

Shaping the LIFE program: adaptation of the Stanford Chronic Disease Self-Management Program for Aboriginal and Torres Strait Islander communities

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The Stanford Chronic Disease Self-Management Program has a growing reputation and evidence base worldwide as a generic program helping people to better manage their chronic condition(s). Self-management, whatever the methodology, is becoming more accepted as an integral and necessary component of chronic disease management and essentially underpins the success of maintaining quality of life, control of symptoms and slowing or avoiding complications of disease process. Aboriginal and Torres Strait Islander (ATSI) communities continue to have much higher rates of morbidity and mortality related to chronic disease. Therefore having a range of strategies to improve not only chronic disease management but self-management will result in better health outcomes in the long term.

The Living Improvements for Everyone (LIFE) program was originally adapted for Aboriginal people during the rurally based Sharing Health Care SA project, part of the national demonstration initiative. LIFE has since grown and developed by capturing the feedback from the ATSI people who have been trained as leaders and master trainers in the program. This has resulted in a richer and more meaningful program and an understanding of the need for transferring adaptation skills onto leaders who will run the program in their communities to address the diversity of Aboriginal culture across Australia. One program does not fit all!

Building sustainable programs that are self-perpetuating and skills based will result in communities that have the capacity to train their own people in the future rather than rely on outsider 'experts'. The LIFE program will ultimately achieve this through the further development of the train-the-trainer model based on peer education and including the adaptation skills to ensure the unique community differences are addressed. This development has been made possible so far by the generous contribution of stories and suggestions from ATSI people trained, consisting of community people with no health background, health workers, nurses, teachers, diabetes educators. Their feedback will be the main focus of this paper and show how a program can be developed and adapted to suit the needs of particular communities. This paper will showcase some examples of LIFE in action from WA to NSW and show how ATSI people utilise the understanding of their culture and their communities to make a program sustainable and relevant.