

# Marree Aboriginal School... Taking Health Promotion on the Road

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Pika Wiya Health Service (PWHS) is an Aboriginal Health Service 300km north of Adelaide in Port Augusta, South Australia. The Birth to Elders Nutrition Project began in March 2002 to establish an innovative and sustainable nutrition service for PWHS. 12 months prior to this a dental clinic was opened at PWHS thanks to a partnership between PWHS, the South Australian Dental Service, the University of Adelaide Dental School and the South Australian Centre for Rural and Remote Health. Traditionally such services could have focussed on acute care in the dental and nutrition clinics. However the dietitian/Birth to Elders project officer, dentist and oral health Aboriginal health worker all strongly believed in the importance of health promotion and taking preventative measures in nutrition and oral health, particularly with those people living far from the clinic. Hence a specialised outreach health promotion plan was developed for the town at the edge of the PWHS catchment area. Marree is some 400km from the town clinic and around 100km away from the nearest PWHS outreach clinic building which is only accessible via a rough stretch of road which is often closed in winter. Marree itself is arid, dry and flat with little or no vegetation and receives limited rainfall throughout the year. However, when it does rain the town is inaccessible by road. The population varies around 110 with up to 30 school children and the majority of the community are Indigenous.

A strong partnership developed between the Birth to Elders and Oral Health programs at PWHS. Staff in both programs felt it was reasonable to suspect that that the remoteness of Marree meant that the children were at risk of poor oral and nutritional health. In addition to this, no dentist or dietitian/nutritionist visited Marree and the nearest ones are about 400km away in Port Augusta. Marree hadn't had a dental service in four years. Through early intervention and prevention it would mean oral health and nutrition could be addressed by targeting children and passing on the benefits of health education not only to the children but also the rest of their families. There was currently no outreach service to Marree and hence no relationships existed between

PWHS, the Marree Aboriginal School or Marree Aboriginal community. This had to begin from scratch.

## **February 2003**

Once the health promotion committee was established in late 2002, it was clear little time should be wasted in venturing out to Marree. February 2003 saw the beginning of regular health promotion initiatives being delivered to the area. Other partner organisations were also invited and a small convoy consisted of Pika Wiya Health Service (Birth to Elders project officer, Oral Health team and Sharing Health Care project officer), Office for Recreation and Sport, Aboriginal Drug and Alcohol Council and Child and Youth Health. A health day was held at Marree Community Hall attended by the Marree Aboriginal School and Aboriginal community members. Activities for the school children included nutrition education with a focus on teaching children what 'blood sugar level' means, how foods and drinks effect this and children were invited to have their

blood sugar level checked for fun. This was not a formal screening, it was used as a demonstration only in conjunction with other activities, e.g. fat and sugar content of foods photos and models. There was an oral health education session including a fun visual check of plaque on the children's teeth, physical activity through indoor little athletics and drug and alcohol education. There was also an opportunity to meet key health and education stakeholders and develop a healthy working relationship to ensure effective outreach

service needs were communicated to management in Port Augusta and Adelaide. It allowed the team to meet school staff and discuss health and social well being issues with community members such as perceived need for dental, nutrition and chronic disease management care, current level of dental and nutrition services offered, history of issues associated with service delivery, perceived need for clinical dental and dietetics services and oral hygiene practices in the community.

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**Things get a bit tricky in the wet.**

**This creek bed was dry one hour before this photo was taken!!**

### June 2003

It was like Christmas in July when Pika Wiya Health Service and the Office for Recreation and Sport visited Marree Aboriginal School mid year. The school was the recipient of new cooking equipment designed to enable the teachers and students to run healthy cooking classes and for the school to prepare for healthy lunch and/or breakfast programs in the future. Through the provision of toothpaste, toothbrushes and toothbrush holders by the SA Dental Service Health Promotion Unit, a tooth-brushing program was established so that the students brush their teeth everyday at school. Classes were conducted that dealt with the causes and prevention of dental disease, how to make 'cheap and easy' meals and how to read food labels and to understand the sugar and fat content of foods. Physical activity was conducted throughout the visit both during and after school hours, indeed the evening



Playing outback soccer with portable goals



Maria Calyun (PWHS Aboriginal Health Worker) & Craig Edwards teaching the kids to cook a healthy BBQ

sporting events under floodlights in the main street didn't conclude until 10pm. On reflection, the after school activities were really important. They showed the children that we wanted to spend time with them and get to know them – it wasn't just a 9 to 5 job. The staff also gained the opportunity to find out what life was like for the kids in Marree and what we should do for future visits.

### October 2003

On our third visit to Marree Aboriginal School we ran healthy cooking sessions. This was done to support teachers in taking a more hands-on approach to nutrition and health while developing the cooking skills of their students. PWHS staff conducted initial sessions with the children to demonstrate to the teachers how the sessions could be run. This took advantage of the equipment supplied in the previous visit. Nutrition education sessions were used to increase the school children's confidence and thereby encourage wise choices with food and drinks. Again, physical activity was conducted throughout the visit, both during and after school hours. The evening sessions at the Marree community tennis/basketball courts happened on the main street of the town showing to the entire community the commitment to such outreach activities.

### January 2004

An unscheduled outreach visit was conducted by the Birth to Elders project officer and Oral Health Aboriginal Health Worker. The purpose of the trip was in response to the death of the secondary school teacher at Marree Aboriginal School. PWHS was called upon to provide social and emotional well-being support. Grief and loss sessions were run in addition to out of school hours physical activity sessions. It was certainly encouraging to think that in time of need and crisis the PWHS was called and individual staff members were requested. This was a clear indication that a strong relationship had been forged and we were humbled by such a request.

### March 2004

This was the final visit by the author and most fittingly, it was the final piece of work done in the Birth to Elders program's 2 year existence. Dental care was provided through the oral health team. Every child was given a dental check-up by the PWHS dentist and dental therapist, who used portable equipment. The advent of such an initiative was a clear indication of the commitment by the school, parents, students and PWHS staff to lobby for, and then provide, such a service. There was also piloting of a 'well-child screening program' to detect any issues with eyesight, hearing, weight and blood pressure. As usual, healthy eating and physical activity sessions were run during school and out of school hours on each day of the visit.

### Summary

Some of the key outcomes from the visits to Marree:

- An increase in the school children's understanding that there are consequences for their actions and that such decisions in their life can impact on their health
- Establishment of a kitchen at the school to enable parents, students and teachers to conduct cooking classes and healthy school breakfasts/lunches.
- Strengthening the capacity within Marree Aboriginal School to promote healthy eating and other key health areas, eg. oral health and physical activity.
- Strengthening the partnership between Marree Aboriginal

School, Pika Wiya Health Service, Office for Recreation and Sports, Marree Health Service and the SA Dental Service.

- Strengthening the role of the school in community life by enabling healthy eating and general health promotion activities to occur in between Pika Wiya Health Service visits, e.g. they now conduct their own healthy cooking classes between our visits.
- Recognition of the importance of bringing the same staff for each visit. The appearance of regular staff members enabled the school children to recognise a commitment to their school and to reinforce relationships. Such relationships have enabled trust to be felt in the staff and thereby a clear rise in the school children's confidence in interacting and talking, especially during out of school hours activities. The Birth to Elders project officer and Oral Health Aboriginal Primary Health Care Worker attended on all five visits, the Indigenous Recreation & Sport Officer attended on four of the visits and the Dentist attended on three visits.
- Interacting with the school children in the classroom as well as in out of school hours sporting activities. These were run for the children in Marree from 6:00pm to 10:00pm on each evening of the outreach visits.
- Providing 'self-esteem show bags' for each student. These included personal hygiene items and sporting equipment, which are especially important considering that the students are very isolated and it's difficult for them to own their own private items. These bags also contained

educational material on good nutrition and anti-smoking/drug/alcohol material.

Of all the initiatives done in the Birth to Elders project this was by far the most rewarding. To be accepted by the students and to see the excitement in their eyes and voices when we would arrive was priceless. The kids were very distant on our first visit yet now a lot of them are like adopted members of the family.

### Acknowledgments

Mere words cannot do justice to the importance of so many people who have contributed to this project. Professional and personal support has been provided by a variety of people in the Aboriginal community. Special thanks to Maria Calyun, Eleanor Parker, Kristy Lynch (Pika Wiya Health Service), Daryl Little (SA Office of Recreation and Sport), Nicky Prosser (Principal, Marree Aboriginal School), and the school children of Marree who have changed my life and have reinforced my decision to dedicate my life to Aboriginal and Torres Strait Islander Health. These people contributed above and beyond what was expected of them and were regularly involved in 'on the ground' and 'behind the scenes' activity in both work time and personal time. Without their encouragement, support, determination and good humour, many of the activities described in this report would not have occurred. Sincere apologies if anyone has been overlooked.

## Can we help you?

### **MALCOLM GLEESON**

*Administration Officer, ADAHPT*

ADAHPT is a NSW statewide multi-disciplinary outreach team providing services for people with HIV and complex needs. The team comprises specialities such as nursing, social work, welfare, co-case management and psychology and is the entry point to the seven components of the AIDS Dementia and HIV Psychiatry Service (Adahps). Our aim is to enhance the capacity of existing services, clients and their carers to make the most positive response possible to manage frequently complex situations.

In recognition of recent referrals of HIV positive Aboriginal people to this service, ADAHPT is looking to increase the awareness of Aboriginal health care agencies, workers and carers about the services the team can provide for people who are HIV positive and either:

- have a suspected or confirmed diagnosis

of AIDS Dementia Complex and/or a HIV related psychiatric illness, or

- exhibit signs of cognitive impairment or behavioural disturbance that cannot be managed by local services, or
- require specialist assessment and management that is not available in the local area, or
- have complex needs that require added assistance from this service.

We invite all Aboriginal health agencies, workers and carers who are (or may potentially be) dealing with HIV positive Indigenous clients with complex needs to register their name, address and contact details with ADAHPT. This will allow us to:

- establish a comprehensive, confidential and secure information base so that we can keep you informed about our services and
- be aware of where Aboriginal health

services are located so that we can better assist clients who have been referred by other agencies.

The team is committed to issues of respecting cultural difference, confidentiality and overcoming stigma often associated with HIV/AIDS.

For more information about the Service (Adahps) and the Outreach Team (ADAHPT) visit our website at [www.health.nsw.gov.au/adahps](http://www.health.nsw.gov.au/adahps) where you can also download our fact sheets.

ADAHPT can be contacted by:

**email: [adahpt@sesahs.nsw.gov.au](mailto:adahpt@sesahs.nsw.gov.au)**

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ADAHPT is a facility of the Sydney Hospital and Sydney Eye Hospital and is based at Darlinghurst Community Health Centre.