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CAPACITY DEVELOPMENT ACTIVITIES OF THE VACCHO NUTRITION AND PHYSICAL ACTIVITY TEAM: EVALUATION REPORT



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Note on terminology: VACCHO acknowledges that although the terms 'Aboriginal' and 'Indigenous' have been used throughout this document, we are referring to both Aboriginal and Torres Strait Islander people in Victoria.

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Contents

FORWARD	3
ABOUT VACCHO	5
GLOSSARY	6
EXECUTIVE SUMMARY	7
CONTEXT	10
Purpose of this study	10
FINDINGS AND IMPLICATIONS	12
Key supportive factor	14
Implications	14
RECOMMENDATIONS	15
STUDY DESIGN	16
Research questions	16
Data sources	16
Data analysis and write up	17
Ethics	17
Limitations	17
Dissemination	17
DETAILED FINDINGS	18
Workforce capacity development	18
Partnership capacity development	20
Resource capacity development	21
Organisational capacity development	22
Leadership capacity development	23
Program context	25
CONCLUSION	27
APPENDIX 1: Foundations of VNPA workforce capacity development	28
APPENDIX 2: Partnership development	30
APPENDIX 3: VNPA Team publications, presentations and consultations	32
APPENDIX 4: Feedback on the VNPA Team's approach to partnership capacity development	36
APPENDIX 5: VNPA information resources—descriptions and evaluation data	37
APPENDIX 6: Additional funding leveraged by the VNPA Team	38
APPENDIX 7: Additional human resources leveraged by the VNPA Team	40
APPENDIX 8: The VNPA Healthy Catering Policy development process	41
APPENDIX 9: Health promotion skills—facilitating personal and professional growth	43
APPENDIX 10: Displaying and modelling leadership	44
APPENDIX 11: VANPAS: state and Commonwealth Government health policy context	45
REFERENCES	49



Foreword



I am pleased to present this evaluation report which showcases the important capacity development work undertaken by the VACCHO Nutrition and Physical Activity Team. This story began in 2008, when the Victorian Government funded the creation of a Nutrition and Physical Activity Team at VACCHO. This was a brand new program area for VACCHO and the first task was to develop an *Aboriginal Nutrition and Physical Activity Strategy* for Victoria. The newly-appointed Nutrition and Physical Activity Team integrated current evidence and consultations with each VACCHO Member organisation to ensure the Strategy was both evidence based and supported by the sector. The final document, *Closing the Nutrition & Physical Activity Gap in Victoria*, was launched in 2009. Over the next five years, the Victorian Department of Health provided further funding to continue the two positions in the Nutrition and Physical Activity Team to facilitate the uptake and implementation of the

Strategy. Funding was also provided for an independent evaluation of this work which was led by the Moondani Balluk Academic Unit of Victoria University. Importantly, the evaluation team utilised a capacity development framework (NSW Health 2002, Judd & Keleher 2013) to investigate the activities of the Nutrition and Physical Activity Team. This approach revealed their ground-breaking work of systematically building the capability of our own Koori organisations and workforce to both strengthen and sustain the wellbeing of their communities, something that a simple audit of outputs alone would not have revealed. This evaluation tells the story of their collaborative work across the sector together with the Aboriginal leadership and workers in our organisations. Using a capacity development framework as a lens to examine VACCHO's work enables policy and program planners to more deeply understand the nature of our work. Capacity building is what we do.

Jill Gallagher AO

CEO

Victorian Aboriginal Community Controlled Health Organisation



About VACCHO

VACCHO is the peak body for Aboriginal health in Victoria. It is the leading advocate for the health of Aboriginal people and a peak organisation to its 27 Member organisations. Each Member organisation is an Aboriginal community controlled health organisation (ACCHO) which provides comprehensive primary health care and other culturally relevant services for the local Aboriginal community. VACCHO's role is to support the capacity of its Members and to advocate on their behalf. Nationally, VACCHO represents the Community Controlled Health Sector through its affiliation and membership on the board of the National Aboriginal Community Controlled Health Organisation (NACCHO). State and Federal Governments formally recognise the leadership that VACCHO provides as the peak representative organisation on Aboriginal health in Victoria





Glossary

ACCHO	Aboriginal Community Controlled Health Organisation
AHW	Aboriginal Health Worker
DA-Vic	Diabetes Australia—Victoria
DHV	Department of Health, Victoria
FTE	Full-Time Equivalent
HTV	Healthy Together Victoria
ICDP	Indigenous Chronic Disease Package
MOU	Memorandum of Understanding
NGO	Non-Government Organisation
PANDA	Physical Activity, Nutrition and Diabetes Awareness
VACCHO	Victorian Aboriginal Community Controlled Health Organisation
VANPAS	Victorian Aboriginal Nutrition and Physical Activity Strategy 2009–2014
VET	Vocational Education and Training
VNPA Team	VACCHO Nutrition and Physical Activity Team



Executive Summary

This study investigated the health promotion capacity development program of the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) regarding the implementation of the Victorian Aboriginal Nutrition and Physical Activity Strategy 2009–2014 (VANPAS). During the review period (mid 2010 - mid 2014), core funding from the Victorian Department of Health that supported two (2) fulltime positions was critical to the implementation of the program.

A Health Promotion Capacity Development Framework (Hawe et al. 2000; NSW Health 2001; Judd & Keleher 2013) framed the study across five domains using the following key indicators (Crisp, Swerissen & Duckett 2000):

- workforce development (key indicators: staff training provided; professional development provided; professional relationships mentored)
- partnership development (key indicators: community activation and engagement; organisational collaborations; reorientation of organisational programs)
- resource allocation (key indicators: additional direct resourcing procured; additional leveraged resources procured; resource innovations disseminated)
- organisational development (key indicators: policy development undertaken; organisational practice changes; strategic partnerships formed)
- **leadership development** (key indicators: involvement of community leaders; community ownership of initiatives; leadership development facilitated).

Findings

A review and analysis of program documentation and interviews with key stakeholders in the Aboriginal nutrition and physical activity sector found the following in relation to each of the five domains.

Workforce development

Through ongoing program evaluation and its own research, the VNPA Team established a solid evidence base for its extensive workforce capacity development initiatives across the Aboriginal nutrition and physical activity sector in Victoria. These initiatives included:

- facilitating twenty-nine formal mentoring relationships between Aboriginal Health Workers (AHWs) and allied health professionals (predominantly dietitians)
- building supportive institutional structures, such as:
 - accredited nutrition training within Victorian AHW training curricula
 - a tertiary-level training program at Deakin University, from which twenty-three Aboriginal Diabetes Educators graduated.

Building a workforce and empowering Aboriginal workers in the provision of local nutrition and physical activity programs was a key pillar of VNPA Team activities.

Partnership development

Through the review period, the VNPA Team developed and consolidated a network of formal strategic partnerships that focused on the action areas of the VANPAS. Partnerships included, for instance:

- a state-wide Victorian Aboriginal food security scoping exercise with the national food rescue organisation SecondBite
- formal partnerships with national health non-government organisations such as Diabetes Australia—Victoria (DA-Vic), which enabled leverage of networks, expertise in training and resource development (for example, facilitating the provision of the Road to Good Health (Diabetes Australia 2014) healthy lifestyle program for AHWs to deliver in local Aboriginal communities)
- linking Aboriginal community organisations, government and non-government nutrition and physical activity professionals, education and training providers, and research institutions (for example, completing a study of early childhood nutrition resources and services for Victorian Aboriginal families by partnering with the Royal Children’s Hospital).

Resource development

The VNPA Team developed and consolidated resources by:

- maintaining an accessible presence of reliable evidence-based technical and cultural expertise across the sector, which was highly regarded by all stakeholders
- developing, leveraging and disseminating user-friendly, evidence-based training resources that empower AHWs and dietitians (for example, in collaboration with DA-Vic, disseminating the award-winning Feltman Aboriginal diabetes training tool)
- developing, leveraging, adapting and disseminating empowering information resources tailored to Victorian Aboriginal people (for example, MEND Australia’s specialist early childhood obesity prevention resources)
- leveraging additional funding (\$0.95 million) and additional human resources (114 full-time equivalent weeks) to strengthen the sector.

Organisational development

The VNPA Team facilitated organisational capacity development across the sector by:

- developing the VANPAS through evidence-based research and community consultation, and consolidating a coherent network of institutions around its vision and key objectives
- positioning VACCHO as a healthy workplace organisational role model within the Healthy Together Victoria Achievement Program by guiding the successful implementation of a VACCHO healthy catering policy
- guiding development of healthy catering policies in Aboriginal Community Controlled Health Organisations and Aboriginal Early Childhood Centres with innovative policy resources such as the Healthy Catering Toolkit, which enabled healthy catering choices to be easy catering choices.



Leadership development

The VNPA Team facilitated the leadership capacity development of Aboriginal health professionals by:

- modelling the requisite commitment, drive and advocacy to drive institutional changes for capacity building (for example, respondents reported that the VNPA Team's AHW-dietitian two-way mentoring relationship inspired both dietitians and AHWs)
- contributing to the evidence base through community consultation, systematic evaluation, action learning, disciplinary research, presentation, publication and dissemination.

Significance

Unlike Australian burden of disease publications, the World Health Organization considers 'poor diet' as a separate risk factor to obesity and considers its contribution to Australia's burden of disease to be higher than both obesity and tobacco (WHO 2013). The disease burden attributable to dietary intake for Aboriginal Australians is likely significantly worse because, overall, they are twice as likely as non-Aboriginal Australians to report no usual daily fruit intake and, seven times as likely to report no daily vegetable intake (AIHW 2011), and are four times more likely to experience food insecurity (DHV 2012). Consequently, the nutrition and physical activity health promotion program of VACCHO is critical.

The work of the VNPA Team manifests as highly skilful and significant given the challenging implementation context marked by:

- the entrenched poverty of the Aboriginal client population and enormous pressures on Aboriginal community organisations and the Aboriginal health workforce
- an Aboriginal health practice context that is highly contested and requires careful and time-consuming negotiation of programs and practices along multiple political axes
- Aboriginal health policy and program funding grants from multiple government agencies that have short lifespans, which results in rupture of policy coherence, under-resourcing and workforce insecurity (Dwyer et al. 2009; ANAO 2012)
- a current Aboriginal health policy context that privileges smoking as the key risk factor for chronic disease and results in the lack of a dedicated workforce and adequate resourcing for Aboriginal nutrition programs.

Recommendations

Recommendation One: the Department of Health, Victoria provide the VNPA Team with continued funding and additional resources to renew and further consolidate the VANPAS.

Recommendation Two: the Prevention and Population Health Branch of the Department of Health, Victoria alongside VACCHO, should lead negotiations with key national and state stakeholders to strengthen public health nutrition in the Aboriginal health and early childhood workforces, particularly regarding key workforce role descriptions (for example, Healthy Lifestyle Workers, Koori Maternity Services Workers, In Home Support Workers and Multifunctional Aboriginal Children's Services staff).

Recommendation Three: the Department of Health, Victoria should supplement core VNPA Team funding to enable the VNPA Team to facilitate Healthy Together Victoria in Aboriginal communities—in particular, a prevention trial within three Healthy Together communities to partner three Aboriginal Health Workers with allied health/health promotion professionals in formal mentoring relationships, with both the mentoring and local Aboriginal nutrition partnerships facilitated by the VNPA Team.



Context

Compared to the non-Aboriginal population, Aboriginal Victorians remain highly disadvantaged regarding health status and health outcomes. Unlike Australian burden of disease publications, the World Health Organization considers 'poor diet' as a separate risk factor to obesity and considers its contribution to Australia's burden of disease to be higher than both obesity and tobacco (WHO 2013). The disease burden attributable to dietary intake for Aboriginal Australians is likely to be significantly worse because, overall, they are twice as likely as non-Aboriginal Australians to report no usual daily fruit intake and seven times as likely to report no daily vegetable intake (AIHW 2011) and are four times more likely to experience food insecurity (DHV 2012).

In 2008 the Victorian Department of Health funded the development of the Victorian Aboriginal Nutrition and Physical Activity Strategy 2009–2014 (VANPAS) (Browne & Thorpe 2009). The VANPAS identified eight strategic action areas and the major institutional partners critical to the implementation of each area. The strategic action areas focused upon workforce, food security, healthy public policy, community-based interventions, physical activity, mothers and children, appropriate health information and strengthening the evidence base. Subsequently, the department funded VACCHO to facilitate the uptake and implementation of the VANPAS by key stakeholder agencies across Victoria.

Purpose of this study

VACCHO contracted Moondani Balluk Academic Unit at Victoria University to undertake an evaluation of the activities of the VNPA team for subsequent submission to the Department of Health, Victoria. This study, undertaken by a Senior Research Fellow at Moondani Balluk Academic Unit evaluates the capacity development activities of the VACCHO Nutrition and Physical Activity Team (VNPA Team) in facilitating the VANPAS rollout.

The VNPA Team formed in mid-2007 with two part-time staff, a senior Aboriginal Health Worker and a Dietitian (see Appendix 1 for further detail). The Victorian Health Department first provided funding to VACCHO in 2008 to develop the VANPAS, funding that included one FTE position. From mid-2010, the Department funded VACCHO to plan and facilitate the implementation of the VANPAS, funding that included two fulltime positions. In late 2011, another part-time position was added to the VNPA Team through additional project funding from the Commonwealth.

The VNPA Team was funded to:

- facilitate **organisational development** within Aboriginal organisations regarding the development of healthy eating policies and implementation of local nutrition and physical activity programs based on identified needs



- strengthen the Aboriginal nutrition and physical activity **workforce** by identifying needs, training Aboriginal Health Workers (AHWs) and early years workers, and facilitating professional development and pathways into tertiary courses
- facilitate the development and dissemination of culturally appropriate nutrition and physical activity **health promotion resources** in partnership with other organisations
- facilitate the development of **partnerships** between Aboriginal organisations and government and non-government nutrition and physical activity agencies regarding local food security, nutrition, and physical activity policy and programs
- provide **leadership** around key Aboriginal nutrition and physical activity issues in Victoria (VACCHO 2013).

The overall research question guiding this study was, 'How has VACCHO improved nutrition and physical activity program capacity within Victorian Aboriginal community controlled health organisations and other relevant Aboriginal and mainstream organisations?'

Capacity is defined as the ability to carry out stated objectives (Baillie et al. 2009). Capacity building interventions, according to Crisp, Swerissen & Duckett (2000: 100), are interventions that change 'an organization's or community's ability to address health issues by creating new structures, approaches and/or values'.

The design of this study draws upon a health promotion capacity building framework with five key domains (NSW Health 2001; Judd & Keleher 2013):

- organisational development
- workforce development
- resource allocation
- partnership development
- leadership development.

Additionally, the framework gives particular emphasis to **context**, a critical issue regarding Aboriginal health promotion programs and their unique implementation challenges.

Drawing upon Crisp, Swerissen & Duckett (2000), key indicators of these five domains include:

- **workforce development** (key indicators: staff training provided; professional development provided; professional relationships mentored)
- **partnership development** (key indicators: community activation and engagement; organisational collaborations; reorientation of organisational programs)
- **resource allocation** (key indicators: additional direct resourcing procured; additional leveraged resources procured; resource innovations disseminated)
- **organisational development** (key indicators: policy development undertaken; organisational practice changes; strategic partnerships formed)
- **leadership development** (key indicators: involvement of community leaders; community ownership of initiatives; leadership development facilitated).





Findings and implications

This study found that from mid-2010 to mid-2014 the VNPA Team consolidated capacity development of the Victorian Aboriginal nutrition and physical activity sector across the five key domains in the following ways.

In the **workforce development** domain the VNPA Team:

- established an evidence base for training and professional development based on action learning and research (for example, the evaluation of the VNPA mentoring project published in the Australian and New Zealand Journal of Public Health (Browne et al. 2013))
- built accessible institutional structures to sustain ongoing training and professional development (for example, by developing a Graduate Certificate in Diabetes Education at Deakin University for AHWs)
- led AHW curriculum development, including development of tailored teaching and learning resources, and empowering training methods (for example, the integration of nationally accredited nutrition competencies into Victorian AHW training)
- instigated ongoing professional development through formal mentoring of health professional collaborations across the sector (for example, dietitians and AHWs)
- consolidated a 'workforce' of AHWs, Aboriginal Diabetes Educators and dietitians through training, student placements, mentoring partnerships and ongoing accessible, professional support.

In the **partnership development** domain the VNPA Team:

- strategically harnessed mainstream national health non-government organisations (NGOs) around the VANPAS through partnerships and memorandums of understanding (MOUs) (for instance, with Diabetes Australia—Victoria (DA-Vic), the Cancer Council, the Heart Foundation and MEND/Better Health Company)
- built Aboriginal nutrition research partnerships with key research organisations (for example, The University of Melbourne, Victoria University, La Trobe University, Monash University, the Royal Children's Hospital and Murdoch Children's Research Institute)
- enhanced education and training linkages regarding Aboriginal nutrition and diabetes between vocational education and training organisations and tertiary education providers and national health NGOs (for example, DA-Vic and the Institute of Koorie Education at Deakin University)
- developed future Aboriginal nutrition expertise in collaboration with Monash University and Deakin University through undergraduate lectures and student placements and supervision with the VNPA Team on projects such as the Aboriginal Community Food Program's Success Stories project (Bonnell et al. 2014; see also Appendix 2).

In the **resource allocation** domain the VNPA Team:

- maintained an accessible knowledge bank for provision and brokering of Aboriginal nutrition and physical activity expertise (for example, effective consultation with the Healthy Together Victoria preventive health workforce)
- developed, leveraged and disseminated user-friendly, evidence-based training resources that empower AHWs and dietitians (for example, the 2010 Victorian Public Healthcare (Reducing Inequalities) Award-winning Feltman Aboriginal diabetes training tool)
- produced and disseminated nutrition and physical activity health promotion resources tailored to Victorian Aboriginal people (in particular, the urban Aboriginal population) that are usable, evidence-based and empowering (for example, Healthy Tucker supermarket shopping cards)
- authored user-friendly organisational nutrition policy tools, including tailored organisational catering practice guidelines (for example, the Healthy Catering Toolkit)
- leveraged additional funding and additional human resources to strengthen practice across the sector (for example, \$0.95 million in grants additional to core funding).

In the **organisational development** domain the VNPA Team:

- negotiated tailored organisational governance structures within program participation agreements with Aboriginal Community Controlled Health Organisations (ACCHOs) (for instance, ensuring dedicated staff time and data access in the VicHealth-funded pilot project, Facilitating Healthy Eating Policy Development and Implementation in Aboriginal Organisations)
- negotiated and secured stakeholder commitment to the VANPAS within formal partnership agreements and MOUs across the sector (for instance, the collaborative work plan with SecondBite to address Victorian Aboriginal food security)
- positioned VACCHO as a healthy workplace organisational role model within the Healthy Together Victoria Achievement Program by guiding the successful implementation of a VACCHO healthy catering policy
- facilitated development of healthy catering policies in ACCHOs and Aboriginal community workplaces both 'top-down' through formal policy processes and 'bottom-up' through innovative staff resources such as the Healthy Catering Toolkit, which enables a healthy catering choice as the easy catering choice.

In the **leadership development** domain the VNPA Team:

- institutionalised the vision of the VANPAS across the network of government and non-government organisations, thus consolidating a coherent Victorian Aboriginal nutrition and physical activity preventive health sector
- demonstrated advocacy, commitment and drive across a broad range of capacity development activities
- inspired dietitian-AHW collaborations by modelling effective two-way professional mentoring across the sector
- developed an Aboriginal nutrition and physical activity health promotion evidence base through community consultation, systematic evaluation, action learning, disciplinary research, publication, dissemination and presentation (for example, Aboriginal food security (see Appendix 3))
- facilitated leadership by Aboriginal health professionals through empowering them to deliver programs to their own communities.

Key supportive factor

The key factor that has enabled this broad contribution of the VNPA Team to capacity development across the Aboriginal nutrition and physical activity sector in Victoria is the institutional location of its activities. VACCHO is uniquely positioned to strengthen partnerships in Aboriginal health through having:

- representative Aboriginal community control of the organisation and by providing the necessary commitment and drive to:
 - clearly articulate a vision and pathway to equitable Aboriginal health status
 - sustain long-term focus and engagement
 - preserve key stories, lessons and institutional memory to guide sector action
- the historical, institutional, cultural and political status to broker solutions to inevitable contestations around Aboriginal health policy and practice
- a credible track record in Aboriginal health leadership.

Implications

The VNPA Team has established many of the necessary pre-conditions to instigate sustainable change regarding Aboriginal nutrition and physical activity and to reduce preventable chronic disease across the Victorian Aboriginal population. These preconditions are:

- the nucleus of a trained workforce of dietitians and AHWs with both nutrition training and the complementary institutional supports
- a network of supportive institutional sectorial partnerships aligned to the VANPAS
- a suite of training, health promotion and policy resources tailored to empower health professionals and clients
- an established network of ACCHOs and Aboriginal community organisations that role model and advocate organisational healthy eating policies
- an established Aboriginal peak body (VACCHO) with capacity to lead the sector.

Within the policy settings of the Victorian Health and Wellbeing Plan 2011–2015 and the Healthy Together Victoria systems approach to prevention in Victoria, VACCHO has the demonstrated capacity to further harness mainstream providers, consolidate the Victorian Aboriginal nutrition and physical activity sector, and facilitate the delivery of effective community-based physical activity and health eating programs that target Aboriginal children, communities and Aboriginal workplaces.





Recommendations

With the VANPAS due to end—and with its key role in guiding national health NGOs, professionals, research and training institutions, and ACCHOs across the sector well-established—it is important that the strategy is renewed, realigned with current Commonwealth and state Aboriginal health and preventive health (nutrition) policies, and further consolidated. Therefore, the following actions are recommended.

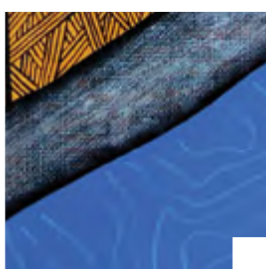
Recommendation One: the Department of Health, Victoria provide the VNPA Team with continued funding and additional resources to renew and further consolidate the VANPAS.

In order to enhance Aboriginal health sector policy articulation and the VANPAS, Recommendation Two follows.

Recommendation Two: the Prevention and Population Health Branch of the Department of Health, Victoria alongside VACCHO, should lead negotiations with key national and state stakeholders to strengthen public health nutrition in the Aboriginal health and early childhood workforces, particularly regarding key workforce role descriptions (for example, Healthy Lifestyle Workers, Koori Maternity Services Workers, In Home Support Workers and Multifunctional Aboriginal Children's Services staff).

In order to enhance partnerships with local Aboriginal leaders, organisations and communities and develop an evidence-base about the effectiveness of Aboriginal public health prevention programs within the current Healthy Together Victoria initiative, Recommendation Three follows.

Recommendation Three: the Department of Health, Victoria supplement core VNPA Team funding to enable the VNPA Team to facilitate Healthy Together Victoria in Aboriginal communities—in particular, a prevention trial within three Healthy Together communities to partner three Aboriginal Health Workers with allied health/health promotion professionals in formal mentoring relationships, with both the mentoring and local Aboriginal nutrition partnerships facilitated by the VNPA Team.





Study design

Research questions

The overall research question was, 'How has VACCHO improved nutrition and physical activity program capacity within Victorian Aboriginal community controlled health organisations and other relevant Aboriginal and mainstream organisations?'

Specific research questions were set within different areas of study.

Program context

1. How did VACCHO incorporate critical contextual factors into its nutrition and physical activity capacity development program with Aboriginal community organisations?

Organisational capacity development

2. How did VACCHO strengthen organisational capacity in the area of nutrition and physical activity within Aboriginal community organisations and what was its reach and impact?

Workforce capacity development

3. How did VACCHO build workforce capacity in the area of nutrition and physical activity within Victorian Aboriginal community organisations?

Resource development

4. How and with what impact did VACCHO leverage increased external and internal resources to increase capacity in the area of nutrition and physical activity within Aboriginal community organisations and more broadly?

Partnership development

5. How, and with what outcome, did VACCHO build linkages and partnerships with mainstream organisations to strengthen the capacity of Victorian Aboriginal community organisations in the area of nutrition and physical activity?

Building leadership capacity

6. How did VACCHO both provide and enhance leadership capacity in the area of nutrition and physical activity within Victorian Aboriginal community organisations?

Data sources

Data collection for this evaluation study came from two sources:

- a document review of the VNPA Team's activities, including planning documents, meeting minutes, correspondence, field reports, program logs, newsletters, health promotion resources, curricula, training and mentoring program documents, and policies, policy tools and policy templates.

■ informant interviews (n = 62) from key sector stakeholders as follows:	
Staff of Aboriginal community organisations	11
Aboriginal training graduates (VET and university)	11
Staff of NGO partners	13
Staff of government agencies, including mentored local government staff (n = 4)	9
Government and non-government funding officers	5
Education and training providers (VET and university)	6
VNPA Team members and their mid-level managers (current and past)	7
Total	62

Informants were interviewed by telephone and data was recorded in field notes. Notes from the interviews were transcribed into narrative texts and returned to the participants to enable them to alter the framing and correct factual errors and narrative emphasis if necessary.

Data analysis and write up

Interview and documentary data were analysed using thematic analysis (Patton 1987) structured around the five domains of capacity development. Key informant interviews included themes that emerged from the initial document analysis and prior interviews. As specified in the contract between VACCHO and Victoria University, write up followed the Canadian Health Services Research Foundation (CHSRF 2014) format.

Ethics

The Victoria University Human Research Ethics Committee granted ethics approval.

Limitations

Extensive documentary records systematically filed by the VNPA Team, in particular numerous evaluation reports (see Appendix 3), enabled a comprehensive documentary review of its activities. Key informant interviews, while always limited in terms of retrospective recall, were sufficient in number and collected from a broad enough range of sector stakeholders to provide a comprehensive overview of the activities of the VNPA Team. Although the VNPA Team provided introductions for the researcher to partnering organisations and respondent employees, the large number of participants and their diversity across the sector ameliorated concerns about bias.

Dissemination

This report will be published and disseminated to all study participants and organisations across the Victorian nutrition and physical activity sector and nationally. The findings will also be disseminated at the Public Health Association of Australia 43rd Annual Conference (15–17 September 2014, Perth) and in a peer-reviewed journal publication, as well as on the VACCHO website.





Detailed findings

This study investigated how the VNPA Team strengthened preventive health promotion capacity in the area of Aboriginal nutrition and physical activity across Victoria. Detailed findings for each of the five domains of study follow.

Workforce capacity development

According to Hawe and colleagues (NSW Health 2001), workforce capacity development in health promotion includes:

- provision of learning opportunities
- formal curriculum development
- accredited education and training development and delivery
- professional development and support systems.

All were central to the workforce capacity development of the VNPA Team.

Based on evaluations from its prior work (see Appendix 1), across the mid-2010 to mid-2014 period of this review and with two full-time equivalent (FTE) core positions, the VNPA Team consolidated Aboriginal nutrition, physical activity and diabetes health promotion capacity through curriculum development and delivery of education and training for health professionals across the life-course, including:

- Aboriginal Health Workers
- Healthy Lifestyle Workers
- Health Promotion Officers
- Koori Maternity Services Workers
- In Home Support Workers
- Early Childhood Centre Workers
- Trainee Diabetes Educators
- Undergraduate and graduate dietetic students (see Table 2 in Appendix 1).

Importantly, the VNPA Team both developed the teaching and learning materials and delivered the Graduate Certificate in Diabetes Education to a cohort of Aboriginal students at Deakin University's Institute of Koorie Education, a program which across four years produced twenty-three tertiary-qualified Aboriginal Diabetes Educators.

Student evaluation of these courses continued earlier positive feedback. For example, in the Graduate Certificate in Diabetes Education, on the indicator, 'How well taught?', the VNPA Team's teaching averaged 4.6 on a scale of 5.0 across three years of the program; in 2013 all Certificate IV AHW training students endorsed 'agree' or 'strongly agree' that the training was interesting, easy

to understand, contained relevant information, and covered a good mix of skills and knowledge; further, 100% 'strongly agreed' that it was relevant to their work.

Formal research and systematic evaluation across ongoing action-reflection cycles guided workforce capacity development; for example:

- a comprehensive state-wide community consultation, together with a review of the available national evidence in writing the VANPAS (Thorpe & Browne 2009)
- systematic evaluations of participant experience in both the Making Healthy Choices for Ourselves project and the Heart Health Action in Aboriginal Communities project (see Appendix 1)
- the collaborative research project, Aboriginal Early Childhood Nutrition and Physical Activity Needs Assessment (Thorpe, Browne & Myers 2013; see also Appendix 3).

Unprompted stakeholder feedback within this evaluation project regarding workforce capacity development activities of the VNPA Team was very positive. Staff from Aboriginal community organisations described VNPA training as:

- appropriate: 'tailored to our needs', 'pitched at the right level', 'clear' and 'practical' (n = 6/11)
- 'a safe learning environment' (n = 9/11)
- 'empowering' for Aboriginal trainees and ACCHO staff (n = 12/17); for example, 'we are able to transfer it, teach it to our community—so the student becomes a teacher'
- well resourced, incorporating evidence-based current knowledge (n = 5/11)
- useful in expediting further professional pathways (for instance, into tertiary training for Diabetes Educator qualifications) (n = 4/11).

One respondent said:

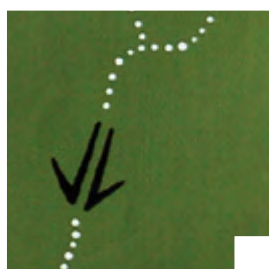
I felt safe enough to ask questions. If it was a lecture hall with 200 people, I would never have asked a question...we were learning because it was a relaxed learning environment. That's inspired me...now I'm in the third year of a nursing degree.

Regarding the mentoring program, AHWs and allied health partners described its benefits as:

- a two-way learning process with both parties having valuable knowledge to share
- helpful modelling of an effective AHW-dietitian mentoring relationship
- the establishment of substantial trust by the mentoring relationship.

Educational partners and allied health professionals valued the way the VNPA Team institutionalised nutrition and physical activity training within key sector curricula (AHW Certificate III and IV training and the development and delivery of the tertiary entry pathway for AHWs into Deakin University's Graduate Certificate in Diabetes Education).

In addition to formal training and mentoring, the VNPA Team also provided informal mentoring to AHWs, Healthy Lifestyle Workers, staff of Aboriginal community organisations and dietitians. For instance, within discrete projects, such as Facilitating Healthy Eating Policy Development and Implementation in Aboriginal Organisations, the VNPA Team worked informally alongside staff in Aboriginal community organisations to mentor them in organisational policy development.



Partnership capacity development

The VNPA Team developed collaborative work plans aligned to the VANPAS and built upon established cross-sector partnerships (see Appendix 2) with:

- Diabetes Australia—Victoria (to address Aboriginal diabetes)
- the Heart Foundation (to address Aboriginal cardiovascular health)
- the Cancer Council (to address cancer risk factors regarding nutrition)
- SecondBite (to address Aboriginal food security).

Under the MOU with SecondBite, a national food rescue and redistribution NGO, for example, a detailed action plan linked to the VANPAS resulted in:

- a mapping project of community food programs accessible to Aboriginal Victorians
- publication (in collaboration with Monash University dietetics students) of the Aboriginal Community Food Program's Success Stories (Bonnell et al. 2014)
- tailoring of SecondBite's FreshNED training program for Aboriginal Community Food Program staff (in collaboration with Monash University dietetics students).

Specific activities and outcomes of all MOU work plans are detailed in Appendix 2, Section 2.

Research and evaluation partnerships with Monash, Melbourne, Deakin, Victoria and La Trobe universities, the Royal Children's Hospital and the Murdoch Children's Research Institute provided the VNPA Team with expertise, initiated other capacity development activities and resulted in key research publications (see Appendix 3). For example, the collaborative project with the Royal Children's Hospital and the Murdoch Children's Research Institute, Aboriginal Early Childhood Nutrition and Physical Activity Needs Assessment, resulted in:

- strengthening VACCHO's organisational focus on early years programs
- the initiation of an Early Years Sub-committee within VACCHO
- grant funding to enable an engagement with MEND/Better Health Company to adapt their community-based child obesity training and resources
- a focus on maternal and child health nutrition linked to the Victorian Healthy Eating Advisory Service (within the VicHealth-funded pilot project, Facilitating Healthy Eating Policy Development and Implementation in Aboriginal Organisations).

Partnerships with both Monash University's Department of Nutrition and Dietetics and Deakin University's School of Exercise and Nutrition Science leveraged strategic award-winning project work by dietetics students supervised under the VNPA Team, including food-basket surveys, the development and evaluation of nutrition resources, and case study research about the Victorian Aboriginal Community Food Programs (see Appendix 4).

Another key partnership of the VNPA Team came under the new Victorian Government preventive health framework Healthy Together Victoria (HTV). The VNPA Team provided professional development sessions for HTV staff covering the VANPAS, Aboriginal nutrition and physical activity health promotion practice, and provided tailored resources. HTV staff (n = 5) interviewed for this evaluation reported that the VNPA Team brokered closer relationships with local Aboriginal communities that assisted Aboriginal participation in HTV activities. For instance, one respondent



attributed thirty-six local Aboriginal people participating in Jamie's Ministry of Food program in Bendigo directly to the relationships established through the VNPA Team's mentoring program.

Beyond one-to-one partnerships, member ACCHOs, partnering organisations and professionals interviewed for this report emphasised the broader role of the VNPA Team in building and maintaining the Aboriginal nutrition and physical activity sector in Victoria through partnering and linking, and the provision and brokering of knowledge. The VNPA Team was respected equally for its accessible and reliable up-to-date evidence regarding technical, cultural, policy and administrative questions (including within peer-reviewed publications—see Appendix 3) and for its accessible expertise and knowledge about the sector. Stakeholder observations of the VNPA Team's approach to partnership are provided in Appendix 5.

Resource capacity development

The VNPA Team provided a major contribution to building the resources of the Aboriginal nutrition and physical activity sector in Victoria. Including that leveraged from partners, their evidence-based, tailored information resource development targeted three key areas:

- resources for workforce training and empowerment
- organisational decision-making resources, frameworks and tools
- nutrition and physical activity health promotion information resources.

For example, the VNPA Team developed and distributed the Feltman Aboriginal diabetes teaching resource with support, first, from DA-Vic to Victorian ACCHOs (n = 22)—for which the VNPA Team received the Victorian Public Healthcare (Reducing Inequalities) Award in 2010 jointly with DA-Vic—and, second, from the National Diabetes Services Scheme for distribution nationally (n = 350), including to twenty-one Victorian mainstream services. A joint 2012 VNPA Team and DA-Vic evaluation survey of health professionals (n = 66) using the tool showed:

- 70% of workers had used Feltman since receiving training
- 100% agreed Feltman was an appropriate tool for the Aboriginal community
- 89% of health workers felt it increased their confidence in discussing diabetes.

The resource is currently being adapted as FeltMum for antenatal education sessions about diabetes in pregnancy. Further detailed evaluation data regarding information resource development are outlined in Appendix 6.

ACCHO staff and AHWs who contributed to this evaluation emphasised how the VNPA Team worked with Aboriginal community members to develop Aboriginal nutrition and physical activity health promotion resources appropriate and specific to Victoria. They said the resources 'hit the nail on the head' (being 'Koori specific'), were 'simple and effective', and were 'usable by clients' and for this reason were redistributed by other ACCHO staff, including doctors, to clients and families. Importantly, according to the ACCHO staff and AHWs, the resources also empowered AHWs and made it easy to pass on information to community members:

I use it as an educational tool—when you've got something like that, you can point to it and say, 'This is what is recommended about [X]'. Not telling people they 'should' [do X].

Feltman is really good for teaching clients—because it is a visual tool, clients can 'see' the pancreas—they can actually see how sugar affects the body. Rather than just giving information sheets, you can show them what's going on in their bodies.

The ACCHO staff and AHWs, along with VNPA Team institutional partners and funders, also described the resources as:

- innovative
- up-to-date
- evidence-based
- time-saving (because they reduced the need to source or develop their own resources).

Importantly, it was noted that prior to the work of the VNPA Team there were no Victorian Aboriginal-specific, or urban Aboriginal-specific, nutrition and physical activity health promotion resources, only those tailored for Aboriginal Australians in the Northern Territory and Queensland. Currently, the VACCHO resources are in demand around Australia.

Further to the production and dissemination of information resources, including provision of specialist expertise and policy tools across the Victorian nutrition and physical activity sector, the VNPA Team leveraged increased financial and human resources to build the capacity of the sector. In addition to winning fixed-term core funding grants of \$1.12 million (from the Prevention and Population Health Branch of the Victorian Department of Health), the VNPA Team has leveraged \$0.95 million in additional funding (see Appendix 7). On top of additional funding, the VNPA Team leveraged at least 114 weeks of additional FTE human resources for the sector through supervising dietetic student placements and recruiting volunteers during the 2010–2014 period of the VANPAS implementation (see Appendix 4).

Organisational capacity development

With a foundation of extensive relationships formed in the building of an Aboriginal nutrition and physical activity sector (one-to-one relationships through workforce development and organisation-to-organisation relationships through partnering and partnership brokerage) and by strengthening the sector's technical, financial and human resources, the VNPA Team gained significant respect among key stakeholder institutions. This status enabled the VNPA Team to negotiate a range of organisational capacity development initiatives both within its own organisation and within other ACCHOs and Aboriginal community organisations with further effects on local Aboriginal communities and mainstream organisations.

Early in the history of the VNPA Team, it adopted the strategic practice of securing formal project agreements with participating organisations contingent upon establishing specific organisational structures. In the Facilitating Healthy Eating Policy Development and Implementation in Aboriginal Organisations project, ACCHO and Early Children's Services' participation became contingent upon allocation of dedicated staff time, data access and management participation. This project gained sector credibility and acceptance when VACCHO itself, facilitated by the VNPA Team and specific support resources, developed a healthy eating policy with substantial staff engagement (see Appendix 8 for an outline of the VNPA Healthy Catering Policy development process).

Policy support resources included an innovative Healthy Catering Toolkit, which facilitated a positive change in day-to-day staff catering practices. It included:

- a colour-coded Traffic Light Guide for healthy catering orders (suggesting 50% Best Choice food items (Green), 30% Select Carefully items (Yellow) and 20% Limit items (Red))
- a list of healthy local caterers indicating best options from their catering menus
- guidelines for caterers regarding VACCHO's catering requirements
- catering order forms tailored to local caterers' menus with items colour coded according to the Traffic Light Guide
- related tip sheets for healthy catering choices (from the supermarket, for barbecues etc.).

The Health Catering Toolkit enabled healthy catering choices to become easy choices for staff.

In this way, the VNPA Team instigated 'bottom-up' organisational changes of day-to-day staff practices regarding catering in parallel with facilitating 'top-down' change, a formal policy development process through VACCHO staff and management engagement. Over two years, pre- and post-VACCHO catering receipts analysis showed:

- an increase in Best Choice foods from 39% to 65%
- a decrease in Limit foods from 41% to 16% (see Figure 1 in Appendix 8).

Subsequently, the VNPA Team received funding from VicHealth to implement a pilot project (Facilitating Healthy Eating Policy Development and Implementation in Aboriginal Organisations) in five ACCHOs and three Aboriginal Early Children's Services across Victoria (subsequently the project was selected as a finalist in the Promoting Healthy Eating section of the 2013 Victorian Health Promotion Awards). Outcomes from the project were most clearly evident at the two ACCHOs that

enabled the collection of catering receipts at baseline and follow up. The key outcomes from these two ACCHO sites showed:

- almost a doubling in the proportion of foods in the Best Choice category (from 18% to 34% at one ACCHO, and 17% to 33% at the other) purchased for catering purposes
- a significant decrease (from 51% to 1% at one ACCHO, and from 32% to 6% at the other) in the proportion within the Limit category (see Figure 2 in Appendix 8).

Across the three Aboriginal Early Children's Services sites of the project, the VNPA Team, in partnership with the organisations, was able to strengthen a range of organisational structures to support healthy eating and nutrition, including policies, procedures and practices. Working directly with the site managers of these services, the VNPA Team updated the nutrition policies at all sites to comply with the *Australian Dietary Guidelines* (NHMRC 2013) and the *Guide to the National Quality Standard* for children's services (ACECQA 2013).

Indirectly, according to participants in this study, these initiatives effected organisational change in related mainstream institutions, as well as having 'ripple' effects on eating practices of ACCHO staff, clients, families and communities. Respondents also reported that local catering businesses serving Aboriginal organisations changed their practices. In another instance, a food system survey in a regional area revealed the local ACCHO to be the only regional workplace of 121 surveyed that had a healthy catering policy. Subsequently, ACCHO staff were invited to present at a regional HTV food forum for local organisations (n = 90).

ACCHO staff and AHW respondents highlighted the VNPA Team's close collaboration with management and staff and its assertiveness and persistence in advocating healthy catering policies to Aboriginal community organisations:

...catering is improving—it's creating some peer pressure on people if they buy a pie or something unhealthy—that's a big change...

Now people are thinking about food... Instead of hot chips and pies being served at community events and meetings, it's dips with celery sticks and carrot sticks.

Within interviews for this study, allied health professionals and funders working with ACCHOs reported observing similar changes.

The VANPAS was also a major contribution to organisational capacity development and the strategic cohesion of the sector. According to respondents, based on evidence from the literature and extensive and authentic community consultation, the VANPAS guides dietitians and health promotion professionals working in the sector in terms of funding applications and negotiating Aboriginal program objectives with their managers. Funders and policymakers also perceived it as a key guideline for the sector.

Leadership capacity development

According to Hawe and colleagues (NSW Health 2001), health promotion leadership comprises strategic action, partnership development, high-level health promotion skills, consolidation of personal and professional development through reflexive learning, and ability to communicate the big picture. Not only did the VNPA Team members model these qualities, but within their initiatives they empowered leadership capacity development within other health professionals.



Facilitating strategic action

The VANPAS, which synthesised community vision and disciplinary evidence into key action areas, stands as the guiding document that facilitates strategic capacity development across the workforce and key sector institutions. Its integration into MOUs with mainstream peak health organisations, such as DA–Vic and SecondBite, positions it as central to the sector. The VNPA Team also frames ACCHO partnerships around the VANPAS.

Facilitating effective partnerships

Facilitating effective partnerships was another leadership initiative of the VNPA Team. Understanding that its two FTE-funded core positions provided quite limited scope to implement a state-wide strategy, not only did it leverage resources through its own strategic partnerships, but it also facilitated partnerships between other organisations across the sector, including between:

- mainstream peak bodies and ACCHOs and other Aboriginal community organisations (for example, DA–Vic, SecondBite, Victorian Healthy Eating Advisory Service and Early Children’s Services)
- ACCHOs and ACCHOs (for example, through forums, committees and regional training)
- ACCHOs and government (for example, Healthy Together communities—Mildura, Bendigo, Wyndham, Whittlesea)
- ACCHOs and allied health professionals through mentoring partnerships.

ACCHO staff and AHWs said:

If you had a problem, they’d give you someone to talk to—they’ve opened up my networks.

The team plays that switchboard role really well—linking up key stakeholders across the sector.

Within structured mentoring partnerships, with clear aims, objectives and integrated review mechanisms, the VNPA Team facilitated reflective learning. According to a mentored dietitian:

[The mentoring process] enabled difficult conversations about barriers and challenges in the work. So, for instance, we would notice the children reacting to the food in a particular way and we would problem-solve how we could get around that.

Building health promotion skills—facilitating personal and professional growth

In addition to nutrition and physical activity workforce development activities, the VNPA Team facilitated the personal and professional growth of dietitians and Aboriginal health professionals. Numerous Aboriginal workers responding to this study described how the VNPA Team facilitated both personal and professional development (see Appendix 9).

Communicating the big picture

On the basis of the foundational research for the VANPAS, the VNPA Team articulated a consistent and meaningful vision based on a keen understanding of the systemic determinants of Aboriginal health. It published widely, presented at numerous forums nationally—including as invited experts (see Appendix 3) and at VACCHO member meetings of ACCHO chief executive officers—and inspired diverse stakeholders across the Victorian sector.

According to partners and colleagues, the VNPA Team consistently modelled a proactive professional approach and demonstrated a willingness to take the initiative and a commitment to empower Aboriginal organisations, staff members and clients, and mentored and inspired non-Aboriginal health professionals to work skilfully and empathically with Aboriginal stakeholders to strengthen Aboriginal health promotion capacity. Respondent observations of how the VNPA displayed and modelled leadership are set out in Appendix 10.

Program context

According to Hawe and colleagues (NSW Health 2001: 6), within health promotion capacity development, outcome is a product not only of the change strategy but also of the implementation context: the 'range of physical, economic, political, organisational, and cultural environments' in which a program is situated. To date, this paper has examined change strategies without specific reference to the context of their enactment.

Policy context

The policy context is a central factor shaping the work of the VNPA Team. Its 2008 consultation, research and formulation of the VANPAS in Victoria articulated with Commonwealth and state government policies (for more detail see Appendix 11), including:

- the National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003–2013 (NATSIHC 2003)
- the National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan 2000–2010 (SIGNAL 2001);
- the Victorian Government's Victorian Indigenous Affairs Framework 2006 (DPCD 2006)
- the Victorian Department of Human Services Aboriginal Service Plan 2008–2010 (DHS 2008)
- the Victorian Department of Human Services Go for Your Life nutrition and physical activity strategy 2006–2010 (DHS 2006).

Nevertheless, early in the implementation of the VANPAS in mid-2010, the Council of Australian Governments' National Indigenous Reform Agreement (COAG 2009a) and National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes (COAG 2009b) initiated the Commonwealth-funded Indigenous Chronic Disease Package (ICDP) (DOHA 2009). This initiative directed significant resources, including a workforce of Healthy Lifestyle Workers, towards tobacco at the expense of any substantive focus on nutrition and physical activity programs. The ICDP also targeted individual lifestyle choices rather than a systemic public health or food security approach.

The Victorian Closing the Gap Implementation Plan 2009–2013 (COAG 2009c), following the ICDP, targeted smoking and largely ignored poor nutrition and physical activity as major chronic disease risk factors. This joint Commonwealth–state program provided the VNPA Team neither additional funding nor formal strategic policy and program links to enable nutrition and physical activity training, supervision or integration into the role of Healthy Lifestyle Workers. According to observations from all stakeholder groups in this evaluation, lack of a workforce was a significant challenge for the VNPA Team:

Their job is doubly hard because they have to generate interest in nutrition amongst AHWs [or Healthy Lifestyle Workers, generalist practitioners with a broad focus], encourage them into the Cert. III or IV training...deliver the training, and then empower the workforce through practical support to implement nutrition and healthy lifestyle policies, community projects and education programs.

It is massive task for a small under-funded team—given the context, you have to implement the strategy by stealth...given Aboriginal obesity is 60%...the fact that there is no workforce to do it is scandalous.

In 2010 the policy focus of the Prevention and Population Health Branch of the Victorian Department of Health, which funded the VNPA Team, also shifted and became aligned with a COAG National Partnership Agreement on Preventive Health (COAG 2009d), which supported:

- local government council-initiated community-based physical activity and health eating programs (including the major initiatives of national health NGOs such as Diabetes Australia) in the Healthy Communities element
- programs in childcare centres, pre-schools, children and family centres, and schools (including breastfeeding) in the Healthy Children initiative
- workplace health living programs in the Healthy Workers initiative.

In Victoria this policy framework was integrated into the Victorian Public Health and Wellbeing Plan 2011–2015 (DHV 2011a) and was framed as Healthy Together Victoria. Following the COAG guidelines, not only did it prioritise systematic preventive actions in clinical settings, but also, through local government, preventive health programs in workplaces, early childhood and school settings, and local communities. Within Victoria, the HTV implementation is through the Prevention Community Model led by local councils in twelve designated local government sites in collaboration with community health agencies and other local partners in a 'prevention partnership'.

The Victorian Public Health and Wellbeing Plan explicitly supports the implementation of the VANPAS. The nutrition component of this strategy, the Victorian Healthy Eating Enterprise, also endorses the VANPAS. Nevertheless, through the review period, no additional resources, Aboriginal health professionals or dedicated Aboriginal health positions linked to the VNPA Team were allocated under the HTV strategy.

In mid-2013 the Closing the Gap National Partnership Agreement expired and Victorian Aboriginal health policy shifted to be framed around the *Koolin Balit Victorian Government Strategic Directions for Aboriginal Health 2012–2022* report (DHV 2012). The *Koolin Balit—Statewide Action Plan: 2013 to 2015* report prescribed funding VACCHO (the VNPA Team) 'to lead and implement actions from the VANPAS' (DHV 2013: 5)—again, initially, without additional funding above the two existing core FTE positions. However, it appears additional funding is allocated for the 2014/15 financial year.

Despite what, on the basis of initial resource allocation, appeared to be the minor status of the VANPAS and the VNPA Team in both *Koolin Balit* and the Victorian Public Health and Wellbeing Plan, it is evident in the findings above that through the leadership of the VNPA Team, Victorian ACCHOs, Aboriginal community organisations, government and non-government nutrition and physical activity professionals, education and training providers, and research institutions have aligned their Aboriginal nutrition and physical activity initiatives with the VANPAS. Within interview data collected for this study, all these stakeholder groups called for increased resourcing of the VNPA Team in its facilitation role to implement the VANPAS across the sector.

Physical, economic, organisational, cultural and political context

Ultimately, Aboriginal Victorians constitute the 'critical reference group' (Wadsworth 1997) for VNPA Team activities, the key stakeholder group that the program is meant to serve. Therefore, the physical, economic, political, organisational and cultural context of Victorian Aboriginal lives is central to the design and delivery of effective capacity development programs in this sector.

Victorian Aboriginal health status and the social determinants that impact negatively on health mirror those of Aboriginal Australia in general (DHV 2011b; AIHW 2011). Due to widespread poverty contingent upon continuing historical legacies of exclusion, cultural oppression and racism, which continue to erode environmental, psychological, social and cultural health, many Aboriginal Victorians are locked into an unavoidable, ongoing daily struggle with family and social problems, commitments that often override a focus on personal health needs. Thus, a seamless continuity of personal health management is not the norm. Furthermore, the pressures and disruptions of Aboriginal daily life place a substantial burden on local Aboriginal community organisations, pressures experienced directly by ACCHO management and staff. These are key factors making the VNPA Team's preventive health capacity development a complex and challenging undertaking.

The economic, social and cultural context is also central to the policy and political context. Aboriginal health programs and local participation within them sit at the troubled political interface of Aboriginal and non-Aboriginal Australia, a domain where health programs are highly contested along diverse axes.

In order to acknowledge colonial history and respect the cultural integrity of Aboriginal Victorians, a Victorian ACCHO, along with national research institutions, offers frameworks for appropriate and ethical engagement (Mungabareena Aboriginal Corporation 2008; NHMRC 2003; AIATSIS 2011). A synthesis of these frameworks suggests that Aboriginal health programs should, as a matter of practice:

- respect Aboriginal governance
- engage in equal partnerships
- ensure informed consent

- provide transparent accountability to local leaders
- respect Aboriginal values and perspectives
- respect Aboriginal collective identity
- respect Aboriginal cultural diversity
- promote inter-generational healing
- engage in compensatory capacity development.

The VNPA Team, already supervised and governed by respected senior Victorian Aboriginal leaders, demonstrates a positive approach to all of the above. It maintains local community consultation, formally negotiates program development and implementation with local Aboriginal organisations, their leaders and management, and ensures informed consent, transparent accountability and respect for local values, perspectives and identities. The team's empowering approaches to community programs respect local diversity, promote inter-generational healing and ensure capacity development as outlined previously. Because the engagement of the VNPA Team with ACCHOs and Aboriginal health professionals has been built on respect, partnership, transparent accountability, empowerment and healing, it has the trust of local organisations and staff. Nevertheless, respectful engagement requires resources, appropriate staffing, time and careful management, another key contextual factor in this work.

In summary, regarding the overall context of the VNPA Team's capacity building activities, it is clear this work is undertaken in a context that is challenging in the following ways:

- the socio-economic status of the Aboriginal client population places enormous pressures on Aboriginal community organisations, therefore the priority placed on preventive health is often subordinate to acute care and commitment levels vary across VACCHO member organisations and require flexibility of the VNPA Team
- the practice context of Aboriginal health in Australia requires negotiation along multiple political axes, therefore ethical and respectful practice with local Aboriginal organisations takes time, care and ongoing commitment
- in some instances, health policymakers position Aboriginal people as one minority among others, albeit one bearing a significant health burden, therefore Aboriginal health programs must 'fit' a larger, generic policy frame; one outcome, in the case of the VNPA Team's capacity development work, has been a lack of policy coherence, under-resourcing and some employment insecurity within the team
- nationally, both mainstream public health policymakers and Aboriginal health policymakers privilege smoking as the key risk factor for chronic disease and consign public health nutrition and physical activity to secondary status and therefore to a lack of essential resources, particularly a dedicated workforce; hence, according to one respondent, this situation required the VNPA Team to 'implement the strategy [VANPAS] by stealth'.

Conclusion

Despite substantial challenges associated with the implementation context, the Nutrition and Physical Activity Team within the Victorian Aboriginal Community Controlled Health Organisation has delivered an outstanding health promotion capacity development program across the period under review. It has brought together key organisations around the strategic goals of the Victorian Aboriginal Nutrition and Physical Activity Strategy 2009–2014 and established the necessary pre-conditions to instigate sustainable change regarding Aboriginal nutrition and physical activity—and thus chronic disease





Appendix 1:

Foundations of VNPA workforce capacity development

The VNPA Team formed in 2007 with two part-time staff, a senior Aboriginal Health Worker and a Dietitian to deliver health promotion programs concerning heart disease, diabetes and nutrition and physical activity. Initial programs included a cardio-vascular training program funded by a grant from the R. E. Ross Trust run jointly by VACCHO and the Heart Foundation for Aboriginal workers (n = 30 participants) and an action research project funded by a Victorian Department of Health public health research grant to build the capacity of dietitians, Aboriginal health workers and ACCHOs. At the same time, Diabetes Australia—Victoria (DA-Vic) funded the VNPA Team to develop and deliver diabetes management training for Aboriginal workers across the sector (n = 19). Participant evaluations were positive and average diabetes knowledge scores increased from 3/10 to 8/10. Nevertheless, both training programs revealed a residual lack of participant confidence to implement new on-the-job skills and a need for:

- ongoing professional development, specifically mentoring
- Victorian-specific health promotion resources
- regular information sharing across the sector
- development of tertiary pathways for AHWs to train as Diabetes Educators.

The VACCHO action research project, Making Healthy Choices for Ourselves, strengthened workforce capacity in the Aboriginal nutrition sector by:

- documenting training needs of dietitians
- providing dietitians with cultural awareness training (n = 30)
- providing AHWs with physical activity, nutrition and diabetes awareness (PANDA) training
- structuring formal dietitian-AHW mentoring relationships (supported by a VNPA developed CD and workbook) within four pilot community nutrition projects.

In a follow-up project with the Heart Foundation, Heart Health Action in Aboriginal Communities, the VNPA Team established an additional 14 six-month mentoring relationships between AHWs and allied health professionals (mostly dietitians). An evaluation of this project revealed the effectiveness of linking professional mentoring to AHW training to enable effective VNPA health promotion activity.

As indicated in Table 1, from 2008 through 2010 the VNPA Team consolidated Aboriginal nutrition and physical activity health promotion curriculum development and training, diabetes training and dietetic undergraduate teaching. Responding to earlier feedback, it also led the development, delivery and advocacy for a postgraduate Aboriginal Diabetes Educators course at Deakin University to be credentialed by the Diabetes Educators Association of Australia. With the funding support of Diabetes Australia, it distributed Feltman, an interactive teaching resource enabling AHWs to deliver diabetes programs to clients.

Table 1: VACCHO Nutrition and Physical Activity Training: participant numbers 2008-10

Training cohort	2008	2009	2010
AHW Certificate III	30	38	-
AHW Certificate IV	-	-	24
AHWs PANDA or Certificate IV Specialist Skill Set	15	8	8
AHW Certificate IV Woman & Babies Health	-	8	-
Aboriginal Health Promotion and Chronic Care Workers, AHWs & Healthy Lifestyle Workers	-	20	-
Graduate Certificate in Diabetes Education	-	-	4
Dietetics undergraduates	30	-	-
Mentored dietitians and AHWs	18	6	-
Dietitians	24	-	-

Table 2: VACCHO Nutrition and Physical Activity Training participant numbers 2011-14

Training cohort	2011	2012	2013	2014
AHW Certificate III	20	17	18	8
AHW Certificate IV	7	5	8	10?#
AHW Certificate IV (Specialist Set)	10	6	-	6?
AHW Certificate IV Woman & Babies	4	-	-	?
Aboriginal Health Promotion and Chronic Care Workers, AHWs & Healthy Lifestyle Workers	8	~ 120*	-	?
Koori Maternity Services Workers		20		
Early Childhood Services AHWs/In Home Workers/Early Childhood Services Staff/Parents/Health Promotion Officers	-	12	48	6 + 24?
Graduate Certificate in Diabetes Education	10	4	5	Course Shutdown
Dietetics undergraduates	-	-	30	?
Dietetic undergraduates Field placement (Supervision)	4	3	4	4
Mentored dietitians and AHWs	-	-	5	?

* participants at a Healthy Lifestyle Forum including 28 from Healthy Together communities;

(question marks) denotes planned sessions and expected participant numbers.



Appendix 2:

Partnership development

Section 1: Foundations of VNPA Team partnership capacity development

From its beginnings, the VNPA Team assembled a range of strategic partnerships with VACCHO constituents—Victorian ACCHOs, key government departments, national health NGOs, education and training providers, nutrition professionals and university researchers. Victorian branches of national health NGOs, such as the Heart Foundation and DA-Vic, with support from philanthropic foundations like the Ross Trust, funded, supported and contributed expertise to the initial VNPA training and mentoring projects. Practising dietitians and associated allied health professionals partnered AHWs in these projects. Academic dietitians and other education and training providers supported the education and training initiatives and community programs.

Bringing the sector together

The early Making Healthy Choices for Ourselves project built on a partnership and MOU with The University of Melbourne and established working partnerships between the VNPA Team and ACCHOs and between AHWs and dietitians within four community nutrition projects across the state. The VNPA Team and Heart Foundation partnership, Heart Health Action in Aboriginal Communities, established additional working partnerships between ACCHOs (n = 11) and government health services (n = 5), and AHWs (n = 18) and allied health professionals, mostly dietitians (n = 14), to cover six regions of the state.

The VNPA Team was an active participant in an Aboriginal Fitness Leaders Working Group, which included Victorian Aboriginal Youth Sport and Recreation, Melbourne Aboriginal Youth Sport and Recreation Co-op, the Heart Foundation and DA-Vic, to develop a funding submission (ultimately unsuccessful) to employ Aboriginal Physical Activity Officers in ACCHOs. A Koori Community Kitchen forum convened by VACCHO brought ACCHOs and key stakeholders together and directly inspired similar projects around the state. The VNPA Team's *Tucker Talk* eNewsletter distributed to 200 Indigenous health practitioners—AHWs, Koori Maternity Workers, Aboriginal Health Promotion and Chronic Care Workers, Aboriginal Hospital Liaison Workers, In Home Support Workers, Best Start Workers, Kids 'Go for Your Life' workers, Healthy for Life workers, community dietitians, health promotion officers and other staff within organisations across the sector—further linked Aboriginal, government, non-government and academic stakeholders to build an emerging Victorian Aboriginal nutrition and physical activity sector.

Complementing this sectorial partnership-building, the VNPA Team undertook a literature review and state-wide community consultation to develop the pivotal policy for the sector, the Victorian Aboriginal Nutrition and Physical Activity Strategy 2009-2014 (VANPAS). The team consulted twenty-seven ACCHOs, placing nutrition and physical activity firmly on their agendas and positioning the VNPA Team as a key and accessible Aboriginal community sector resource. Maintaining these linkages through 2010, the VNPA Team engaged collaboratively with DA-Vic to support the appointment of its Aboriginal Liaison Officer and deliver training for local AHWs to run the *Life! The Road to Good Health* Aboriginal healthy living and nutrition program.

Section 2: Partnership activities undertaken with peak non-government organisations

Under the partnership work plan with DA–Vic, the VNPA Team:

- continued to link DA–Vic with local ACCHOs and partner the rollout of Life! The Road to Good Health
- utilised the DA–Vic Aboriginal Liaison Officer and other staff in the delivery of Certificate III and IV specialist nutrition and physical activity training and the Graduate Certificate in Diabetes Education
- produced four Aboriginal-specific pictorial diabetes guides.

Within the Heart Foundation MOU, the organisations worked together to reduce cardio-vascular risk factors by:

- promoting the Heart Foundation—Western Australia’s My Heart, My Family, Our Culture Aboriginal resource kit for AHWs to implement community programs
- supporting the author of the resource kit, Western Australian Aboriginal Elder Aunty Lyn Dimer, to deliver a training workshop for sixty AHWs and Healthy Lifestyle Workers at the VACCHO Healthy Lifestyle Forum
- partnered on a AHW Certificate IV nutrition skills set teaching session on the Heart Moves program and Heart Foundation Walking program.

Under an MOU with the Cancer Council, the VNPA Team initiated:

- a collaboration to establish an Aboriginal component to the Rethink Sugary Drinks campaign, including a television advertisement tailored to an Aboriginal audience.

Under the MOU with SecondBite, a national food rescue and redistribution NGO, a detailed action plan linked to the VANPAS resulted in:

- a mapping project of community food projects accessible to Victorian Aboriginal people
- a finding regarding a lack of information about Aboriginal food security programs
- a publication (in press) of Aboriginal community food program Success Stories to be disseminated to Victorian ACCHOs (in collaboration with Monash University undergraduate dietetics students)
- tailoring of SecondBite’s FreshNED training program for Aboriginal Community Food Program staff (in collaboration with Monash University undergraduate dietetics students)
- increased Aboriginal participation to fifteen Aboriginal Community Food Programs accessing rescued food.

Emphasising the evidence base of the VNPA Team’s activities, the collaboration on food security with SecondBite itself was an outcome of feedback from earlier VNPA Team projects: the Wathaurong Go for Your life project, the VANPAS community consultations and VNPA Team research on Aboriginal food security (Browne & Thorpe 2009).





Appendix 3:

VNPA Team publications, presentations and consultations

Publications

Bonnell, E., Murray, M., Thorpe, S., Browne, J., Barbour, L., MacDonald, C., Palermo, C. 2014 Sharing the tracks to good tucker: identifying the benefits and challenges of implementing community food programs in Aboriginal communities in Victoria. *Australia Journal of Primary Health* (in press).

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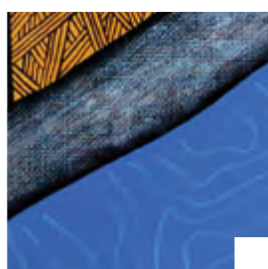
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Expert consultative advice provision

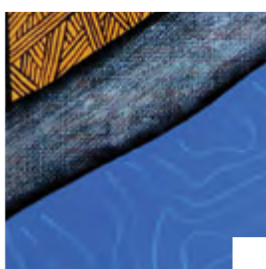
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Appendix 4:

Additional human resources leveraged by the VNPA Team

Year	Institutional partner	Project worker	Project description
2011	Deakin University	Master of Dietetics student (x 2)	Supporting the implementation of healthy catering policy at VACCHO ¹ & ² and a healthy food basket survey
	Deakin University	Master of Dietetics student (x 2)	Expanding the implementation of healthy catering policy to VACCHO members
2012	Deakin University	Master of Dietetics student (x 3)	Supporting Aboriginal organisations to develop localised resources to ensure healthy food policy implementation
	SecondBite	Volunteer (x 1)	Aboriginal Community Food Programs survey and literature review
2013	Deakin University	Master of Dietetics student (x 2)	Evaluation of the Tucker Talk tips resources
	Monash University	Bachelor of Nutrition & Dietetics student (x 2)	Aboriginal Community Food Program Success Stories ³
2014	Monash University	Bachelor of Nutrition & Dietetics student (x 2)	Breastfeeding Success Stories
	Monash University	Bachelor of Nutrition & Dietetics student (x 2)	Aboriginal Nutrition Workforce Mapping
	Monash University	Bachelor of Nutrition & Dietetics student (x 2)	Adapting and piloting SecondBite's Fresh Ned program at Dhauwurd-Wurrung Elderly and Community Health Service, Portland

1 VNPA won the Departmental Supervision Award for its student support on this project.

2 The students undertaking this project won the Best Student Project Award.

3 The students undertaking this project won the Best Student Project Award.



Appendix 5:

Feedback on the VNPA Team's approach to partnership capacity development

In interviews, repeated descriptors from present and former staff of partner agencies described the VNPA Team's partnership approach as 'open', 'positive', 'generous', 'enthusiastic', 'clear' and 'transparent', 'strategic' and 'purposeful', 'thorough', 'proactive' and dependable ('they deliver on their commitments'), and the VNPA Team as 'fearless advocates' for the Victorian Aboriginal community.

Beyond one-to-one partnerships, member ACCHOs, partnering organisations and professionals interviewed for this report emphasised the broader role of the VNPA Team in building and maintaining the Aboriginal nutrition and physical activity sector in Victoria through partnering and linking, and the provision and brokering of knowledge. Not only was the VNPA Team respected for accessible and reliable up-to-date evidence regarding technical, cultural, policy and administrative questions (including within peer-reviewed publications—see Appendix 3), but equally for its accessible expertise and knowledge about the sector. Multiple stakeholders interviewed within this study described how the VNPA Team's 'embedded' relationship of trust with the ACCHO membership facilitated links between ACCHOs and peak NGOs and vice-versa, and how the VNPA Team promoted peak NGOs proactively and were 'indispensable' to and 'champions' of the sector. The ability of the team to leverage additional resources into the sector was also highlighted.

Participant contributions from member ACCHOs to this evaluation study clearly described the basis for their foundation of trust in the VNPA Team. ACCHO staff and AHWs observed that members of the VNPA Team made themselves and their networks open and available by being only 'a phone call away' and that they mentored ACCHO staff by being 'someone to talk to' and by 'walking beside me—helping me'. ACCHO staff and AHWs said the VNPA Team supported their community development, planning, report writing and research skills within a framework of action learning, empowering their own practice with their communities. They highlighted the role of the VNPA Team in brokering relationships with other ACCHOs and mainstream peak NGOs and access to resources across the sector both one-to-one and through forums it convened (such as Healthy Lifestyle Forums, which included institutions across the sector) and online forums, and through the Early Years Sub-Committee at VACCHO. The VNPA Team also convened a face-to-face forum for dietitians working across the sector.



Appendix 6:

VNPA information resources— descriptions and evaluation data

Including that leveraged from partners, the VNPA Team's information resource development tailored to the sector in Victoria is significant in three key areas.

- Resources for workforce training and empowerment: resources that dietitians, AHWs, Healthy Lifestyle Workers and childcare workers can use in their own practice with Aboriginal organisations, communities and individuals; for example:
 - child nutrition and physical activity resources adapted with MEND/Better Health Company for childhood obesity (distributed as a showbag of tailored Aboriginal childhood obesity prevention resources) (n = 2400)
 - TuckerTalk tip sheets (including twelve for adult health promotion and seven tailored for kids), including Healthy Eating Guidelines (n = 60,000)
 - a 2013 TuckerTalk tip sheet evaluation survey of health professionals (n = 47), which revealed that 89% agreed the tip sheets were visually appealing, clear and easy to understand, and that 91% agreed they had the right amount of text
 - the Queensland Health Living Strong facilitator's manual and CD
 - the Heart Foundation My Heart, My Family, Our Culture resources.
- Organisational decision-making resources, frameworks and tools; for example:
 - the VANPAS report and implementation plan (Thorpe & Browne 2009)
 - Feeding Our Future: Aboriginal Early Childhood Nutrition & Physical Activity Needs Assessment report (Thorpe, Browne & Myers 2013)
 - the dietitian-AHW mentoring project DVD and manual (including timesheets and reflection templates) enabling integration of dietitian-AHW mentoring into employee work plans and organisational structures



- the Healthy Catering Policy Template to enable Aboriginal community organisation staff to draft healthy catering policies for their organisations
 - the Healthy Catering Toolkit (n = 35) to strengthen healthy eating policies and practices in Aboriginal community organisations by making the healthy catering option the easy option in practice
 - Community Food Program Success Stories (in press).
- Nutrition and physical activity health promotion information resources targeted specifically to Aboriginal Victorians across the life-course, distributed to and usable by all health professionals; for example:
- TuckerTalk tip sheet sets (n = 1400), including 'Feeding your baby', 'Good food for elders', 'Healthy eating during pregnancy', 'Healthy snacks for primary school-aged kids' etc.
 - HealthyTucker Cards to help read supermarket food nutrition labels (n = 5600)
 - diabetes prevention pictorial guides produced with DA-Vic
 - a Koori-specific social marketing campaign comprising six radio jingles, which was developed and broadcast via Koori media and regional television stations.





Appendix 7:

Additional funding leveraged by the VNPA Team

Year	Funder	Purpose	Amount
2007	Diabetes Australia Victoria	AHW diabetes prevention and management training	\$79,000
	Department of Human Services Public Health Research	Action research dietitian mentoring	\$139,000
2009	Ross Trust via Heart Foundation	Cardio-vascular health mentoring project	\$60,000
	Department of Health	Develop Tucker Talk tip sheets	\$12,000
2010	Department of Health	Development of AHW nutrition skills set training	\$140,000
2011	Department of Health	Early Childhood Needs Assessment	\$25,000
	VicHealth	Healthy eating policy development in ACCHOs	\$120,000
	Deakin University Institute of Koorie Education	Lecturing—Graduate Certificate in Diabetes Education	\$13,000
2012	VicHealth	Healthy Lifestyle Forum	\$10,000
	Commonwealth Department of Health and Ageing	Koori Family Lifestyle Project	\$259,000
	Deakin University Institute of Koorie Education	Certificate in Diabetes Education	\$36,000
2013	Medibank Community Grant	Nutrition health promotion resources production	\$10,000
	Deakin University Institute of Koorie Education	Lecturing— Graduate Certificate in Diabetes Education	\$38,000
	Deakin University School of Exercise and Nutrition Science	Part-production of teaching resource (DVD)	\$3,000
	Victorian Aboriginal Education Association Inc.	Training In-Home Support Workers	\$4,000
Total			\$948,000



Appendix 8:

The VNPA Healthy Catering Policy development process

The VNPA Team began development of a Healthy Catering Policy and Healthy Catering Guidelines within VACCHO in 2010. The organisational development process, which the VNPA Team also encouraged within ACCHOs in the Facilitating Healthy Eating Policy Development and Implementation in Aboriginal Organisations project, included:

- a staff survey (n = 27) regarding:
 - support for a nutrition policy
 - support for healthy catering at organisational events
 - other staff suggestions.
- a follow-up workshop (n = 20) collecting staff input into what the team identified as important components of an organisational nutrition policy
- development of a draft VACCHO Healthy Catering Policy
- focus testing policy resources (see below; n = 19) and follow-up awareness survey (n = 24)
- presentation of the draft to management
- redraft prior to management endorsement
- presentation to the Board of Management for endorsement
- subsequent (2012) evaluation survey of policy (n = 45) and staff workshop (n = 32).

The VACCHO Healthy Catering Policy was endorsed by the VACCHO Board in mid-2011.

Not only did the VNPA Team facilitate a formal policy development process but also a more informal approach by developing tailored resources focused upon changing staff catering practices. These were compiled into a Health Catering Toolkit and included:

- a Traffic Light Guide with colour-coded information about healthy and unhealthy food choices, with a how-to-use guide
- a list of healthy local caterers and best options from their catering menus
- guidelines for caterers regarding VACCHO's catering requirements
- catering order forms for local caterers with items colour coded according to the Traffic Light Guide
- tip sheets for healthy catering choices (from the supermarket, for barbecues etc.).

With the assistance of the Healthy Catering Toolkit, healthy food choices became easy choices for VACCHO staff. In this way, the VNPA Team changed day-to-day organisational practices regarding

catering, in addition to facilitating a formal policy development process. Comparative analysis (Figure 1) of VACCHO catering receipts showed a significant shift in the proportion of healthy foods ordered, in terms of the 'traffic light' guidelines, between the initial pre-catering policy period of 2009–10 and the post-catering policy period of 2011–12, and at two ACCHO sites (Figure 2).

Figure 1: Pre- and post-healthy catering policy analysis of catering receipts—VACCHO

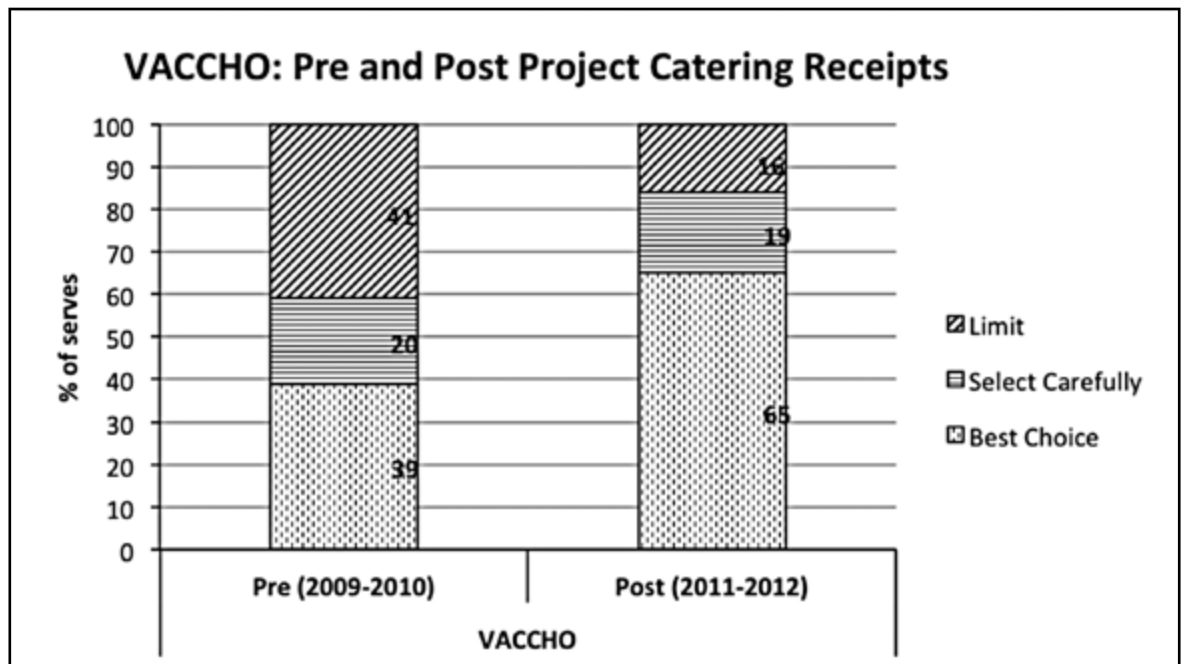
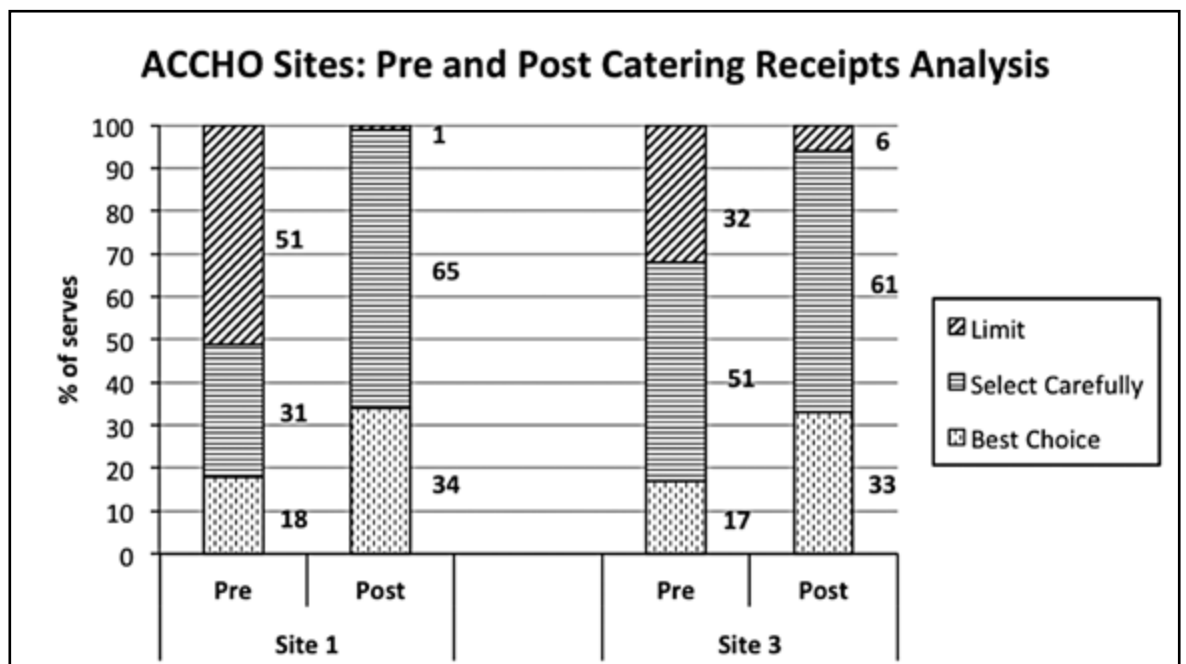


Figure 2: Pre- and post-healthy catering policy analysis of catering receipts—ACCHO Sites 1 & 3





Appendix 9:

Health promotion skills—facilitating personal and professional growth

In addition to nutrition and physical activity workforce development activities, the VNPA Team facilitated the personal and professional growth of dietitians and Aboriginal health professionals. Numerous Aboriginal workers responding to this study described how the VNPA Team facilitated both personal and professional development. For example:

The course enlightened me and I want to pass it on to groups of people here [in the Kimberley]...I am sad we couldn't be accredited as Diabetes Educators [by the Australian Diabetes Educators Association]—however we got a Graduate Certificate and I am a Senior Aboriginal Health Worker—I know what I am doing, I don't need credentialing.

They have certainly helped guide me to the person that I am today!

According to respondents, the VNPA Team provided informal mentoring or support to AHWs:

I did a presentation for the Fitzroy Stars Football Club—I volunteered to do it—[the VNPA worker] was on hand and helped me make sure...the nutrition information was correct.

We asked the [ACCHO worker] if she would present at a [regional] food forum...oriented towards developing healthy catering policies within workplaces. Ninety people registered their interest. Understandably [the worker] felt quite intimidated...[A staff member from] the [VNPA] Team drove down from Melbourne...she just attended as a support without taking over. That is their style.

The VNPA Team encouraged reflexive learning, facilitating both personal and professional growth within its own partnerships, within mentoring partnerships and within other collaborative projects across the sector:

They're constantly addressing the question, 'Is this culturally appropriate and acceptable to the community?'

They gave me a sense of support. Projects fall over when there is no support. They're positive; if you had a problem...they'd say, 'Well if it's not working that way, then let's do it this way.'

[Mentoring] established sufficient trust that [the ACCHO AHWs] could come to me and say, 'Well, this isn't working.' We would brainstorm the problems together in order to overcome barriers that we faced. So, we used both the nutrition/dietitian skills and the cultural skills in implementing these strategies.



Appendix 10:

Displaying and modelling leadership

Numerous respondents to this study suggested the structure of the VNPA Team, led jointly by a well-known and respected qualified AHW and a dietitian, modelled the ideal collaborative partnership for effective health promotion work in the area of Aboriginal nutrition and physical activity. Some observers suggested this combination achieved outcomes beyond that of just two individuals:

The pairing of the team has been remarkable beyond the sum of the two individuals...they have modelled an extraordinary mentoring relationship...their mentoring has even had some particular advantages that the single Aboriginal graduate role may not produce.

It's an obvious strength within the organisation with the diversity of professional/academic backgrounds together with the Indigenous cultural knowledge. It's a mix which makes the organisation highly professional.

This combination within the VNPA Team was highly productive, but within the mentoring program the potential of an AHW-dietitian working relationship was also modelled:

They model a useful relationship...I associate it with my relationship with the midwife here—I taught her about cultural appropriateness—she taught me about maternal and child health...she is now able to more confidently serve the Aboriginal community.

The partnership of [the AHW and dietitian] is a great model—for all nutritionists...it would be fantastic if we could have Aboriginal nutrition workers here in Victoria...their mentoring partnership is a model for what should be happening.

The VNPA Team also modelled appropriate ongoing consultation with the Aboriginal community:

The [VNPA] Team engage with the community on the ground—they get out and visit the services and consult with people.

Their strength is their culturally appropriate ways of working with ACCHO members and the approach they take—they don't go in and tell people what to do. They consult with the services and tailor their approach to the needs of the services. They have excellent and respectful relationships with everyone.

Another leadership quality of the team according to institutional partners was its commitment and drive:

A key factor is their longevity...that they are still there is a testament to their commitment. The long-term engagement enables both deeper and broader work.

Overall the team was really good, their enthusiasm and passion. From a management perspective, as an outsider, definitely their team is very impressive.



Appendix 11:

State and Commonwealth Government health policy context

In a larger sense, the policy settings of both the federal and state governments have been central to the context of the work of the VNPA Team. At the federal level, through the 2008–10 consultation, development and initial implementation phase of the VANPAS, the National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003–2010 (NATSIHC 2003) guided Aboriginal health policy in Australia. This prescribed addressing the pre-determinants of chronic disease, specifically nutrition and physical activity, as a priority and recommended implementation of the seven action areas of the National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan 2000–2010 (NATSINSAP) (SIGNAL 2001).

The Victorian Aboriginal Nutrition and Physical Activity Strategy 2009–2014 (VANPAS) developed by the VNPA Team for the Victorian context addressed five relevant (non-remote-specific) action areas (Thorpe & Browne 2009: 10–14) of the NATSINSAP:

- food security:
 - VANPAS Action Area 2: Ensuring 'a consistent supply of and access to affordable, nutritious and culturally appropriate food'
- family-focused nutrition promotion (resourcing programs, disseminating good practice):
 - VANPAS Action Area 4: 'Develop and deliver community-based interventions...for youth, adults and elders...'
 - VANPAS Action Area 6: 'Enhance the nutritional health of Aboriginal mothers, infants and children'
 - VANPAS Action Area 7: 'Develop and deliver consistent healthy eating and physical activity messages...through culturally appropriate health information and social marketing'
- strengthening the Aboriginal nutrition workforce (practitioner numbers, career paths, curriculum, non-Indigenous professionals, nationally accredited diabetes training):
 - VANPAS Action Area 1: 'Increase the numbers and support the capacity of a permanent Aboriginal nutrition and physical activity workforce...'
- strengthening information systems (timely information, evaluation and dissemination, obesity and breastfeeding data, food-basket surveys):
 - VANPAS Action Area 8: 'Improve the evidence base through coordinated research, monitoring and evaluation'
- addressing urban nutrition (data, educational resources, workforce):
 - integrated within all Action Areas of VANPAS.

Two additional Action Areas within the VANPAS were:

- healthy public policy:
 - VANPAS Action Area 3: 'Develop healthy public policy to support healthy eating and physical activity in key settings'
- physical activity
 - VANPAS Action Area 5: 'Ensure equal access to sport and recreation activities for Victorian Aboriginal youth, adults and elders'.

At the state government level, the VANPAS aligned with the goals of the Victorian Department of Human Services Aboriginal Services Plan 2008–2010 (DHS 2008), which targeted the broad outcomes of:

- healthier, stronger and resilient individuals, families and communities
- healthy pregnancies, healthy babies, and healthy and thriving children
- more Aboriginal people living healthy lifestyles.

The Aboriginal Services Plan prescribed implementation of the mainstream Go for Your life program as the nutrition and physical activity strategy for Aboriginal Victorians. Go for Your life specifically acknowledged population diversity, related differences in risk, behaviours and responses, and therefore suggested a range of implementation settings:

1. home and residential settings, including private households and other settings;
2. early childhood settings, including child care services and kindergartens;
3. educational settings, including schools and tertiary education institutions;
4. workplaces, where people are in paid or voluntary work;
5. neighbourhoods and communities such as parks, forests and open spaces, sport and recreation clubs and facilities, neighbourhood houses, senior citizens' clubs, day centres for people with a disability, and other community and neighbourhood services; and,
6. primary care settings, such as community health centres, maternal and child health centres, and General Practices. (DHS 2006: 14)

While one Aboriginal community Go for Your life program was funded in 2008 (the Wathaurong community nutrition program supported by the VNPA Team), in terms of Aboriginal Services Plan-designated settings 1–6 above, the VNPA Team targeted:

- through VANPAS Action Area 3: residential settings (1, above) via both Aboriginal community organisations and ACCHOs, constituting the Aboriginal community: workplaces (4, above), community organisations (5, above) and primary care settings (6, above)
- through VANPAS Action Area 6: early childhood settings (2, above).

In this way, the VANPAS was aligned with state government policy.



In mid-2010 the federal government, under the COAG National Indigenous Reform Agreement (COAG 2009a) and the National Partnership on Closing the Gap in Indigenous Health Outcomes (COAG 2009b), initiated the Indigenous Chronic Disease Package (DOHA 2009). In terms of chronic disease prevention, the strategy funded:

- Regional Tobacco Co-ordinators
- health professional training in smoking cessation programs
- access to individual, family and community quit smoking services and Quit programs
- healthy lifestyle health promotion focused mostly on smoking cessation
- a workforce of Healthy Lifestyle Workers to promote healthy lifestyle choices by individuals and families, largely targeting smoking and placing minor emphasis on nutrition and physical activity.

Specific strategies to improve nutrition and physical activity were absent from the Indigenous Chronic Disease Package. Furthermore, in contrast with a broader, systems-oriented public health approach, largely primary prevention initiatives targeted individual lifestyles.

The Victorian Closing the Gap Implementation Plan 2009–2013 (COAG 2009c), following the Indigenous Chronic Disease Package, targeted individual lifestyle choices rather than a systemic public health approach. It also targeted smoking and largely ignored poor nutrition and physical activity as major chronic disease risk factors. Although the VNPA Team advocacy secured acknowledgment of the VANPAS strategy in Victorian Close the Gap regional plans, the VNPA Team received no funding under this program and no formal structural links were made between nutrition and physical activity and the training, supervision or job descriptions of the Healthy Lifestyle Workers (despite these workers subsequently participating in VNPA Team-led workforce training and sector activities). The absence of poor nutrition and physical activity as identified risk factors, as well as the absence of the VANPAS within the Victorian Closing the Gap Implementation Plan 2009–2013, effectively left the Victorian Aboriginal nutrition and physical activity sector without either a dedicated workforce or formally dedicated work hours. According to many observers, the lack of any workers hindered the work of the VNPA Team severely:

Their job is doubly hard because they have to generate interest in nutrition amongst AHWs [or Healthy Lifestyle Workers, both of whom are generalist practitioners with a broad focus], encourage them into the Cert. III or IV training run by the VACCHO Education and Training Unit, deliver the training, and empower the workforce through practical support to implement nutrition and healthy lifestyle policies, community projects and education programs.

It is massive task for a small under-funded team—given the context, you have to implement the strategy by stealth...they have to rely on people with other agendas and with other service delivery roles. You're laying the nutrition and physical activity needs on top of whatever other service delivery responsibility the workers have and getting them to drive the strategy. Given Aboriginal obesity is 60%...the fact that there is no workforce to do it is scandalous.

In 2010 the policy focus of the Prevention and Population Health Branch of the Victorian Department of Health also shifted and became aligned with a COAG National Partnership Agreement on Preventive Health (COAG 2009d). Its implementation plan had the following objectives:

- within 'the Healthy Communities element' to support:
 - the national roll-out of successful and effective community-based physical activity and health eating programs:
 - including the major initiatives of the national health non-government organisations including walking, supervised exercise and healthy eating programs;
 - focusing on disadvantaged populations and those not in the workforce;
 - through local government organisations, with states/territories participating in the identifications of priority, high needs areas... (COAG 2009d: 16)

The delivery model specified funding Local Government Areas (councils) to support the roll-out, with an emphasis on creating environments conducive to making healthy lifestyle choices.

- within 'the Healthy Children initiative' to deliver a range of programs that:
 - build on existing efforts currently in place, while adapting them to [suit] demographic and other factors...at various sites;
 - cover healthy weight, physical activity, healthy eating, healthy weight and primary and secondary prevention;
 - [are located] in settings such as child care centres, preschools, schools, multi-disciplinary service sites, and children and family centres, and
 - include family based interventions, setting based initiatives, environmental strategies in and around schools, and breastfeeding support interventions. (COAG 2009d: 30)
- within 'the Healthy Workers initiative' to fund:
 - states and territories to deliver healthy living programs in workplaces... (COAG 2009d: 40)
- provide funding for:
 - settings based interventions in pre-schools, schools, workplaces and communities to support behavioural changes in the social contexts of everyday lives, and focusing on poor nutrition, physical inactivity, smoking and excessive alcohol consumption (including binge drinking);
 - social marketing aimed at reducing obesity and tobacco use; and
 - the enabling infrastructure to monitor and evaluate progress made by these interventions [including the agency and research fund]. (COAG 2009d: 40)

In Victoria this policy framework was integrated into the Victorian Public Health and Wellbeing Plan 2011–2015 (DHV 2011a) and was framed as Healthy Together Victoria (HTV). It prioritised preventive actions and engagement in primary care settings, and also prescribed more systems-oriented public health engagement in workplaces, early childhood and education settings, and local communities and environments. Within Victoria the HTV implementation is through the Prevention Community Model, which is led by local government councils in twelve designated local government sites in collaboration with community health agencies and other local partners in a 'prevention partnership'. The plan explicitly supports the implementation of the VANPAS. Likewise, the nutrition component of this strategy, the Victorian Healthy Eating Enterprise, also endorses the VANPAS. Nevertheless, no Aboriginal health professionals or dedicated Aboriginal health positions additional to the core VNPA Team were allocated within the workforce established for HTV.

In mid-2013 the Closing the Gap National Partnership Agreement expired and Victorian Aboriginal policy shifted to be framed around *Koolin Balit Victorian Government Strategic Directions for Aboriginal Health 2012–2022* (DHV 2012). The *Koolin Balit—Statewide Action Plan: 2013 to 2015* prescribed funding VACCHO (the VNPA Team) 'to lead and implement actions from the VANPAS' (DHV 2013: 5). Nevertheless, no additional funding above the existing core funding of two FTE positions was provided to the VNPA Team under Koolin Balit.





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