



# PEACH Adaption Project

*For Aboriginal and Torres Strait Islander families*

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## Final Report (Phase 1)

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11 August 2015

## Executive Summary

In 2013 the School of Exercise and Nutrition Sciences, QUT were funded by the Queensland Government to deliver the PEACH™ (Parenting, Eating and Activity for Child Health) to 1400 families across Queensland. PEACH™ is a parent focused healthy lifestyle program for families of children 5-11 years who are above the healthy weight range for their age. (Queensland University of Technology, 2013) PEACH™ was first developed by Associate Professor Anthea Magarey and Professor Lynne Daniels, at Flinders University. It has a strong evidence base including a randomised controlled trial which demonstrated its effectiveness not only at the end of the program but also two years after the program with no further intervention. (Golley et al., 2007) The program is consistent with the NHMRC Clinical Practice Guidelines for the Management of Overweight and Obesity and is one of the few Australian studies which informed their most recent revision (Golley et al., 2007). Despite this, the program has not previously been critiqued with regards to its applicability and acceptability to Aboriginal and Torres Strait Islander families.

An Indigenous Research Project Officer was appointed to undertake consultations with key stakeholders and Indigenous families that had completed the PEACH™ Program. This report describes processes used to engage peak Queensland Indigenous Health Services, the outcomes of consultations and a set of recommendations for increasing the participation of Aboriginal and Torres Strait Islander families in the PEACH™ Program.

The review and consultations were guided by the following themes relating to the program:

- Marketing
- Engagement
- Resources
- Sessions and Session Content
- Workforce
- Evaluation

## Key Findings

The key findings of this project are informed by three sources i) the literature, ii) project steering committee consultations and iii) interviews with Indigenous families who have participated in mainstream PEACH.

### The Literature Review

- Almost one-third (29.7%) of Aboriginal and Torres Strait Islander children aged 2-14 years old are above the 'healthy weight range', in comparison to 25% of non-Indigenous children. (Australian Bureau of Statistics, 2012-2013)
- Overweight and obesity is a growing concern in Aboriginal and Torres Strait Islander communities, and presents greater risk for the development of chronic diseases such as heart disease and Type 2 diabetes. (Lee and Minniecon, 2014)

- There are no management programs, similar to PEACH™, that are specifically for Aboriginal and Torres Strait Islander children, that have previously operated or are currently operating in Queensland, with the majority of effort going towards primary prevention initiatives.
- There is a lack of evidence for children's obesity programs that have been adapted to better suit Indigenous children, although the literature review does provide discussions of the key concepts for making mainstream programs more culturally sensitive and processes that engage communities in the design, implementation and evaluation of programs.
- Cultural adaptations of mainstream adult programs, that have been designed with Indigenous communities and implemented by them, may have similar weight loss outcomes, but may have higher rates of recruitment and retention of Indigenous people.

### **Consultation with the Steering Committee**

- Programs that have worked well with Indigenous families have been consistently-delivered, inclusive, flexible, strengths-focused and holistic.
- Health programs need to be championed Aboriginal and Torres Strait Islander community members for example; Indigenous health workers.
- Genuine and respectful relationships must be built with community and multiple stakeholders engaged to gain support for programs.
- Culturally appropriate content, resources, marketing and venues should be used in the delivery of Indigenous health programs.
- Marketing and communication templates that are adaptable to local contexts will assist the promotion of PEACH™ to Indigenous families.
- Opportunities to value add to existing programs and use resources that have already been designed in partnership with Indigenous health services, should be sought.
- Culturally appropriate evaluation tools that generate the most useful information should be used to evaluate programs.
- The theoretical underpinning of parent-led programs/parents as agents of change should be tested with Aboriginal and Torres Strait Islander communities, as it may not be appropriate.
- Intellectual property of programs or resources should be open /shared to recognise contributions of Aboriginal and Torres Strait Islander people and ensure continued access.

### **Consultation with Aboriginal and Torres Strait Islander families who have participated in mainstream PEACH**

- Most parents heard about PEACH™ through their child's school e.g. flyer, newsletter

- Parents decided to try PEACH™ because they recognised their child was overweight.
- Parents interviewed preferred the group format, as it provided opportunities to share advice swap recipes and listen to others experiences.
- Parents did not attend any other programs in their community before attending PEACH™.
- Children attended mostly with their mothers, grandmothers and one foster carer.
- Most parents attended with one registered child and no additional siblings.
- Parents said their children enjoyed the physical activity the most.
- Parents found the workbooks and homework tasks useful and informative.
- Parents would make some changes to workbook including reducing the amount of text, changing the language and including more recipes.
- Most parents found the evaluation questionnaires reasonable and relevant.
- Most parents think they are responsible for influencing their child food choices and levels of activity.
- Half of parents find it expensive to buy fresh fruit and vegetables
- Findings indicate that the current PEACH™ format may be suitable for families in urban and regional areas, although some minor modifications to marketing, resources, sessions and workforce may increase participation of Indigenous families. The transferability of these findings to Aboriginal and Torres Strait Islander families is unknown.
- There is little difference in program attendance between Indigenous families (range= 1-10, mean = 4.5) and total number of families that attended. (range= 2-8, mean = 5)

## Recommendations from project findings

1. Steering committee members representing peak Queensland services, affirm that the prevalence of childhood obesity and the absence of culturally specific programs for Aboriginal and Torres Strait Islander people warrants further work in the development of a culturally appropriate program.
2. Healthy lifestyle programs must consider a broader context incorporating the social determinants of health, and population-based approaches to health improvement. Aboriginal and Torres Strait Islander people's health may also be influenced by cultural, historical, social, geographical, community factors and government health policies and services. (Australian Government, 2012)
3. Genuine partnerships should be formed for the design of Indigenous specific healthy lifestyle programs. Community-based projects that have been evaluated are found to be more effective when initiated and managed by the community, with technical and financial support by external organisations. (Australian Government, 2012)
4. Additional funding should be sought to develop a suitable family-focused healthy lifestyle program for use in Aboriginal and Torres Strait Islander settings, in consultation with community. Steering committee members should be invited to contribute to these applications.
5. Until specific funding is sourced for an adaption, the mainstream program should be amended as part of the overall PEACH/TRIM Project (2013-2016). The Indigenous Research Project Officer position should be continued until 31 December, to implement the following recommendations:

<b>5.1</b> <b>Engagement</b>	<b>Recommendation 1:</b> In Term 1, 2016, trial the current PEACH Program in 2-3 'diverse' sites in Queensland, to gain further insight into the appropriate use of engagement, resources, marketing, session content, workforce and evaluation techniques, to contribute to the evidence base for the delivery of childhood obesity management programs to Aboriginal and Torres Strait Islander people.
<b>5.2</b> <b>Resources</b>	<b>Recommendation 2:</b> Identify alternatives to a program handbook and workbooks to prompt parents to goal set, share healthy messages e.g. create Facebook closed group monitored by a facilitator and Indigenous Project Officer.
	<b>Recommendation 3:</b> Supplement the PEACH™ Workbook with culturally appropriate visual learning resources e.g. develop program specific videos.
	<b>Recommendation 4:</b> Identify and source resources developed by, or in partnership with Indigenous health services which could be used as part of the delivery of PEACH e.g. Living Strong Cookbook, Gary Goanna.
<b>5.3</b> <b>Marketing</b>	<b>Recommendation 5:</b> Provide facilitators with media training and a template including a suite of media options e.g. newspaper, Facebook, school newsletter, flyer, radio interview brief, community announcement, social media, YouTube, video clip. Allow marketing to be adapted to a local context.

	<p><b>Recommendation 6:</b> Adapt mainstream PEACH marketing to Indigenous formats.</p>
<p><b>5.4</b> <b>Sessions &amp; Session Content</b></p>	<p><b>Recommendation 7:</b> Sessions should be flexible enough to be tailored to local community needs e.g. use of resources, contextual adaptations, option to deliver in the household or family basis in remote communities.</p>
<p><b>5.5</b> <b>Workforce</b></p>	<p><b>Recommendation 8:</b> Support Indigenous health professionals to deliver or co-deliver the program, recognizing the important role they play in promoting, recruiting, retaining and supporting program participants. Identify Aboriginal and Torres Strait Islander health professionals that meet criteria for delivering the current PEACH Program.</p> <p><b>Recommendation 9:</b> Add a cultural safety session to the current PEACH Facilitator training and update for existing facilitators. Identify Indigenous guest facilitators and supplementary resources e.g. Queensland Government Aboriginal and Torres Strait Islander Cultural Capability Framework 2010 – 2033</p> <p><b>Recommendation 10:</b> Support the continued appointment of a PEACH Indigenous Project Officer (identified) to recruit and retain Indigenous families and Indigenous facilitators in the PEACH Program and oversee the implementation of the key findings of the PEACH adaption project.</p>
<p><b>5.6</b> <b>Evaluation</b></p>	<p><b>Recommendation 11:</b> Review existing evaluation methodology, including data collection tools for mainstream PEACH with respect to their validity for Aboriginal and Torres Strait Islander people. Balance valid, comparable data with respondent burden. Include methods which return information to communities.</p> <p><b>Recommendation 12:</b> Align evaluation to the key population level monitoring and surveillance to allow for compatibility to the Chief Health Officer Report questions on fruit and vegetable consumption, soft drink and physical activity.</p>
<p><b>5.7</b> <b>General</b></p>	<p><b>Recommendation 13:</b> Consider family-centered approaches, parent/carer only sessions and parent/child sessions. Recognise the additional influences/responsibilities for Aboriginal and Torres Strait Islander families.</p> <p><b>Recommendation 14:</b> Explore alternative delivery modes beyond group-based programs for Aboriginal and Torres Strait Islander families.</p> <p><b>Recommendation 15:</b> Contribute project findings to publications to peer-reviewed literature on the design of programs to address obesity in Aboriginal and Torres Strait Islander families, to share with others what we know. Seek opportunities to collaborate on publications with project steering committee members.</p> <p><b>Recommendation 16:</b> Share the final report for this project with key stakeholders to allow the findings to be implemented as they see fit.</p>

## Introduction

The World Health Organisation (2014) estimated that in 2008 1.4 billion adults were overweight and more than half a billion people were obese. In 2013, 42 million pre-school aged children were reported as overweight or obese globally. Overweight and obese children are more likely to stay obese into adulthood and more likely to develop cardiovascular diseases, diabetes, musculoskeletal disorders and some cancers at a younger age. (World Health Organisation, 2014)

In Australia, overweight and obesity has been steadily increasing for the past 30 years. The 2011/12 Australian Health Survey reported that 62.8% of Australians aged 18 years and over were overweight or obese. In 2011/12, it was estimated that 25.7% of Australian children aged 5-17 years were overweight or obese. (Australian Bureau of Statistics, 2011-12)

The Australian Aboriginal and Torres Strait Islander Health Survey reported that in 2012-13, almost one-third (29.7%) of Aboriginal and Torres Strait Islander children aged 2-14 years old were overweight or obese according to the BMI (Body Mass Index). The Health of Queenslanders 2014 Report stated that 30% of Indigenous Queensland children (5-17 years) were overweight (17%) or obese (13%) in 2012-2013. (Queensland Health, 2014) Making Tracks, Smart Choices (Healthy Food and Drink Supply Strategy for Queensland Schools) and Labor's Action for a Healthier Queensland identify overweight and obesity as a growing concern in Aboriginal and Torres Strait Islander communities, and presents greater risk for the development of chronic diseases such as heart disease and Type 2 diabetes. (Lee et al., 2009, Queensland Government, 2010, Australian Labor Party, 2015, Queensland Government, 2004)

In 2013, as response to the growing prevalence of childhood obesity in Queensland, Queensland Health funded the Parenting and Eating for Child Health Program (PEACH™) a total of \$5 million over 3 years to roll out the program across Queensland. PEACH™ is a parent focused healthy lifestyle program for families of children 5-11 years who are above the healthy weight range for their age. (Queensland University of Technology, 2013)

In 2014, following discussions with Indigenous health practitioners, it was decided that a review of the PEACH™ Program be undertaken to determine its applicability and adaptability to Aboriginal and Torres Strait Islander families in Queensland. An Indigenous Research Project Officer (identified) was appointed to oversee the project under the guidance of a Project Steering Committee with membership from peak Indigenous Health Service Providers and Indigenous Researchers. The Project Objectives became to:

- i. Evaluate the current version of the Parenting, Eating and Activity for Child Health (PEACH) Program including format, delivery, resources, workforce and evaluation, to determine applicability to Aboriginal and Torres Strait Islander families in remote, regional and urban communities in Queensland.
- ii. Provide a set of recommendations for a possible culturally appropriate adaption of the PEACH Program to better suit Aboriginal and Torres Strait Islander communities in Queensland.

- iii. Respectfully engage key stakeholders from the Queensland Indigenous health sector and community. Provide forums for knowledge exchange and stakeholder involvement at every stage of the research including setting research priorities, conducting the research and implementing the findings, monitoring and evaluating.

## Strategies

**GOAL:** *To provide recommendations for the management of overweight and obesity among Aboriginal and Torres Strait Islander children aged 5-11 years.*

### Phase 1 (01 December 2014 – 31 July 2014)

#### 1. Engage Key Stakeholders

**1.1 Form an Aboriginal and Torres Strait Islander Project Steering Committee with representatives from peak Queensland health service providers and Indigenous researchers with relevant experience.**

Commencing in December 2014, the Indigenous Project Officer approached key health professionals, Indigenous health workers, Indigenous researchers, nutritionists and dietitians to invite them to participate in the project steering committee. Representation was sought from peak Queensland services including Aboriginal Community Controlled organisations, Queensland Health Services and educational institutions. Relying on established professional networks, committee members were asked to recommend others that could be valuable to the project in a ‘snow balling’ fashion. The membership of the group was purposefully chosen to include members from Aboriginal and/or Torres Strait Islander background.

The final membership of the 12 member steering committee included:

<b>Dr Helen Vidgen</b>	Project Supervisor   School of Exercise and Nutrition Sciences, Queensland University of Technology
<b>Professor Bronwyn Fredericks</b>	Pro Vice Chancellor   Office of Indigenous Engagement, Central Queensland University
<b>Rachael Ham</b>	Research Coordinator   Apunipima Cape York Health Council
<b>Kirby Murtha</b>	Community Nutritionist   Apunipima Cape York Health Council
<b>Jane Miller</b>	Senior Nutritionist   Preventive Health Unit, Queensland Department of Health
<b>Dr Alison Nelson</b>	Director Allied Health and Workforce Development, Institute for Urban Indigenous Health (IUIH)
<b>Deanne Minniecon</b>	Program Leader   Preventive Health Unit, Queensland Department of Health



<b>Annalie Houston</b>	Clinical Dietitian / APD   Southern Qld Centre of Excellence in Aboriginal & Torres Strait Islander Primary Health Care , Metro South Hospital and Health Service
<b>Tanya Saldanha</b>	Advanced Health Worker (Nutrition Promotion)   Southern Qld Centre of Excellence in Aboriginal & Torres Strait Islander Primary Health Care , Metro South Hospital and Health Service
<b>Edna Sambo</b>	Manager Health Program   Torres and Cape Hospital and Health Service - Thursday Island, Queensland Government
<b>Natalie Orero</b>	Senior Nutritionist  Torres and Cape Hospital and Health Service - Thursday Island, Queensland Government
<b>Sue Charlesworth</b>	Dietitian / General Clinic   Wuchopperen Health Service Limited
<b>Dr Chelsea Bond</b>	Senior Lecturer/Academic Advisor  Oodgeroo Unit, QUT
<b>Lisa Binge</b>	PEACH Indigenous Research Project Officer
<b>Vacant</b>	The Queensland Aboriginal and Islander Health Council (QAIHC) did not respond to an invitation to participate in the Project Steering Committee.

## **1.2 Convene five Steering Committee teleconferences and two workshops from December 2014 – June 2015.**

Teleconferences were convened by the Indigenous Project Officer and Project Supervisor. Members were asked to provide feedback on the Project Scope Plan, Terms of Reference, Literature Review and progress reports. Minutes for each teleconference were recorded and distributed to members including action items.

Five (5) teleconference meetings were held with the Project Steering Committee on the following dates:

- 10th December
- 25th February
- 29th April
- 27th May
- 30th July

Two (2) ‘face-to-face’ Workshops were held with the Project Steering Committee on the following dates:

- 23<sup>rd</sup> March – Brisbane
- 15<sup>th</sup> June – Cairns

## 2. Develop a Communication Strategy

### 2.1 Draft a communication strategy for distribution to key stakeholders and prospective clients.

A Communications Management Plan was completed on the 21st January. The communication plan was not distributed to key stakeholders or prospective clients due to a change in project scope.

Stakeholder	Reporting Needs	When	Preferred format / medium	Person Responsible	Status
Project Manager & Project Supervisor	Progress Report	17 Feb	- Brief report including activities undertaken and project risks. Current budget estimate.	Project Officer	Completed 14 Apr
	Progress Report	14 Apr			Completed 19 May
	Final Report	16 Jun			Due 31 July
Project Steering Committee	Meeting Minutes	Monthly	- Verbal report at Steering Committee Meetings - Email word document with action items	Project Officer	Completed
Project Steering Committee	Program Resources	March	- Package of current PEACH resources - To be issued at Workshop 1.	Project officer	Completed
Community Research Facilitators	Flyer	Prior to community workshop	- A4 dot point / summary of project aims and research	Project Officer	Flyer revised and printed Completed 29 June
Research participants	Flyer	At community workshop	- A4 dot point / summary of project aims and research	Project Officer	Not completed due to change in project scope

### 2.2 Obtain ethical clearance to undertake consultations.

Initially, we aimed to undertake consultations with Aboriginal and Torres Strait Islander Health Services, health professionals and Indigenous researcher's, for the development of a culturally appropriate program. The aim of wider consultations (with health workers and families) was to validate/support the outcomes of a workshop with the project steering committee in March.

Advice was sought from the project steering committee, regarding ethical requirements, it was considered that an amendment to the overarching PEACH/TRIM Kids NEAF would suffice, however when this was discussed with the QUT Research Ethics Unit and individual organisations governance committees, it was advised that an independent NEAF would be required. This was beyond the project scope and project timeline.

A draft NEAF has been commenced.

### 3. Review the literature (Appendix A)

#### 3.1 Investigate previous and existing nutrition and activity programs for the management of pediatric overweight and obesity in Indigenous Australians in Queensland, Australia, America, New Zealand and Canada.

Early in the project, it was important to establish what work had been done or was being done in the management of overweight and obesity in Aboriginal and Torres Strait Islander children (5-11 years) in Queensland and to identify processes for the cultural modification of 'mainstream' programs.

A draft literature review outline was circulated to the Project Steering Committee for feedback; members provided references for peer reviewed and grey literature to the Indigenous Project Officer. Internet searches were conducted in Google and Google Scholar.

Three databases including CINAHL, Medline and PubMed, and Science Direct were searched and inclusion/exclusion filters were applied to each search.

A database search was carried out in **PubMed**, using Boolean phrase *"(program OR intervention OR service) AND (Obesity OR overweight OR body weight ) AND ( Aboriginal OR Torres Strait OR Indigenous OR First Nation )"* search returned 190 results (n=190).

A database search was carried out in **Medline**, using Boolean phrase *"(program OR intervention OR service) AND (Obesity OR overweight OR body weight ) AND ( Aboriginal OR Torres Strait OR Indigenous OR First Nation )"* search returned 155 results (n=155).

A database search was carried out in **CINAHL**, using Boolean phrase *"(program OR intervention OR service) AND ( Obesity OR overweight OR body weight ) AND ( Aboriginal OR Torres Strait OR Indigenous OR First Nation )"* search returned 32 results (n=32).

The Project Steering Committee provided key literature for the literature review, completed and circulated to the Project Steering Committee for review by the 18 March, 2015.

A search of literature was undertaken and it became evident early that there are no management programs, similar to PEACH™, that are specifically for Aboriginal and Torres Strait Islander children, that have previously operated or are currently operating in Queensland.

A search of grey and peer review literature returned 36 programs focusing on healthy weight offered in Australia. Twenty-three programs had an Indigenous focus, five programs had a mainstream focus with Indigenous content and eight had a mainstream only focus. The majority of effort is going towards primary prevention initiatives, promoting either/or healthy eating, exercising, disease prevention, preparing healthy meals and growing vegetables.

Notices were also posted on the Dietitians Association of Australia (DAA) Community and Public Health, Indigenous and Child Health special interest list serves.

### **3.2 Consider adaption and review processes for “mainstream” health (children’s nutrition and activity) programs to Indigenous contexts, including examples of programs considered successfully adapted in Queensland, Australia, America, New Zealand and Canada.**

There was a lack of evidence for children’s obesity programs that had been adapted to better suit Indigenous children, although the literature review does provide discussions of the key concepts for making mainstream programs more culturally sensitive and processes for the design, implementation and evaluation of programs.

Cultural adaptations of mainstream programs, that have been designed with Indigenous communities and implemented by them, may have similar weight loss outcomes, but may have higher rates of recruitment and retention of Indigenous people. (Kumpfer et al., 2002)

### **3.3 Project steering committee to provide feedback on draft literature review**

A Workshop 1 in Brisbane committee members provided useful references relating to overweight and obesity among Aboriginal and Torres Strait Islander people including, Indigenous specific program resources, healthy lifestyle program evaluations, current program information, policies and strategies. Some of these references have been incorporated into the review.

### **3.4 Project Steering Committee to endorse final version.**

The draft literature review was discussed at Workshop 1 and committee members given the opportunity to provide comments on the review.

The literature review could benefit from some more work linking themes from consultations with the steering committee and families, prior to final endorsement. See **Appendix A**.

## **4. Consultation and Engagement**

### **4.1 Undertake consultations with Aboriginal and Torres Strait Islander health services, health professionals, researchers for the development of appropriate program, content, workforce, delivery, monitoring, evaluation and sustainability. Engage Community Facilitators to assist with consultations with local health workers and families and ‘yarning circles’ in urban, regional and remote communities.**

Consultations were undertaken with Project Steering Committee members at two face-to-face workshops.

Workshop 1 aimed to consult the committee on the development of an appropriate program and engagement strategies.

We discussed consulting Indigenous health workers and families, getting input from ‘the community’ through yarning individually or in groups. It was suggested that local community facilitators could be engaged to undertake consultations with support from the PEACH Indigenous Project Officer. The committee identified 3-4 case studies in the Torres Strait, Cape, Western Queensland and Brisbane.

This would be an exercise in 'engaged consultation' and we would not need to submit an ethics application to undertake 'consultations' with health workers and Indigenous families.

Following the workshop, members provided advice on the engagement process for each of their organisations. After attempting to gain approval for further consultations, we found that it 'consultation' was really considered to be 'research' and we would need complete a full National Ethics Application Form and have it approved by QUT Human Ethics, this was beyond the project timeline and could not be achieved. The following summarises the position of each organisation represented on the Project Steering Committee, at the time of writing this report:

#### Torres and Cape HHS

- Briefing notes were emailed to Executive Management Team and to the HHS Board on 8th April. Advice was received on 1 May, TCHHS Human Research Ethics Committee would need to review access to their staff and their facilities and evidence of a full NEAF would be required. Natalie Orero (Senior Nutritionist, Thursday Island) participated in PEACH Facilitator Training on 28-29 June.
- There is interest in participating in a trial of current PEACH program; this will be explored further in the next reporting period (Aug-Dec). If a trial is approved, it will take place in Term 1, 2016.

#### Apunipima Cape York Health Council

- A briefing note to undertake 'engaged consultation' was submitted to the Research Governance Committee and Senior Management Team.
- The brief was tabled on 4th May.
- A response was received on 8th May, stating the Apunipima Research committee did not see value in undertaking further consultation with Cape York communities, as it had already been determined that the current PEACH Program was not a good fit for Aboriginal and Torres Strait Islander settings.
- Apunipima would like to collaborate, should funding be identified to develop a more culturally relevant program with a focus on children as the 'agents of change' as opposed to parents, Apunipima would be supportive of further Cape York consultation at this stage

#### Wuchopperen Health Service

- A briefing note was sent to Patimah Burke (Manger of Clinical Service) and Debra Malthouse (CEO). A response was received on the 23rd April, stating that the further participation of Wuchopperen staff in this project was supported by the CEO.
- There is interest in participating in a trial of current PEACH program; this will be explored further in the next reporting period (Aug-Dec). If a trial is approved, it will take place in Term 1, 2016.

### Institute for Urban Indigenous Health

An email was sent to IUIH Steering Committee member on 21st April, asking for advice on the best way to engage with IUIH and their staff. A meeting between PEACH and IUIH was not able to be scheduled to discuss a way forward due to competing demands. Alison Nelson (Director Allied health and Workforce development), indicated in earlier meetings that IUIH would support a program that has a holistic and interprofessional collaboration, that can be branded to build on their current work with 'Deadly Choices'.

### Inala Centre of Excellence

Committee members advised that we would need to present to the Inala Elders Jury and get a letter of support to then support our ethics application. It was recommended if the activity was considered 'engaged consultation' then we could make direct contact with Inala Wangarra and an Elders Group and steering committee members were happy to help with introductions. The PEACH program is currently being delivered privately at Durack State School.

#### **4.2 Consult with Aboriginal and Torres Strait Islander families (parents) that have completed the program and about their experiences.**

Flinders University Evaluation Team provided identified data on all Aboriginal and Torres Strait Islander participants of the PEACH Program since it began in Queensland in 2013. On completion of the consultations, all identifiable data was destroyed by the Indigenous Project Officer. In the interest of time, ethical clearance was not sought.

Indigenous families were invited to complete an interview with the Indigenous Project Officer over the phone, or if they were located in Brisbane, in person. Only families that had consented to be contacted by the PEACH team after completion of the program were contacted. A letter was sent in the mail and followed by a telephone call. The response was very low, the Indigenous Project Officer made further attempts to recruit participant via email and text message. Participation was incentivized with a Coles or Woolworths gift voucher (valued at \$50) on completion of the interview.

Telephone interviews were conducted with ten (10) of the twelve (12) Indigenous families that have already participated in the PEACH™ program since its commencement in 2013. Interviews were conducted in a 'yarning' format, with a list of open questions, consistent with a qualitative research process. The duration of individual interviews ranged from 30-60 minutes. During each interview the Indigenous Project Officer typed responses directly into a word document, some direct quotes were also noted. See Cairns Report **Appendix C**.

Interview questions were based on key issues identified in Workshop 1 by Project Steering Committee members, held in Brisbane on 24th March 2015. The parents were asked questions around marketing, engagement, program resources, session content, workforce and evaluation. Please see **Appendix D** for the Interview Schedule.

The generalisability of results to Aboriginal and Torres Strait Islander people more broadly is limited due to:

- Small sample size (10 participants),
- Indigenous Research Project Officer acted as interviewer and interviews were not recorded,
- All participants were from regional or urban areas (Townsville, Sunshine Coast, Rockhampton and Brisbane),
- And, a full set of evaluation data from Flinders University Evaluation Team was not available.

Overall, the majority of parents interviewed had a positive experience with the current PEACH. They attended on average 4.5 sessions, close to the average attendance rates of families overall (5 sessions). With minor modification to make the program more culturally appropriate, the program may be more suitable to families in urban and regional areas. This could include the addition of supplementary materials that have been designed in consultation with Indigenous Health Services and communities, addition of practical activities, culturally appropriate evaluation tools and an Indigenous 'liaison' Officer on the PEACH team to assist with recruitment and retention.

There is still a need for further work towards the development of a 'new program' that is designed in partnership Indigenous health services and families. Modifying mainstream programs may not be the most suitable approach and strong relationships with Aboriginal organisations and communities and their involvement in the initial planning stages through to project evaluation is crucial to increase engagement, local ownership, accessibility and acceptability of programs. (Wilson et al. 2012)

#### **4.3 Hold a workshop with Project Steering Committee, to undertake a review of the current PEACH program including format, resources, evaluation and training of the workforce.**

A workshop was held with Project Steering Committee members in Brisbane on 23rd March at the Butterfield St offices of Queensland Health. A total of 13 members attended the workshop.

The aim of the Workshop 1 aimed to consult with the committee on the core principles that should inform the program adaption, design and delivery to Aboriginal and Torres Strait Islander families. For the full Workshop report see **Appendix B**.

#### **4.4 Hold a workshop with Project Steering Committee to discuss culturally suitable program including format, resources, evaluation and training of the workforce.**

A workshop was held with Project Steering Committee members in Cairns at the Nintiringanyi Cultural Training Centre. A total of 8 members attended the workshop.

The aim of the Workshop 2 aimed to analyse the outcomes of consultations undertaken throughout the project and provide a set of recommendations for the adaption of the current PEACH Program for Aboriginal and Torres Strait Islander families. See **Appendix C** for the full workshop report.

#### **4.5 Provide key recommendations to key stakeholders on findings / outcomes of consultations**

As a result of the workshop a number of key recommendations for the adaption of the current Parenting, Eating and Child Health Program (PEACH) Program were provided and are included in the Executive Summary and Workshop 2 Report **Appendix C**.

When it was clear full community consultation could not take place within the funding time and finances, a meeting was held with Queensland Health regarding an extension of both of these. This was not supported; instead the project was advised to seek supplementary funding elsewhere. A funding application was prepared and submitted to Queensland Health on 29<sup>th</sup> May and Queensland Department of Education on 2<sup>nd</sup> June, 2015. No response has been received at the time of writing this report.

## **5. Reporting**

#### **5.1 Provide a Final Report with key recommendations as a result of consultations with key stakeholders throughout the project.**

This report will be reviewed by the Project Steering committee for discussion at the final project teleconference on Thursday 30 July.

#### **5.2 Review recommendations with community and key stakeholders for their endorsement.**

Ethical clearance for community involvement could not be achieved with the available time and budget.

The purpose of Workshop 2 was to document a set of recommendations with Steering Committee members for the adaption of PEACH. These recommendations are included in the Cairns Workshop 2 Report **Appendix C** and the executive summary of this report.

#### **5.3 Report findings to PEACH Expert Advisory Committee and Project Advisory Committee.**

A briefing paper was presented to the TRIM KIDS/PEACH Expert Advisory Committee on the 26th May, 2015. The final report will be sent to the committee and tabled at the next PEACH/TRIM Advisory Committee meeting.

#### **5.4 Determine the suitability of a Trial of the across diverse sites, urban, regional, remote (dependent on the outcomes of the consultations), to include case studies of trial sites.**

A trial of PEACH with 2-3 services identified during the project and will take place in Term1, 2016. It is hope to trial the program 'as is' and supplement with additional culturally appropriate resources. It will be important to maintain the current integrity of the program for evaluation purposes, but



trials will offer some valuable lessons adapting the delivery of PEACH to better suit Indigenous families.

#### **5.5 Provide feedback to stakeholders on findings / outcomes and future activities.**

A final report is due to be completed for handover to Professor Lynne Daniels on 11<sup>th</sup> August, 2015. The report will be submitted as an appendix to the TRIM project quarterly report to Queensland Health.

## Appendices

**Appendix A: Literature Review**

**Appendix B: Workshop 1 Report**

**Appendix C: Workshop 2 Report**

**Appendix D: Interview Schedule – Family Consultations**

## Appendix A: Literature Review

### Literature Review

A review on nutrition and activity programs for the management of pediatric overweight and obesity in Aboriginal and Torres Strait Islander Children (5-11years) and processes for adaptation of mainstream programs to Indigenous communities.

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18 MARCH 2015



## **1. Background**

In 2013 the School of Exercise and Nutrition Sciences, QUT were funded by the Queensland Government to deliver the PEACH (Parenting, Eating and Activity for Child Health) to 1400 families across Queensland. PEACH is a parent focused healthy lifestyle program for families of children 5-11 years who are above the healthy weight range for their age (PEACH<sup>TM</sup> Program, 2014). PEACH was first developed by Associate Professor Anthea Magarey and Professor Lynne Daniels, at Flinders University. It has a strong evidence base including a randomised controlled trial which demonstrated its effectiveness not only at the end of the program but also two years after the program with no further intervention. (Golley et al., 2007) The program is consistent with the NHMRC Clinical Practice Guidelines for the Management of Overweight and Obesity and is one of the few Australian studies which informed their most recent revision (Golley et al., 2007) Despite this, the program has not previously been critiqued with regards to its applicability and acceptability to Aboriginal and Torres Strait Islander families.

The purpose of this literature review was to:

- Describe the prevalence of childhood overweight and obesity and related behaviours among Indigenous Australians.
- Investigate previous and existing nutrition and activity programs for the management of paediatric overweight and obesity in Indigenous Australians in Queensland, Australia, America, New Zealand and Canada.
- Consider adaption and review processes for “mainstream” health (children’s nutrition and activity) programs to Indigenous contexts, including examples of programs considered successfully adapted in Queensland, Australia, America, New Zealand and Canada.

## **2. Terminology**

The terms “Indigenous” is used throughout the review to refer to Aboriginal and Torres Strait Islander people, but it must be acknowledged that Aboriginal and Torres Strait Islander communities are diverse, and thus, caution needs to be exercised when making generalizations about Aboriginal and Torres Strait Islander communities. This review may include generalisations only because of the scope and inability to define individual clans or communities in depth.

## **3. Search Strategy**

A draft literature review outline was first circulated to the Project Steering Committee for review, to draw on the experience of members; this included the contribution of relevant references for the review by committee members. The Indigenous Research / Project Officer then undertook the review of both peer reviewed and grey literature.

### **a. Grey literature search**

Acknowledging the limited activity in this area, an initial internet search was conducted using the Google search engine. The search used various combinations of the following key words and phrases Australia; Obesity; Aboriginal and Torres Strait Islander; overweight; Indigenous; First nation; Maori; American Indian; Native American; child; children; cultural adaption. Back referencing

was also undertaken on references to interventions in literature review search results. Key Australian Indigenous Health websites were also reviewed e.g. Australian Indigenous Health/InfoNet

- **Inclusions**

Database searches were filtered by: publication dates 1990-2015, age group 6-12 years and full text availability. No further limitations were set.

- **Exclusions**

Exclusions were made on programs targeting children outside of 5-12years age range and Indigenous adults. Lifestyle interventions consist of various combinations of nutrition modification, physical activity and counselling. There has been reliance on websites for identification of interventions; some initiatives without a strong web presence may have been excluded by this search.

#### **b. Peer reviewed literature search**

Three databases including CINAHL, Medline and PubMed, and Science Direct were searched and inclusion/exclusion filters were applied to each search.

A database search was carried out in **PubMed**, using Boolean phrase *“(program OR intervention OR service) AND (Obesity OR overweight OR body weight ) AND ( Aboriginal OR Torres Strait OR Indigenous OR First Nation )”* search returned 190 results (n=190).

A database search was carried out in **Medline**, using Boolean phrase *“(program OR intervention OR service) AND ( Obesity OR overweight OR body weight ) AND ( Aboriginal OR Torres Strait OR Indigenous OR First Nation )”* search returned 155 results (n=155).

A database search was carried out in **CINAHL**, using Boolean phrase *“(program OR intervention OR service) AND ( Obesity OR overweight OR body weight ) AND ( Aboriginal OR Torres Strait OR Indigenous OR First Nation )”* search returned 32 results (n=32).

## **4. Findings**

### **a. Prevalence of overweight and obesity in Indigenous children (aged 5-11years)**

The World Health Organisation (2014) estimated that in 2008 1.4 billion adults were overweight and more than half a billion people were obese. In 2013, 42 million pre-school aged children were reported as overweight or obese globally. Overweight and obese children are more likely to stay obese into adulthood and more likely to develop cardiovascular diseases, diabetes, musculoskeletal disorders and some cancers at a younger age. (World Health Organisation, 2014)

In Australia, overweight and obesity has been steadily increasing for the past 30 years. The 2011/12 Australian Health Survey reported that 62.8% of Australians aged 18 years and over were overweight or obese. In 2011/12, it was estimated that 25.7% of Australian children aged 5-17 years were overweight or obese.(Australian Bureau of Statistics, 2011-12)

The Australian Aboriginal and Torres Strait Islander Health Survey reported that in 2012-13, almost one-third (29.7%) of Aboriginal and Torres Strait Islander children aged 2-14 years old were overweight or obese according to the BMI (Body Mass Index). Aboriginal and Torres Strait Islander females in the 45-64 age group had higher obesity rates than males (50% compared with 35%). (Australian Bureau of Statistics, 2012-13) Overweight and obesity is a growing concern in Aboriginal and Torres Strait Islander communities, and presents greater risk for the development of chronic diseases such as heart disease and Type 2 diabetes. (Lee and Minniecon, 2014) There is an urgent need for further research on effective obesity interventions for Indigenous children. (Laws et al., 2014)

#### **b. Aboriginal and Torres Strait Islander childhood overweight and obesity interventions in Australia**

The Australian Indigenous HealthInfoNet is an internet resource that provides up to date research and Indigenous health information readily accessible. HealthInfoNet listed 36 programs and projects that address overweight and obesity amongst Aboriginal and Torres Strait Islander peoples. (Edith Cowan University, 2015) These programs are not specific to the management of overweight or obesity in Indigenous children aged 5-11 years and were mostly preventative interventions based on promoting good nutrition, increasing physical activity, growing vegetables, cooking classes, budgeting, food safety, reading labels and practical health resources (fact sheets, posters, cookbooks). Programs were delivered in and by schools or in the community. In order to find some commonalities, this review will include programs targeted at Indigenous men and women.

It was difficult to ascertain if many of the programs were still active, links to program website were no longer available in some cases. Based on information provided on HealthInfoNet, in Queensland 5 out of 6 programs or projects had an Indigenous focus. The programs include:

##### **The Healthy Weight Program**

Adapted from the Queensland Health *Lighten Up* Program, *The Healthy Weight Program* was a community-based weight and waist management and healthy lifestyle program, targeting Aboriginal and Torres Strait Islander men and women, in urban, rural and remote communities. The program was developed by the Tropical Public Health Unit nutrition teams in Cairns and Townsville and ran from June 2004 to June 2005. The program targeted incidences of diabetes and other lifestyles diseases amongst Indigenous adults in North Queensland and was mostly delivered by Aboriginal Health Workers. (Dunn and Dewis, 2001)

An evaluation was undertaken by program staff aimed at evaluating the program and developing strategies at the local level to support the program. It found that most facilitators did not work specifically in nutrition, and were more generalist health workers and they reported that they hoped the facilitator training would increase their nutrition knowledge. Facilitators reported that program resources were useful in other roles including, diabetes sessions, school education sessions and individual counselling sessions. Barriers identified by facilitators included a lack of, preparation time, participant motivation, transport and staff. In addition, time spent waiting for participants to arrive and working out of hours. The program was to be adapted to allow workshops to be delivered in any order, program run over a shorter time and three new workshops added including Raising

Diabetes Awareness, Behaviour Change and Self-Esteem. (Dunn and Dewis, 2001) No updated information could be found about the status of this program.

#### **Living Strong Program**

Formerly, the *Healthy Weight Program*, *The Living Strong* program is designed specifically for Aboriginal and Torres Strait Islander adults. The program included optional health screenings and 12 workshops that could be combined in a variety of ways to suit communities. The program was delivered by Aboriginal and Torres Strait Islander Health workers, staff in community health services and non-government health services. Facilitators complete a five day training course, where they receive a facilitators manual and nutrition resources. The program has ceased operating and no evaluation of the program was found. (Edith Cowan University, 2015)

#### **Indigenous Obesity Program**

The Toowoomba Hospital ran a lifestyle program in 2005, aimed at reducing overweight and obesity amongst local Indigenous communities. A group of woman participated in the program learning about exercise, low-fat cooking and diabetes. A search for more literature returned nil results, the program has ceased operating. (Edith Cowan University, 2015)

#### **Move**

*Move* is a physical health promotion project and airs a series of segments that promote physical activity and associate health topics on Brisbane National Indigenous Radio Service FM 98.9. Messages were aimed at Aboriginal and Torres Strait Islander listeners in south-east Queensland, funded by the Australian Government, Department of Ageing. (Edith Cowan University, 2015) No additional information could be found.

#### **Smarter Serve: good food for our community**

*Smarter Serve* refers to a set of guidelines developed by The Local Government Association of Queensland in collaboration with the Heart Foundation, providing a set of guidelines for ordering catering for corporate events. The guidelines and resources are specifically for Aboriginal and Torres Strait Islander councils and their employees. (Edith Cowan University, 2015)

In addition, these programs were found to have an Indigenous focus and were also offered in Queensland:

#### **Healthy Jarjums make Healthy Food Choices**

This is curriculum based nutrition, food hygiene and cross cultural resource, developed, implemented and evaluated in southern Queensland. The program is flexible to the learning styles of Aboriginal and Torres Strait Islander children, including delivery and resources. It is delivered by teachers and health workers to Indigenous and non-Indigenous children, pre-school to Grade P-3. (2001) No additional information could be found.

#### **Need for Feed**

*Need for feed* is a cooking program for high schools students in years 7 to 10 in public or private schools. It is a practical cooking program where students learning about healthy foods. It is run out

of school hours, by a qualified teacher, school nurse or health professional. (Diabetes Queensland, 2015) This program is still active.

### **Deadly Choices**

*Deadly Choices* is a campaign aimed at Aboriginal and Torres Strait Islander people to make healthy choices for themselves and their families. The program, initiated by the Institute for Urban Indigenous Health (IUIH), focuses on quitting smoking, physical activity and nutrition. (Institute for Urban Indigenous Health, 2015)

The results from an evaluation study indicated that comprehensive school-based programs, that include chronic disease prevention, undertake health checks, promote leadership and engage students in physical activity; have the potential to improve health knowledge of young people. In addition, it is essential that health promotion initiative aimed at Indigenous young people ‘...*utilise a strengths-based approach and consider the wider contexts and environments which may prevent the uptake of health promoting behaviours.*’ (Malseed et al., 2014) This program is still active.

### **Good Start Program**

*The Good Start Program* was developed in response to the health needs identified by Maori and Pacific Islander communities in Queensland. The program focuses on helping children and families to build their skills and knowledge about healthy eating, physical activity and healthy lifestyles. There is a team of Multicultural Health Workers of seven target communities; Maori, Samoan, Fiji, Fiji Indian, Tongan, PNG and Cook Islands. Health workers can deliver all or some of the sessions, depending on what the participants are interested in. Physical activity and nutrition sessions are specific to Pacific Islander and Maori children. (Queensland Government, 2015)

### **MEND**

The *MEND* program was designed and developed in the United Kingdom and has been modified to comply with Australian policies and guidelines. MEND is part of The Better Health Company who work with a diverse range of partners and stakeholders from children and families through to State and Federal Government, to enable effective programs, training and resources to be implemented in local communities.

### **Go4Fun**

*Go4Fun* is a ten week healthy lifestyle program for children (aged 7 to 13 years), run by qualified health professionals. Sessions are 2 hours long and held after school, once a week running parallel with school terms. The program aims to improve the health of the child through the development of healthy lifestyle behaviours, as well as educating and positively effecting kids’ attitude to food and exercise. *Go4Fun* is funded by the NSW Ministry of Health under the NSW Healthy Children Initiative.

## **c. Indigenous childhood overweight and obesity interventions outside Australia and cultural adaptations**



The following will consider principles for the culturally sensitive adaptation of “mainstream” general health (not specifically weight loss) programs to Indigenous contexts; including literature from United States of America, New Zealand and Canada. There was no information available on mainstream overweight and obesity program adaptations to better suit Indigenous children, the literature available focused on adults or whole of family interventions. Within the literature, there is some guidance pertaining to key strategies for making mainstream programs more culturally sensitive and processes for the design, implementation and evaluation of programs. It seems that little is known about the effectiveness of culturally adapted children’s interventions.

### ***United States of America***

Most prevention programs are developed for popular American youth culture, which is heavily influenced by White, middle class values. (Kumpfer et al., 2002) Any earlier attempts to revise prevention programs involved hiring ethnically matched staff and modifying graphical material to show ethnically similar families. Kumpfer et.al (2002) suggests, developing culturally-specific family programs that acknowledge deep cultural values and practices. Traditional ethnic families prefer family targeted interventions because of the emphasis on interconnection and reciprocity, as opposed to individual change approaches. A study was undertaken on the effectiveness of culturally specific versions in comparison to the generic version of a mainstream ‘strengthening families’ program, including African American, Asian/Pacific Islander, Hispanic and American Indian versions. They concluded that cultural adaptations improved recruitment and retention numbers, but only slightly improve on outcomes. The authors recommended that in order to improve on program design, ethnic communities and organisations should be approached to collaborate with researchers in program design, modifications, recruitment techniques, implementation, evaluation and interpretation of results. (Kumpfer et al., 2002)

In the 2014 Global Nutrition Report, Requejo and Gittelsohn (2014), attribute limited access to supermarkets and a reliance on fast foods from gas-station stores and limited access to opportunities, for the growing prevalence of obesity in American Indian communities. They recommend in developing interventions a careful balance is required, between standardized and tailored programs that meet the cultural, economic and environmental settings for each tribal group. To be sustainable, interventions need to be multi-faceted; culturally sensitive, grounded in cultural traditions, developed with full participation of American Indian communities. (Requejo and Gittelsohn, 2014) (Story et al., 1999)

Adams, Harvey and Brown (2008) undertook research with three American Indian (AI) communities, to gain an understanding of parental perceptions regarding food and activity and their relationship to children’s health to develop a model for a culturally appropriate obesity prevention program for families with children aged 5-8 years old. A significant finding was that parents were more concerned with the immediate safety of their children, limiting outdoor play in attempt to keep children inside and safe, where parents are lenient on activity and poor food choices. AI participants had a different view of what “healthy” meant and were more concerned with their child’s emotional well-being, more than their physical weight. Each community had been delivering multiple health promotion and intervention programs including diabetes prevention, community gardens, cooking classes and many others, but they all agreed that for many families in these communities “survival” is

a priority and the focus is on “just living for now”. Therefore, the very premise of obesity programs will need to be adjusted to account for these ways of thinking and parenting. (Adams et al., 2008)

### **Canada**

The rates of overweight and obesity among Native Americans are higher than the rates of overweight and obesity in the non-Native American population. Schell and Gallo (2012) identify factors contributing to childhood obesity including, higher maternal weights, transitional from traditional food diet to store bought food diet, a lack of cultural identity and sovereignty, exposure to obesogenic pollutants and to some degree, poverty. (Schell and Gallo, 2012) There has been a rapid increase in overweight and obesity in Native American communities over the last 20 years. Schell and Gallo (2012) suggest that long-term interventions are required to address the high prevalence of overweight and obesity, resulting in poor health amongst American Indian Groups. Any interventions must be consistent with cultural values, be accepted by tribal leaders and supported by community health providers.

Ronsley et al. (2013) conducted a pilot evaluation of a culturally appropriate adaption of Healthy Buddies™ a previously evaluated whole-school health promotion program. In partnership with 3 Aboriginal communities, researchers consulted community members about how the program could be more effective, sustainable and culturally appropriate, creating a new version called ‘Healthy Buddies™ – First Nations’. Before its implementation, each community had the opportunity to review the program and focus groups in each community were held to help tailor the program for cultural and environmental appropriateness. Lesson content and visual aids were changed to resemble Aboriginal children, as well as food and activities. (Ronsley et al., 2013)

The modified program targeted at North American Aboriginal school (K-12) children, living in remote communities only accessible by boat or float plane. Older “buddies” were assigned to younger children, teachers taught the older children health eating concepts, then the older children taught the younger children what they had learnt. (Ronsley et al., 2013)

The program showed a significant lowering in BMI and waist circumference. Ronsley et al (2013) identify program strength to include the “buddy” system which promotes social responsibility through student relationships which helps improve self-esteem. The buddy system was also considered to be important for remote communities, building social cohesiveness increasing strength of remote communities. In addition, cultural modifications made prior to the programs implementation.

### **New Zealand**

A 2012/13 New Zealand Health Survey found that 19% of Maori children were obese and children living in the most deprived area were more likely to be obese. (Ministry of Health, 2013)

Maddison et.al (2011) undertook a community based trial targeting sedentary behaviour with 260 Maori (Indigenous), Pacific and non-Maori/non-Pacific children aged 9-12 years old and their primary caregivers. The randomized, controlled trial evaluated the effectiveness of a family-based

intervention to decrease screen-based sedentary behaviour and improve physical condition in New Zealand families. The family-based approach was chosen due to the influence parents have out of school hours. (Maddison et al., 2011) Participants were recruited via community contacts, primary healthcare organisations, churches, schools, word of mouth and local advertisements. One caregiver was recruited and was provided with education and training to reduce sedentary behaviours. Participants were provided with a study pack and consent forms, received a screening phone call and undertook a baseline assessment at their home. Caregivers were trained by culturally appropriate research assistants during a one-on-one face-to-face meeting at their home. Based on an American program, the content for the intervention was adapted for the New Zealand sociocultural context and included praise, positive reinforcement, environmental control, budgeting and self-monitoring, positive role modelling and alternative activities. (Maddison et al., 2011) Maori-specific board games and instructions for traditional Maori games were offered to participants. Newsletter content, presentation and language were tailored for Maori (Indigenous), Pacific and non-Maori/non-Pacific groups. Post-trial interviews involved a semi-structured interview with open and closed questions and any additional strategies used by parents. (Maddison et al., 2014) The study concluded that the home-based intervention to reduce screen time had no significant effect on screen-time or BMI in overweight and obesity in children aged 9-12 years. Maddison et al. (2011) suggest more intense contact with parents to encourage change in their own behaviour, as well as increased education with children may have yielded better results.

#### **Adaptation of nutrition programs in Australia**

Wilson et.al (2012) from Flinders University considered how effective a mainstream Community-Based Obesity Prevention Intervention (CBOPI) called 'Eat Well Be Active (EWBA) was in reaching Aboriginal people in two South Australian communities. Interviews were conducted with nine Aboriginal workers that had dealings with the program and seven EWBA project staff (non-specified) and a qualitative data analysis performed on aspects of the program including relationships, approach and project target group, including geographical area. They conclude that modifying mainstream programs may not be the most suitable approach and strong relationships with Aboriginal organisations and communities and their involvement in the initial planning stages through to project evaluation is crucial to increase engagement, local ownership, accessibility and acceptability of programs. (Wilson et al., 2012)

Over a six-year period Rowley et al. (2000) assessed the sustainability and effectiveness of a community-directed program for the prevention of obesity, diabetes and cardiovascular disease in the Aboriginal community Looma, in Western Australia. Community members saw a need for a program and associate a lack of knowledge about diabetes and its prevention, lack of affordable healthy food choices and a lack of infrastructure for physical activities, for an increase in diabetes in adults. Funding was secured to employ a Diabetes Nurse Educator to work with the community to design and implement a suitable healthy lifestyle program and Aboriginal Health Workers were employed to run the program. (Rowley et al. 2000) The program included formal and informal education sessions, regular physical activity groups, nutrition education, cooking classes and local store tours. Physical activity sessions included hunting trips, organised sport and walking groups. (Rowley et al. 2000) There is no evidence to suggest the program is still active today, but at the time of publishing the program had been running for six year and Rowley et al. (2000) believe it's longevity to be due to widespread community support, commitment of Aboriginal Health Workers,

community council, local store management and data analysis feedback to community from associated academics.

## 5. Conclusion

A search of literature was undertaken and it became evident early that there are no management programs, similar to PEACH™, that are specifically for Aboriginal and Torres Strait Islander children, that have previously operated or are currently operating in Queensland.

A search of grey and peer review literature returned 36 programs focusing on healthy weight offered in Australia. Twenty-three programs had an Indigenous focus, five programs had a mainstream focus with Indigenous content and eight had a mainstream only focus. The majority of effort is going towards primary prevention initiatives, promoting either/or healthy eating, exercising, disease prevention, preparing healthy meals and growing vegetables.

Beyond Australia, there was also a lack of evidence for children's obesity programs that have been adapted to better suit Indigenous children, although the literature review does provide discussions of the key concepts for making mainstream programs more culturally sensitive and processes for the design, implementation and evaluation of programs.

Cultural adaptations of mainstream programs, that have been designed with Indigenous communities and implemented by them, may have similar weight loss outcomes, but may have higher rates of recruitment and retention of Indigenous people.

## References

- Adams, A., H. Harvey and D. Brown. 2008. "Constructs of Health and Environment Inform Child Obesity Prevention in American Indian Communities." *Obesity Journal* 16 (2): 311-317. <http://onlinelibrary.wiley.com/doi/10.1038/oby.2007.71/pdf>. doi: 10.1038/oby.2007.71.
- Australian Bureau of Statistics. 2011-12. "Australian Health Survey: Updated Results, 2011-2012." Accessed 20 February 2015. <http://www.abs.gov.au/ausstats/abs@.nsf/lookup/33C64022ABB5ECD5CA257B8200179437?opendocument>.
- Australian Bureau of Statistics. 2012-13. "Australian Aboriginal and Torres Strait Islander Health Survey: First Results." Accessed January 7 2014. <http://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/4727.0.55.001Main%20Features%202012-13?opendocument&tabname=Summary&prodno=4727.0.55.001&issue=2012-13&num=&view=#>.
- Diabetes Queensland. 2015. "Need for Feed Program." Accessed 27 February. <http://www.needforfeed.org.au/nff-homepage.aspx>.

- Dunn, S. and E. Dewis. 2001. "Health Weight Program Evaluation, Queensland 1996 - 1999 " *Aboriginal and Islander Health Worker Journal* 25 (4): 2.  
<<http://search.informit.com.au/documentSummary;dn=194658057947581;res=IELHEA>>
- Edith Cowan University. 2015. "Australian Indigenous Health/InfoNet." Accessed 12 January 2015.  
<http://www.healthinfonet.ecu.edu.au/health-risks/overweight-obesity/programs-and-projects>.
- Golley, R., A. Magarey, L. Baur, K. Steinbeck and L. Daniels. 2007. "Twelve-Month Effectiveness of a Parent-led, Family-Focused Weight-Management Program for Prepubertal Children: A Randomized, Controlled Trial." *Pediatrics* 119 (3): 517-525. Accessed 13 January 2015.
- "Healthy Jarjums Make Healthy Food Choices [online]. 2001." *Aboriginal and Islander Health Worker Journal* 25 (5): 1.  
<<http://search.informit.com.au/documentSummary;dn=196502722102142;res=IELFSC>>
- Institute for Urban Indigenous Health. 2015. "About Deadly Choices." Accessed 27 February.  
<http://www.deadlychoices.com.au/about/>.
- Kumpfer, L., R. Alvarado, P. Smith and N. Bellamy. 2002. "Cultural Sensitivity and Adaptation in Family-Based Prevention Interventions." *Prevention Science* 3 (3): 6.
- Laws, R., K. Campbell, P. van der Pligt, G. Russell, K. Ball, J. Lynch, D. Crawford, R. Taylor, D. Askew and E. Denney-Wilson. 2014. "The impact of interventions to prevent obesity or improve obesity related behaviours in children (0–5 years) from socioeconomically disadvantaged and/or indigenous families: a systematic review." *BioMed Central Public Health* 14 (779).  
<http://www.biomedcentral.com/1471-2458/14/779>. doi: 10.1186/1471-2458-14-779.
- Lee , A. and D. Minniecon. 2014. "Healthy start: closing the gap on Indigenous childhood obesity".  
<http://theconversation.com/healthy-start-closing-the-gap-on-indigenous-childhood-obesity-28769>: The Conversation.
- Maddison, R., C. N. Mhurchu, L. Foley, L. Epstein, Y. Jiang, M. Tsai, O. Dewes and I. Heke. 2011. "Screen-time weight-loss intervention targeting children at home (SWITCH): a randomized controlled trial study protocol." *BMC Public Health* 11: 524. doi: 10.1186/1471-2458-11-524.
- Maddison, Ralph, Samantha Marsh, Louise Foley, Leonard Epstein, Timothy Olds, Ofa Dewes, Ihrangi Heke, Karen Carter, Yannan Jiang and Cliona Mhurchu. 2014. "Screen-Time Weight-loss Intervention Targeting Children at Home (SWITCH): a randomized controlled trial." *International Journal of Behavioral Nutrition and Physical Activity* 11 (1): 111.  
<http://www.ijbnpa.org/content/11/1/111>.

- Malseed, C., A. Nelson and R. Ware. 2014. "Evaluation of a School-Based Health Education Program for Urban Indigenous Young People in Australia." *Health* 6: 587-597.  
<http://dx.doi.org/10.4236/health.2014.67077>.
- Ministry of Health. 2013. *New Zealand Health Survey: Annual update of key findings 2012/13*. Wellington: Ministry of Health. <http://www.health.govt.nz/publication/new-zealand-health-survey-annual-update-key-findings-2012-13>.
- Queensland Government. 2015. "Pacific Islander and Maori health programs." Accessed 18 March. [http://www.health.qld.gov.au/multicultural/health\\_workers/pac-island-prog.asp](http://www.health.qld.gov.au/multicultural/health_workers/pac-island-prog.asp).
- Requejo, J. and J. Gittelsohn. 2014. *Panel 4.4 Targeting Minority Groups at Risk in the United States. Global Nutrition Report: Actions and Accountability to Accelerate the World's Progress on Nutrition*. Edited by International Food Policy Research Institute. Washington, DC. doi: DOI: <http://dx.doi.org/10.2499/9780896295643>.
- Ronsley, R. , AS. Lee, B. Kuzeljevic and C. Panagiotopoulos. 2013. "Healthy Buddies™ reduces body mass index Z-Score and waist circumference in Aboriginal children living in remote coastal communities." *Journal of School Health* 83 (9): 8.  
<http://onlinelibrary.wiley.com/doi/10.1111/josh.12072/pdf>.
- Schell, L. and M. Gallo. 2012. "Overweight and Obesity Among North American Indian Infants, Children, and Youth." *American Journal of human Biology* 24 (3): 302-313. Accessed 18 February 2015. <http://onlinelibrary.wiley.com/doi/10.1002/ajhb.22257/pdf>.
- Story, M., M. Evans, R. Fabsitz, T. Clay, B. Holy Rock and B. Broussard. 1999. "The epidemic of obesity in American Indian communities and the need for childhood obesity-prevention programs." *The American Journal of Clinical Nutrition* 69 (4): 747S-754S.  
<http://ajcn.nutrition.org/content/69/4/747S.full>.
- Wilson, A. , M. Jones, J. Kelly and A. Magarey. 2012. "Community-based obesity prevention initiatives in aboriginal communities: The experience of the eat well be active community programs in South Australia. ." *Health* 4 (12): 9.
- World Health Organisation. 2014. "Global Health Observatory (GHO) data: Obesity." Accessed 7 January 2015. [http://www.who.int/gho/ncd/risk\\_factors/obesity\\_text/en/](http://www.who.int/gho/ncd/risk_factors/obesity_text/en/)

# PEACH ABORIGINAL AND TORRES STRAIT ISLANDER ADAPTION



23<sup>rd</sup>  
March,  
2015

## BRISBANE WORKSHOP REPORT

A workshop was held with Project Steering Committee members to discuss guiding principles for the culturally appropriate adaption of a mainstream healthy weight program for Aboriginal and Torres Strait Islander Children aged 5 – 11 years.

# PEACH Aboriginal and Torres Strait Islander Adaption

## BRISBANE WORKSHOP REPORT

### PROJECT STEERING COMMITTEE MEMBERS

Name	Organisation
Dr Helen Vidgen	Project Supervisor   School of Exercise and Nutrition Sciences , Queensland University of Technology
Lisa Binge	Indigenous Research Project Officer   School of Exercise and Nutrition Sciences , Queensland University of Technology
Professor Bronwyn Fredericks	Pro Vice Chancellor  Office of Indigenous Engagement, Central Queensland University
Rachael Ham	Research Coordinator   Apunipima Cape York Health Council
Kirby Murtha	Community Nutritionist Apunipima Cape York Health Council
Jane Miller	Senior Nutritionist   Preventive Health Unit, Queensland Department of Health
Dr Alison Nelson	Director Allied Health and Workforce Development, Institute for Urban Indigenous Health (IUIH)
Deanne Minniecon	Program Leader  Diabetes Queensland, Aboriginal and Torres Strait Islander Health
Annalie Houston	Clinical Dietitian / APD   Southern Qld Centre of Excellence in Aboriginal & Torres Strait Islander Primary Health Care , Metro South Hospital and Health Service
Tanya Saldanha	Advanced Health Worker (Nutrition Promotion)   Southern Qld Centre of Excellence in Aboriginal & Torres Strait Islander Primary Health Care , Metro South Hospital and Health Service
Edna Sambo	Manager Health Program   Torres and Cape Hospital and Health Service - Thursday Island, Queensland Government
Natalie Orero	Senior Nutritionist  Torres and Cape Hospital and Health Service - Thursday Island, Queensland Government
Sue Charlesworth	Dietitian / General Clinic   Wuchopperen Health Service Limited
Dr Chelsea Bond	Senior Lecturer/Academic Advisor   Oodgeroo Unit, Queensland University of Technology
Raymond Nagas	Indigenous Outreach Worker   Medicare Local, Greater Metro South Brisbane



## Summary of Outcomes

A diverse range of health professionals have been engaged to provide recommendations for the cultural modification of the current PEACH™ Program. The group from the Project Steering Committee, this workshop brought the group together for the first, of two, workshops to be held during the project.

During the one-day workshop, members were provided with a brief overview of the PEACH™ Program, a summary of key findings from program evaluations and PEACH™ resources, including a Facilitators folder and parent handbook.

The aim of the Workshop 1 aimed to consult with the committee on the core principles that should inform the program adaptation, design and delivery to Aboriginal and Torres Strait Islander families. The top core values included:

- ❖ Building real relationships
- ❖ Consistency
- ❖ Engaging multiple stakeholders
- ❖ Inclusivity
- ❖ Strength-based approaches
- ❖ Respect
- ❖ Flexibility
- ❖ Holistic approaches

The aim of Workshop 2 was to identify the strengths in programs that have worked well, based on the experience of members.

Common strengths identified included:

- ❖ Culturally appropriate spaces
- ❖ Familiar faces e.g. Indigenous health workers
- ❖ Community champions
- ❖ Culturally contextualised programs and resources
- ❖ Good relationships
- ❖ Consistency
- ❖ Fun and enjoyment content
- ❖ Flexibility in delivery, content and workforce
- ❖ Good marketing (social media, local media)
- ❖ Transport
- ❖ Incentives
- ❖ Adequate funding
- ❖ Culturally appropriate evaluation tools (yarning, incentives, written, online)
- ❖ Using resources from other healthy lifestyle programs e.g. Living Strong, Fred Hollows
- ❖ Participant driven
- ❖ Value add to existing programs

As a result of the workshop, common themes are emerging; these will inform the consultations undertaken in May, with steering committee members, their services and staff.

## **PEACH™ Summary of Key Results from waves 1 and 2**

Helen Vidgen provided a summary of the key learnings from wave 1 and 2:

- Families who complete PEACH appear to be benefiting.
- Retention to the program remains a challenge.
- Efforts are needed to improve participant evaluation responses rates.
- The responsibility for the delivery of obesity management services for Queensland Families is still unclear.
- In small towns, group numbers are small and drop outs high.

### ***Group Discussion:***

- There may be mining town opportunities and accessing families that reside in these towns. There are 'Wellness' programs being introduced in mining belts including wellness check-ups and changes to catering in mining camps.
- Consider opportunities to link PEACH into local events in regional areas, for example, Beef Week. Consider modifying so that PEACH activities can be linked to major events (contextualized), offer morning and afternoon sessions for a week..
- Consider the strengths in communities.

## **Project Summary**

Lisa Binge provided a brief summary of the project up until June 30, 2015:

- Project scope and literature review have been circulated to members ahead of meeting.
- The literature review begins to provide supporting evidence for the adaptation and important lessons from other programs. The review found that there are currently no programs like PEACH being delivered in Queensland. The review also provided some indication that programs designed and delivered in partnership with Indigenous communities in America, had higher recruitment and retention rates than "mainstream" programs.

### ***Group Discussion:***

- Living strong was adapted from a mainstream program and then evaluation and subsequent resources were developed from there in collaboration from both Indigenous and non-Indigenous. The resources developed from this program are still being used by health professionals today, even though the program has ceased. Lisa to find the evaluation report (2005), Jane Miller mentioned she might have a copy.

- There are a lot of great Indigenous specific Resources still circulating from previous programs, these resources can be utilized instead of creating new ones. For example, utilizing these resources in PEACH, because a lot of these resources may be recognizable to Indigenous people.
- Philosophically changes need to be made rather than just images etc.
- When you start with an adaptation rather than a starting from scratch sometimes can be good because you have the beginnings of a conversation rather than expecting people to think conceptually about a change.
- Self-agency needs to be part of the program.... How do you negotiate this?
- Stage 1 should be the consultation engagement stage and Lisa to start preparing ethics application for a trial in Stage 2.

## **Workshop 1 | Guiding Principles & Values**

The aim of the Workshop 1 aimed to consult with the committee on the core principles that should inform the program adaption, design and delivery to Aboriginal and Torres Strait Islander families. Workshop participants were asked to break into pairs and discuss two core values/principles that informed the way they worked with Aboriginal and Torres Strait Islander people/communities and then report back to the group. The following Wordle describes the main themes that came out of this workshop:



### **Group Discussion:**

- Engaging a variety of stakeholders to achieve a multi-sectoral approach to engage community, not just the health sector.

- Integrating programs or aspects of programs, with other health programs and health services.
- Acknowledging Indigenous and non-Indigenous knowledge and practices.
- Using strength-based approaches to program design and delivery.
- Taking time to establish real relationships, grass-roots relationships, at all levels – family, community, other parts of non-health sectors and strategic relationships – alliances, allies – public and private.
- Being flexible in the delivery of programs and services.
- Focusing on “family” and “extended family”.
- Supporting children with high level of independence or may be young carers.
- Acknowledging cultural differences in household responsibilities.
- Acknowledging the roles that older siblings take on, helping younger kids. The reference to the “Buddy System” in Canada is a good example of how older kids can teach younger kids and be role models.
- Communicating well.
- Consulting in culturally appropriate ways.
- Taking a holistic approach.
- Being respectful.
- Acknowledging the importance of culture in your activities.
- Acknowledging your cultural baggage.
- Stopping to listen.
- Being steadfast, solid, consistent, being committed for the long haul.
- Being patient.

## Workshop 2 | What things work well in programs for Aboriginal and Torres Strait Islander families?

The aim of Workshop 2 was to identify the strengths in programs that have worked well, based on the experience of participants. The workshop was facilitated by Deanne Minniecon, participants split into 3 groups and reported back to the group.



**Group 1:**

- Relationship building
  - Safe Spaces
  - Build relationships before undertaking formal activities
  - Take time to build trust / become familiar
- Participant Driven
- Meaningful to client group
- Engagement
  - Fun, activity based
  - Familiar faces and spaces
- Incentives
- Contextualised
  - Marketing and content
  - Local knowledge
  - Local people
  - Community champions
- Facilitation skills
- Culturally appropriate resources
- Consistency
- Keep it simple – don't try to do it all
- Policy direction, strategy and funding
- Family focused
- Creativity
- Workforce / community – capacity building
- Evaluation (formal and informal)

**Group 2:**

- Needs to be contextual
- Flexible in approach (e.g. not too scripted)
- Conversational approach
- Element of fun and enjoyment
- Location + venue, safe space, good facility
- The work itself well supported (e.g. Financially)
- Child agency v's adult agency
- The broader environment (e.g. schools, stores, supply v's access)
- Can't sit in isolation

**Group 3:**

- Food – activities to prepare food, gifts, prizes, cooking a meal together and taking home
- When everyone can come, the message spreads further

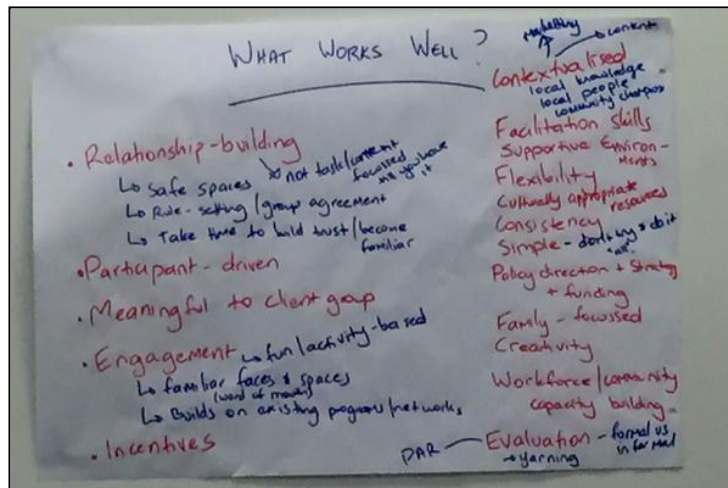
- Providing transport to venue
- For adults -> women and men separate sometimes
- Be positive whenever people attend rather than focus on negative e.g. only came to a few sessions overall
- Helping people to understand and make a connection e.g. why childhood overweight is serious -> not making assumptions
- Presence & involvement of Indigenous health workers
  - Delivery
  - Contact between sessions
  - Relationships
- Role of the health worker
  - Level of confidence to deliver
  - Working in partnership with other health professionals
  - Respecting level of participation, they want and are comfortable with
- Good health promotion/selling the program
  - Social media
  - Local media / newspaper
  - Flyers
  - Adapt to suit target
- Flexible programs
  - Changing times – sometimes week to week
  - Venue change if not suitable
  - Each session being 'self-contained' e.g. if you miss a week it still makes sense, each session is valuable and a different family member may attend each week
- Flexible entry points e.g. rolling program, might take 3 terms to do the programs but you get there in the end!
- Need something for other children / siblings
- Flexible that different parent / family member might attend
- Having family member together
  - Reduce suspicion
  - Some sessions for parents alone
  - Consider literacy levels
- Keep it simple
  - Pictorial resources
  - Food packaging examples
  - Label reading exercise
  - Short formal teaching parts
- Minimising paperwork
  - Living Strong had a lot!
- Using different ways to measure success
  - Too much data collection can see invasive, put people off
  - Qualitative v's quantitative
  - WHO Tool – emotional health
  - Case studies

- Group involvement not just talking
- Having the same facilitators even weeks when there are guest speakers
- Health worker is constant
- Communication both ways
  - Frontline workers and executives, other agencies, sport and rec. officers, area coordinators, NGO's, Govt.
- Recruitment
  - Deliver at established groups
- Keep programs not too long e.g. Living Strong was shortened
- Different models e.g. full day workshop, 2 x ½ day workshop
- Contact between sessions -> different formats
- Policy overarching strategy or plans
- Long term funding
- Commitment from management

### ***Group Discussion:***

- The program needs to be flexible with multiple entry points (rolling program)
- Anyone can attend, could be mum one week, aunty next week etc. and in addition other children that they might be responsible for that day.
- Parent Facilitator qualifications would be contextually dependent. A parent could even support the facilitation during sessions. Facilitation is paid work.
- The influence of peers through a 'buddy' system.
- The risk of opening the program to anyone could mean missing out on the target group all together.
- Look at Family Well-Being program (SA) – qualities of a leader and understanding relationships. That might be a good start for PEACH.
- Needs to be flexible for a health worker to deliver in a household.
- Incentives for participants to complete evaluation (yarning, challenges, highlights) for e.g. Coles card, kitchen pack, pair of tongs, fruit and veg hampers.
- Importance of verbal evaluation vs written.
- Family well-being methods of evaluations.
- Undertaking evaluation and feedback to family as you go, so they can see where changes have been made.
- Alternative evaluation activities e.g. Theatre for change, clicker, mobile phone apps, photography (Karen Adams), social media statistics..
- Measure social and emotional outcomes e.g. Depression Anxiety and Stress Scale (DASS)
- Growth and empowerment measure – strength-based framework
- Scenario based questioning
- See work done by Melissa Haswell-Elkins – University of Queensland?
- See work done by Margaret Anderson-Pitt – cookbook
- Consider perception of weight in Aboriginal and Torres Strait Islander families & cultural norms around weight (i.e. if your skinny you look sick etc.)

- Be guided by health workers and community leaders
- See Food Sense (Indigenous version)





## Appendix 1: Workshop 1 Agenda



### Brisbane Workshop

8.00am – 4.30pm

**Venue:** Ground Floor | Training Room No.1 | 15 Butterfield Street, Herston  
Department of Health | Queensland Government

08.00am	Arrival tea and coffee	
8.30am	Acknowledgement of Country	Lisa
	Introductions	Everyone
8.45am	What is PEACH™ ?	Karen Innes-Walker (PEACH™ Project Manager)
9.15am	Summary of Key Results from Wave 1 and 2	Helen Vidgen (Senior Research Fellow)
9.45am	PEACH™ Adaption Project Summary	Lisa Binge (Indigenous Research Project Officer)
10.30am	Morning tea	
10.50	<ul style="list-style-type: none"> <li><b>Workshop 1</b> Guiding Principles / Values</li> </ul>	Lisa Binge
11.15	<ul style="list-style-type: none"> <li><b>Workshop 2</b> What things work well in programs for Aboriginal and Torres Strait Islander families?</li> </ul>	Deanne Minniecon
12.30pm	Lunch	
1.00pm	Workshop 2 continued.	
3.00pm	Afternoon Tea	
3.15pm	<ul style="list-style-type: none"> <li>❖ Summary – Key Themes</li> <li>❖ Next Steps</li> </ul>	Lisa Binge
	Consultations / Case Studies	
4.30pm	Finish	

## Appendix 2: Workshop 1 Notes

- needs to be contextual
- flexible in its approach (eg not scripted).
- conversational approach
- element of fun and enjoyment
- location + venue, safe space, good facility
- the work itself well supported (eg financially)
- child's agency is adult agency
- the broader environment → eg shoes, schools (supplies access)
- Can't sit in isolation.

- flexible programs
  - changing times - sometimes need to move
  - venue change if not suitable
  - each session being self-contained
    - e.g. if you miss a week it still makes sense
  - each session is valuable
  - different family members may attend each one
  - flexible entry points e.g. rolling program
    - might take 3 terms to do the program
    - but you get there in the end!
- need something for other children / siblings
- flexible that different parent / family member might attend
- having family members together
  - reduce suspicion
  - some sessions for parents alone
  - consider literacy levels

- **FOOD!**
  - activities to prepare food
  - gifts
  - prizes
  - cooking a meal & being able to take home
- When anybody ~~some~~ can come
  - the message spreads further
- Providing transport to venue
- For adults → males and females separately sometimes
- Be positive whenever people attend rather than focus on the negative e.g. only came to a few sessions overall
- Helping people to understand & make the connection e.g. why childhood overweight is serious → not making assumptions

- keep it simple
    - pictorial resources
    - food packaging
    - exercises / label reading
    - ~~write~~ short formal teaching points
  - minimising paperwork
    - Living Strong had a lot!
  - using different ways to measure success
    - too much data collection can be seen as invasive; put people off
    - qualitative vs quantitative
    - WHO Tool - emotional health
    - case studies
  - group involvement not just talking
  - having the same facilitator even weeks when there are guest speakers
    - health worker is the constant
- Develop a new version  
Trial a new version

- communication both ways
    - front line workers and executives
    - other agencies
    - Sport & rec. officers
    - area coordinators
    - NGOs
    - govt.
  - recruitment
    - deliver at established groups
  - keep programs not too long
    - e.g. Living Strong was shortened
  - different models
    - e.g. a full day workshop
    - 2 x 1/2 day workshop
  - contact between sessions → different formats
- June → Aug 2015  
Commencing Sept 2015
- This would all be part of the original contract from consultation

- presence & involvement of Indigenous health workers
- delivery
  - contact between sessions
  - relationships
- role of the health worker
- level of confidence to deliver
  - working in partnership with other health professionals
  - respecting level of participation they want and are comfortable with
- good health promotion / selling the program
- social media
  - local media / newspaper
  - flyers
  - adapt to suit the target

# PEACH ABORIGINAL AND TORRES STRAIT ISLANDER ADAPTION PROJECT

15<sup>th</sup> June, 2015

CAIRNS WORKSHOP REPORT

## FINAL WORKSHOP



## CAIRNS WORKSHOP REPORT

### PROJECT STEERING COMMITTEE MEMBERS

Name	Organisation
Dr Helen Vidgen	Project Supervisor   School of Exercise and Nutrition Sciences , Queensland University of Technology
Lisa Binge	Indigenous Research Project Officer   School of Exercise and Nutrition Sciences , Queensland University of Technology
Professor Bronwyn Fredericks	Pro Vice Chancellor  Office of Indigenous Engagement, Central Queensland University
Rachael Ham	Research Coordinator   Apunipima Cape York Health Council
Kirby Murtha	Community Nutritionist Apunipima Cape York Health Council
Jane Miller	Senior Nutritionist   Preventive Health Unit, Queensland Department of Health
Dr Alison Nelson	Director Allied Health and Workforce Development, Institute for Urban Indigenous Health (IUIH)
Deanne Minniecon	Program Leader  Diabetes Queensland, Aboriginal and Torres Strait Islander Health
Annalie Houston	Clinical Dietitian / APD   Southern Qld Centre of Excellence in Aboriginal & Torres Strait Islander Primary Health Care , Metro South Hospital and Health Service
Tanya Saldanha	Advanced Health Worker (Nutrition Promotion)   Southern Qld Centre of Excellence in Aboriginal & Torres Strait Islander Primary Health Care , Metro South Hospital and Health Service
Edna Sambo	Manager Health Program   Torres and Cape Hospital and Health Service - Thursday Island, Queensland Government
Natalie Orero	Senior Nutritionist  Torres and Cape Hospital and Health Service - Thursday Island, Queensland Government
Sue Charlesworth	Dietitian / General Clinic   Wuchopperen Health Service Limited
Dr Chelsea Bond	Senior Lecturer/Academic Advisor  Oodgeroo Unit, Queensland University of Technology

## Summary of Outcomes

Consultations with parents suggest that the current PEACH format may be suitable for families in urban areas, although some minor modifications to marketing, resources, sessions and workforce may increase participation of Indigenous families.

Recommendations provided at the workshop will be included in the final report for this project. The workshop provided an opportunity to analyse the parent consultations and compare to the themes that had come out of the Brisbane Steering Committee Workshop on 23<sup>rd</sup> March, 2015.

The steering committee recommendations for working with Aboriginal and Torres Strait Islander families included:

- Providing a flexible and safe physical and social environments;
- Supplementing current PEACH resources with video's and resources developed by Aboriginal and Torres Strait Islander organisations;
- Engaging Health Services and Health Workers in marketing activities;
- Accessing a workforce with experience in the management of overweight and obesity in Indigenous children;
- Providing templates adaptable to local context;
- Maintaining program flexibility to reach and retain families;
- And, using simplified evaluation tools that generate the most useful information.

## Aim of the Workshop

The aim of this final workshop was for Project Steering Committee members to analyse the outcomes of consultations undertaken throughout the project.

The PEACH Indigenous Research Project Officer reported findings back to the Project Steering Committee to evaluate the significance of the findings consistent with an Action Research process '*...a process of doing, reflecting on action, drawing conclusions and then reflecting again on the process.*' (Chilisa, 2012)

As a result of the workshop a number of recommendations for the adaption of the current Parenting, Eating and Child Health Program (PEACH) Program were provided and final endorsement will be sought from members not attendance prior to 15<sup>th</sup> July.

A final report including these recommendations will be endorsed by the Project Steering Committee and provided to PEACH key stakeholders; Queensland University of Technology and Queensland Government Department of Health.

## Consultations with Aboriginal and Torres Strait Islander families

Telephone interviews were conducted with ten (10) of the twelve (12) Indigenous families that have already participated in the PEACH program since its commencement in 2013. Interviews were conducted by the Indigenous Research Project Officer in a yarning format, with a list of open questions, consistent with a qualitative research process. The duration of individual interviews ranged from 30-60 minutes and each participant received a \$50 Coles or Woolworths gift voucher.

The limitations associated with consultations including:

- Small sample size (10 participants),
- Indigenous Research Project Officer acted as interviewer and transcriber,
- Participants attended sites in regional or urban areas (Townsville, Sunshine Coast, Rockhampton, Brisbane)
- In interpreting the results we need to be careful not to make broad generalisations about the greater Aboriginal and Torres Strait Islander population,
- Pending additional evaluation data from Flinders University Evaluation Team,

Families interviewed attended PEACH sessions in Townsville, Rockhampton, Sunshine Coast and Brisbane. Attendance records showed similar levels of attendance for Indigenous participants, compared to non-Indigenous participants, with average attendance of 4.5 sessions out of 10.

The following is the most significant findings from consultations:

### THEME: Delivery

#### Question 1: Do you prefer working as part of a group or individually?

- Parents would prefer being in a group (60%),
- Would prefer one on one with a facilitator and their family (20%)

#### General comments:

*"I liked working in groups cause everyone shared stories and gave advice."*

*The group was good because we could discuss things, swap recipes and get feedback straight away."*

*"I was the only Indigenous person in the group, at times it was hard to relate with others."*

*"I would prefer kids stayed together with mum and do sessions together."*

*"I would prefer individual support to talk about meal plans to adapt what's already being eaten."*

#### Question 2: How did you find the parent sessions?

#### General comments:

*"I found the sessions unreal, really informative."*

*"It felt like there was a lot of information, couldn't remember everything. Didn't have*

*time for it to sink in.”*

*“Not very practical, implementing at home was difficult.”*

*“Good to know there are other parents in the same boat; parents had worse problems than me.”*

*“The sessions made me feel accountable and helped to motivate me to implement stuff at home.”*

*“Felt more empowered not to budge on dinners and asking the kids to try new things.”*

### **Question 3: Did your child enjoy the child sessions? What did they enjoy the most?**

- Parents said their child seemed to enjoy the physical activity e.g. playing games, running around, the most. (40%),

#### **General comments:**

*“They enjoyed it, the kids are more likely to implement because they learnt it themselves. They were more motivated, they wanted to implement it themselves because someone beside their mother telling them. They encouraged each other to eat healthier and play more outside.”*

*“Kids got a bit bored with activities; kids need to be put into age groups to do different activities, or groups of ability.”*

*“[Child] enjoyed activities. [Child] is normally shy, but after meeting the other kids [child] was ok.”*

*“They like running around and talk more about what’s healthy and what’s not.”*

*“They liked the games and played the games they learnt at home, but after a while lost interest and stopped playing them.”*

## **THEME: Engagement**

### **Question 1: Why did you decide to try PEACH?**

- Parent recognised their child was overweight (40%)
- Child was complaining about or was unhappy with their weight (20%)

#### **General comments:**

*“I was worried about my child’s weight; my [child] was being called ‘fat’ at school.*

*“I wanted to show my [child] how to eat healthier. Other family members have diabetes, heart problems and [child’s] grandfather has a pacemaker. A lot of our family smoke or drink.”*

### **Question 2: Do you attend any other health programs in your community?**

- Parents said they did not attend any other ‘community health programs’ (60%)
- Did attend a ‘community health program’ (10%)

#### **General comments:**

*"Don't really know what else is going on in the community."*

*"No, not really. There's not much on offer here."*

**Question 3: Do you prefer Indigenous specific programs?**

- No, it does not matter if a program is Indigenous specific (40%)
- Yes, they would prefer Indigenous format (10%)

**General comments:**

*"No, it doesn't matter because I'm just worried about helping the kids. That's what it's about."*

*"No, I just wanted to help my [child], doesn't matter what it looks like or who is in the room. It's about helping the kids."*

*"I would rather go to Indigenous specific, they understand you more. People are more open and truthful."*

**Question 4: Where you able to get to all the sessions?**

- No, experienced a death in the family (30%)
- Had family commitments (20%)
- Other commitments (10%)

**General comments:**

*"No. I missed about three sessions because my father-in-law passed away and then my grandfather."*

*"I was busy with moving, I wish I could of stuck at it. I would like to have another go at it."*

*"I stopped going because [child] didn't want to go and refused to go. He found it boring."*

**Question 5: What do you think would increase the participation of Indigenous families?**

- Parents were unsure of ways to increase participation. (60%)
- Thought having an Indigenous facilitator might increase participation. (20%)

**General comments:**

*"Maybe weekly incentives."*

*"An Indigenous specific program maybe."*

*"Indigenous health workers delivering the program e.g. people might not listen to non-Indigenous people that don't know about the foods they eat."*

*"An Indigenous facilitator would be good to relate to."*

*"A culturally safe space."*



## THEME: Resources

### Question 1: How did you find the workbooks and homework tasks?

- Parents said they found them useful and informative. (40%)
- Found homework difficult to understand and complete. (20%)
- Felt left out and or in trouble for not completing homework. (20%)

#### General comments:

*"It was great having the information."*

*"There was a lot of reading; I was one of the few parents that did the homework. The homework helped reinforce messages and helped me to look at what we were doing at home and what needed to change."*

*"They were good, you could what you learnt into practice."*

*"I don't like homework, no time to do it."*

### Question 2: What would you change about the workbooks?

- Parents would change the wording of the handbook, too much text. (30%)
- Parents would include more healthy recipes. (20%)
- Would add more references to traditional diets. (10%)
- Would add more images of Indigenous families. (10%)

#### General comments:

*"I would like to see an additional recipe book and stuff that the kids could make recipes from."*

*"Would add in more about traditional diets, because my family still eats a lot of traditional foods like turtle and dugong."*

*"Put some Indigenous artwork, more Murri kids in it. Booklet is daunting...a handbook where you can put stickers in. Information is great but needs to be adapted."*

## THEME: Marketing

### Question 1: How did you hear about PEACH?

- Most parents heard about PEACH through the child's school (newsletter, flyer) (40%)
- Were referred by local GP or Health Service (30%)
- Heard about the program through local media (newspaper) (20%)

#### General Comments:

*"Through the hospital, they rang me to ask if I'd do the program."*

*"I was referred by my doctor."*

## THEME: Sessions & Session Content

### Question 1: Is there anything you would add to the parent sessions?

- Parents said they would like more practical activities incorporated into sessions e.g. cooking classes, physical activities. (50%)
- Would like more information about substituting healthier foods into their current diet. (20%)
- Would like to participate in physical activities with their child, because their children like when their parents join in. (20%)

#### General comments:

*"I would of liked to speak with someone about a meal plan."*

*"Something for the parents and children together, like fitness drills."*

*"Cooking classes and how to deal with children that won't stop eating."*

*"Healthier takeaway options, better substitutes."*

*"Needs more sessions on how to do health recipes."*

*"I would like to see food plans that include food Murri's are used to."*

## THEME: Evaluation

### Question 1: Do you remember completing questionnaires at the start and finish of the program? Any general comments about the questionnaires?

- Parents said they found the evaluation questionnaire reasonable and relevant. (40%)
- Parents said they did not remember completing any questionnaires. (30%)
- Would have liked someone to talk through questionnaire with them. (20%)

#### General comments:

*"Took a lot of thought, too hard because had to complete for 3 children."*

*"A big one at the start, too in depth. Would rather talk to someone about then write it or access on the internet."*

*"Online questionnaire was crazy, will lose people at that stage because too complicated. Make evaluation easy."*

## Additional Findings

### Parents & Carers:

- 8 parents, 1 grandmother and 1 foster carer - attended PEACH.

### Open program to anyone:

- 40% parents decided to attend because their child was overweight.

#### **Affordability:**

- 50% parents find it more expensive to buy fresh fruit and vegetables

#### **Something for siblings:**

- 5 parents took only one child and no siblings to sessions. 1 parent had three siblings registered and 1 parent took a sibling that was not registered in PEACH.

#### **Cultural perceptions:**

- 40% parents believe that cultural differences exist regarding weight perception and a lot of bonding is still done over food.

#### **General Comments:**

*"Yes, I agree that we do have different perceptions of weight, we need to change mentally."*

*"Really dependent on your own family and their own habits growing up."*

#### **Self-Agency:**

- 40% of parents think it's their responsibility to influence the child's food choices and levels of physical activity.
- 20% think the child is responsible for their food choices.

#### **General Comments:**

*"I feel responsible for the children's weight."*

*"Kids need to be given the tools to be more independent in their food choices."*

*"Ultimately the parents, to encourage them to eat healthy. Can educate the kids all they want but if parents bring the food in the house the kids have no control over that."*

*"The kids ask their aunties for food and then ask me for food later. So getting lots of feeds from different family members."*

#### **Social & Emotional:**

#### **General Comments:**

*"When I say no to more food my [child] says, mum I feel like killing you. I'm taking her to a counsellor to see what else is going on, because she always worries that everyone is going to die."*

*"When I tried to stop [child] going to the fridge [child] would hit me."*

*"It's difficult to change things when there's a disability."*

*"When [child] goes to [other parent], gives [child] 10 or 20 bucks and [child] buys whatever junk food he wants at school. It makes it hard for me to try and get [child] eating healthy."*

## Recommendations

In a group discussion, Steering Committee members were asked to suggest recommendations for the adaption of PEACH based on what we had learnt from the consultations with parents. The following recommendations will be included in the final report for the project; a draft will be circulated to committee members for review by 15<sup>th</sup> July, 2015.

### 1. Engagement

Recommendation 1: The program should be flexible and provide a safe environment for Aboriginal and Torres Strait Islander families.

### 2. Resources

Recommendation 1: A program should consider alternatives to handbook and workbooks to prompt parents to goal set, share healthy messages e.g. Facebook closed group monitored by a facilitator.

Recommendation 2: Supplement the PEACH Workbook, supplement it with PEACH videos or compliment with resources that have been developed with Aboriginal and Torres Strait organisations. E.g. Gary Goanna.

### 3. Marketing

Recommendation 1: Health services and health workers need to be engaged in the marketing of programs to Aboriginal and Torres Strait Islander families.

Recommendation 2: Provide facilitators with media training and a template including a suite of media options e.g. newspaper, Facebook, school newsletter, flyer, radio interview brief, community announcement, social media, YouTube, video clip. Allow marketing to be adapted to a local context.

Recommendation 3: Create marketing materials in Indigenous and non-Indigenous formats.

Recommendation 4: Marketing activities should leverage off the existing PEACH Program.

Recommendation 5: Allow an adequate budget for marketing.

### 4. Sessions & Session Content

Recommendation 1: Sessions should be flexible enough to be tailored to local community needs e.g. deliver to a group with flexibility to deliver individually.

### 5. Workforce

Recommendation 1: Access a workforce specifically trained in the management of overweight and obesity in Indigenous children or experience in program delivery to Aboriginal and Torres Strait Islander families.

Recommendation 2: Acknowledge the integral role that health staff play in promoting, recruiting, retaining and supporting program participants.

## 6. Evaluation

Recommendation 1: If a research orientated evaluation tool is required only use the longer questionnaire for the initial research cohort and then simplified tools. Only use the questions that generate the most useful information.

Recommendation 2: When the research question is answered drastically reduce evaluation questions to bare minimum for maintenance of program.

Recommendation 3: Align evaluation to the key Chief Health Officer Report questions, questions on fruit and vegetable consumption, soft drink and physical activity.

## 7. Other

Recommendation 1: Consider family-centred approaches, parent/carer only sessions and parent/child sessions e.g. Go for Fun. Recognise the additional influences/responsibilities for Aboriginal and Torres Strait Islander families.

## Next Steps

The following are some suggested strategies beyond 31<sup>st</sup> July:

1. **Targeted Marketing current PEACH Program:** Promote current PEACH Program through 'targeted' marketing to Indigenous families i.e. include more images of Indigenous children in posters, distribute through local Indigenous Health Services.
  - ***Recommendations** from this project to be incorporated in to the current PEACH program.*
  - *PEACH Media Officer to develop a **communication plan***
  - *Work with QUT Media Team*
2. **Indigenous Workforce Training:** Review current PEACH Facilitator Training and make modifications to the delivery to suit Indigenous health workers to co-facilitate or commission a provider to deliver the program.
  - ***Recommendations** from this project to be incorporated in to the current PEACH training.*
  - *Additional cultural diversity module to be added to training to benefit non-Indigenous facilitators.*
  - *Review current resources and determine their inclusion and identify existing and culturally relevant resources to compliment the main PEACH Program.*

3. **'New Program' Funding Submission:**

- **Recommendations** *from this project to be incorporated into funding submission.*
- *Indigenous Research Project Officer has completed a draft.*
- *Lisa has been extended until 31<sup>st</sup> July.*

## Appendix 1: Agenda Final Workshop



### Cairns Workshop

Date: 15<sup>th</sup> June

8.00am – 5.00pm

**Venue:** Nintiringanyi Cultural Training Centre  
16-18 McCormack Street, MOOROOBOOL

08.00am	Arrival tea and coffee	
8.15am	Acknowledgement of Country	Lisa
8.20am	Housekeeping	Lisa
8.30am	<b>Workshop Agenda: What we hope to achieve(discussion)</b>	All
9.45am	<b>PEACH Adaption Project Summary</b>	Lisa
	❖ What we know: <i>Outcomes of Consultations</i>	
	❖ Project Deliverables	
10.30am	Morning tea	
10.50am	<b>Group discussion</b>	All
	❖ Group recommendations based on “What we know”	
12.00pm	Lunch	
1.00pm	<b>Group discussion continued...</b>	All
2.30pm	<b>Next Steps</b>	All
	Resourcing a New Program / Trial / Further Research	
3.00pm	Afternoon Tea	
3.15pm	<b>Next Steps continued...</b>	All
5.00pm	Finish	

## References

Chilisa, B. (2012). Indigenous research methodologies. Thousand Oaks, Calif, SAGE Publications.



## Appendix D: Interview Schedule – Family Consultations

<b>We are looking at the program for adaption and are just wondering what you thought about the current program.</b>
1. How did you hear about PEACH? (Marketing)
2. Why did you decide to try PEACH? (Marketing)
3. Do you go to any other health programs in your community? (Delivery)
<ul style="list-style-type: none"> <li>Are they specifically for Aboriginal and Torres Strait Islander families? (Delivery)</li> </ul>
<ul style="list-style-type: none"> <li>Does it matter to you? (weather it's mainstream or Indigenous specific)</li> </ul>
4. Where you able to get to all the sessions? (Some people said they had to drop out because of family reasons or other commitments) (Attendance)
5. How did find the parent sessions? (Some people said they didn't like the PowerPoint presentations, they didn't understand some sessions)
<ul style="list-style-type: none"> <li>Do you prefer working as part of group or would you prefer to work one on one? (some people have said that they don't like being in groups and would prefer to do the sessions with a health worker at an AMS, or even someone visit them at home)</li> </ul>
<ul style="list-style-type: none"> <li>How did you find the workbooks and homework tasks set for you?</li> </ul>
<ul style="list-style-type: none"> <li>What would you change about the workbooks? (some people have said they'd like more images, it's too wordy) Would you prefer to access this content online? (Session Content, Resources)</li> </ul>
<ul style="list-style-type: none"> <li>Is there anything you would add to sessions? (In our consultations other said that maybe some cooking classes, traditional food recipes, budgeting and takeaway options could be added)</li> </ul>
<ul style="list-style-type: none"> <li>Optional: What do you think would increase the participation of Indigenous families?</li> </ul>
6. Some people said there should be food provided at sessions? Would you agree or disagree?
7. Did your child/children enjoy the children's sessions?
<ul style="list-style-type: none"> <li>What did they enjoy the most?</li> </ul>
<ul style="list-style-type: none"> <li>What did they enjoy the least?</li> </ul>
<ul style="list-style-type: none"> <li>Did any siblings go along?</li> </ul>
8. How much do you think is our responsibility and how much is your child's responsibility? Do you think your choices influence your child's choices? (Self-Agency)

9. There are two questionnaires to complete at the start and finish of the program. Do you remember completing the evaluation questionnaires? Did you have any comments? (Evaluation)
10. Do you find making healthy choices expensive? (Some people say they can't afford to buy fresh fruit and vegetables) (Financial Capacity)
11. Do you think ATSI people think differently about body weight and food? (Some people said they think skinny looks unhealthy and that a lot of family bonding happens around food) (Culture)
12. Would you be interested in receiving information in the future about an ATSI program if we offer one in 2016?
13. Is there anything else you would like to add?
<ul style="list-style-type: none"> <li>• Thank you for participating in this interview. It will help us determine if changes need to be made to PEACH to better suit Aboriginal and Torres Strait Islander families.</li> <li>• If you have any questions about what will happen with your information please feel free to call me or email me, I can also give you the details of my direct supervisor if you like.</li> <li>• You will not be identified in any reports and your personal information will not be publically available.</li> <li>• You should receive your voucher in the next 5 days.</li> </ul>

## References

2001. Healthy Jarjums Make Healthy Food Choices [online]. *Aboriginal and Islander Health Worker Journal*, 25, 1.
- ADAMS, A., HARVEY, H. & BROWN, D. 2008. Constructs of Health and Environment Inform Child Obesity Prevention in American Indian Communities. *Obesity Journal*, 16, 311-317.
- AUSTRALIAN BUREAU OF STATISTICS. 2011-12. *Australian Health Survey: Updated Results, 2011-2012* [Online]. Available: <http://www.abs.gov.au/ausstats/abs@.nsf/lookup/33C64022ABB5ECD5CA257B8200179437?opendocument> [Accessed 20 February 2015].
- AUSTRALIAN BUREAU OF STATISTICS. 2012-13. *Australian Aboriginal and Torres Strait Islander Health Survey: First Results* [Online]. Available: <http://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/4727.0.55.001Main%20Features802012-13?opendocument&tabname=Summary&prodno=4727.0.55.001&issue=2012-13&num=&view=#> [Accessed January 7 2014 2014].
- AUSTRALIAN BUREAU OF STATISTICS. 2012-2013. *Australian Aboriginal and Torres Strait Islander Health Survey: Updated Results* [Online]. Australian Bureau of Statistics Available: <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4727.0.55.006main+features12012-13> [Accessed 8 January 2015 2014].
- AUSTRALIAN GOVERNMENT 2012. Healthy lifestyle programs for physical activity and nutrition. In: AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE, A. I. O. F. S. (ed.) Resource sheet no.9 ed.
- AUSTRALIAN LABOR PARTY 2015. *A Healthier Queensland: Labor's action plan for a healthier Queensland*. Brisbane: Queensland Labor.
- CHILISA, B. 2012. *Indigenous research methodologies*, Thousand Oaks, Calif, SAGE Publications.
- DIABETES QUEENSLAND. 2015. *Need for Feed Program* [Online]. Available: <http://www.needforfeed.org.au/nff-homepage.aspx> [Accessed 27 February 2015].
- DUNN, S. & DEWIS, E. 2001. Health Weight Program Evaluation, Queensland 1996 - 1999 *Aboriginal and Islander Health Worker Journal*, 25, 2.
- EDITH COWAN UNIVERSITY. 2015. *Australian Indigenous HealthInfoNet* [Online]. Available: <http://www.healthinfonet.ecu.edu.au/health-risks/overweight-obesity/programs-and-projects> [Accessed 12 January 2015 2015].
- GOLLEY, R., MAGAREY, A., BAUR, L., STEINBECK, K. & DANIELS, L. 2007. Twelve-Month Effectiveness of a Parent-led, Family-Focused Weight-Management Program for Prepubertal Children: A Randomized, Controlled Trial. *Pediatrics*, 119, 517-525.
- INSTITUTE FOR URBAN INDIGENOUS HEALTH. 2015. *About Deadly Choices* [Online]. Available: <http://www.deadlychoices.com.au/about/> [Accessed 27 February 2015].
- KUMPFER, L., ALVARADO, R., SMITH, P. & BELLAMY, N. 2002. Cultural Sensitivity and Adaptation in Family-Based Prevention Interventions. *Prevention Science*, 3, 6.
- LAWS, R., CAMPBELL, K., VAN DER PLIGT, P., RUSSELL, G., BALL, K., LYNCH, J., CRAWFORD, D., TAYLOR, R., ASKEW, D. & DENNEY-WILSON, E. 2014. The impact of interventions to prevent obesity or improve obesity related behaviours in children (0–5 years) from

- socioeconomically disadvantaged and/or indigenous families: a systematic review. *BioMed Central Public Health*, 14.
- LEE , A., LEONARD, D., MOLONEY, A. & MINNIECON, D. 2009. Improving Aboriginal and Torres Strait Islander nutrition and health. *The Medical Journal of Australia*, 190, 547-547.
- LEE , A. & MINNIECON, D. 2014. Healthy start: closing the gap on Indigenous childhood obesity. [Accessed 9 January, 2015].
- MADDISON, R., MARSH, S., FOLEY, L., EPSTEIN, L., OLDS, T., DEWES, O., HEKE, I., CARTER, K., JIANG, Y. & MHURCHU, C. 2014. Screen-Time Weight-loss Intervention Targeting Children at Home (SWITCH): a randomized controlled trial. *International Journal of Behavioral Nutrition and Physical Activity*, 11, 111.
- MADDISON, R., MHURCHU, C. N., FOLEY, L., EPSTEIN, L., JIANG, Y., TSAI, M., DEWES, O. & HEKE, I. 2011. Screen-time weight-loss intervention targeting children at home (SWITCH): a randomized controlled trial study protocol. *BMC Public Health*, 11, 524.
- MALSEED, C., NELSON, A. & WARE, R. 2014. Evaluation of a School-Based Health Education Program for Urban Indigenous Young People in Australia. *Health*, 6, 587-597.
- MINISTRY OF HEALTH 2013. New Zealand Health Survey: Annual update of key findings 2012/13. Wellington: Ministry of Health.
- QUEENSLAND GOVERNMENT 2004. Smart Choices (Healthy Food and Drink Supply Strategy for Queensland Schools) In: DEPARTMENT OF EDUCATION AND THE ARTS, Q. H. (ed.). Brisbane: Education Queensland.
- QUEENSLAND GOVERNMENT 2010. *Making Tracks towards closing the gap in health outcomes for Indigenous Queenslanders by 2033 - policy and accountability framework*. Brisbane: The State of Queensland (Queensland Health) 2010.
- QUEENSLAND GOVERNMENT. 2015. *Pacific Islander and Maori health programs* [Online]. Available: [http://www.health.qld.gov.au/multicultural/health\\_workers/pac-island-prog.asp](http://www.health.qld.gov.au/multicultural/health_workers/pac-island-prog.asp) [Accessed 18 March 2015].
- QUEENSLAND UNIVERSITY OF TECHNOLOGY. 2013. *About PEACH* [Online]. Available: <http://www.peachqld.com.au/about-peach> [Accessed 08/04/2015 2015].
- REQUEJO, J. & GITTELSON, J. 2014. Panel 4.4 Targeting Minority Groups at Risk in the United States. *Global Nutrition Report: Actions and Accountability to Accelerate the World's Progress on Nutrition*. In: INSTITUTE., I. F. P. R. (ed.). Washington, DC.
- RONSLEY, R., LEE, A., KUZELJEVIC, B. & PANAGIOTOPOULOS, C. 2013. Healthy Buddies™ reduces body mass index Z-Score and waist circumference in Aboriginal children living in remote coastal communities. *Journal of School Health*, 83, 8.
- SHELL, L. & GALLO, M. 2012. Overweight and Obesity Among North American Indian Infants, Children, and Youth. *American Journal of human Biology*, 24, 302-313.
- STORY, M., EVANS, M., FABSITZ, R., CLAY, T., HOLY ROCK, B. & BROUSSARD, B. 1999. The epidemic of obesity in American Indian communities and the need for childhood obesity-prevention programs. *The American Journal of Clinical Nutrition*, 69, 7475-7545.

WILSON, A., JONES, M., KELLY, J. & MAGAREY, A. 2012. Community-based obesity prevention initiatives in aboriginal communities: The experience of the eat well be active community programs in South Australia. . *Health* 4, 9.

WORLD HEALTH ORGANISATION. 2014. *Global Health Observatory (GHO) data: Obesity* [Online]. Available: [http://www.who.int/gho/ncd/risk\\_factors/obesity\\_text/en/](http://www.who.int/gho/ncd/risk_factors/obesity_text/en/) [Accessed 7 January 2015 2015].