# Birth to Elders: Nutrition for Life - Pika Wiya Health Service

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#### Introduction

The Birth to Elders Nutrition Project began in March 2002 and was funded for 2 years as part of the Commonwealth Department of Health and Ageing 'National Child

Officer Craig

**Edwards and Port** 

Augusta kids having sunscreen, fruit and

ater on the front

42°C that day!

integrated, sustainable and culturally appropriate range of nutrition advice

Nutrition Program'. It aimed to establish an

across a broad range of clinical and health programs at Pika Wiya Health Service (PWHS) which an Aboriginal Health Service in Port Augusta, After South Australia. numerous months in the position it became clearly evident that no single nutrition program could solve the many problems in health, social and emotional wellbeing, education, employment, housing or many other areas that impact on the health of the community. Such a

realisation coupled with the support of staff in the Oral Health Program and Sharing Health Care Program enabled joint initiatives to begin to address the nutritional needs of the community in a holistic way.

The program embraced the idea that health promotion be integrated into everyday work practice as opposed to treating it as an under-resourced separate entity that is added to a clinical nutrition service as an afterthought. A key change in the organisation occurred in the development of the Health Promotion Committee. As 2002 came to a close, the role of Dietitian and Project Officer of the Birth to Elders Nutrition program evolved further by taking on the additional responsibility of the newly formed Health Promotion Committee Chairperson. A calendar of health promotion events for 2003 and a terms of reference was formalised to develop. implement and evaluate health promotion activity conducted by Pika Wiya Health Service. Nutrition interventions were initiated by needs identified by the local Aboriginal community and Aboriginal Primary Health Care Workers at PWHS. This was critical as it ensured the program addressed nutritional issues that are needed and wanted by the community.

## Field trips for Pre-Schoolers

Field Trips to PWHS town clinic were organised for Indigenous children aged 3-5 years at Tji Tji Wiltja Child Care Centre. This was done to make their early experience a happy one

by reducing fear and uncertainty they may have when visiting. It also provided an opportunity to visit the health service

when the children weren't sick or requiring medical treatment. The

sessions were done in partnership with the Aboriginal Health Worker in the Oral Health program. Activities included a tour of the PWHS town clinic to meet different staff members including clinic reception, health wellbeing program workers and doctors, a visit to the dental clinic to have rides in the dentist chair, trying healthy snacks, playing games and enjoying fun activities at the health service and taking home their own

## **Family Picnics**

toothbrush and toothpaste.

Four family picnics were held which provided information to Aboriginal families of children aged 0-5 years to empower them to learn how to provide cheap, easy and healthy meals and it provided some time for families to get out of the house and enjoy a social activity while their children can participate outside in recreation and physical activity followed by healthy foods. Families then had the chance to discuss various health, literacy and wellbeing issues with staff from agencies that attend, for example the Oral Health program, Indigenous Parenting program and Child and Youth Health.

#### **Oral Health**

A strong partnership was forged between the Birth to Elders program and the Oral Health program at PWHS. It was seen as vital to improve oral and nutritional health through early intervention in children. Such an innovative, visionary and culturally sensitive initiative meant oral health and nutritional status could be improved by targeting children and passing on

the benefits of health education to not only the children but also the rest of their families. For almost every health problem faced by the Aboriginal Community, the cost of prevention and early treatment would be offset by reductions in the cost of acute, chronic and rehabilitative care throughout the lifespan.

#### **Child Care Centres**

Early intervention by providing nutrition education in child care centres was a high priority considering type 2 diabetes and associated risk factors have been shown to be high in Indigenous children and adolescents. Two pilot nutrition education sessions at Willsden Child Care Centres and two pilot cooking sessions at Tji Tji Wiltja Child Care Centres in November 2002 were conducted. The success of the pilots meant that such sessions were provided at all of the ten child care centres in the catchment area during 2003 and 2004 with at least one visit per term, in some instances a child care centre would receive 8 visits during the year. Sessions focused around fun and entertaining education activities for young children to address nutrition and dental issues at an early age as many serious dental problems and poor dietary practices start so early in life. Nutrition education activities gave children the chance to try new healthy foods, to find out where food comes from, tastings of an assortment of healthy food and drink options and an exploration of colours, shapes, names and textures of food as part of the learning process.





## **Primary & Secondary Schools**

In a similar theme to nutrition and oral health sessions at child care centres, yet at a more age appropriate level, education and learning activities including cooking sessions for primary and secondary school students were delivered by the Birth to Elders project officer and the Oral Health Aboriginal Primary Health Care Worker. Nutrition and Dental Health education sessions were conducted at a variety of primary, secondary and area schools.

## **Healthy Weight Group**

A Healthy Weight group was run every week using nutrition, physical activity and social interaction in an effort to improve health, particularly in the areas of overweight, diabetes and cardiovascular disease by focussing on achievable goals in a socially empowering and enjoyable atmosphere. The program was run weekly and included activities such as nutrition education, healthy cooking demonstrations and a walking group.

## **Elders Groups**

A Chronic Disease group was done in partnership with the Sharing Health Care team at Pika Wiya Health Service. Sessions were run regularly featuring healthy eating education in addition to physical activity, self-management goal setting, dental care and medication use. The key to the session's success was that they regularly brought together members of the local Aboriginal community with chronic diseases in an environment that enabled them to understand and talk openly about their various health conditions and treatment plans.

## **Elders Camps**

Two Chronic Disease camps were conducted at Spear Creek in December 2002 and at Merna Mora in December 2003. These were again done with the Sharing Health Care team. It was an opportunity to bring together members of the local Aboriginal community in an environment which celebrates life rather than focussing on disease. This event was just another opportunity to engage the community and involve them in setting the agenda for future strategies to improve their wellbeing and health. During the day participants had the opportunity to learn about various health issues from invited guest speakers. Examples included men's and women's round circle whereby health and wellbeing issues that were sometimes never talked about were openly discussed. Maybe it was the trust that developed between staff and community members, maybe it was the tranguil outback environs as opposed to a clinic setting, but it certainly facilitated honesty, humour and relationship building that pleasantly surprised us and reinforced the importance of this approach to health care. This was certainly evident in the evenings when staff and community members enjoyed themselves singing around a couple guitars and an accordion music box. If laughter is the best medicine then everyone surely received the best treatment that money could buy.

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#### National Aboriginal and Islander Day of Celebration (NAIDOC) Week

The Birth to Elders project officer was a member of the NAIDOC Week organising committee and was responsible for co-ordinating nutrition promotions at various NAIDOC Week events. Pika Wiya Health Service attended Community events as an outlet to successfully promote healthy eating options in the community. Not only was it beneficial to send the healthy lifestyle message, but it was vital to be seen in the Aboriginal Community to be supporting such an important cultural event.

Activities included NAIDOC Week Health Day conducted at Pika Wiya to showcase health services to the Aboriginal community in a family fun day style atmosphere, Elders Luncheon, and Nutrition promotions at the Golf Day, Euchre Night and Sports Day.

#### **Croc Festival**

The Birth to Elders project officer was the Health Expo coordinator and a member of the Croc Festival organising committee. This is a national health, arts, education and employment festival specifically targeting Indigenous students which was attended by up to 2500 students from around South Australia which included a high proportion of Indigenous students. The Health Expo had key education areas focussing on 'nutrition', 'oral health', 'drug and alcohol issues', 'self-esteem and body image' and 'mental health'.

## **Mentoring Youth**

Nutrition training mentorship was provided to Indigenous Community Development Employment Program (CDEP) participants in events such as the Family Picnics, Croc Festival and NAIDOC Week. This was an

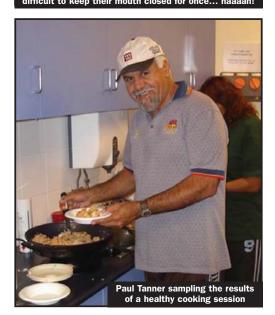
opportunity for those involved to build self-esteem and improve their outlook on education and employment, and thereby make positive life choices.

The Birth to Elders project officer also provided Nutrition training mentorship to an Indigenous Year 12 student and used this experience to count as her Community Studies topic. The student designed and produced two paintings and fridge magnets depicting the "Healthy Eating – You Can Do It" message. Her confidence levels boomed during this experience considering in the early stages she was very quiet and would not interact or put forward ideas. This was a huge contrast to the later meetings where she was directing what needed to be done. Successful strategies included meeting with the student without the teacher present. This enabled a working

relationship to develop based on the student's own style and personality; and secondly to make it clear to the student that this was not an initiative where they had to do what they were told in a disempowering exercise, but rather it was an equal partnership. In fact for certain components of the project, the student was continually reminded that she was in charge in order for her to experience responsibility and feel ownership. Such an approach was certainly beneficial as evaluation of her experience revealed that it made her 'feel special and motivated that she was able to make decisions on resource

design rather than being told what she had to do'.





#### Conclusion

Communities need a voice in the development, implementation and evaluation of nutrition programs if they are to be culturally relevant and able to address the perceived needs of specific communities. It is critical to work in collaboration with Aboriginal health workers and community members to realise that years of university training cannot supersede the experience of living and working in a community. We all have unique skills and can achieve great things when we respect and take time to understand each other. It took at least 6 months in the position of Birth to Elders coordinator to recognise what the nutritional needs of the community were and how to better reprioritise the objectives strategies of the Birth to Elders program. The establishment of the Health Promotion Committee which was chaired and co-ordinated through the Birth to Elders program is evidence of the ever-changing priorities which the program needed to respond to.

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