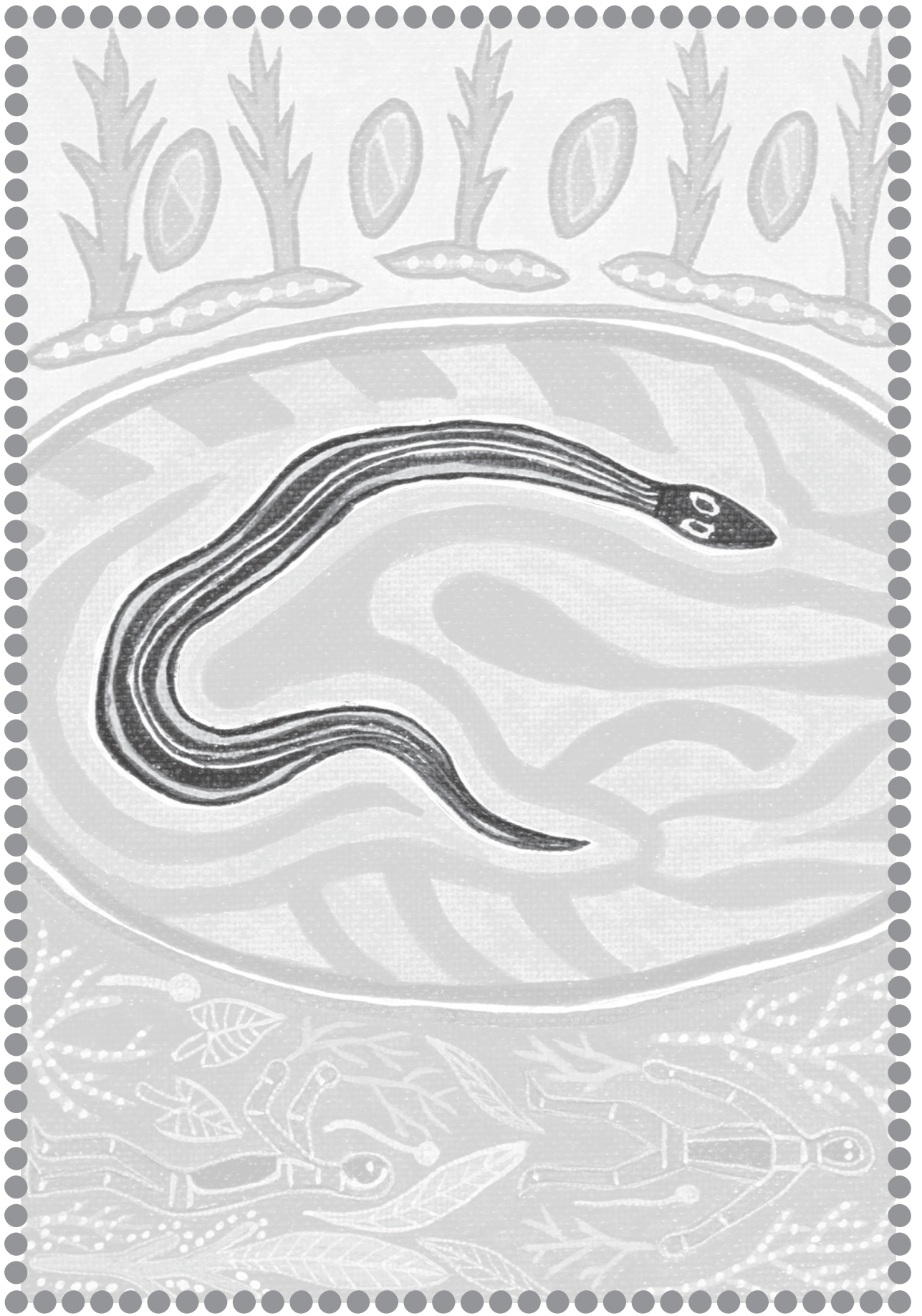


Section 3: What has worked - healthy lifestyle programs that have been run elsewhere

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?

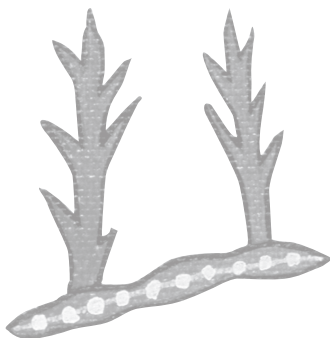
- The venue for the program was important. About eight months into the program, the attendance at the fitness classes started to decline because the church hall was no longer regarded as a suitable venue. A more appropriate, permanent venue was found and attendance increased.
- Programs need to be flexible 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?

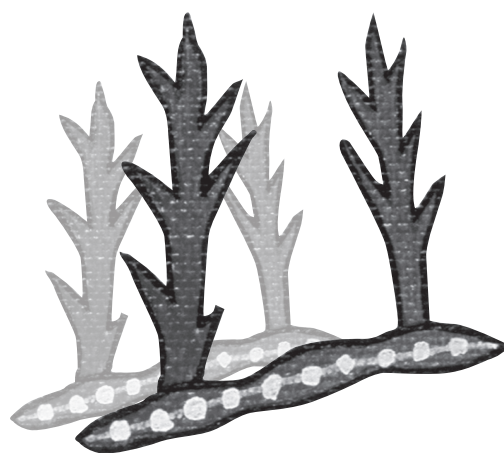
- People involved in the cooking classes found it to be a fun and practical program.
- Some people reported they had changed their eating habits, now eating much more fruit and vegetables.
- Other people said that the program taught them the importance of healthy eating.
- Some of the comments offered 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

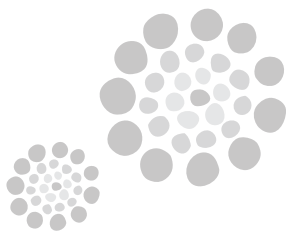
What was the project about?

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 barbecues/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?

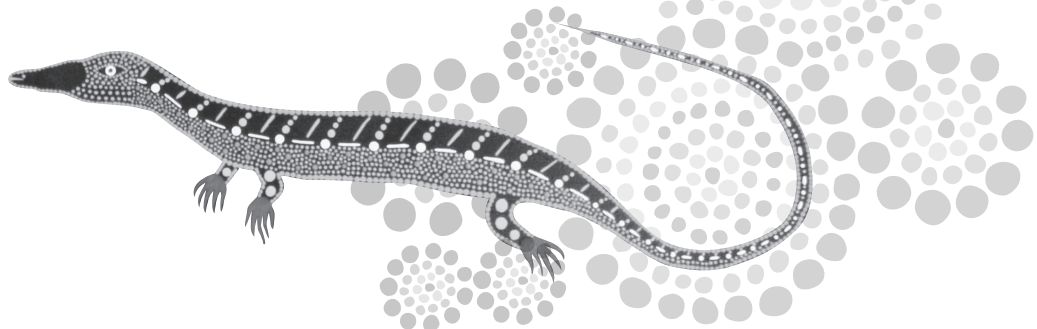
- The project was successful in getting high levels of participation (137 women).
- All the women provided encouraging feedback about the program and most reported positive changes in their behaviour.
- There was considerable media interest in the program (for example, radio and television interviews).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

What 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.

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.



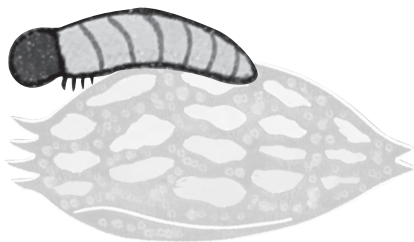
Living strong

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?

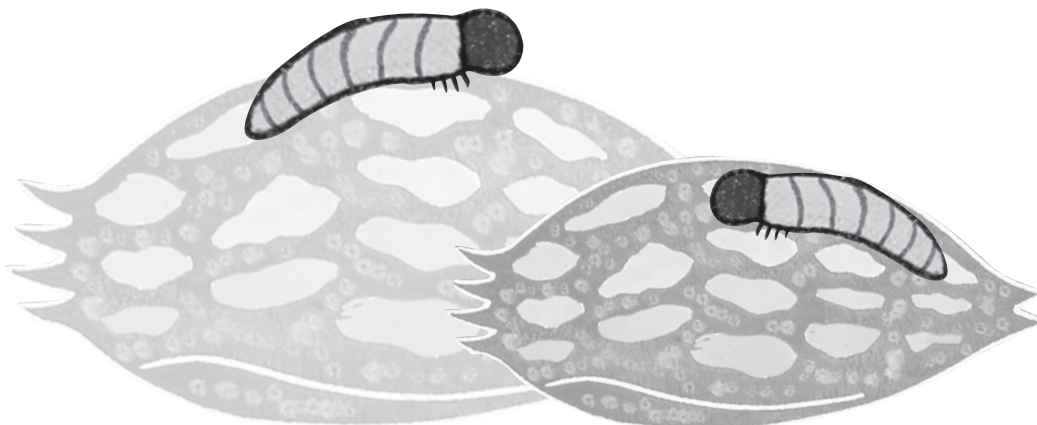
- Evaluations of the earlier version of this program showed it was effective in encouraging people to adopt a healthier lifestyle. Many of the participants reduced their weight, waist measurement, and hip measurement.
- More than one-half of participants in the 2005 evaluation reported changes to their 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?

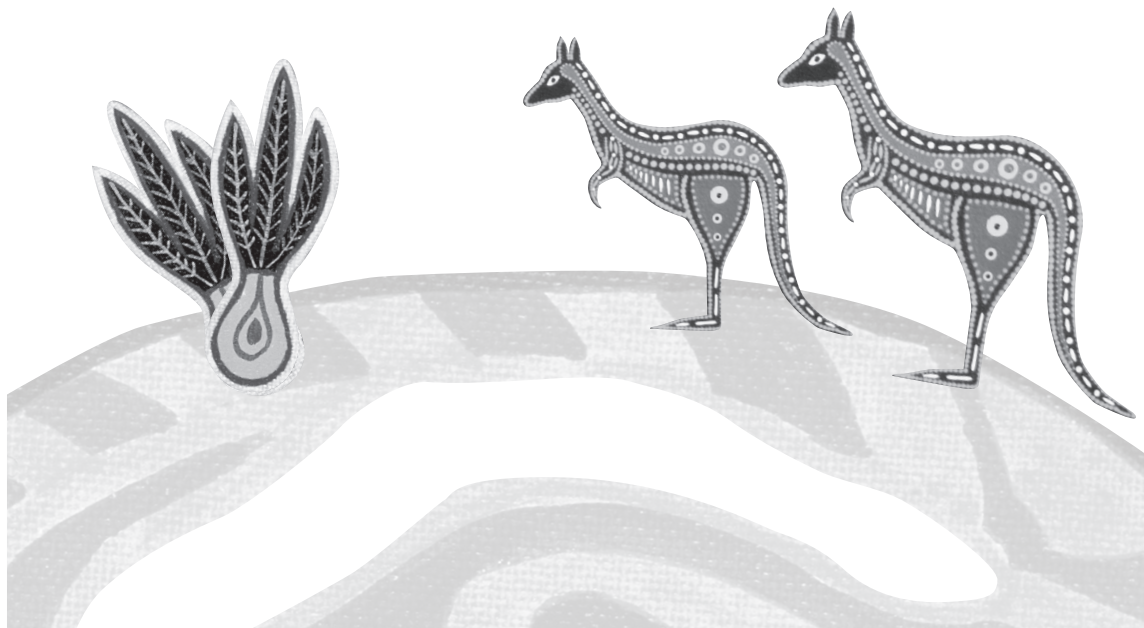
- Reports from the participants suggest the educational sessions raised their awareness about food, nutrition, and exercise. Learning how to read food labels was a favourite topic of discussion. Several comments made by participants included:
 - » 'Very informative, funny and helpful, lots of ideas.'
 - » '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

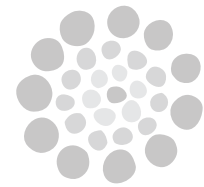
families said "Leave this to us!". They went and visited the family whose children were involved and told them that garden was Aboriginal land and they must respect it. No one touched the garden again.'

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?

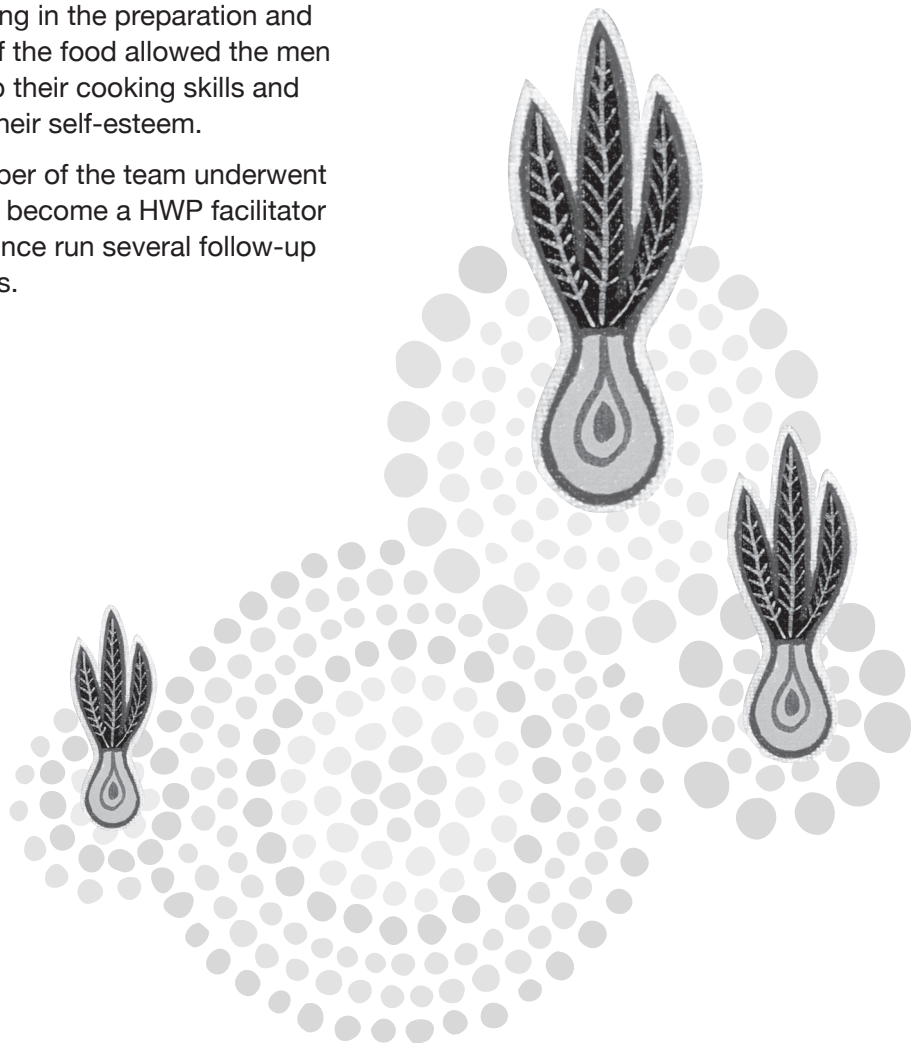
- Comments on the workshop evaluation form showed the men enjoyed the workshops and recommended that the workshop sessions continue in the community.
 - » More than half of the men rated the workshops as 'excellent' and the rest of the men rated the workshops as 'very good'.
- Information from the evaluation 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.