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Abstract

Issues Addressed: To describe the potential for strength based approaches in health promotion with the example of an urban Indigenous community

Method: Qualitative methods were used to describe an Indigenous perspective about community strength. The results were then used to inform a community development approach to health promotion.

Results: Five key strengths were described: 1) Extended Family; 2) Commitment to Community; 3) Neighbourhood Networks; 4) Community Organisations; and 5) Community Events. Working with these strengths, five kinds of resourcing strategies were pursued through various community development activities. These included: 1) professional support and development; 2) Networking Resources; 3) Management Support; 4) Specialist Support; and 5) Financial Support.

Conclusion: Standard needs assessment logic generally focuses our attention on gaps and weaknesses. This does not allow health promotion practice to acknowledge the existing social resources within communities which should be supported to promote better health. We suggest there are significant lessons here for community capacity building agendas, currently popular in social policy.

Keywords: Aboriginal and Torres Strait Islander; health promotion; community development; capacity building

Strong in the City: Toward a Strength Based Approach in Indigenous Health Promotion

Mark Brough, Chelsea Bond, Julian Hunt

Introduction

The enormous inequality of health between Indigenous and non-Indigenous Australians is well documented.[1] Despite a growing research literature which reviews the size and nature of this inequality, much less research attention has been given to reviewing the practices required in actively addressing this injustice. Health promotion as a field of practice offers a variety of strategies for health improvement and has formed a major plank in numerous attempts around the country to deal with Indigenous health issues as diverse as HIV/AIDS, child and maternal health, nutrition and drug and alcohol issues. The dominant focus in bringing health promotion to the challenge of Indigenous health has been one often concerned with developing resources and strategies which connect appropriately to the social and cultural spaces occupied by Indigenous people. We suggest in this paper that this involves much more than taking mainstream health programs and attempting to make them 'culturally appropriate'. As important as such a process of 'translation' clearly is, it necessarily assumes that deeper, more fundamental questions about the nature of health promotion are not required.[2] The aim of this paper is to describe the potential value of a strength based health promotion practice, to consider the implications of this in terms of the role of community development within Indigenous health promotion practice, and to apply the ideas of strength based practice within an urban Indigenous setting.

Background

This paper seeks to support the call for better understanding of Indigenous cultural spaces in the development of health promotion strategies, but also questions the quality of the lense which health promotion uses in 'seeing' culture. The conventional starting point for planning health promotion via needs assessments - we argue - obscures as much as it reveals about a community and the culture of its members. Secondly, we argue that the dominance of behaviourism within health promotion creates a tunnel vision concerned only with the cultural backdrop to 'unhealthy' individual behaviours, paying little or no attention to the broader and deeper dimensions of culture which occupy people's lived identity. We argue this narrow concentration on behaviours de-values the importance of empowerment, a principle supposedly central to the philosophy of health promotion.

We conclude by arguing for a health promotion lense capable of detecting the assets within communities. Central to this , we believe, is the importance of engaging with the culture concept at a deeper level, and in particular with the cultural assets of communities, assets which should be harnessed in health promotion practice rather than obscured and ignored. Langton[3] argued some time ago, that social researchers tend to find what they are looking for:

> *They set out to prove that, for instance, Aboriginal cultural values prevent Aboriginal people from being clean, tidy, hard-working, well-educated, wealthy and a host of other traits…*

Health Promotion needs to be aware of its own potential to utilize the culture concept superficially, 'explaining' unhealthy behaviours in reference to a series of stereotypical cultural traits drawn from the popular culture of white Australia. This point has particular salience for urban Indigenous communities for whom the dominant societal assumption appears to be based on a racist mythology that urban Aboriginal and Torres Strait Islander people have no culture or legitimate Indigenous identity.[4] It is imperative that health promotion engages in validating the cultural identities it seeks to work with; this necessarily means more than simply describing the cultural 'factors' behind unhealthy behaviours. It means, as Williams et al [5] has argued, that voice is given to the narratives of marginalized communities, narratives which draw upon identities, values and beliefs that are counter-hegemonic. Such discourses of resistance (see for example, Whittaker[6]) are important primarily at a societal level, but also strategically within public health; a field which has largely reflected rather than resisted the stereotypical construction of Indigenous identities.[7]

Methods

This paper reports on the findings of a multi-strategy health promotion project conducted within the Indigenous urban communities of Brisbane, Logan and Ipswich. Health Promotion Queensland (HPQ) funded the project with a view toward acknowledging the specific health promotion needs of urban Indigenous communities. A consortium was established made up of a partnership between the Indigenous Health Program and Nutrition Program (School of Population Health, University of Queensland) and the School of Human Movement Studies (University of Queensland) working in collaboration with a diverse network of Indigenous organisations across Brisbane, Logan and Ipswich.

Using a broad community development model of health promotion and informed by the concepts of social capital and assets based community capacity building, *Strong in the City* sought to develop a culturally informed practice of health promotion in partnership with the Indigenous communities of Brisbane, Logan and Ipswich.

Qualitative Research Component (Phase One)

An important aspect of *Strong in the City* involved describing an Indigenous perspective around issues of community and community building. Hence what follows is, in part, an overview of findings from a qualitative study of social capital among urban Indigenous people. The findings from this study helped provide a trigger for what was very much an action learning framework in the development of an appropriate health promotion/community development practice relevant to urban Indigenous communities. Importantly the connection between research and practice remained a strong characteristic of *Strong in the City* throughout the life of the project. This was not only evident in the commitment to continuous reflection on practice, but was also a feature of the staffing of the project which comprised an all Indigenous team of workers with experience in both public health research and practice.

The qualitative data reported below is derived from 17 in-depth interviews and 20 focus-group discussions held with a cross-section of Indigenous community partners (and their constituents) involved in the project. In all, some 100 Indigenous people were canvassed in the formative stage of Strong in the City (2001-2002). These interviews were conducted with a wide cross-section of people from Brisbane, Logan and Ipswich and included men's groups, women's groups, youth groups, Indigenous health and welfare professionals, arts workers as well as a variety of interested individuals. We do not claim representivity here, rather we sought a purposive, opportunistic sample capable of opening up the topic area and able to quickly feed into practice via the second stage of the project. More importantly, we sought to describe an Indigenous narrative of identity within a city context. We do not claim it is the *only* narrative within the community.

Strength Based Health Promotion (Phase Two)

A core principle of *Strong in the City* lay in the commitment to a strength based practice of community development. Community strength can be defined as the extent to which people provide personal support for one another through bonds of family or friendship as well as the extent to which people engage in wider networks, ideally crossing boundaries of age, gender, ethnicity, religion, social class and education. Further, community strength involves the ability of people to access the resources of organisations which not only requires knowledge and skills among the 'client' individuals but also the transparency and responsiveness of organisations and systems.[8] The following quote about marginalized American communities paints a picture not unlike Australia:

> *For most Americans, the names "South Bronx," or "South Central Los Angeles," or even "Public Housing" call forth a rush of images. It is not surprising that these images are overwhelmingly negative. They are images of crime and violence, of joblessness and welfare dependency, of gangs and drugs and homelessness, of vacant and abandoned land and buildings. They are images of needy and problematic and deficient people.*[9]

These images form a kind of mental map, which often conveys part of the truth about the actual conditions of a troubled community. Unfortunately these descriptions are not depicted as *part* of the truth; instead they are seen as the *whole truth*.[9] This American situation is strikingly similar to that of Aboriginal and Torres Strait Islander communities in Australia. Here Indigenous health is regularly depicted in terms of stereotypical images of hopelessness.[10] Cowlishaw[11] has commented on the narrowing of gaze resulting from such pathological descriptors of Indigenous communities, resulting in a blindness toward the complex and rich social domains which can exist alongside of social disorder. This pathologising is not only a feature of a sensationalist media, but also forms a major plank in the logic of health and welfare policy and planning. Much of the funding and program delivery in health and human services is based on needs assessments, which are designed to collect and analyse data about problems, gaps and weaknesses. This is a typical starting point for health promotion planning generally.[12]

Consider the contrast below between a standard needs assessment approach in Indigenous Health promotion with an assets based approach:

Needs Assessment Foci	**Community Assets Foci**
Unhealthy behaviours	Cultural Identity
Poor Nutrition	Sense of Community
Lack of Exercise	Knowledge and Skills
Alcohol and substance use	Political Activism
Loss of culture	Extended Family
Crime and incarceration	Organisational Involvement
Educational disadvantage	Volunteerism
Poverty	Community Networks
Unemployment	
Poor Housing	

Strong in the City chose to emphasise a strength based approach in an effort to help provide a more balanced approach to understanding Indigenous communities which are often only characterized in terms of weaknesses. This is not intended to disparage the logic and utility of needs assessments, simply to acknowledge that many needs assessments have been and will be conducted in Indigenous Australia, but few (if any) assets audits. Moreover we fear the disempowering consequences of endless needs assessments which continue to confirm the same deficits with few solutions in sight.

"The Message"

Health Promotion initiatives in both Indigenous and non-Indigenous communities tend to revolve around a key message, usually about a specific problematic behaviour such as smoking, alcohol, dietary habits, physical activity, immunization or health screening. These single risk factor messages whilst clearly potentially important often do little to engage with the upstream chain of events leading their occurrence. Not surprisingly there is much evidence that such messages appear to work best for those who least need them That is, the socially and economically privileged parts of society tend to be much more likely to take up health promoting messages.[13] Health Promotion has thus particularly failed Indigenous people, since the dominance of narrow behavioural change interventions are likely to work much better for non-Indigenous people than Indigenous. Further, behaviour change messages can convey a moral sub-text allowing the dominant class to display its capacity for self-discipline[14] simultaneously functioning as neo-colonial exemplars for Indigenous people to follow.

In contrast, an assets approach in health promotion stresses the importance of empowerment, linking people together, encouraging community action and tackling structural factors that affect health. Most importantly an assets approach starts from the basis of identifying community resources and seeks to support and encourage the development of those resources. In this project we were not so interested in 'bricks and mortar' resources, but in socio-cultural resources. What aspects of community and culture do Indigenous people invest in and draw from?

RESULTS

Starting with Strengths

When we talked to Indigenous people about the strengths of their community, many were very surprised. The people we talked to were used to being asked about problems, not strengths. As one member of the Indigenous community put it to us:

> *I think maybe people outside the community don't see the strengths of the community. You know like, people that are outside the community don't see the good things that happen in the community sometimes…they see the problems that kind of makes the media and stuff like that…they don't see the good side…*

Below we outline five key strengths which people commonly identified. This is not meant as a complete 'list', simply it suggests a small number of potential starting points which we found useful in the community development phase of the project.

Strength One: Extended Family

Indigenous families are commonly described in the media in terms of dysfunction. Yet Indigenous people know also of the many strengths of being part of a family:

> *My wife's cousin rings up from Cairns, said oh some fellas come down for a hospital and they want a place to stay... They all say (name's) daughter, there in Brisbane, you go stay with her anytime. Because dad was always taking in the homeless up in Cairns.*

> *Come my house on the weekend, you can see anywhere from six to ten murri kids, and then that's boys, and then you could have my daughter, my two nieces, their other cousins turn up...Yeah, and the only thing I can do (I can't walk out buy big loads of food) so I just make one of the biggest stews for them, you know?*

Strength Two: Commitment to Community

Indigenous communities are often described in terms of being passive, relying on others to solve community problems. Yet we found a very strong commitment to community among Indigenous people. Indeed many described this commitment as part of their identity:

> *To me being involved in the community is something that, if you identify as being Aboriginal, then that's part and parcel of what you give back to it by being involved in your community... That's our shared responsibility, to give back to it and we just don't work for ourselves, we work for the community.*

Strength Three: Neighbourhood Networks

Since many Indigenous people live in lower socio-economic suburbs, it is sometimes assumed that neighbourhood networks are less valuable to Indigenous people. However many people told us about the importance of neighbourhood networks and ironically found these more likely to exist in lower socio-economic locations where concentrations of Indigenous population made local networks possible.

> *Well what I seen over the years is… they're busting their guts to get out of Inala for a start, and then in a year of two years time, they're moving back in because I think they moved to the other suburbs and they can't just walk down the street to their cousins place or to their family or friend's place, have to travel miles to go and see someone. So end up all moving back here, because everyone's here, really. And you can always go down the road and get a feed, or have a yarn.*

Strength Four: Community Organisations

Many people told us about the importance of community organisations, not only because of the services they provided, but also because of their symbolic value as markers of achievement.

> *Now healthy communities are dependant upon healthy organisations. They can be healthy white organisations, but we need our own healthy black organisations. So that we can contribute to healthy communities.*
>
> *Well this place is getting quite a few functions. And I just wonder where we'd be if it wasn't available. You know, we got this sort of community, we got Murri Aid, and got education, and units at the school around here, and it's getting stronger... and it's strong... because we all do stick together, and we all do look after each other.*

Strength Five: Community Events

Community events signify many things for Indigenous people. They demonstrate solidarity among Indigenous people, but also project strength and pride to the wider population:

> *Weddings, sporting events, NAIDOC week. Sometimes it can be as little as a performing arts thing. People will turn up…especially if it's got some Indigenous input in*

> *there…they'll turn up to those events. They're good events because usually people are feeling high in spirit because it's something that…because there's an Indigenous input (might be Indigenous actors), so they feel proud and good about themselves. This person put on a good play and there's lots of white people there too, so that this white person can see black fellows from a different side and it makes black fellows proud and feel good.*

Community Development Activities

Using the logic of assets based community development, the *Strong in the City* project team sought to develop strong working relationships with a variety of Indigenous community agencies. Unlike traditional public health processes which rely on top-down processes of needs assessment (usually largely based on epidemiological data) to determine the nature of appropriate interventions, this project used a genuine model of community development in which the project team sought to be a resource to community initiated ideas and problem solving-strategies. This resourcing included more than simply financial resources. Within the project team and the wider consortium of the *Strong in the City* project lay a number of potentially useful resources. Five key types of resources were identified within *Strong in the City*:

1. Professional Support and Development

Professional support and development focused on building supportive relationships with Indigenous Health Professionals. These activities included providing support to professionally isolated workers, particularly in the areas of community development and health promotion. In addition, this also included supporting health promotion training within the Indigenous health sector.

2. Networking Resources

The *Strong in the City* workers held valuable skills and knowledge within their own backgrounds, but very importantly also worked toward developing their links with other resources. A number of the successful activities within *Strong in the City* involved workers being able to connect community agencies with new sets of resources not previously engaged with. In addition, the project team also successfully ran a newsletter and email group which both provided information to a broader range of individuals than could be achieved only through face-to-face networking.

3. Management Support

On a number of occasions, the project team were able to assist emerging community organisations developing their management infrastructure. In addition, project team members were able to assist management committees with writing funding submissions to various bodies.

4. Specialist Support

Specialist support particularly in the areas of nutrition and human movements was available within the *Strong in the City* consortium through the involvement of the University of Queensland Nutrition Program and the School of Human Movements. Support in developing a number of nutrition and physical activity programs was thus able to be provided.

5. Financial Support

Small grants were available through *Strong in the City* to support community initiatives. These grants were supported by an anonymous private donor whose contribution to the project allowed direct injections of funding to support community driven initiatives that were deemed to raise social capital and support the aims of the project.

With more than 50 initiatives undertaken over a two year period, it is impossible to outline them all here. Activities included football, dance, NAIDOC (National Aboriginal and Islander Day of Celebration) events, nutrition promotion, radio events, and arts exhibitions. Common to all of the initiatives though was support for individuals and agencies working hard toward established community agendas. The goal here was value adding, not value displacement. A mixture of more traditional health promotion pursuits like nutrition and physical activity mixed freely with more community building activities. With the support of the School of Human Movements we were able to add professional physical training programs to community football teams, with the support of the Nutrition Program, we were able to assist in the provision of a Youth Nutrition Program in an Indigenous Youth Organisation; with some professional assistance in grant writing we were able to assist in obtaining new computers for a youth training program, using professional networks we were able to support the development of an Indigenous Men's Health group which was able to hold two conferences and lobby government for

more strategic action on Indigenous men's health.; and with the injection of a small grant we were able to support an Indigenous dance group run a dance program for all interested Indigenous young people, where in the past government support was only available for young Indigenous people in contact with the juvenile justice system.

Conclusion

Rather than a passive community 'waiting' for top-down public health interventions, we found a community already working hard toward health improvement goals. Often though we found people working with limited resources in unsupported roles. As we have outlined, the resourcing issues here are not simply financial, they are also about connections and commitments made by mainstream structures to support the efforts of Indigenous communities to create their own mix of strategies and solutions.

Martin[15] has referred to the process needed to build productive relationships between dominant structures and Indigenous individuals and organisations as 'strategic engagement'. Strengthening communities is meant to be a fundamental principle of health promotion enshrined in such documents as the Ottawa Charter for Health Promotion,[16] yet often is reduced to an unevidenced rhetorical device dressing up old fashioned health education campaigns seeking people to change their unhealthy ways – far from 'strategic'. The unhealthy 'behaviours' of denying urban Indigenous people a legitimate identity, of constructing a public gaze based largely upon pathologised negative stereotypes, of denying adequate support to the organisations and individuals trying to alleviate the largest health inequality in Australia – these behaviours go unquestioned. We are not suggesting that agency within Indigenous communities holds all the answers in addressing health inequality, indeed we would argue that structural changes are fundamental to empowerment. Nor do we suggest that a new set of 'positive' stereotypes should now replace the more familiar negative stereotypes. Instead, we argue that emphases within social policy and programs based on building community capacity are important contributors to empowerment. We suggest though that a post-colonial version of this agenda is required, one in which existing capacities are first acknowledged before new ones are 'built'. Health promotion needs to play its part in this process by opening up its field of vision to the full breadth and richness of the cultural space before it.

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