“Lifestyle Change and the Real World – Making a Difference”

CREATING HEALTHY ENVIRONMENTS: Health promotion initiatives by the Aboriginal communities of the Goulburn-Murray Rivers Region

Kevin Rowley, Rachel Reilly
Onemda VicHealth Koori Health Unit, The University of Melbourne

Joyce Doyle
Koori Resource and Information Centre
Acknowledgements

Arrente Elders and Traditional Owners;

The Heart Health Project Steering Committee: Paul Briggs (RFNC), Sharon Charles, Felicia Dean (RAC), Julie Calleja, Rochelle Patten (VMAMS), Sharon Lawrence, Roland Watson, Jane Winter (DHS);

Bradley Firebrace, Leah Johnston, Marion Cincotta, Margaret Cargo, Jess Cooper;

Baker-IDI Heart and Diabetes Institute;

This work was funded by the Department of Human Services Victoria Public Health Research scheme, NHMRC & VicHealth.
Early Findings

• Indicated that the health behaviour of community members relating to diet and physical exercise were generally not in line with the national guidelines (Australian Government Department of Health and Ageing, 1999; National Health and Medical Research Council, 2003a, 2006).

• Recommended the development of community-directed, culturally-aligned programs to promote improvements in nutrition and physical exercise


• The Koori population of the Goulburn Valley is about 2000+, the state’s largest Aboriginal community outside Melbourne.

• The population is mainly spread across three regional centres and an Aboriginal township, Cummeragunja, on the New South Wales side of the Murray River.

• Includes the traditional lands of the Yorta Yorta and other Nations
Aims

‘Nutrition and physical activity guidelines and interventions for Aboriginal and Torres Strait Islander communities’
(DHS Vic Public Health Research Scheme funding)

• To evaluate nutrition and physical activity guidelines from the perspectives of Koori community members with a view to creating guidelines that are more relevant to Kooris

• To devise relevant, community-directed health promotion interventions to improve nutrition and exercise

• To increase the capacity of local Koori researchers to devise and evaluate health promotion interventions
Health Promotion Initiatives

1. Researcher training
2. Focus groups on national guidelines
3. Hungry for Victory
4. Canteen Fruit Share project
5. Cummeragunja Women’s Wellbeing Group
6. 10 Week Body Challenge

Researcher Training

• Health Summer School: NUTRITION: PROGRAM PLANNING AND EVALUATION FOR INDIGENOUS COMMUNITY HEALTH (held at QUT)
  - Attended by three Koori researchers
  - Ideas for health promotion interventions workshopped

• Outcomes:
  - The participants were struck by the commonality of problems across vastly different community settings
  - Participants became more aware of their own expertise
  - Participants realised that the Rumbalara Football Netball Club (RFNC) provided a forum and ready audience for intervention. This led to the development of the first Health Promotion intervention (‘Hungry for Victory’).
Focus Groups

Aim: to gauge responses the ‘mainstream’ guidelines, compare these to Aboriginal-specific guidelines created in other communities and devise Koori-focused guidelines for the local community.

Themes arising in the focus groups:
- Budget ("They want us to eat healthy but the prices are ridiculous")
- Convenience/Access
- Busy lifestyle
- Household
- Health and fitness
- Knowledge

There was limited relevance of guidelines to lifestyle change in the real world
Hungry for Victory

Program launch with Under 17s footballers

Nutrition workshops

Breakfast and mentoring programs
Canteen Fruit Share and Healthy Food project

*Training nights and match day healthy food supply*
Cummeragunja Women’s Wellbeing Group

- Participants advocated for this group
  - Not a focus group
  - A social group where health was discussed
  - Facilitated by health workers from RFNC and Rumba Co-op
  - Ran over 4 weeks
  - Responded to specific concerns of participants regarding barriers to good health
  - Activities included using a pedometer, collecting bush tucker, crafts and discussion.
10 Week Body Challenge

• Twenty employees from the Rumbalara Aboriginal Co-operative took up the challenge to increase their fitness by walking 10 000 steps per day for ten weeks as part of the ’10-Week Body Challenge.’

• The program was delivered by Gemma Van Den Tol, Joyce Doyle and Brad Firebrace from Rumbalara Football Netball Club. The participants were all female and ranged in age from 30 to 55.

• Each participant was provided with a pedometer and briefed them on how to use it at an introductory workshop. Gemma, Joyce and Brad visited the Co-op once a week to encourage participants and to monitor progress, including measuring body-fat percentage.
Protecting and strengthening connectedness

- Basing health promotion initiatives in community organisations like Rumbalara Football Netball Club:
  - Allowed community to host the activities rather than be a ‘client’ of a ‘service’
  - Occurs at the community’s own place
  - Brings people together in a culturally safe space
  - Does not occur in a setting where illness is the focus
  - The activities are visible to a wider audience
  - Ripple effects out to wider community
  - Assisted establishment of other programs e.g. Elders Strength Training
Evaluating the systems/ecological nature of health promotion

- **Assess:**
  
<table>
<thead>
<tr>
<th>SETTINGS (where)</th>
<th>TARGETS (who/what)</th>
<th>STRATEGIES (how)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organisation</td>
<td>Individuals</td>
<td>Educating individuals</td>
</tr>
<tr>
<td>Community</td>
<td>Interpersonal environment</td>
<td>Changing work environment</td>
</tr>
<tr>
<td>Society</td>
<td>Organisation</td>
<td>Creating inter-organisational collaboration</td>
</tr>
<tr>
<td>Supranational</td>
<td>Community</td>
<td>etc</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
  *Miller’s System Theory 1978*

- A program is more ‘ecological’ the more targets it has across a variety of settings

- A more ecological health promotion program is more likely to be effective than one which intervenes in fewer settings using fewer strategies.

Characteristics of the six program areas with respect to the ecological model of health promotion

Health promotion program scored according to the number of settings and strategies used:

- minimum possible score is 0 (only one intervention strategy, independent of number of settings)
- maximum possible score is 4 (three or more settings in which at least two strategies were implemented, one of which directly targeted the participants)

This set of health promotion activities had:

**TWO SETTINGS** (Organisation and community)

**SIX DIFFERENT TYPES OF STRATEGIES** (targeting individuals [education], interpersonal environments [mentoring], organisational partnership [outreach], organisational environment [food supply, workplace exercise program])

**FOR A SCORE OF 3** 3 / 4

Higher score would require an increase in the number of settings i.e. intervention at the ‘society’ and/or supranational’ levels (such as current activities in reconciliation and local/regional engagement with mainstream)
Dietary quality at RFNC canteen

*calculated as food density within the overall food supply at RFNC canteen and compared to NHMRC guidelines (National Health and Medical Research Council. Dietary Guidelines for Australian Adults. Canberra: Commonwealth of Australia, 2003)

Facilitators of Implementation of Activities as assessed by project workers

Barriers to implementation of activities as assessed by project workers

- Lack of Human Resources
- Lack of Time
- Lack of Financial Resources
- Conflict of Ideas
- Lack of Community Participation

Research and evaluation data

- The degree to which an activity was deemed successful by project facilitators corresponded to the degree to which it:
  - Was aligned with community values
  - Used knowledge of the local community.
  - Valued existing social structures and systems.
  - Was organised within a Koori cultural framework.
    - e.g. activities that foster social connectedness vs questionnaires (which failed)
    - Imposition of non-Koori ideas (eg the need for guidelines) vs. community-initiated ideas (eg garden, women’s wellbeing group)

  
Conclusions

• This set of health promotion activities aligned well with an ecological model of health promotion. It was largely consistent with a holistic model of health, and supported rather than disrupted social connectedness and other local imperatives.

• The process provides support for collaborative, participatory approaches to research and health promotion. We effectively implemented the NHMRC Guidelines for Ethical Conduct of Aboriginal and Torres Strait Islander Health Research.

• Partnerships involve
  – a continual negotiation of roles and competing values (eg. trainer/trainee; rigour/flexibility)
  – Clear and respectful communication
  – Capacity exchange: universities and funding bodies as partners rather than as leaders