

Deadly choices, healthy lives: promoting health in rural and remote Indigenous communities

Rachel Yates, Dallas Leon, Glenn Clarke

¹Gidgee Healing, Mount Isa Aboriginal Community Controlled Health Service, QLD

The Mount Isa Aboriginal Community Controlled Health Service (MIACCHS) Tackling Indigenous Smoking and Healthy Lifestyles (TISHL) team have been implementing the Deadly Choices and Good Quick Tukka (GQT) programs to Indigenous communities in the Mount Isa region since February 2014. The **aims** of these evidence based programs are to:

- increase awareness, health literacy and knowledge of the risks of smoking, high levels of alcohol consumption, poor nutrition and physical inactivity amongst Indigenous school children, pregnant women, disadvantaged men and other community members
- provide community members with encouragement and opportunities to make healthier lifestyle choices
- provide practical knowledge and skills in preparing healthy food
- increase links to primary health care services, including increased opportunities for health checks/early intervention, to lessen avoidable hospital use.
- increase exposure to healthy role models and provide leadership opportunities to become a champion within the community.

The TISHL team implements the program using a strengths-based, culturally appropriate **method** that builds on the benefits of making healthy choices and on existing positive examples within the community. It also leverages its links with the existing MIACCHS' medical clinic to cross refer and promote greater use of health services. Implementation of the program is highly **relevant** as the target community has a high Indigenous population as well as poorer health, wellbeing, early development, education and employment outcomes than much of the rest of Queensland¹.

This presentation will examine the relevance of using a strengths-based, culturally appropriate, health promotion model linked to an Aboriginal Community Controlled Health Organisation (ACCHO) in engaging Indigenous communities to take up appropriate health messages and behaviours. It will analyse and discuss **results** regarding the impact of these approaches on achieving the aims of the program as well as on the improvement in school attendance that the program has coincidentally achieved within the target community.

¹ Citations provided on request

The presentation will also explore how the combined TISHL and MIACCHS clinic teams can be used as a future platform for building Indigenous health workforce capacity within the community while simultaneously promoting health to address the needs of Indigenous **people** in rural and remote **places** and communities through offering greater **possibilities** of training, employment-readiness and wellbeing.