

PCP Integrated Health Promotion - Case study template

Case Study Title	Aboriginal Family Holiday Program
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Details of organisation contact

Name of PCP	Central West Gippsland Primary Care Partnership
Contact Person	Liz Meggetto
Position/Title	Health Promotion Coordinator successful
Phone No.	5127 9159
Email Address	Elizabeth.meggetto@lchs.com.au
Case study author/s	Angela Greenall, Cindy Mathers and Alyce Rees
Approval date	

PCP Program logic (PCPs only)	Enter text here...
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Identified Partners / project participants

Partner Organisation	Roles and responsibilities with regard to the project	Contact person details (name, position)
West Gippsland Healthcare Group (WGHG)	Developed and implemented program, management of budget and coordination of partners	Cindy Mathers, Community Health Nurse (CHN) Michelle Elwell, Health Promotion Officer who submitted funding application and required documentation. Angela Greenall, Health Promotion Officer (HPO) current Alyce Rees, Community Dietitian (CD)
RDAC	Supplied staff, resources and transport for some activities	Rebecca Mazengarb, Close the Gap Co-ordinator, Sale Niomi Tilley, Close the Gap Project Worker, Sale Barb Job, Close the Gap Project Worker, Drouin Mareeka Mobourne, Aboriginal Health Worker, Drouin Jade Jensen, Aboriginal Health Worker, Drouin Julie Dow, Social & Emotional Well Being Worker, Drouin Belinda Crawford, Best Start Worker, Drouin
GippSport	Provided assistance in recruitment of sporting specialist staff and running of	Chris Stanlake, Program Advisor

	sports days	
Australian Sports Commission	Facilitated the running of sports days.	Bernie Walsh, Active Afterschool Program Coordinator
Aboriginal Advisory Group of Elders in Drouin	Consulted during planning and delivery of the program to ensure that the program met the needs of the community and was culturally appropriate.	Linda Mullett Dot Mullett Lynette Hayes Sandra Mullett Merle Rose

Summary/Abstract (200 words)

ABORIGINAL FAMILY HOLIDAY PROGRAM (AFHP)

Issues addressed: mental health, physical inactivity, nutrition, social connectedness

Methods: WGHG along with other stakeholders developed a culturally appropriate program that was delivered in the January and April school holidays in 2012. WGHG workers performed reconnaissance trips throughout November 2010 to ensure venues were culturally safe and appropriate. 12 days were timetabled with activities that included sports, cultural tours, fishing, swimming, drumming and arts and crafts. On days which travel was required, participants were transported to the venues where activities had been planned. Most days of the program ran from 10 am – 3 pm unless longer travel time was required. All transport, meals, snacks, drinks and equipment required were provided. Evaluation occurred during registration, and at the conclusion of the January and April Holidays.

Results: Approximately 30% of the Drouin Aboriginal Community participated in the AFHP. The Most favourable activities included fishing, swimming and East Gippsland Overnight trip. Throughout the program participants learnt new skills, sampled new healthy foods, spent time with someone they normally wouldn't spend time with and learnt new information about their culture and ancestors.

Conclusion: This program has demonstrated that a culturally appropriate program can be delivered to the Drouin Aboriginal Community to support and reinforce healthy lifestyles, cultural and connection to country. Community support of this program reinforced the need for affordable, culturally appropriate activities for our local Aboriginal population, especially during the school holidays.

Background

Name of Project	Aboriginal Family Holiday Program A Close the Gap Initiative
Priority issue(s)	Priority issues this program aimed to improve: <ul style="list-style-type: none"> • Fruit and Vegetable Consumption • Physical Activity • Mental Health and Wellbeing
Priority goal	The program aimed to demonstrate a culturally appropriate program that could improve the social and emotional wellbeing, nutrition, physical activity, and lifestyle behaviours for Aboriginal families.
Target group	Members of the Drouin Aboriginal Community
Rationale	<p>The health gap between Indigenous and non-Indigenous Victorians is well documented. This comes from increased medical risks at birth to the probability of experiencing chronic disease and preventable health conditions – such as diabetes, heart disease and asthma at younger ages (Victorian Government, 2011a). In 2008 49.6% of Indigenous Victorians were overweight or obese, compared to 48.5% of the non-Indigenous population (Victorian Government, 2011b). Overweight and obesity is an important risk factor for developing chronic diseases.</p> <p>In the Victorian Indigenous Affairs Report the number of Indigenous people who met the physical activity recommended levels was 59.8% compared to 62.8% for the non – Indigenous population. The report also stated that Victorian indigenous populations are not meeting adequate fruit guidelines 60.7% compared to 51.9% of the non-Indigenous population (Victorian Government, 2011b). These state and national statistics have shaped the strategies implemented in this program to address these health inequalities.</p>
Background	<p>The local Aboriginal community has traditionally not engaged with our health service or their own Aboriginal health service. Some local schools have failed to provide culturally appropriate care and as a result there are a large proportion of families who are socially disconnected from each other and the wider community.</p> <p>Our CHN had established rapport with both sides of the community through facilitating the evidence based program DRUMBEAT. Our CD supported this program by facilitating the provision of healthy food in this program. As a result of DRUMBEAT we were able to engage the families. In order to further develop this relationship, WGHG created the Aboriginal Family Holiday Program. This was in direct response to anecdotal reports that there is nothing to do in the holidays for the Aboriginal children.</p> <p>The WGHG Health Promotion team co-ordinated the program and liaised with other stakeholders.</p> <p>The program consisted of a series of activities and events which were delivered over the January and April school holidays in 2012.</p>

Activities that were included in the AFHP were chosen to assist achieve the aims of the program. During the planning phase of the project, the Drouin Elders Committee was consulted to ensure the activities were culturally safe and appropriate. Some of the initial activities planned for January were changed as per directed by the Elders group. Activities chosen kept with the themes of healthy lifestyles, social connection and connection to country.

When constructing the 12 day timetable over the January and April holidays, we were mindful of the social determinants that underpin social connectedness and some of the barriers that this particular community experience. For example, need the resources, money and transport to entertain children in the school holiday periods.

The AFHP is an objective in the social connectedness and mental well-being priority area of the CWGPCP Integrated Health Promotion plan. The AFHP also aligns with the CWGPCP objectives to engage Indigenous youth in physical activity and to increase fruit and vegetable consumption in children.

Objectives

Program Objectives

Original objective outlined in Program Logic Submission:

1. An improvement in the general health and well-being of the Drouin and Warragul Aboriginal community.
2. To increase fruit and vegetable consumption by 1 serve by December 2012
3. To improve the understanding of the importance of healthy eating by 25% by June 2012
4. To increase the number of Indigenous Drouin Community members who shop and prepare meals by 5% by December 2012.
5. To increase the frequency of physical activity to minimum of 3 times a week by December 2012.

Modified Working Objectives:

(Due to changes in the program **please note these objectives are not SMART and this is acknowledged*).

1. To design and deliver a program that meets the needs of the community and is culturally appropriate.
2. To demonstrate healthy eating, physical activity and healthy lifestyles to the community.
3. To create supportive environments that build resilience, confidence, self-esteem and social connectedness within the community.

Describe the project and evaluation methodology and approach

Method:

WGHC along with the other stakeholders put together a culturally appropriate program that was

run in the January and April school holidays in 2012. WGHG workers performed reconnaissance trips throughout November 2010 to ensure venues were culturally safe and appropriate. 12 days were timetabled with activities that included sports, cultural tours, fishing swimming, drumming and arts and crafts. On days which travel was required, participants were transported to the venues where activities had been planned. Most days of the program ran from 10 am – 3 pm unless longer travel time was required. All transport, meals, snacks, drinks and equipment required were provided. Evaluation occurred during registration, and at the conclusion of the January and April Holidays.

Key Miles stones in the project including timetabled activities:

- A visit to local culturally significant sites
- Sports Day featuring Indigenous games
- Family Swimming Day at the local pool with exclusive access making the community feel very special
- Art and Craft Activities using local Aboriginal artists to facilitate the workshops
- Bush tucker walk using local Elders to educate about bush foods and medicine, tasting native cooked food
- Fishing at the trout farm and at Nowa Nowa
- Overnight cultural tour to Nowa Nowa Bush Camp visiting Lake Tyers Trust for lunch with the community, and the Keeping Place in Bairnsdale on the way home
- Publications and media profile of AFHP
- High Community participation rates

Planning tools that were used:

- Determinants approaches to mental health promotion (Keleher & Armstrong, 2005)
- Victorian Aboriginal Health Promotion Framework (Kelly, 2011)

Evaluation tools that were used: Attach if possible.

Quantitative

- Pre-program survey- this encompassed questions around physical activity participation, healthy eating guidelines, food preparation skills and social connectedness.
- Attendance
- Post program survey, conducted at the conclusion of January and April School holidays. This survey differed from the initially proposed post program questionnaire (both are attached).

Qualitative

- Multimedia records including video interviews and photographs
- Anecdotal feedback and interviews
- Post program survey, conducted at the conclusion of January and April School holidays.

Quality Improvement:

Prior to fixing the timetable, WGHG staff travelled to each destination, to ensure the venues were appropriate and had sufficient facilities for the community i.e toilets, shelter, picnic tables etc. This ensured the staff were aware of what was at each site and what we needed to provide to ensure a safe and enjoyable experience for all attending.

Monitoring:

- All children were required to be supervised throughout the program by a guardian. On the first day of attending the program, guardians were required to fill out a registration pack- including a

registration form, a media consent form and a disclaimer and indemnity form.

- On each day of timetabled events, an attendance list was taken by WGHG staff including numbers of community members and staff who attended.

Communication Strategies

Many modes of communication were employed throughout the program depending on the target audience and purpose.

WGHG → participants; verbal communication was predominately used however some written communications did occur these being registration packs and timetables. A copy of the program summation DVD was also presented to the RDAC.

WGHG → stakeholders: face to face meetings, phone and email were predominately used. A DVD summation of program was presented to the key stakeholders involved. When articles were published, copies were also circulated to key stakeholders.

WGHG → Wider local community: articles published in local newspaper, Public Health Association Newsletter and on the Dietitian's Association of Australia website, DVD summation of program is being shown at various meetings and community events. A poster will be presented to the International Mental Health Nursing Conference in October 2012.

Engagement Strategies

- Word of mouth- RDAC workers to community members and CHN discussed with DRUMBEAT families
- Door knocking (Day 1)
- Flyers and registration packs – distributed via schools, RDAC and CHN
- Discussions with Drouin Elders Group

Results

Impacts and outcomes

Impacts

Attendance/ Reach:

Program reached ~ 30% Drouin Indigenous Community
Average number of participants- 18.5 (adults & children combined)

Highest Number of Participants on one day- 36

Lowest Number of Participants on one day- 0 (Day 1)

5-8 Staff were present each day

Consumer Participant satisfaction:

Overall Favourite Day- Fishing Day (Day 7)

Most Popular January- Pool Day (Day 4)

Most popular April Day- East Gippsland Cultural Trip (Day 11 & 12)

Participant satisfaction with length of days:

Jan 86%

April 70% - 26% wanted longer days

Development of new skills:

January Program- 71% learnt a new skill

April Program- 83% learnt a new skill

Most common new skills acquired: drumming, fishing, meeting new people and playing new sports.

Change in health related behaviours and consumer satisfaction:

Participant enjoyment of healthy food:

January 81% enjoyed the food.

April 100% enjoyed the food.

January 70% participants tried new foods. New food tried include: avocado, tuna, wraps, chicken, barbequed meats, smoked trout and salad.

April 34% participants tried new food. New foods tried were more unusual such as purple carrots, pomegranate, coconut, mushrooms and purple grapes.

Social capital:

January- 86% of participants reported that The Peppermint Ridge Program (Day 6) provided participants with an opportunity to learn about local Aboriginal culture, bush foods and medicine.

In April 100% of the participants who visited Lake Tyers Trust felt that they were now more connected to their ancestor's community and 87% learnt something new about their culture. April had a high emphasis on connection to country, spirituality and ancestral history. It also provided an opportunity for a family holiday which they normally could not afford.

Changed attitudes:

January

93% indicated that they spent time with someone in their community that they would not normally have spent time with. 86%- felt more connected to their community by spending time in the program and doing activities with them.

Concluding January program 100% of participants indicated that they would like to participate in the April program.

April- 78% of participants spent time with someone they would not normally spend time with.

44% -spent time with extended family.

Staff workload:

2.4 WGHG workers involved in the planning and implementation of this program.

January- 1.4 staff being available to work on the January – one 1.0 EFT and one 0.4FT. The loss of one full time staff member enabled extra work hours to be offered to 0.4FT staff member.

April- 2.4 WGHG workers involved in the program.

Outcome/ Expected outcomes

- Increased food variety after new foods consumed during program.
- Increased Indigenous community members presenting to WGHG for health care.
- Participation in new sports trialled in holiday program.
- Greater cohesion within Drouin Aboriginal Community

Current Program Status

RDAC Drouin has taken over the project with Close the Gap funding. Two days were delivered in the July holidays with the support of WGHG and GippSport. The Aboriginal community are asking 'what is happening next'? They have suggested that they want to go on a longer trip away. We are currently working with the other service providers to achieve this goal

Dissemination:

- Newspaper articles were published in the local newspapers in January and May.
- Collages made of photos from all days were enlarged, laminated and displayed on the last day of the January program. The visual display showed newcomers what they had missed out on and enticed them to engage in the remaining program. This also represented the visual storytelling communications style of Aboriginal people.
- Colour photos of all the activities in January were also printed out. Participants could then make their own collages and laminate them to capture their experience in the program. This activity gave participants opportunities to have photos at home as many do not have cameras or the opportunity to print out photos.
- WGHG staff had an article and photograph published in:
 - Australian Public Health Association June Newsletter 'Intouch'
 - The Australian College of Mental Health Nurses (ACMHN) 'NEWS' magazine.
- A professionally produced DVD has been made and will be used to promote the program. The DVD has been designed to appeal to an array of audiences, from the general public to conferences.
- A poster presentation will be shown by the CHN at the ACMHN 'International Mental Health Nurse Conference' in Darwin, October 2012.

Conclusions**Key success factors**

- Our program provided an enjoyable opportunity for Aboriginal families to reconnect to country, culture and community.
- Rapport was also established between the local Aboriginal community and health service providers demonstrated now with now local Aboriginal people wanting to work in the organisation.
- Many positive health behaviour changes have been recorded. Examples as indicated by post program evaluation include increased consumption of healthy food variety; spending time with family and friends who participants wouldn't normally spend time with and developing new skills including fishing.
- Consultation with local Community Elders allowed for a culturally appropriate program designed to meet the needs of the community.
- Partner agencies worked collaboratively to achieve the success of the program, under the organisational management of the WGHG. Groups who had previously had no or poor

relationships worked together for this project.

- Organisational relationships have been continued and a strong collaborative working group has worked on other community projects such as 'Kurnai Dreaming in Drouin-The long Walk' event and the Close the Gap Celebrations.

Key challenges

- Flexibility- A number of changes in the program were required leading up to and during the January program. Reasons for changes included inclement weather, locations, availability of stakeholders and knowledge gained from consultation with the local Aboriginal community. The April timetable was also changed after consideration of the evaluation of the success of the January sports and fishing days.
- In a large scale project like this thorough planning is vital for a successful program
- To include valid yet culturally appropriate evaluation methods
- Family group division within the community. Divisions exist so it was difficult to predict if there was going to be conflict if both sides of the community attended. Therefore impartiality from involved organisations is vital when working with both sides of the community.

Limitations of the project

- This is the first time a program has been run for Aboriginal families in this area; as the concept was new and this may in part explain why the community was hesitant to engage initially. This made initial engagement difficult, but after rapport was established and they understood the program, most were regular attendees.
- The community is widespread which made it difficult to contact the community as numbers living within residences is dynamic.
- Previous experiences between the community and health service may have impacted negatively on community members due to cultural insensitivity. This could explain why community members were reluctant to initially engage in the program.
- As already highlighted the community is dynamic and always changing, this made booking buses, accommodation and cultural tours when a set number needed to be quoted and catered for. When participants registered for the program, they indicated on which days they would attend. In reality many often never participated on these days.
- There were only had 2 WGHG staff delivering the January component of the program. This was difficult as other work commitments became secondary during this period.

How activities and improvements will be sustained

We will continue to support RDAC and the Closing the Gap initiatives at every opportunity. We are collaborating with Baw Baw Shire Healthy Communities program in a number of areas including the Indigenous program. We also provided support to BBSC and RDAC to continue to deliver the AFHP in the June School Holidays. We are hopeful that RDAC and BBSC will continue to provide activities in the School holidays for the local Drouin Community.

Future directions

The CHN is negotiating delivering a DRUMBEAT program to the Elders and women of the Drouin Aboriginal community in order to increase capacity to work as a team. The CHN will be coordinating the Aboriginal Mentoring Program in the WGHG organisation as part of a pre-employment program with a view to progression onto traineeships with WGHG. These activities will only strengthen the ties with the community.

References (optional)

1. Keleher, H & Armstrong, R 2005, *Evidence-based mental health promotion resource*, Report for the Department of Human Services and VicHealth, p.17-49 Melbourne.

2. Kelly 2011, *Life is Health is Life*, Victorian Government Department for Health Promotion Foundation, pg 15, Melbourne.
3. Victoria State Government, Victorian Government 2011a, *Indigenous Affairs Report 2009 – 2010: Part 3*, pg. 52, viewed September 2011, <
<http://www.dpcd.vic.gov.au/indigenous/publications-and-research/corporate-publications>
4. Victoria State Government, Victorian Government 2011b, *Indigenous Affairs Report 2009 – 2010: Part 3*, pg. 46, viewed September 2011, <
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