Australian Government
Department of Health and Ageing

CLOSING THE GAP
tackling Indigenous chronic disease

Healthy, Deadly and Strong

CLOSING THE GAP: INDIGENOUS CHRONIC DISEASE PACKAGE

HEALTHY LIFESTYLE WORKER TOOLKIT

Acknowledgments

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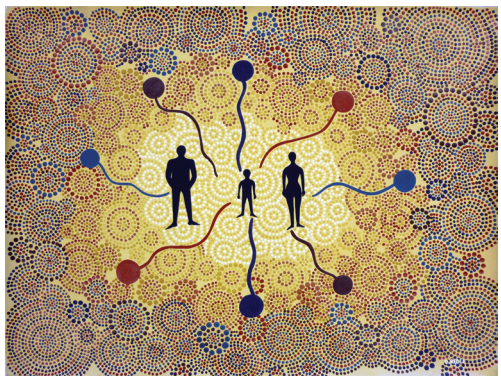
Artwork



About the artwork

The figures in the middle of the art represent people of all ages, male and female adults and children, who all have to look after their health. The outside circles and dots represent the many positive and negative things impacting on people's lives and health. The filled-in circles surrounding the people represent the main things needed for a healthy life. These include healthy eating, being physically active, not drinking too much alcohol, having health check-ups, and family and community support.

About the artist

Donna Lei Rioli is a Tiwi/Nyoongar artist who lives in Perth. Donna's art reflects her Tiwi and Nyoongar heritage, which she combines in a unique way.

Other artwork

Other artwork featured in the *Healthy, Deadly and Strong, Healthy Lifestyle Worker Toolkit* includes:

- Alup by Billy Missi
- Untitled by Roderick Collard
- Untitled by Doris Gingingara
- Munbanda by Doris Gingingara
- Untitled by Estelle Weeks, Lisa Martin and Lionel Phillips
- Untitled by Billy Missi

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About the Toolkit

As a Healthy Lifestyle Worker, your job is to encourage and support Aboriginal and Torres Strait Islander people to stay healthy or become healthier. In particular, you will encourage them to eat good food, be physically active, drink alcohol only in moderation - or not at all (pregnant women should not drink at all) - and to quit smoking, or not take it up. This, of course, will help people to live better and longer. The *Healthy, Deadly and Strong Healthy Lifestyle Worker Toolkit* (the *Toolkit)* will assist you in this work.

The *Toolkit* is a reference and guide for your work as a Healthy Lifestyle Worker. The *Toolkit* provides information on healthy lifestyles and how you can promote them. It also has background information about some avoidable chronic diseases and ways you can help people to avoid getting them.

Avoidable chronic diseases are the main reason for the large gap in life expectancy between Aboriginal and Torres Strait Islander people and non-Indigenous Australians. Aboriginal and Torres Strait Islander people are two and a half times more likely to have poor health than non-Indigenous Australians and are more likely to die early from a chronic disease.

It is always better to prevent a disease rather than try to cure it. This is true for chronic diseases too. For example, preventing kidney failure is better than having to move away from family for dialysis. As with kidney failure, many chronic diseases can be prevented if people know what causes them and are helped to make healthy lifestyle choices.

Some lifestyle choices - such as smoking, poor nutrition, lack of physical activity and excessive consumption of alcohol - have a significant impact on the health of individuals and communities as they cause most of the chronic diseases suffered by Aboriginal and Torres Strait Islander people. Some of these lifestyle choices have become normal over a long period of time and, as a result, may take a while to change.

To start closing the gap in life expectancy by avoiding chronic disease, a national network of Healthy Lifestyle Workers, Regional Tobacco Coordinators and Tobacco Action Workers is being established. These workers, based with a variety of organisations, will work in regional teams in Aboriginal and Torres Strait Islander communities across Australia to help people make the right lifestyle choices and reduce their chance of developing an avoidable chronic disease. The Healthy Lifestyle Workers in particular will work with communities in their region to promote and support healthy living through healthy lifestyle information, activities and programs.

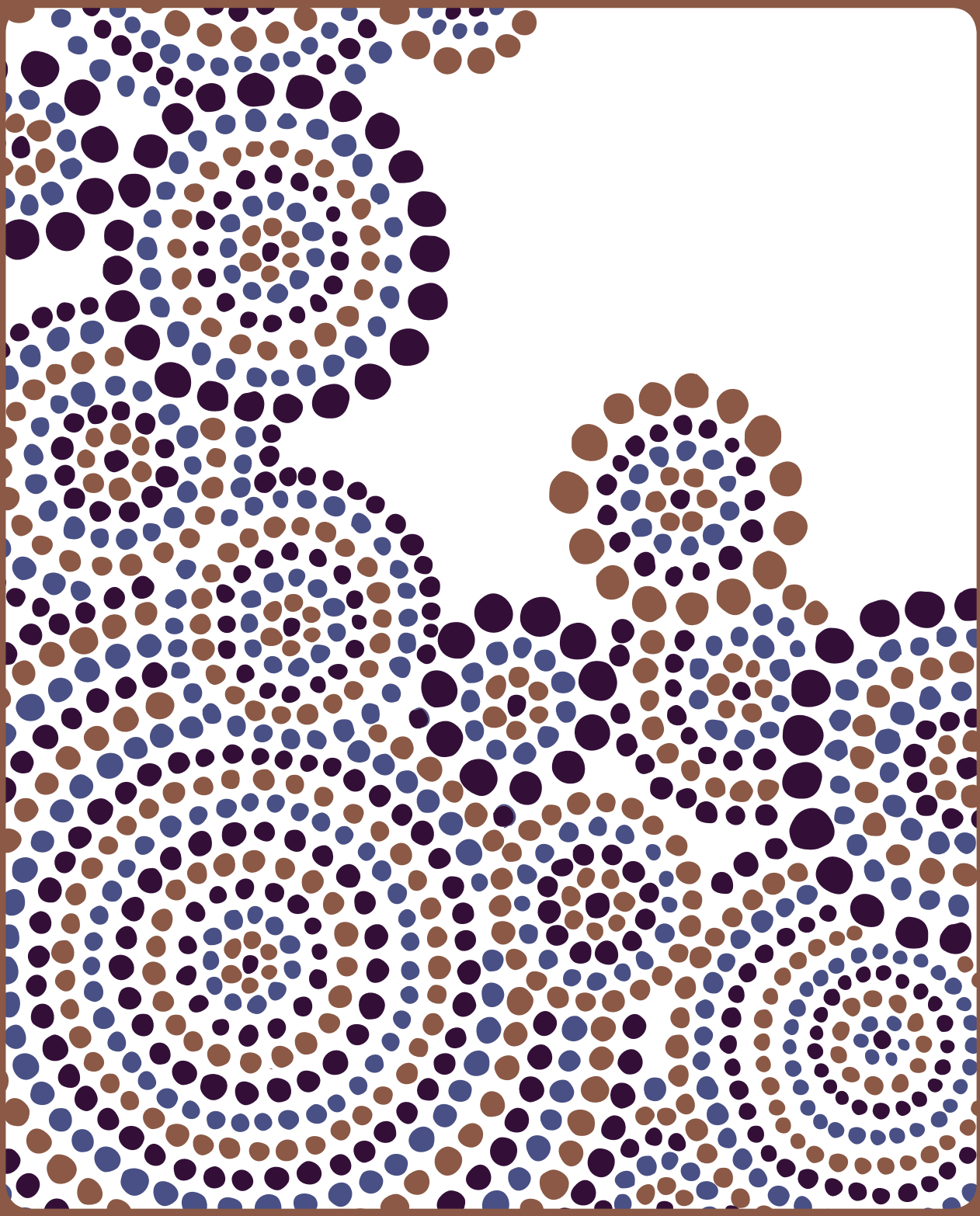
This *Healthy, Deadly and Strong Healthy Lifestyle Worker Toolkit* has been developed to help Healthy Lifestyle Workers take a community-driven, grass-roots approach in which Aboriginal and Torres Strait Islander communities develop their own healthy lifestyle activities and chronic disease messages that target the chronic diseases that are a priority in their communities and regions. Other people promoting healthy lifestyles and good health in the community may also find it useful.

How to use the Toolkit

The *Toolkit* is a set of ideas and strategies for you to use in the way that is the most useful to you. The *Toolkit* will not tell you how to do your job, as every Healthy Lifestyle Worker will have a different job to do. Every community is different and their needs will be different; you will need to work with your communities and understand their needs. It will be your responsibility to stimulate the creation of messages, activities and programs that will encourage the communities to actively improve their lifestyles and to ensure the changes are sustainable.

The *Toolkit* will give you ideas for your health promotion activities, including some that have been run by other people. It also includes notes on different tasks you will need to do as part of your work, such as how to organise and run meetings and workshops.

Being a Healthy Lifestyle Worker



Section 1: Being a Healthy Lifestyle Worker

This section will provide you with some information about why Healthy Lifestyle Worker positions were created, and what your roles and duties will be.

How did Healthy Lifestyle Workers come about?

The State, Territory and Commonwealth governments, through the Council of Australian Governments (COAG), have committed to 'closing the gap' between Indigenous and non-Indigenous Australians. To guide the initiatives aimed at 'closing the gap', COAG has set six targets. As shown in the box below, two of these targets relate specifically to reducing the numbers of deaths among Indigenous people.

As a part of the overall COAG commitment, governments at all levels agreed to provide $1.6 billion over four years, including $805.5 million from the Commonwealth, for a range of measures aimed at improving health outcomes for Indigenous people. In addressing the target for life expectancy, COAG has prioritised reducing chronic disease among Indigenous people. In this area you, as a member of a Regional Tackling Smoking and Healthy Lifestyle Team will play a crucial role. Along with Tobacco Action Workers, you will encourage Aboriginal and Torres Strait Islander people to improve their diets, engage in more physical activity, quit smoking, and cut back on drinking alcohol.

COAG targets

- Close the gap in life expectancy within a generation (30 years)
- Halve the gap in mortality (death) rates for Indigenous children under five within a decade
- Ensure all Indigenous four years olds in remote communities have access to early childhood education within five years
- Halve the gap in reading, writing and numeracy achievements for Indigenous children within a decade
- Halve the gap for Indigenous students in year 12 attainment or equivalent attainment rates by 2020
- Halve the gap in employment outcomes between Indigenous and non-Indigenous Australians within a decade

What is the role of Healthy Lifestyle Workers?

Aboriginal and Torres Strait Islander people experience much higher levels of chronic disease - particularly heart disease, diabetes and kidney disease - compared with non-Indigenous Australians. These diseases, which are largely preventable, are the main reasons why Indigenous adults have poorer health and die younger than other Australians.

A number of health risk factors - smoking, poor nutrition, not being physically active and heavy drinking of alcohol - play a major part in causing these chronic diseases. By not smoking, not drinking alcohol or only drinking alcohol in moderation, eating a more nutritious diet and being physically active, people reduce the risk of developing these and other diseases. This will help improve life expectancy.

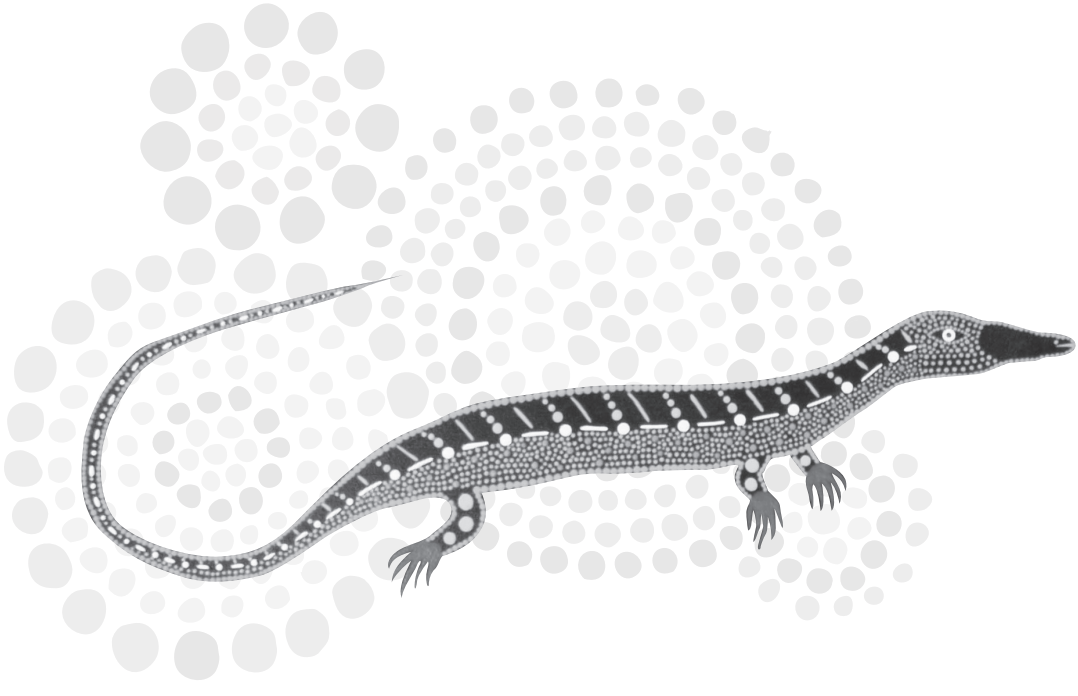
Your role is to work in a Regional Tackling Smoking and Healthy Lifestyle Team alongside the Tackling Smoking Workers, to encourage healthier lifestyles for individuals, families and communities.

What are the responsibilities of Healthy Lifestyle Workers?

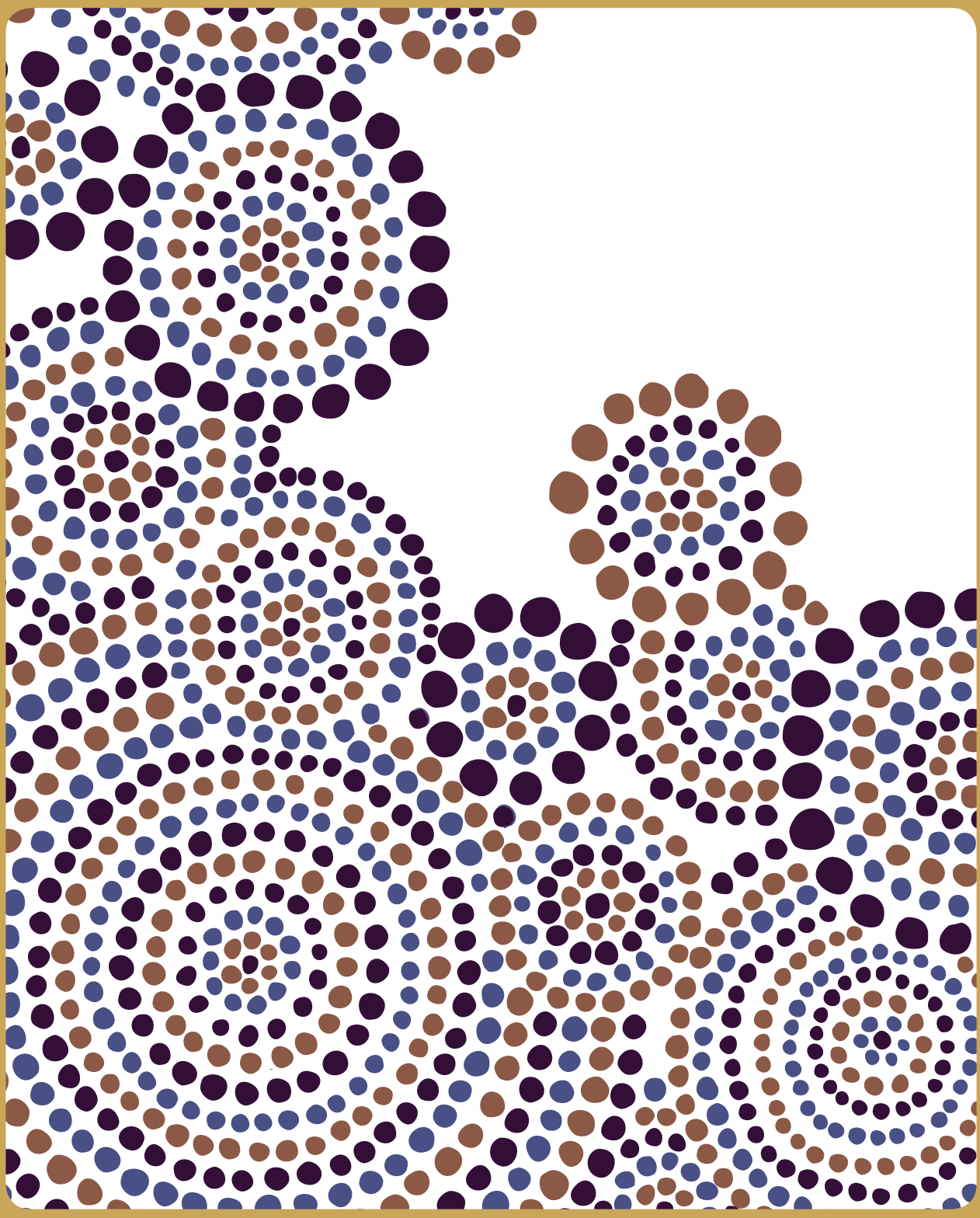
In consultation with your team your main responsibilities will be to:

- talk to individuals, families, school students, and community groups about:
  - how healthy lifestyle choices can help prevent chronic disease
  - how to make and maintain healthier lifestyle choices
- support, plan and run community events/programs that promote physical activity, healthy eating and responsible drinking
- promote supervised physical activity sessions, or run them yourself
- promote existing lifestyle programs
- encourage people to have Aboriginal Health Checks
- advise people with chronic diseases to see health care professionals for clinical advice

You can work with people in meeting places, community stores, schools and sporting facilities. The region where you work will be bigger than the area usually covered by your employer organisation. You may be required to travel regularly to communities that don't have Healthy Lifestyle Workers - so that the whole of Australia is covered by Healthy Lifestyle Worker teams.



Developing healthy lifestyle activities and programs



Section 2: Developing healthy lifestyle activities and programs

As a Healthy Lifestyle Worker you will be promoting healthy lifestyles and encouraging people to make and maintain healthy lifestyle choices. At times, you will need to plan and/or run community events and programs that promote physical activity, healthy eating and responsible drinking of alcohol.

This section provides you with ideas for planning, running and evaluating activities and programs.

Planning what you will do

As Healthy Lifestyle Workers, each of you will face conditions and circumstances that are unlike anyone else's. For example, some of you will be in organisations that have been very active in promoting healthy lifestyles; others will be in organisations where they have had other priorities. Some organisations may want their Healthy Lifestyle Workers to run lots of healthy lifestyle activities (for example, one-off cooking demonstrations or exercise classes), whereas others may want more sustainable or long-term programs.

What is the difference between activities and programs?

In this *Toolkit*, 'activity' refers to single events, such as a community fun run or a walk to collect bush tucker.

'Program' refers to a series of activities that run over a period of time, or a collection of activities with a particular focus. For example, programs may include a walking group that meets once a week for several months, and a healthy eating program (that includes cooking sessions, nutritional advice, and supervised exercise classes), which runs for a number of sessions.

Programs can be simple and not require much planning or organisation; others may be complex and require lots of planning, organisation, and help from others.

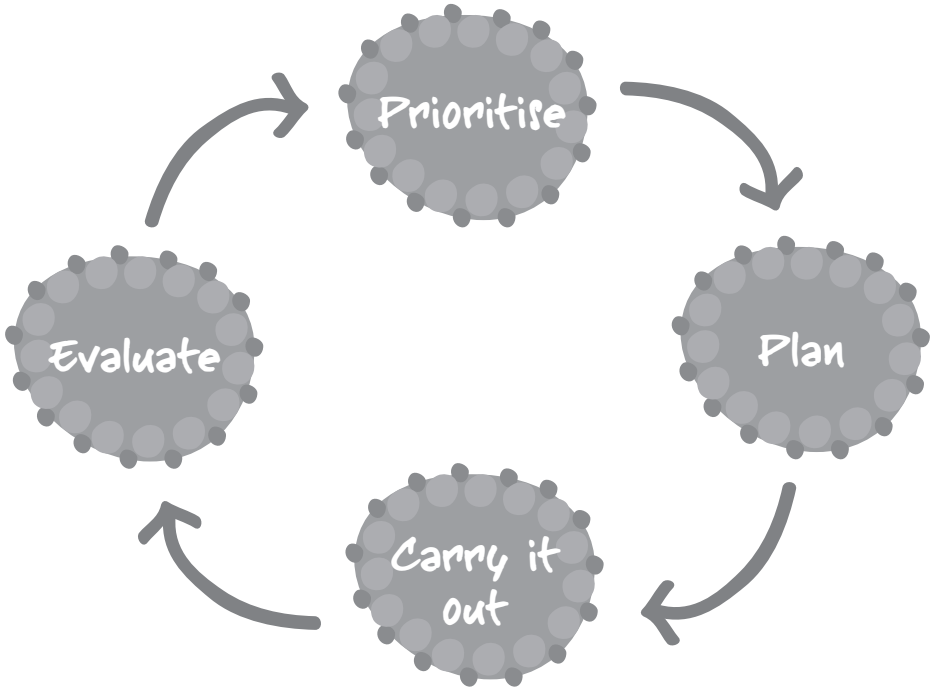
What activities or programs should you do?

When you start in the job, your organisation or community may already have ideas about activities and programs they would like you to run. If so, you will need to prioritise with your manager what you can usefully and realistically take on, and then start planning how you will put these priority programs into practice. On the other hand, your organisation or community may leave it up to you to decide what to do, how to do it, when to do it, and where to do it. In this case, you may need to do a needs assessment (or analysis) before you start (see 'Conducting a needs assessment and an environmental scan' Section 4 page 3). For example, a needs assessment could help you identify the chronic disease and health risk factors in your community and the availability of resources to help you tackle them.

Whatever your situation as a Healthy Lifestyle Worker, to run successful activities and programs you need to follow four steps:

- **prioritise** - decide (after consultation) what you think is realistic, achievable and suitable for your community
- **plan** - get ready for the activity/program
- **carry it out** - do it
- **evaluate** - check on its success

For information on developing your own program, refer to 'How to plan, run and evaluate programs' Section 2 page 22.



Asking the questions

You will need to ask the following three questions before planning healthy activities or programs with people in your community:

1. What does the community (or target group) want to do?
2. Are there any existing programs they could join?
3. Are there any existing programs that you could adapt to your needs?

What does the community (or target group) want to do?

Consulting with the community will give you an idea of what the community wants. (This kind of consulting is one aspect of a 'needs assessment' - see 'Conducting a needs assessment and an environmental scan' Section 4 page 3).

Here are some examples of what the community might want:

- a low-impact exercise group for older women
- an organised, competitive sport for younger people
- healthy meals for children
- nutrition advice for older men who are living with chronic disease
- healthier food and drink options in stores

Are there any existing programs they could join?

Before you start a new healthy lifestyle program for a particular group, you should check to see what programs already exist in your area or community (keep an eye out for programs that are culturally appropriate). If there is a suitable one, that's great, but your job is not done yet because many people need help joining a program that already exists. You may need to find out the details of the program and take those interested in joining along to the first session.

Organisations that are likely to run activities include:

- local or community councils - these are usually free or low cost to join
- not-for-profit organisations, such as the National Heart Foundation, Fred Hollows Foundation and the cancer councils in each state and territory
- church groups
- government agencies

To find out about existing programs:

- look in the local paper for program advertisements or announcements (for example, the local footy club is looking for players)
- visit your local council and ask what programs they offer (for example, exercise programs for elderly people)
- look up the not-for-profit organisations on the Internet or phone the local branch to find out what is going on in your area

Some programs may allow you to create your own group and give you all the support you need to get started. One example of this is the Heart Foundation walking program (www.heartfoundation.org.au/sites/walking/Pages/default.aspx). You can join an existing group if there is one in your area, or you can start up your own with support from the Heart Foundation.

Are there any programs you could adapt to meet your needs?

If there are no existing programs, you might be able to adapt one to meet your community's needs. For example, if some mothers want ideas about how to cook healthy meals for their children, there may be a local group that runs a cooking class once a month at the community centre. For a small fee, you may be able to use their kitchen and equipment on a different day, and even make arrangements to employ their cooking demonstrator. You may also need to organise childcare for those mothers who have young children.

Another example: on the Internet you find that another community has run a successful exercise program for local men. You may be able to get all the details from the organiser, and run the same program in your community.

> *Aunty Jean's good health team program* was first developed by the south-east Sydney Illawarra Aboriginal Health Service. Other health services in southern New South Wales saw the success of the program and adapted it to suit the needs of their patients. This ensured the program remained relevant and culturally appropriate when used with the new groups. (see Section 3 page 6 for a full description of the Aunty Jean's program)

If there are no programs that you can adapt, you will need to create your own. (For more information on planning, see 'Planning community programs' Section 2 page 22)

Barriers and motivating factors for people making healthy lifestyle choices

There are many risk factors that affect whether people develop chronic diseases. Some risk factors cannot be changed (eg family history) and some are difficult to change because they are not always within the control of the individual (such as unemployment, poverty, poor housing). Some risk factors are possible to change, such as poor eating habits and being physically inactive. People can experience barriers and motivators when attempting to change their lifestyles to avoid chronic diseases.

So why do some people with chronic disease, or at risk of chronic disease, make important lifestyle changes and others do not?

There are 'barriers' or influences in people's lives, such as:

- people don't have enough information
- people are stuck in bad habits
- people follow the bad behaviour of their family or friends
- people become addicted to substances such as alcohol and nicotine
- people are stressed (possibly because of social problems, poor housing and low income)
- people do not have access to healthy choices (such as healthy food)
- there is limited community infrastructure such as parks, pathways, lighting, shade etc

Let's look in more detail at why people do or don't make changes to their lifestyles.

Reasons why people want to make dietary changes

Some reasons why people are motivated to change their eating habits are:

- they have been newly diagnosed with a chronic disease (such as diabetes or high blood pressure)
- they are overweight and suffering discomfort
- they want to help prevent other family members from developing the same health problems
- they want to live longer for the sake of the family (grandchildren, for example)

Reasons why people do not make dietary changes

As mentioned above, some people have barriers that prevent them making changes, such as:

- lack of support from family members
- not being able to cook their own food
- not having a regular place to live
- poor oral health (for example, trouble with teeth and gums)
- not having the money to buy healthy food
- not having access to fresh or healthy foods (especially for people in rural or remote areas)
- not having a place to store food when they buy it
- a preference for the taste of foods they know
- strong family traditions that include eating particular foods
- having easy access to unhealthy foods

Reasons why people want to be physically active

Many people enjoy being active and the feeling of wellbeing it gives them. Some reasons why people exercise:

- it is a part of their everyday life - for example, walking the children to school or walking to work
- participating in organised sport is viewed positively, as being done to benefit the family or community
- they want to recover from illness - both for their own sake or for other family members
- they just want to become healthier

Reasons why people do not get involved in physical activity

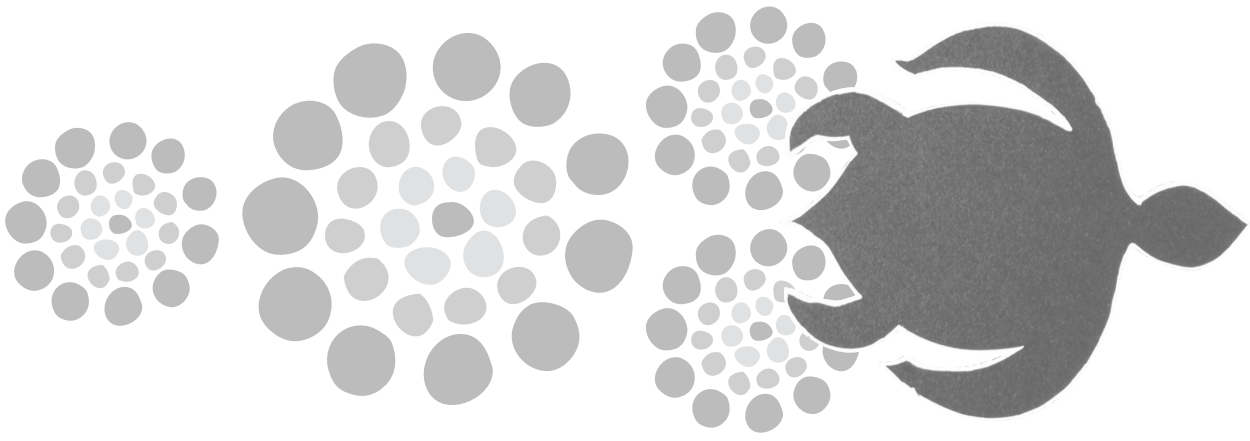
Some people experience difficulties that prevent them from being active such as:

- lack of support from family members - exercising alone for personal benefit may be seen as preventing a person from spending time with family and loved ones
- lack of facilities or a supportive environment (for example, for people living in remote areas)
- cost - people on low incomes may not choose to spend their limited funds on exercise
- lack of access to transport
- do not have the time to spend away from family
- too tired or unwell to engage in activity

Reasons why people give up drinking alcohol or reduce the amount they drink

Some people are motivated to give up drinking or to reduce the amount they drink because they:

- have become severely ill
- need to be under the driving limit for alcohol
- need to be fit for work
- don't like the hangover afterwards
- see the problems their drinking is causing
- face pressure from family and friends
- want to reduce their spending



Reasons why people find it hard to give up drinking alcohol or reduce the amount they drink

Drinking behaviours can be difficult to change. Some reasons why people find it difficult to give up drinking or to reduce the amount they drink are because they:

- feel alcohol makes it easier for them to socialise
- feel alcohol helps them relax
- like the taste
- like the feeling of being intoxicated
- want to fit in with friends or family
- think alcohol helps them forget problems and reduce stress
- have become addicted to alcohol

How to break down the barriers

When designing programs or activities it is important to think about how to avoid or lessen the barriers so people will find it easier to make healthy changes. Here are some ideas - with examples - for you to consider:

Target families not individuals

The *Wise women* program in Victoria was established to provide a space for Indigenous women to come together to yarn and cook healthy meals for their families. An Indigenous Nutrition Support Worker was involved in the program and the group met fortnightly or monthly. The cooked meals would be taken home by the women to their families for dinner. Children were a main focus of the program and the women learnt about child nutrition and how they could encourage their kids to eat healthy food options.

Encourage participants to bring along other family members

A series of cooking courses were run at the Aboriginal Medical Service Western Sydney in partnership with the Western Institute of Technical and Further Education (TAFE). The TAFE nutrition teacher who led the course was an Indigenous woman from the local community. Classes incorporated nutrition education into practical cooking lessons, which aimed to improve the students' cooking skills and the ability to choose healthier food. Class organisers found that participants who had family support for healthy changes were more likely to make those changes, and even more so when family members attended the course together.

Target children so the parents and families can also be involved

The idea behind the Healesville community garden in Victoria was to educate local Indigenous children about fruits and vegetables by providing them with the opportunity to grow them. It was also intended that the fruit and vegetable garden could be used as a means for strengthening community ties by providing a place for families and the community to come together, yarn, and hold community events. With local support, a gazebo was built, fruit trees and vegetables were planted, a water tank was installed, and a worm farm and compost patches were established. During the first three years, the garden produced one summer crop each year, including corn, tomatoes, strawberries, beans, and zucchinis.

Consult with the local elders to get advice on the local traditional social structures

Aunty Jean's good health team program from the Illawarra region in New South Wales relied on a strong supportive relationship between local elders and Aboriginal Health Workers, with up to 15 local elders taking part in the program. The leadership and commitment of the elders to better health for Indigenous people was one of the essential factors in the success of the program.

Consult with the community to find out what programs they want, get them involved in the decision making

The *Garden Kai Kai* project was established on Thursday Island following concern among community members and health workers about the high rates of preventable chronic diseases, low self-esteem, limited access to fresh fruit and vegetables, and the loss of aspects of traditional culture in the community. Following many consultations with community members and with Indigenous and non-Indigenous experts, the *Garden Kai Kai* project was formed as a means of addressing the nutritional needs of the community. The project involved establishing a market garden where fresh traditional produce could be grown and distributed to members of the community. Community elders offered advice on the plants to include in the market garden and young people were recruited to plant the seedlings and attend to them as they grew.

Run the programs in a local community space that is welcoming and safe

Young people were recruited from an Indigenous wellbeing centre in Queensland to attend a culturally appropriate cooking session. The aim was to increase their knowledge, confidence, and skills in preparing and cooking healthy foods on a budget. It was decided that an interactive cooking session would be most appropriate and would help to engage them from the beginning. The cooking session was held at the centre, which already contained the facilities needed. This helped to create a safe and familiar environment for the young people and may have helped to attract more participants and also enhance learning. The young people who participated were very enthusiastic about the cooking session with the majority rating the session as 'very good' (highest score) on the evaluation form.

Run programs or activities that are culturally appropriate

A cooking program was run in several Adelaide schools where children were taught to cook in traditional ways. A local Indigenous woman showed the children how to cook fish in a clay wrap on hot coals. When the fish was ready, the instructor showed the students how to crack the clay off the fish so they could eat it. The students also learnt how to make damper on the coals.

Try and organise educational sessions to be hands-on to give participants the opportunity to 'experience', and leave plenty of time for discussion and questions

The *Quick meals for Kooris* program from New South Wales is a hands-on cooking program that uses a friendly, informal environment to teach urban Indigenous people how to cook low-cost, healthy meals for the family. The program includes two, three-hour sessions, which begin with a demonstration of the recipe to be cooked. The class breaks into small groups to cook the recipe and then everyone comes together to enjoy the cooked meal. The cooking sessions include discussions on several related topics including: food safety and hygiene; nutrition and health impacts; and how to adapt or choose recipes that suit an individual's cooking skills and available equipment.

Make the activities fun

Coomealla Health Aboriginal Corporation in Dareton, New South Wales organised a camp for clients to learn about diabetes in a fun and relaxing environment. The camp was held over a weekend at what had been shearers' quarters by the Murray River. Two workshops were run on how to manage diabetes and prevent complications. Participants were given assistance in preparing and cooking healthy meals, and were also given a personal training session. The 'work' was balanced with fun activities including fishing and bush walking.

Encourage participants to provide feedback on what they need and be prepared to modify the program

The Cherbourg healthy lifestyles program in south-east Queensland was created for the women of Cherbourg who wished to improve their health. They requested an exercise program with regular fitness assessments and a circuit class so they could exercise together, but at their own pace. About eight months into the program, the number of people attending the fitness classes started to decline. The women indicated that the church hall was no longer a suitable venue for the classes. A more appropriate, permanent venue was found and participant numbers increased again. Another modification to the program saw the fitness classes changed from lunchtime to the evening at the request of the women involved. The success of the program was confirmed as the number of women attending the fitness classes increased over time, and men also started participating in the program. A third fitness class was added to the program due to demand from participants.

Identify mentors who can provide motivation to community members

The Rumbalara Football and Netball Club in Shepparton, Victoria ran nutrition information sessions for their athletes, to teach them how to improve their fitness through improving their eating habits. A mentoring program was included, whereby older players were encouraged to bring a younger player along to the healthy breakfasts. This enabled the older players to pass on their knowledge as well as encourage positive behaviour. It also encouraged the younger players to take part.

Encourage participants to measure their own progress, not to compare themselves with other people

The Nguiu Health Service project on Bathurst Island in the Top End of the Northern Territory aimed to educate their Health Workers about chronic disease and encourage them to improve their own health. The Health Workers then acted as an example for the community and encouraged change in their clients. Staff members were given screenings (including blood glucose level checks), health checks and pedometers. They were then able to measure their own progress as they learnt to manage their chronic diseases. The project was seen to be a big success among both health workers and the wider community.

Encourage small, consistent changes in people as this is likely to be more effective than pushing for big changes

Aunty Jean's good health team program in Shoalhaven, New South Wales involved exercise sessions and educational sessions for community members to help them achieve improvements in their health. Participants were encouraged to have a personal goal at the beginning of the program. One participant's goal was 'To be able to climb the stairs without panting and puffing'.

Provide regular feedback to participants to keep them informed - by a newsletter or a regular meeting/chat session

The *Garden tucker* program in North Queensland was developed to encourage healthy eating among local Indigenous people. Community members had input into the development of the program, which included live demonstrations on home vegetable gardening and activities on healthy eating and cooking. Participants in the program were given a 'tucker box kit' containing a selection of seeds to encourage them to grow their own fruit and vegetables at home. Newsletters and text messages - containing healthy tips, recipes ideas and success stories - were sent to those participating in the program.

Use role models to encourage healthy behaviours

The Jimmy Little Foundation established the *Thumbs up!* program to promote healthy eating among Indigenous children aged 5-16 years. The program uses high profile Indigenous role models, like Jimmy Little (who has diabetes), to deliver health messages to young Indigenous people. The program uses a combination of music and multimedia workshops to encourage young Indigenous people to make healthy food choices and to drink adequate amounts of water.

Provide transport for those who may not otherwise be able to attend

The *Aboriginal women's fun and fitness day* event was hosted by the Bankstown Koori Interagency and took place at the Aboriginal Women's Healing House in Picton, New South Wales. The *Fun and fitness day* attracted 77 Indigenous women; a bus was used to transport women from various communities in the south-west Sydney area. The women participated in a range of activities on the day including: egg and spoon race; three legged race; Indigenous games; walking around the pond; massages; tai chi; and laughter exercises. Reports from some of the women who took part in the *Fun and fitness day* suggests they had much fun and learnt about the importance of regular health checks and exercise.

Promote self-respect and cultural pride

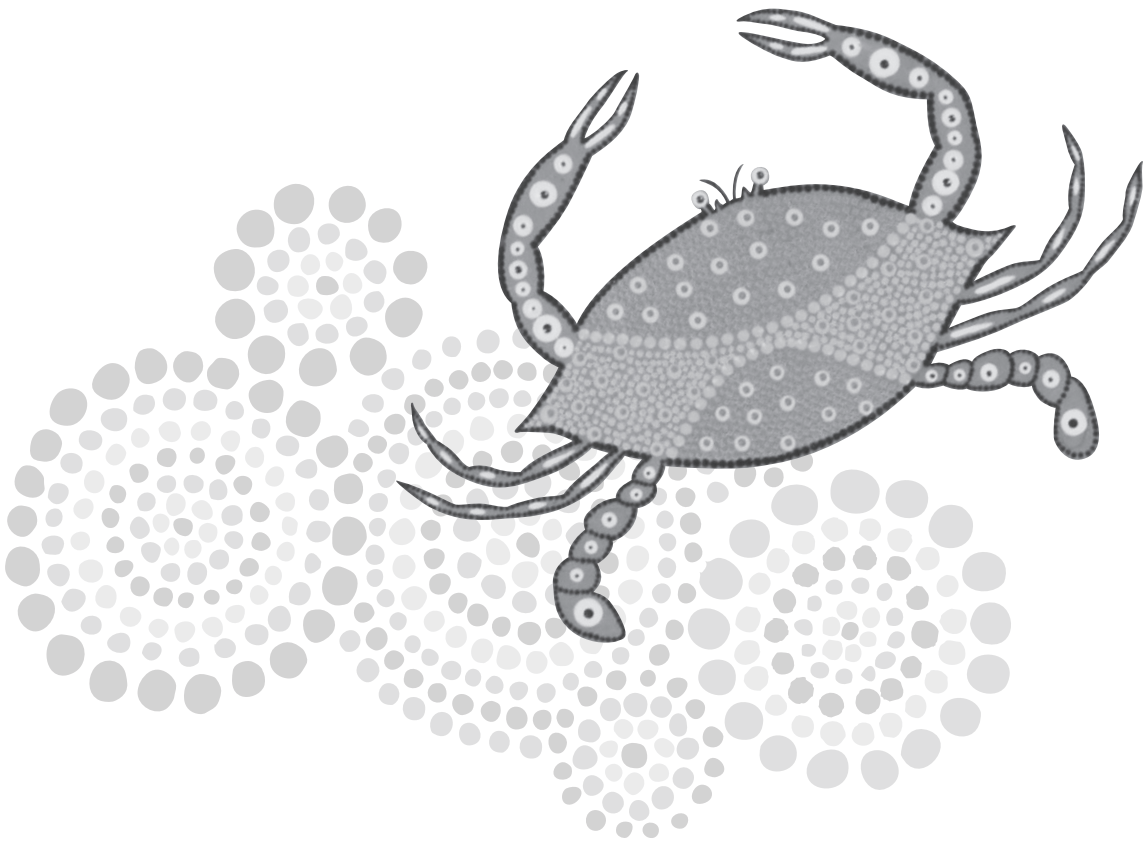
Ngwala Willumbong (a Melbourne-based alcohol and drug rehabilitation service and outreach support program for Koori men, women and families), in partnership with other organisations, has developed a series of camps for Indigenous young people from the outer metropolitan regions of Melbourne. The camps aim to boost confidence and self esteem by providing participants with an opportunity to learn life skills in a supportive peer oriented environment that upholds traditional Aboriginal and Torres Strait Islander values and culture.

Ideas for healthy lifestyle activities

Some of the people you work with in your community will have little interest in or understanding of healthy lifestyles. To spark their interest, you will need to begin with simple activities - for example, organising a gentle walk and a yarn two mornings a week for a group of local women. Or you could organise an appealing activity, such as a demonstration of dancing (preferably one that invites locals to have a go at learning some simple steps, such as line dancing) - with some light refreshment or prizes and giveaways.

Other people may be keen and ready to get seriously involved, yet glad of your help, for example in putting together a local team to join a sporting competition.

Of course, some people will be happy to 'do their own thing', but may still need some help or advice.



Raising people's awareness of healthy lifestyles

Here are some ideas of activities you can do to get people interested in becoming more physically active and in changing their eating habits:

- organise a health display at a community event or school, with information on chronic disease, nutrition and physical activity
- organise a 'have a go' sports day at the local community centre, with activities such as exercise to music, a climbing wall, archery, weightlifting, and volleyball
- give away brochures, stickers and posters at the medical centre, community centre or health display
- conduct a 'healthy eating' or 'let's get physical' poster competition for school kids
- run a colouring-in competition for younger kids with prizes of healthy foods
- conduct food and recipe giveaways of fresh fruit, and healthy dips with vegetable dippers
- check on the availability of promotions from local growers' associations (for example, Western Potatoes in Western Australia has 'Bud the spud', who visits schools and gives away potatoes and healthy recipes) (see: http://feelgoodfood.net.au/news-and-fun/bud-the-spuds-page-2/)
- run a quiz at community events - with small prizes of attractive nutritious food for correct answers

You may want to consider linking some of your activities with key local, state or national events such as NAIDOC week, Reconciliation week, Closing the gap day, Heart week, or local shows, festivals or expos.

Of course you will need funding support for most of these activities - check to see what is available from your host organisation and/or be prepared to seek sponsorship from local businesses and organisations.

Being physically active

Here are some activities you can organise for people to be more active:

- walking and yarning in small or large groups (family members and whole communities can join in too)
- walking to collect bush food
- gardening in the community, or at the local school
- swimming and playing water games
- learning about and playing traditional Indigenous games
- joining Heart Foundation walking groups
- joining Heart Foundation 'Jump rope for heart' promotion
  (see: www.heartfoundation.org.au/sites/jumpropeforheart/Pages/default.aspx)
- doing Tai chi
- doing water aerobics
- organising for supervised fitness or gym sessions
- putting on community fun runs or walks
- dancing - line dancing, discos, traditional dancing, zumba
- cheerleading for the local team
- playing, coaching and/or supporting local teams
- sporting activities that can be done in small groups, such as basketball, football, softball or cricket - you don't need a whole team

Healthy eating

Here are some activities you can suggest or organise to promote healthy eating:

- cooking groups where people share favourite recipes and cooking tips
- programs that teach about bush foods and how to prepare or cook them
- talks and demonstrations by a dietitian or nutritionist
- talk to a store manager about stocking or promoting healthy foods
- supermarket or community store 'tours' to discuss healthy food choices, unhealthy foods and reading food lables
- family or community gardens
- a 'biggest loser' competition
- local weight watchers groups, such as those held by the WeightWatchers organisation or similar
- have a healthy eating policy for work and community events

Managing alcohol

Here are some ways to raise awareness in the community about alcohol and tackle the problems it causes:

- work with local drinking venues to encourage entertainment such as music and games to reduce the amount of alcohol people drink
- organise alcohol-free community events
- organise a group for parents to provide education and support on alcohol issues for youths
- support the alcohol education program in your local school with appropriate promotional material and guest speakers
- provide information about specialist alcohol services that are available in your community and how people can contact them

Reducing smoking

Working in regional teams, you will work along side the Tobacco Action Workers and Regional Tobacco Coordinators in their activities that aim to reduce tobacco smoking in your communities. Your role in encouraging healthy behaviours and enjoyable smoke-free activities will be important in reducing smoking rates.

Here are some activities the regional teams may use to encourage community members to quit or cut down or not take-up smoking:

- developing locally relevant quit-smoking videos, flip charts and brochures
- supporting smoke-free homes and community events
- conducting education sessions about the harm of smoking and support quitting attempts

Please note: The Tobacco Action Workers will use the *Talkin' up good air* manual, produced by the Centre for Excellence in Indigenous Tobacco Control. The DVD is in your *Resource pack* and the manual is available at www.ceitc.org.au/talkinupgoodair

How to plan, run and evaluate programs

Developing and running a program will need more work than developing and running an activity. This section provides you with ideas and information on developing a community program, from planning and running the program to evaluating it. It includes some templates and worksheets to make your work easier.

Planning community programs

Good planning is essential for a successful activity or program. You need to plan ahead and allow plenty of time. Planning your program should come after a needs assessment and/or an environmental scan have/has been done. However, you may not have to do a needs assessment; your host organisation may have already collected this information. A needs assessment will identify the health and lifestyle issues facing the community you are working with and help you consider the types of health promotion projects that best suit the community's circumstances. Following this process you will also need to consider what resources you have to carry out a program, such as how much funding you have, support from the community and help from other agencies.

For a more detailed description of how to do a needs assessment, go to 'Conducting a needs assessment and an environmental scan' Section 4 page 3.

Steps for planning a program

There are three steps to follow when planning your own program:

1. Identify the health issue, target group and project goals.
2. Develop a project plan.
3. Organise your project tasks.

Step 1. Identify the health issue, target group and program goals.

For example, the health issue you have identified might be healthy eating, the target group might be pre-school children, and the goal might be for them to eat at least one piece of fruit and two serves of vegetables on most days of the week.

The following strategies are important in selecting a health issue, target group and goals for your program:

- consult with community members and stakeholders (for example, health services) who know about the health issue and the individuals who are affected by it
- collect information about the health issue, the people affected, and the community. The local medical service and the Australian Bureau of Statistics may provide this information. Include information about previous programs - what worked and lessons learnt
- consider the cultural and social context in which the program will operate
- identify the various factors that affect the health issue, such as people's knowledge and attitudes, their physical environment, economic factors and access to appropriate services
- consider what type of program best meets the needs of the target group
- set realistic goals – don't necessarily include amounts, for example that all participants lose 10kg, as this can put too much pressure on the participants and the program

Step 1 checklist

☐ Consult with the community and other concerned people

☐ Review relevant data and information

☐ Understand the characteristics of the target group

☐ Analyse the context in which the program will operate

☐ Analyse the needs of the target group

☐ Identify factors that contribute to the health issue

☐ Select goals for the program

Planning a diabetes program

To identify the health needs of their community, the *Yambacoona diabetes program* facilitators organised regular community meetings to discuss diabetes and ways of changing eating habits and activity levels. In this way, they were able to tailor the program to meet the needs of people in the community.

Step 2. Develop a program plan

The next step is to convert your thoughts into a plan of action. This plan will identify the activities that will be undertaken to achieve the program's goals. For example, if you have decided to tackle adult obesity among middle-aged Indigenous people in a regional centre, you could implement a walking program for this group. The program could have the goal of each participant increasing the number of steps they take per week. They can monitor this by wearing a pedometer and keeping a record of the number of steps they walk.

The following strategies are important in drawing up a practical plan for your program:

- provide clear reasons for your program and clear strategies and goals
- select an approach that has been effective with the health issue of concern and is suitable for your target group, geographic location, and resources available
- select program goals that are 'SMART':
  - » **S**pecific
  - » **M**easurable
  - » **A**chievable
  - » **R**elevant
  - » **T**ime specific
- identify the community and supports needed for the program (for example, if you are organising a cooking class for women, find out if any of them have children; if so you may need to organise child care, or run the classes during school term time)
- identify the skills needed by whoever will run the program, including yourself, and if necessary make sure appropriate training is provided (for example, engage nutrition or exercise experts if you can)
- identify the amount of money needed and draw up a working budget, (how/why it will be spent)
- think carefully about the program to ensure it is achievable
- think how you will evaluate the program (See 'Evaluating community programs' Section 2 page 31)

Step 2 checklist

- ☐ A set of reasons and clear goals for the program have been written
- ☐ Program strategies have been selected
- ☐ The roles of the community and others concerned with the program have been explained
- ☐ Existing and previous programs have been reviewed and adapted, if relevant
- ☐ Skills and funding to support the program have been identified
- ☐ Checks have been made that the program as planned is worthwhile, realistic and achievable
- ☐ Evaluation plan has been identified

Step 3. Organise your program tasks

The third and final step involves identifying tasks, and putting these tasks into a timeframe. An example of a task is: develop a strategy for communicating with participants, the community and other key stakeholders. The tasks make up your action plan. For example, if you decide to offer a social walking program for middle-aged Indigenous women, you would need to select appropriate walking trails (as in local parks) and a suitable time (such as Saturday mornings). You would need to recruit participants, and possibly an event leader who is well regarded by the target group, and let participants know when the program is to commence. You will need to talk to participants and the community about what the program involves and the benefits it provides. You could publicise the activity as a way of explaining the program's purpose, getting more participants, and letting the community know about potential benefits.

The following strategies are important in organising the tasks that make up your action plan:

- draw up a task planner that identifies each task, the person responsible and the order in which the tasks have to be completed
- make sure you allow sufficient time to complete each task
- draw up a plan for keeping participants, stakeholders and the wider community informed about the program

Step 3 checklist

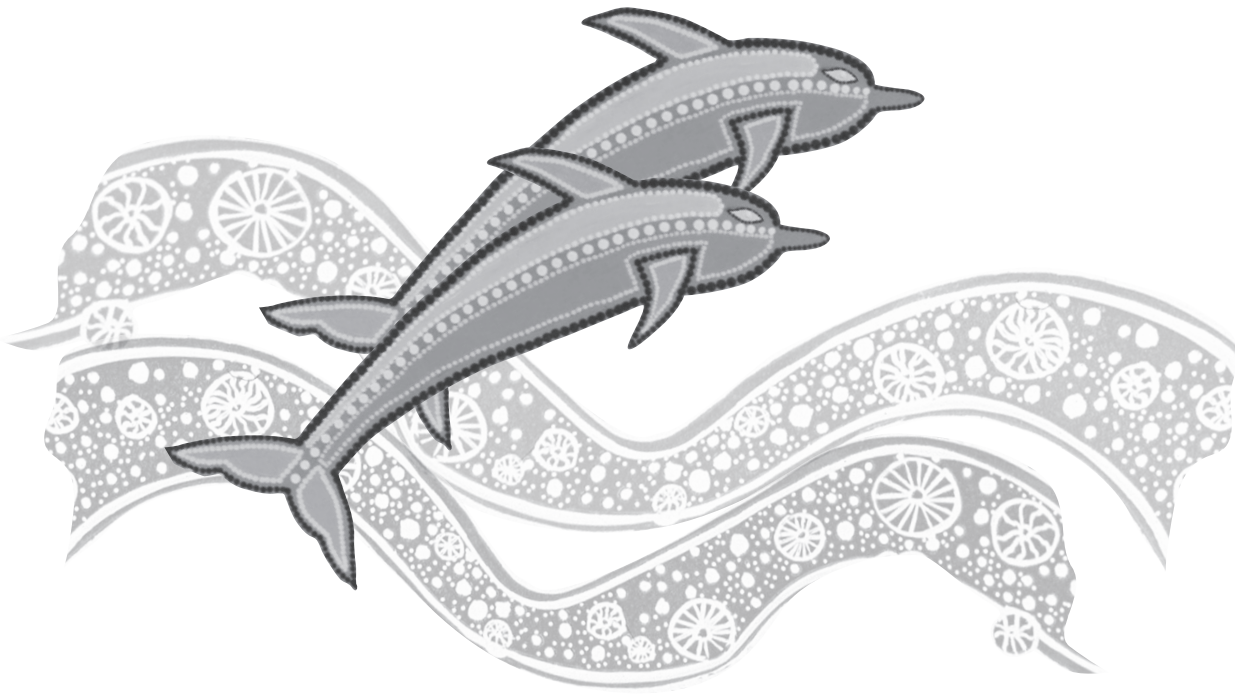
☐ Action plan has been designed

☐ Tasks have been organised into a logical sequence within a realistic timeframe

☐ Roles of the community and key stakeholders in the program have been explained

☐ The person responsible for each task has been identified

☐ A plan for keeping people informed has been drawn up



Planning sheet

A planning sheet can help you and others to organise what needs to be done when running an event or activity. It provides a quick summary, which is useful before, during and after an event or activity, or for future planning.

A planning sheet includes brief points or reminders such as:

- when and where the event or activity will be held
- who will be involved - remember to include their contact details
- details of how the event or activity will be promoted (see Section 4 page 16, 'Getting your message across')
- what type of evaluation will be used (see Section 2 page 31 'Evaluating community programs')
- what items are needed (eg questionnaires and pens) and who will take them
- who will be responsible for cleaning up
- who needs to be thanked.

After the event is a good time to write down some ideas of what could be done better next time.

An example of a planning sheet, which you can use as a base for designing your own, is on the next page.

Planning Sheet

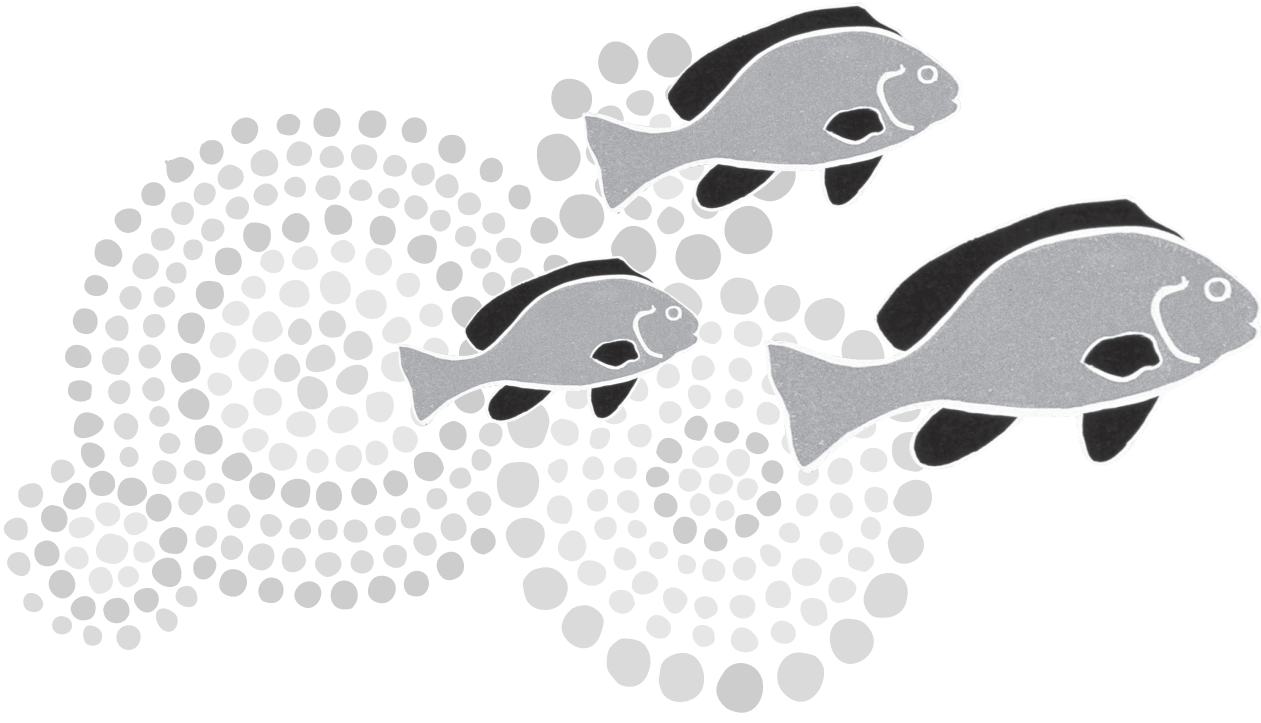
Name of activity or event:		
Venue and address:		
Time:	Start:	Finish:
Who is involved and their contact details?		
Other organisations involved:		
Promotion of the event	☐ poster ☐ newspaper ☐ pamphlet/flyer ☐ radio ☐ mail ☐ email ☐ meeting	
What items need to be taken to the activity or event? **Who will take the items?**		
Evaluation:	☐ questionnaire ☐ interview participants ☐ count the number of people who attend ☐ other ideas:	
Who will clean up?		
Who do you need to thank?		
What could you do better next time?		

Carrying out community programs

After planning your program, your plans will be put into action in the implementation stage.

Here are some likely actions:

- promote your activity or program - for example, by using posters, local radio, local newspaper and newsletters. (See 'Getting your message across' Section 4 page 16)
- find out how many people are likely to attend, and ask people to register their interest and contact details
- ensure that the place where you are holding the activity or program is suitable for the number of people and the type of activity, for example, that there is access to toilet facilities, disability access and parking. If outdoors you may require power, water and a marquee
- organise the items/resources needed
- ensure that organisers, presenters and helpers of the activity or program are available and have a back-up plan in case any of them are away
- be prepared to change plans if need be
- carry out an evaluation of your activity or program in terms of the goals you set



Oenpelli *Healthy for life* program

The Oenpelli community came together with Kakadu Health Services and NT Department of Health and Community Services to launch the *Healthy for life* program. The key focus of the Oenpelli program was to educate the community on the importance of good overall health (Healthy inside, Healthy outside, Healthy upstairs, Healthy environment).

The launch for the program had great participation from both the community and all the key stakeholders and centred around a family BBQ at the youth centre with activities for all the family, such as:

- *Healthy for life* poster competition for school children
- basketball and football games
- line dancing exhibition from the 'Groovy Grans'
- concert by the community band
- healthy food BBQ (meat provided by the Oenpelli abattoir)
- health display and expo with information on health promotion, male health, chronic disease and mental health
- children's face painting

Staff did a marvellous job in planning and facilitating the launch, resulting in a packed house and lots of smiles on the evening.

As part of the evaluation process you will want to get feedback from your co-workers, participants and community members (see 'Evaluating community programs' Section 2 page 31).

Evaluating community programs

Evaluation in simple terms is asking the question 'Did the event (or program) get results?'. Evaluating is important because it allows you to check: the progress of your programs; who has benefitted; and what should be done differently next time. Some people are put off by evaluation, but it does not have to be complicated, or take a lot of time.

Why do an evaluation?

Evaluation provides you with the evidence of what has worked in your program and what hasn't. It also provides information on: any changes that were made and the reasons; and the results that were achieved. From this evidence you can make decisions about what to do in the future. You will have to make choices about how you do the evaluation and how much you evaluate.

A starting point is to make clear the purpose (main reason) for your program. By the end of the program you should strive to answer the following questions:

1. has the program reached the right people? If not, why not?
2. was it run as planned? If not, why not?
3. did it achieve its purpose? If not, why not?

Different types of evaluation

The type of evaluation you do will depend on the questions you want to ask. You must also be prepared to adapt your evaluation to your audience as some methods will not be appropriate for some groups.

Evaluation - using the right type

A program to promote nutrition and physical activity was run in northern Victoria. When the program facilitators attempted to evaluate the program they found that using a questionnaire was mostly unsuccessful, largely because it was viewed as too personal and one-sided. A more culturally appropriate method of feedback and evaluation was then decided upon - conversation at a social gathering.

The different types of evaluation are:

Process evaluation

Process evaluation focuses on how the activity or program is being run, and whether it meets the needs of the participants. For example, in an evaluation of an exercise program for teenagers, you might ask them if the exercise or sport they are doing is what they want to continue doing.

Impact evaluation

Impact evaluation is used to measure what your activity or program is achieving in the short term. For example you could count the number of steps people took in a walking program every week.

Outcome evaluation

Outcome evaluation is measuring what you have achieved over a longer period of time. For example you could measure the reduction of chronic diseases in a community. As a Healthy Lifestyle Worker you will probably not be able to do an outcome evaluation because these are long term results that are typically measured by professional evaluators.

The different methods of evaluation are:

Qualitative evaluation

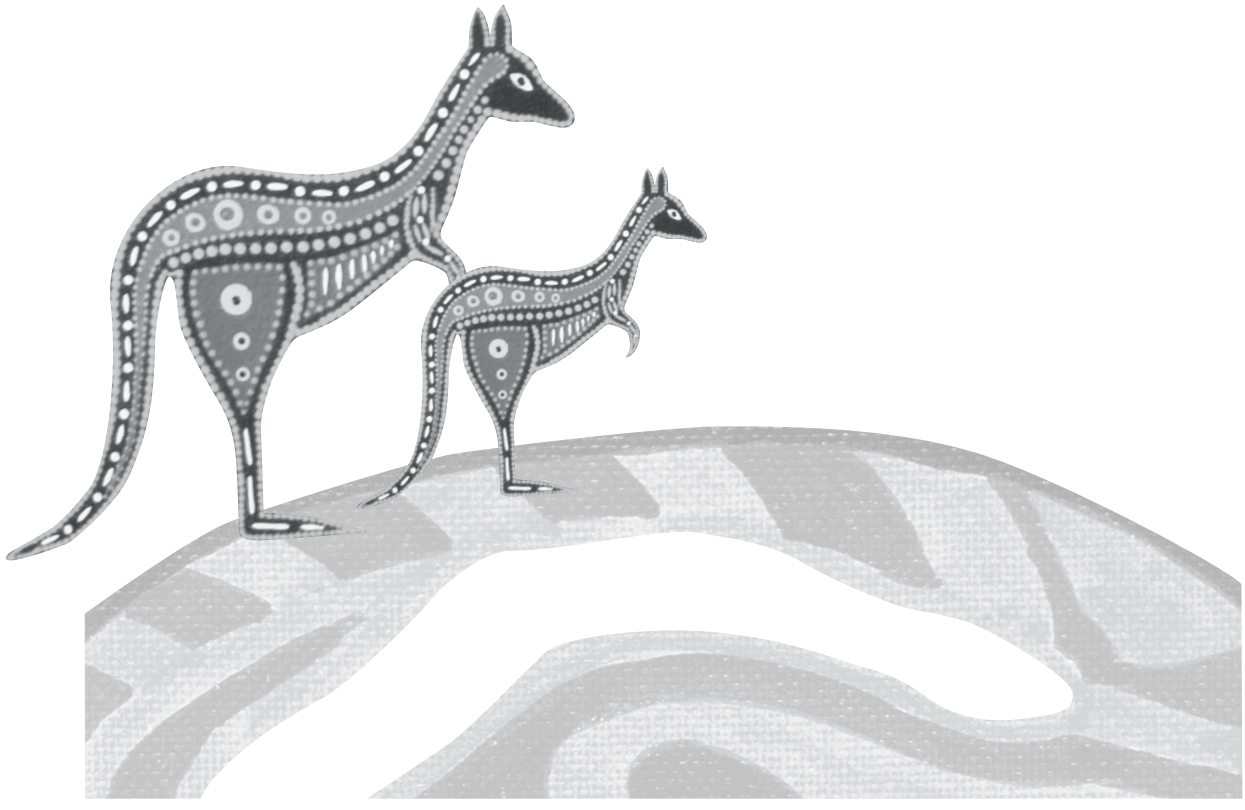
Qualitative evaluation involves gathering people's thoughts and feelings about an activity or program. You can ask questions that enable people to tell you, in their own words, whether they liked an activity or program and whether they thought it useful.

Quantitative evaluation

Quantitative evaluation involves gathering information that can be counted. For example, you could count how many people attended a fitness program, or how many times a week the people in the program exercised.

Evaluation - an example

The *Workplace Indigenous physical activity project* (WIPA) in Queensland introduced a workplace staff physical activity challenge. Participants were asked to complete three questionnaires; one before the program commenced, one at the end of the program, and another three months after the program finished. The findings showed that prior to commencement most staff did not meet the National Physical Activity guidelines. The end-of-program questionnaire showed that more staff members were meeting the National Physical Activity guidelines and that this activity had continued after the program finished.



The following is a simple step by step guide on how you can build evaluation into your program plan.

A guide to evaluation

1: Plan the program - what do you want to achieve, who do you want to involve, what will you do, and how will you do it?

2: Plan an evaluation - decide and consult about what you will measure, identify key questions, identify cultural sensitivities, identify good processes, and allocate necessary resources.

3: Design the evaluation - decide on the methods you will use to collect the information you want, such as counting how many attended a community program on exercise, giving out a short questionnaire, asking what people thought of the program, and (after perhaps a month) whether those who attended are exercising more?

4: Collect and record your information - do this systematically to get a true picture of what your program achieved.

5: Analyse your information - see if the program achieved what you intended, or whether there were any unexpected outcomes. Identify the lessons learnt.

6: Provide feedback on your findings - let the people involved in the program, such as the community, your organisation and the participants know about what was achieved. This could be a community presentation, a formal written report, or series of meetings with the people involved to tell them about what you found.

Do not expect your program to run or achieve its goals exactly as it was intended. All programs are a learning experience for you and those involved. Monitoring your results throughout the program will help you keep track of progress, identify when important changes occur, and make it easier at the end of the program to summarise what was achieved. Answering the following questions may help you keep your evaluation on track while the program is running:

- what do the early results mean in terms of what you are trying to achieve?
- should you be changing the way you are doing things?
- how do you keep the positive changes you are achieving with your program?
- are you doing things in the best possible way?
- are you talking to the right people about the progress of your activity or program?

When you have finished your program, you will need to think about the following:

- how did the program go, did you make a difference?
- how can you share the information about what has been achieved?
- what is the next step?

Practical evaluation tips

- Keep it simple - think about what you need to measure; focus on a few key features so the evaluation does not become too difficult.
- Make it relevant - think about the parts of the program you choose to measure, and ask if they address your purpose?
- Think about evaluation from the beginning - remember to build in evaluation from the start of your program so you can monitor progress.
- Look at how similar programs have been evaluated - can you learn from what others have done?
- Promote your findings - everyone likes a good news story. Local media are often interested in community programs. Newsletters are good ways of promoting your program to the community. Think about making a presentation to the community.

Evaluation sheet

You may want to give participants an evaluation sheet. An example of an evaluation sheet follows:

Australian Government
Department of Health and Ageing

CLOSING THE GAP
tackling Indigenous chronic disease

Healthy, Deadly and Strong event

Please let us know what you think

Event title:..... Date: ...../...../.....

How would you rate the event?

Excellent ☐ Very good ☐ Undecided ☐ OK ☐ Not good ☐

Did you learn anything new or important that encourages you to be Healthy, Deadly and Strong?

☐ Yes ☐ Undecided ☐ No

If you answered 'Yes' what did you learn?

.....

.....

.....

.....

Do you think you need to make changes to your lifestyle for you to be Healthy, Deadly and Strong?

☐ Yes ☐ Undecided ☐ No

If you do plan to make changes (to be Healthy, Deadly and Strong), what will they be?

.....

.....

.....

.....

Do you have any comments about the event venue, facilities, seating etc

.....

.....

.....

How did you hear about this event?

☐ Poster ☐ Newspaper

☐ Radio ☐ Mail

☐ Email ☐ A friend

Other: .....

Do you have any other comments to help us to do it better next time?

.....

.....

.....

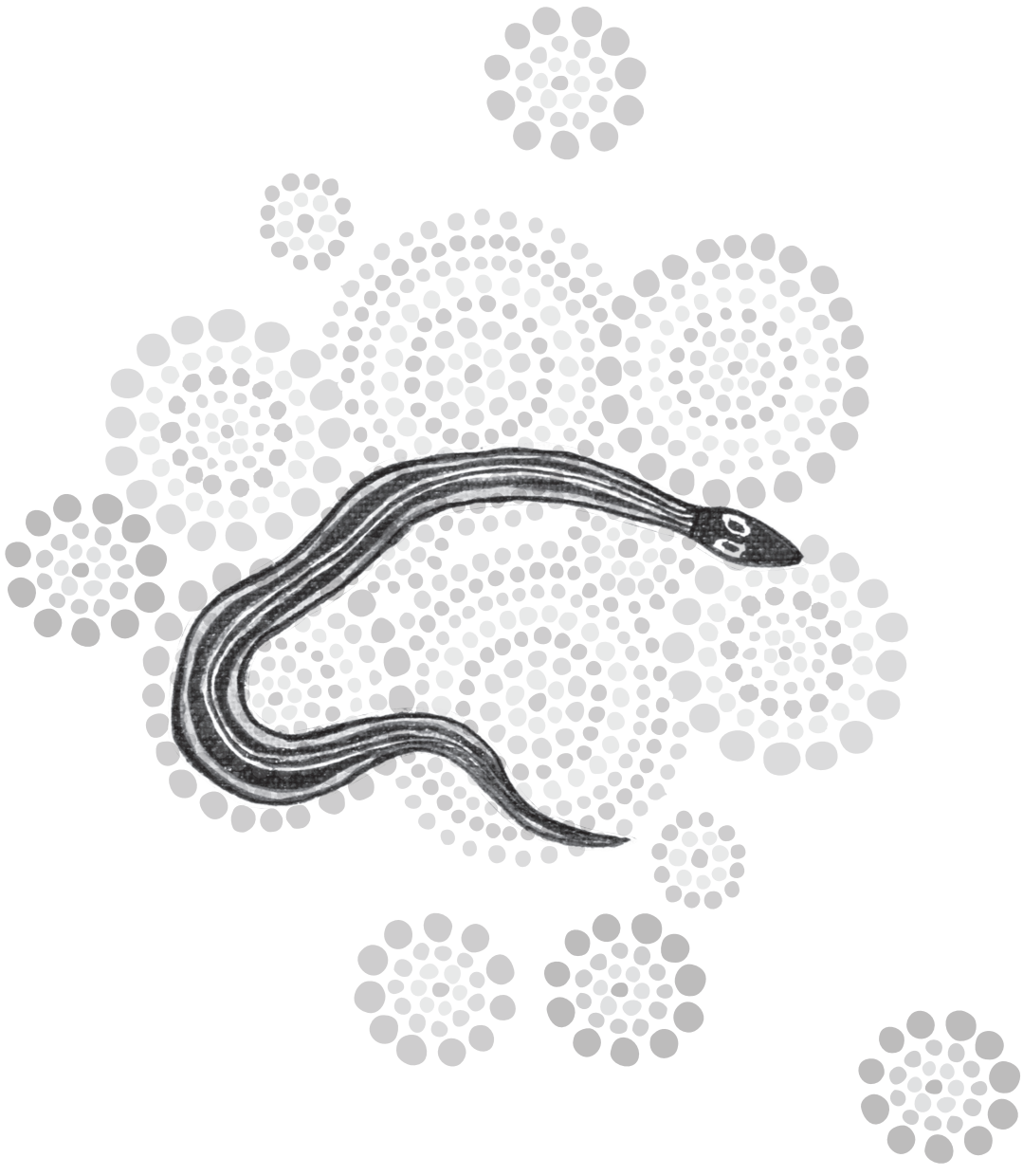
.....

.....

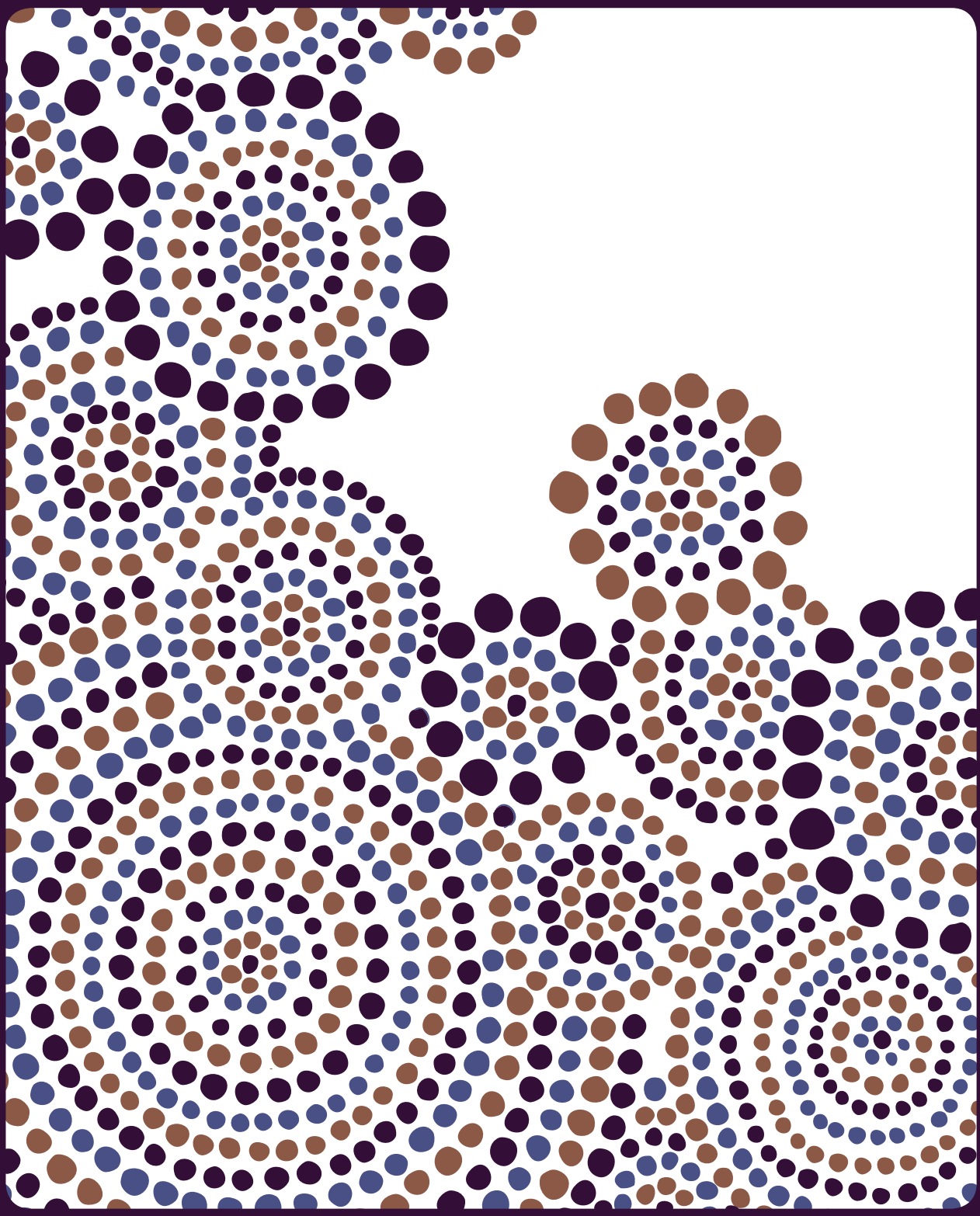
Thank you

Planning for the future

When you have completed a cycle of planning, implementation and evaluation you will then need to decide if you will carry out a similar program in the future. Write down any lessons learnt so that if you do repeat the program you can improve on it next time around.



What has worked – healthy lifestyle programs that have been run elsewhere

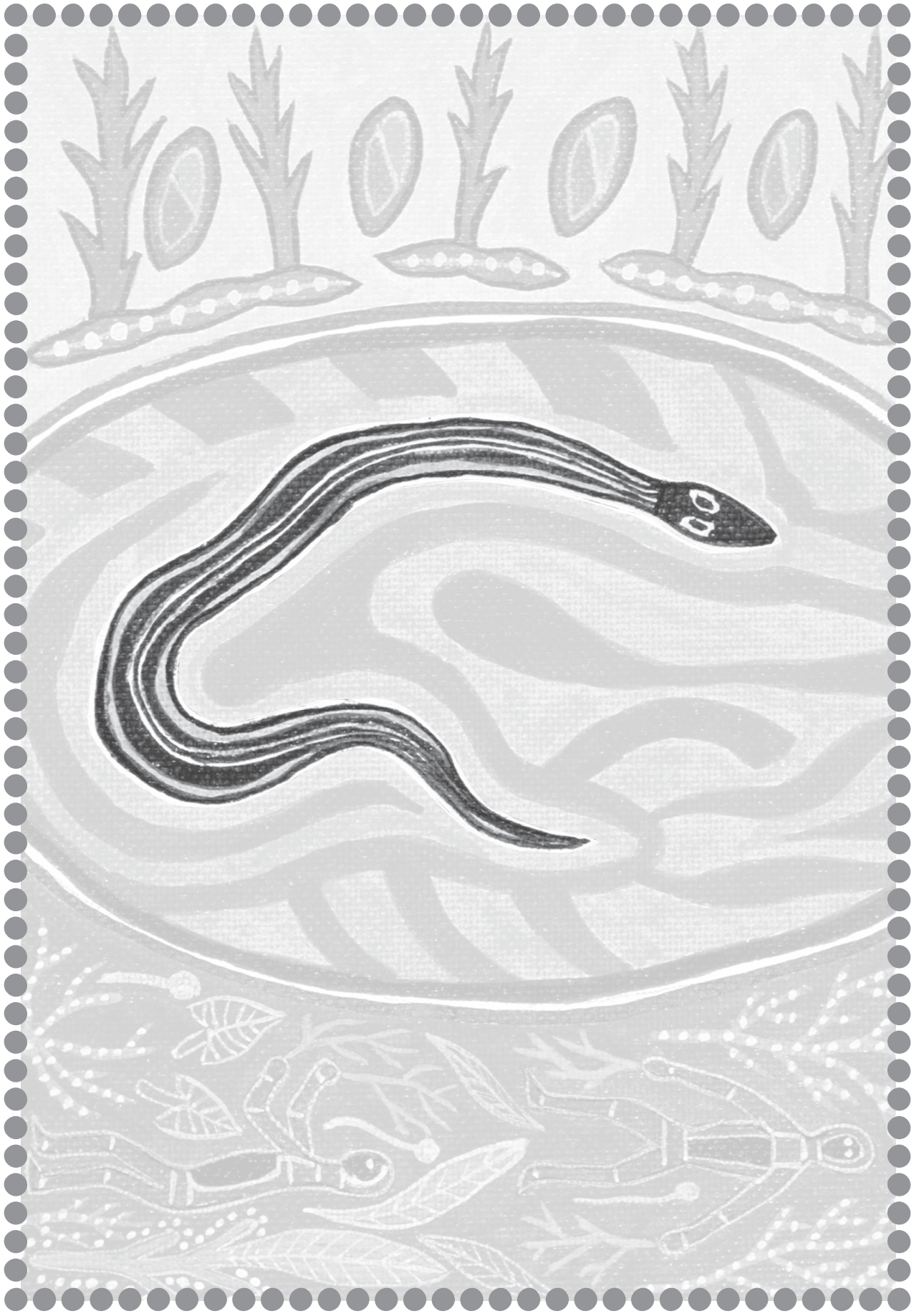


Section 3: What has worked – healthy lifestyle programs that have been run elsewhere

This section contains descriptions of programs from all over Australia. They provide ideas of what you might do in your communities. Each description includes information on:

- what the program was about
- why it was run
- how it was run
- if it was successful and why
- lessons learnt

These descriptions can provide you with ideas. For example: you may be able to adapt a diabetes program to be suitable for heart disease sufferers; or you may like to combine parts of several different programs.



Healthy lifestyle programs

It is unlikely that you will be able to run a program exactly the way someone else did it, but you can learn from their successes and difficulties.

You may be able to scale down a program to fit your situation and resources (such as funding and staffing).

Remember to get help from people who are more experienced than you. If you want to run an exercise program, try to get an exercise specialist to run the classes. Try to find a nutritionist or dietitian to talk at healthy eating education sessions.

This table gives you an overview of the activities and programs presented in this section.

Case study	Main focus	Other subjects included
A healthy cooking class for Indigenous youth	nutrition	cooking skills
Aunty Jean's good health team program	diabetes	physical activity and nutrition
Cherbourg healthy lifestyles program	physical activity	weight loss
Cooking classes for diabetes program	diabetes	nutrition and cooking skills
EON edible gardens	nutrition	food security
Let's get physical - Broome style	physical activity	nutrition
Living strong	nutrition	physical activity
Nguiu Health Service project	diabetes	physical activity and nutrition
Spring into shape program	physical activity	nutrition
The Eingana garden project	nutrition	food security
The Kukumbat gudwan daga project	nutrition	cooking skills
The Wadja Warriors' healthy weight program	nutrition	healthy lifestyles
Workplace Indigenous physical activity project	physical activity	healthy lifestyles
Wor-Ra-Kee: Karuah family nutrition and school access project	nutrition	cooking skills

A healthy cooking class for Indigenous youth

What was the project about?

This project was set up because project staff from an Indigenous Wellbeing Centre in Queensland thought many Indigenous youths consume food that is high in fat, sugar, and salt and do not get the fibre, vitamins, and minerals needed for a healthy diet. Also, they thought, many Indigenous young people lack the cooking skills, confidence, and knowledge to prepare healthy meals.

The youths were recruited from an Indigenous Wellbeing Centre. The Youth Program Officers at the Centre met with project staff and decided that an interactive cooking session would be best for the young people.

What strategies were used?

- The cooking session was held at the centre, which contained the facilities needed and was a safe and familiar environment.
- Before the cooking session started, the healthy foods to be cooked were placed on display. Discussions took place on whether some cheaper foods could be used that were just as healthy.
- The youths were taught how to cut vegetables and how to prepare rice for cooking.
- With help from project staff, the youths cooked their healthy meals and then had the satisfaction of eating them.
- At the end of the cooking session, the youths were given *Go for 2 and 5* campaign resources and a *Deadly Tucker* recipe book.
- The youths were asked to provide feedback on the cooking session, with three main questions:
  - » Overall how would you rate today's session?
  - » Has this session improved your understanding of healthier cooking methods?
  - » Has this session helped you to feel more confident about cooking your own healthy meals?

What did the project achieve?

- The youths were very enthusiastic about the cooking session. Most rated it as very good (highest score) on the evaluation form.
- All the youths reported improved understanding of healthy food and confidence in cooking methods.
- Some of the comments made by the youths included:
  - » 'The session gave me more ideas and more confidence.'
  - » 'It was a very good lesson. I have learned a lot today and also it gave me a lot more confidence.'
  - » 'It was very good because we all worked as a team.'

What contributed to the success of the program?

- The cooking session was held at a place that was familiar and safe. This probably helped their learning.
- The cooking session was practical and interactive, and also encouraged the youths to work as a team.

What lessons were learnt?

- This was a very 'hands-on' activity that worked well.
- Evaluation tools need to be written for the participants' literacy levels. They should be easy to follow and jargon-free.

Aunty Jean's good health team program

What was the program about?

The *Aunty Jean's good health team program* was named after well-respected Elder Aunty Jean Morris. It was developed by South East Sydney Illawarra Aboriginal Health Service to reduce chronic diseases within the local Aboriginal and Torres Strait Islander communities.

The program used a combination of exercise, education and support to help people with chronic diseases, and involved the support of several health professionals (such as Aboriginal Health Workers, a diabetes educator, dietitian, and clinical nurse).

What strategies were used?

- Participants received health assessments and screening for a range of chronic diseases (such as heart disease, stroke, diabetes, hypertension, and kidney disease).
- Educational sessions on good nutrition were held, including classes on preparing simple nutritious meals.
- An important part of the program was group exercise activities, including gentle stretching exercises to warm up, followed by an exercise circuit (a series of exercises).
- The Koori Mini Olympics encouraged people in the program to become more active through friendly competition with people from several health services.

What did the program achieve?

- People in the program reported these health improvements:
  - » weight loss
  - » reduced hospital admissions
  - » social lifestyle improvements
  - » prevention from surgery
  - » lowered blood sugar levels for people with diabetes and those at risk of diabetes
  - » reductions in blood pressure
  - » greater awareness about lifestyle diseases and prevention
  - » an increase in physical activity levels
- The program has since been adapted and implemented in several towns in southern New South Wales.
- There is a DVD showing success stories of people in the Aunty Jean's program. It is a good resource for service providers wanting to implement the program into their community.

What contributed to the success of the program?

- The program was first run with 10 people at one health service. It was soon adopted by other health services and adapted to suit the needs of their patients.
- The program was not just about reducing illness in the short term. People involved in the program learnt skills and knowledge about achieving better health that stayed with them after the program.
- The program was well supported in each community by local Elders, Aboriginal Health Workers, and other health professionals.

What lessons were learnt?

- Testing a program on a small group of people first (pilot testing) can help to ensure the success of a program. Pilot testing is a way of checking whether a program is appropriate for its target audience - problems can be identified and changes made before the program is implemented.
- Having the support of Elders in the development and running of a program encourages people to participate.

Cherbourg healthy lifestyles program

What was the program about?

A survey of women from the Cherbourg community in Queensland showed that most of the women never exercised and many were overweight or obese. High blood sugar levels and high blood pressure were also common among the women surveyed.

The women wanted to improve their health and become more physically active, but only if it was social and fitted in with their family and community commitments. It also had to be fun!

With the help of several organisations, the *Healthy lifestyles program* was developed as follows:

- an exercise program, with regular fitness assessments, was designed with help from the University of Queensland
- a female fitness instructor was recruited who took the women to a local gymnasium to choose the type of the equipment they wanted for the *Healthy lifestyles program*
- the women decided to have a circuit class so they could exercise together, and students from the University of Queensland helped them to choose equipment for the circuit class

The local church hall was chosen as the location for the fitness program and women registered at the local health centre.

What strategies were used?

- Before joining the program, the women were given medical clearance from their doctor. Then they had to complete medical forms and undergo fitness testing. They were tested again six months later to determine how their health had improved.
- Cold water and fresh fruit were made available to the women after their fitness tests and after each workout session.
- Each woman participating in the program received a *Healthy lifestyles* t-shirt (designed by a local artist) and a water bottle.
- The fitness classes ran twice a week for one hour. The classes were held at lunchtime and the music used was chosen by the women.
- After completing their six month fitness tests, the women put on an exercise display for the community. Certificates and prizes were awarded to the women who had participated in the program for six months and to those who had overcome difficulties in order to participate.

What did the program achieve?

The women reported these benefits:

- loss of weight
- improvement in chronic conditions such as arthritis
- improvement in co-ordination
- improvement in fitness levels
- reduction of stress
- increase in self-esteem

The women made the following comments about the program:

- 'The fitness program means a lot to me. It is good for stress and keeping fit. I really love it.'
- 'I really enjoy the exercise. It helps with the arthritis in my spine and hands too.'
- 'The classes are a social activity. I now breathe easier and have lost sixteen kilograms.'

These developments also occurred:

- the number of women attending the fitness classes increased over time
- men also started participating in the program
- a third fitness class was added to the program due to demand from participants
- over time, separate classes were offered for men and women
- a weekend walking group was set up by the women participating in the program
- the fitness instructor established an on-site training program for local men and women who were interested in becoming fitness instructors

What contributed to the success of the program?

- The program was initiated by community members, who felt a great sense of ownership of the program.
- The program responded to the needs of the people involved.

What lessons were learnt?

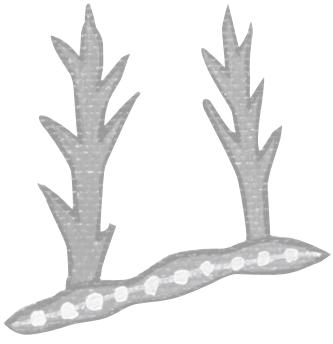
- The venue for the program was important. About eight months into the program, the attendance at the fitness classes started to decline because the church hall was no longer regarded as a suitable venue. A more appropriate, permanent venue was found and attendance increased.
- Programs need to be flexible and easily modified to suit participants' needs. For example, the fitness classes were changed from lunchtime to the evening at the request of the women involved.
- Thought must be given to the sustainability of the program, such as the continued employment of program staff. In this program, money was obtained through a grant to ensure the continued employment of the fitness instructor.
- Assumptions should not be made about what the participants will like. In this program, after three months when the female fitness instructor left and had been replaced, a male instructor was recruited. Staff were concerned about having a man instruct a women's fitness class, but the male instructor was well received by the women and the number of women participating in the fitness classes steadily increased.

Cooking classes for diabetes program

What was the project about?

This program was established when staff at the Aboriginal Medical Service (AMS) Western Sydney found that diabetic patients needed more than just information on diabetes management to live healthier lives.

Two Aboriginal Health Workers and other staff at the AMS suggested holding cooking classes to encourage people with diabetes to eat better.



What strategies were used?

- Staff at the AMS recruited a TAFE nutrition teacher and a local Indigenous woman to run the cooking classes.
- The program involved 18 weekly cooking sessions; the classes were held at the AMS.
- Each class began with the instructor going through the meal plan and instructing participants on how to prepare the meal.
- The AMS staff and the cooking class also produced a cookbook, with recipes used in the cooking class and favourite recipes chosen by the participants.
- The cooking classes were very 'hands-on' with everyone involved in the preparing and cooking of the meal.
- Weekly discussion sessions were also held on topics such as:
  - » food hygiene
  - » low-fat cooking techniques
  - » tips for cutting down on fast food
  - » choosing healthy food when shopping
- The Aboriginal Health Workers at the AMS arranged transport for those involved in the program and also provided them with health promotion information.
- The AMS also made its other health programs and health screening services available to those participating in the program.

What did the project achieve?

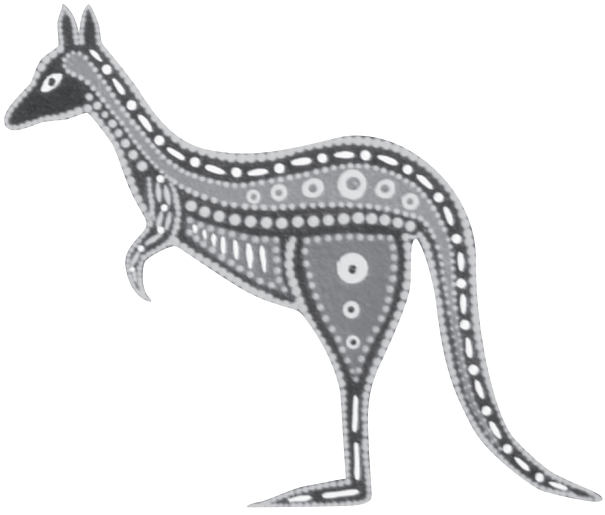
- People involved in the cooking classes found it to be a fun and practical program.
- Some people reported they had changed their eating habits, now eating much more fruit and vegetables.
- Other people said that the program taught them the importance of healthy eating.
- Some of the comments offered by the participants included:
  - » 'Fruit wise, I never really got into eating fruit much but now I buy a big heap for me and dad.'
  - » 'It raised our awareness about diabetes. And to monitor our diet, our health and our own, you know, lifestyle.'
- Due to the success of the program, follow-on programs have been established by the AMS; one of these is called *Healthy lifestyle and cooking course*.

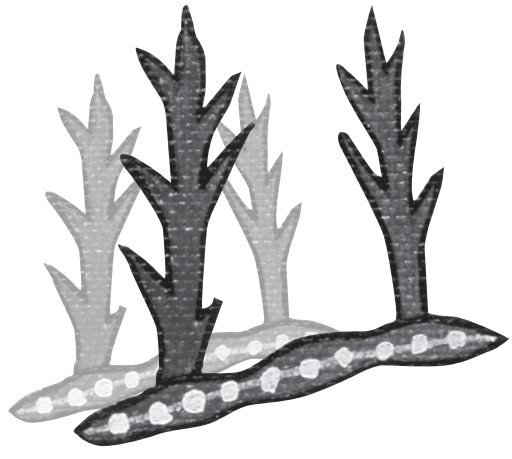
What contributed to the success of the program?

- Having a local Indigenous woman run the cooking classes, with assistance from Aboriginal Health Workers and a nutrition teacher, was a powerful combination - ensuring the classes were educational and culturally appropriate.
- Having the cooking classes at the AMS meant the surroundings were familiar and comfortable for the participants.
- Arranging transport for the participants to attend the cooking classes meant the classes were more accessible to a greater number of people.

What lessons were learnt?

- Having Indigenous people involved in the development and delivery of a program is important.
- The location of a program is also an important consideration.
- Providing a transport service for people involved in the program can increase its reach.





EON edible gardens

What was the project about?

The *EON edible gardens* project began in 2007. Its aim was to provide people in remote communities in Western Australia, particularly school-aged children, with free fresh fruits and vegetables to help prevent chronic diseases, such as diabetes. First, there was a pilot edible garden at the Djarindjin/Lombadina Catholic School in the Kimberley region of Western Australia. When this was successful, gardens were started in other remote communities.

Through establishing edible gardens in remote communities, community members will learn how to run gardens to provide their communities with the fresh produce needed for a healthy diet.

What strategies were used?

- The project leaders employed a horticulturist to advise gardeners on location, layout, and suitable plants. Each garden included fruits, vegetables, and bush tucker plants.
- The gardens were usually created in the school grounds, with a fence placed around the edible garden to keep out dogs and other unwanted guests.
- When the gardens were started, an EON staff member ran fortnightly gardening classes with the school children, and offered training to the school gardeners and interested community members on caring for the gardens.
- The fruits and vegetables grown in the gardens were used for the children's morning tea and lunch, and for cooking lessons.
- The fruits and vegetables in the edible gardens were also mentioned in subjects such as maths, english, and science.

What did the project achieve?

- The gardens have provided the children and the wider community with an opportunity to reconnect with the land and experience growing, harvesting, and preparing home-grown, nutritious food.
- Reports show that most of the children develop a real sense of pride and ownership from growing their own fruits and vegetables. They also enjoy eating the fresh produce they have helped to grow.
- Some children have taken seedlings home and started growing their own vegetables.
- Including bush tucker in the edible gardens has encouraged the children to talk about and teach others about their traditional foods.
- The gardens have provided the wider community with more fresh fruit and vegetables.

What contributed to the success of the project?

- Before going into the communities, EON asked community members (1) 'What do you want?' and (2) 'What do you need help with?'. This ensured that the help they provided was responsive to the needs of each community and gave the communities a feeling of ownership over the project.
- The ongoing training and support provided by EON helped to develop the capacity of the edible garden communities, that is to give people the skills and confidence to keep them going when the project ended.

What lessons were learnt?

- Projects often take longer to implement than expected. In this project, it took time to gain the trust of local Indigenous people.
- Unexpected delays can occur - for example, there were problems in transporting goods to remote areas.
- Assumptions should not be made about the needs of a community. A community should always be asked what they need.

Let's get physical - Broome style

What was the project about?

The Broome Aboriginal Women's Support Group received help from the Kimberley Population Health Unit to develop the *Let's get physical - Broome style* project to address the rising rates of diabetes and heart disease among Indigenous women in the Kimberley. Nutrition and physical exercise were identified as major factors in preventing these diseases.

The exercise program was coordinated by a local Indigenous leader, who used local Indigenous women as group facilitators. Two exercise classes were held each week - in the local recreation centre during the dry season and at the local public swimming pool in the wet season. Before each class, guest speakers talked about nutrition and health. The coordinator and facilitator managed to engage the women in regular exercise by making it enjoyable and sociable.

What strategies were used?

- The exercise classes ran weekly for one year. The classes were planned around school and public holidays, as well as weather conditions.
- The first class was free to participants but after that, participants paid a weekly fee of $3 to help cover costs. No one was excluded if they could not afford the fee.
- A short video was produced from the program and is available to promote and encourage healthy lifestyles in other Indigenous communities.
- The program was promoted through a public launch, advertisements and articles through Aboriginal and Torres Strait Islander networks and media, an 'invite a friend' day and flyers designed by participants. Local organisations also promoted the program to their clients.
- Feedback was obtained through yarning sessions at the end of each class and end-of-term barbeques/ picnics.
- Participants were encouraged to bring healthy food items to monthly morning teas and other social activities.
- Free transport and childcare were provided.

What did the project achieve?

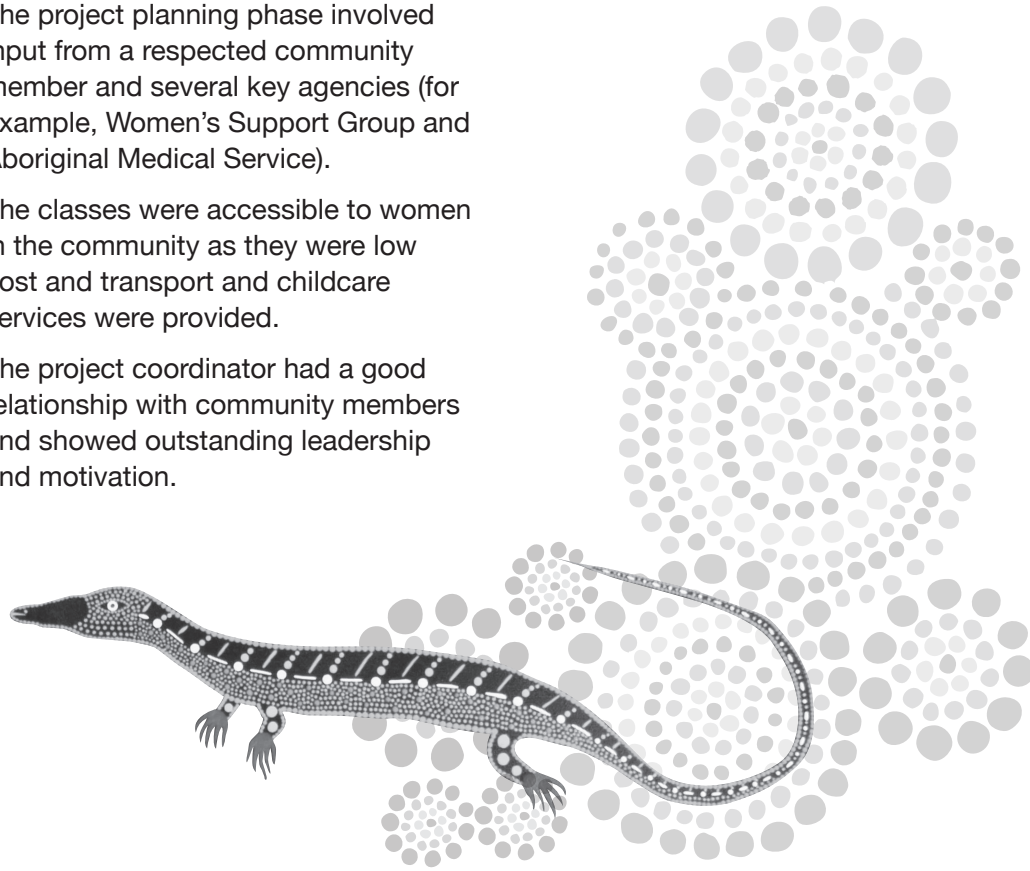
- The project was successful in getting high levels of participation (137 women).
- All the women provided encouraging feedback about the program and most reported positive changes in their behaviour.
- There was considerable media interest in the program (for example, radio and television interviews).
- The program was able to continue after the pilot program ended, due to funding from other sources, partnerships and resources.

What contributed to the success of the program?

- The project planning phase involved input from a respected community member and several key agencies (for example, Women's Support Group and Aboriginal Medical Service).
- The classes were accessible to women in the community as they were low cost and transport and childcare services were provided.
- The project coordinator had a good relationship with community members and showed outstanding leadership and motivation.

What lessons were learnt?

- Childcare, provided by family members or trusted carers, and transport provision, are important for health promotion programs for Indigenous women.
- It is crucial that a project leader is known and respected by the target group.
- Activities need to be provided for minimal (or no) cost.



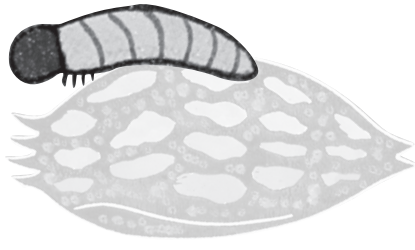
Living strong

What was the program about?

The *Living strong* program was a healthy lifestyle program for Aboriginal and Torres Strait Islander adults in Queensland. This program also aimed to prevent chronic diseases by encouraging good nutrition and physical activity.

The *Living strong* program was adapted by Queensland Health from the *Lighten up to a healthy lifestyle* program which started in 1997.

The program was flexible, with a combination of activity-based and practical sessions that were run by Aboriginal and Torres Strait Islander Health Workers.



What strategies were used?

- The program included workshops, which covered topics such as:
  - » healthy eating
  - » physical activity
  - » diabetes awareness
  - » self-esteem
  - » behaviour change
- PowerPoint presentations and flipcharts were produced to assist in the delivery of the workshop content.
- The following posters were also developed for use in the workshops:
  - » what's in food
  - » what's in breakfast food
  - » what's in takeaway food
  - » what's in dinner meals
  - » what's in snacks
- These posters use graphics to demonstrate the fat and sugar content of commonly eaten foods.
- A DVD called *Don't dream it, just do it* was produced for use in the workshops. The DVD provides examples of low intensity physical activities, such as stretching and strengthening activities.
- The program included cooking sessions, where the participants learnt how to prepare and cook low-fat meals. The recipes used came from the *Living strong healthy lifestyle cookbook*, which was also produced for the program.

- There was also a shopping tour, which taught participants how to read food labels to understand the fat and sugar content of foods, and how to make their money go further when food shopping.

What did the program achieve?

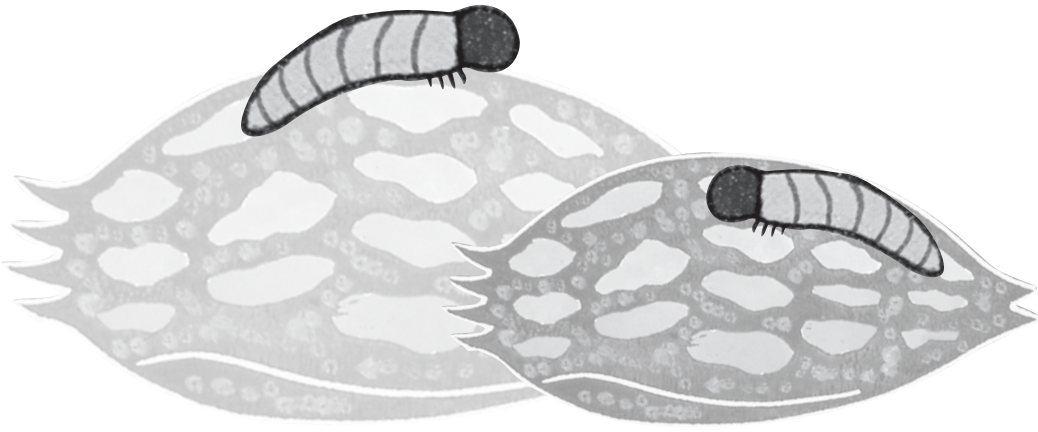
- Evaluations of the earlier version of this program showed it was effective in encouraging people to adopt a healthier lifestyle. Many of the participants reduced their weight, waist measurement, and hip measurement.
- More than one-half of participants in the 2005 evaluation reported changes to their eating habits (for example, eating at least two serves of fruit every day).
- Reports from other communities who used the program revealed that participants increased their level of physical activity and generally felt better at the end of the program.

What contributed to the success of the program?

- The two evaluations of the program helped to improve its content.
- Having the program run by Aboriginal and Torres Strait Islander Health Workers makes it more appealing to Indigenous people.
- The use of different resources (such as PowerPoint presentations, flipcharts, posters, and DVD) catered for different learning styles and added interest to the program delivery.

What lessons were learnt?

- It is important to evaluate programs to check on whether they are working well and to make organisers aware of changes that need to be made.
- A variety of learning resources in the program helps to maintain participants' attention.



Nguiu Health Service project: Improving the education of Aboriginal Health Workers in understanding diabetes

What was the project about?

The Nguiu Health Service, located on the Tiwi Islands, about 80 kms north of Darwin, cares for many Indigenous patients with chronic diseases such as diabetes.

Visiting health professionals to the Nguiu Health Service, together with local staff, saw a need for team building among clinic staff as well as the need to educate Aboriginal Health Workers about chronic disease, particularly diabetes.

This led to the development of the Nguiu Health Service project. The project was assisted by a diabetes educator, a chronic disease nurse, visiting health professionals, as well as local Nguiu clinic staff.

What strategies were used?

- Weekly training sessions were organised to provide the health workers with the information needed to manage their own health conditions, and to assist patients attending the health service to manage their diabetes. Healthy lunches were provided at the sessions.
- Healthy breakfasts were held for the health service staff, with screening and health checks, including blood glucose level checks.
- At morning tea for staff and patients, traditional recipes were adapted to include healthier ingredients. For example, wholemeal flour, apple, and dried fruit were used to make damper.
- Because exercise is an important part of the management of chronic diseases, a walking group was established. Staff members were given pedometers to encourage more walking.
- Local dance was also used to encourage exercise among the health service staff, with the local Indigenous staff teaching the dance to non-Indigenous staff members.
- A ‘biggest loser’ weight loss competition was run between the three Tiwi Island clinics.

What did the project achieve?

- Staff reported improved understanding about the importance of healthy eating and exercise in managing chronic diseases such as diabetes.
- Some staff developed new eating habits; for example, they used sugar substitutes and began using low fat milk.
- The Aboriginal Health Workers developed a sense of achievement in teaching their traditional dance to the non-Indigenous staff.
- Taking part in the breakfasts and the exercise groups helped health service staff to build a stronger and more positive team.
- It is reported that the program had a positive impact on the wider community, with the health workers sharing their knowledge and including others in eating healthier food.

What contributed to the success of the project?

- The project included culturally appropriate activities, such as traditional cooking and dance.

What lessons were learnt?

- A lot of thought must be given to the project design; the activities must be appropriate for the target audience.
- Aboriginal Health Workers can encourage community members to make positive health changes.

Spring into shape program

What was the program about?

This program was developed by the Galambila Aboriginal Health Service and the Mid North Coast Area Health Service in New South Wales. It began in 2003 after staff at Galambila surveyed their clients and found that the clients wanted to learn about nutrition and do more physical exercise. This led to the *Spring into shape* program.

The aim of the program was to encourage participants to make healthy lifestyle changes and improve their stress management. The staff used education and physical exercise and tried to create an environment that was fun, safe, and supportive.

What strategies were used?

- The 10-week program included a mixture of educational sessions and physical activities.
- The educational sessions were interactive and included discussions with guest speakers and cooking sessions. The guest speakers discussed topics such as:
  - » diabetes
  - » injury
  - » pain management
  - » nutrition
- The cooking sessions taught participants how to prepare healthy meals using low-cost, simple recipes. Each participant was provided with a fruit and vegetable box that contained fresh fruit and vegetables, recipe ideas, and nutritional information.
- Staff introduced the program participants to many different forms of exercise, such as:
  - » water aerobics
  - » water Pilates
  - » chi gong
  - » tai chi
  - » ten-pin bowling
  - » lawn bowls

What did the program achieve?

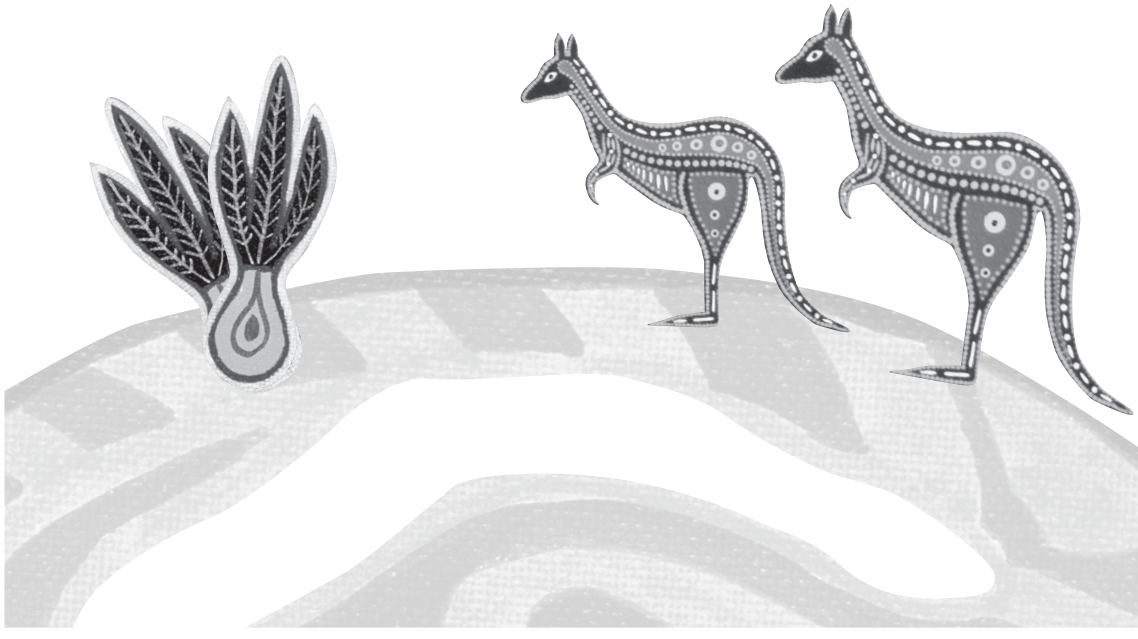
- Reports from the participants suggest the educational sessions raised their awareness about food, nutrition, and exercise. Learning how to read food labels was a favourite topic of discussion. Several comments made by participants included:
  - » 'Very informative, funny and helpful, lots of ideas.'
  - » 'I look at all food labels now.'
  - » '(The program) kicked off my awareness of food and exercise.'
- Many of the participants were excited about participating in the different physical activities. Some participants reported that they continued to engage in these activities on a regular basis. One participant reported:
  - » '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 led more people to have regular health assessments, and weight loss was a positive outcome for some clients.

What contributed to the success of the program?

- The program grew from the needs of clients attending the Aboriginal Medical Service (AMS).
- The variety of physical activities increased the likelihood of clients being exposed to suitable exercises.
- Teaching the participants different recipes and providing them with a box of fruit and vegetables encouraged the clients to reproduce the meals at home for their families.
- The AMS was a safe and supportive environment for the participants.

What lessons were learnt?

- When programs are initiated at the wish of community members, they are more likely to be successful.
- Encouraging people to make healthy food choices involves a combination of instruction and hands-on learning activity.



The Eingana garden project

What was the project about?

This project was an initiative of Gunawirra, a not-for-profit organisation in Sydney, which has Indigenous and non-Indigenous professionals who offer prevention and early intervention programs for the protection of infants, children, and the family unit.

The Eingana Garden Project was first formed because staff from Gunawirra wanted to: (1) involve the local community in promoting local pre-schools and school centres as places that are safe and friendly; (2) improve the nutrition of local Indigenous children; and (3) include Indigenous culture and links to the earth.

Discussions with Indigenous representatives and Elders led to the idea of establishing traditional bush tucker and vegetable gardens in the grounds of the pre-schools. It was decided that communities participating in the project would be responsible for designing, building, and tending to their own gardens, which would create a sense of community ownership.

In addition to the gardens, it was decided that lessons on health, nutrition, and Indigenous culture would be incorporated into the project.

What strategies were used?

- Before a garden was established, local community Elders were approached and asked permission to establish a garden in the community. The Elders were also invited to participate in the project.
- When designing the garden patch, advice was sought from Landcare Junior (www.juniorlandcare.com.au/), local nurseries, and community Elders on the appropriate bush tucker and vegetables to plant for the given area. It was necessary that the vegetables matched the conditions of the local area.
- Local nurseries were approached and asked to donate plants. Local councils were also approached to donate soil for the gardens. Offers of support were also sought from other local businesses. For example, Coles supported the project by providing funds through the sale of their jute shopping bags.
- Men from the community were asked to help establish the gardens by undertaking the heavy work (such as putting in sleepers and preparing the soil).
- The gardens were established high off the ground to prevent animals from getting to the vegetables and bush tucker. Many of the gardens also needed irrigation because they were in dry areas.
- The pre-school children, their families, and the wider community were involved in planting and tending to the vegetable and bush tucker gardens, and the children were each given a plant to take home and care for.
- Community days were held in the gardens where community Elders told stories and sang songs, and lessons were given on good nutrition and health.

- Most of the vegetables and bush tucker produced by the gardens were eaten by the children in the school centres and pre-schools. Sometimes the fresh produce was sold to the community and the money raised was used to purchase more seedlings, potting mix, etc. for the garden.

What did the project achieve?

- The first garden was established in Murrawina Redfern. Since then, vegetable and bush tucker gardens have been built in 30 Gunawirra school centres and pre-schools.
- Reports from the Founding Director of Gunawirra, as well as those from the school centres and preschools involved in the project, indicate the gardens have been a success. Here is a sample of comments from two communities that have established bush tucker and vegetable patches:
  - » 'Dalaigur just had their first meal from their garden. The children made spinach and bacon quiche for their lunches. Some enjoyed it, but some pulled interesting faces; all tried the food because they made it'.
  - » 'In Miller, they have seats around the garden and the classes come and do work on writing and drawing and discussing plants and how they grow. Not one child has damaged the garden in any way'.
- Feedback from communities involved in the project also suggests the gardens have helped to pass on Indigenous culture and foster a sense of community ownership among the pre-school and wider community. For example:
  - » 'Vandals broke in one night and pulled up every plant. The children and parents were devastated. The families said "Leave this to us!". They went and visited the family whose children were involved and told them that garden was Aboriginal land and they must respect it. No one touched the garden again.'

What contributed to the success of the project?

- The project involved local Indigenous Elders from the very beginning, first consulting with them in the project development phase, seeking their permission to establish a garden, and also by asking them to participate in the project. This process follows cultural protocol and helps to get support from the Elders who can then encourage greater participation from the wider community.
- The project is based on community participation and requires each community to become responsible for the design, building, and tending of their own gardens. If done well, this creates feelings of ownership among the community members and also helps to develop a sense of community - both vital to the success of the project.
- The project can provide meaningful activity for those community members who are out of work.

What lessons were learnt?

- It is important to be respectful of cultural protocol and consult with local Indigenous Elders prior to implementing a project.
- Participation of the wider community is also necessary for the success of the project.

The Kukumbat gudwan daga project

What was the project about?

This project responded to the self-identified needs of women in three remote communities in Jawoyn in the Katherine region of the Northern Territory. The aim of the project was to work with women in these communities to develop a region-specific cookbook. It was hoped this would improve the nutrition, food safety knowledge, and practical skills of the people in these communities.

The project was a collaborative effort between the Fred Hollows Foundation, local Indigenous women, a nutritionist, and a consultant chef. It focused on three women's centres: Gulin Gulin, Wugularr, and Manyallaluk which offer these social services to their communities:

- meals for the elderly, people with disabilities, and school children
- laundry services
- crèches
- support for families going through difficult times

The centres also provide a meeting place for the community to engage in various activities or socialise.

What strategies were used?

- Prior to the development of the cookbook, a consultation process was undertaken by staff from the *Women's development project* at the Fred Hollows Foundation. This included:
  - » discussions with the women's centres to identify their specific needs
  - » talks with key stakeholders - government and non-government organisations that promote food safety and nutrition, those involved in education and training, and remote food supply stakeholders
- The consultation process revealed the need for a cookbook that included:
  - » recipes that were nutritious and catered for large numbers of people
  - » recipes that use commonly known and available ingredients
  - » lots of photographs to help those who have English as a second language
  - » an appealing design and practical layout
- The women at the centres worked with the consultant chef to choose and trial recipes for the cookbook. Much thought was given to the nutritional value of the recipes and serving sizes. Dietitians and nutritionists also had input into the cookbook recipes. In trialling the recipes, the women worked with the chef on site to further enhance their cooking skills.
- After draft versions of the recipes had been developed, the recipes were tested and changes were made based on feedback from the communities.
- Through the Foundation, the women also improved their practical literacy and numeracy skills, and knowledge about nutrition and food safety.
- A photographer offered digital camera training to women at the centres so

they could include photographs in the final version of the cookbook.

- A graphic designer worked with the women on the layout of the cookbook, and a local artist hand-wove a mat that was used for the cover photograph and was included in some of the cookbook photographs.
- The cookbook development involved a 'rolling design' process, which meant that changes could be made based on lessons learnt and the emerging needs of the people involved.

What did the project achieve?

- The project resulted in an 80-page cookbook titled *Kukumbat gudwan daga - Really cooking good food*. (The cookbook is in your resource packs).
- Each recipe in the cookbook includes step-by-step photographs showing how to prepare each meal. Photographs of the ingredients appeared at the bottom of the page and the ingredients list is divided into portions for 10, 30, 50, and 100 people.
- Special features of the cookbook are:
  - » a weekly menu planning tool
  - » a food ordering tool
  - » photographs of sandwich ideas
- Reports suggest the women enjoyed the training they received during the cookbook development - particularly the cooking classes and photography training. The women also stated the experience was very rewarding. One local Elder commented that the cookbook will:
  - » 'help us to avoid illnesses like diabetes, heart problems - all the problems that our people have been facing for many, many generations'.
- By working on the project, the women were able to develop friendships with women from other centres.

What contributed to the success of the project?

- The cookbook design process was flexible, meaning the project could adapt to the changing or emerging needs of the communities.
- The extensive consultation process and trialling of the recipes in the communities meant the recipes in the cookbook were well liked by the community members, were nutritional, and used accessible, well-known ingredients.
- The project responded to the self-identified needs of three women's centres. Project staff engaged the women's centres from the beginning and continued to work with them until the completion of the cookbook. This ensured the cookbook itself was appropriate and relevant to the specific needs of these communities.

What lessons were learnt?

- Community consultation and participation is vital to the success of a project. It gives community members some control and ownership over the project and ensures the project suits their needs.
- When developing a resource, it is a good idea to trial the resource on the community first. This will help to ensure that the final product is appropriate and relevant to the people it is aimed at.
- Capacity building should be an important part of any project because it means that once a project is finished, people can go on using the skills they have learnt.

The Wadja Warriors' healthy weight program

What was the project about?

This project came about because members of the Wadja Warriors football team in Woorabinda, central Queensland, were interested in physical fitness and learning how to be healthier. In particular, the men wanted to learn about healthy meal options and develop cooking and food budget skills.

A nutrition health worker responded to the players' requests and adapted the *Healthy weight program* (HWP) to suit their needs. The HWP was developed by the Tropical Public Health Units in Cairns and Townsville in 1996 to promote healthy lifestyles among local Aboriginal and Torres Strait Islander people. The Wadja Warriors' modified version of the HWP included cooking classes combined with educational sessions.

The educational sessions were designed to increase the men's knowledge of suitable foods for sports fitness, promote a lifestyle of good nutrition and physical activity, and teach the players skills that would help them to make healthy lifestyle changes.

The nutrition health worker created the project for the players of the Wadja Warriors football team, but other interested men in the community were also invited to participate. Several organisations supported the running of the project including the Central Public Health Unit Network, Rockhampton.

What strategies were used?

- Workshops were conducted over a six-month period.
- Each workshop included a low-fat and low-budget cooking class. In the first workshop, the nutrition health worker demonstrated how to cook a low-fat meal. In the remaining workshops the men prepared and cooked all the meals with support offered by the nutrition health worker.
- After each workshop, the men were provided with recipes of the food they had cooked.
- Educational sessions were held on:
  - » food safety and hygiene
  - » shopping better for the family
  - » reducing fat intake
  - » sports nutrition
  - » behaviour change
  - » self-esteem
  - » diabetes
- To measure the health progress of each of the men, screenings for diabetes and other conditions were carried out during the first workshop and again in the last workshop.
- The men were asked to complete the Your Lifestyle questionnaire at the beginning and end of the project. This information would be used to see if the project helped the men to make healthy lifestyle changes.
- The men were also asked to complete a workshop evaluation form at the end of the project.

What did the project achieve?

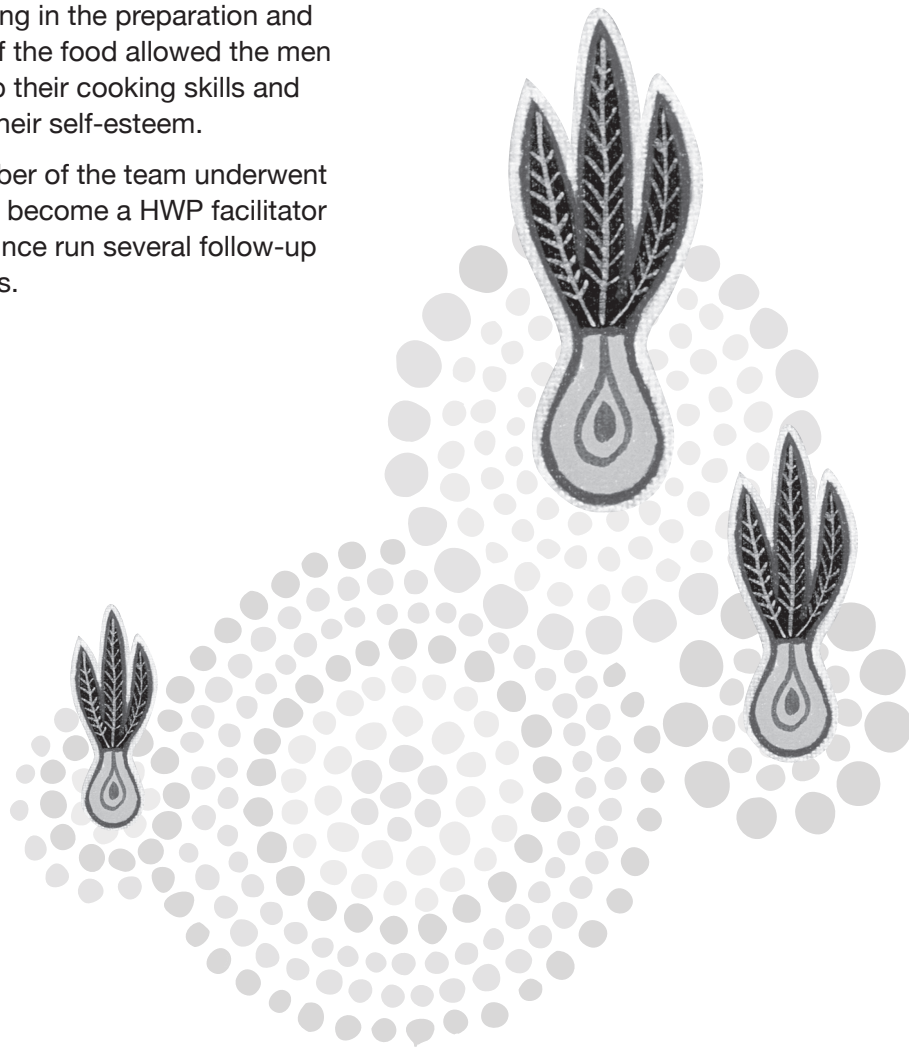
- Comments on the workshop evaluation form showed the men enjoyed the workshops and recommended that the workshop sessions continue in the community.
  - » More than half of the men rated the workshops as 'excellent' and the rest of the men rated the workshops as 'very good'.
- Information from the evaluation form and questionnaire indicated most men made healthy behaviour changes. The most common changes were to their eating habits (such as eating more vegetables and less deep-fried take-away food), ways of cooking, and engaging in more physical activity.
- Participating in the preparation and cooking of the food allowed the men to develop their cooking skills and increase their self-esteem.
- One member of the team underwent training to become a HWP facilitator and has since run several follow-up workshops.

What contributed to the success of the program?

- The project was developed in response to the specific needs of the Wadja Warriors football team.
- The men shared a common interest (football) and this created a sense of camaraderie among them.

What lessons were learnt?

- A project has a greater chance of succeeding if it is what the community members really want and there are people available locally to offer funding, support, and experience.



Workplace Indigenous physical activity (WIPA) project

What was the project about?

The *Workplace Indigenous physical activity (WIPA) project* was developed to improve the physical activity of staff at six Aboriginal and Torres Strait Islander community controlled health services in south east Queensland. The aim was to increase the number of staff meeting the national physical activity guidelines - at least 30 minutes of physical activity on most days of the week - through walking.

By focusing on health service staff rather than individual community members, WIPA staff hoped the project would have flow-on effects to community - encouraging other Indigenous community members to engage in more physical activity.

Several organisations were involved in the development and delivery of the project:

- Queensland Aboriginal and Islander Health Council (provided a project coordinator)
- University of Queensland
- Queensland Health (funded the project)
- Brisbane Aboriginal and Torres Strait Islander Community Health Service
- Goolburri Health Service
- Kalwun Health Service
- Yulu-Burri-Ba Aboriginal Corporation for Community Health

Project advocates were recruited to encourage Indigenous and non-Indigenous health service staff to participate.

What strategies were used?

- A 12-week pedometer challenge was implemented to encourage staff to increase the number of steps they took each day.
- An exercise psychologist helped staff identify what encouraged or prevented them from being involved in more physical activity. This helped to motivate and support staff to do more physical activity.
- A weekly newsletter was also distributed to staff involved in the project.
- Fitness assessments were conducted on staff before and after the project. The tests assessed:
  - » overall strength, flexibility, and balance
  - » cardio-respiratory fitness
  - » blood sugar levels
  - » body mass index
  - » body fat percentage
- Participants were asked to complete questionnaires before and after the project. The questionnaires were used to see if the project had succeeded in reaching its goal of increasing physical activity levels among staff.

What did the project achieve?

- After the project, there was an overall increase in the amount of time the participants spent in moderate and vigorous activity. This meant more staff were meeting the national physical activity guidelines at the end of the 12 weeks.
- Participants reported feeling more informed about their health status due to the fitness assessments and were motivated to improve their health.

What contributed to the success of the project?

- The project was well supported by the health services from which the participants were recruited.
- The project included project advocates who helped in promoting the project to staff at the health services.
- The combination of physical activity and counselling sessions provided participants with the information, support, and motivation they needed to increase their physical activity levels.

What lessons were learnt?

- It's important to identify the key people in a community or organisation and get them onside in the planning and promotion of a project.
- Implementing a project in the work setting can be difficult due to competing priorities and work commitments. Projects should be flexible to fit in with staff commitments.
- It's important to not make assumptions about the knowledge of health service staff. Staff will vary in what they know about physical activity and practice.

Wor-Ra-Kee: Karuah family nutrition and school access project

What was the project about?

Hunter New England Area Health Service, in partnership with Awabakal Aboriginal Medical Service, developed the *Wor-Ra-Kee* ('to see') project. The project evolved from a consultation for the Hunter Aboriginal Health Plan where members of the Karuah Aboriginal Community said they wanted to increase the number of local children attending school as well as improve the general health and wellbeing of the community. Locals also reported food choices in the community were limited - most food was westernised and access to varied, affordable food was limited due to lack of transport and money.

Project staff were aware of research showing that poor nutrition affects school attendance and performance, and decided that the *Wor-Ra-Kee* project should focus on improving nutrition and educational achievement in preschoolers, school-aged children, and adolescents in the Karuah Aboriginal community.

A number of organisations provided guidance, support, and sponsorship for the project, such as the National Heart Foundation and Warlga Ngurra Women's and Children's Refuge.

What strategies were used?

- Two garden beds were given to *Wor-Ra-Kee* by the Karuah community garden project allowing participants to grow and taste a variety of nutritious foods.
- A Breakfast Club was set up to provide a place where the children could meet and have a healthy breakfast five days a week during school terms, for 18 months.
- An Arvo Club was established where the children learnt traditional art and crafts and how to prepare simple, healthy meals. It ran twice a week after school for 15 months.
- A Homework Club was also started at Karuah Primary School, following requests from the school children. The children in this club received one-on-one assistance with their school work from an Aboriginal Health Worker and a child support worker from participating organisations. Some of the children's parents also offered to help. The club operated once a week for one school term.
- Ten Aboriginal Health Workers were trained in how to measure children's growth and the different factors that affect children's growth. This training aimed to improve the assessment of children's growth and health to help identify and overcome child health and nutrition problems.

What did the project achieve?

- Children learnt to prepare simple, nutritional foods and also learnt how to grow some fruits and vegetables.
- The children were able to taste a range of different healthy foods, some for the first time.
- School evaluations revealed that the number of children attending school on a regular basis had increased, and teachers noted that fewer children were being suspended from school.
- The teachers reported that the children had better attention in class and were learning more.
- An Arvo Club Cookbook was produced containing art and recipes from the Arvo Club.
- There were reports from parents that they were happy their children were involved in such a positive project.

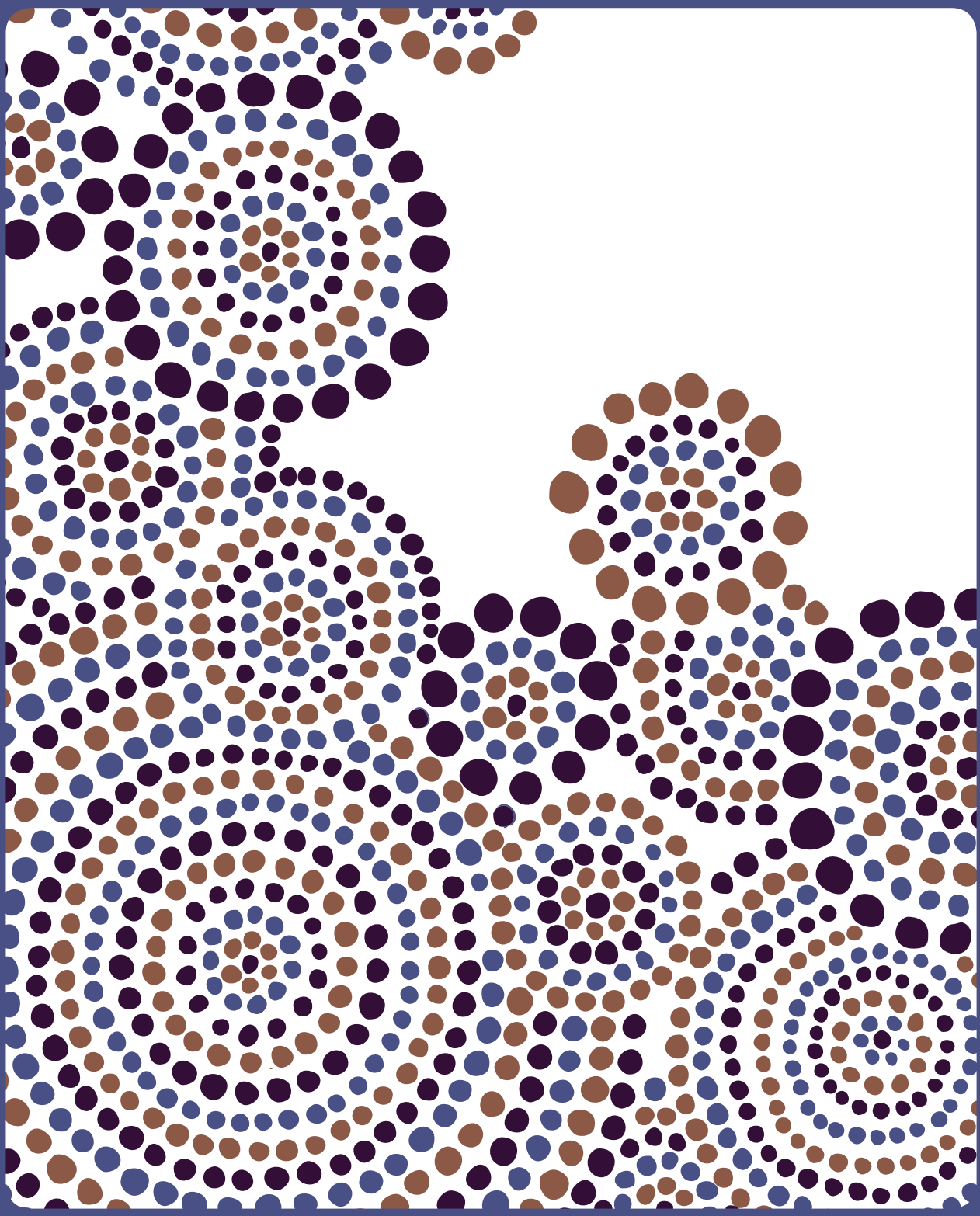
What contributed to the success of the project?

- The project responded to the expressed needs of the local community and was therefore designed to specifically cater for these needs.
- The project was supported by the local Indigenous community. For example, the *Karuah community garden* project offered *Wor-Ra-Kee* garden beds for growing fruits and vegetables and some community members assisted with the running of the clubs.
- The project received guidance, support, and sponsorship from several organisations which helped with the development and implementation of the project activities.

What lessons were learnt?

- It is important to involve the Indigenous community from the beginning but remember that it takes time to build relationships with the community.
- Projects must be well planned but plans must be flexible to allow for changes.
- Project organisers must communicate well with the community about the project.

Tools for developing activities and programs



Section 4: Tools for developing activities and programs

This section contains information that may be useful when creating and developing activities or programs. When you start working as a Healthy Lifestyle Worker, you are not likely to do these tasks on your own but may be asked to help. As your skills develop, you may be asked to organise and do these things yourself.

Topics include:

- conducting a needs assessment and an environmental scan
- running a community meeting
- running a workshop
- getting your message across
- confidentiality and trust
- report writing
- managing your time
- occupational health and safety

Conducting a needs assessment and an environmental scan

It is important to consult with your community members to find out what programs or interventions they *want.* It is also important to know what they *need*. To get this information you may have to do a needs assessment.

What is a needs assessment?

An example of a needs assessment would be to identify a specific health problem in your community, the extent of the health problem (how many people suffer from it), the characteristics of the community or target group that may impact on the problem, and any health needs of that group.

A needs assessment may also focus on strategies needed for running a specific program. For example, you have been asked to run a nutritional program for your community. Your needs assessment will determine how much nutrition knowledge the community members already have; whether they need basic nutrition education or whether they need to learn skills like cooking and reading food labels. Your needs assessment should also include your needs - whether you have the skills to run a nutrition program and where you could get help.

How to do a needs assessment?

To find out the needs of your community, you can do one or a combination of the following:

- look to see if up-to-date reports are available (for example from the Australian Bureau of Statistics) - these can tell you what local health professionals and the community have found to be important
- talk to professionals both inside and outside your health service - they may know of unpublished information that is relevant
- consult with individual community members - for example Elders can provide valuable wisdom and leadership
- consult with groups within the community - for example women and young people

Various methods can be used for community consultations, such as:

- surveys and screening tools to identify risk factors and chronic diseases (but you would probably need help in using these for the first time)
- focus groups and forums, which can assist in learning about issues from the community
- participant observation - this method involves active participation in community activities and gradually acquiring local knowledge.

The *Yambacoona diabetes program* ran regular social meetings which encouraged discussions on diabetes, changing eating habits and activity levels. The program leaders were able to identify the interventions that would best suit that community.

What is environmental scanning?

Environmental scanning includes identifying the social aspects of the community, such as the strengths and assets of the community. For example, an environmental scan may identify that a community has a high unemployment rate, and there are lots of parks and community facilities, but they're not being used. A solution may be to target unemployed people - encouraging them to become more physically active, using the free community parks and facilities.

An environmental scan will help you to identify the community resources, strengths and disadvantages that may affect your programs.

Community resources are of two types:

- facilities that can be used in health promotion, such as: social clubs, meeting places, community stores, schools, church groups, community gardens, sporting facilities
- people who can guide and inform program development, such as: community Elders, women's or men's groups, school groups, children's activity groups and certain professionals.

Community strengths can take many forms. Here are some examples:

- strong cultural and social connections between members of the community
- strong spiritual connections to the land and environment
- positive social attitudes and community values, such as the community electing to go 'dry'.

Community weaknesses present challenges to those wanting to promote healthy lifestyles, such as:

- lack of financial resources
- lack of educational or employment opportunities
- lack of adequate environments and facilities (for example, to cook and store food)
- few role models.

The results obtained by a needs assessment and the information gathered in an environmental scan can guide you in developing programs that are relevant, achievable and responsive to community needs.

Guidelines for managing the needs assessment and environmental scanning

Participation

Try to involve the community as soon as possible, paying particular attention to how people interact and to the involvement of Elders or influential community members at all stages of program planning.

Resources

The availability of resources is an important item of information collected in a needs assessment and environmental scan. Resources can include funds available, staff, venues for community activities, volunteers and equipment.

Information gathering

- Maintain your focus:
  - » on strengths and capacities - not just problems and deficits
  - » on the 'determinants of health', not just regarding health as the absence of disease (see 'An introduction to health promotion' Section 5 page 3).
- Gather and analyse a variety of data:
  - » for specific and individual health problems use surveys or screening tools
  - » for health patterns or general health needs of a community, use focus groups or forums, and consultations with individual Elders.
  - » other community members
- Determine who already has data that are useful to you and how you can contact them.
- Identify and describe any information gaps.

Decision making (in consultation with key stakeholders, for example Elders and influential community members)

- Identify the factors that support the program.
- Identify the factors that block the program.
- Consider whether early information collected supports the aims and goals of the program, and modify the program if necessary.

Running a community meeting

Working with a community usually involves a lot of meetings. These are time consuming but important. You get to know the community and its health needs better, and the community gets to know you better and have a say in the health program you are developing. Later, as your program develops, the community meeting should include all those with a stake in its success. Seperate meetings may be necessary for different interest groups. This allows information and ideas to be shared, resources and participants to be identified, and program goals and action plans to be developed and monitored.

Things to consider before calling a community meeting

- Be clear on the reason for the meeting and what you want to achieve.
- Take the time to tell community leaders and key stakeholders the purpose of the meeting and seek their participation.

Prepare thoroughly for the meeting

Have an agenda for the meeting

An agenda is a list of items to be discussed at a meeting. An agenda keeps a meeting focused. The key is making sure everyone approves the agenda before you start. The agenda should be sent out to all participants before the meeting so they know what will be discussed. You can call for agenda items when planning your meeting, or on the day ask if anybody has items they want to include (providing there is time available). A basic agenda should include:

- purpose of the meeting
- date and location of the meeting
- the start time and finish time of the meeting
- the items to be discussed.

Please note: reports or information that meeting participants need to consider before the meeting should be sent out with the agenda.

(An agenda template is provided in Section 4 page 10)

Choose a venue that is comfortable for participants

The choice of venue is important. In some Indigenous communities it may be important to use a neutral venue, not associated with any particular group within the community. The meeting space should be comfortable and set up to allow everybody the opportunity to be seen and heard.

Running the meeting

Starting time

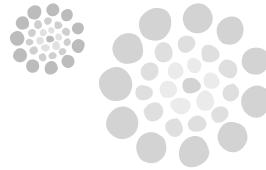
Try to start on time because this is a courtesy to those who get there at the nominated time, and it sets the tone from the start that your group means business. But you also need to be attuned to an Indigenous community's sense of time. Above all else you want community members to feel their attendance is welcome.

Introductions

If appropriate, acknowledge the traditional owners of the land on which the meeting is being held. Introduce people, including speakers and community leaders and any new people, at the start of the meeting. In a small meeting it may also be useful to ask people to tell the group a little about themselves (providing people are comfortable speaking in public).

Chairing the meeting

It is important for the chairperson to keep the meeting on track. Stop unrelated discussion by reminding people of the agenda. Watch the clock and keep people to time so you cover all agenda items and finish the meeting on time. Ensure everybody has an opportunity to talk. Summarise and confirm key decisions. You may need to be more flexible if participants need extra time to feel comfortable in the meeting, or see the meeting as an opportunity to share stories that relate to the health issue you are discussing.



Make sure everybody has an opportunity to participate

It is worthwhile hearing from different sections of the community you are working with, so try to draw out those who are shy about expressing their opinion. It is important that everyone at the meeting feels they are involved.

Meeting minutes

Ensure minutes are taken so that there is a written record of the meeting. The minutes would include a list of everyone who attends the meeting and the 'apologies'. If you are chairing the meeting, ask somebody else to take the minutes. If there are action items, record who will be responsible for carrying them out and when. If there are to be regular meetings, the participants will get a copy of the minutes and they can confirm acceptance before or at the next meeting so there is a shared understanding of what was discussed.

Set a date and time for the next meeting

This should be the last item on any agenda. It provides a reporting deadline for action items. It is also easier to decide on a convenient time when everybody is in the same room.

After the meeting

It is important to understand that a meeting is the middle part of a process involving preparation and follow-up. Others who have a stake in your program, but who were not at the meeting, need to be kept informed. So let them know about the outcomes of the meeting. Also, keep in touch with those participants who took responsibility for certain tasks. You can then provide support, if necessary, to make sure the actions are carried out.

Example Agenda

Date: 12 March 2011

Time: 10 am - 12 pm

Location: Community Centre, 20 Long Road, Werribee

Agenda

Meeting purpose: To establish a community garden in Werribee

Introductions

Apologies

1. Business arising from the previous meeting 2 February 2011

No business arising

2. New Business

2.1 Garden location (Ben)

Where should the garden be located? See attached report of possible locations, which lists the benefits and possible problems of each location.

2.2 Participants (Evelyn)

Who needs to be involved? How do we get them involved?

2.3 Supplies (Ada)

What do we need for the garden? Where can we get the supplies from?

2.4 Budget (Darryn)

How will we pay for the garden? See attached report which estimates the costs of the garden.

3. Other business

4. Next meeting

Running a workshop

Why run a workshop?

If run well, workshops provide an active, engaging style of learning. They are great for brainstorming, interactive learning, practising skills, building relationships, and problem-solving. But they can also be difficult to do well, and preparation is important. There are three steps to running a workshop: before, during and after. You will need to plan and prepare for each step.

Before the workshop

Decide the purpose of the workshop

The first thing to do is work out what you want your workshop to achieve and what the main messages are. For example, do you want your participants to become more aware of a particular health issue in the community, such as poor nutrition and its consequences, or do you want them to develop a plan of action for tackling a health issue of concern such as heavy drinking? You should decide the purpose in discussion with key stakeholders from the community.

Develop a workshop program and select presenters

After deciding on the purpose of your workshop, you need to work with community stakeholders to develop a workshop program that suits the community members and the health issue to be addressed. Plan the content of the workshop and any activities you could use to enhance the participation and learning of your attendees. Consider who you could ask to present at the workshop and help facilitate group activities. Plan the workshop timetable and always allow for plenty of breaks, with refreshments, as workshops can be very intense for participants. The breaks also provide an opportunity for informal contact, which can be valuable for participants.

Plan the day

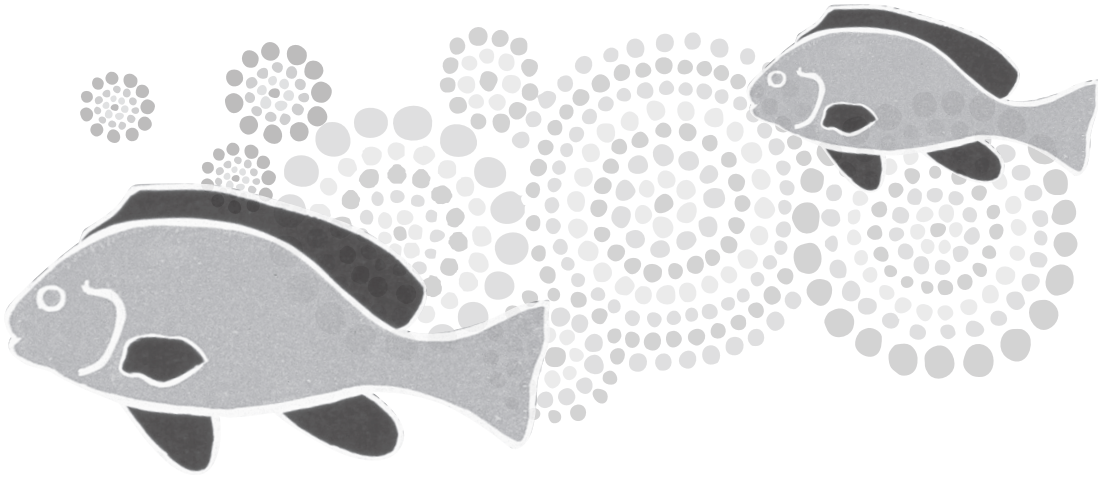
There are many 'housekeeping' type decisions you will have to make as part of planning for the workshop. These include:

- date, time, and duration of the workshop
- a setting best suited to the participants
- estimated expenses
- welcome to country
- anticipated number of participants
- catering (always provide good food that is low in fat, salt and sugar as an incentive to attend)
- equipment and resources such as projectors, white boards, butchers paper etc.
- transportation and childcare

Consider drawing up a planning timetable, along the lines of the example below, to help you monitor progress.

Workshop planning timetable

Task	Person responsible	Date for completion	Current status
Book venue	Me	12 April	Negotiating with the cricket club and hotel
Welcome to country	George	18 April	Local Elder has agreed to do the welcome to country

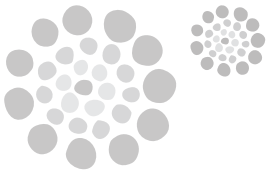


Here are some questions to help you prepare for your workshop

- Where would be the best place to hold the workshop? Do people have a way to get there? Are the facilities suitable? Is childcare available? Is it 'neutral' territory or will some participants feel uncomfortable?
- Would it help to have other facilitators? Do I need facilitators who can offer a different perspective, or who have particular expertise in the workshop topic? If so, who can I get from within the community?
- Is the setting comfortable? Can participants see and hear each other? Are there any distractions that would interfere with the workshop process?
- How well do participants know each other? Do I need name tags? During introductions, what might participants need to know about the venue (for example, location of the toilets) and each other to help them feel comfortable? What icebreaker exercises would make participants feel more comfortable?
- Does my workshop format give everyone a chance to participate? Is the workshop group so big that some people will feel too intimidated to speak? Should I plan some small-group activities? Do I need to provide activities that are not discussion based?
- Have I planned the event in a way that respects the social and cultural background of participants and allows for issues to be raised by participants?

During the workshop

When the workshop takes place, you will need to ensure that the event runs smoothly. You may also be the facilitator or do a presentation. To help stay organised, make a checklist of all the things that have to be done. If there is a lot to do, assign some tasks to other people if possible. The following is a basic checklist suitable for most workshops, but you may need to add other items for your circumstances.



Workshop checklist

☐ Make sure there are direction signs to the venue, especially if it is part of a larger complex

☐ Check that the audiovisual equipment works

☐ Confirm catering arrangements two days before the event

☐ Set up the chairs and tables

☐ Prepare a sign-in sheet and name tags

☐ Make sure that all handouts are available

When conducting the workshop, set out some ground rules for how the event will run. The ground rules could include:

- try to keep to the workshop topic
- try to keep to time
- everybody's contribution is valued
- no one may interrupt someone who is speaking.

Facilitating the workshop

There are a number of things to consider when facilitating a workshop.

- Establish a relationship with the group by learning their names, making eye contact or acknowledging their presence in other ways, and encouraging participation. Create a non-threatening environment where participants feel comfortable expressing their views.
- Use interactive techniques that engage participants; invite opinions, views, feedback, suggestions and questions. Consider playing games, particularly with participants who may have difficulty talking in a group. Games can be used to encourage participation, illustrate issues, develop skills, and they are a lot of fun.
- Record any outcomes or actions of the workshop, including the names of people who are responsible for them and deadlines for the actions.
- At the end of the workshop check whether participants' needs and expectations have been met. This could be done through a short feedback session. Or you may choose to ask participants to fill out a feedback form. This should be anonymous and easy to complete by everybody attending.

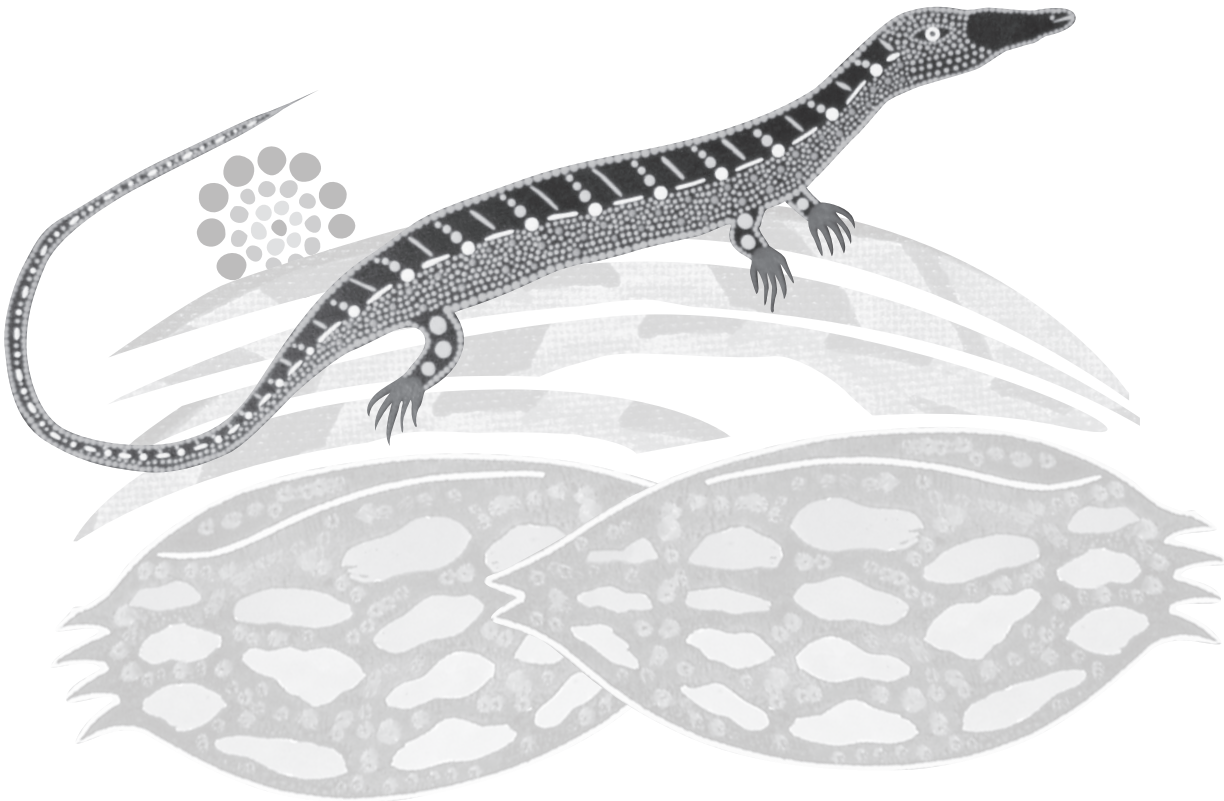
At the end of the workshop

Thank all contributors and participants. This is important for maintaining goodwill and future participation in community health activities.

Prepare a short report on the workshop, which you can use for a number of purposes such as to:

- document what was learnt from the workshop
- help in the planning of future community events
- give feedback to stakeholders, participants and the community
- prepare a report to your employer.

You should also consider publicising what the workshop achieved as a way of raising the profile of the participants and/or health issue being tackled. You could do this through an interview on local radio, an article in the local paper, a notice in the local store window or an item on an Internet health bulletin board.



Getting your message across

Getting your message across to the general community can help you gain support and increase people's knowledge about an issue. It can also assist with getting funding and improving or changing health services. The message could be to people in the community, health organisations and local government. Here are some ways to get your message across:

- talk with other community members about what matters to them and their community
- go out and speak to other people in the community, for example to the manager of the local food store to talk about healthy food supplies
- talk to the media - they may want to send your message out to the whole community
- write to the local paper, and specific Indigenous newspapers such as the National Indigenous Times or Koori News; this could be about a specific health program or activity
- ring the local radio station - to inform the local community about an issue, or to advertise a community meeting
- put up flyers, for example in local shops, to raise awareness of a particular health issue or to organise an activity such as a walking group or health checks
- add your issues to an agenda list at the local community-based meeting
- host a meeting with other community members at a local venue, for example, a community hall or school, to discuss health needs for the local area
- send letters or emails to local governments or organisations to ask for support or funding for a local health program such as a community garden
- create a petition, for example, to get support from community members who support a particular cause
- if you have access to a computer and the Internet, you could spread your message by creating a community/organisation page on Facebook (www.facebook.com) or a twitter account (www.twitter.com) to promote your message and gain support. These social networking sites are becoming very popular and have the advantages of providing up-to-date information to a wide audience and free promotion/ advertising.

Some ways of getting your message across will be more suitable than others, depending on the area you are living in and what particular health message you are trying to get across. The easiest and best way to start getting your message across is to ask people in the local area for their advice on what has worked before. Sharing knowledge and getting your message across can help to promote good health for all Indigenous Australians.

Confidentiality and trust

Confidentiality is an essential moral issue in the context of health in the community. Confidentiality means keeping safe another person's personal information by not talking about it to others without permission. Confidentiality is also important in developing trust: people feeling they can speak openly and honestly about issues because their comments are anonymous (cannot be recognised or identified by other community members).

Developing trust in a community can help to encourage people to be more open and direct about issues, increase the amount of discussion about issues, and help with getting people to participate in programs.

Below are examples of different situations where confidentiality is important.

- When meeting with people in a group to talk about health issues that matter to them and their community (such as a meeting in a community hall or school), you may wish to include in your introduction to the group that anything discussed in the group is to remain between the people in the group, and ask people to agree to this. However, in this type of environment it is difficult to ensure confidentiality and people need to be made aware of this.
- When information about a program or activity is written up, it is important that the people involved cannot be identified unless they choose to be. This could mean assigning a fictitious name or number to a person's comments, rather than using their real name, such as 'Participant 1 said they would like to see more healthy foods available in schools'. Be careful that you don't use identifiers such as their age, sex or location. For example, the description 'female, aged 37' may apply to only one woman in the community.

The consequences of not ensuring confidentiality could mean that a community member loses the trust of family and the community and even becomes isolated from the community. They may lose trust in the current program or health worker, as well as future programs or workers. In situations where confidentiality cannot be ensured, it is it important that people are given the option to not participate. In some instances, where appropriate, participants may be required to sign a form or tick a box to show that they give consent for you to use their information. This involves participants being fully informed of the project, and their right to withdraw from the project at any time.

If you need to ensure confidentiality, you could ask people in the local area for their advice on what has worked before, and what they feel is acceptable.

Report writing

You will probably need to write reports about some of the work you do as a Healthy Lifestyle Worker. Reports can be useful for:

- keeping your work colleagues informed
- letting the community know about what has been achieved
- being accountable to your manager(s) and funding bodies
- informing future policy and programs.

How often you need to report, and who to, will depend on your circumstances. Also, the information in your report will depend on who is to receive it. For example, a report to the community will be different from a report to your manager. Here is a list of the people you may need to report to:

- your manager
- the community
- the program participants
- your advisory group
- your program team.

Types of reports

For small programs there are usually two main types of reports:

- activity or progress reports — an update on what has been done so far
- final reports — a summary of the whole program.

A basic report structure

You will need to structure your report so that the information is easy to find. This means providing information in sections that are clearly labelled with headings. In longer reports you may also need sub-headings.

The usual parts of a report are listed below.

Table of contents If your report is longer than a few pages, provide a table of contents to help the reader find information quickly. It also gives the reader an overview of how your report is structured. A table of contents should have its own page and include all section headings and sub-headings, worded and numbered exactly as they appear in the report.

Summary This provides the reader with a brief account of the report's essential information. It is likely to be read by people who do not have time to read the whole report. The summary appears at the front of your report, but you should write it last so that it reflects all the important points. Try to limit the summary to less than one page.

Introduction The purpose of the introduction is to outline what your report is about. The introduction should provide the following:

- the background to the issues
- an overview of the issues covered in the report
- the purpose of the report

Body of the report This contains the main information and is usually the longest section of the report. It could include sub-sections like 'Activities undertaken', 'Outcomes' and 'Discussion' (for more information see Section 4 page 22). It should describe the specific aims of the program, the activities undertaken, any findings or outcomes, and provide some discussion. Try to use photographs, graphs, and diagrams to illustrate your findings and make the report more interesting to read.

Conclusion This is the final section of the report, which should give the reader an overall sense of 'what it all means' by summarising your findings and their implication for future work in this area. You may also want to make recommendations about what should be done (or not done), based on your findings. You could include these in a separate section headed 'Recommendations' to make them stand out. It is important that any recommendations are based on findings presented in the body of the report.

This report outline is very general and may not suit all circumstances. Don't be afraid to use a different structure that will suit your intended readers. One way of adapting your report for a particular purpose may be to draw on formats used by other groups reporting similar issues.

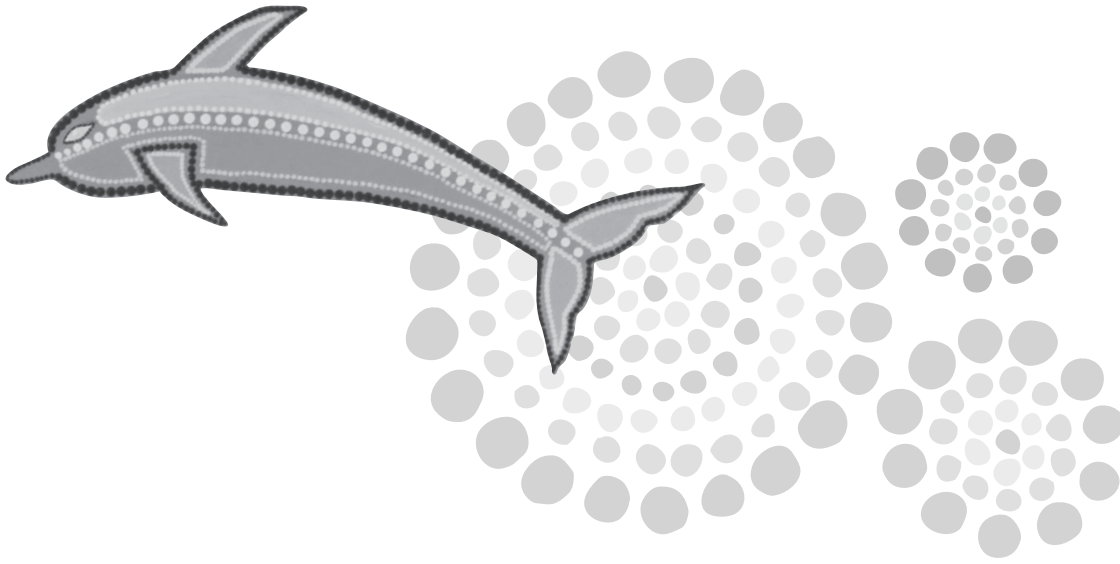
Sometimes you might need to write two reports about the same program. For example, a report prepared for a funding body may not be appropriate for your community — it may contain too much technical information and jargon.

Releasing a report

If your report is work-based you will probably need to get permission to release it, from your organisation's manager or board. How you release a report and how it is distributed will depend very much on your reasons for writing it in the first place. You will need to exercise judgement on this issue, but the views of key stakeholders and affected communities will be important in any decision. It is particularly important to maintain trust when you are reporting sensitive information.

Here are some possible ways of releasing your report:

- send the report to key decision makers
- hold a community meeting where you release and talk about the report
- send out a press release on key findings
- make the report available in electronic form on a website



Summary of what could be included in a progress report and a final report

Main component / section	Section / sub-section	Progress report (may not be needed)	Final report
Title page		name of organisation program name date of report name of contact person	name of organisation program name date of report name of author(s) and/or contact person
Contents		may not be needed	list of sections, and possibly sub-sections of the report, with page numbers
Summary		may not be needed	a brief description of the main points
Introduction		brief background to the program content and structure of the report purpose of the report	background to the program content and structure of the report purpose of the report
Main body of report	Program aims	brief description of program aims	brief description of program aims plus any other relevant information
	Activities undertaken ('method')	briefly summarise: what work was done how the work was done findings what remains to be done any delays or barriers	describe: the program plan community and other consultation what was done or not done (using stated objectives and strategies) how the evaluation was done (if any) any delays or barriers
	Outcomes / results	include any indicators you are using to evaluate your program	Include what has been achieved
	Discussion		outcomes / results of this program in relation to those expected program challenges lessons learnt implications for your community (and other communities)
Conclusions		conclusions about progress to date future directions	conclusions about the success of the program
	Recommendations	may not be needed	recommendations for future programs how outcomes could be used elsewhere

Managing your time

It is sometimes difficult to juggle work with home, family and community commitments. These time management tips will help you increase your efficiency and to stay calm.

To help sort tasks, and decide when they need to be done, here are some questions that you can ask:

- does it need to be done?
- does it need to be done now?
- can it be done later and, if so, when would be a good time?
- should someone else do it? (Learn how to delegate tasks to other people.)

Plan your day

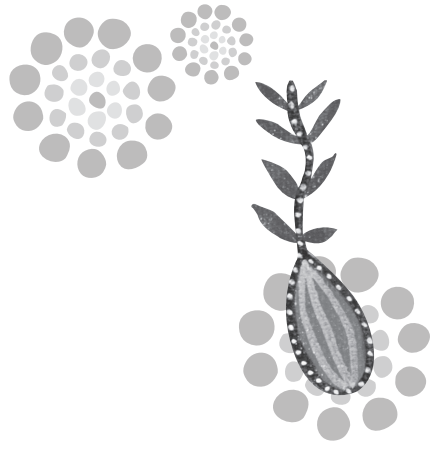
If you plan your day, it is more likely to go smoothly. Allocate blocks of time to a particular task and try to focus on that task. Learning how to deal with interruptions and distractions may also help. For example, if someone comes into your office/work-space for a yarn, maybe say: 'I'm really busy at the moment, but can we catch up for a yarn this afternoon?'. Follow routines when you can. For example, do your filing at the end of the day before leaving for home.

Tips for priority setting

Here are some tips that may be useful.

Organisation

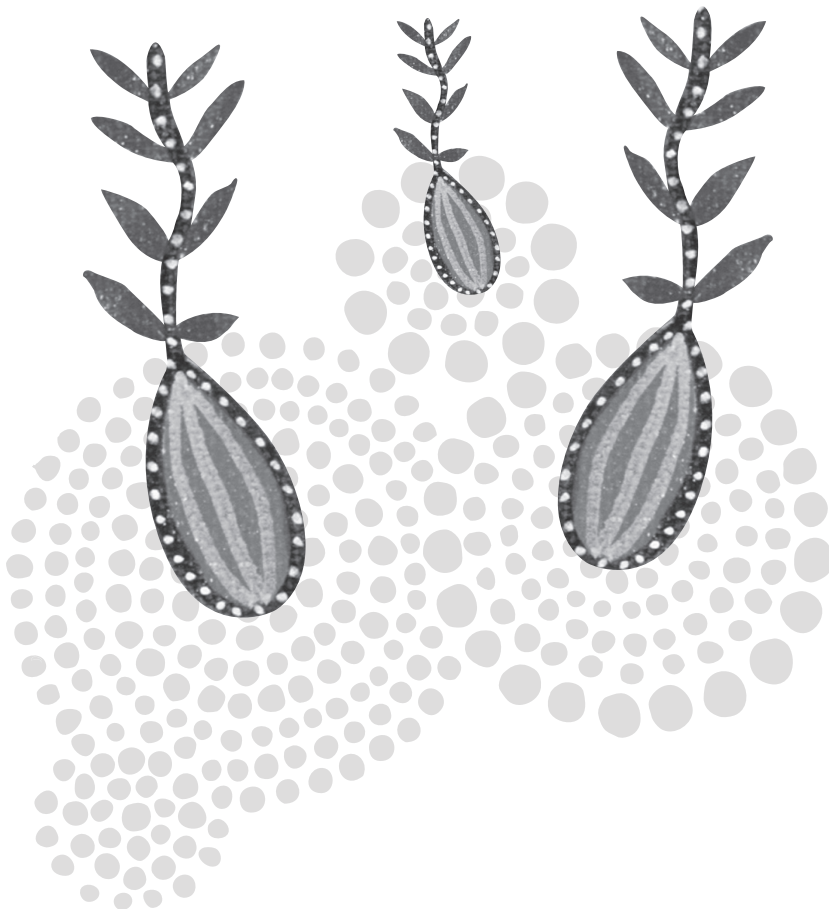
- Try and keep your paperwork in order and use files.
- Try to organise folders and files on your computer so that you can find things when you need them. Get rid of things that you no longer need, or, if you think you may need to access an item in the future, put it in a folder called 'archive'.
- Use trays on your desk to sort documents into an order of priority, and possibly number them.
- Keep a log on how you have spent a day (for example, two hours planning an event, one hour in a meeting, two hours visiting another organisation, and two hours answering emails and telephone calls). Then ask yourself: 'Was that the best way of spending my time?'. If not, think about how you could improve on it.
- Try not to hop from one job to another.
- Think of the steps in a complicated task and write them down in the order in which they need to be done.
- Try to not put off unpleasant tasks; get them out of the way, then you can do the ones you enjoy!
- Make a 'to do' list and cross off things that you have done.
- Use a calendar to mark any events that you need to be aware of for your work.
- If you have to wait for a period of time, take something along to do. For example, take a report you need to read, take your mobile phone so you can make a phone call, or take a blank pad of paper that you can use to plan your next healthy lifestyle activity!



Communication

- Learn how to ask someone else to help with tasks when you can't handle them all yourself.
- Telephone calls and emails can be major distractions; use voicemail when you are busy.
- Learn how to use your email system using rules, folders and colour coding. Limit the time you spend in a day for reading and answering emails - some people try to 'batch' their attention to emails.
- Learn how to say 'No' when you really don't have the time to take on something else!

Remember: time is precious.



Occupational health and safety

Occupational health and safety (OHS) is a specialised area of importance to all workers. The information in this section is very general and does not provide specific information on your workplace.

Your employer may require you to attend an occupational health and safety course that will give you specific information and guidance as part of your workplace induction.

If you have any concerns or questions about your health and safety at work, the first thing you should do is speak to your manager or your employer. You may also wish to talk to your OHS representative, if your workplace has one.

Definition of 'occupational health and safety'

Occupational health and safety refers to the processes and procedures that are designed to manage risk of workplace injury and minimise hazards (dangers or risks) in the work environment.

Who's responsible for OHS?

Under OHS legislation, workplace health and safety is *everyone's responsibility.* This means employers, employees, self-employed people, manufacturers, designers, importers and suppliers all have a duty to maintain workplaces free of health and safety hazards. This is called the 'general duty of care'.

OHS arrangements in Australia

There are a number of agencies, at Commonwealth, state and territory levels, with responsibility for enforcing OHS laws in Australia.

The Australian Government agency is Safe Work Australia, established in 2008 (www.safeworkaustralia.gov.au). Each state and territory has its own OHS regulations. Safe Work Australia is working towards the introduction of uniform laws across Australia, and these are expected to be in place in all states and territories by the end of 2011.

Identifying safety and health hazards

Employees are required to report any hazards to their employers and to participate in any process that collects information about hazards.

Definitions used are:

- ***hazard*** is something that could cause harm to a person
- ***risk*** is when harm is likely to result from a hazard
- ***risk assessment*** is the process of evaluating whether harm is likely to result from a hazard, and how severe that harm could be.

What are the most common workplace injuries and diseases?

According to Safe Work Australia, the most common types of injuries are:

- sprain/strain and chronic joint or muscle conditions (about 25% of all work-related injuries and the most common injury type in the health and community services sector)
- cuts and open wounds (about 12% of all injuries in the health and community services sector)
- fractures, crushing injuries, internal organ damage or amputations (contribute to nearly 20% of all injuries in the health and community services sector).

A variety of diseases can occur from exposure to workplace hazards, particularly:

- musculoskeletal disorders
- mental disorders
- noise-induced hearing loss
- infectious and parasitic diseases
- respiratory diseases
- contact dermatitis (see explanation Section 4 page 28)
- cardiovascular diseases (see explanation Section 4 page 28)
- occupational cancers (see explanation Section 4 page 28).

What are the most common causes of workplace injuries and diseases?

According to Safe Work Australia, common causes of workplace injury are:

- lifting, pushing or pulling objects - causing nearly one-third of all injuries among health and community services workers (these are known as manual handling injuries)
- hitting or being hit or cut by an object - causing nearly one-quarter of injuries among health and community services workers
- exposure to workplace stress - causing mental and physical ill health and burnout, as well as some physical injuries
- motor vehicle accidents - causing serious fractures, crushing injuries, internal organ damage or amputations.

The common causes of workplace disease are:

- musculoskeletal disorders - muscular stress while lifting, carrying or putting down objects; stress from physical activity without lifting, carrying or putting down an object; and stress from making repetitive movements
- mental disorders - exposure to a traumatic event; exposure to violence; harassment; bullying; or work pressure
- noise-induced hearing loss - exposure to excessive sound (above an average daily exposure of 85 decibels) damaging the inner ear
- infectious and parasitic disease - exposure to infectious agents, such as hepatitis B and C and HIV
- respiratory disease - exposure to airborne contamination (for example, tobacco smoke, asbestos, chemical, gases, fumes and vapours); and infectious agents (such as legionella from contaminated air conditioners and acute respiratory pathogens)
- contact dermatitis - exposure to substances that dry and irritate the skin (such as acids and alkalis) or may have a cumulative effect on skin (such as soaps, detergents and solvents)
- cardiovascular disease - exposure to chemicals (such as carbon monoxide and carbon disulphide); environmental tobacco smoke; and psychosocial stress (particularly as result of having little job control, but also noise and shiftwork)
- occupational cancers - exposure over time to carcinogens (around 400 substances are believed to be able to cause cancer).

The types of workplace injury that are most likely to affect Healthy lifestyle workers are discussed in more detail here.

Manual handling

Manual handling is the primary cause of sprains, strains and chronic joint or muscle injuries. It is also the cause of some cuts, hits and open wounds.

Manual handling in health and community work usually means the following:

- carrying heavy loads, such as packages, boxes or luggage (be careful when moving the Healthy Lifestyle Worker Resource Pack)
- storing and collecting heavy objects, particularly above shoulder height
- moving furniture
- helping people with a disability
- working at the computer for long periods of time, particularly if the workplace design - seating, computer desk and computer position - are not suitable (the science of designing the workplace environment to fit the user is known as ergonomics)
- performing tasks in poor visibility, on slippery surfaces, or in temperature extremes (hot or cold).

Exposure to workplace stress

Workplace stress is one of the more common workplace hazards. If stress is not properly dealt with, it can lead to serious effects (such as mental and physical ill-health, extreme tiredness or burnout).

Workplace stress can mean a few different things:

- stress from doing the job
- stress from work relationships
- stress from working conditions.

Driving long distances and/or driving frequently

Fatigue, or tiredness, is a factor in a large number of car crashes, particularly in areas of Australia where workers are required to travel long distances.

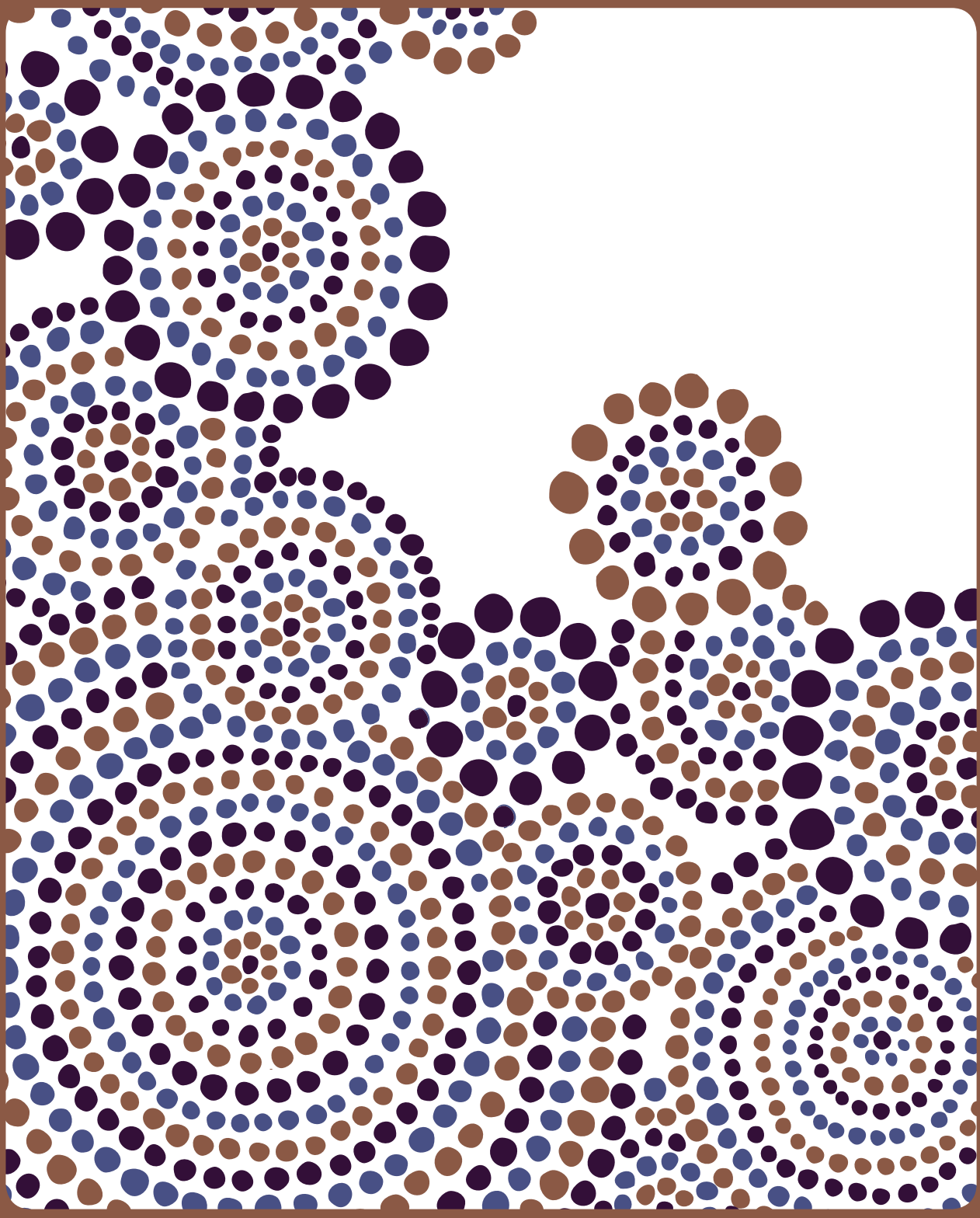
Risk factors include:

- working long hours, possibly in different jobs
- averaging less than six hours sleep a night
- poor overall quality of sleep
- excessive daytime sleepiness
- frequent night-time driving
- some medications
- driving after being awake for more than 15 hours
- driving for long periods of time
- driving after sleeping less than five hours the night before

Employees can reduce the risk of, or prevent road injury and deaths by*:*

- taking a 10-minute break for every two hours of driving time - preferably get out of the car
- taking short naps and breaks
- sleeping regularly and soundly on a regular basis
- sticking to the road rules
- not driving when tired or taking medication
- reporting any driving-related incidents
- carrying out any routine vehicle checks prior to driving a vehicle

Other helpful information



Section 5: Other helpful information

This section contains detailed information on some of the topics that are mentioned in earlier sections. It is background information which will help you understand the topics in a bit more detail.

Topics include:

- an introduction to health promotion
- some chronic diseases
- lifestyle factors

An introduction to health promotion

The aim of health promotion in your role as a Healthy Lifestyle Worker is to assist people to make positive lifestyle choices for their health.

You can use health promotion methods for different stages of health to:

- prevent people developing chronic diseases
- encourage people to be checked/screened for chronic diseases
- assist in lifestyle management for people with chronic diseases

For example, health promotion activities for type 2 diabetes - one of the most common chronic diseases among Indigenous people - could include:

- raising awareness of the condition
- encouraging people to be screened for type 2 diabetes
- encouraging healthy nutrition and exercise

These activities would help people manage the condition, reduce their risk of developing complications, and improve the quality of their lives.

What is health?

Health has been defined by the World Health Organization as 'a state of complete physical, mental, emotional and social wellbeing and not merely the absence of disease or infirmity'. To reach a state of complete physical, mental and social wellbeing, people must be able to identify and realise goals, to satisfy needs, and to change or cope with the environment.

Health for Indigenous people includes everything that is important in their lives, including land, environment, physical body, community relationships and law. Health is the social, emotional and cultural wellbeing of the whole community and the concept is linked to the sense of being Indigenous. These aspects are included in the Indigenous definition that was initially developed more than 30 years ago by the National Aboriginal Health Strategy Working Party:

> 'Aboriginal health means not just the physical wellbeing of an individual but refers to the social, emotional and cultural wellbeing of the whole community in which each individual is able to achieve their full potential as a human being thereby bringing about the total wellbeing of their community. It is a whole of life view and includes the cyclical concept of life-death-life.'

There are many factors that influence health and wellbeing, often referred to as the 'determinants of health'. These determinants generally refer to environmental, social, economic, behavioural and biological factors.

These factors include:

- level of education
- opportunities for employment
- income
- social support networks
- personal safety
- genetic factors
- clean water and air
- adequate housing
- nutrition
- not being physically active
- access to health services
- finances.

What is health promotion?

A major international meeting of health promotion in Ottawa, Canada defined health promotion as 'the process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions' (this is included in the *Ottawa Charter for Health Promotion)*.

Enjoyment of the highest possible standard of health is recognised as one of the rights of every human being. Health promotion is based on this human right; it offers a positive and inclusive concept of health, including mental and spiritual wellbeing, as a determinant of a person's quality of life.

Health promotion actions include strengthening the skills and capabilities of individuals and actions directed towards changing social, environmental, political and economic conditions to positively change their impact on population and individual health.

The Ottawa Charter identifies three approaches to creating improvements in health:

- advocating for health (by addressing political, economic, social, cultural, environmental, behavioural and biological factors) to create the essential conditions for health
- developing and maintaining supportive environments, access to information, life skills and opportunities for healthy choices to enable people to take control over their own health in order to achieve their fullest potential
- facilitating coordinated action between governments, health and other social and economic sectors, non-government and voluntary organisations, local authorities, industry and the media to pursue optimal health for individuals and communities.

Strategies and planning in health promotion refer to action areas:

- building healthy public policy
- creating supportive environments
- strengthening community action
- developing personal knowledge and skills
- reorienting health services
- moving into the future.

The National Strategic Framework for Aboriginal and Torres Strait Islander Health identifies the following key principles for improving health and wellbeing in Indigenous communities:

- community control
- holistic and culturally appropriate approaches
- partnerships and shared responsibility
- localised decision-making
- community capacity building
- coordination of service delivery
- transparency and accountability.

In 2002, key state and territory representatives working in Aboriginal and Torres Strait Islander health promotion and population health met in Sydney and developed the *Principles for better practice in Aboriginal health promotion*. These are shown below.

Principles for better practice in Aboriginal health promotion

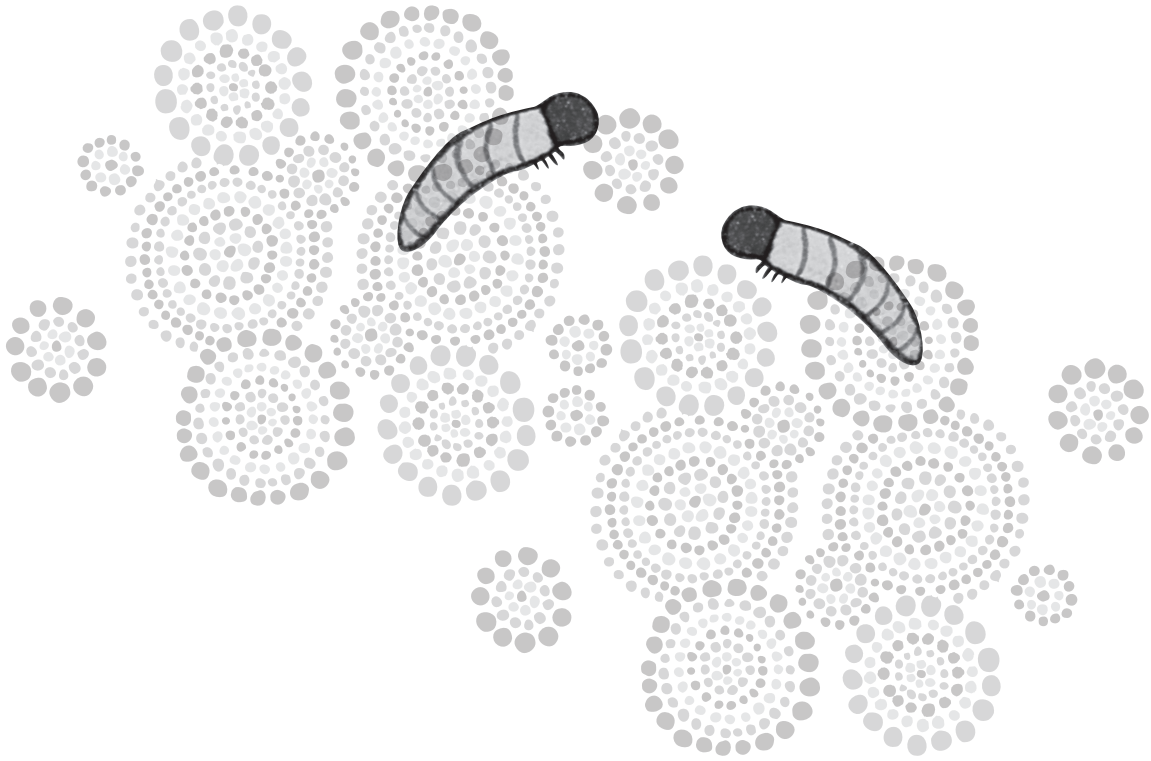
1. Aboriginal health promotion should acknowledge Aboriginal cultural influences and the historical, social and cultural context of communities.
2. Aboriginal health promotion practice should be based on available evidence.
3. Effective Aboriginal health promotion practice means building the capacities of the community, government, service systems, organisations and the workforce, ensuring equitable resource allocation (flexible purchaser provider arrangements), cultural security and respect in the workplace.
4. Aboriginal health promotion should ensure ongoing community involvement and consultation.
5. The practical application of Aboriginal self-determination principles is fundamental in all Aboriginal health promotion planning.
6. Aboriginal health promotion adheres to the holistic definition of health and acknowledges that primary health care in Aboriginal communities incorporates Aboriginal health promotion.
7. The establishment of effective partnerships is required to address many of the determinants of health.
8. Aboriginal health promotion programs should aim to be sustainable and transferable.
9. Aboriginal health promotion should demonstrate transparency of operations and accountability.

Source: NSW Health (2002)

About chronic diseases and lifestyle factors

The following pages will provide you with some background information on the main chronic diseases and main lifestyle factors that will be the focus of your work. The three main chronic diseases are diabetes, cardiovascular disease and kidney disease; all are largely preventable.

Unhealthy eating, lack of physical activity, smoking and drinking alcohol (known collectively as 'lifestyle factors') are some of the risk factors that can be changed to reduce the risk of chronic diseases and reduce their effect among people who have already been diagnosed with them.



Diabetes

What is diabetes?

Diabetes occurs when the body does not produce enough insulin, a hormone that carries sugar (glucose) from the blood to the cells where it is turned into energy. Without insulin, the sugar stays in the blood, and the person feels tired and lacks energy.

Diabetes is indicated by a level of blood sugar outside the normal range of 4 to 8 millimoles per litre. Further tests are used to make a diagnosis.

How do people get diabetes?

People may get diabetes because they have one or more risk factors. Not everyone who has risk factors will get diabetes, but having risk factors increases a person's chances of getting the disease.

There are risk factors that can be changed and those that cannot (see lists below). And there are contributing factors, such as poverty, which can be changed, but not easily.

Risk factors that can be changed:

- consuming too much unhealthy, processed food that is high in sugar and fat, including sugary drinks
- getting little or no physical activity
- having high blood pressure
- being overweight
- drinking alcohol heavily
- smoking.

Risk factors that cannot be changed:

- a family history of diabetes
- older age.

What are the different types of diabetes?

Type 1 diabetes is usually first found in children and young people. It occurs when the pancreas, a small organ near the stomach, cannot produce insulin any longer. This means that insulin has to be injected into the body several times a day.

Type 2 diabetes is usually found in people aged over 35, particularly those aged over 40 years. It occurs when the pancreas does not produce enough insulin, or something prevents the insulin from doing its job. This type of diabetes is most often caused by risk factors that could be avoided by adopting a healthier lifestyle. Some people can have this type of diabetes without knowing it, but it will still make them sick and shorten their lives, so the sooner it is diagnosed the better.

Gestational diabetes happens in some pregnant women and generally disappears after the birth. It is usually diagnosed with a blood test. Indigenous women should have this test at 12 weeks and between 26 and 28 weeks of pregnancy.

What are the symptoms of diabetes?

Signs that a person has diabetes include:

- sores, boils and ulcers that do not heal
- urinating a lot
- feeling more thirsty and hungry than usual
- feeling tired and weak
- having blurry vision
- getting leg cramps and itching.

If a person has poorly controlled diabetes for a long time it can damage their body. When diabetes is well controlled, a person can live a healthy long life.

What are the consequences of diabetes?

Having diabetes can lead to serious health problems such as:

- heart attack
- stroke
- loss of feeling in nerves
- poor circulation
- feet problems
- feeling weak in muscles
- stomach problems
- sexual problems
- incontinence
- damage to kidneys
- damage to eyes
- amputation of toes, feet, legs, hands or arms.

Babies born to women who have gestational diabetes are more likely to develop diabetes and cardiovascular disease when they grow up.

What can be done to prevent diabetes?

Not all types of diabetes can be prevented, but lifestyle changes will improve a person's health and make it less likely that they will get diabetes.

Prevention of diabetes:

- be physically active
- eat healthy foods, particularly foods low in fat and sugar, and drink less sugary drinks
- control weight and pay attention to waist circumference
- limit alcohol use
- stop smoking.

How is diabetes managed?

There is no cure for diabetes, but it can be controlled. The following are ways of managing diabetes and improving health:

- lose weight
- eat healthy, unprocessed foods
- check blood sugar levels regularly
- do regular physical activity
- quit smoking
- drink less alcohol
- take medicines (if prescribed by a doctor)
- have good personal hygiene (to reduce the risk of infections).

People with diabetes should visit the health clinic for a health assessment including:

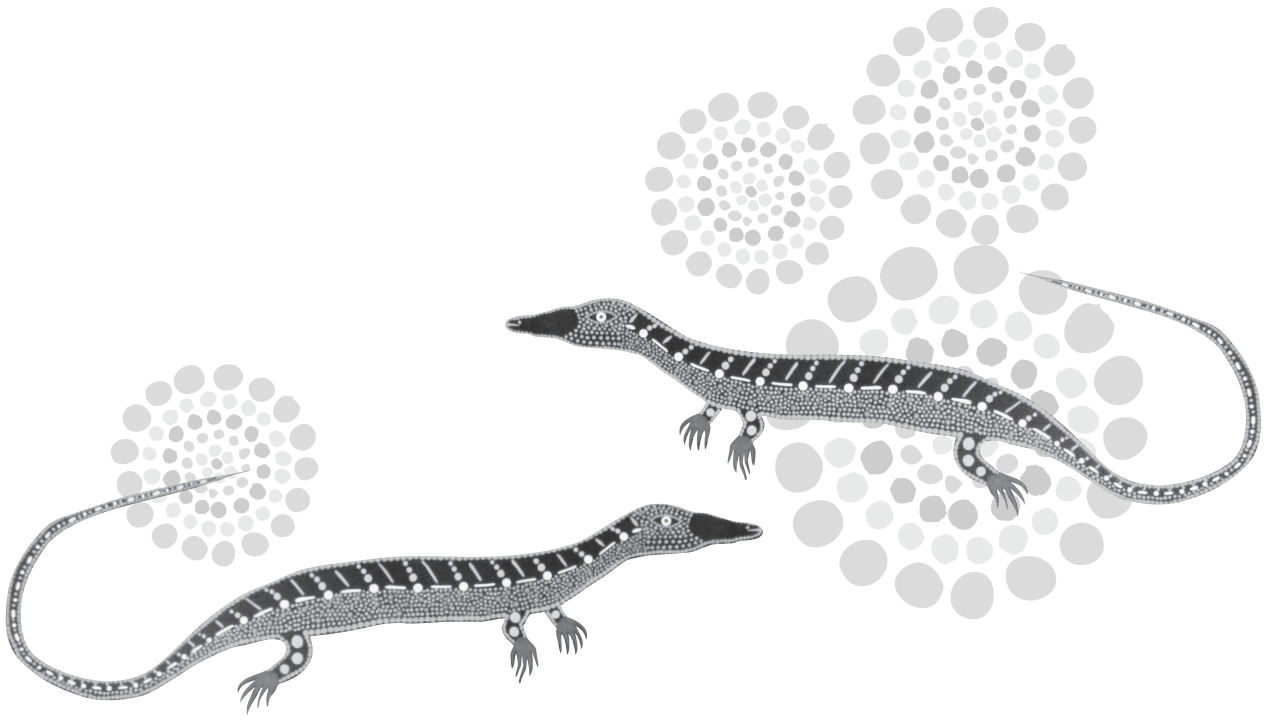
- eyesight checks
- feet checks
- kidney checks
- blood pressure checks
- skin checks
- blood glucose level checks.

Can someone have too little blood sugar?

Yes, a condition known as hypoglycaemia (also called a 'hypo') may occur when someone has too little sugar in their blood (in medical terms, below 4 millimoles per litre). This can happen when the person does not take the right amount of medicine for diabetes. It can also happen when the person skips meals, exercises too much or drinks too much alcohol. Generally, only people with type 1 diabetes are at risk.

Signs of hypoglycaemia are:

- unclear thinking
- dizziness
- headaches
- blurred vision
- faster heartbeat
- sweatiness
- shakes
- hunger.



Cardiovascular disease

What is cardiovascular disease?

Cardiovascular disease (CVD) is when the heart and blood vessels that carry blood around the body are damaged. The blood carries oxygen and nutrients to the cells and removes carbon dioxide and other waste that is produced by cells. The heart pumps blood around the body, and blood is carried back to the heart via the lungs. In this way, a healthy cardiovascular system makes sure that oxygen and nutrients find their way to each part of the human body.

Because the cardiovascular system is a complex system reaching all parts of the body, there are a number of cardiovascular diseases, including coronary heart disease, stroke, hypertension and rheumatic heart disease.

How do people get CVD?

People get CVD because they have one or more risk factors. Not everyone who has risk factors will get CVD, but most people with CVD have several risk factors.

There are risk factors that can be changed and those that cannot (see lists below). And there are contributing factors, such as poverty, which can be changed, but not easily.

Risk factors that can be changed:

- eating unhealthy food, high in sugar and fat
- little or no physical activity
- smoking
- drinking alcohol heavily
- high blood pressure
- high blood cholesterol
- being overweight or obese
- having diabetes
- having kidney disease.

Risk factors that cannot be changed:

- gender - men are at greater risk of CVD than women
- age, particularly being over 45 years old
- family history of CVD
- having had a CVD event.

What are the main types of CVD?

Coronary heart disease (CHD - also known as ischaemic heart disease) is caused by damage to the arteries that supply oxygen-rich blood to the heart muscle. If the damage is severe enough, it can result in a heart attack, which damages the heart muscle.

CHD is often a result of a build-up of hard, fatty substances in the arteries.

In view of it's major impact on Indigenous populations CHD will be discussed in more detail below.

Hypertension means high blood pressure, which can cause damage to the body. Normal blood pressure is usually expressed as 120/80. A person is said to have high blood pressure if they have a reading of 140/90 or more. The main risk factors for hypertension are not doing enough exercise, being overweight or obese, stress, and eating lots of salt.

Stroke occurs when blood flow to a part of the brain is reduced or stops. This is usually caused by a blocked or burst blood vessel. As a result of a stroke, a part of the brain may die and no longer work properly. Sometimes, a stroke leads to a long-lasting disability, including inability to move an arm or leg, and problems with talking.

Rheumatic heart disease occurs as a result of damage to the heart valves and heart muscle following a bout of acute rheumatic fever. The fever itself is a reaction to bacteria infecting the throat, and affects some children living in rural and remote Australia. Poor personal hygiene, poor living conditions and malnutrition are added risk factors for developing rheumatic heart disease.

Coronary Heart Disease

What are the consequences of CHD?

The most serious consequence of CHD is a heart attack, which can be fatal (lead to death). Even heart attacks that are not fatal can lead to serious health problems, including:

- headaches
- shortness of breath
- dizziness
- numbness
- weakness
- blackouts
- permanent disability
- coma.

People can be at either low risk or high risk of experiencing a cardiovascular event, such as a heart attack.

People at low risk:

- have some risk factors, such as mild hypertension and/or slightly elevated levels of cholesterol.

People at high risk:

- have had a CVD event
- have diabetes
- have vascular disease
- have kidney disease.

What are the symptoms of a heart attack?

Chest pain or discomfort is the most common symptom of a heart attack, but some people don't experience chest pain at all, and others experience only mild chest pain or discomfort. Pain, pressure or heaviness may also be felt in shoulders, arms (particularly the left arm), neck, jaw and back.

Some people feel generally unwell or 'not quite right'. They may also be nauseous, dizzy, have a 'cold sweat' or be short-of-breath.

Heart attacks need urgent medical action, at a hospital if at all possible.

The Heart Foundation warns that the symptoms of heart attack aren't always 'what you think'. They suggest that if a person thinks they're having a heart attack, they should call triple zero (000) - 'The operator will work out if you need an ambulance. And if it's a false alarm, well, that's the best thing that could happen.'

What can be done to prevent CHD?

Some risk factors cannot be changed, so not all CHD can be prevented.

People can change most risk factors, however, and improve their health.

Prevention of CHD:

- quit smoking
- be physically active
- eat healthy foods, such as vegetables, fruit and fish
- control weight
- limit alcohol consumption to two standard drinks a day
- reduce stress.

How is CHD managed?

- by taking medicines prescribed by a doctor
- by adopting the same lifestyle factors that help prevention of CHD (above)
- by having surgery (such as bypass surgery) to improve the flow of blood to heart muscle.

A person experiencing a heart attack or stroke needs some strategies to be put in place to ensure a better quality of life.

These strategies, known as cardiac rehabilitation include:

- health education
- counselling
- changes in behaviour.

Kidney disease

What is kidney disease?

Kidney disease affects the urinary system, which is made up of the kidneys, urinary tract and bladder. The kidneys and other parts of the urinary system filter and discard blood-borne waste and excess fluid from the human body.

How do people get kidney disease?

People get kidney disease because they have one or more risk factors. Not everyone who has risk factors will get kidney disease, but most people with kidney disease have several risk factors.

There are risk factors that can be changed and those that cannot (see lists below). And there are contributing factors, such as poverty, which can be changed, but not easily.

Risk factors that can be changed:

- being overweight or obese
- being pregnant many times
- eating food that is high in fat and low in dietary fibre too often
- drinking alcohol heavily
- smoking
- not being physically active.

Risk factors that cannot be changed:

- gender - some kidney diseases are more common in women, others in men
- age - some diseases are more common in older people, others in children
- family history
- other existing health conditions, such as diabetes, heart disease or lung disease
- low birthweight and childhood malnutrition
- humid weather conditions
- high blood pressure, and high blood glucose and lipid levels (for end-stage renal disease).

What are the different types of kidney disease?

There are a number of different diseases affecting the kidneys, urinary tract and bladder, including urinary tract infection. Of particular concern is chronic (long-standing) kidney disease, which generally results from the impact of another long-term health condition, such as diabetes (diabetic nephropathy), high blood pressure (hypertensive renal disease) and direct damage to kidney cells (glomerular disease). Chronic kidney disease can also occur after recurrent urinary tract infection, which is more common for women than men.

Chronic kidney disease is the progressive loss of kidney function over months or years. As noted above, this is generally the result of long-term damage from another health condition.

End-stage kidney disease (also known as end-stage renal disease) is the most serious form of chronic kidney disease. It occurs when the kidneys are no longer able to function at a level needed for daily life. Medical help (including dialysis) is necessary to treat end-stage kidney disease. End-stage kidney disease can occur in young people, but it is more common in older people.

What are the symptoms of kidney disease?

Each kind of kidney disease has its own symptoms.

Symptoms for urinary tract infection include:

- urinating more often than usual
- a burning sensation when urinating
- pain in the lower belly.

The symptoms of chronic kidney disease, including end-stage renal disease, can be quite varied, but common ones include:

- need to urinate frequently, particularly at night
- feeling generally unwell or tired most of the time
- swelling of the legs and puffiness around the eyes (fluid retention)
- having dry skin and general itching
- headaches
- unexpected weight loss
- loss of appetite
- often feeling like vomiting.

What are the consequences of kidney disease?

Possible consequences of a urinary tract infection are:

- reduced kidney function
- developing chronic kidney disease.

Possible consequences of chronic kidney disease are:

- reduced kidney function
- increased blood pressure
- joint or chest pain (due to inflammation around the heart)
- anaemia (low iron levels in the blood)
- bleeding (due to poor blood clotting)
- high blood sugar
- muscle cramping
- bone pain and fractures
- decreased sexual interest
- end-stage renal failure
- permanent disability
- death.

What can be done to prevent kidney disease?

The following lifestyle changes can help prevent kidney disease:

- getting regular physical activity
- eating healthy foods, such as vegetables, fruit and fish
- keeping homes clean
- limiting alcohol use
- quitting smoking
- drinking lots of clean water
- keeping stress levels low.

How is kidney disease managed?

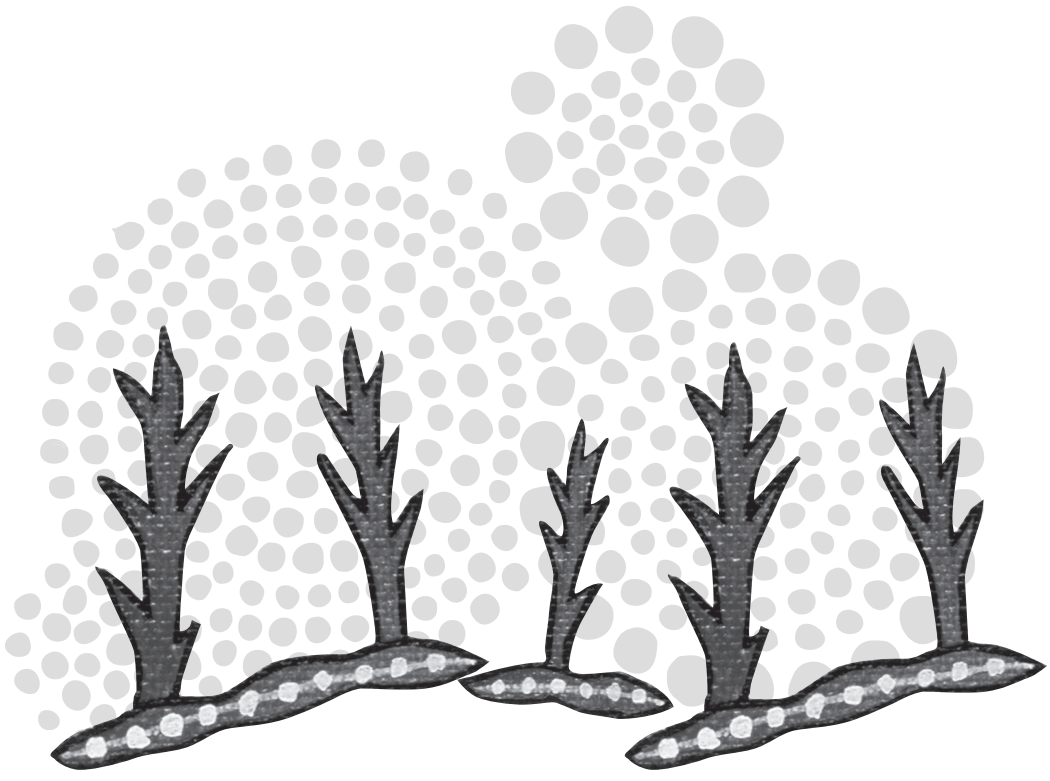
The management of most chronic kidney disease usually involves a combination of treatment for the underlying conditions and for the specific consequences of chronic kidney disease. For example, urinary tract infections are usually managed with antibiotics.

End-stage kidney disease requires medical intervention to prevent death. Current treatment options include regular dialysis to mechanically filter the blood and maintain the functions usually performed by kidneys. Kidney transplantation is another treatment option in some circumstances.

Some Indigenous people with end-stage renal disease are at high risk of withdrawing from treatment because of:

- living away from homelands
- loss of social support
- despair with the discomfort and reliance on dialysis
- complex treatment plans
- difficulties coping with a long-term disability.

Withdrawal from treatment is a huge worry because this usually leads to death.



Nutrition

Healthy eating is a vital part of good health. Nutrition is the process in which the food we eat brings nourishment to our body.

What is good nutrition?

With good nutrition the body receives a balance of nutrients from a variety of foods. A balanced diet can help with:

- maintaining a healthy weight
- maintaining energy levels
- sleep
- a healthy heart
- healthy bones
- reducing the risk of some diseases.

Why is good nutrition important?

Good nutrition is important for physical wellbeing and social and emotional health.

Nutrients play an important role in the body processes of:

- digestion
- breathing
- growth and repair of body tissue
- heart function
- prevention of disease.

Good nutrition requires a healthy diet made up of a combination of the different nutrients.

What is poor nutrition?

Poor nutrition can mean either:

- under-nutrition - the body receives too few nutrients and/or less energy than it needs
- over-nutrition - the body receives too many nutrients and/or more energy than it needs.

Why is poor nutrition harmful?

Under-nutrition in pregnant women and infants will increase the chance of developing chronic diseases later in life. It can also lead to slower physical growth and brain development in children. Underweight children are at increased risk of death from infectious illnesses such as diarrhoea and pneumonia. In adults, under-nutrition can lead to serious illnesses over time.

Over-nutrition can lead to overweight and obesity. It is caused by eating too many foods with high levels of sugar and saturated fats and by not being physically active. Being overweight is a risk factor for long-term health conditions such as diabetes, arthritis and some cancers. It is also associated with other risk factors such as high blood pressure and high cholesterol which can lead to heart disease.

Poor nutrition and lack of physical activity are major risk factors for the development of:

- heart disease
- stroke
- type 2 diabetes
- kidney disease
- high blood pressure (hypertension)
- obesity
- some forms of cancer
- osteoporosis (fragile bones).

Poor nutrition can also lead to:

- reduced immunity against infectious diseases
- problems with physical and mental development
- reduced ability to work, study and learn.

Risk factors for poor nutrition

There are several risk factors for poor nutrition:

- lack of knowledge about healthy eating and/or skills to be able to prepare healthy meals
- environment - poor access to cooking facilities and food storage
- cost - fresh, healthy food often costs more than processed, packaged food
- access - in remote and regional areas of Australia, fresh food can be very expensive. Local stores often do not stock enough or a variety of fresh and healthy food
- eating a lot of convenience foods that are high in salt, fat and sugar.

Nutrients in food

There are six categories of nutrients:

- proteins
- fats
- carbohydrates
- vitamins
- minerals
- water.

People need nutrients in different quantities, depending on:

- age
- sex
- height
- weight
- physical activity levels
- rate of growth.

Food groups

Foods are grouped according to the main types of nutrients they contain. There are five food groups:

- vegetables and legumes
- fruit
- breads, cereals and wholegrains
- milk, yogurt and cheese
- meats, fish, poultry, eggs and nuts.

No single food or food group can supply all the nutrients a person needs, so nutrition experts recommend we eat daily servings from each of the five food groups.

Nutrition guidelines

The *Dietary guidelines for all Australians* is a guide to food, nutrition and health, produced by the National Health and Medical Research Council.

No guideline is more important than any other. The guidelines are:

- enjoy a wide variety of nutritious food
- prevent weight gain: be physically active and eat according to your energy needs
- care for your food: prepare and store it properly
- encourage and support breastfeeding.

There are two extra guidelines for Indigenous Australians:

- choose store foods that are most like traditional foods
- enjoy traditional bush foods wherever possible.

The *Dietary guidelines for all Australians* is included in the Healthy Lifestyle Workers Resource Pack.

Physical activity

Physical activity - or body movement and exercise - is an important part of a healthy lifestyle. It includes structured exercise and sport, as well as daily activities like walking or gardening.

Physical activity is classed as low, moderate or high, depending on the level of energy.

Low level activities include:

- walking slowly
- doing household chores
- gardening.

Moderate level activities include:

- fast walking
- dancing
- bike riding.

High level activities include:

- running
- swimming laps
- playing a sport such as football or netball.

Ways of being physically active

Being physically active does not mean a person has to be involved in organised sport. There are many ways of being physically active as part of everyday life:

- walking to work or school
- being involved in cultural, spiritual or ceremonial activities
- collecting bush tucker
- bush walking
- swimming and fishing
- riding a bike
- gardening
- cleaning the house
- being involved in community activities.

Why is physical activity important?

Regular physical activity can help to maintain a healthy lifestyle and reduce the risk of chronic diseases such as:

- cardiovascular disease
- stroke
- type 2 diabetes
- some cancers.

Other benefits of regular physical activity include:

- keeping bones and joints healthy
- keeping muscles healthy
- assisting in weight control
- reducing depression
- improving the quality of life
- keeping the brain active and healthy
- reducing the risk of dementia.

What are the risks of inactivity?

When a person does not do enough physical activity, their rate of metabolism (the rate at which chemical processes occur within the body) slows down and their bodies do not require as much energy (food). If people eat more food than their body needs they are at risk of becoming overweight or obese.

Being overweight or obese is associated with a range of conditions, such as:

- high blood pressure
- sleep apnoea (breathing temporarily stopping during sleep, leading to lack of sleep)
- osteoarthritis
- psychological disorders.

Overweight and obesity are also risk factors for some chronic diseases including:

- coronary heart disease
- heart failure
- stroke
- type 2 diabetes
- some metabolic diseases.

Why don't people exercise enough?

There are many reasons people may not exercise enough, including:

- lack of time
- existing illness
- negative attitudes towards physical activity
- limited access and/or limited transport options to sporting facilities
- cost of participation in sports.

Physical activity guidelines

Children

It is recommended that children aged between 5 and 18 years participate in both moderate and high levels of activity for at least 60 minutes a day, every day.

Children aged 5-12 years are active in spurts throughout the day, and they will often get enough exercise just through active play.

Children should be encouraged to join in activities which they find fun, and are varied, so as to keep their bodies challenged.

Television, computer games and other electronic equipment should not be used for more than two hours a day.

Adults

Adults are recommended to do at least 30 minutes of moderate physical activity every day, to improve their health and reduce the risk of chronic diseases.

The *Physical activity guidelines for Australians* is included in the Healthy Lifestyle Workers Resource Pack.

Alcohol

Alcohol is one of the most widely used drugs in the world. It is used and accepted in many societies, but excessive levels of alcohol consumption result in both short-term and long-term poor health.

Alcohol slows down the central nervous system and the brain, affecting concentration and coordination. It also slows down how quickly a person reacts to unexpected situations. Alcohol is absorbed very quickly into the bloodstream, affecting organs and cells throughout the body. The most immediate and noticeable effects are on the brain.

People who drink heavily place themselves at an increased risk of chronic ill health and early death. Long-term heavy drinking can have serious social and financial effects.

Why do people drink alcohol?

There are many reasons people choose to drink alcohol including to:

- experiment
- socialise with friends and family
- celebrate a special occasion
- have fun
- reduce boredom
- relax and escape from troubles
- feel less depressed.

What are the effects of alcohol?

Alcohol use has many short-term and long-term health effects.

Short-term physical effects of alcohol use include problems with movement, coordination and judgment.

Short-term physical effects of *high levels* of alcohol use include confusion, blurred vision and poor muscle control, followed by a hangover the following day. Hangovers usually include headaches, dehydration, nausea, vomiting and/or tremors.

Long-term effects of high levels of alcohol use include:

- liver disease
- heart disorders
- high blood pressure
- anaemia
- social and emotional issues
- several types of cancer
- inflammation of the pancreas
- development problems in babies for pregnant women
- brain damage
- gallstones
- stomach problems.

Chronic kidney disease, cardiovascular disease and type 2 diabetes are the chronic diseases strongly associated with high levels of alcohol use.

When a pregnant woman drinks alcohol, it can also permanently harm the unborn baby. For more information see the section below on alcohol and pregnancy.

What factors influence alcohol absorption?

People may experience different effects of alcohol to varying degrees, and at different points in time.

The speed of the absorption of alcohol depends on:

- type and amount of alcohol consumed; for example, spirits contain more pure alcohol and affect the body more quickly
- the environment - such as location, company and activity
- gender - women usually absorb alcohol more quickly than men
- body size - people with smaller bodies are affected more
- age - young people and the elderly can be more affected than others
- food intake slows down alcohol absorption.

There are ways to encourage low-risk drinking:

- eating food before and during drinking
- spacing drinks over time
- drinking non-alcoholic beverages, such as water, between alcoholic drinks
- keeping track of the number of drinks.

When is alcohol use a problem?

There are ways to enjoy alcohol responsibly. For some people, however, alcohol use can become a problem. The following list of impacts may help identify if someone has an alcohol problem:

- having a hangover in the mornings
- thinking about alcohol, or the next drink, during the day
- needing to drink more alcohol to get the same effect
- drinking more than planned
- feeling on edge
- skipping studies or work
- having problems with people from home, school or work.

Alcohol guidelines

The *Australian alcohol guidelines*, developed by the National Health and Medical Research Council, aim to reduce the risks of alcohol-related injury and disease. As already mentioned, alcohol affects different people in different ways, so there is no amount of alcohol that is safe for everyone, but these guidelines recommend upper limits of 'standard drinks':

- drink no more than 2 standard drinks a day
- drink no more than 4 standard drinks per occasion to reduce risk of injury.

The guidelines also state that:

- for women who are pregnant or planning a pregnancy, not drinking is the safest option
- for women who are breastfeeding not drinking is the safest option.

What is a 'standard drink'?

A standard drink contains 10 grams of alcohol. Different alcoholic drinks have different percentages of alcohol, so the amount of beverage in a standard drink varies. For example:

- » 285mls of heavy (full strength) beer contains one standard drink
- » 100mls of red wine contains one standard drink
- » one nip of many spirits (such as whisky) contains one standard drink.

Note: These are only an approximate number of standard drinks. The label on the beverage container shows how many standard drinks it contains.

The *Australian alcohol guidelines* recommend that children under 15 years of age should not drink alcohol and that young people aged between 15 and 17 years should delay starting to drink for as long as possible. The safest option for pregnant and breastfeeding women is not to drink alcohol.

The *Australian alcohol guidelines* is included in the Healthy Lifestyle Workers Resource Pack.

Alcohol and pregnancy

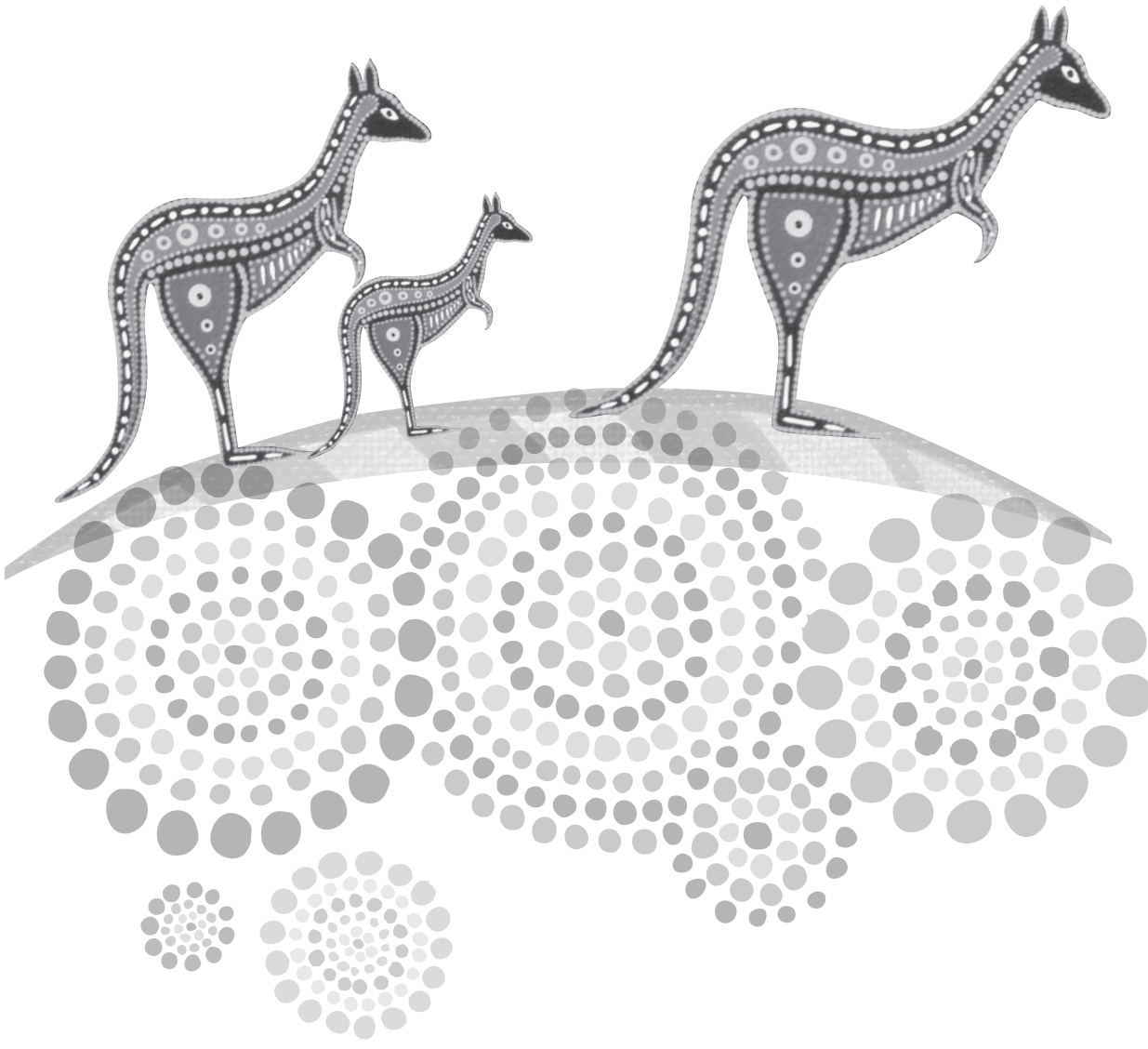
When a pregnant woman drinks alcohol, it can permanently harm the unborn baby.

There is no known safe level of alcohol consumption during pregnancy and there is no period during the pregnancy when drinking alcohol is safe. That is why the *Australian alcohol guidelines* recommend that pregnant women do not drink alcohol.

Foetal Alcohol Spectrum Disorders (FASD) are a range of disorders that are caused by being exposed to alcohol in the womb. These disorders are associated with a range of physical, behavioural and memory problems, some of which may not become apparent until a child reaches primary school.

Being exposed to alcohol in the womb can mean that a person may have permanent disabilities, may have mental health issues, may not do well at school, may find it hard to get or keep a job, and may have a high level of contact with the criminal justice system.

More information is available at www.nofasard.org



Smoking

Tobacco is a drug used by many people throughout the world. In Australia, tobacco is usually smoked in the form of cigarettes. Cigarettes are often sold in packets containing 20-50 cigarettes, and can be bought from many places such as local stores, supermarkets and petrol stations.

Tobacco contains a highly addictive drug called nicotine which affects the brain of a smoker. It can calm down a person if they are upset, or lift a person's mood if they are feeling depressed. After a period of time the body gets used to the nicotine, and the smoker may find they need to smoke more cigarettes to get the same effect. The longer a person smokes, the more the body becomes used to the drug.

Tobacco smoke contains thousands of chemicals that come from the tobacco, the cigarette papers and other chemicals added to the cigarettes when they are made. These include tar, pesticides, metals and gasses.

Why do people smoke?

There are many reasons people choose to smoke tobacco:

- to experiment
- to socialise
- to join in with friends, family or colleagues who smoke
- to control weight (as nicotine reduces the appetite)
- to reduce stress
- to relax and forget troubles
- habit
- to satisfy the ongoing nicotine cravings once addicted.

What are the effects of smoking?

Tobacco causes more drug-related deaths and ill-health in Indigenous Australians than all other drugs combined.

Long-term smoking can have serious social and financial effects on individuals and populations.

Long-term smoking is associated with chronic health problems, including:

- respiratory problems
- heart disease
- stroke
- lung, mouth and throat cancer
- diseases of the blood vessels
- high blood pressure
- eye conditions (macular degeneration and blindness)
- dental health problems.

The risk of developing these health conditions is made worse if a person has other risk factors such as drinking alcohol, being overweight, having poor nutrition, or using other drugs.

Smoking and pregnancy

If people smoke while pregnant they can be at greater risk of:

- ectopic pregnancy (the baby grows outside the womb)
- miscarriage
- early labour
- still-born babies
- reduced breast milk production.

The unborn baby can experience:

- low oxygen supply
- problems with growth and development
- increased risk of cleft lip and palate
- increased heart rate and disruption of breathing.

Once born, the baby can have an increased risk of:

- low birth weight
- sudden infant death syndrome (SIDS)
- decreased lung function
- asthma
- immune system problems.

Passive smoking

Passive smoking is when a non-smoker breathes in the smoke from a person smoking nearby. People who experience passive smoking on a regular basis are at increased risk of developing lung cancer and other smoking-related illnesses.

Is there a safe level of smoking?

There is no safe level of tobacco smoking. People who choose to smoke will always be damaging their health. They may also be risking the health of those people around them through passive smoking.

Benefits of quitting smoking

When people quit smoking they may improve their life expectancy and reduce their chances of developing respiratory problems, lung cancer and heart disease. Other benefits can include:

- improved sense of taste
- improved sense of smell
- breathing becomes easier and therefore exercise becomes easier.

How hard is it to quit smoking?

Because nicotine is highly addictive, it can be difficult for anyone to quit smoking. Sometimes people quit for a short period of time, but then resume smoking. It may take several attempts before a person is able to quit for good.

Barriers to quitting smoking may be:

- cravings (the urge to smoke)
- withdrawal (mental and physical symptoms)
- increased hunger and weight gain
- family relationships (feeling disconnected and not part of the group)
- lack of support.

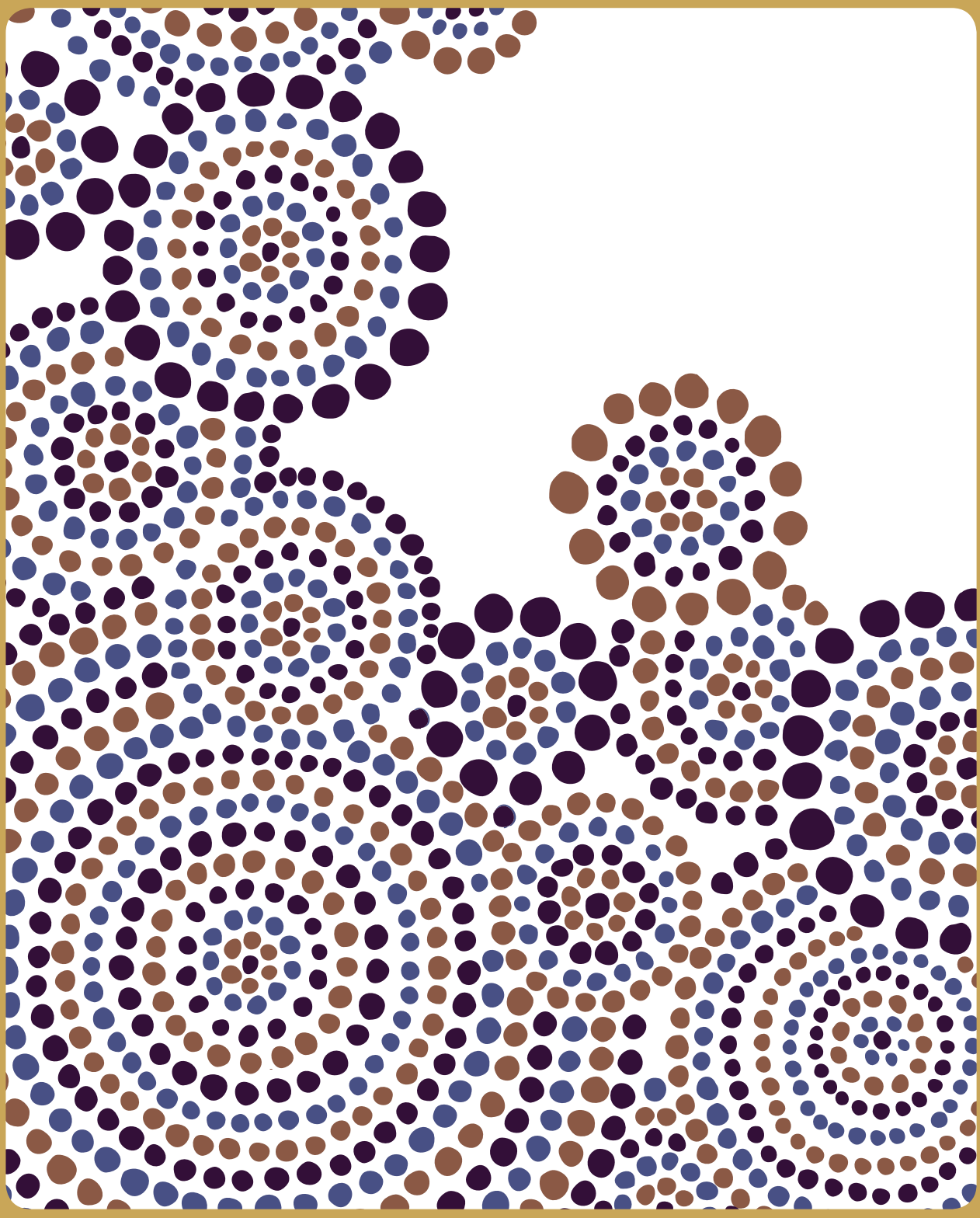
When a person is trying to quit smoking, there are certain triggers which may make this more difficult:

- having a drink (alcohol or coffee)
- driving a car
- finishing a meal
- on waking up
- having other people smoking nearby
- feeling sad, stressed, bored or relaxed
- socialising with friends and family.

These events may make it easier to quit smoking:

- pregnancy (including a smoker's partner being pregnant)
- a serious health problem (for example, a heart attack)
- the banning of smoking in public places, such as in pubs and at work
- an increase in the price of cigarettes.

Appendices



Section 6: Appendices

Appendix 1: Useful organisations and links

Appendix 2: Further reading

Appendix 1: Useful organisations and links

Here is a list of organisations and links that may be useful to you in your work – for gathering information or finding new resources. You can also create your own lists according to which ones you find helpful.

Organisations

Name and link	Focus	Description	Category
Aboriginal Alcohol and Drug Service **www.aads.org.au**	Alcohol and drugs	The Aboriginal Alcohol and Drug Service provides a variety of services related to alcohol and other drug issues, including assessment, treatment and referrals. It offers alcohol and other drugs training in schools, prisons and community groups, and organises camps for men, women and youth to work on preventing misuse of alcohol and other drugs. The organisation also provides consultancy with mainstream services that are seeking to adopt a culturally sensitive approach to Indigenous clients. The organisation is Aboriginal managed and controlled.	Non-government
ACT Health **www.health.act.gov.au** **www.health.act.gov.au/health-services/aboriginal-torres-strait-islander/**	General health	ACT Health aims to deliver the best possible healthcare and health-related services, through its public hospitals and Population Health, including the Health Protection Service. It sets health policy and plans the delivery of health services, while ensuring these services meet community needs. It also funds a range of non-government organisations to provide healthcare services to the people of the Australian Capital Territory and surrounding region. It has an ongoing commitment to supporting consumer participation in health care.	Government

Aboriginal Resource and Development Services Inc. **www.ards.com.au**	Capacity building	Aboriginal Resource and Development Services Inc. is a charity that is working to empower and build the capacity of the Yolngu people of north-eastern Arnhem Land. It works to achieve these aims through education, mediation, advocacy, policy, and improved communication between Yolngu and government. Specific areas of focus for this organisation include health, economic, legal, social, and governance systems. One major service offered is Yolngu Radio, which airs a range of educational programs focusing on issues such as dental health, mental health, sexual health, and chronic disease.	Non-government
Australian Indigenous Health*InfoNet* **www.healthinfonet.ecu.edu.au**	Indigenous health	The Australian Indigenous Health*InfoNet*'s mission is to improve the health of Australia's Indigenous people by making high quality information about Indigenous health easily accessible. The organisation's website provides free overviews and summaries of Indigenous health status and detailed reviews of specific health topics. For specific topic areas, it also provides contextual information such as descriptions of relevant policies and strategies, programs and projects, and organisations; details of recent literature and health promotion materials; lists of key references; and bibliographies.	Non-government
Australian Institute of Sport **www.ausport.gov.au/ais**	Sport	The Australian Institute of Sport runs an extensive national Indigenous sports development program, as well as training in Indigenous games. More broadly, it leads the development of elite sport in Australia. Part of this organisation's infrastructure is a sports training institution with world class facilities and support services.	Government
Bluearth **www.bluearth.org**	Sport	Bluearth is a registered charity that operates in more than 700 primary schools in mainland states and territories. Originally developed by human movement experts together with educators, physical games are promoted to develop concentration, co-ordination and agility in students. Catholic Education WA has introduced this organisation's programs into their Kimberley schools. The results have shown improved student attendance and engagement, and as a result the Kimberley program is scheduled to expand.	Non-government

Cancer Council Australia **www.cancer.org.au**	Cancer	Cancer Council Australia is the national non-government cancer control body and includes eight state and territory cancer organisations working together to undertake and fund cancer research, prevent and control cancer and provide information and support for people affected by cancer. The Cancer Council acts nationally to advise government and other bodies on appropriate practice and policies for the prevention, detection and treatment of cancer.	Non-government
Department of Health and Ageing **www.health.gov.au**	General health	The Department of Health and Ageing's vision is for 'Better health and active ageing for all Australians'. It aims to achieve the vision through strengthening evidence-based policy advising, improving program management, research, regulation and partnerships with other government agencies, consumers and stakeholders. Current priorities include working towards improved health for Aboriginal and Torres Strait Islander peoples through whole-of-government arrangements for policy development and service delivery, and improved access to, and responsiveness of, the mainstream health system.	Government
Diabetes Australia **www.diabetesaustralia.com.au**	Diabetes	Diabetes Australia is a national federated body comprising state and territory organisations. Its activities are focused on diabetes awareness, prevention, detection and management, as well as on finding a cure for diabetes. Programs include research, health services, provision of self-management products and services, and public awareness. It offers personalised and practical assistance to benefit people with diabetes and their carers and provides a forum for the development of national policies.	Non-government
Jimmy Little Foundation **www.jlf.org.au**	Kidney health	The Jimmy Little Foundation was established to help improve kidney health among Aboriginal and Torres Strait Islander communities across regional and remote Australia. The Foundation runs a number of programs, including Return to country and Thumbs up!, in partnership with local Indigenous organisations and the Fred Hollows Foundation.	Non-government

Kidney Health Australia **www.kidney.org.au**	Kidney health	Kidney Health Australia's mission is to be recognised as the leading non-profit national organisation providing funding for, and taking the initiative in, the prevention of kidney and urinary tract diseases. It also provides a nationwide network of education, care and support for educators, patients and communities.	Non-government
National Aboriginal Community Controlled Health Organisation (NACCHO) **www.naccho.org.au**	Community-controlled health	NACCHO is the national peak Aboriginal health body representing Aboriginal Community Controlled Health Services (ACCHOs) throughout Australia. ACCHOs, or Aboriginal Medical Services (AMS) are primary health care services initiated and operated by the local Aboriginal community to deliver holistic, comprehensive, and culturally appropriate health care to the community. They are governed by a locally elected Board of Management. **NACCHO has 8 affiliates, one in each state and territory. These affiliates have a number of full and associate members (except in ACT and Tasmania which have one service each).**	Non-government
Winnunga Nimmityjah Aboriginal Health Service (ACT) **www.winnunga.org.au**	Community-controlled health	NACCHO affiliate for Australian Capital Territory	Non-government
Aboriginal Health & Medical Research Council of NSW (AH&MRC) **www.ahmrc.org.au**	Community-controlled health	NACCHO affiliate for New South Wales	Non-government
Aboriginal Medical Services Alliance Northern Territory (AMSANT) **www.amsant.org.au**	Community-controlled health	NACCHO affiliate for Northern Territory	Non-government

Queensland Aboriginal and Islander Health Council (QAIHC) **www.qaihc.com.au**	Community-controlled health	NACCHO affiliate for Queensland	Non-government
Aboriginal Health Council of South Australia Inc. (AHCSA) **www.ahcsa.org.au**	Community-controlled health	NACCHO affiliate for South Australia	Non-government
Tasmanian Aboriginal Centre Inc. (TAC) **www.tacinc.com.au**	Community-controlled health	NACCHO affiliate for Tasmania	Non-government
Victorian Aboriginal Community Controlled Health Organisation (VACCHO) **www.vaccho.org.au**	Community-controlled health	NACCHO affiliate for Victoria	Non-government
Aboriginal Health Council of Western Australia (AHCWA) **http://www.ahcwa.org**	Community-controlled health	NACCHO affiliate for Western Australia	Non-government
National Heart Foundation of Australia **www.heartfoundation.org.au**	Heart health	The National Heart Foundation of Australia is an independent Australia-wide, non-profit health organisation that has established itself as one of the leading agencies in the fight against heart disease. It funds world-class cardiovascular research, supports health professionals in their practice, develops health promotion activities, informs and educates the public, and assists people with cardiovascular disease.	Non-government

NSW Department of Health (NSW Health) **www.health.nsw.gov.au** **www.health.nsw.gov.au/publichealth/aboriginal/**	General health	NSW Health is the major provider of health services to people in New South Wales. The scope of work undertaken ranges from acute hospital care to policy development, health promotion and community health initiatives. It provides a comprehensive range of services, initiatives, campaigns, programs and resources. It aims to provide people in New South Wales with the best possible health care that not only meets today's health needs but also responds to the health needs of the future.	Government
NT Department of Health (NT Health) **www.health.nt.gov.au**	General health	NT Health provides comprehensive health services to the people of the Northern Territory. It also provides hotlines, helplines, health alerts, after-hours medical care and a detailed guide offering health advice for residents and visitors to the Territory. The department works in partnership with a range of non-government organisations to deliver various services, including ambulance services, drug and alcohol withdrawal, disability services, family support services and other community-related services.	Government
Nutrition Australia **www.nutritionaustralia.org**	Nutrition	Nutrition Australia is a non-profit, community based entity with offices in all states and territories. It is an independent body that aims to promote the health and wellbeing of all Australians. It has a long history working in public health nutrition as a key nutrition information body for state and commonwealth health departments. It has also worked extensively in the area of nutrition for children, adolescents, and older Australians in nursing homes or in their own homes.	Non-government
Outback Stores **www.outbackstores.com.au**	Nutrition	Outback Stores manages remote stores on behalf of Indigenous communities. It does not own the stores but is engaged by the owners (in most cases the communities) to manage them on a fee-for-service basis. The company's goals are: to ensure that Indigenous communities have access to constant, affordable healthy food, including fruit and vegetables; to ensure that stores are viable; and to increase Indigenous employment.	Non-government
Queensland Health **www.health.qld.gov.au** **www.health.qld.gov.au/atsihealth/**	General health	Queensland Health is committed to providing a range of services aimed at achieving good health and well-being for all Queenslanders. It delivers a range of integrated services including hospital inpatient, outpatient and emergency services, community and mental health services, aged care services and public health and health promotion programs.	Government

SA Department of Health (SA Health) **www.sahealth.sa.gov.au**	General health	SA Health provides leadership in health reform, public health services, health and medical research, policy development and planning, with a focus on wellbeing, illness prevention, early intervention and quality care. The department has oversight of the portfolio of services and agencies comprising the Department of Health; Adelaide Health Service; Children, Youth and Women's Health Service; Country Health SA; and SA Ambulance Service.	Government
TAS Department of Health and Human Services **www.dhhs.tas.gov.au/home**	General health	The TAS Department of Health and Human Services is responsible for delivering integrated services to maintain and improve the health and wellbeing of Tasmanians. It provides a public hospital system, primary and community health services, including health promotion, mental health, oral health and correctional health services and ambulance services.	Government
Victoria Department of Health **www.health.vic.gov.au** **www.health.vic.gov.au/aboriginalhealth/**	General health	The Victoria Department of Health provides health services to the people of Victoria. This is accomplished through planning, policy development, funding and regulation of health service providers and activities which promote and protect Victorians' health. It provides a public hospital system, community health services, ambulance services, dental services, health promotion, emergency management, mental health services, alcohol and drug prevention and treatment services and aged care.	Government
WA Department of Health **www.health.wa.gov.au** **www.aboriginal.health.wa.gov.au/home/index.cfm**	General health	The WA Department of Health provides health care to Western Australians. Services include public hospitals and community health services, health protection through public health services and disaster preparedness management, mental health services, crisis management and community treatment and support services, drug and alcohol information, prevention and treatment services and dental health services.	Government

Links

Name and link	Focus	Description	Category
Australian City Farms and Community Gardens Network **www.communitygarden.org.au**	Community gardening	Australian City Farms and Community Gardens Network comprises an informal network across Australia, of people interested in community gardening. One of the aims of the network is to assist in the formation and management of community gardens and similar social enterprises by making available information and, where possible, advice promoting the benefits of community gardening and urban agriculture. This is achieved partly through the social networking capacity of the site, enabling users to pose questions, advertise events and offer advice. The website for this group also links to information about a comprehensive range of community gardening issues.	Non-government
Australian Government alcohol information website **www.alcohol.gov.au**	Alcohol	The Australian Government alcohol information website contains a range of information about alcohol-related health issues and relevant Australian Government policy. It features downloadable copies of the National alcohol strategy, the Australian guidelines to reduce health risks from drinking alcohol, and the Guidelines for the treatment of alcohol problems. The website also features a publications and research section, from which users can download or order alcohol-related Aboriginal and Torres Strait Islander health resources.	Government
Get active. Eat good tucker. Live longer! (Live longer!) **livelonger.health.gov.au**	Healthy lifestyle	Live longer! is part of a national program to support Aboriginal and Torres Strait Islander communities to 'Get active. Eat good tucker. Live longer!' The program is supported by a website, grant funding for community events and the Community health action pack. The website is designed to enable the sharing of information and stories about Aboriginal and Torres Strait Islander chronic disease health promotion activities and events, the grant funding is available for organisations to develop health promotion activities in their local communities, and the Pack provides practical information and examples of health promotion activities that can be effectively planned, implemented and evaluated in Aboriginal and Torres Strait Islander communities.	Government

Go for your life **www.goforyourlife.vic.gov.au**	Nutrition and physical activity	Go for your life aims to promote healthy eating and increase levels of physical activity for all Victorians. The A to Z index lists hundreds of ideas for healthy and active lifestyles for all ages, including information for professionals, a guide in five languages, dietary and nutritional advice, weight management, healthy recipes, and a community education program.	Government
Go for 2&5 **www.gofor2and5.com.au**	Nutrition	Go for 2&5 is an Australian Government, State and Territory health initiative. It endorses and recommends that consumption of 2 (fruits) & 5 (vegies) contributes to overall good health, protects against diseases and helps maintain a healthy weight range. The site contains programs and initiatives, an interactive national events finder, dietary guidelines and recipes, including a Kids Only link with fun activities.	Government
HealthInsite **www.healthinsite.gov.au**	Health information service	HealthInsite provides a health information service on a wide range of health topics accessed through a search facility. It publishes updated information and a newsletter on current health issues. Topics also include the Health and Wellbeing category, and Life Stages and Events. Links to state and territory health services and other services are also included.	Government
Healthy Kids **www.healthykids.nsw.gov.au**	Nutrition and physical activity	Healthy kids is an initiative of NSW Health; the NSW Department of Education and Training; Sport and Recreation, a division of Communities NSW; and the Heart Foundation. Its content is directed at children and young people – kids and teens.	Government
indigenous.gov.au **www.indigenous.gov.au**	Indigenous programs	The indigenous.gov.au portal provides access to information on Australian Government Indigenous initiatives and programs. Housed within the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA), it provides an avenue for Indigenous people to share experiences on a wide range of issues through a current affairs magazine Indigenous Newslines, a radio program Newslines Radio, and other publications.	Government

Live Life Well **www.livelifewell.nsw.gov.au**	Healthy lifestyle	Live Life Well provides basic information and tools needed to make the change to a healthier lifestyle.It provides advice on how to maintain a healthy weight, quit smoking, limit alcohol, become active, eat better and manage stress. It also contains a self-assessment tool and links to other New South Wales health initiatives, including information that empowers people to take steps – even a few small important lifestyle changes – to reduce the likelihood of developing chronic illnesses such as heart disease, cancer and type two diabetes.	Government
Remote Indigenous Gardens Network **hwww. remoteindigenousgardens.net**	Gardening	The Remote Indigenous Gardens Network project is a cross-sectoral networking initiative that aims to connect people who have an interest in small enterprise food garden projects in remote Aboriginal and Torres Strait Islander communities, so as to promote food security and wellbeing. The project comprises activities in two core areas: (1) network development and information sharing and (2) strategic research and practical partnership projects. Some links include bush foods, health and nutrition, garden models and guidelines, and business/enterprise links and networks.	Non- government
Swap it, don't stop it **swapit.gov.au/** **swapit.gov.au/resources/ indigenous**	Healthy lifestyles	Swap it, don't stop it is an Australian Government initiative that encourages people to swap their less healthy foods and lifestyles for healthy alternatives. The idea is that if people make small, gradual changes to their habits, they are more likely to maintain the changes to a healthier lifestyle and the prevention of chronic disease. The website provides ideas on what to swap and how to start swapping, as well as resources and news. There is also a facebook page to support Swappers.	Government

Appendix 1: Further reading

The list below provides a selection of publications that you may find useful for further reading.

Australian Bureau of Statistics (2006) *National Aboriginal and Torres Strait Islander Health Survey: Australia, 2004-05*. (ABS Catalogue no. 4715.0) Canberra: Australian Bureau of Statistics

Australian Bureau of Statistics (2008) *Overweight and obesity - Aboriginal and Torres Strait Islander people: a snapshot, 2004-05*. (ABS Catalogue no. 4722.0.55.006) Canberra: Australian Bureau of Statistics

Australian Institute of Health and Welfare (2010) *Australia's health 2010: the twelfth biennial report of the Australian Institute of Health and Welfare*. (AIHW Catalogue no. AUS 122, Australia's health no. 12) Canberra: Australian Institute of Health and Welfare

Australian Institute of Health and Welfare (2006) *Chronic diseases and associated risk factors in Australia, 2006*. (AIHW Category no. PHE 81) Canberra: Australian Institute of Health and Welfare

Australian Institute of Health and Welfare (2004) *Heart, stroke and vascular diseases: Australian facts 2004*. (Cardiovascular disease series no. 22) Canberra: Australian Institute of Health and Welfare

Australian Institute of Health and Welfare (2009) *Prevention of cardiovascular disease, diabetes and chronic kidney disease: targeting risk factors*. (AIHW Catalogue no. PHE 118) Canberra: Australian Institute of Health and Welfare

Australian Institute of Health and Welfare (2004) *The relationship between overweight, obesity and cardiovascular disease: a literature review prepared for the National Heart Foundation of Australia*. Canberra: Australian Institute of Health and Welfare

Couzos S, Murray R (2007) *Aboriginal primary health care: an evidence-based approach: 3rd ed*. South Melbourne: Oxford University Press

Department of Health and Ageing (2004) *Building healthy communities - a guide for community projects*. Canberra: Department of Health and Ageing, Australia

Department of Health and Ageing (2005) *National physical activity guidelines for adults*. Canberra: Department of Health and Ageing

Dixon T, Webbie K (2006) *The national system for monitoring diabetes in Australia*. (AIHW Cat No. CVD 32.) Canberra: Australian Institute of Health and Welfare

Kruger K, McMillan N, Russ P, Smallwood H (2007) *Talkin' up good air: Australian Indigenous tobacco control resource kit.* Melbourne: Centre for Excellence in Indigenous Tobacco Control

Kulunga Research Network (2010) *Start stronger, live longer: resource manual guide for Aboriginal health workers*. Perth: Kulunga Research Network

National Aboriginal and Torres Strait Islander Health Council (2004) *National strategic framework for Aboriginal and Torres Strait Islander Health 2003-2013: framework for action by governments*. Canberra: National Aboriginal and Torres Strait Islander Health Council

National Health and Medical Research Council (2009) *Australian guidelines to reduce health risks from drinking alcohol*. Canberra: National Health and Medical Research Council

National Health and Medical Research Council (2003) *Dietary guidelines for Australian adults*. Canberra: National Health and Medical Research Council

National Health and Medical Research Council (2003) *Dietary guidelines for children and adolescents in Australia incorporating the infant feeding guidelines for health workers*. Canberra: National Health and Medical Research Council

National Health and Medical Research Council (2000) *Nutrition in Aboriginal and Torres Strait Islander peoples: an information paper*. Canberra: National Health and Medical Research Council

National Public Health Partnership (2001) *National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan 2000-2010 and first phase activities 2000-2003*. Canberra: National Public Health Partnership

NSW Department of Health (2004) *Principles for better practice in Aboriginal health promotion: the Sydney Consensus Statement NSW Health 2002*. North Sydney: NSW Department of Health

Northern Territory Department of Health (2007) *Public health bush book: tools for good practice*. Darwin: Northern Territory Department of Health

Steering Committee for the Review of Government Service Provision (2011) *Overcoming Indigenous disadvantage: key indicators 2011*. Canberra: Productivity Commission, Australia

Thompson S (2009) *Aboriginal perspectives on physical activity in remote communities: meanings and ways forward*. Darwin: Menzies School of Health Research

World Health Organization (1986) *Ottawa Charter for Health Promotion*. Presented at *International Conference on Health Promotion*, Ottawa

This toolkit includes examples of programs and projects that have been previously described in the Aboriginal & Islander Health Worker Journal (ww.aihwj.com.au). The Journal covers a range of topics including primary health care, community profiles, health promotion, best practice models and workforce issues. The Journal is published six times a year and has broad range of readership.