

Health Promotion & Research

How to Promote Good Health

Contents

About this Booklet	1
What is Health?	2
What is Health Promotion?	3
Step 1: Assess	7
Step 2: Plan	8
Step 3: Implement	10
Step 4: Evaluate	11
Outcomes	12
Research and Data Collection	14
Qualitative Research	14
Data Collection Methods	15
Funding	17
Health Promotion Materials	21
Useful Resources	23
CD ROM	23
Health Promotion	23
Key Documents	23
Key Organisations	23
Funding Sources	24
Application Writers	24
Health Information and Resources	25
Australian Aboriginal and Health Research Organisation	25
References	26
Worksheet 3 - Project Plan Worksheets	27
Worksheets	27
Sample Workshop Agenda	28
Sample Workshop Agenda	29
Agenda	30
Sample Project Budget Checklist	32

About this Booklet

At our community consultations, many Aboriginal Health Workers said that they find themselves doing health promotion and research without sufficient training or support. They said that they would like more training and information in this area of their work.

This booklet is a step by step guide on how to develop, implement and evaluate a health promotion program and how to do the necessary research to support it.

It provides practical, easy to follow guidelines on:

1. Planning, implementing and evaluating health promotion programs
2. How to do research with clear explanations and instructions on different research methods
3. How to apply for funding

It also provides information on and links to research organisations and funding bodies. It includes useful resources such as sample budgets, meeting agendas and surveys, as well as examples of successful Aboriginal run health promotion programs. It also includes information on and links to available resources and services to assist Aboriginal Health Workers and Organisations in developing, running and sustaining health promotion programs.

What is Health?

There are some differences between Aboriginal and non-Aboriginal ideas of health. These ideas should be considered when developing health promotion programs to ensure that they are appropriate to the intended target audience.

Most non-Aboriginal people understand health as being:

"...a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity...Health is a resource for everyday life, not the objective of living" (World Health Organisation)

Most Aboriginal people understand health as defined by the National Aboriginal Community Controlled Health Organisations' as:

"...not just the physical well being of an individual but refers to the social, emotional and cultural wellbeing of the whole community in which each individual is able to achieve their full potential as a human being thereby bringing about the total wellbeing of their community. It is a whole of life view and includes the cyclical concept of life-death-life" (NACCHO)

Non-Aboriginal ideas focus on the **INDIVIDUAL**: their overall mental, social and physical wellbeing. Aboriginal ideas focus on the physical, mental and spiritual health and wellbeing of the whole **COMMUNITY**. Because of these differences, effective health promotion for Aboriginal people should blend Aboriginal and mainstream ideas.

What is Health Promotion?

Health promotion is;

"...the process of enabling people to increase control over the determinants of health and thereby improve their health" (World Health Organisation).

Health promotion is more than just promoting good health behaviour. It is also about enabling, advocating and mediating change to the social, cultural, economic and environmental factors that effect individual and community health. Health promotion for Aboriginal people needs to consider the conditions that effect individual and community health.

Health promotion also includes actions that:

- Help and up-skill people to control their health
- Change external factors that influence individual and community health.



What is Health Promotion?

continued

The Ottawa Charter

The Ottawa Charter holds the internationally agreed definition on the nature and aims of health promotion. It came out of the 1986 First International Conference on Health Promotion and sets out a number of universal values on people's rights to health and health services. The Charter defines health promotion as:

"...the process of enabling people to increase control over, and to improve their health... To reach a state of complete physical, mental and social wellbeing, and individual or group must be able to identify and realise aspirations, to satisfy needs, and to change or cope with the environment...Health promotion is not just the responsibility of the health sector, but goes beyond healthy lifestyles to well being" (WHO).

The Ottawa Charter in a Nutshell

With thanks to Christine Black, Natasha Indich, Brendan Cox, and Eric Dalgety who developed this summary.

The Ottawa Charter outlines the role and purpose of Health Promotion as advocating for better health, enabling people to achieve better health, and mediating between communities, service providers and agencies. This might include some of the following:

Advocate	Enable	Mediate
Increase community control to improve health	Empower people to achieve their full potential	Act as middle men between clients and service providers
Awareness	Support people to develop skills to control their own destiny	Negotiate between policy makers and the community
Increase improvements in health and wellbeing	Continuous up-skilling	Break down barriers to increase access
Cultural issues	Sense of worth	Provide cultural security
Lobby on behalf of clients Advocate for the basic requirements for health Demand Change		Act as media liaison
		Cultural safety facilitator

These are the primary tasks of Health Promotion Officers.

Health Promotion For and With Aboriginal People

Effective health promotion for Aboriginal people blends mainstream ideas with Aboriginal ideas, culture, language, expertise, knowledge, historical experiences and conditions. It also takes into account the ways in which non-Aboriginal ideas and practices influence Aboriginal health to make sure the impact on people and communities is not negative. In order to do this it is important that Aboriginal people and communities are included at every stage of health promotion.

Health promotion experts have suggested that health promotion for Aboriginal people should blend the universal values of the Ottawa Charter with accepted Aboriginal values, principles and approaches. For example:

	Universal	+ Aboriginal
Values	Social Justice Empowerment Participation Equity Holistic View	Self-determination Land and Spirit Ownership and control Community Context
Principles	Partnership Participation Empowerment	Community Partnership Ownership Empowerment
Equity	Equal access and share Needs driven Addressing diversity and disadvantage	Equal rights
Social Determinants	Social Economic Environmental	Cultural Spiritual Discrimination Dispossession Assimilation Stolen Generation
Theories	Individual Behaviour Change Social Change Systems	Empowerment Strengths over weaknesses Multiple approaches/theories
Environment	Organisational/work Health	Structures – social, political, economic Psychological Historical experience Physical condition

(Adapted from Making Two World's Work: Using Health Promotion with an Aboriginal Lens)

What is Health Promotion?

continued

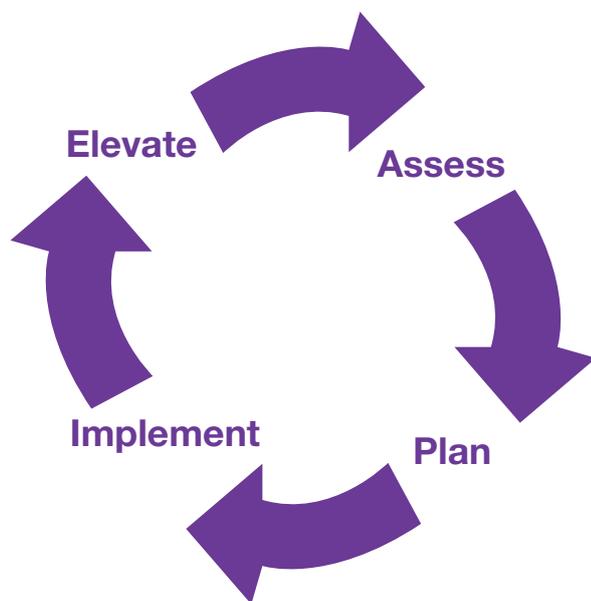
Health Promotion: How to Plan, Implement and Evaluate your Program

Aboriginal Health Workers do not always receive training on health promotion, therefore they need resources and guidelines on how to do this. The information provided here is intended to support Aboriginal Health Workers in their health promotion activities.

Health promotion projects can be done in many different ways however there are a number of basic steps common to all programs. These are:

1. Assess
2. Plan and develop
3. Implement
4. Evaluate

The below diagram shows that programs are often cyclical in nature: ongoing programs may go through each stage several times.



The following pages contain detailed descriptions and guidelines on what is involved at each of these stages.

Step 1: Assess

Needs assessment/Scoping

A good place to start is by talking to the community to find out their health needs and concerns, as well as what is important and of most benefit to them. This should make the planning and development stage easier.

By talking to people and doing other research, you can find out about:

- Community health and wellbeing needs and concerns
- The people and groups affected – Who are they? How many?
- Does the community want a program?
- The sort of things the community would support
- The main health Influencing factors – social, emotional, cultural, environmental, economic?
- If there will be broader community benefits? Empowerment, capacity building and building partnerships?
- The appropriateness of the program to local Aboriginal culture and values

There are a number of ways to do this, including:

Formally	Informally
Interviews	Yarning
Focus Groups	Talk to patients at clinic
Surveys	Community gathering
Questionnaires	Home visits
Clinic Records	Health stories– written, spoken, pictures

It might make the process more manageable if you choose a method of research or information collection you are comfortable and confident with and that you think will get you the best data. When choosing a research method, think about whether it will be acceptable to the participants, culturally safe, and something they are comfortable with. And, when doing research, there are some rules of engagement to consider, such as:

- Get written consent from the participant
- Be respectful
- Be culturally sensitive and safe
- Respect people's right to privacy
- Listen to the community (participatory approach)

What is Health Promotion?

continued

It might also help in planning and development if you find out about programs similar to the one you want to do, and learn from the experiences of the program team. Ways to do this include:

- Speaking to friends, colleagues and patients – they might know of existing programs you can look at
- Using local library resources – such as newspaper archives, notice boards and the internet
- Internet searches (use the resources throughout this Toolkit)
- Talking to the people involved in other projects

Example of an assessment: "Health department (internet research) says that poor nutrition in kids is an obesity risk factor. Community health records and talking to parents told us that some children are at risk because they are overweight (clinic records) and have a poor diet (surveys/interviews). Many parents are unaware of the causes of obesity and the basics of good nutrition (interviews). We feel that a nutrition and lifestyle education program for parents could lead to better health outcomes for children"

(For more information on assessment go to <http://www.ceitc.org.au/talkinupgoodair> where you can access and download detailed information free of charge).

Step 2: Plan

Once you have worked out the community's needs, you can start planning your project. In a nutshell, this means working out the who, what, when, where, why and how of the project (and not necessarily in that order!)

What?

What is that you and the community want to do? A good place to start is deciding the goal of your project and then giving your project a name. Once you have an idea of what you want to achieve and how you want to do this, you can then start planning all of other aspects.

Who?

Although a project is usually run by a team, there are a number of other people who are either involved or connected, including external players and your target audience. In your planning, you might want to think about?

- Who the program is for?
- Who is going to run it?
- If you can do it on your own?
- If you need help?
- Who can help you?

Try to involve the community at all times where possible as they are the ones who the program is going to affect. It might also be useful to include people with different skill sets on your team – that way you can delegate tasks and know that they will be done well. You could consider forming:

- Partnerships – with individuals, groups or organisations such as local Elders, councils, government departments and agencies, church and community groups, Non-government Organisations
- Network Links – with others who can offer feedback and guidance
- A working or reference group – community and agency members involved through regular meetings

In planning your project, it might help to ask yourselves questions such as:

What/who are we going to address? (For example)	What do we want to do? (For example)
Health issue Community issue Individual or group behaviour Teens, parental, maternal issues	Raise awareness Educate and inform Help change behaviour
How do we want to do it? (For example)	What do we see as the end result? (For example)
Provide education/information Promote health message Support groups Community Activities	What changes do you hope to make?

Example project objective: "To reduce the risk of childhood obesity, we aim to improve parental knowledge on child nutrition and exercise in the community"

What is Health Promotion?

continued

Step 3: Implement

What, When and How?

Resources are critical to running a program. Once you have an idea of what you want to do and achieve, and who you want to work for and with, it might then help to map out the resources you have and need.

The resources you need might be influenced by the nature of the community you are working with. Therefore it might be useful to start your resource mapping by talking to the community to find out about:

- Their needs – what resources will help you cater to these?
- Their abilities – what resources are best suited to these?
- The suitability of the program to the community – what might you need to make it work?

It might also be helpful to remember that resources can also be human. In planning, take some time to think about things such as:

- The educational abilities of your audience as this might shape the way you deliver your program
- Whether there are any cultural security issues? – Ask community members what is appropriate
- What resources does the community have that could be used? – This could include people, skills, tools, facilities

Effective health promotion uses different delivery methods to help reach a wider audience. This will also influence the resources you need. It might help to ask the community what ways they would like the program delivered or activities they would like to do. Suggestions include:

- Booklets and brochures
- Storytelling, dance or plays
- Videos or DVDs
- Radio, CDs or tapes
- Talks or classes
- 'Hands on' classes

Example strategy: "The community wants practical advice on targeting child obesity. They also want to take ownership of the health issue. Two strategies will be used – cooking and nutrition workshops for parents and exercise programs for kids."

Resource mapping is a good way to set out what you need, what you need it for, and can help you think about how and where you will get the resources. You could use a map such as the following:

Staff	Space
What staff do you need? What roles and skills? How will you find them? Are there community people available?	Where will you run your program? What kind of place do you need? What is available? What does the community have?
Time	Resources
How long do you need? When will you start and finish?	What do you need? Funding? Computers, faxes, stationary? Do you need transport?
Budget	Risk
How much will it cost? How much money do you have? Where can you get funding? Does the community have funds? Can they contribute in kind? (See sample budget plans at the end of this booklet and on the CD Rom)	Do you have enough resources? Do you need to modify goals? Do you need to find more resources? What could go wrong?

Example resource map: The project team decided they needed 8 months. This would give them a clear picture of health changes in health and to implement some of the strategies such cooking classes. After 8 months, they will evaluate the program. The working group have agreed to manage different parts of the project. They want to run 10 cooking classes and are approaching local people for in kind support. Classes will be held on site at the community. The PE teacher at the primary school will develop a daily exercise plan and run this for three weeks. She will train local parents to take the program over after that time.

Step 4: Evaluate

Evaluation is an important and ongoing part of health promotion and is usually done in several stages:

- Need/Assessment
- Plan
- Delivery
- Outcome.

The first two stages have already been described. The following guidelines should help you to carry out the final evaluation stages.

What is Health Promotion?

continued

Delivery

Delivery evaluations are conducted at regular intervals during the project to make sure it is on track. By doing this you can find out what's working, what isn't, and come up with ways to get back on track.

This type of evaluation involves looking at the project at different stages to see if it is going as planned or if changes are needed. This can involve:

- Asking stakeholders what is or isn't working
- Asking them if they see progress toward the goals
- Find out what is and isn't happening – i.e. strategies
- Use the information to see if you are on track or if change is needed
- Implement changes

The information gathered should give you a clear picture of how the project is progressing.

Outcomes

The outcome evaluation is done at the end of the project. This will tell you if you met your goals, what worked and what didn't. This information and key learnings can then be used for future project planning.

Doing an outcome evaluation is useful because it will help you to work out if the project has succeeded or failed, and understand the reasons why. If you have received external funding for your project, an outcome evaluation might be required as part of your funding agreement. An outcomes evaluation might prove to be a valuable learning experience that will help you develop and run future projects.

Your evaluation might involve some of the following:

- Gathering participant feedback – Did your program change a lot, a little or nothing?
- Finding out what short and long term changes your program made
- Finding out what did or didn't work in the program
- Finding out what people liked and disliked about the program
- Feedback findings to all stakeholders
- Finalise reporting to external organisations if necessary

Evaluation Methods

There are a number of ways you can do an evaluation. The main methods include using:

- Questionnaires
- Focus groups
- Interviews
- Informal discussions
- Written observations.

Each of these is described in greater detail over the following pages.

Research is an important part of health promotion. Many Aboriginal Health workers find themselves having to undertake research as part of their job without appropriate support and training. Most have the ability to do research, but say they find the thought of it overwhelming because they have not been trained or do not have guidelines to help them. The information here is designed to demystify the process and help Aboriginal Health Workers feel confident about undertaking research.

Research and Data Collection

Research, put simply, is about finding and gathering information on a subject you want to know more about. The information you gather might help you develop or improve health programs in your community. It is also an important and ongoing part of health promotion.

Research can help you in your work through finding out:

- General health information
- The health needs and concerns in your community
- How to manage health issues and change behaviours
- About important health messages
- How to deliver health message for better community health
- About best practice methods and models for your community
- If your program is working
- About other programs and how they work
- Funding for your project
- Knowledge and skills to empower you and your community
- Evidence for the need of your project

The information gathered is often referred to as data. Data can be collected in a number of ways using either quantitative (numbers) or qualitative (words) methods.

Quantitative Research

Quantitative research gathers responses which can be quantified (counted). This type of research is good if you want to find out:

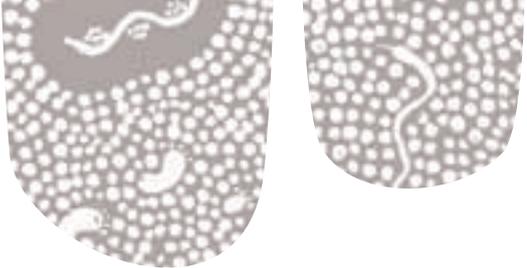
- **How much** – i.e. do people drink, smoke, eat each day?
- **How many** – i.e. drinks or cigarettes do they have a day?
- **How often** – i.e. do they drink, smoke, eat each day?
- Height, weight or age data

It is important to ask the same questions of everyone: this ensures consistency and will provide you with the best outcomes.

Qualitative Research

Qualitative research collects 'words' as data. You can't necessarily quantify this type of data, rather you can make some generalisations such as 'most people said' or 'some people think.' Using this type of research you can find out people's opinions, and how they think, feel and behave. Examples of this type of question include:

- What do you think about smoking in pregnancy?
- What do you think is the most important health issue in the community and why?



Data Collection Methods

There are several different methods of data collection. Here the main types are described to give Aboriginal Health Workers a better understanding of the processes involved to guide them through their own research projects.

1. Questionnaires/Surveys

Surveys are most often used in quantitative research. These are sets of questions designed to gather specific answers on a given topic. They can be delivered by direct hand-out, posted, done over the phone, or online. Surveys can be anonymous and this makes them suitable to research on sensitive issues.

Quantitative Surveys usually use closed questions, asking 'yes' or 'no' or for a specific response, for example:

"How many cigarettes do you smoke per day, less than 20, more than 20"

These responses are analysed by counting up the number, and then written up in statements such as:

"50% of people smoke 20 cigarettes a day, 30% smoke more than 20, and 20% smoke less than 20 cigarettes a day".

Questionnaire are sometimes used in qualitative research to gather short, detailed answers to questions. This is done by using open (more than yes/no responses) questions such as:

"When do you have your first cigarette of the day, and why do you think you have that cigarette?"

Responses would be written up by saying something like:

"Most people have their first cigarette with their cup of coffee because they have gotten into the habit of doing this over the years. For example, one respondent said 'I guess I just do it automatically. A cup of coffee first thing just goes with a cigarette'".

2. Face to Face Interviews

This involves you or a facilitator talking or yarning with people asking a set of questions, in a face to face setting. Responses are recorded either using a tape or digital recorder or in hand written notes.

There are some things to consider when doing interviews:

- Consent – you must get written approval from participants to use their data
- Sensitivity – people might not want to talk about personal or sensitive topics
- It helps to use an interviewer not known to the participant
- Time consuming - works best with small numbers of people
- Think of it as a conversation
- Listen actively – you might have to respond as if in a conversation
- Be confident to ask people to explain something if you haven't understood
- Avoid leading people into giving the answers you want
- Be sensitive and non-judgemental

Research and Data Collection

continued

3. Focus Groups/Yarning Circles

This is a discussion with a small group of people (6-12). A facilitator is used to lead the discussion with set topics and gather information by recording or taking notes.

Focus groups are a good way to get people talking about their beliefs, and also to respond to other people's thoughts. Some things you might like to consider are:

- Who has the skills and confidence to run the group?
- Avoid letting one or two people take over
- Make sure you have different types of people
- Will people open up in front others?

There are samples of surveys in the resources section of this booklet.

Research Protocols

It is also important to understand ethics and protocols surrounding data collection, confidentiality, and communicating information back to participants. Researchers have a responsibility to ensure that the rights of participants are upheld. There are several things to do to ensure the research process is respectful to all parties involved, such as:

- Always getting written consent from participants
- Respecting what people have to say and treating their responses confidentially
- Considering how you use the information – be aware of any effects on the person or the community
- Asking people how they would like the interview recorded – not everyone wants to be taped
- Participants should be given a copy of the interview and transcripts
- Participants have a right to check the transcripts for any errors and to ask for corrections

For more on ethical research go to www.nhmrc.gov.au 'Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research'.

Funding

Many Aboriginal Health Workers find themselves having to find and apply for funding without having been trained or having any support to do this. The guidelines here are intended to support health workers in applying for funding by explaining some of the steps involved.

Not all projects need funding, but you might need to get some kind of external support. This means finding and applying for funding. You might get all of your funding from one place. However, some funders only offer small grants so you might need to apply to more than one.

Finding Funding

There are a number of government and non-government funding sources. Some offer direct financial support while others offer 'in kind' support such as lending or sharing resources. Working out the type of support you need first might help you to narrow down where and who to apply to.

The internet is a good place to find out about funding. Funding usually comes from three key areas, so it might help to start with the websites of:

- Federal, State and Local Government
- Charities/Philanthropic trusts
- Private industry sponsorship

Another way to source funding is through a general internet search (i.e. using Google) with words such as 'health funding', 'Aboriginal health funding', 'Aboriginal community funding' or use some of the websites listed in this toolkit.

Funding

continued

Applying for Funding

Funding applications can be tricky and time consuming: having a clear idea of your project and goals before you start might make the process easier. Funding grants are competitive so your application needs to sell the benefits of your project and the abilities of your group to the funding body in order to stand out from other applicants.

Funding bodies usually have application guidelines and formats which need to be read and followed carefully. It might help to look at successful applications to guide you through the process. If you feel like you need further help, talk to the funding body about your application as they might give advice or have workshops for applicants.

The following is an example of an application checklist which describes some of the questions you might be asked to address in a funding application. Please note that it is meant as a guide only and that following this does not guarantee your application will be successful.

Yes	Application Form	Details
	Is one needed?	
	Deadline	What is it? Stick to it
	Other details	i.e word limits, page limits, format
	All parts completed	
Yes	Cover Page	Details
	Organisation/group name	
	Contact details	Main person Address Phone Email Fax
	Names/details of key people	Include relevant skills and experience
	Organisation details	What does it do? When was it started? Why was it started? What has it done? Achievements?
	ABN, Signatures	Who needs to sign?

Yes	Introduction – Have you Explained
	The need for the project
	Research showing need, previous projects and outcomes
	Expected community benefits
	How the project fits with the organisations activities

Yes	Project Summary - Does it
	Use 100 words or less
	Explain what the project is about
	Explain why it is needed
	Explain things clearly

Yes	Goals – Have you	
	Explained what you want to achieve?	Give details – i.e. to get 10 people to quit smoking
Yes	Target Groups – Have you	
	Said who you are targeting	i.e. kids, mums, men
	Said who you will work with	i.e. local school, council
	Given a time frame and location	i.e. 8 months at the local clinic

Funding

continued

Yes	Activities and Resources – Have you	
	Explained what will happen	i.e. we will run anti smoking campaigns
	Explained what you want to achieve in the time and budget	i.e. we think we will be able to do this in 8 months using the budget of \$5000
	Described the activities and resources	i.e. using a combination of posters, buddy system, and group sessions
Yes	Timeline – Have you	
	Listed key activities	
	Stated who is responsible	
	Given expected start and finish dates	
Yes	Budget – Have You	
	Checked is there is a special budget form	
	Thought of all costs	Admin Salaries Workshops – venue, refreshments, re-imbursements Equipment Contingencies
Yes	Project Team/Partnership – Have You	
	Given details of who is involved	People Groups/Organisations
	Included short biographies	Relevant experience Qualifications
	Confirmed involvement in writing	Include letters or email
Yes	Project Management – Have You	
	Identified a project manager(s)	
	Stated people's management experience	
Yes	Support Material – Do you have	
	Support letters from key stakeholders	Include copies with application
Yes	Extras – You might want to	
	Get people to check application and give feedback	
	Ask the funding body for advice	
	Pay a professional to write your application	See list in resource section

Health Promotion Materials

Health promotion activities can take many forms to get the message out. Some might involve active and interactive forms, such as performance or music, however the most common forms are materials such as pamphlets, posters and brochures. Given that many programs operate on limited budgets, you might find yourself producing your own health promotion materials. The information here is intended to support you in this activity.

The main function of health promotion materials is to sell a program and its key message. Effective health promotion materials don't need to be expensive and making them yourself could be a way of involving the community and giving them ownership of the project. There are a number of online resources where you can download and print usable material and templates free of charge. You can use any of the information in this Toolkit in your health promotion materials.

There are no hard and fast rules on making promotional materials, but the following tips might help you to maximise the impact of what you produce. When designing your materials, you might want to:

- Decide on the main message and make this the focus
- Find relevant health information to include
- Keep the information short and to the point
- Provide the name and contact details for your organisation/program
- Use a few bold, bright colours – you want to catch people's attention without distracting them from your message
- Choose one easy to read font
- Use **bold**, sizing, **CAPITALS**, *italics*, or underline to highlight important information
- Use photos, pictures and images and remember to ask for permission before using a person's photo or image

If you are making posters, you might want to think about the following:

- Choose a good headline – keep it short and to the point
- Keep your information short and sharp
- Use relevant photos and images to draw in people's attention
- Give people information on the project and how they can be involved
- Give all the contact details for the program

Health Promotion Materials

continued

Your health promotion campaign might also include individual and community education. To be effective and have maximum impact, education programs should be tailored to the needs and abilities of the target audience. Adults learn in specific ways, and understanding these can help you develop your program. You might like to consider some of the following in your planning:

- Information has to be relevant to the real world, to the “here and now”
- Information needs to be repeated and practiced
- Information needs to be presented a number of different ways, people need to hear, to see, to touch and to read
- Working in groups helps people learn from each other
- Learning is very visual – people need to be able to see and touch
- Learning occurs by observation and participation
- Have a yarn about it - talking about the information helps people to remember it
- Flexibility is the key – what works with one group may not work with another

(Adapted from 'Foodcents for Aboriginal People in WA').



Useful Resources

The following list of resources is provided to assist Aboriginal Health Workers to identify and locate information, contacts and services that can help them in all aspects of their work in health promotion, education and intervention.

CD ROM

The attached CD ROM resource has copies of sample documents you might need for project planning. These are in word format and can be modified for your needs.

- Meeting Agenda
- Workshop Agenda
- Project Planning
- Project Reporting
- Budget Writing

Health Promotion

The following can be downloaded and printed free of charge

Making Two Worlds Work: Health Promotion with an Aboriginal Lens
http://www.whealth.com.au/ourwork/mtww/mtww_healthpromotion_aboriginal_lens.pdf

Talkin' Up Good Air: Australian Aboriginal Tobacco Control Resource Kit
<http://www.ceitc.org.au/talkinupgoodair>

Key Documents

The Alma-Ata Declaration on Primary Health Care (1978)
www.who.int/publications/almaata_declaration_en.pdf

The Ottawa Charter for Health Promotion
www.who.int/hpr/NPH/docs/ottawa_charter_hp.pdf

NACCHO Definition of Aboriginal Health
www.naccho.org.au/definitions/abhealth.html

Key Organisations

For links to further health promotion information, see:

KAMSC Health Promotion Unit
www.kamsc.org.au/hpu.html

Australian Health Promotion Association
www.healthpromotion.org.au

Healthway
www.healthway.wa.gov.au

Useful Resources

continued

Funding Sources

Healthway www.healthway.wa.gov.au Health specific funding from the Western Australian State Government	Lotterywest www.lotterywest.wa.gov.au/grants Community small grants with specific grants for projects involving Aboriginal people
Grants Link www.grantslink.gov.au Information on a wide variety of funding from the Australian Federal Government	Rio Tinto Aboriginal Fund www.aboriginalfund.riotinto.com Funding from Rio Tinto for community projects involving Aboriginal people
Office Of Aboriginal Health www.aboriginal.health.wa.gov.au One off grants and funding for pilot projects in Aboriginal health	Australian Aboriginal Health Info Net www.healthinonet.ecu.edu.au/ health-resources/funding Links to different funding opportunities in Aboriginal health

Application Writers

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Red Tape Busters Phone: (07) 3882 2055 Mobile: 0402210664 Email: shanebowering@redtapebusters.com.au Website: www.redtapebusters.com.au	<i>For more on these people go to http://www.ourcommunity.com.au Search under 'funding'</i>

Health Information and Resources

Australian Bureau Of Statistics www.abs.gov.au	Secretariat of Aboriginal and Islander Child Care (SNAICC) www.snaicc.asn.au
Western Australian Aboriginal Child Health Survey (WAACHS) www.ichr.uwa.edu.au/waachs/about waachs@ichr.uwa.edu.au	World Health Organisation www.who.int
Health Info net www.healthinonet.ecu.edu.au	Health Insite www.healthinsite.gov.au

Australian Aboriginal and Health Research Organisation

Kulunga Research Network – Telethon Institute for Child Health Research (TICHR) www.ichr.uwa.edu.au/kulunga	National Health and Medical Research Council (NHMRC) www.nhmrc.gov.au
Onemda Vic Health Koori Health Unit www.onemda.unimelb.edu.au	Cooperative Research Centre for Aboriginal Health (CRAH) www.craah.org.au
Aboriginal Health and Medical Research Council NSW (AHMRC) www.ahmrc.org.au	National Centre for Aboriginal Studies (NCIS) www.law.anu.edu.au/NCIS
Kurongkurl Katijin www.kk.ecu.edu.au	Curtin Centre for Aboriginal Studies www.karda.curtin.edu.au
UWA School of Aboriginal Studies www.sis.uwa.edu.au	Menzies School of Health Research www.menzies.edu.au
Australian Institute of Aboriginal Studies www.aiatsis.gov.au	Centre for Australian Aboriginal Studies (CAIS) www.arts.monash.edu.au/cais
School of Aboriginal Australian Studies www.jcu.edu.au/sias	Centre for Aboriginal Economic Policy Research (CAEPR) www.anu.edu.au/caepr

References

References

Australian Health Promotion Association (2009), '*Core Competencies for Health Promotion Practitioners*', University of the Sunshine Coast: Queensland

James, R et al (2007), '*Core Health Promotion Competencies For Australia 2007*', Australian Health Promotion Association: Queensland

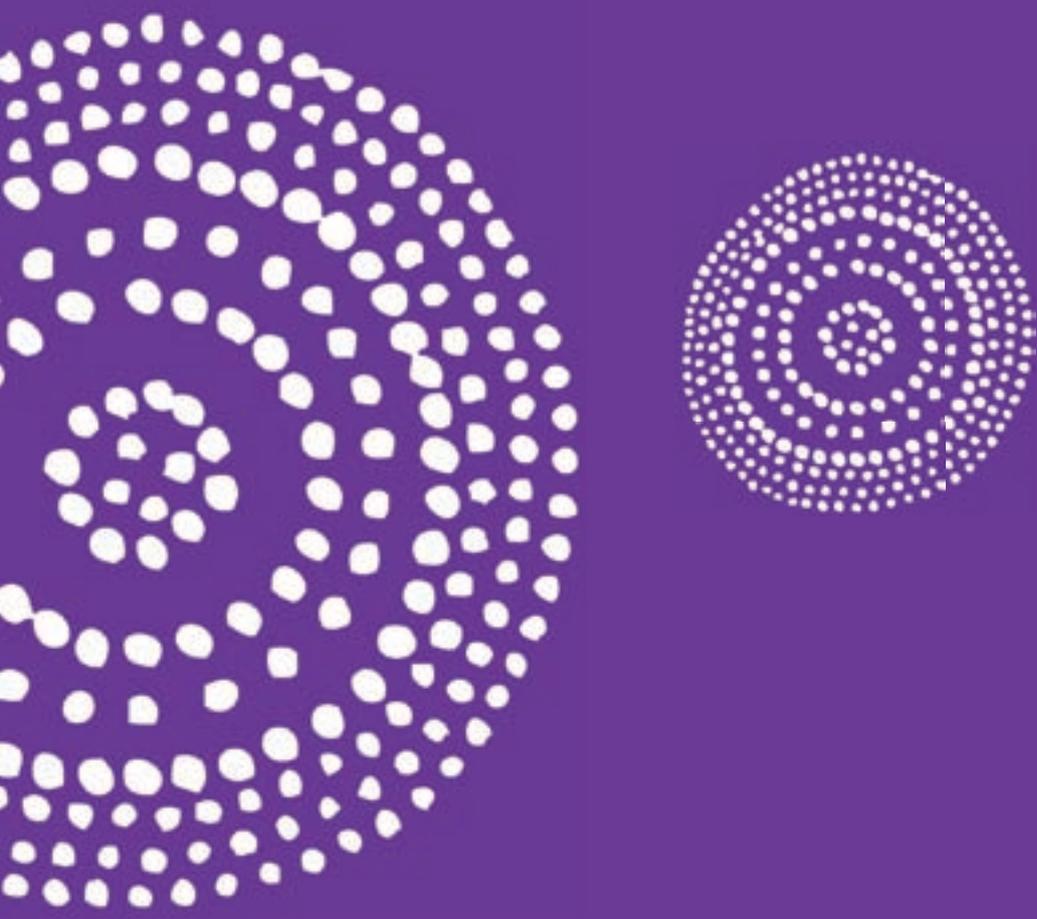
Department of Health and Ageing (2004), '*Building Health Communities: A Guide for Community Projects*', Australian Government: Canberra

Kruger, K et al (2007), '*Talkin' Up Good Air: Australian Aboriginal Tobacco Control Resource Kit*', Centre for Excellence in Aboriginal Tobacco Control: Melbourne

Mungabareena Aboriginal Corporation and Women's Health Goulburn North East (2008), '*Making Two Worlds Work: Using Health Promotion with an Aboriginal Lens*', available at http://www.whealth.com.au/ourwork/mtww/mtww_healthpromotion_aboriginal_lens.pdf

NACCHO www.naccho.org.au/definitions/abhealth.html

World Health Organisation www.who.int/about/definition/eng



Worksheets

Worksheet 3 - Project Plan Worksheets

Project Goal:

Objective:

Strategies How will the objective be achieved?	Activities What will be done to achieve the strategy?	Target	Support What resources are needed?	Timing When will it start? When will it end?	Evaluation How is it going? How will it be measured?

Worksheets

continued

Sample Workshop Agenda

Session 1:

Welcome and Introduction	This Coloum is for time Allowed
Summary of the day's sessions	
Housekeeping; <ul style="list-style-type: none">• Location of toilets, coffee and tea• Timing of breaks and lunch	
Group introductions	
Discussion about key messages, goals and objectives for the workshop	
Brainstorming session	
Presentation about the facts	

Break

Session 2:

Presentation	
Presentation	
Group discussion	
Presentation: <ul style="list-style-type: none">• Guest Speaker/Presenter	

Lunch

Session 3:

Rounds session	
Presentation	
Group discussion	
Closing discussion	

Talkin' Up Good Air – Australian Indigenous Tobacco Control Resource Kit Centre for Excellence in Indigenous Tobacco Control (CEITC).

Sample Workshop Agenda

Session 1:

Welcome and Introduction	5-10 min
Summary of the day's sessions	5 min
Housekeeping; <ul style="list-style-type: none"> • Location of toilets, coffee and tea • Timing of breaks and lunch 	5 min
Group introductions	10-15 min
Discussion about key messages, goals and objectives for the workshop	15-20 min
Brainstorming session-Health effects of smoking	30 min
Presentation-About the facts-Health effects of smoking	15 min

Break

15 min

Session 2:

Presentation-Tobacco, the nature of addiction and why people smoke	15 min
Presentation-Video about nicotine and addiction	10 min
Group discussion-The reason people smoke in the local community	30 min
Presentation-Guest Speaker/Community Elder: Losing our cultures-The death of our people to smoking	45 min

Lunch

1 hour

Session 3:

Rounds session-Barriers to changing community attitude to smoking	30 min
Presentation-Aboriginal Health Worker-Health promotion and different community-based tobacco control programs	20 min
Group discussion-Ways to help people in the local community give up the smokes	30 min
Closing discussion <ul style="list-style-type: none"> • Summary of the day's activities • Talk about the follow-up workshop—planning community action • Thank people for their participation 	30 min

Talkin' Up Good Air – Australian Indigenous Tobacco Control Resource Kit Centre for Excellence in Indigenous Tobacco Control (CEITC).

Worksheets

continued

Agenda

[Name of Organisation]
'[Name of Project]' Working Group meeting
[Venue, Date, Time]

1. Review agenda for today	This column for name of speaker	The column for time allowed
2. Agenda Item		
3. Agenda Item		
4. Agenda Item		
5. Other business		
6. Next meeting—where and when		

Talkin' Up Good Air – Australian Indigenous Tobacco Control Resource Kit Centre for Excellence in Indigenous Tobacco Control (CEITC).

Agenda

Goldfrond Aboriginal Medical Service
'Operation Smoke Signals' Working Group meeting

To be held at the
Indigenous Community Healing Place (Elders Room)
Black Flash Road, Goldfrond
at **2.00 pm**
on **Saturday, 1 April 2010**

1. Review agenda for today	Chair	5 min
2. Project funding	Alice	5 min
3. Short reports on tasks from last meeting	Connie and Jason	5 min each
4. Deadly Dan at Knockout <ul style="list-style-type: none">• Personnel• Catering• Promotional materials: flyers, badges, stickers• Transport• Costume	All	45 min
5. Other business	All	15 min
6. Next meeting—where and when	Chair	2 min

Talkin' Up Good Air – Australian Indigenous Tobacco Control Resource Kit Centre for Excellence in Indigenous Tobacco Control (CEITC).

Worksheets

continued

Sample Project Budget Checklist

Salaries	Estimate	Actual
Superannuation		
Office costs <ul style="list-style-type: none">• Computer• Printer• Rent• Electricity• Telephone• Printing (e.g. brochures)• Marketing (e.g. advertising)• Financial audit• Other (eg. stationery, postage)		
Vehicle		
Travel costs (including fuel)		
Training		
Insurance		
External advisors (consultants, evaluators, presenters)		
Venue hire		
Meeting expenses		
Program equipment		
Program running costs (eg. instructors, guest speakers, catering, volunteer costs, transport)		
Total		

Adapted from 'Building Healthy Communities'.

Final Report Proforma

Project Title

Name of Organisation

1a. Project Objectives

(list the Project Objectives identified in original project plan)

1b. Project Indicators

(list the Project Indicators identified in original project plan)

1c. Assessment of Project Results

(assess the Project Objectives against the Project Indicators)

1d. Project Management Strategies

(assess the Project Management Strategies, designated by your organisation or consultants in the original project plan, for their overall effectiveness during the project period)

1e. Community Consultation

(assess the Community Consultation undertaken for the project for its overall effectiveness, adequacy and contribution)

2a. Project Achievements

(list the achievements, positive events and results of the project, how they were achieved and what plans have been made to sustain them beyond the project period)

2b. Project Challenges

(list the challenges, difficulties and barriers encountered during the project and the lessons learnt)

Any other information you wish to provide us with about your project?

Please attach the following items:

Qualified Accountants Report

(provide a qualified accountant's report, covering the entire project period)

Project Material

(provide copies of any promotional, educational or other material created in the course of the project, including any material developed by external consultants)

Resource Material

(provide copies of any material created specifically as a resource to enable other communities to implement similar projects)

Certification

I hereby certify that:

All details contained in this RCDI Final Report are correct to the best of my knowledge and that all required items have been attached, in accordance with the RCDI Funding Agreement between the Commonwealth Government and the organisation.

From: Signed:

Date:

<h1>Project Report Proforma</h1>	Project Title
	Name of Organisation
	Reporting Period
<p>Outcomes and objectives</p> <p>What was set initially as per project proposal— outline the outcomes and objectives from your original project plan</p>	<p><i>Please provide comments on what has been achieved to meet each of these objectives in the reporting period</i></p>
<p>Progress or achievements</p> <p>To the date of the Report (eg. Milestones reached, events held, etc.).</p>	
<p>Difficulties</p> <p>What difficulties, if any, have been encountered by your project during the period covered by the Report.</p>	
<p>Outline action proposed or undertaken to overcome these difficulties</p>	
<p>Future Plans</p> <p>What key activities, strategies or plans do you have for your project in the next three months?</p>	
<p>Is there any other information you wish to provide us with about your project?</p>	
<p>Is the financial acquittance form attached with the progress report? YES/NO</p>	<p>Reason for over/under spend of funds?</p> <p>What action is proposed to amend over/under spending?</p>
<p>Is the invoice for your project's next funding installment attached? Yes/No</p>	
<p>Have you attached any further information with this progress report, such as press clippings, photographs etc.?</p>	
<p>From: Signed:</p>	
<p>Date:</p>	

