

Koori community-directed health promotion in the Goulburn Valley

Rachel Reilly

Onemda VicHealth Koori Health Unit, University of Melbourne

Joyce Doyle

Rumbalara Aboriginal Co-operative, Mooroopna, Victoria

Kevin Rowley

Onemda VicHealth Koori Health Unit, University of Melbourne

On behalf of the Heart Health Project Steering Committee

This paper describes a health promotion program conducted within the Koori community of the Goulburn-Murray region of northern Victoria, Australia. The program was community-directed, state-funded and involved university researchers. The program comprised three separate but related activities devised and carried out within a Participatory Action Research framework with the aim of promoting nutrition and physical exercise. Although the activities did not always meet all their intended aims and problems arose with the evaluation of some activities, they were nonetheless deemed to have made a valuable and sometimes unexpected contribution to health promotion in the community. Principles of participation and collaboration were central to the program's success. Challenges and benefits of working in genuine partnership are discussed.

For many years now Aboriginal people have been calling for an end to 'the ambulance at the bottom of the cliff approach to health' and greater emphasis on support for Aboriginal communities to 'look after their own' using culturally appropriate, community-directed prevention strategies (Appo & Mohamed, 2002; Bamblett & Lewis, 2006). This paper describes a state-funded health promotion program conducted within the Koori community of the Goulburn-Murray Region of Northern Victoria (South Eastern Australia) that attempted to promote nutrition and physical activity, within a Participatory Action Research (PAR) framework. The program comprised a number of intervention strategies that were devised as a partnership between members of the Koori community in the Goulburn-Murray region of northern Victoria and non-Aboriginal university researchers. Rather than a detailed presentation of research findings, this paper focuses on the process and some of the challenges and rewards of applying principles of collaboration when engaging with Indigenous communities.

The Koori community of the Goulburn-Murray region constitutes the largest Aboriginal population in Victoria outside the state's capital, Melbourne. The population is estimated to be 6000 according to a recent community census

(The Department of Rural Health, 2001), although Australian Bureau of Statistics figures are much lower than this (Australian Bureau of Statistics, 2004). Members of the community come from all parts of Australia and are resident on the traditional lands of the Yorta Yorta, Bangerang and other nations (Barwick, 1972). The population is mainly spread across three regional centres and an Aboriginal township, Cumeragunja, on the New South Wales side of the Murray River. Although the region is relatively wealthy and supports a number of established industries, the burden of ill-health and socio-economic disadvantage suffered by the Koori community follows similar patterns and is of similar proportions to that carried by Aboriginal communities in less well-resourced regions of Australia (Appo & Mohamed, 2002; Australian Bureau of Statistics, 2005).

The pattern of ill-health within the Aboriginal community, and the community's response to it, are best understood in their historical context. From the mid-1800s, Aboriginal communities in the south of Australia were subjected to large-scale relocation and forced re-settlement onto missions and managed stations (Barwick, 1972; Saggars & Gray, 1991). Government policies imposed control over fundamental aspects of the lives of Aboriginal

people including marriage, personal finances, movement, social welfare and education (Saggers & Gray, 1991; Tatz, 1999). These policies dismantled Aboriginal social structures and traditional health practices (Saggers & Gray, 1991). The Aboriginal Community Controlled Organisations (ACCOs) operating in the Goulburn Valley are a product of Aboriginal resistance to these oppressive laws and now provide a range of essential health and welfare services to the community, as well as providing settings for cultural expression and cohesion (Newton, 2004; Reilly, 2005; Rumbalara Aboriginal Cooperative, 2003).

These ACCOs have not traditionally focused on health promotion *per se* due to the necessity of directing resources towards crisis intervention and acute service provision (Rumbalara Aboriginal Cooperative, 2003). However, more recently many ACCOs have directed resources into prevention strategies. This is considered especially important given the primary health problems faced in this community, as in other Australian Aboriginal communities, are preventable - namely obesity, diabetes, metabolic syndrome and cardiovascular disease (Australian Bureau of Statistics, 1995, 2004, 2005). In particular, the Rumbalara Football Netball Club has been well positioned to promote wellbeing through sporting and other health promotion activities, such as *The Healthy Lifestyles Program*, which targets the fitness of the whole community by providing a range of exercise and nutrition programs (The Department of Rural Health, 2001).

The work described in this report is part of a broader, ongoing program of collaborative work which has collectively come under the banner of *The Heart Health Project*, a local, ongoing cardiovascular screening and intervention program carried out since 2002 (Reilly, 2005; The Heart Health Project Steering Committee, 2007). Preliminary findings from *The Heart Health Project* found that community members were not eating fruit and vegetables or exercising at levels recommended in the dietary Guidelines for Australians (Australian Government Department of Health and Ageing and the

National Health and Medical Research Council, 2006) and the National Physical Activity guidelines for Australian Adults (Australian Government Department of Health and Ageing, 1999). Qualitative findings also indicated that the determinants of health and health behaviour in this community were broader than conventional risk factors (eg. socio-economic status) and included history, the quality of relationship to the wider mainstream community, connectedness to community members and land, opportunities for cultural expression and issues relating to personal and community control (Reilly, 2005). On the basis of these findings it was recommended that community-directed, culturally aligned programs be devised to promote positive changes in community health behaviours, in particular nutrition and physical exercise (The Heart Health Project Steering Committee, 2007).

The program began with two aims: first, the specific aim of evaluating the government-produced nutrition and physical activity guidelines from the perspective of Aboriginal community members with a view to creating guidelines that were more relevant to Kooris, and second, the more general aim of devising relevant health promotion interventions to improve nutrition and fitness. An over-arching objective of the program was to develop the capacity of local Koori researchers to carry out and evaluate health promotion interventions.

Methods and Results

Acknowledging that research 'on' Indigenous communities has frequently been carried out without permission, adequate reciprocation or compensation (Anderson, 2000; O'Neil, Reading, & Leader, 1998; Smith, 1999), issues of collaboration and community-direction were considered paramount in the development of this health promotion project. The project was devised within a PAR framework, which "... hinges on a power shift: outside professionals no longer attempt to control the development process solely on their own terms" (Mohan & Stokke, 2000). Instead, PAR involves researchers engaging with community in a way that empowers the community to take control of the research process, and which values and defers to local knowledge (Baum, MacDougall, & Smith, 2006). It is a dynamic process in which researchers and participants develop goals, devise

methods and participate in data analysis in iterative cycles of reflection and action with the ultimate goal of promoting changes in the lives of the participating group or community, that are in the direction and control of the community (Kidd & Kral, 2005; Stringer & Genat, 2004). Rather than a prescriptive method, PAR has been described as “the creation of a context in which knowledge development and change might occur” (Kidd & Kral, 2005, p.187). PAR may incorporate both qualitative and quantitative methods.

The project was overseen by a steering committee comprising senior community and university representatives, and was bound by an earlier memorandum of understanding between participating organisations that stipulated rules for community ownership and storage of data. The university researchers worked closely with Koori researchers who coordinated the development and delivery of the program. It was agreed at the outset that university researchers would take on a supportive role, offering advice and suggestions but only participating directly in planning and design of project components when requested.

Trust between the university researchers and the Koori community had been established over many years as a result of dialogue and collaboration on previous projects. As reported elsewhere (The Heart Health Project Steering Committee, 2007), the Steering Committee was established with representation from each of the partner organisations. Program development proceeded in a manner that ensured all partners' interests and aspirations were considered, and activities were implemented only with agreement from all partner organisations. Overly invasive evaluation tools were avoided. In the spirit of reciprocity and engagement, University researchers participated in community activities such as those at RFNC. For the current work, the Victorian Government Department of Human Services was also represented on the Steering Committee and a Memorandum of Understanding developed that respected Aboriginal community control and allowed each partner organisation to achieve their goals from the work.

The overall project comprised a number of separate but related intervention strategies. Intervention strategies were devised in response to each of the above aims following dialogue between participating parties and reflection on previous findings and experiences. The cycle of dialogue, reflection and action is ongoing. Given the emergent nature of the development of each intervention strategy, the methods and key outcomes of each intervention are described in chronological order.

Researcher Training

Three Koori researchers attended a ‘Health Summer School’ where they workshopped a number of ideas for health promotion programs with others working in Aboriginal health promotion. The participants were struck by the commonality of problems across vastly different community settings and found that sharing information increased their awareness of their own expertise thereby being both empowering and practically useful (J.Doyle, personal communication). In particular, the realisation that the Rumbalara Football Netball Club (RFNC) provided a forum and ready audience for intervention led to the development of the ‘Hungry for Victory’ program, described below.

Hungry for Victory

This program targeted a group of 40 Under 17 years and Under 14 years footballers at the RFNC who participated in a series of nutrition workshops, a mentoring program for younger players and a breakfast program (players and opposition teams were provided with a healthy breakfast prior to matches). They also received T-shirts and drink bottles bearing the Hungry for Victory logo. The underlying strategy of the program was to promote healthy eating in the context of improving sporting performance. The effect of the program was to be measured by assessing changes in attitudes and behaviour via a questionnaire administered at the beginning and end of the program. The program ran for the duration of the 2006 football season (April-August). Unfortunately the intended participation of the netballers was delayed until the end of the season due to changes in the netball competition and managerial problems attributed to the demands and responsibilities already faced by women in the community.

Four nutrition workshops were conducted

following football training throughout the football season. Workshops were facilitated by a Koori researcher and football coach and involved at least 30 participants. During the workshops participants received information about nutrition and were encouraged to tailor their eating habits towards maximising performance on the football field. The mentoring program was established following a suggestion from a participant. The older players were encouraged to bring a younger player along to have a healthy breakfast then to maintain contact in order to pass on knowledge and encourage positive behaviour. While not all players participated, those who did benefited and the concept will be carried through to future programs.

Baseline data regarding eating habits were collected from a proportion of participants (response rate approximately 25%). The collection of follow-up data to assess changes in health behaviours at the end of the season was abandoned due to a lack of support for the survey as will be discussed below. At the time of writing, the club intended to run the program again in 2007, beginning with a barbecue at which participants would be encouraged to discuss their experiences and lessons from the 2006 program and offer suggestions for the 2007 program. The netballers have also accepted an invitation to participate for the duration of the 2007 season.

Evaluation of the Nutrition and Physical Activity Guidelines Focus Groups

The proposal for this aspect of the program was developed primarily by university researchers in consultation with the Koori researchers. The aim of the focus groups was to gauge responses to the dietary Guidelines for Australians (Australian Government Department of Health and Ageing and the National Health and Medical Research Council, 2006) and the National Physical Activity guidelines for Australian Adults (Australian Government Department of Health and Ageing, 1999), compare these to Aboriginal-specific guidelines created in other communities and devise new, Koori-focused guidelines for promotion within the target community. Four focus groups were

conducted, involving a total of 27 participants (11 men and 16 women) ranging in age from 18 to 85 years. Participants were volunteers recruited via local ACCOs and social networks (snowball sampling). Groups were conducted at the community settings outlined above over a period of three months and ran for approximately one hour. Focus groups were facilitated by a Koori researcher and focused on food choices, barriers and facilitators of healthy eating and exercise. A university researcher co-facilitated and took audio recordings of each focus group. Recordings were transcribed and data were collated according to six dominant themes, as summarised in Table 1..

Results suggested that while community members were generally familiar with the guidelines presented to them, they were less certain about the content of the message. Most claimed to know what they should be eating but expressed that it is too difficult to increase fruit and vegetable intake or decrease fat intake in the context of a tight budget, busy household and full schedule. In other words, the existence of the guidelines was deemed extraneous by some participants. Others suggested the use of Koori artwork rather than words would make the guidelines more accessible. Participants suggested a number of alternatives to guidelines including the creation of a Koori cookbook, a community garden and an educational video using local talent as a resource for schools. These suggestions are now under consideration by community leaders and health workers.

Cummeragunja Women's Health and Wellbeing Group

Women living in Cummeragunja declined the invitation to participate in a focus group but advocated for a different sort of group- one that did not focus on health problems but rather focused on drawing support from one another through social interaction. The women also stated that issues of nutrition and physical activity were of interest to them and they would be interested in learning about these topics in a social setting. It was considered inappropriate within a participatory framework to insist that participants discussed nutrition guidelines. Although this required a departure from the planned research agenda, project facilitators welcomed the departure as an opportunity to engage with participatory principles. The manager of *The*

Table 1
Dominant Themes of Focus Groups

Theme	Summary
1. Budget	Food choices are dictated by finances rather than nutrition and it is difficult to eat healthily on a tight budget
2. Convenience/Access	Access to healthy foods may be limited due to transport or other logistical issues. Fast foods are easy to access.
3. Busy Lifestyle	Eating healthily and exercising are important but other things more pressing, such as family commitments.
4. Household	Large households and mixed preferences in the house were highlighted as a barrier to changing eating habits.
5. Health and Fitness	Some participants were motivated to eat more nutritious foods for the sake of their health (eg to self-manage diabetes), or in order to play sport.
6. Knowledge	Lack of nutritional knowledge resulting in part from hearing conflicting information was a barrier to eating according to the guidelines for some people.

Healthy Lifestyles Program (an existing community fitness program) at RFNC and a project facilitator from this program were recruited to assist the women to learn about nutrition and health, without disrupting the essentially social nature of the group. The program ran over 4 weeks and responded to specific concerns raised by participants such as barriers to exercising and access to healthy foods.

Activities included walking using a pedometer, collecting bush tucker, crafts and discussions about topics selected by the women. Each group was attended by approximately 25 participants, although they were not the same participants each week. New participants each week had heard about the program through word of mouth. Participants appeared motivated and program facilitators observed participants engaging in friendly rivalry with one another.

Evaluation and Reflection

The activities described in this report were largely designed by local community members to fit a specific local context. They may or may not be appropriate for implementation in other communities. However, the issues leading to the need for this project are likely to be common to many areas

and there may be generalisable principles and activities suitable for other communities. The lack of systematic evaluation processes limits our ability to demonstrate the effectiveness of the project in a formal manner. This has been highlighted as a problem common to many projects concerned with Aboriginal health promotion and points to a need for greater emphasis on evaluation - carried out using methods acceptable to the participants - as an integral part of project design (Gray, Sputore, & Walker, 1998).

Although the intended outcome measures for Hungry for Victory were not collected via the re-administration of the questionnaire at the end of the season, data from other sources was acquired for the purpose of evaluation for all the intervention strategies. Throughout the program, the Koori researchers completed evaluation surveys for each intervention strategy indicating the degree to which it met its objectives and identifying barriers and facilitators to its success. This survey data will contribute to a systematic evaluation of this project using ecological methods (Richard, Potvin, Kishchuk, Prlic, & Green, 1995). Detailed reporting of the outcome of the ecological evaluation is beyond the scope of this paper however this discussion draws on some information from the surveys in addition to

qualitative feedback gathered via informal interviews with project facilitators and participants.

Some of the stated objectives of the intervention strategies were not met, such as the afore mentioned quantitative evaluation, or development of Koori-specific nutrition and physical activity guidelines. However, qualitative feedback indicated that from the perspective of Koori community members, the program had met many of its objectives and was a success overall. The nutrition workshops were well-attended and according to feedback communicated to project facilitators by participants, were popular. The popularity of breakfasts was evidenced by consistent high levels of attendance and demand. Project facilitators observed that the breakfasts also provided an opportunity for building rapport with visiting teams. This was deemed to be particularly significant in light of findings from *The Heart Health Project* indicating that 'relationship with mainstream' is one determinant of Indigenous wellbeing in this community.

Participants reported that the mentoring program helped to enhance club cohesion by fostering links between younger and older players, and assisted the development of leadership skills amongst the older players of RFNC. The focus groups have led to a number of ideas for promoting nutrition and food security, and participants in the Cummeragunja Women's Health and Wellbeing Group have expressed a desire to lobby for continued funding for the program.

Overall, the degree to which each project intervention was deemed 'successful' by project facilitators and participants (that is, had a high level of community participation and impacted positively on the health of the participants) correlated with the degree to which it was perceived as being organised within a Koori cultural framework. That is, positive outcomes depended on how well the program components used the knowledge of the local community and valued existing social structures and systems. For example, Hungry for Victory was well-received because the mode of delivery (group workshops and breakfasts) fostered opportunities for social connectedness,

respected and valued Koori identity and knowledge though its association with RFNC, being led by Koori facilitators and the use of content that reflected community needs. The breakfasts also provided opportunities for a positive interaction with non-Aboriginal people.

In contrast, the collection of data via questionnaire was mostly unsuccessful, largely because it was viewed by project facilitators as invasive and one-sided. Consequently the program facilitators lost interest in pursuing the activity and it was ultimately abandoned. A more culturally appropriate method of feedback and evaluation was then decided upon- namely an opportunity for dialogue at a social gathering at the beginning of next season.

Similarly the departure of the focus groups from their stated aim, namely the evaluation and development of guidelines, may be largely attributed to the imposition of a western concept to a Koori setting. This aim did not reflect the needs or desires of participants, who ultimately shifted the conversation to topics they considered more relevant such as financial and time constraints on healthy eating. These issues relate more closely to 'food security' than nutritional knowledge (Victorian Health Promotion Foundation, 2006). Interestingly, this project component appeared to depart furthest from its stated aims and was also the one that involved the university researchers most heavily in its design and content. Fortunately, focus groups allow for flexibility and the incorporation of new information. The focus group format was also viewed by the Koori researchers as consistent with cultural principles of reciprocity, openness and collectivism as outlined in the National Aboriginal Health Strategy Working Party (1989).

The Cummeragunja Women's Health and Wellbeing Group was arguably the most participatory of all the intervention strategies in that it was conceived by the participants themselves, and has been embraced enthusiastically by participants, who are now lobbying on their own behalf for the continuation of the group and the provision of appropriate resources. This activity arose spontaneously and it was fortunate that the Koori researchers were able to respond in a timely and appropriate manner, and had the capacity to be flexible in their roles.

Conclusion

Despite the lack of systematic data allowing a formal evaluation, the health promotion interventions described here offer support for collaborative, participatory approaches to research and health promotion with Aboriginal communities. The examples illustrated here show that where power and control of processes had successfully been transferred to community members, the outcome was, not surprisingly, of greater benefit, and perceived as such by community members, than in those situations where either the problem or solution were defined or imposed by those outside the community. While the intention at the outset was that control should be wholly in the hands of community members, it is clear in practice that this was not achieved perfectly. Perhaps this is unsurprising given the existing power imbalance between an established university department with the capacity to negotiate with funding bodies, and a relatively small community group. However, PAR and other approaches with a focus on participation and capacity exchange provide a framework within which communities can be empowered to advocate on their own behalf to understand and improve their health and universities and funding bodies can respond to community needs as partners, rather than leaders in the process.

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Address correspondence to

Dr. Rachel Reilly
 Onemda VicHealth Koori Health Unit
 Centre for Health and Society
 School of Population Health
 The University of Melbourne
 Level 4, 207 Bouverie St
 Carlton Victoria 3010 Australia
 Ph: (03) 8344 9387
 Fax: (03) 8344 0824
 Email: rachel@unimelb.edu.au