

10 OUT OF 10 DEADLY HEALTH STORIES

Nutrition and physical activity

**SUCCESSFUL PROGRAMS FROM NSW ABORIGINAL
COMMUNITY CONTROLLED HEALTH SERVICES**

Aboriginal Health & Medical Research Council of NSW





ABOUT THIS BOOKLET

10 out of 10 Deadly Health Stories – Nutrition and physical activity was developed, produced and distributed by the AH&MRC of NSW.

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Introduction

Welcome to *10 out of 10 Deadly Health Stories – Nutrition and physical activity*. This booklet presents the stories of ten successful nutrition and physical activity programs from NSW Aboriginal Community Controlled Health Services (ACCHSs).

Improving nutrition and increasing physical activity for Aboriginal people in NSW is an area of focus for the AH&MRC Chronic Disease Program, and for many of our member ACCHSs, who respond to the needs of their local Aboriginal communities through programs that aim to improve Aboriginal health by promoting and enabling healthy lifestyles.

The programs described here are diverse in scope and approach, and in the locations of the communities involved. However, they share several features in common with the majority of programs developed and delivered by ACCHSs. All have been developed and tailored to meet needs identified by the Aboriginal communities in which the ACCHSs are located, and all have taken a ‘holistic’ approach. Many programs have involved Aboriginal Health Workers in key roles, and many have involved partnerships and collaborations between individuals from different professional backgrounds, and between ACCHSs and other organisations.

Another theme common to these and other ACCHS programs is that funding has often been through short term, project-based grants; many ACCHSs experience difficulties in sourcing secure funding to allow their successful programs to continue. We urge those in a position to support and fund Aboriginal health initiatives to consider making longer term commitments to ACCHS programs to allow them to continue, grow and develop to deliver health outcomes and Close the Gap.

While all programs at ACCHSs involve a range of informal evaluation and feedback mechanisms to ensure they meet community needs, not all of the programs described here have been formally evaluated. We hope in future collections of stories of successful programs from NSW ACCHSs, more reports will include the results of formal evaluations, so that the good work of ACCHSs can be acknowledged and to build the evidence base for all to draw on.

We have produced this booklet to document and celebrate some of the many outstanding achievements of NSW ACCHSs, which are often under-acknowledged. We expect these stories will provide ideas and inspiration for other ACCHSs, and government and non-government organisations for what can be achieved when Aboriginal communities develop and deliver programs for themselves.

Sandra Bailey, Chief Executive Officer,
Aboriginal Health and Medical Research Council



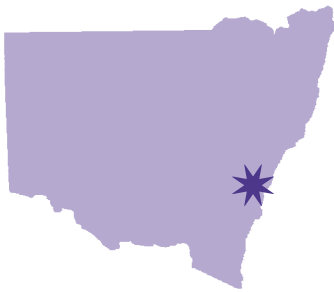
Program participants and the variety of different foods prepared



Cooking Classes for Diabetes Program

ABORIGINAL MEDICAL SERVICE WESTERN SYDNEY & WESTERN SYDNEY INSTITUTE OF TAFE

In 2002, staff and patients at the Aboriginal Medical Service Western Sydney began brainstorming ideas for programs that would benefit the local community. The high burden of diabetes and obesity was identified as an area of concern, as engaging people in diabetes and nutrition education could be difficult.



Aboriginal Medical Service Western Sydney is located in Mt Druitt, approximately 43 kilometres from Sydney's city centre.

Staff at the AMS had found that simply providing information on diabetes management often wasn't enough to help people make the sorts of changes that they needed, in order to live healthier lives. With the knowledge that active participation can be a successful way to help people learn, cooking classes were discussed as a way of helping people to eat more healthily.

Dr Penny Abbott, General Practitioner at the AMS, together with Aboriginal Health Workers Joyce Davison and Louise Moore, furthered the idea of the cooking classes. A relationship was established with the Western Sydney Institute of TAFE (Mt Druitt Campus) to develop and run the cooking program. Roz Webb, an Aboriginal woman from the local community and a TAFE Nutrition Teacher, was instrumental in setting up the program. This relationship allowed for the development of a culturally appropriate program, set in a supportive environment, while receiving expert input from the teaching staff. "The course was accessible and it is run in the AMS where I felt comfortable," said a participant from the program.

Roz came to the AMS each Monday to run the cooking classes. Louise and Joyce were crucial in making sure everything came together – arranging transport, setting up the kitchen facilities and providing health promotion information. The AMS also provided access to its other health programs and to health screening.

‘...fruit-wise, I never really got into eating fruit much but now I buy a big heap for me and dad.’

– Program participant

The program consisted of 18 weekly sessions. Each session began with Roz going through the meal plan for the day and giving instructions on how to prepare the meal. There was lots of ‘hands-on’ practice of food preparation and cooking, with participants enjoying the food that they had made at the end of each session. The AMS team and the group worked together to produce *Daruk Community Cookbook: with healthy eating tips*, which contains successful recipes from the cooking class and other recipe favourites provided by participants.

There were also weekly discussions on a range of topics including: choosing healthy foods when shopping, food hygiene, using low fat cooking techniques and ways to cut down on eating fast foods. “Fruit-wise, I never really got into eating fruit much but now I buy a big heap for me and dad...,” said another participant from the program. Participants also learnt about the relationship between eating healthy foods and their health, and how to monitor their diabetes. Another participant said: “It raised our awareness about diabetes. And to monitor our diet, our health and our own, you know, lifestyle”.

The Cooking Classes for Diabetes Program ran up until the end of 2006 and was then evaluated by the AMS. The evaluation identified a number of things that worked well, as well as issues that

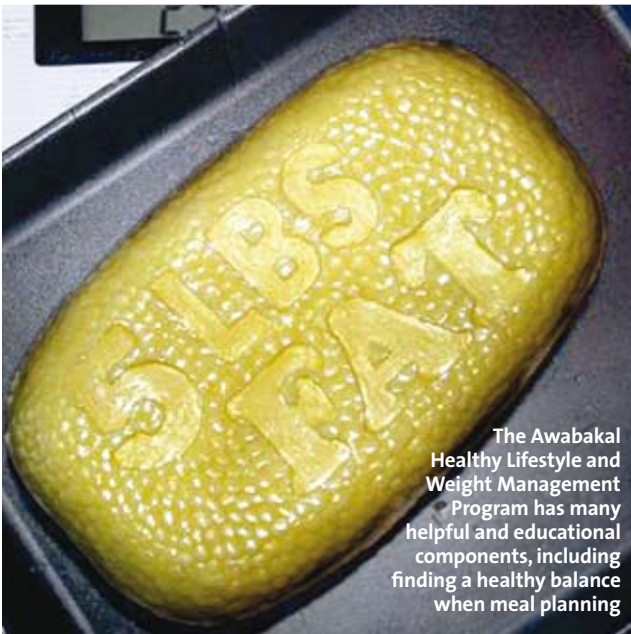
made lifestyle changes difficult. The high cost of fresh foods, resistance from family to make dietary changes, and the difficulties of changing lifelong eating habits were some of the issues identified. “It’s common sense just to eat properly but you’ve got to drum it into your head. The cooking course did help me to know that,” said a program participant.

From a positive perspective, Louise said that a lot of the success of the cooking classes was because they were run by Aboriginal Health Workers and teachers, and added that “most of the entire course was fun! It was very practical, and everybody could join in with the cooking”. Running the course at the AMS was considered by participants to be important to its success.

Cooking Classes for Diabetes received an award at the NSW Aboriginal Health Awards in 2005. These awards acknowledge the commitment and dedication by NSW health professionals in providing quality health services for Aboriginal communities. As a result of the success of this program, funding and support has been obtained to run two healthy lifestyle programs again in 2009. The first of these follow-on programs, suitably named Healthy Lifestyle and Cooking Course, was run in May 2009. The second program is scheduled to run in November 2009.

Good food hygiene practices with everyone wearing gloves and hairnets





The Awabakal Healthy Lifestyle and Weight Management Program has many helpful and educational components, including finding a healthy balance when meal planning

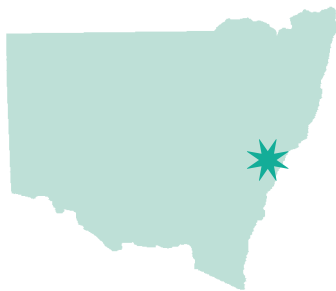




Healthy Lifestyle and Weight Management Program

AWABAKAL ABORIGINAL MEDICAL SERVICE, NEWCASTLE

Since 2005, the Awabakal Aboriginal Medical Service has been running the Healthy Lifestyle and Weight Management Program for its clients. In 2008, the program was run in two locations: Newcastle and Karuah. The program is focused on ‘learning through doing’ – giving people lots of practical opportunities to gain knowledge and skills in good nutrition and physical activity.



Awabakal Aboriginal Medical Service is located in the suburb of Hamilton, near the city centre of Newcastle, and provides primary health care services to the Aboriginal communities of Newcastle, Lake Macquarie and the Hunter regional area. These are the traditional lands of the Awabakal people.

The program in its current format is based on the Living Strong Program, developed in Queensland. Ms Inez Carter, Diabetes Coordinator, was armed with knowledge of the effectiveness of that program, having previously worked in Rockhampton before taking up her post at Awabakal in 2005. “The Living Strong Program has been shown to promote healthy eating and physical activity, as well as improve participants’ self esteem.”

Funding for the program was initially provided by a specific grant, and then drawn out of the general budget for Awabakal. Funding has not yet been secured to run the program for 2009, although Inez is hopeful that a further six-week program might be possible.

Participants for the program were recruited by sending out letters to clients of Awabakal, as well as by referral from Awabakal AMS general practitioners. There was a particular focus on recruiting clients who were overweight or suffering from hypertension.

The flexibility of its content has allowed the program to meet a range of needs. The program is usually conducted over a six-week period and consists of talks, activities and health screenings. Cathy Garlett (Family Health Coordinator), and Michelle Schumacher (a fitness coach), gave talks to the groups and ran some activities in nutrition and physical activity. Michelle Perry, Aboriginal Health Education Officer worked with Inez Carter in Karuah to help run the program.



‘I used to eat pies every day – now I limit that to having a pie once every two weeks. I didn’t know there was so much fat in a pie...’

– Program participant

Inez said that the format of the program – which uses activities and participant involvement to demonstrate healthy eating – worked well. “Participants learn first hand how to read labels to find out exactly what the food they are buying contains – like just how much sugar or fat there is!”

Other practical examples of learning about food were enjoyed by all. The use of plastic models to talk about portion sizes made it easy to learn about the right amounts of food to eat. Growing alfalfa in egg cartons to harvest and use in salads at home and in the group sessions brought food to life, and the cooking session also introduced new ways to use herbs such as basil and mint.

“Much of the program is aimed at building knowledge and skills so that participants will know how to choose healthy foods when they go shopping, and be able to prepare healthy meals for themselves and their families.”

At the conclusion of the program, participants reported a better understanding of how the food they eat can make a difference to their health. One of the participants said: “I used to eat pies every day – now I limit that to having a pie once every two weeks. I didn’t know that there was so much fat in a pie, and how that can affect my diabetes and can put on weight”.

Data was collected as part of the programs, and participants’ blood pressure, weight, BMI, blood sugar level, waist, chest and hip ratio were recorded at the beginning, middle and end of each program. The results were encouraging, with a number of participants’ blood pressure lowering, and some participants dropping up to two kilograms in weight.

Feedback from the program identified a few key factors that participants thought would be useful to help keep up with the lessons learnt. An important factor was follow-up to help stay on track. A visit every two weeks by the Diabetes Educator, together with ongoing education sessions, were set up to help provide ongoing support for course participants.

Inez sees that a lot of the reason for the success of the program is that it uses the combined support of the group, at the same time as supporting individuals to recognise their own strengths and abilities. “It’s a great program for communities, run in a supportive environment. People can learn at their own pace.”

“I tell everyone that they need to get more exercise and eat good healthy foods!” – *Program participant.*



Keeping track of blood pressure





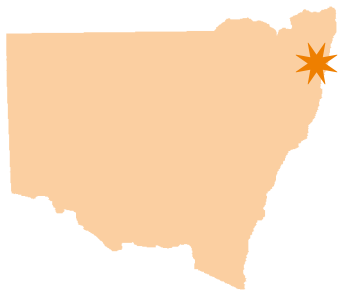
In the clinic getting a check up



Fruit and Vegetable Program and Market Garden

BULGARR NGARU ABORIGINAL MEDICAL SERVICE, GRAFTON

In 2003, a partnership between the Bulgarr Ngaru Aboriginal Medical Service and Baryulgil Public School to help children be healthy and get the most out of school saw the implementation of a market garden and the Fruit and Vegetable Program.



Bulgarr Ngaru Aboriginal Medical Service is located in Grafton, which is 613 kilometres north of Sydney. Gumbainggir people are the traditional owners of the land.

The market garden was built in the school, and maintained by school children and staff together with Community Development Employment Program workers. As well as learning about good nutrition from the ground up (literally!), the Fruit and Vegetable Program meant that kids had daily fresh fruit and vegetables at school, and learnt about preparing healthy meals and budgeting.

Bulgarr Ngaru staff, including Dr Raymond Jones, were responsible for testing children's health before, during and after the implementation of the program. Before the start of this program, there were high rates of skin infections and recurrent otitis media, and only 42 per cent of students had normal hearing. After six months of the program, there was an improvement, and after two and half years, 82 per cent of students had normal hearing.

“Hearing problems were so bad [at the start of the program] that teachers had resorted to using ‘surround-sound’ in the classroom,” says Dr Jones. “On retesting a couple of years later, hearing problems were greatly reduced and skin infections had just about disappeared.”

Throughout the program, Bulgarr Ngaru dietician Fiona Smith helped to develop and run sessions in eating well. “Fresh fruit and vegetables were hard to come by – and good nutrition, including plenty of fruit and vegetables, were part of the answer to the health problems that we were seeing.”



‘Fresh fruit and vegetables were hard to come by – and good nutrition, including plenty of fruit and vegetables, were part of the answer to the health problems that we were seeing.’ – **Fiona Smith, Dietician**

The program to provide subsidised fruit and vegetables has been extended beyond the school to five other communities that Bulgarr Ngaru services: Grafton, Baryulgil, Malabugilmah, Yamba and Maclean. The program is able to assist ten families in each of these communities, as well as a small number of elders with chronic health conditions. To be eligible to participate in the program, people must be a client of Bulgarr Ngaru, receive Centrelink payments, and agree to have regular health checks. Families are asked to pay \$5 per week to receive \$40 worth of fresh fruit and vegetables, accessed through the local shops. The difference of \$35 is subsidised by the AMS.

Running this program over a few years has given Bulgarr Ngaru the opportunity to find out what works well, and what doesn't.

Fiona noted that “the relationship with fruit and vegetable shops in the communities has been vital to ensure the success of this program”. The school-based program worked well, as Baryulgil school's population was mostly Aboriginal. In other areas, working in family groups was most effective. Having staff from Bulgarr Ngaru travel to families living in more isolated areas worked better than having the families attend the AMS.

The Fruit and Vegetable Program has been a catalyst for a broader preventive health focus at Bulgarr Ngaru Aboriginal Medical Service. An evaluation of the impact of the program on children's health and nutrition is underway.



Some of the team at Bulgarr Ngaru

The race to catch the big one

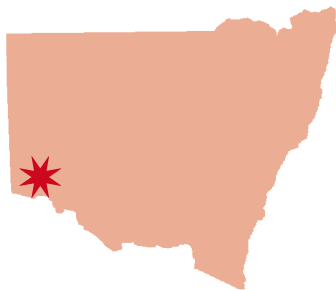


Diabetes Camp

COOMEALLA HEALTH ABORIGINAL SERVICE, DARETON



Aboriginal Health Workers and the Diabetes Educator at Coomealla Health Aboriginal Corporation were discussing ways of better engaging clients in their diabetes management when the idea of a camp was raised. This seemed like a good way of injecting some fun into learning about diabetes.



Coomealla Health Aboriginal Service is located in Dareton, in close proximity to both the Victorian and South Australian borders. Mildura, in Victoria, is the closest large town, 22 kilometres away. Sydney is over 1,000 kilometres east of Dareton. Barkintji are the traditional land owners.

Paul Winters, Aboriginal Health Worker, said that sometimes people felt overwhelmed when learning about their diabetes and this could make it hard for people to see that they could make positive changes. “We want people to see that making small changes to what you eat and getting some exercise can make a big difference. Learning how to prepare simple healthy food that is not expensive, is easy – and can make a big change in people’s lives.”

All the preparation – including finding a suitable venue, planning menus, preparing workshops and finding a personal trainer – was done by the Aboriginal Health Workers and the Diabetes Educator in the months leading up to the camp. The camp took place in May 2008 and was funded by the AMS, at no cost to the participants.

Cowra Station, a renovated ex-shearers’ quarters on the Murray river 20 minutes drive from Mildura, was chosen for the camp and proved to be the perfect spot to learn some vital skills to manage diabetes. While these important lessons were a core part of the weekend, there were lots of opportunities to go for walks in the beautiful surrounds or to go fishing.

Two workshops were included in the weekend, with the aims of providing participants with information on what diabetes is, how to manage diabetes, and how to prevent complications. These were informal sessions with a focus on interaction with the participants.

‘The personal trainer was a hit. He was dynamic, and the ladies really enjoyed the session.’

– Michelle Gray, Diabetes Educator at Coomealla

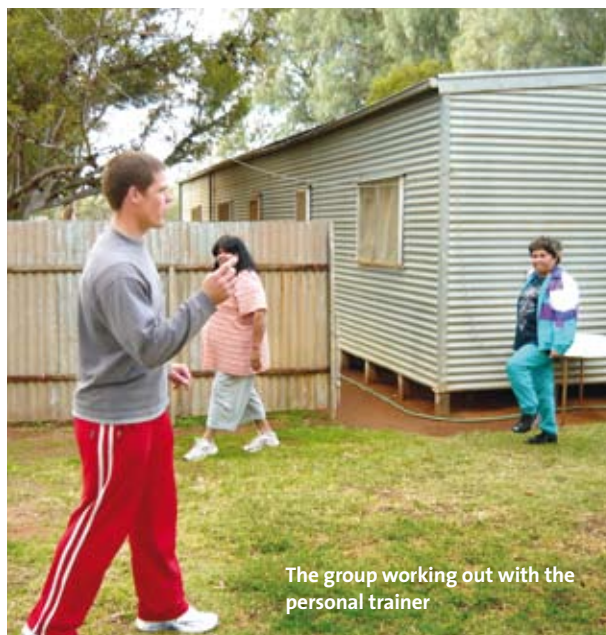
The camp did not provide catering, as part of the aim of the weekend was to get participants preparing and cooking meals themselves. Participants prepared breakfasts of cereal, multigrain bread, eggs and baked beans. Lots of fresh fruit and vegetables featured in the meals and snacks. Freshly caught fish would have been on the menu for the Saturday night – but no-one caught any! Instead, kangaroo and roast sweet potato wedges were the evening meal.

One of the highlights of the weekend was the personal trainer. “The personal trainer was a hit,” said Michelle Gray, Diabetes Educator at Coomealla. “He was dynamic, and the ladies really enjoyed the session.” The exercise session was designed for people with chronic disease, with exercises that people could continue with at home. The trainer provided a printed sheet of exercises to assist with this. Participants reported to Michelle for some time after the camp that they were still doing their exercises at home.

Michelle said that “we did lots of laughing” at the camp, while providing an opportunity for participants to gain practical skills that would help improve their quality of life. The six people who attended the camp all reported that they’d enjoyed the camp and felt more confident about things that they could do themselves to manage their diabetes. The positive feedback from participants about the

camp was put down to the hard work and planning by the team at Coomealla and the superb location.

After the success of this first camp, Coomealla plans to run two camps a year, and the funding for these camps will be provided by the AMS.



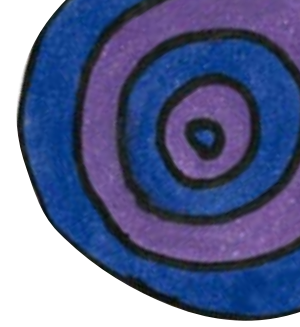
The group working out with the personal trainer



Keeping an eye on the blood pressure



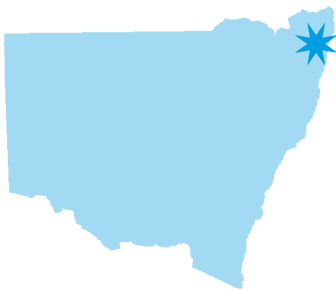
Staff and community members getting involved with the Healthy Food Awareness Program



Healthy Food Awareness Program

DHARAH GIBINJ ABORIGINAL MEDICAL SERVICE, CASINO

‘It’s never too late to change and improve your life.’ This message was published in a 2008 newsletter by Dharah Gibinj AMS Chief Executive Officer, Jeff Richardson. ‘The sooner you start to work on your health, the greater your chance of leading a longer, healthier life!’



Dharah Gibinj Aboriginal Medical Service is located in Casino, 20 minutes drive from Lismore. Brisbane is about three hours drive north of Casino and Sydney is 720 kilometres south. The Bundjalung and Githubal people are the traditional owners of the land in this region.

Local elders wanted to do something positive about some of the health issues in their community and had approached Dharah Gibinj seeking assistance. Many people are affected by chronic health conditions, and poor health in the community is a major problem. Managing chronic disease is challenging, and elders and the AMS wanted a program that could best meet the needs of those living with chronic disease. Attending health appointments, dealing with medications and making lifestyle changes can be hard.

Dharah Gibinj’s current Chronic Care Program was developed in response to these needs, and aims to deliver effective and coordinated health services to best meet the needs of those with chronic disease.

One arm of the Chronic Care Program is the Healthy Food Awareness Program. This was developed to promote healthy eating and increase physical activity, and to target other lifestyle factors with a negative impact on health – such as smoking. Assisting people to make healthy choices for better health is one of the aims of this program.

The Healthy Food Awareness Program is for people with obesity, diabetes, renal disease and other chronic illness, and is run one day a week at the AMS and at the AMS’s outreach clinics. The sessions are held in a comfortable environment so participants can discuss and ask questions about diet and exercise and other health-related issues.

‘Just 30 minutes of exercise each day such as walking, pushing a stroller with the jarjums (little ones) is the key to good health.’ – **Wayne Ritchie, Exercise Physiologist**

Education on good nutrition includes which foods to eat and those to avoid, promoting good health, and an emphasis on understanding the difference between good and bad fats. Wayne Ritchie, Dharah Gibinj Exercise Physiologist, also stresses the importance of physical activity for good health. “Just 30 minutes of exercise each day such as walking, pushing a stroller with the jarjums (little ones) is the key to good health, losing weight and living a long and healthy life!”

Innovative use of visual aids has been one of the ways that AMS staff have been able to demonstrate the health effects of poor diet, lack of physical activity and smoking. One such session involved a sheep’s heart, kidneys and lungs from the local abattoir – a graphic demonstration of how what we do affects our health.

Dr Paul Laird, a Respiratory Specialist from Lismore who performs lung function tests on clients and provides advice on giving up smoking, was also in attendance at this and other sessions.

“It’s been really productive and rewarding as some of the patients want to give up smoking as a result,” said Wayne Ritchie.

Part of the success of the Healthy Food Awareness Program has been that it has been able to be delivered not just in Dharah Gibinj in Casino, but in communities up to 100 kilometres away. “The Healthy Food Awareness Program is going very

well in the Mulli Mulli, Coraki, Tabulam, Bonalbo, and Kyogle communities. We started the program in February 2008 and it is still going strong,” said Wayne Ritchie.

A review of the program occurred six months after it commenced. The program was able to expand to allow additional community members to become involved. Funding support is self-generated within Dharah Gibinj AMS.

As the program continues to develop, staff continue to look for new ways to engage communities with the healthy choices message. In the last round of community visits, a DVD about heart health *Listen to your heart*, which is designed for Indigenous communities, was also included in the sessions. The team is also working with Bonalbo School to promote healthy eating and is working well.

A letter of appreciation was sent by school principal, Keith Larson, for the educational experience the AMS team of Wayne Ritchie and John Breckenridge gave students. Future activities planned for this program will include preparation and serving of healthy meals for the children – including barbecued fish, multigrain bread and fruit.

The Healthy Food Awareness Program is continuing strongly because of the relationship that staff and community members have developed. Ongoing consultation with local communities has also been vital to the success of the program.

"DHARAH GIBINJ" Casino Aboriginal Medical Service



Healthy Food Awareness Program



**For the
Men's
Outreach Communities**

Community : _____.

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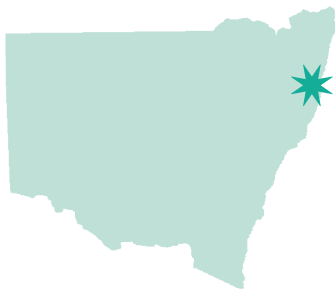
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Spring into Shape Program

GALAMBILA ABORIGINAL HEALTH SERVICE, COFFS HARBOUR

The Spring into Shape Program came to life in 2003 as a pilot program developed by the staff of Galambila Aboriginal Health Service and Mid North Coast Area Health Service. It included the Vascular Health Worker at Galambila, a Chronic Disease Nutritionist, and Health Workers from both Galambila and Mid North Coast Area Health Service.



Galambila Aboriginal Health Service is located in Coffs Harbour, approximately 540 kilometres north of Sydney. The Gumbainggir are traditional land owners in the Coffs Harbour region.

The program started in response to community consultation at a Chronic Disease Camp (sponsored by the Partnership for Aboriginal Care and held at Valla Beach in August 2003), as well as feedback received from Galambila's clients about its services. Some of Galambila's clients had identified the need for more exercise and nutrition programs to be held at the service.

Galambila Aboriginal Health Service initially provided funding for ten participants to be involved in a three-week exercise program, commencing in October 2003. The program was run from Galambila and within the local community (depending on the exercise venue) and was actually extended to run over four weeks because of all the positive feedback from an evaluation of the program. Galambila continued to fund the program for the next two years, with assistance from the NSW Health Aboriginal Vascular Health Program and the Mid North Coast Chronic Disease Program. Throughout 2006/07, the Collaborative Centre for Aboriginal Health Promotion funded the program and, currently, the program is funded through the NGO Grant Program of the NSW Department of Health.

The aim is to deliver an exercise and nutrition program to promote healthy lifestyle change and to help manage stress in a better way. The program offers a safe, fun and supportive environment to participate in a range of physical activities, some of which may not have been tried before. These activities include water aerobics,



‘We’ve joined the Aquatic Centre and ride our bikes down to do water aerobics at night. We have a group who go walking too.’ – Program participant

water pilates, chi gong, tai chi, ten-pin bowling and lawn bowls. Although not all forms of exercise are suitable for everyone, many of the participants were excited to gain new experiences: “We’ve joined the Aquatic Centre and ride our bikes down to do water aerobics at night. We have a group who go walking too”.

The program also includes nutrition sessions that encourage participants to make healthier food choices. These sessions provide hands-on interactive education and cooking sessions. Using a range of ingredients, the cooking sessions offer new tastes and cooking ideas. The meals prepared are chosen for their low cost, relative simplicity, and their low salt and fat content and high fibre content. Salmon fish cakes, quick bean salad and apple crumble were three examples of the delicious dishes on the menu!

Participants are provided with a fruit and vegetable box, at a cost of \$5, as part of the program. Recipe ideas are included, suggesting ways to use the contents of the box, as well as sharing nutritional information about fruit and vegetables.

Guest speakers also participate in some of the educational sessions, discussing community issues such as diabetes, injury and pain management and nutrition. Learning how to read food labels was just one of many worthwhile discussions, with feedback such as: “I look at all food labels now”. Another participant, when asked what they liked about the program, answered: “Learning about labels

– and now I can read them”. Another participant appreciated a medication discussion, feeling they “don’t often get education” about medication.

The program has provided a range of positive outcomes. Common themes in participants’ feedback were: “Very informative, funny and helpful, lots of ideas”; “It’s not judgemental”; and the program “doesn’t make me feel isolated”. More people are having regular health assessments and client weight loss and high morale are some of the identified outcomes of the program. One participant said that the program “kicked off my awareness of food and exercise” – that has to be a good thing!

The most recent Spring into Shape Program commenced in February 2009. The program has evolved to run over ten weeks, with 20 participants taking part. The Vascular Health Worker at Galambila, Pauline Stewart, is thoroughly enjoying her role in the program, as it creates “an opportunity to encourage client participation in healthier lifestyle activities and offers support and encouragement for people involved with disease self-management”. The program is evaluated on an on-going basis – to ensure information is up-to-date, activities are varied and participant feedback guides future planning.

Let’s hope Spring into Shape continues to grow as a program, providing a fun and positive experience for all participants as they learn about healthy lifestyle choices and activities.

Healthy Lifestyle Program

GRIFFITH ABORIGINAL MEDICAL SERVICE

Griffith Aboriginal Medical Service has been running a Healthy Lifestyle Program for two years, with funding from NSW Health. The program began in May 2007 with a 12-week 'kick start' by Weight Watchers. During this time, the foundations of the program were set, with Weight Watchers staff giving their advice and guidance on how to run the program.



Griffith Aboriginal Medical Service is located in Griffith, 575 kilometres west of Sydney. Wiradjuri are the traditional owners of the land

The reason for introducing the program was that a number of people were identified through Adult Health Checks as being overweight, and the Griffith AMS wanted to help reduce these numbers. Wanda Brighenti, Registered Nurse at Griffith AMS, has been involved with the program since it began, and took up running the program where Weight Watchers left off. “There was a need here, for both the men and the women, to tackle some of the issues around being overweight. Weight Watchers were great and gave some fantastic support to help get us going.”

Wanda said that the initial group was well attended; the program had 35 participants register at the beginning of the program and continued to have 22 participants each week for the 12 weeks in the sessions run by Weight Watchers.

“Over the 12 weeks, the group lost more than 90 kilograms, and five participants lost more than five kilograms, which is an outstanding effort, and participants should be proud,” said Stacey Meredith, Chief Executive Officer of Griffith AMS.

Although the numbers declined after this, there has continued to be regular weekly attendance of about 12 people throughout the program.

The Healthy Lifestyle weekly meeting includes a weigh-in, a talk on an aspect of healthy eating or activity, meal

preparation, and some exercise. The talks are on topics such as portion sizes, why people over-eat, motivation to maintain a healthy diet, and how to get active and stay active. The sessions are designed to be very hands-on, and participants go through a recipe and make a meal during the session. Recipes that were used during the program are going to be included in a cookbook which will be available through the AMS.

Wanda stresses the importance of fitting physical activity into everyday life. “People can find it hard to find the time, or motivation, to exercise. We show different ways of keeping active and how to do this everyday – like walking to the shop or to your neighbours.”

The type of exercise has changed over the course of the program. At one point, Joyce, an Aboriginal Health Worker from Greater Southern Area Health Service, ran exercise sessions with the group. These sessions were recorded onto a DVD so they could still be used after Joyce’s retirement. As part of the plan to keep the sessions interesting, Wanda now runs weekly tai chi classes. Sometimes, other gentle exercise sessions are run – temporary weights made of bottles filled with rice were used for upper body exercise but have now been replaced with ‘proper’ wrist weights.

After each session, the group does a 30-minute walk together. All participants are well aware of the importance of getting regular exercise. Pedometers were given to each of the participants by Weight Watchers, to help participants achieve the 10,000 steps a day recommended as a healthy level of physical activity.

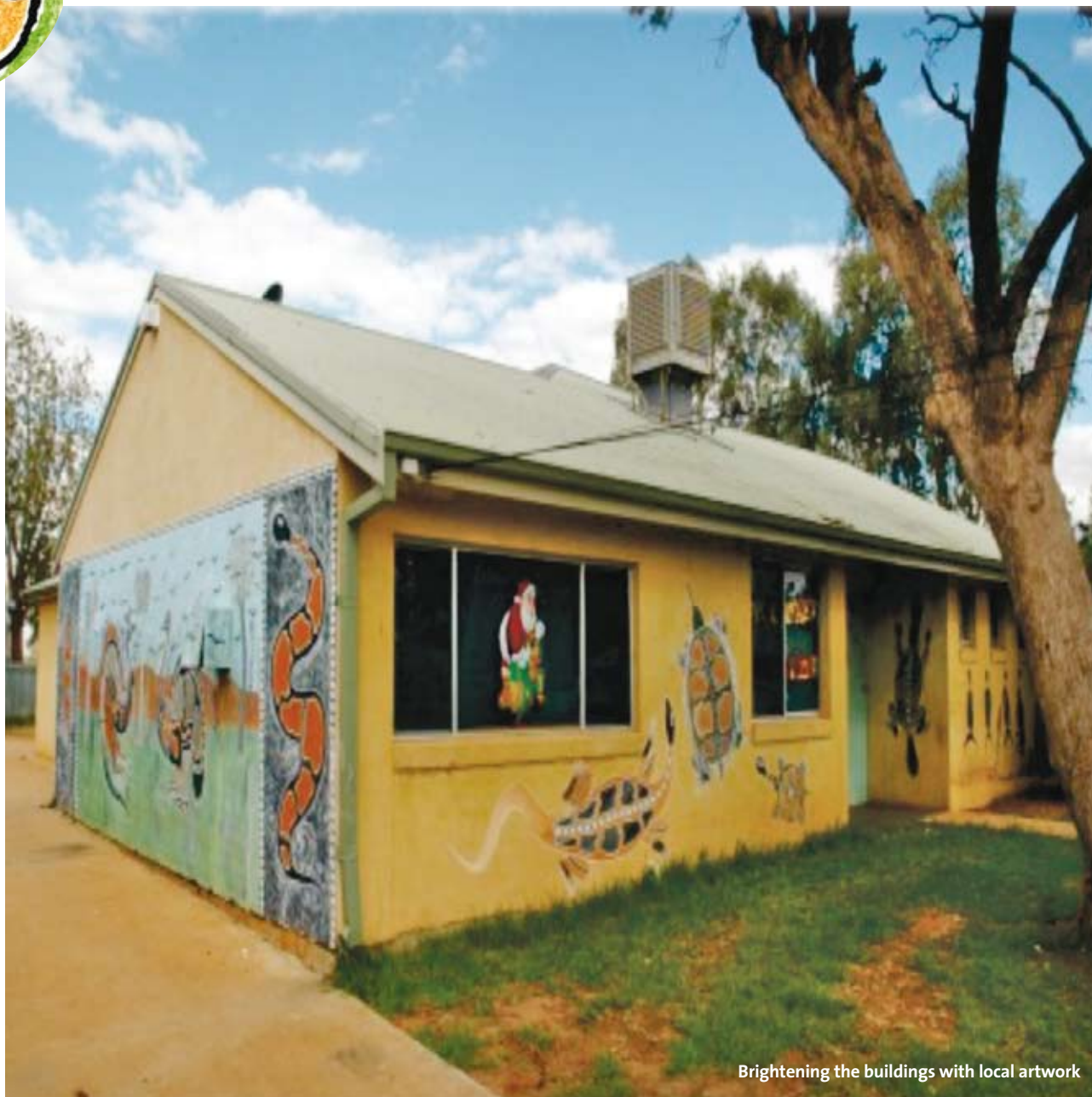
Wanda has found that a number of things have worked to help make the program successful. Providing transport to bring participants to the AMS has been essential. Fruit and vegetable packs to promote healthy eating at home were given routinely at first, but this changed to be given as a reward for every five kilograms of body weight that is lost. These packs are bought from different shops to support a number of businesses in the area.

The program has had short breaks for a few reasons, such as when the weather was too hot, or when Wanda had other duties to attend to. Despite these breaks, the program has always started up again.

An extra advantage of the program is familiarity and the supportive environment provided for participants to tackle other behaviours affecting health, such as smoking.

Wanda is always looking for ways to keep people motivated and encourage other people to attend the group. Recently, the group ran a 25-week challenge between the men’s and women’s groups to see who had lost the most weight. The women’s group were the winners on this occasion!

The plan for the Healthy Lifestyle Program is to come back again in late August or early September for another 12-week program that will help everyone get ready for Christmas! With the support of the AMS, the program aims to be run twice a year, with a break over the colder months of winter.

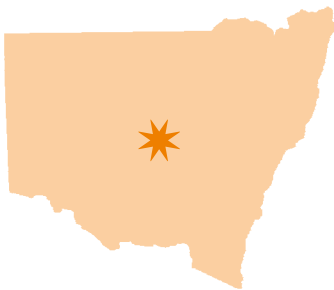


Brightening the buildings with local artwork

Building Healthy Communities Project

MURRIN BRIDGE ABORIGINAL HEALTH SERVICE

Murrin Bridge is an Aboriginal community in the heart of central NSW, about 14 kilometres north-east of Lake Cargelligo. It was originally set up as an Aboriginal mission in 1948. The population of Murrin Bridge is around 150, depending on the weather and community events.



Murrin Bridge Aboriginal Health Service is situated in the central west of NSW, about 550 kilometres from Sydney. The Wiradjuri are the traditional owners of the land in this region.

The Building Healthy Communities Project was developed using funding from the Commonwealth that was provided over a three-year period ending in April 2007. The funding was to develop, implement and then reflect on ways that the Murrin Bridge community, as a whole, could have a more active and healthier lifestyle.

The community tackled this in several ways, including nutrition and cooking classes. An important part of the project was to help increase the communities' awareness of different food ingredients and how to prepare and cook them. The dietician assisted in this area and implemented the 'Quick Meals for Kooris', a cooking and nutrition education program. The process of cooking, sharing and enjoying great food took place in a small kitchen in the health centre, despite some of the challenges that were faced. "At times, it was difficult with no air conditioning working," said Jenny Doecke, an Aboriginal Health Worker at Murrin Bridge.

The Murrin Bridge community vegetable garden was also part of the project. This was seen as a great way to have access to fresh fruit and vegetables and promote the idea of being self sufficient. The community garden worked well, as some members of the community were completing Horticultural and Landscaping courses through the Lake Cargelligo TAFE and were able to apply their skills and knowledge.

The community garden was a great way to have access to fresh fruit and vegetables and promote the idea of being self sufficient.

To get the vegetable garden started and off the ground, the local rail corporation was contacted and donated 200 railway sleepers. Two tonnes of sawdust and soil were also donated. Maree Atkinson, a Condobolin nurse who was working at Murrin Bridge at the time, said: “It was through writing letters and asking for the donations that this was able to happen”.

Attempts to organise water aerobics, as part of increased physical activities offered in the community, were met with difficulties. It seemed that the group, at the time, weren't too keen to get into their swimmers with a lot of people around and it was difficult to schedule a private session in the local pool.

Although water aerobics may not have been a success, the upgraded walking track was enjoyed by the ladies. The Cobar Shire and the Murrin Bridge community negotiated for the five kilometre track to be graded to be safe for anyone who wanted to use it. Boxing sessions were run for the boys and were thoroughly enjoyed by all who participated. These sessions were supported by the Police and Community Youth Club, who were able to provide a bus to transport the group of 12 boys. Other physical activities such as tai chi were also undertaken by some members of the community.

The project also focused on increasing the social and emotional wellbeing of the Murrin Bridge community. Activities such as young women's self esteem classes, craft and jewellery making classes, and the making of a 'stop beating around the bush' quilt were undertaken to help achieve this goal. This quilt is now on display at the health centre for all to appreciate and each patch has its own story.

A number of partnerships that have formed since the program started have all contributed to the planning, development and implementation of activities associated with the project. However, the most important partnership formed has been between the members of the Murrin Bridge community. Without the involvement of the community, the project could not have succeeded or continued to support activities such as the community sporting challenges with neighbouring communities. For such as small community, it sure has a big heart!

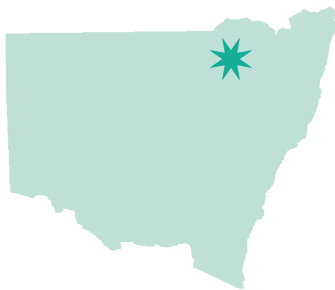


The veggie garden starting to grow

Community Kitchens Program and Water Aerobics Program

PIUS X ABORIGINAL MEDICAL SERVICE, MOREE

The concept of a Community Kitchens Program was first introduced to the community at Pius X Aboriginal Medical Service, Moree in 2004. Local Aboriginal community members in Moree voiced their need for nutritional and cooking education to encourage healthy lifestyle choices within the community.



Pius X Aboriginal Medical Service is located in Moree, approximately 640 kilometres north west of Sydney and 90 minutes drive from the Queensland border. Kamilaroi are the traditional owners of the land in this region.

The Moree Community Health Dietician, Polly Antees, worked with the local community in developing a program based on Wagga Wagga's Community Kitchens model, adapting it to meet the needs of Aboriginal women in Moree, Mungindi, Boggabilla and Toomelah.

The Community Kitchens Program, in its current form, has been the result of a partnership between Pius X AMS and the local Area Health Service.

The program at Pius X AMS was first trialled in early 2007 but was discontinued in winter due to low attendance. The program restarted later in the year, with alternating exercise classes and nutrition sessions.

In 2008, the program was redesigned around a three-month calendar, which outlined the topics to be discussed during that time. The program includes education in food preparation and food hygiene, menu planning and nutritious meal choices, recipe modification, how to read food labels and food shopping on a budget. The three-month calendar is flexible in that any important dates, appointments and birthdays could be added and worked around. The program sessions are held weekly for approximately three hours each.

The program has been advertised through leaflets, word of mouth and via the dietician and Mission Beat. Community announcements have also been used, including on a one-

‘It was good to learn what is happening in my body.’

– Program participant

hour program on the local radio station hosted by two local Aboriginal men.

The staff at Pius X have been busy thinking about physical activities that members of the community can get involved in, regardless of age and ability, to help improve their wellbeing.

Moree has excellent warm and cold pool facilities, available year-round, making water aerobics an ideal, low-impact activity, to get people moving. The AMS has developed a six-week program in partnership with Hunter New England Area Health Service, which is specifically aimed at individuals with chronic diseases such as diabetes and hypertension. Sessions are held with a qualified fitness instructor, twice a week for about one hour each. There is no cost for participants to get involved and they are also encouraged, as is the case with all the programs offered at the AMS, to have a Health Check. The AMS regularly monitors participant’s measurements to help identify any positive changes since beginning the program.

Pius X also has a training circuit that participants can use with the help of trained health workers. Some of the women from the Community Kitchens Program have been getting into the circuit, as well as some of the men in the community.

Participants’ satisfaction with the Community Kitchens Program, in particular, is monitored to ensure continuous quality improvement of the program. Some comments from participants have included: “I liked the topics and it wasn’t boring”; and: “It was good to learn what is happening in my body”. Pius X AMS continues to work hard at providing programs to the community that are accessible, appropriate and enjoyable to all who participate.





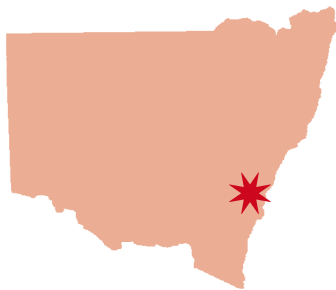
Strong community support for community kitchens



Community Kitchen Program and 'Koori Walkabout'

THARAWAL ABORIGINAL MEDICAL SERVICE, CAMPBELLTOWN

The Community Kitchen at Tharawal has been operating for the Aboriginal community in Campbelltown since 2008. The Community Kitchen is run weekly to encourage healthy eating, good nutrition and culturally appropriate meals.



Tharawal Aboriginal Medical Service is located in Airds, a suburb of Campbelltown in south west, outer metropolitan Sydney. The Dharawal people are the traditional owners of the land in this region.

Each session in the kitchen runs for about three hours. During this time, participants talk through cooking plans for the day, prepare and cook food and, the best part of all, sit down together to enjoy their creation! The average weekly attendance has been 15–20 people; however, these numbers have been known to reach 30–40 people. Community elders, young women and members of the men's group are a snapshot of who you might see cooking up a storm in the Tharawal Community Kitchen.

The kitchen offers a friendly, relaxed environment, where people can share and improve their knowledge and skills in food preparation, food budgeting, food access, nutrition and a healthier lifestyle. This environment also creates an opportunity for participants to connect with other members of their community. The group is facilitated by an Aboriginal Community Educator and assisted by a Community Nutritionist and a Health Promotion Officer.

The Community Kitchen operates in partnership with Sydney South West Area Health Service. Funding received through the Healthy Active Australia Community and Schools Grants Program will allow the program to be continued over next 18 months and will cover the cost of food used each week during the class. At the end of each session, participants discuss and decide on the following week's menu. The Aboriginal Health Workers at the service are responsible for shopping for the necessary

Vicky Connolly, Aboriginal Health Worker at Tharawal, believes that one of the secrets to the success of the community-building activities at Tharawal is the high level of morale and cohesion among staff members.

ingredients prior to each session. Each month, staff at the AMS contribute a gold coin donation and, in return, participants prepare a delicious lunch for all to enjoy. Any left over food can be taken home by participants to share with family members and friends. A folder containing the recipes made in class is also given to participants, so they can re-create their favourites and show off their culinary skills at home.

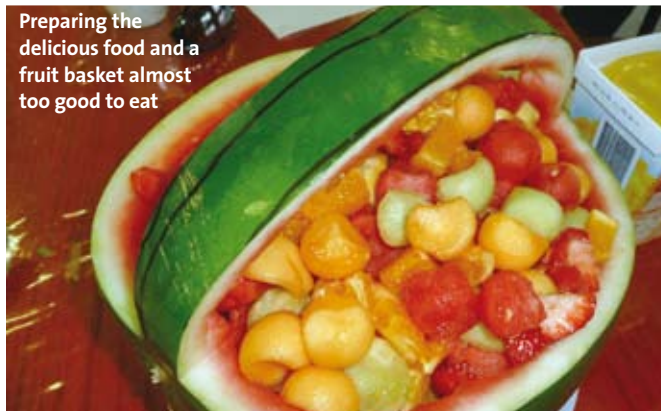
Tharawal Aboriginal Corporation held an official launch of the Community Kitchen on 4 May, 2009. Ruby Langford, OA, attended this event, which also included the launch of 'Our Mob – My Family's' Calendar by Vicki Wade.

'Koori Walkabout' is another program running at Tharawal. This weekly walking group has been operational since 2007. A mailout promoting local community participation was made and, after an initially slow uptake, the number of participants steadily increased and the group now boasts around 20 regulars each week. The age of participants ranges from 19 years through to community members in their seventies. The group is registered by the National Heart Foundation, who provide information packs that are given to all new participants. Newcomers also receive a free pedometer, enabling them to count and compare the number of steps taken during each walk.

Prior to getting involved, participants undergo a health check and receive medical clearance. The group walks for 30–45 minutes once a week, at a comfortable pace. Each week, a different walking track is chosen, to ensure variety and to maintain interest. As an incentive, participants who attend seven sessions are presented with a t-shirt that reads: 'Move your feet, keep your heartbeat'. This incentive creates some healthy competition among participants and helps everyone keeps track of the number of sessions attended.

The walk is followed afterwards by a healthy lunch, enjoyed at Tharawal. The service has made a conscious effort to provide healthy and nutritious food options at all events, programs and activities undertaken at Tharawal.

Vicky Connolly, Aboriginal Health Worker at Tharawal, is one of the leaders of the walking group. Vicky believes that one of the secrets to the success of the community building activities at Tharawal is the high level of morale and cohesion among staff members. Through their involvement in activities such as the Community Kitchen and 'Koori Walkabout', staff have created a fun environment for participants who, in turn, can enjoy a positive experience.



Aboriginal Community Controlled

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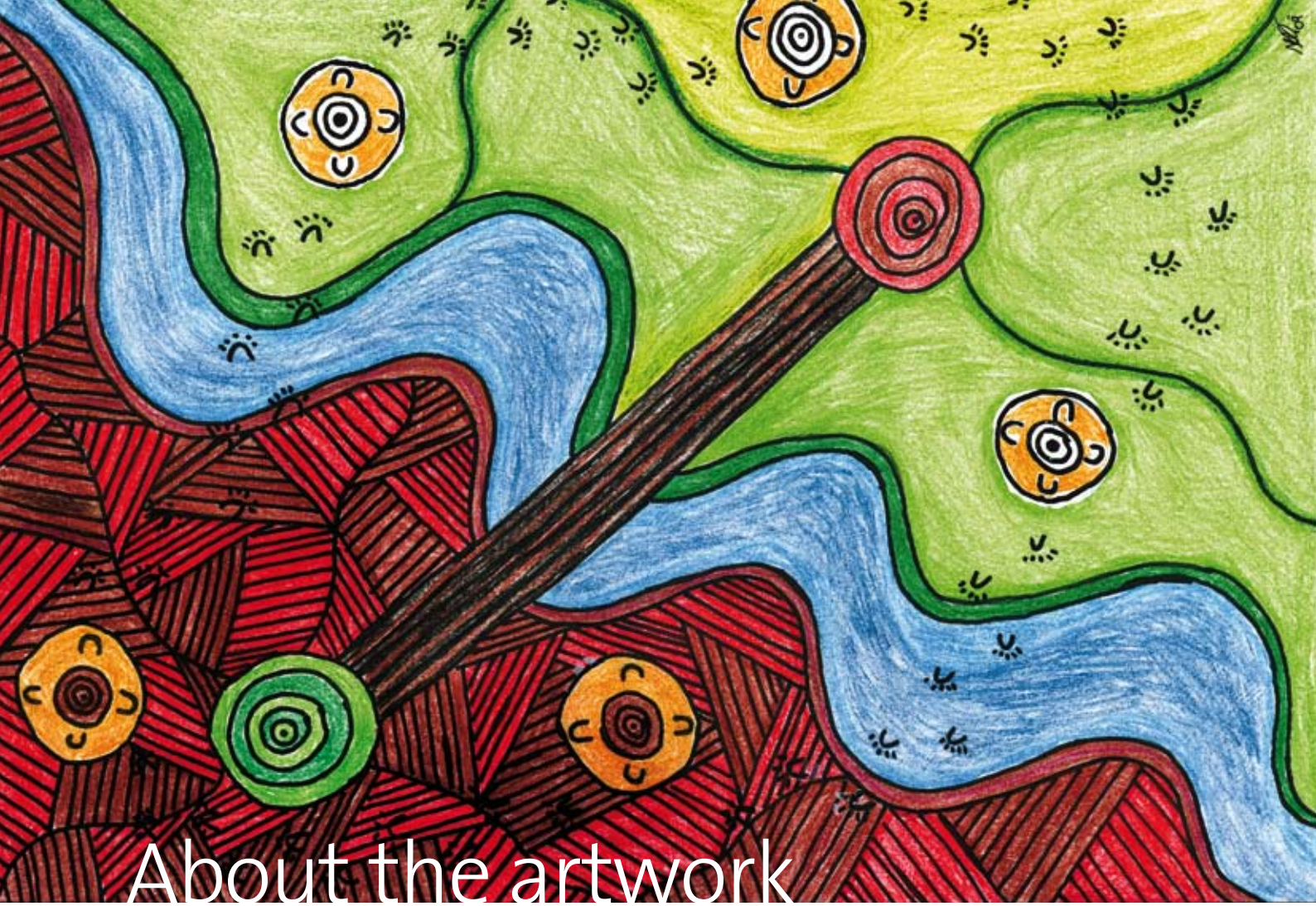
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About the artwork

The artist

Sid Williams is a Gamilaroi man from north west NSW who has worked in health and welfare for the past 18 years. During this time, Sid has had a number of roles, as well as being an active member of community groups and NAIDOC committees.

“Art, both musical and visual, stem from my mother and father. My Aunty Nell Harradine taught me to draw and paint, my Uncle Bob Davis showed me how to play the guitar. As a child, the days were full of music playing in the background (Charlie Pride) or someone singing, and me painting. Animals and the land were the main themes of my paintings and drawings which reflect the nature of where we lived and my father’s work (farm hand/assistant).”

The artwork

The artwork symbolises the importance of nutrition and physical activity in maintaining good health and wellbeing, but ultimately the importance the land and the environment play in addressing poor health and the wellbeing of Aboriginal people.

“If you take care of the land you live on by removing foreign weeds, planting native species, having a garden and respecting its nature and vastness, it will reciprocate by providing you with food and enjoyment.”

Artwork Symbolism



Represents a bridge, linking the past to the present; enabling us to learn from our ancestors and how they cared for their land/country.



Represents the journey that both our ancestors took and that we need to take to ensure the environment and land is healthy to be able to provide for us.



Represents people past and present sitting down to talk, listening and sharing ideas about caring for this land so that it provides the necessary nutrition for survival.



Represents a healthy land and country, whereby people have nurtured and the land has reciprocated by providing food, shelter and the means for survival.



Represents how fragile the land is! If the land is neglected and we do not nurture and respect it, it will not provide us with the elements for survival.



Represents water; an important element for survival.



Represents a conduit where all learning, knowledge and experiences are gathered and transported across the bridge.



ABOUT THIS BOOKLET

The Aboriginal Health and Medical Research Council has compiled these stories from NSW Aboriginal Community Controlled Health Services to demonstrate the success and potential of these Aboriginal community initiatives.

