in Australia continues to be largely determined by the history of colonialism and subordination by the

dominant, non-Indigenous culture [15]. The Sydney South West Area Health Promotion Services (SSWAHPS) aim to develop and implement programs that will improve Aboriginal health and reduce inequalities in health outcomes [19]. Health promotion, according to the Jakarta Declaration released during the World Health Organization (WHO) summit in 1997, is defined as “a process of enabling people to increase control over, and to improve, their health”. The ultimate goal is to increase health expectancy, and to narrow the gap in health expectancy between groups and countries [11]. The responsibility of the Area Health Service then is to promote, protect and maintain the health of the residents of the local community [19].

Public Health has long observed the strong link between socioeconomic status and risk of disease. Many indigenous people all over the world, experience socio-economic disadvantage and as a result have poorer health outcomes [16]. Within the field of health promotion, it is currently widely accepted that a range of strategies is needed to improve the health of a population; that people need to have personal skills (knowledge, skills, a sense of well-being, self esteem, identify, control and determination) and to be actively included in the development of appropriate policy and changes in systems (education, health, housing, legal, employment, etc) in order to improve their health [17]. This fact holds even more so with Aboriginal people. The SSWAHPS has therefore implemented various programs in order to improve the health of the Aboriginal population living within the Sydney southwest area. The area health service employs three Aboriginal health promotion officers to serve a population of 7,000 Aborigines and Torres Strait Islanders. Aboriginal health officers plan projects, consult with communities, develop and implement programs, and liaison with the Aboriginal medical services and community health services to ensure positive outcomes of health promotion activities. It is also the responsibility of the Aboriginal health promotion branch of SSWAPHS to provide Aboriginal communities with information and resources on Aboriginal health.

Health Promotion Service works closely with Aboriginal Health Service to address the health promotion priority areas: tobacco control, nutrition, and physical activity [19]. The success of programs developed to address these issues depends highly on: good working relationship building, utilization of effective health promotion strategies, community involvement, and recruitment and retention of capable Aboriginal health workers [20].

### **Aboriginal Health Issues:**

Indigenous people generally experience more risk factors for ill-health than do other Australians. The major contributors to the poor health status of many Indigenous people are: social factors such as dispossession, dislocation and discrimination; disadvantages in education, housing, income and employment; and physical environmental factors. These social, economic and environmental disadvantages often trigger specific health risk factors such as smoking, obesity, physical inactivity, poor nutrition and high blood pressure [18]. The major health problems suffered by Indigenous people are: cardiovascular diseases, diabetes, injury, and respiratory diseases. Type-2 diabetes for example is a result of poor or suboptimal diet and lack of exercise. Poor or suboptimal diet is also linked to cardiovascular disease, hypertension, certain cancers, dental caries, osteoporosis, iron-deficiency anaemia and low birth weight [22]. Evidence has shown that good nutrition practices and engaging in regular moderate-intensity exercise can offer protection against cardiovascular disease and type-2 diabetes [23]. It has been substantiated that the increasing number of Aboriginal people living with diabetes is largely attributed to the change in their diet and exercise regime [9]. Prior to colonialism, the hunter-gatherer way of life of Aboriginal people provided a generally good diet, moderate exercise and the opportunity to live in socially and emotionally satisfying relationships [9]. Many health problems in Indigenous people have been linked to the increased intake of westernised food and from a reduction in the amount of exercise [21]. As a result of this, diabetes is two to four times more common among Indigenous people than among non-Indigenous people and Indigenous people are likely to be diagnosed with diabetes at a much earlier age [18]. Many of the physical activity and nutrition projects developed by SSWAHS is aimed at diabetes and overweight/obesity prevention in the Aboriginal population living in Sydney South West Area suburbs: Ashfield, Bankstown, Burwood, Camden, Canterbury, Concord, Drummoyne, Fairfield, Leichhardt, Liverpool, Marrickville, South Sydney, Strathfield, Sydney, Wingecarribee and Wollondilly. The population of Aboriginal and Torres Strait Islander peoples in the Sydney South West area is 13,779 (1.1% of the total Indigenous population of Australia) [24]. Unfortunately, physical and cultural dispossession; removal of children; assimilation policies; and trans-generational trauma, have all had a profound effect on the life style and behaviours of this urban Aborigine population. There is a much higher incident rate of alcohol and substance abuse; exposure to violence; incarceration; mental illness; gambling problems; early death or disability; and smoking [25]. These are

all compounding effects that contribute to the poor quality of life and low life expectancy in this group. The NSW Health division of Health Promotion Service is currently running and planning various health promotion projects aimed at increasing physical activity, improving nutrition, and controlling tobacco use among the Aborigine population.

**Aboriginal Health Promotion physical activity and nutrition projects, activities and programs:**

- **‘Moving with Friends’ aqua fitness** – a hydrotherapy form of exercise aimed at providing physical activity opportunities for local Indigenous women.
- **Aboriginal Indigenous Youth Bike Program** – an initiative to introduce cycling to youth and youth workers as a physical activity option.
- **2007 SSWAHS Western Zone, Jindabyne Aboriginal Youth Camp** – a recreational program to improve Health and lifestyles for Aboriginal youths aged 12 to 17 that are economically and socially disadvantaged; to teach youths about physical health and activities, and nutrition; provide drug abuse counselling, relationship building, and developing goal setting skills; to minimize the dropout rate of Aboriginal youths from high schools.
- **Koori Cup Project** – a community involvement project to provide Aboriginal Health Promotion input at significant Aboriginal and Torres Strait Islander event
- **Aboriginal Physical Activity Project – Macarthur** – a health promotion initiative to work with community members to re-establish an Aboriginal Walking Group in Macarthur.
- **Biyani Aboriginal Women’s Camp** – a three day retreat to recruit Aboriginal and Torres Strait Islander women and their families for SSWAHS health programmes and clinics.
- **National Nutrition Week Koori Radio Interview** – a discussion with HP officers about the importance of eating a healthy diet and the history of traditional Aboriginal diet and nutrition.
- **‘Supporting healthy eating and physical activity with Aboriginal children in an OOSHC setting’. A pilot project** – a ‘Health Promoting Out of School Hours (OOSH) Care’ model in order to increase children’s appreciation and knowledge of a wide variety of healthy “tucker” (bush food); increase the knowledge and skills of Centipede staff and volunteers in planning and preparing a nutritious menu and in using safe food handling within budgetary constraints; and to consolidate and

expand the relationship between Centipede, client families and local fruit and vegetable providers and services.

- **Aboriginal Men's Group Project** – a support group to encourage physical activity and nutrition among Aboriginal men; and to provide training for public speaking skills, empowerment and employment.
- **Health Promotion with Indigenous Children in Schools** – an objective to implement traditional Indigenous games to promote physical activity among Indigenous school children.

### **Approaches and principles of good practice in promoting Indigenous health:**

The Aborigine holistic understanding of health and its determinants means that programs need to account for the interaction between the health and well-being of individuals and their living conditions [16]. According to recommendations made by the National Health and Medical Research Council (NHMRC, 1996), principles of good practice and best approaches in promoting Indigenous health include:

- Involving community elders and members in each step of the process
- Recognizing the relationship between socio-economic disadvantages and health status
- Acknowledging Indigenous cultural influences on attitudes to health and illness
- Employing educational and environmental strategies that are suited to the particular setting in which the program is to take place
- Operating from the community level

When setting up health promotion programs for Aboriginal communities, systematic steps taken by SSWAHPS include: engagement (obtaining permission; garnering interest of the community); consultation (needs assessment survey); planning; implementation and evaluation – using a process approach instead of outcome or impact approach.

### **Steps in setting up an Aboriginal HP program or project:**

1. **Community Analysis** - the success of intervention programs depends on accurate analysis and understanding of a community's needs, resources, social structure, and values. Assessing community capacity to support a project, identifying potential barriers that exist, and evaluating community readiness for involvement is key.

2. **Engaging** – obtaining permission and garnering the interest of the community is an important part of planning
3. **Consultation** – can be done through the needs assessment survey
4. **Planning** - the community must be involved in the planning process at an early stage
5. **Implementation**
6. **Evaluation** – using process approach instead of outcome approach

### **Differences, challenges and issues in Aboriginal health promotion:**

Aborigines carry the economic, social and political burdens of history, which have left them emotionally scarred [8]. Subsequently, promoting health in Aboriginal communities can often times present different challenges and issues than health promotion in non-Indigenous communities. Aboriginal health promotion officers widely agree that these socio-economic and political burdens of history pose a challenge when working with Aboriginal communities. One of the questions posed to health promotion officers was: *How does health promotion for Aborigines differ from health promotion for the general population?* (see Attachment A). Responses received unanimously point that some of the most common differences include: Time requirement; level of engagement with the community; sensitivity to cultural issues; impact of socio-economic factors on health; high prevalence of smoking; differing health and community agendas; and the recruitment and retention of an Aboriginal health worker.

**Time requirement:** Health promotion projects and activities usually take longer to establish and implement in Aboriginal communities. This could be due to many pre-existing factors within the culture. Health promotion in Aboriginal and Torres Strait Islander communities therefore requires patience; as desired outcomes are often not immediate. Consultation with the community elders may take longer depending on the dynamics of the community and the previous experiences with the area health services. Hence, in order for any health promotion project to be successful, community participation and commitment from the leading members must be elicited.

**Sensitivity to target group:** When working with any community, sensitivity to the political, economic, social and cultural issues of that particular community is quite imperative. Accordingly, Aboriginal Health HP officers need to be aware of the issues and stresses such as socio-economic determinants of health, politics and policies that negatively

impact the community and cultural values that exist within that community. These are issues that may specifically contribute to poor health. Awareness of such issues and stresses may contribute to the success of HP projects and program. Furthermore, HP officers must be mindful of how they engage the community and interpretations of health messages imparted.

**Engagement with the community:** Health Promotion in Aboriginal community requires connecting with the people emotionally and psychologically, understanding their history and present struggles, befriending members of the community, and becoming involved with other issues of the community outside of health; i.e. political and social issues. To generate trust and create visibility, HP officers must be active in the community and attempt to participate in community events outside of health promotion. In addition, the community must be involved in the planning process at an early stage so that the community will have a sense of ownership of the programs. This contributes tremendously to program success and sustainability.

**Socio-economic factors:** Issues of domestic violence, mental health, sexual abuse, housing, education, employment, inter-generational traumas, grief and loss, depression, political and economic oppression, family violence and poor budgeting skills are very much prevalent in Aboriginal communities. These often accompany predominant medical conditions such as cardiovascular disease, alcohol and drug abuse, diabetes, and respiratory illnesses. For instance, smoking is a behaviour that is very prevalent and entrenched in Aboriginal communities and many socio-economic factors strongly drive this behaviour. Lack of knowledge, social habit (peer pressure), unemployment, and family history are important reasons for the high incidence of smoking in Aboriginal communities. Such stresses that already exist in the community often need to be addressed first if a health promotion project is to be successful.

**High prevalence of smoking:** More than 54% of Aboriginal people smoke and it is common to observe high prevalence of smoking among Aboriginal health workers. Tobacco control in Aboriginal communities has therefore posed a major challenge in preventing or in attempts to reduce the incidence of respiratory and cardiovascular disease this particular population. More concerning is the correlation between cigarette smoking, poor cardiovascular health and short life expectancy among Aboriginal people.

**Differing agendas:** A major challenge in planning and implementation of health promotion projects is getting the Aboriginal health workers or the appropriate person on board and retaining them. When the HP officer's health agenda and the community's agenda differ, it

can cause a delay or roadblock for programs to be implemented. In addition, attendance and involvement of community members becomes an issue and differing agendas can make eliciting the corporation of community elders quite difficult.

**Recruitment and retention of Aboriginal Health Workers:** Due to lack of Aboriginal Health Workers and the subsequent heavy workload, recruiting and retaining workers is a common challenge. Furthermore, Aboriginal health workers often encounter many stresses that other health workers do not and therefore require more support; both physically and mentally. Continuous training is also another form of support that Aboriginal health workers need.

**Collaborative partnerships:** The building of collaborative partnerships ensures that programs are designed to reflect community values and encourage long-term community ownership. SSWAHS liaison with the Aboriginal Medical Services, Aboriginal Health Services and with the Aboriginal Community Health Centres by collaborating with directors, deputy directors and managers to develop business plans and plan community events such as Tobacco, Diabetes and Nutrition week. The sharing of health information and patient referral from Aboriginal medical centres to SSWAHS health promotion programs is an important strategy to maintain partnerships. SSWAHS also work in partnership with other community health workers to disseminate health messages. SSWAHPS frequently use focus groups consisting of HP officers and community health workers to examine and provide feedback on proposed resources for a HP program; for example, the breast-screening project.

**Program evaluations:** The utilization of a process or impact evaluation of intervention programs depends on time frame and on the sample size. Due to the small size of the Indigenous population in NSW, data collection is often a challenge, and it is impossible to use surveys to evaluate health promotion programs. The measurement of program outcomes is therefore performed on a process level instead of on an impact level. With process evaluation, the focus is on the number of people who participated in the program and on whether there were any substantial barriers to implementing the intervention program.

**Discussion:**

Health promotion has historically been more successful among advantaged groups in society than for those of lower socio-economic status, especially for impoverished and dispossessed people. As stated in the Jakarta Declaration, the prerequisites for health

include shelter, education, social relations, food, income, social justice, and equity [11]. Although many Indigenous health outcomes may be attributable to genetic factors or lifestyle, the dominating impact of European colonization continues to have profound and unequal effects on their autonomy, access to resources, and community health status. Socio-economic status of people affects style of living and hence health. While changes in individual behaviour such as restricting alcohol and tobacco intake would improve the health of Aborigines living in the Sydney metropolitan, most of the disease burden is environmentally induced and hence related to Aboriginal impoverishment. The NSW health system has therefore acknowledged that particular risk factors are associated with Aborigines' economic and social position in Australian society. Having more time and money for leisure means fewer stresses to relieve with addictive substances. Money also creates the educational and financial resources to obtain a healthy diet. Therefore, for the health profile of Aborigines to resemble that of other Australians requires economic empowerment; meaning: Education, Employment, Training, Enterprise, Housing and Land acquisition; so that Aborigines have some of the material means to escape from poverty and the sickness-inducing environments which accompany it [9].

Empowerment is a central concept for health promotion. Community participation has been directly linked to empowerment as the principal mechanism by which individuals and groups become empowered and as a means of promoting healthier individuals, communities, and environments (WHO, 1991). The Sydney South West Area health promotion programs use culturally sensitive, and culturally effective structures and processes to enable significant involvement and control by Indigenous people. Active involvement of communities in setting priorities, planning, implementing, and evaluating action is fundamental to all action to promote health in Indigenous communities in SSWA. There is overwhelming evidence that people are more committed to initiating and maintaining changes that they helped design or adapt to their own purposes and circumstances.

In any attempt to consult with communities on health promotion programs, the presence of an Aboriginal Health Worker is extremely significant. At the local level, Aboriginal Health Workers appear to be the key component of an effective program delivery system. There is a great need therefore to support workers to undertake training and the SSWAHS Aboriginal health promotion officers work closely with Aboriginal health workers with training, professional support, and management. For example, many training models have been developed to train workers on tobacco control and on how to

reduce second hand smoking in children. These models are used whenever a health worker goes into a community to promote health. The messages delivered on tobacco smoking are therefore standardized, systematic, appropriate, and effective.

### **Conclusion:**

A guiding value for best practice in SSWAPHS is the use of evidence-based approaches that are grounded in scientific knowledge, community experience and cultural knowledge. All programs that has been developed by the department heavily draws upon results from scientific research and knowledge of Aboriginal health issues and cultural dynamics. In terms of community experience, the employment of Aboriginal health workers as health promotion officers contributes to the requirement of community involvement, cultural representation and the establishment of trust. Each of the Aboriginal HP officers comes to the Health Promotion Services department with a rich knowledge and experience of working in Indigenous communities in both rural and urban areas. Their visibility is necessarily for the area health services to successfully consult, plan, and implement health promotion programs in identified communities.

Promoting health in disadvantaged communities is always a challenge due to the profound stresses that already exist in the community. The impact of physical and cultural dispossession; removal of children; assimilation policies; and trans-generational trauma, on the life style and behaviours of Indigenous peoples in Australia, are challenges that the State Health Systems must acknowledge, address, and appreciate in the attempt to eliminate health disparities among their citizens. Stresses that already exist in communities that contribute to poor health must be addressed first if a health promotion project is to be successful. Finally, when it comes to best approaches for promoting health in Indigenous communities, no single approach is sufficient to address the complex factors that determine Aboriginal and Torres Strait Islander health. In designing programs, the SSWAHPS therefore determines and supports the most promising combinations of approaches which include: partnering with other Aboriginal medical services and health centres; recruiting and committing to retain Aboriginal health workers; utilizing a variety of Aboriginal art, language and faces to send health messages; and operating from a community and local level.

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## Attachment A

### **Individuals interviewed:**

- Chris Rissel – Co-Director, Health Promotion Service
- Myna Hua – Deputy Director, Health Promotion Unit
- Sharon Miniecon – Senior Aboriginal Health Promotion Officer - Camperdown
- Craig Fermor – Aboriginal Health Promotion Officer - Liverpool
- Dorothy – Manager, Miller Community Health Centre

### **Inter view Questions:**

1. How does health promotion for Aborigines differ from health promotion for the general population?
2. What are common health promotion issues in Aboriginal communities?
3. As a health promotions director, manager, or officer, what projects relating to Aboriginal health have you been involved with?
4. How effective have health promotion initiatives been with the health outcomes within area Aboriginal communities?
5. What strategic methods are used to reduce the high incidence of smoking among Aborigines? Of other health issues?
6. What are the best approaches used?
7. How does SSWAHS liaison with Aboriginal Health Services and Community Health Centres for health promotion?