



CLOSING THE NUTRITION & PHYSICAL ACTIVITY GAP IN VICTORIA

VICTORIAN ABORIGINAL NUTRITION & PHYSICAL ACTIVITY STRATEGY



MY MESSAGE TO YOU

The message that we have to give to our Communities today is to be fit and healthy so that we will live a longer healthier life with our families and friends.

How do we achieve this? Traditionally our mobs were hunters and gatherers. We would track the emu and kangaroo and collect the bush tucker and drink the water from our fresh watering holes.

Times have changed and we can no longer collect our traditional foods. Today we can still be as fit and healthy as we once were, as long as we eat healthy and exercise.

This is the message we want to get across to you. To deliver this message to you we have two message sticks, one to the Koori men and a message stick to the Koori women. This is to tell you our message, to eat the right foods such as fruit and veggies and to exercise and walk as we all once did.

This is My Message to You.

Brayden Williams is a young Wiradjuri/Gunnai man who was born and raised in Echuca

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Policy proposals for promoting healthy eating and physical activity among Indigenous Victorians
2009-2014



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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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FOREWORD



Promoting good nutrition and physical activity is an essential component needed in order to 'Close the Gap' in life expectancy for Aboriginal people in Victoria. Chronic diseases such as heart disease and type 2 diabetes are the leading

causes of illness and death in our Communities. This document is an important step in reducing the burden Aboriginal people experience from these diseases.

This strategy, however, is not merely about preventing disease. It takes a holistic view of nutrition and physical activity, incorporating the social determinants of health. Access to affordable nutritious food is a major issue for many Aboriginal families. This strategy advocates the importance of addressing food insecurity, as not only a health, but also a human rights issue.

Improving nutrition and physical activity has the potential to significantly close the gap in health outcomes between Indigenous and non Indigenous people. This strategy provides a framework for action. It sits along side the Victorian Aboriginal Health Plan (2009). It also sets out a Victorian response to the National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan 2000-2010.

The vision of the VACCHO Nutrition Team is better health for Aboriginal Communities across Victoria through co-ordinated action to promote healthy eating and physical activity. This document is intended to direct VACCHO's activities over the next five years as well as to make policy recommendations to both Government and non Government organisations, for whom promoting the health of Aboriginal people should be a priority.

This strategy identifies priorities within eight key action areas. These include workforce development, improving food security, developing healthy public policy, delivering community based interventions, ensuring equitable access to sport and recreation, enhancing maternal and child nutrition, health information and social marketing and improving the evidence base.

Special thanks go to the VACCHO members and their staff who participated in the consultation process during the development of this strategy. Above all, I would like to thank and congratulate Sharon Thorpe and Jennifer Browne of the VACCHO Nutrition Team without whose hard work and dedication, this important document would not have been possible.

Achieving measurable improvements in Aboriginal nutrition and physical activity will require a co-ordinated and sustained effort. VACCHO is committed to working across sectors and with the Community to meet this challenge. Let's be serious about this!

Jill Gallagher
Chief Executive Officer
Victorian Aboriginal Community
Controlled Health Organisation

LIST OF ACRONYMS

ABA	Australian Breastfeeding Association
ACCHO	Aboriginal Community Controlled Health Organisation
AFL	Australian Football League
ASHE	Academy of Sport Health and Education, University of Melbourne
DA-Vic	Diabetes Australia- Victoria
DEECD	Victorian Department of Education and Early Childhood Development
DEST	Commonwealth Department of Education Science and Training
DoHA	Commonwealth Department of Health and Ageing
DHS	Victorian Department of Human Services
DoJ	Victorian Department of Justice
DPCD	Victorian Department of Planning and Community Development
DPI	Victorian Department of Primary Industries
DPI	Victorian Department of Sustainability and Environment
DEWR	Commonwealth Department of Employment and Workplace Relations
FAHCSIA	Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs
IKE	Institute of Koori Education, Deakin University
MACS	Multifunctional Aboriginal Children's Services
MAYSAR	Melbourne Aboriginal Youth Sport and Recreation
NATSINSAP	National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan
OTTE	Victorian Office of Training and Tertiary Education
OATSIH	Commonwealth Office of Aboriginal and Torres Strait Islander Health
VACCHO	Victorian Aboriginal Community Controlled Health Organisation
VACKH	Victorian Advisory Council on Koori Health
VACSAL	Victorian Aboriginal Community Services Association Limited
VAEAI	Victorian Aboriginal Education Association Incorporated
VAYSAR	Victorian Aboriginal Youth Sport and Recreation

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EXECUTIVE SUMMARY

Aboriginal and Torres Strait Islander people experience significantly poorer health outcomes compared with other Australians. Chronic diseases such as cardiovascular disease and type 2 diabetes are responsible for the majority of the 'gap' in Indigenous life expectancy. Nutrition and physical activity are two important risk factors in the prevention of chronic disease.

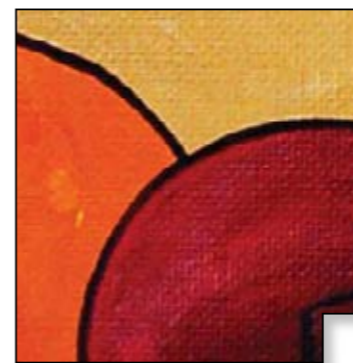
The Victorian Aboriginal Community Controlled Health Organisation (VACCHO) is committed to improving nutrition, physical activity and reducing the chronic disease burden among the Victorian Aboriginal Community. This Strategy is the result of a comprehensive review of the Indigenous health promotion literature and a state-wide consultation process. It recommends strategies and actions that will build on current activities of VACCHO and its members as well as recommend strategies for consideration by the State Government in a coordinated approach to preventing chronic disease in Victorian Aboriginal Communities.

The Strategy is intended to inform government thinking and decision making by:

- Highlighting the role of healthy eating and physical activity in reducing the burden of disease among Indigenous Victorians
- Providing a synthesis of the research evidence identifying 'what works' in improving nutrition and physical activity for Aboriginal people
- Providing a synthesis of the qualitative data gathered during the consultation process demonstrating the felt needs of the Victorian Aboriginal community around nutrition and physical activity
- Recommending a set of evidence-informed strategies and actions for government which have the support of the Aboriginal community-controlled health sector

This Strategy is also aligned with other relevant Victorian Government strategies. These include A Fairer Victoria 2008, the Victorian Indigenous Affairs Framework and the 'Go for your life' Strategic Plan. Furthermore, it has been incorporated into the Victorian Advisory Council on Koori Health (VACKH) Draft Victorian Aboriginal Health Plan.

Tackling preventable chronic diseases involves working to address a range of risk factors in order to reduce the overall amount of disease and prevent new cases. For Indigenous Australians, the biggest health gains can be achieved by tackling smoking, overweight and obesity, physical inactivity, high cholesterol, excessive alcohol consumption, high blood pressure and insufficient fruit and vegetable intake. A comprehensive approach to chronic disease prevention requires action on each of these risk factors, often in combination, through a range of settings and at government policy level.



Unhealthy eating and physical inactivity are both key risk factors associated with obesity and chronic disease. After tobacco, high body mass and physical inactivity are the most significant risk factors affecting Indigenous health^[1]. Furthermore, poor nutrition and physical inactivity are also major contributors to the Indigenous health gap^[1]. This means that there is great potential to reduce health inequalities with strategies targeting nutrition and physical activity.

Based on the research evidence and extensive consultations with Aboriginal health organisations across Victoria, healthy eating and physical activity can be improved for the Victorian Indigenous population if VACCHO, its member and partner organisations and government at all levels work together to:

- Increase the numbers and support the capacity of a permanent Aboriginal nutrition and physical activity workforce in Victoria
- Ensure that Victorian Aboriginal people have a consistent supply of and access to affordable, nutritious and culturally appropriate food
- Develop healthy public policy to support healthy eating and physical activity in key settings
- Develop and deliver community-based interventions to increase healthy eating and physical activity for Aboriginal youth, adults and Elders across Victoria
- Ensure equitable access to sport and recreation activities for Victorian Aboriginal youth, adults and Elders
- Enhance the nutritional health of Aboriginal mothers, infants and children
- Develop and deliver consistent healthy eating and physical activity messages to the Victorian Aboriginal Community through culturally appropriate health information and social marketing
- Improve the evidence-base through coordinated research, monitoring and evaluation

It is widely accepted that the Aboriginal view of health is holistic. That is, it incorporates a whole-of-life approach to the physical, social and cultural wellbeing of the community. Furthermore, multiple strategies are needed as nutrition and physical activity are affected by multiple determinants. This plan seeks to recommend a holistic approach to nutrition and physical activity that is more likely to meet the needs of Aboriginal people than mainstream programs. Therefore, it is important that this plan is implemented holistically and that local Aboriginal communities are involved at all stages.

It must be recognised that the social determinants of health underpin Indigenous lifestyle and health outcomes. Therefore, action by the health sector alone will not be sufficient to close the gap. It is intended that this Nutrition and Physical Activity Strategy is just one part of a coordinated, inter-sectoral response to overcoming Indigenous disadvantage which includes action across other key dimensions such as housing, employment, education. This is essential as action from the health sector alone is unlikely to result in improvement in health outcomes.

Effective whole of community and government approaches will be required to improve the health status of Indigenous Victorians. Research evidence will need to be balanced with local community needs, engagement and empowerment. It is unlikely that mainstream interventions alone will provide significant benefits for the Indigenous population. This Strategy provides the Indigenous specific recommendations needed to close the gaps in nutrition and physical activity related health outcomes for the Aboriginal and Torres Strait Islander population of Victoria. Recommendations are made for the short term (commenced within 12 months); medium term (3 years); and long term (5 years). These are as follows:

ACTION AREA 1	INCREASE THE NUMBERS AND SUPPORT THE CAPACITY OF A PERMANENT ABORIGINAL NUTRITION AND PHYSICAL ACTIVITY WORKFORCE IN VICTORIA	POTENTIAL PARTNERS
SHORT TERM	<ul style="list-style-type: none"> Establish a permanent nutrition and physical activity unit at VACCHO to coordinate the implementation of the Strategy Increase the number of permanent Aboriginal Nutrition Worker specialist positions in ACCHOs across Victoria (15 EFT by 2014) Develop and deliver accredited training in nutrition, physical activity, diabetes and health promotion for Aboriginal Health Workers at the Certificate III and Certificate IV levels 	DHS OTTE OATSIH
MEDIUM TERM	<ul style="list-style-type: none"> Increase the number of allied health positions to support nutrition and physical activity programs in ACCHOs across Victoria (e.g. dietitians, diabetes educators, physiotherapists exercise physiologists) Facilitate professional partnerships between Aboriginal nutrition workers and nutritionists/dietitians based on two-way mentoring 	DHS OATSIH
LONG TERM	<ul style="list-style-type: none"> Provide professional development, information sharing, and networking opportunities for the Aboriginal Nutrition Workforce Develop pathways for Aboriginal Health Workers into tertiary nutrition and diabetes education courses 	DHS IKE OTTE DEST OATSIH

ACTION AREA 2	ENSURE THAT VICTORIAN ABORIGINAL PEOPLE HAVE A CONSISTENT SUPPLY OF AND ACCESS TO AFFORDABLE, NUTRITIOUS AND CULTURALLY APPROPRIATE FOOD	POTENTIAL PARTNERS
SHORT TERM	<ul style="list-style-type: none"> Investigate the major factors relating to food security within Victorian Aboriginal communities 	VICHEALTH HEART FOUNDATION VICTORIA UNIVERSITY
MEDIUM TERM	<ul style="list-style-type: none"> Develop and implement appropriate advocacy strategies targeting decision makers within the food system, local and state government departments Develop partnerships between ACCHOs, local government and nutrition/health promotion practitioners to plan, implement and evaluate local solutions to improving food security 	VICHEALTH HEART FOUNDATION VICTORIA UNIVERSITY DHS VLGA SECOND BITE FAHCSIA
LONG TERM	<ul style="list-style-type: none"> Encourage local production and harvesting of a variety of traditional and non-traditional foods e.g. through community-controlled market gardens 	DPI DSE FAHCSIA

ACTION AREA 3	DEVELOP HEALTHY PUBLIC POLICY TO SUPPORT HEALTHY EATING AND PHYSICAL ACTIVITY IN KEY SETTINGS	POTENTIAL PARTNERS
SHORT TERM	<ul style="list-style-type: none"> Develop Healthy Catering Guidelines for Aboriginal Organisations to support the development of policies that prioritise the consistent supply of safe, affordable and nutritious food 	DHS
MEDIUM TERM	<ul style="list-style-type: none"> Support the development and implementation of workplace healthy eating and physical activity policies in Aboriginal Community Organisations that include catering policies, baby friendly policies (including breastfeeding) and active transport Work in partnership with Kids Go for Your Life to Support Aboriginal schools and early childhood settings to implement policies that promote healthy eating and physical activity 	VAEAI DHS DEECD CANCER COUNCIL DA-Vic HEART FOUNDATION FAHCSIA
LONG TERM	<ul style="list-style-type: none"> Facilitate food safety and nutrition training for Aboriginal Organisations and community members involved in food preparation 	DHS OTTE LOCAL GOVERNMENT FAHCSIA

ACTION AREA 4	DEVELOP AND DELIVER COMMUNITY-BASED INTERVENTIONS TO INCREASE HEALTHY EATING AND PHYSICAL ACTIVITY FOR ABORIGINAL YOUTH, ADULTS AND ELDERNS ACROSS VICTORIA	POTENTIAL PARTNERS
SHORT TERM	<ul style="list-style-type: none"> Facilitate the implementation of successful programs across Victoria (e.g. Koori Community Kitchen Programs, Living Strong Program, Road to Health program, Active Elders Program) Work with Diabetes Australia-Vic to develop and implement an ATSI strategy for the Life! Taking Action on Diabetes program 	DHS DPCD DOHA DA-VIC OATSIH
MEDIUM TERM	<ul style="list-style-type: none"> Continue to fund the Wathaurong Go For Your Life Community Demonstration Project and expand to other Victorian Aboriginal Communities Work with MEND Australia to adapt and pilot the Mind, Exercise, Nutrition, Do it! Program for the Victorian Aboriginal community 	DHS DPCD MEND AUSTRALIA OATSIH
LONG TERM	<ul style="list-style-type: none"> Develop appropriate education programs to increase skills in budgeting, shopping and preparing healthy, affordable food and disseminate to key workers and organisations 	DHS DPCD DOHA RED CROSS OATSIH

ACTION AREA 5	ENSURE EQUITABLE ACCESS TO SPORT AND RECREATION ACTIVITIES FOR VICTORIAN ABORIGINAL YOUTH, ADULTS AND ELDERNS	POTENTIAL PARTNERS
SHORT TERM	<ul style="list-style-type: none"> Fund Melbourne Aboriginal Youth Sport and Recreation (MAYSAR) to deliver outreach physical activity programs for Aboriginal youth, adults and Elders across the Melbourne metropolitan area Provide sustainable funding for the Victorian Aboriginal Youth Sport & Recreation (VAYSAR state peak body for Aboriginal Sport & Recreation) Active Centres project to provide culturally appropriate physical activity options through ACCHOs Provide VAYSAR with an adequate budget to expand the number of Sports Carnivals it organises for the Victorian Aboriginal Community 	DPCD DoHA VicHealth MAYSAR VAYSAR
MEDIUM TERM	<ul style="list-style-type: none"> Expand VAYSAR Sports Development Grant program Provide sustainable funding for VAYSAR to provide cross cultural awareness training to mainstream sports groups Increase training and employment opportunities for Aboriginal people in the sport, recreation and fitness industry Create positions for Aboriginal Fitness Instructors/Sport and Recreation Officers in ACCHOs Provide VAYSAR with a sustainable budget to provide sports officiating courses (i.e. coaches, umpires etc) for community members. 	DPCD DoJ DoHA DEWR VAYSAR OTTE ASHE REGIONAL SPORTS ASSEMBLIES AFL VERVE KINECT AUSTRALIA
LONG TERM	<ul style="list-style-type: none"> Provide sustainable funding for Aboriginal community gymnasiums to provide physical activity programs for Aboriginal youth, adults and Elders 	DPCD DoHA

ACTION AREA 6	ENHANCE THE NUTRITIONAL HEALTH OF ABORIGINAL MOTHERS, INFANTS AND CHILDREN	POTENTIAL PARTNERS
SHORT TERM	<ul style="list-style-type: none"> Develop and deliver accredited training in nutrition, physical activity and health promotion for Aboriginal Early Years staff including: Koori Maternity Workers, Aboriginal Best Start Workers, In-home Support Workers and Child Care workers Provide professional development and information sharing opportunities around nutrition and physical activity for Aboriginal Early Years staff through existing forums 	VACSAL VAEAI OTTE DEECD DHS FAHCSIA
MEDIUM TERM	<ul style="list-style-type: none"> Develop and disseminate culturally appropriate maternal/child nutrition and physical activity resources for the Victorian Aboriginal Early Years Workforce Support Multifunctional Aboriginal Childcare Centres to implement the new National Nutrition and Physical Activity Guidelines for Early Childcare Settings Adapt and facilitate implementation of evidenced-based maternal/child nutrition/physical activity programs for Victorian Aboriginal Community (e.g. Growing Strong Program, MEND, David Olds home-visiting program) 	DEECD DHS FAHCSIA
LONG TERM	<ul style="list-style-type: none"> Engage nutritionists/dietitians working in partnership with Aboriginal nutrition workers to deliver nutrition and physical activity promotion programs through existing Aboriginal early years programs including: Koori Maternity Services; Aboriginal Best Start; In-home Support; Enhanced Maternal and Child Health Services; Multifunctional Aboriginal Children's Services Develop and implement an Aboriginal Breastfeeding Strategy in partnership with the Australian Breastfeeding Association 	DHS DEECD ABA

ACTION AREA 7	DEVELOP AND DELIVER CONSISTENT HEALTHY EATING AND PHYSICAL ACTIVITY MESSAGES TO THE VICTORIAN ABORIGINAL COMMUNITY THROUGH CULTURALLY APPROPRIATE HEALTH INFORMATION AND SOCIAL MARKETING	POTENTIAL PARTNERS
SHORT TERM	<ul style="list-style-type: none"> Disseminate the Aboriginal and Torres Strait Islander Guide to Healthy Eating across Victoria Develop and disseminate a series of Koori-specific evidence-based Go For Your Life tip sheets for Aboriginal youth, adults and Elders 	DoHA DHS DEECD DPCD
MEDIUM TERM	<ul style="list-style-type: none"> Work with other peak health organisations such as Diabetes Australia and the Heart Foundation to develop culturally appropriate health information resources for Victorian Aboriginal communities Implement a Koori-specific Go For Your Life social marketing campaign utilising Koori media regional television stations 	DA-VIC HEART FOUNDATION CANCER COUNCIL DHS DEECD DPCD
LONG TERM	<ul style="list-style-type: none"> Fund ACCHOs to develop their own local nutrition/physical activity media campaigns 	DHS FAHCSIA OATSIH

ACTION AREA 8	IMPROVE THE EVIDENCE-BASE THROUGH COORDINATED RESEARCH, MONITORING AND EVALUATION	POTENTIAL PARTNERS
SHORT TERM	<ul style="list-style-type: none"> ■ Provide training and resources to assist Aboriginal Health Workers to measure the impacts of healthy eating and physical activity programs 	DHS OTTE OATSIH
MEDIUM TERM	<ul style="list-style-type: none"> ■ Undertake appropriate research to fill gaps in the evidence around food security, nutrition and physical activity for the Victorian Indigenous population 	VICHEALTH DHS HEART FOUNDATION ONEMDA UNIVERSITIES
LONG TERM	<ul style="list-style-type: none"> ■ Expand the Victorian Population Health Survey, Victorian Child and Adolescent Monitoring System and the VicHealth Community Attitudes Survey to provide data on food security, nutrition and physical activity indicators of the Victorian Indigenous population ■ Evaluate the overall impact of the Victorian Aboriginal Nutrition and Physical Activity Strategies including intensive evaluation of actions with lower levels of evidence of intervention effectiveness 	VICHEALTH DHS DPCD



INTRODUCTION





INTRODUCTION

Aboriginal and Torres Strait Islander people experience significantly poorer health outcomes compared with other Australians. Life expectancy for Indigenous people is 17 years lower than the national average^[2]. This gap in life expectancy persists in Victoria, where an Aboriginal boy can be expected to live 60.0 years and an Aboriginal girl 65.1 years^[3] while life expectancy for non-Indigenous Victorian males and females is 79.3 and 83.7 years respectively^[4].

Chronic diseases are responsible for the majority of the 'Indigenous health gap'. Cardiovascular disease is the leading cause of death and disability for both Indigenous males and females followed by diabetes^[1]. Thus, if we are going to close the gap in life expectancy between Indigenous and non-Indigenous Australians, action needs to be taken to prevent these chronic diseases.

Nutrition and physical activity are two important risk factors in the prevention of chronic disease. After tobacco, high body mass and physical inactivity are the most significant risk factors affecting Indigenous health^[1]. Furthermore, other nutrition-related issues such as high blood cholesterol, high blood pressure, low fruit and vegetable intake and excessive alcohol are also major contributors to the Indigenous health gap^[1]. This means that there is great potential to close the gap in Indigenous health outcomes with strategies targeting nutrition and physical activity.

The Victorian Aboriginal Community Controlled Health Organisation (VACCHO) is committed to improving nutrition and physical activity, reducing the chronic disease burden and keeping the Victorian Aboriginal Community fit and well. VACCHO was commissioned by the Department of Human Services (DHS) and the Department of Planning and Community Development (DPCD) to develop this state-wide Strategy to improve nutrition and physical activity in the Victorian Aboriginal population. It is intended that this Strategy will build on the current activities of VACCHO and its members as well as direct the State Government in a coordinated approach to preventing chronic disease in Victorian Aboriginal Communities. There are also implications for action at a national level that would require discussion with the Commonwealth.

The plan was developed after holding consultations with all of the Aboriginal Community Controlled Health Organisations (ACCHOs) in Victoria as well as other key stakeholders such as Aboriginal Elders. The VACCHO Nutrition team also reviewed the available literature to identify best practice strategies for improving nutrition and physical activity in Indigenous communities. The results of the literature review are reflected in the discussion sections throughout this document. The actions recommended within the Strategy are, therefore, both evidence-based and supported by the Victorian Aboriginal Community.

POLICY CONTEXT

The Council of Australian Governments (COAG) has agreed to a set of Indigenous Health Equality Targets and the benchmarks in order to 'close the gap' on Indigenous disadvantage. The health status targets aim to close the Aboriginal and Torres Strait Islander life expectancy gap within a generation and halve the mortality gap for Aboriginal and Torres Strait Islander children under five within a decade^[5]. Goals and targets have been set for Maternal and Child Health, Chronic Disease and Primary Health Care which include promotion of nutrition and physical activity.

This Strategy is also aligned with other relevant Victorian Government strategies. These include A Fairer Victoria 2008, the Victorian Indigenous Affairs Framework and the 'Go for your life' Strategic Plan. Furthermore, it has been incorporated in the Victorian Advisory Council on Koori Health (VACKH) Draft Victorian Aboriginal Health Plan.

From a national perspective, this Strategy aims to articulate the Victorian implementation of the *National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan 2000-2010* (NATSINSAP)^[6]. NATSINSAP is a framework guiding action to improve Indigenous nutrition across all levels of government, in conjunction with partners from industry and the non-government sector. It has seven key action areas:

- Food supply in remote and rural communities
- Food security and socioeconomic status
- Family focused nutrition promotion
- Nutrition issues in urban areas
- The environment and household infrastructure
- Aboriginal and Torres Strait Islander nutrition workforce
- National food and nutrition information systems

Despite the fact that NATSINSAP is due to expire in 2010, the delegates at the 2008 National Nutrition Networks Conference in Alice Springs confirmed the ongoing relevance of this national framework. Thus, the actions proposed in this document outline a coordinated Victorian response to NATSINSAP in order to guide improvements in Indigenous nutrition and physical activity over the next five years.

WHY TAKE ACTION ON INDIGENOUS NUTRITION AND PHYSICAL ACTIVITY?

- There is good evidence that nutrition and physical activity play an important role in preventing and managing almost all of the major health conditions affecting Indigenous Victorians. These include cardiovascular disease, diabetes, cancer, asthma, mental health, arthritis, injuries and dental disease^{[7][8]}.
- High body mass and physical inactivity are ranked the second and third most important risk factors affecting Indigenous health. They are responsible for 9% and 7% of the total disease burden for Indigenous Australians. Furthermore, estimates from Queensland suggest that 15% of total burden of disease is food related^[9].
- Insufficient fruit and vegetable intake alone accounts for 3.5% of the total disease burden for Indigenous Australians; 18% of the cardiovascular disease burden; and 5% of the health gap^[1].
- In 2004-05, more than half (57%) of Indigenous Australians aged 15 years and over were overweight or obese^[2]. While rates of overweight are similar for both Indigenous and non-Indigenous adults, rates of obesity are significantly higher among Indigenous people (29%) compared with non-Indigenous people (17%)^[10]. Body mass is particularly high among Indigenous Elders, with 74% of those aged 55 years and over overweight or obese^[2].

- In the most recent National Aboriginal and Torres Strait Islander Health Survey, only 24% of Indigenous people living in non-remote areas were sufficiently active to maintain good health in the two weeks prior to the survey ^[10]. Furthermore, 82% of Indigenous females and 85% of Elders (aged 55 years and over) reported being sedentary or having low activity levels ^[10]. Rates of physical inactivity are higher among Indigenous Australians than non-Indigenous Australians ^[2].
- Access to affordable, nutritious food is a fundamental human right as well as an important determinant of health ^[11]. Many Indigenous people experience food insecurity, that is, limited access to safe, nutritious food ^[12]. In 2004-2005, 21% of Indigenous Victorians surveyed had run out of food in the last 12 months, compared to 5% of non-Indigenous Victorians ^[13]. Furthermore, food insecurity has been linked to obesity in Victoria ^[14].
- The proportion of low birth weight among babies born to Indigenous mothers in Victoria is higher than the national Indigenous average ^[15]. Furthermore, a survey of Victorian Aboriginal women revealed that while most (85%) initiated breastfeeding, only 32% were still breastfeeding at 6 months ^[16]. Prolonged bottle feeding and early introduction of solid foods have also been identified as significant nutrition issues for Victorian Aboriginal children ^[17].
- There is great potential to close the gap by addressing physical inactivity, obesity and other nutrition related factors ^[1].

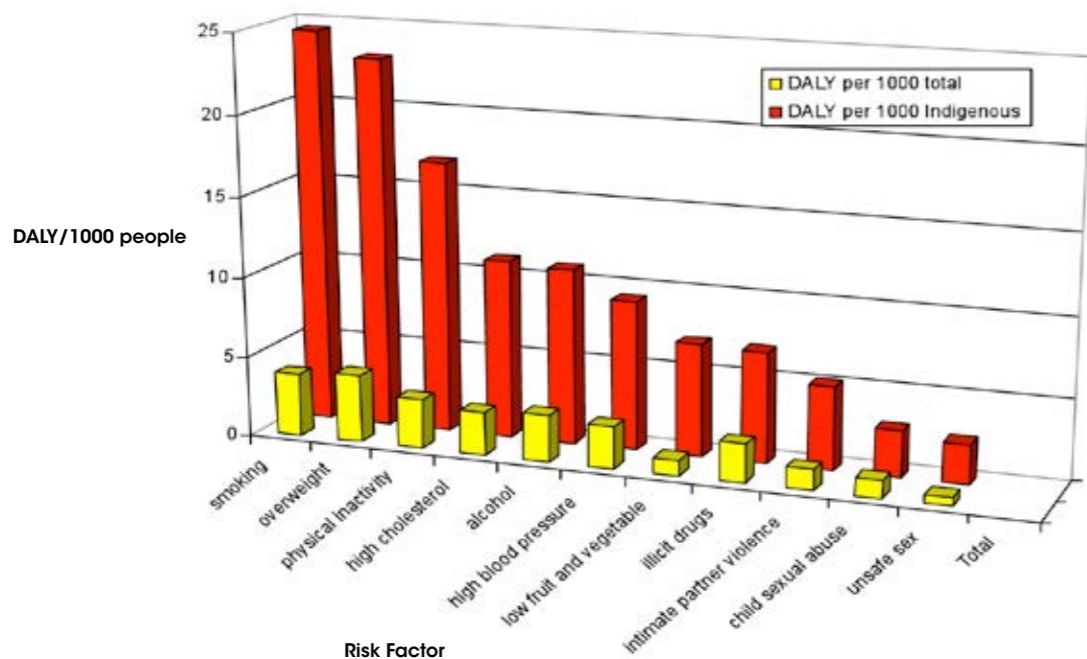


FIGURE 1. Risk factors that have the greatest impact on Indigenous disease burden and health inequalities ^[1]

RECOMMENDED STRATEGIES AND ACTIONS FOR VICTORIA



RECOMMENDED STRATEGIES AND ACTIONS FOR VICTORIA

The following suite of Action Areas and recommendations was compiled following extensive consultation with ACCHOs and other key stakeholders across Victoria. In addition, a systematic review of published and unpublished literature describing effective nutrition and physical activity interventions in Indigenous communities was also undertaken to inform the development of the Strategy.

It must be recognised that the social determinants of health underpin Indigenous lifestyle and health outcomes. The underlying issues of education, employment, income, housing, transport and racism^[11] must be addressed if we are to improve overall health status. Therefore, action by the health sector alone will not be sufficient to close the gap. It is intended that this Nutrition and Physical Activity Strategy is just one part of a coordinated, inter-sectoral response to improving Indigenous disadvantage.

To improve healthy eating and physical activity, the underlying determinants influencing health behaviours must be addressed. Work undertaken by the DHS Public Health Branch has identified the determinants of healthy eating and physical activity. These can each be summarised into three overarching themes:

HEALTHY EATING

- A supply of healthy food
- Ability to access healthy food
- A culture of enjoying healthy food

PHYSICAL ACTIVITY

- Surroundings that support active living
- Opportunities to be active
- A culture that supports physical activity

It is widely accepted that the Aboriginal view of health is holistic. That is, that health 'does not simply mean the physical wellbeing of an individual but refers to the social, emotional and cultural wellbeing of the whole community. For Aboriginal people this is seen in terms of the whole of life view incorporating the cyclical concept of life-death-life and the relationship to the land'^[18]. This plan seeks to recommend a holistic approach to nutrition and physical activity that is more likely to meet the needs of Aboriginal people than mainstream programs. Therefore, it is also important that this plan is implemented holistically rather than cherry-picking only a few of the strategies.

A review of the evidence for successful Indigenous nutrition programs^[19] highlighted several key features of effective interventions:

- Community involvement and support during all stages of the project
- Supporting the empowerment of the community rather than imposing priorities on the community
- Multi-faceted interventions
- Monitoring and providing feedback on progress to participants
- Modifying strategies according to need

It is intended that these principles guide all the actions recommended in this document.

The proposed actions highlight the need to take a long-term multi-strategic approach to create effective change. These strategies and actions are complementary, such that their effectiveness is enhanced when they are implemented collectively. Furthermore, significant workforce development, capacity building, advocacy, research and evaluation as well as sustainable funding are needed to ensure the achievement and sustainability of outcomes.

ACTION AREA 1

INCREASE THE NUMBERS AND SUPPORT THE CAPACITY OF A PERMANENT ABORIGINAL NUTRITION AND PHYSICAL ACTIVITY WORKFORCE IN VICTORIA



RATIONALE

It has been reported that 'there is an insufficient urban Indigenous nutrition workforce... to support and maintain nutrition service delivery' (SIGNAL, 2001, p32). In fact, there are only two dedicated nutrition positions in all 25 ACCHOs in Victoria, and nutritionists/dietitians were the most frequently required allied health professional identified in a recent Victorian Aboriginal workforce needs analysis^[20]. Clearly, significant capacity building is required in order to enable the implementation of culturally appropriate nutrition initiatives in Victorian Aboriginal communities.

A previous DHS project funded the development and piloting of a Victorian Aboriginal Nutrition Needs Assessment Tool. This was used in three different Victorian ACCHOs to determine the nutrition needs of their communities. Two of the major barriers to nutrition identified in the needs assessments were the lack of Aboriginal people trained in nutrition and the cultural inappropriateness of mainstream nutrition services^[21]. Building the capacity of the Victorian ACCHOs to support nutrition initiatives for Indigenous communities was considered to be a priority for action.

In 2007, a national set of national qualifications and competency standards for AHWs was developed and endorsed by State and Territory governments. These standards identify nutrition as a core component of the essential knowledge and skills required by AHWs working in primary health care settings. The training package defines a range of competencies and elements which describe the AHW's role in promoting nutrition, as defined by industry stakeholders, at each of the different qualification levels. In practice, these competencies can be used to allow AHWs to specialise in nutrition and health promotion, which would provide a sound basis for nutrition and physical activity promotion practice.

WHAT DOES THE COMMUNITY SAY?

"Health workers should be able to specialise in certain areas...it's beneficial for you because you can grow in that area and it's beneficial for where you work"

"Because diabetes is such a huge problem in Aboriginal communities, to have Aboriginal people in those positions is a must"

"If you haven't got the workers, you pretty much can't run anything"

"A better understanding of nutrition...training is a big one...and having that support so you can talk to someone and bounce off ideas"

"It's a role in itself to have someone trained up and to support the health workers and the other workers in the different programs because it is such a big area"

"I'd much rather see one of my own educating our mob"

"It's also about having Koori workers who have the knowledge about diabetes and about nutrition and about things that can lead to unhealthy lifestyles"

"Sometimes you need a dietitian to go through meal plans and break all that stuff down but to have Indigenous staff know that stuff is also good for the community and the community look up to that sort of stuff"

"[Non-Indigenous staff] need to be a bit more culturally aware and a lot more understanding along the actual processes of working with an Indigenous organisation...the turnover's been shocking and that's non-Indigenous staff"

"It helps when we've got a permanent dietitian on board...There was a big lapse when the other one left, it took a long time to get someone on board"

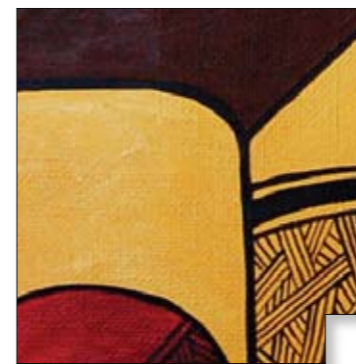
"We need a full-time dietitian and staff who are becoming nutrition workers"

"The most important thing is we've got community people employed in those positions so the people in the programs know the people...The community person sort of takes your shame away"

"To get the message right out there, we need to have our own people in the field. So I think we do need to have more Aboriginal nutritionists out there"

"It's more acceptable to the community to be taught about eating properly by one of your own"

"A specific position to do that and keep that momentum going because let's face it, we put a lot of work on our health workers. They've got to do every bloody thing. After a while you become ineffective if you're spread too thin."



EVIDENCE OF EFFECTIVENESS

All of the national and statewide nutrition strategies identify workforce development and capacity building activities as key action areas for improving nutrition among Aboriginal and Torres Strait Islanders^[22-24] and the general population^[25-28]. It is argued that there are insufficient numbers of both Indigenous people in the nutrition workforce and non-Indigenous nutrition professionals working in Indigenous health nationally^[6] and specifically in Victoria^[21].

The experience of other Australian states and territories has highlighted the importance of Indigenous nutrition workforce development. Over the last 15 years Queensland Health has developed an Indigenous-focused nutrition workforce including two central public health nutrition (Indigenous health) positions as well as 28 advanced health worker (nutrition) positions who are supported by non-Indigenous nutritionists. The funding of these positions has contributed greatly to an appropriately skilled workforce who can deliver evidence-based nutrition interventions for Indigenous communities^[29].

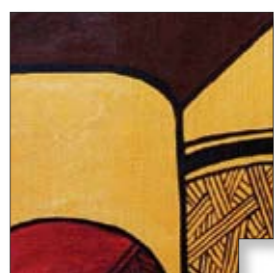
A key feature of many of the successful interventions identified in the literature was the recruitment, training and support of Aboriginal workers in dedicated positions to promote nutrition and physical activity^[30-44]. Many of these programs emphasised the importance of professional partnerships between nutritionists and Aboriginal Health Workers^[36-39]. Furthermore, several programs demonstrated the effectiveness of providing culturally appropriate training programs and educational resources for Aboriginal Health Workers^[47-52]. However, it has been highlighted that ongoing support structures, professional development, mentoring and sustainable funding are also required to support workers to translate training into practice in their communities^{[44] [50]}.

In Victoria, the Koori Maternity Services operate in eleven sites across the state. This model involves a Koori Maternity Worker working in partnership with a midwife at the ACCHO to deliver culturally appropriate maternity services for Aboriginal families. VACCHO is also funded to provide state-wide program co-ordination as well as training and support for the Koori Maternity Workers. This model has been very successful resulting in improvements in access to antenatal care; birth weights; social support for young families; and continuity of care^[53]. This model could easily be applied to nutrition where Aboriginal Nutrition Workers could work alongside dietitians in the ACCHOs with central coordination and support from the VACCHO nutrition team.

VACCHO is currently gathering evidence for the effectiveness of nutrition mentoring partnerships as part of the Making Healthy Choices For Ourselves research project. In this model, the dietitian mentors the AHW around nutrition and health promotion while the AHW mentors the dietitian around Aboriginal Community values, needs and processes. A central focus is fostering the transfer of skills and expertise 'both ways' so that AHWs may more fully take control of their own community health initiatives and non-Aboriginal health service providers may better understand and respond to the needs of Aboriginal and Torres Strait Islander people.

RECOMMENDED ACTIONS

ACTION AREA 1	RECOMMENDED ACTIONS	POTENTIAL PARTNERS
SHORT TERM	<ul style="list-style-type: none"> Establish a permanent nutrition and physical activity unit at VACCHO to coordinate the implementation of the Strategy Increase the number of permanent Aboriginal Nutrition Worker specialist positions in ACCHOs across Victoria (15 EFT by 2014) Develop and deliver accredited training in nutrition, physical activity, diabetes and health promotion for Aboriginal Health Workers at the Certificate III and Certificate IV levels 	DHS OTTE OATSIH
MEDIUM TERM	<ul style="list-style-type: none"> Increase the number of allied health positions to support nutrition and physical activity programs in ACCHOs across Victoria (e.g. dietitians, diabetes educators, physiotherapists exercise physiologists) Facilitate professional partnerships between Aboriginal nutrition workers and nutritionists/dietitians based on two-way mentoring 	DHS OATSIH
LONG TERM	<ul style="list-style-type: none"> Provide professional development, information sharing, and networking opportunities for the Aboriginal Nutrition Workforce Develop pathways for Aboriginal Health Workers into tertiary nutrition and diabetes education courses 	DHS IKE OTTE DEST OATSIH



ACTION AREA 2

ENSURE THAT VICTORIAN ABORIGINAL PEOPLE HAVE A CONSISTENT SUPPLY OF AND ACCESS TO AFFORDABLE, NUTRITIOUS AND CULTURALLY APPROPRIATE FOOD

RATIONALE

Having access to adequate food for health and well-being is a basic human right^[54]. Furthermore, the World Health Organisation has identified the availability and cost of healthy, nutritious food as a social determinant of health^[11]. Healthy eating depends on having both a secure supply of healthy foods and the ability to afford, physically access, store and prepare healthy foods^[24]. Therefore, it is essential that these issues are addressed so that community members are given the opportunity to consume a healthy diet.

Food security is defined as 'the state in which all persons obtain nutritionally adequate, culturally acceptable safe food regularly through local non-emergency sources'^[12]. Food insecurity, therefore, occurs when people are either economically or physically unable to access nutritious, culturally appropriate food on a regular basis. Indigenous Australians often experience food insecurity.

Food insecurity is now recognised as a significant issue in Victoria. In 2004-2005, 21% of Indigenous Victorians surveyed had run out of food in the last 12 months, compared to 5% of non-Indigenous Victorians^[13]. Furthermore, the proportion of Indigenous Victorians who went without food when they ran out of money (10%) was higher than the national average (8%)^[13]. It is a disgrace that so many Victorian Aboriginal people are going hungry.

In Aboriginal communities, the proportion of family income required to purchase a healthy basket of foods is higher than for mainstream Australia^[55]. In urban areas, food access is affected by low income, inadequate transport and housing as well as the high density of fast food outlets compared to shops selling fresh food^[21]. Furthermore, traditional Indigenous foods, although healthy, are often not accessible to Aboriginal people due to urbanisation, hunting and fishing restrictions and the inflated cost of traditional foods sold as gourmet cuisine in supermarkets.

While in the short term, food insecurity results in stress, hunger and lack of energy, in the long term it can have a significant impact on health and wellbeing. There is evidence to suggest that the risk of obesity is 20-40% higher in people experiencing food insecurity^[14]. Mental health may also be affected through feelings of powerlessness and social exclusion^[56]. Since obesity and mental health issues are major contributors to the burden of ill health experienced by Indigenous Australians, it is essential that priority is given to improving food security.

Food supply in remote and rural communities and Food security and socioeconomic status are both key action areas of NATSINSAP^[6]. Improving food security has also been included as one of the COAG Close the Gap targets^[5]. However, most of the effort to improve food supply has targeted remote Aboriginal communities in northern Australia. While there are no remote areas in Victoria, two discreet Aboriginal communities remain at Lake Tyers and Framlingham as well as Cumeragunja which lies just over the New South Wales border. These communities have limited physical access to food outlets in addition to the social and economic issues which impact food security. While some innovative food security projects have been funded and implemented in mainstream Victorian communities, there has been very little action to improve food security for Indigenous Victorians.

WHAT DOES THE COMMUNITY SAY?

"There are 2 people working in our household and even sometimes I'll go past the cauliflower because its \$4 or \$5 so for people that aren't working, it's not an option"

"It's convenient and easier to grab a feed that's already cooked than grab all the bits and pieces and cook it yourself especially if they can't afford to keep the electricity on"

"Because we're a lower income community, most of our community are living from pay-check to pay-check"

"The cost of healthy food is a real issue. It's so much easier to buy McDonalds for your kids than it is to buy a heap of vegetables and fruit and stuff"

"Having the opportunities to grow our own traditional foods and being able to teach our children...it's one of the ways of ensuring survival for our culture"

"The community kitchen's fantastic. You can come in and cook a nutritious meal and for a few dollars you can buy a few meals to take home so that's a cheap way of accessing good healthy food for our community"

"One thing I reckon we need is breakfast programs. I still notice there's a lot of kids probably not eating breakfast. There're a lot of families out there with kids who aren't getting fed"

"Diet food is more expensive than normal food and it's pretty hard to chase a kangaroo these days. It's a lot easier to go to KFC"

"A family living on a pension, they're just going to go and get a heap of chips and devon and bread because that's easy and it's cheap"



EVIDENCE OF EFFECTIVENESS

Health promotion initiatives targeting nutrition often subscribe to the lifestyle/education paradigm. While nutrition knowledge is important, the World Health Organisation asserts that 'access to good affordable food makes more difference to what people eat than health education' ^[11]. Improving supply of and access to affordable, nutritious and culturally appropriate food is, therefore, an indispensable component of this Strategy.

There is evidence to suggest that local food security projects which involve partnerships between government, the health sector, food businesses and community organisation can help improve community members' access to nutritious foods ^[57]. Access to healthy foods can be improved through:

- Providing nutritious food to community members at a lower price or free of charge
- Local food production programs such as community gardens
- Providing low-cost fruit and vegetables through local co-ops, mobile market stalls and delivery services.

FOOD PROVISION

Some previous Indigenous nutrition programs attempted to increase access to nutritious food by directly providing food to Aboriginal Community members. Food was provided at breakfast programs ^{[36] [39] [44] [45] [58]} or for lunch ^[58-62] as part of many programs. This strategy is popular in children's settings with one study reporting significant improvements in health by providing fruit to school children ^[63] and others reporting increased growth among younger children receiving supplementary meals ^{[58] [62]}. International evidence suggests that supplementary feeding programs linked to parental nutrition education can improve childhood growth and nutrient intake among Indigenous children ^[64]. In Victoria, provision of subsidised meals through local cafés has resulted in improved food access and social inclusion for homeless people ^[65].

COMMUNITY GARDENS

Community gardens are a common health promotion strategy as they not only increase access to fresh fruit and vegetables but also support physical activity and community interaction through gardening. In Indigenous communities, fruit and vegetable gardens have been developed in the home ^[66], school ^{[35] [39] [63] [67] [68]} and community ^{[36] [68-70]} settings. These projects have reported improvements in fruit and vegetable supply as well as horticultural skill development, employment opportunities, self esteem and social interaction. Furthermore, there is evidence to suggest that community gardens and larger scale urban agriculture projects not only make fresh fruit and vegetables more economically accessible to low income households but also have a positive impact on people's nutrition knowledge and dietary behaviours.

LOW COST GROCERIES

As part of the consultation process for this Strategy, the VACCHO nutrition team conducted a series of market basket surveys using the Victorian Healthy Food Access Basket tool. The surveys were conducted at supermarkets across Victoria in towns known to have a high Indigenous population. Analysis of these surveys revealed that it would cost some households over 30% of their income to purchase a nutritionally adequate basket of food for the week. Clearly, an alternative to supermarkets is required to assist community members to overcome the increasing price of groceries. Providing low-cost fruit and vegetables through alternative means such as local food co-ops, mobile market stalls and delivery services where produce is bought in bulk from wholesalers and sold to the community at low cost has proven successful in other low income communities ^[71] and is a potential strategy for improving access to healthy food for the Indigenous community.

RECOMMENDED ACTIONS

ACTION AREA 2	RECOMMENDED ACTIONS	POTENTIAL PARTNERS
SHORT TERM	<ul style="list-style-type: none"> Investigate the major factors relating to food security within Victorian Aboriginal communities 	VICHEALTH HEART FOUNDATION VICTORIA UNIVERSITY
MEDIUM TERM	<ul style="list-style-type: none"> Develop and implement appropriate advocacy strategies targeting decision makers within the food system, local and state government departments Develop partnerships between ACCHOs, local government and nutrition/health promotion practitioners to plan, implement and evaluate local solutions to improving food security 	VICHEALTH HEART FOUNDATION VICTORIA UNIVERSITY DHS VLGA SECOND BITE FAHCSIA
LONG TERM	<ul style="list-style-type: none"> Encourage local production and harvesting of a variety of traditional and non-traditional foods e.g. through community-controlled market gardens 	DPI DSE FAHCSIA



ACTION AREA 3

DEVELOP HEALTHY PUBLIC POLICY TO SUPPORT HEALTHY EATING AND PHYSICAL ACTIVITY IN KEY SETTINGS

RATIONALE

Organisational policy has the potential to impact positively or negatively on health. Communities access to and consumption of healthy food is influenced by the catering practices of the Organisation's in which they live, work and socialise. Similarly, policies relating to transport, recreation, and staff entitlements can create or prohibit opportunities for physical activity.

Aboriginal organisations are major providers of food. ACCHOs serve food at meetings, community barbecues, group programs and other community events. Many also provide food hampers to Elders over the Christmas period. Food service also plays a major role in other Aboriginal organisations such as the Multifunctional

Aboriginal Children's Services (MACS), Aboriginal hostels, Sports Clubs, and the Aboriginal Community Elders Services. There is great potential to improve food provided in Aboriginal organisations through implementation of healthy catering policies.

VACCHO is the peak body for Aboriginal health in Victoria. Therefore it is imperative that VACCHO and its member organisations lead by example in promoting healthy eating and physical activity. Aboriginal Health Workers are often seen as role models in their community and have the potential to be advocates for healthy lifestyle choices. Policy implementation is needed to support Aboriginal organisations and their staff to make healthy choices easy choices for the community.

WHAT DOES THE COMMUNITY SAY?

"All the catering...it hasn't really been that healthy"

"You shouldn't have to lose your lunch break if you want to exercise"

"I think maybe the organisation could look at taking a policy out and promoting it through the workers"

"It's an overall approach that all programs take to healthy eating. It's done generally anyway but it would be good to have it more documented and some guidelines around it"

"You need to address the policies in terms of people being able to hunt and gather food off the land; rules around fishing. We've got to get past those regulations so we can go out there and do it"

"I've seen kids stand over their mother for Coke and a Mars bar at the Aboriginal Medical Service because the vending machine was there in the waiting room"

"About the catering for meetings. This place has got to be one of the worst when they get catering and the food comes in. I remember going to meetings and there was boxes of Red Rooster on the table. Red Rooster must make shitloads of money off blackfellas!"

"Healthy catering choices. That's the first thing I thought when I came to (the ACCHO). It's too much food, like, everyone eats all the time"

"We're role models, whether we like it or not"

"As workers, for us to promote healthy eating, healthy lifestyle, we need to be healthy ourselves and to keep working and not get burnt out so something like a gym membership would be excellent"

EVIDENCE OF EFFECTIVENESS

NUTRITION POLICIES

This strategy has been very successfully implemented in remote communities that relied on a single community store [31-35]. Nutrition policies have not been widely used in urban settings, however, evaluation demonstrates that they have a useful contribution to make. One Victorian program improved the food sold in the sports club canteen [45] while another influenced the food provided at a school holiday program [72]. Giving store managers a mandate to improve the supply of healthy foods rather than focusing purely on profits was identified as a key factor in the success of these interventions [73]. In mainstream Victoria, local policy action to improve the supply of healthy food has included award programs for food retailers that provide healthier choices [74] and early childhood settings that implement nutrition policies [75]. This approach could also be used for Aboriginal organisations that provide food.

PHYSICAL ACTIVITY POLICIES

There is evidence to suggest that workplace policies can be an effective strategy for increasing physical activity among employees. Such policies may include incentive schemes, car parking restrictions, subsidised gym memberships for staff and allowing staff time to exercise during work hours. Active transport policies such as provision of bicycles and MetCards for staff travel can also increase staff physical activity levels while reducing the fuel costs for the organization. Such workplace interventions have been demonstrated to be cost effective through increased productivity and lower absenteeism.

ACTION AREA 3	RECOMMENDED ACTIONS	POTENTIAL PARTNERS
SHORT TERM	<ul style="list-style-type: none"> Develop Healthy Catering Guidelines for Aboriginal Organisations to support the development of policies that prioritise the consistent supply of safe, affordable and nutritious food 	DHS
MEDIUM TERM	<ul style="list-style-type: none"> Support the development and implementation of workplace healthy eating and physical activity policies in Aboriginal Community Organisations that include catering policies, baby friendly policies (including breastfeeding) and active transport Work in partnership with Kids Go for Your Life to Support Aboriginal schools and early childhood settings to implement policies that promote healthy eating and physical activity 	VAEAI DHS DEECD CANCER COUNCIL DA-Vic HEART FOUNDATION FAHCSIA
LONG TERM	<ul style="list-style-type: none"> Facilitate food safety and nutrition training for Aboriginal Organisations and community members involved in food preparation 	DHS OTTE LOCAL GOVERNMENT FAHCSIA

ACTION AREA 4

DEVELOP AND DELIVER COMMUNITY-BASED INTERVENTIONS TO INCREASE HEALTHY EATING AND PHYSICAL ACTIVITY FOR ABORIGINAL YOUTH, ADULTS AND ELDERLY ACROSS VICTORIA

RATIONALE

There is very little funding available for nutrition and physical activity programs in Aboriginal Community Controlled Health Services. Unlike mainstream community health centres, Aboriginal services do not routinely receive health promotion funding and most do not have dedicated nutrition and physical activity staff. As a result, nutrition and physical activity programs are not always prioritised, due to lack of capacity.

When nutrition and physical activity projects are implemented in Aboriginal communities, it is often through short term grant funding, thus when the funds run out, the program is often discontinued. This is extremely counter productive as health

benefits are unable to be sustained. Furthermore it can be disempowering for Aboriginal communities when programs are continually started and stopped again due to the short term nature of health promotion funding.

In 2008, VACCHO called for expressions of interest for community nutrition and physical activity grants. Despite the fact that there were only three grants available, 21 grant applications were submitted. This demonstrates that Aboriginal health services definitely are interested in running health promotion programs around nutrition and physical activity. They just need to be appropriately funded and supported to do so.

WHAT DOES THE COMMUNITY SAY?

"There's been so many programs that have been run over the years and then the funding stops and it just all drops off and people get a bit peeved"

"If people could look around and see what successful things have happened... and then maybe package it up"

"The problem with programs that are initiated at the start, they go down one track and we have a certain amount of money in the bucket to spend...it goes for two or three months or whatever we are able to afford with the funding and then we have to cut the community off"

"It would be good to have something targeted at the different areas of our community: youth, men, women, the Elders. Something ongoing"

"Supermarket tours is what everyone asks for"

"It'd be nice to have a regular thing where we all get together and cook up"

"Education and awareness is everything. My poor stepfather died of a massive heart attack. We were eating all the wrong foods like steak and eggs for brekkie swimming in oil simply because we didn't know"

"You can bring people in with the workshops but you can only get a certain number of people to attend them, whereas if you put on a family day...it's promoting the healthy side of eating but it's also a cricket game...everyone can get involved in it"

"We need to be taught more how to cook and prepare healthy meals for our children"

"Publish guidelines for the community. That would be great. Why reinvent the wheel?"

"A lot of our people don't know what food to eat"

"If we do things holistically...they don't see it as an illness where you've got to have healthy foods, they see it as the norm"

EVIDENCE OF EFFECTIVENESS

HEALTH EDUCATION

Most of the Indigenous nutrition and physical activity programs reported in the literature included some form of health education. This ranged from structured sets of workshops [47-49] [52] [60] [76-78] to less formal information sessions [31-33] [35] [36] [39] [42-45] [66] [79-82]. Many programs used a peer education approach, training Aboriginal workers or Community Elders to deliver nutrition activities for their own communities [33] [38] [43] [45] [47-49] [52] [76] [80] [82]. Evidence from overseas suggests that structured education programs using peer educators have the potential to improve nutrition and physical activity among Indigenous adults [83] and children [84]. It has, however, been reported in previous reviews that nutrition education alone is not sufficient to address nutrition issues in Aboriginal and Torres Strait Islander communities [19] [85-86].

COOKING PROGRAMS

This strategy was especially popular and was used by a number of different projects [32] [39] [41] [66] [72] [77] [78] [81] [82]. Different models used include cooking demonstrations [39] [43] [47] [48] [52] [76] cooking classes [32] [41] [70] [78] [81] and the Community Kitchens approach [39] [66] [72] [77] [82] [87] [88]. The community kitchens model may be especially appropriate for Indigenous communities as it is based on community development principles and supports empowerment and self-efficacy. There is both local and international evidence to suggest that these programs can improve participants' food security through developing cooking, shopping and budgeting skills as well as reducing social isolation [89-90].

ACTION AREA 4	RECOMMENDED ACTIONS	POTENTIAL PARTNERS
SHORT TERM	<ul style="list-style-type: none"> Facilitate the implementation of successful programs across Victoria (e.g. Koori Community Kitchen Programs, Living Strong Program, Road to Health program, Active Elders Program) Work with Diabetes Australia-Vic to develop and implement an ATSI strategy for the Life! Taking Action on Diabetes program 	DHS DPCD DoHA DA-VIC OATSIH
MEDIUM TERM	<ul style="list-style-type: none"> Continue to fund the Wathaurong Go For Your Life Community Demonstration Project and expand to other Victorian Aboriginal Communities. Work with MEND Australia to adapt and pilot the Mind, Exercise, Nutrition, Do it! Program for the Victorian Aboriginal community. 	DHS DPCD MEND AUSTRALIA OATSIH
LONG TERM	<ul style="list-style-type: none"> Develop appropriate education programs to increase skills in budgeting, shopping and preparing healthy, affordable food and disseminate to key workers and organisations 	DHS DPCD DoHA RED CROSS OATSIH

ACTION AREA 5

ENSURE EQUITABLE ACCESS TO SPORT AND RECREATION ACTIVITIES FOR VICTORIAN ABORIGINAL YOUTH, ADULTS AND ELDERS



RATIONALE

Population studies indicate lower levels of leisure time physical activity among Indigenous Australians. According to the 2001 National Health Survey, a higher proportion of the Indigenous population was sedentary than the non-Indigenous population. Only 58% of Indigenous Australians reported doing some form of exercise compared to 70% of non-Indigenous Australians [91].

Sport and recreation activities play an important role in both the health and social lives of Aboriginal communities. As well as promoting physical activity, sporting matches and carnivals bring Aboriginal families together and strengthen community connectedness and pride. Despite this, in 2002 less than half the Indigenous population participated in sport and physical recreation activities [92] compared to almost two thirds of the non-Indigenous population [93].

It is well established that socioeconomically disadvantaged groups have lower physical activity participation rates [8]. Barriers to participating in sport and recreation for the Indigenous people may include limited access to sport and recreation facilities, lack of transport, racism, low self esteem, and the high costs involved in club memberships, uniforms and carnival registration [94-95]. There is so much natural sporting talent among Aboriginal children, but too often it gets wasted because of these structural barriers to participation.

WHAT DOES THE COMMUNITY SAY?

<p>"We need a gym worker, someone who's trained in the sports area...we do have a gym but there's no one here who's qualified to look after it"</p> <p>"I think a sport and rec officer would be perfect here because everyone helps out and chips in but nobody has that role"</p> <p>"I just think that some of the mainstream gyms are a place where our mob wouldn't go... they're not a great environment so I think some of our mob wouldn't go even if it was funded. So perhaps we need our own health club"</p> <p>"The more sport you play, the more equipment you need and travel to go to competitions and it just ends up being a huge cost and people drop off"</p> <p>"Mum and dad can't even afford to feed the kids let alone joining a sports club"</p> <p>"We've been doing a lot of that over the years in terms of subsidising sports club memberships...I really wish there was more money through VAYSAR"</p> <p>"Everyone's happy to try different sports and that but it's actually getting them to continue it"</p>	<p>afterwards. They actually have to fork out of their own pocket if they decide to continue on"</p> <p>"Raise funding to help the kids with their fees and clothing and all that sort of stuff...cos a lot of them drop out when they can't afford it"</p> <p>"Sports is a really good thing because it gets everyone together and then the kids aren't distracted with going and getting involved in other things. When they're in sport they're disciplined and they're focussed"</p> <p>"I looked for sport and rec jobs for Indigenous people and couldn't find any"</p> <p>"Gyms are very expensive. I pay \$800 a year and not many blackfellas can afford that"</p> <p>"The other thing is whether our people would be interested in going to those gyms because there's a lot that don't feel like wearing the gear that people do...whereas if we had our own gym people could go and feel comfortable"</p> <p>"One thing you don't see is Aboriginal fitness trainers and I suppose a lot of our mob don't like going places and training if there's not an Aboriginal fitness trainer there and might feel a bit inferior because of their body shape or body image"</p>
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EVIDENCE OF EFFECTIVENESS

PHYSICAL ACTIVITY PROGRAMS

A variety of physical activity programs have been successfully implemented in Indigenous communities. These include gym classes [35] [40] [66] [81] [96], water exercise sessions [40] [66] [97], walking groups [32] [40] [41] [81] [96] pedometer programs [30] [79] [43] [98] and team sports [32] [35] [47] [66] [72] [77]. Many of these programs specifically target Aboriginal Elders [40] [60]. While several programs reported increases in physical activity levels [32] [35] [40] [52] [77] [81] [96] [98], the numbers of people participating were usually relatively small.

In addition to health benefits, sport and recreation programs have strong potential to directly or indirectly influence Indigenous community issues such as crime, school attendance, substance abuse, self-harm and violence [99]. Furthermore, an evaluation of the 2006 VAYSAR State-wide Senior Football/Netball Carnival indicated that it had a range of positive social and economic impacts not only Koori communities around the state but also for the host community [100]. A critical component to achieving such outcomes is long-term sustainability of programs through whole-of-community support.

ACTION AREA 5	RECOMMENDED ACTIONS	POTENTIAL PARTNERS
SHORT TERM	<ul style="list-style-type: none"> ■ Fund Melbourne Aboriginal Youth Sport and Recreation (MAYSAR) to deliver outreach physical activity programs for Aboriginal youth, adults and Elders across the Melbourne metropolitan area ■ Provide sustainable funding for the Victorian Aboriginal Youth Sport & Recreation (VAYSAR state peak body for Aboriginal Sport & Recreation) Active Centres project to provide culturally appropriate physical activity options through ACCHOs ■ Provide VAYSAR with an adequate budget to expand the number of Sports Carnivals it organises for the Victorian Aboriginal Community 	DPCD DoHA VicHealth MAYSAR VAYSAR
MEDIUM TERM	<ul style="list-style-type: none"> ■ Expand VAYSAR Sports Development Grant program ■ Provide sustainable funding for VAYSAR to provide cross cultural awareness training to mainstream sports groups ■ Increase training and employment opportunities for Aboriginal people in the sport, recreation and fitness industry ■ Create positions for Aboriginal Fitness Instructors/Sport and Recreation Officers in ACCHOs ■ Provide VAYSAR with a sustainable budget to provide sports officiating courses (i.e. coaches, umpires etc) for community members. 	DPCD DoJ DoHA DEWR VAYSAR OTTE ASHE REGIONAL SPORTS ASSEMBLIES AFL VERVE KINECT AUSTRALIA
LONG TERM	<ul style="list-style-type: none"> ■ Provide sustainable funding for Aboriginal community gymnasiums to provide physical activity programs for Aboriginal youth, adults and Elders 	DPCD DoHA

ACTION AREA 6

ENHANCE THE NUTRITIONAL HEALTH OF ABORIGINAL MOTHERS, INFANTS AND CHILDREN

RATIONALE

Early life is recognised as one of the social determinants of health^[17]. Poor nutrition during pregnancy increases the risk of low birth weight and chronic disease in adulthood^[103]. The proportion of low birth weight among babies born to Indigenous mothers in Victoria is higher than the national Indigenous average^[3]. Prolonged bottle feeding and early introduction of solid foods have also been identified as significant nutrition issues for Victorian Aboriginal children^[19].

The benefits of breastfeeding for both mother and baby are well established. A survey of Victorian Aboriginal women revealed that while most (85%) initiated breastfeeding, only 32% were still breastfeeding at 6 months^[18]. Focus group discussions with Koori women in Melbourne revealed that barriers to breastfeeding include embarrassment about feeding in public, belief that formula is as good as breast milk, sore and cracked nipples, perception that breastfeeding is painful and inconvenient, and poor milk supply^[101]. Furthermore, another survey of Victorian Aboriginal parents reported that while many parents and carers had received advice around initiating breastfeeding, support about how to sustain breastfeeding was not frequently provided^[17].

It is recommended that solid foods are introduced to children at 6 months of age^[102]. Both early and late introduction of solids may result in poor growth and other health problems for the baby. A study of 91 Victorian Aboriginal children found that 35% had been given solid food before 4 months of age and 24% had not yet commenced solid food at 6 months^[17]. Parents and carers reported that they had received very little advice and support around nutrition. Therefore it is imperative that more effort and resources are committed in order to support and educate Aboriginal parents and carers around appropriate infant feeding practices.

New National Guidelines for Nutrition and Physical Activity in Early Childhood Settings are currently under development. To support the implementation of these guidelines, resources will be developed for childcare centre staff as well as parents and carers. At this stage, however, messages will be universal across settings and there are no plans for Indigenous-specific resources. These guidelines will be relevant to the fifteen MACS across Victoria, therefore, there is a need to assist these organisations, their staff and clients to put these guidelines into practice to support the growth and development of Victorian Aboriginal Children.



WHAT DOES THE COMMUNITY SAY?

"A (breastfeeding) peer support woman or Health Worker working with a woman...at least they're given the chance to be taught what to do or encouraged to begin with"

"There's got to be education if a mother has a sick child and the baby's not gaining weight"

"Definitely parent education because I think a lot of it's just parents not having the information"

"You've got to start with the young mums and the kids and educating them to feed them correctly and get their nutrition right"

"A lot of support needs to be given to pregnant women so they can change their understanding of healthy eating and breastfeeding"

"I think it would be good that when you find out Koori women are pregnant, we can start educating them from that time about what they eat and how it affects their baby and what they need to do when the baby's born"

"Places like [MACS centre], getting into those organisations so that when the kids are there, they have healthy food"

"Nutrition strategies in childcare and MACS centres and incorporate the teeth stuff into it too"

"A lot of our Elders are looking after children. A lot of our Elders have children living at home

and are playing very important roles in our children's nutritional needs"

"You're still seeing the sweet juices in bottles and that sort of stuff...it's what they've been brought up with too"

"Engage a couple of Elders because traditionally there was nothing but breastfeeding"

"One of the reasons why mothers stop breastfeeding is the stresses so unless you tackle it holistically and talk about unemployment, housing etc in that context, I don't think you'll get anywhere"

"The parents are responsible for these children so maybe it should be a parenting thing. You need to teach them how to have good habits... so I think it should be a parenting sort of program"

"I reckon more parenting skills passed on from the Elders and a bit more involvement from the fathers"

"Lactation consultants, they're really culturally inappropriate"

"You do need to include the Elders who have those expertise and keep that learning circle where the Aboriginal Health Workers may support the Elders or the Aunts in actually teaching younger women"

EVIDENCE OF EFFECTIVENESS

There is strong evidence that antenatal care can have a significant impact on fetal growth and birth weight which in turn may contribute to protection from diet-related chronic disease in adulthood [103]. Several Indigenous antenatal care programs have been implemented and evaluated in urban [104-109], as well as rural and remote [37] [38] [104] [110-112] communities. Some of these programs have resulted in reductions in pre-term births [38] [105] and increases in mean birth weights [38] [101] [103] [104] [109]. In addition, one program that included intensive postnatal follow-up as well as infant feeding education and support reported increased breastfeeding rates [106].

A previous review of Indigenous maternal and child health interventions [113] reported that common factors of successful programs included:

- home visiting (this is supported by international evidence [114])
- a welcoming and safe service environment
- flexibility in service delivery and appointment times
- a focus on communication, relationship building and trust
- respect for Indigenous people and their culture
- respect for family involvement in health issues and child care
- having an appropriately trained workforce
- valuing Aboriginal and Torres Strait Islander staff and female staff
- provision of transport
- provision of childcare or playgroups
- community-based and/or community controlled services
- a specific service location intended for women and children
- providing continuity of care and a broad spectrum of services
- integration with other services (e.g. hospital liaison, shared care)
- outreach activities

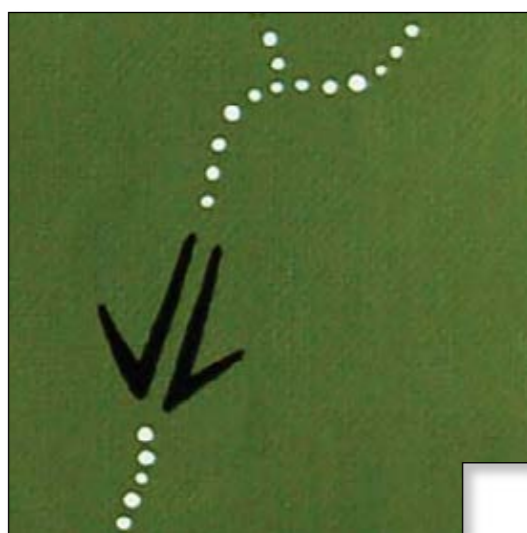


RECOMMENDED ACTIONS

ACTION AREA 6	RECOMMENDED ACTIONS	POTENTIAL PARTNERS
SHORT TERM	<ul style="list-style-type: none"> ■ Develop and deliver accredited training in nutrition, physical activity and health promotion for Aboriginal Early Years staff including: Koori Maternity Workers, Aboriginal Best Start Workers, In-home Support Workers and Child Care workers ■ Provide professional development and information sharing opportunities around nutrition and physical activity for Aboriginal Early Years staff through existing forums 	VACSAL VAEAI OTTE DEECD DHS FAHCSIA
MEDIUM TERM	<ul style="list-style-type: none"> ■ Develop and disseminate culturally appropriate maternal/child nutrition and physical activity resources for the Victorian Aboriginal Early Years Workforce ■ Support Multifunctional Aboriginal Childcare Centres to implement the new National Nutrition and Physical Activity Guidelines for Early Childcare Settings ■ Adapt and facilitate implementation of evidenced-based maternal/child nutrition/physical activity programs for Victorian Aboriginal Community (e.g. Growing Strong Program, MEND, David Olds home-visiting program) 	DEECD DHS FAHCSIA
LONG TERM	<ul style="list-style-type: none"> ■ Engage nutritionists/dietitians working in partnership with Aboriginal nutrition workers to deliver nutrition and physical activity promotion programs through existing Aboriginal early years programs including: Koori Maternity Services; Aboriginal Best Start; In-home Support; Enhanced Maternal and Child Health Services; Multifunctional Aboriginal Children's Services ■ Develop and implement an Aboriginal Breastfeeding Strategy in partnership with the Australian Breastfeeding Association 	DHS DEECD ABA

ACTION AREA 7

DEVELOP AND DELIVER CONSISTENT HEALTHY EATING AND PHYSICAL ACTIVITY MESSAGES TO THE VICTORIAN ABORIGINAL COMMUNITY THROUGH CULTURALLY APPROPRIATE HEALTH INFORMATION AND SOCIAL MARKETING



RATIONALE

Education, information and mass media campaigns are an effective way to raise awareness and encourage people to eat well and be more active. However there is little evidence that mainstream health promotion campaigns produce health benefits for Aboriginal people. Targeted culturally specific health information and media strategies are required to engage the Indigenous community.

The Victorian government *Go For Your Life* initiative has included a significant social marketing component; however the television and radio advertisements do not include any Aboriginal people, thus are not likely to appeal to Indigenous Victorians. Similarly the *Go for your Life* nutrition and physical activity tip sheets are not appropriate for the Aboriginal community, particularly Elders, as they contain too much text and no illustrations or artwork that would appeal to Aboriginal people.

There is plenty of opportunity to deliver healthy eating and physical activity messages through the media. Not only do Aboriginal people access mainstream television and radio stations, but there are also Indigenous specific media outlets. These include National Indigenous Television (NITV), 3 KND radio, the Koori Mail newspaper and Deadly Vibe magazine. VACCHO and other Aboriginal organisations also have a website and produce their own newsletters which are also potential sources of nutrition and physical activity information.

While a variety of Indigenous specific nutrition and physical activity health information resources already exist, almost all of these were produced interstate. This means that these resources are not always accessible or relevant for the Victorian Aboriginal community. Our consultations have revealed that nutrition and physical activity messages are more likely to be effective when delivered via culturally specific Koori health information resources designed by local Aboriginal people.

WHAT DOES THE COMMUNITY SAY?

"The tip sheets, they're just too full of information. They need to be very basic"

"There's nothing for Victorians by Victorians"

"Go For Your Life, it just doesn't capture our community"

"People don't identify with a big heap of white faces on TV. They think 'it's not for us'"

"Having Victorian resources like Koori friendly brochures"

"In all these, like, Go For Your Life and everything like that you never see one Indigenous kid on there. And with all these health problems we have...they should be on the forefront of the media"

"A lot of people like to see something on video or on a slideshow rather than on paper because it doesn't always sink in"

"Your newsletter (Tucker Talk), I found that fantastic...it's great information, it's got good recipes"

"VACCHO supports the health workers by making sure that we've got the right information to pass on to the patients and the community"

"With our mob, it's more visual stuff. Visual is more educational than just telling someone"

"We definitely need some black faces on the television promoting our health"

"It's very difficult to access printed material to hand out to people that's relevant...when I tried to get stuff from New South Wales, it was hard to get copies because they're not funded to provide stuff to Victoria. But we don't have our own stuff here"

"We need to see local faces. Our own Melbourne mob- or whatever area"

"Rumbalara got their own ad. It's deadly, it makes you want to go to the doctors!"



EVIDENCE OF EFFECTIVENESS

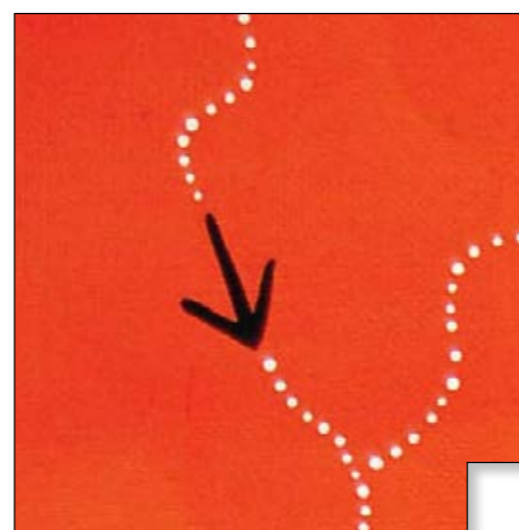
There is only one published evaluation report^[115] on the impact of social marketing around nutrition on Aboriginal and Torres Strait Islander consumers. Queensland Health commissioned a series of focus groups with Indigenous communities across Queensland in order to determine whether the mainstream Go for 2&5 fruit and vegetable campaign was successful in increasing awareness about fruit and vegetable recommendations. While recall of the campaign was high, it had limited impact on increasing intake of fruit and vegetables and knowledge of the recommended daily serves of fruit and vegetables remained very low^[115]. While a systematic review has indicated that there is strong evidence for the effectiveness of social marketing campaigns in promoting fruit and vegetable consumption in the general population^[116], their impact on the Aboriginal community appears less effective, thus culturally

specific, targeted campaigns are needed as well as strategies to improve access to fruit and vegetables.

Rumbalara Aboriginal Co-operative has recently produced their own television advertisement that appears on mainstream commercial television in the local area. The advertisement features several local community members talking about the importance of regular health checks. Rumbalara staff report that there has been a significant increase in Aboriginal community members presenting at the medical service to have a health check since the advertisement has been running. In addition, having local faces appear on mainstream television promotes community pride and raises awareness about Aboriginal health in the non-Indigenous community.

ACTION AREA 7	RECOMMENDED ACTIONS	POTENTIAL PARTNERS
SHORT TERM	<ul style="list-style-type: none"> Disseminate the Aboriginal and Torres Strait Islander Guide to Healthy Eating across Victoria Develop and disseminate a series of Koori-specific evidence-based <i>Go For Your Life</i> tip sheets for Aboriginal youth, adults and Elders 	DoHA DHS DEECD DPCD
MEDIUM TERM	<ul style="list-style-type: none"> Work with other peak health organisations such as Diabetes Australia and the Heart Foundation to develop culturally appropriate health information resources for Victorian Aboriginal communities Implement a Koori-specific <i>Go For Your Life</i> social marketing campaign utilising Koori media regional television stations 	DA-VIC HEART FOUNDATION CANCER COUNCIL DHS DEECD DPCD
LONG TERM	<ul style="list-style-type: none"> Fund ACCHOs to develop their own local nutrition/physical activity media campaigns 	DHS FAHCSIA OATSIH

ACTION AREA 8 IMPROVE THE EVIDENCE-BASE THROUGH COORDINATED RESEARCH, MONITORING AND EVALUATION



RATIONALE

While evidence-based practice is an important principle of public health and health promotion, there is only limited data available about the nutritional status of the Victorian Aboriginal community. Furthermore, there is a shortage of evidence for effective Indigenous nutrition and physical activity programs, particularly in urban communities. Many Indigenous health promotion programs are not evaluated and even fewer are published. The lack of monitoring and evaluation of Indigenous nutrition programs is commonly cited as another major factor limiting the capacity of practitioners and policy makers to deliver best practice initiatives^{[6] [22] [23]}. As a result, the current evidence base for effective nutrition and physical activity interventions for Aboriginal and Torres Strait Islander people is severely limited.

'National Food and Nutrition Information Systems' is a key action area of NATSINSAP. Nationally, there is only limited population nutrient intake data as the most recent National Nutrition Survey was conducted in 1995. This survey did not provide specific information about the diets of Aboriginal and Torres Strait Islander people. The Victorian population health survey is conducted annually and includes data on physical activity, fruit and vegetable intake, obesity and diabetes prevalence. However, the sampling strategy and survey methodology does not provide sufficient information on the nutritional status of Indigenous Victorians. Furthermore while the healthy food access basket survey is routinely conducted in remote Aboriginal communities, there is no system for monitoring the affordability of a healthy diet for the Victorian Indigenous population. Without effective data collection mechanisms it will not be possible to evaluate the long term effectiveness of this Strategy.

WHAT DOES THE COMMUNITY SAY?

<p>"Just give us some baseline data because we don't have any!"</p> <p>"It is one of the areas where we just do it and we don't keep any stats or anything"</p> <p>"It would be great to be able to evaluate our program so we can take it to the government"</p> <p>"VACCHO has got access to other communities as well so they can tell us what's been working in another region"</p> <p>"We need to really be looking at what's worked on a program, how we've gone about it, what partnerships and everything we've used, how it's succeeding, how we can bring other organisations into it"</p> <p>"Pre and post evaluations...it needs to be something that's built in"</p> <p>"We need funding to help us do that. Who can take an hour a day out to look at stats? How do we do that?"</p>	<p>"With the government, you've got to prove there's a problem, then you've got to come up with stats. So I think even an Aboriginal Health Worker, if they can do a program and then come up with stats, get all the nuts and bolts out of it and put it in a report and go to the government and, bang! Get some money."</p> <p>"It's about using evidence as well...if you collect good data, it gives you good information to plan for the future"</p> <p>"Sharing the knowledge. That's what VACCHO is. They're the peak representative body for 25 organisations. So if we're doing something good, then VACCHO should be distributing that information around Victoria"</p> <p>"The research area is a fairly contentious area but we have no problem with VACCHO because they're our organisation"</p>
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EVIDENCE OF EFFECTIVENESS

Despite extensive searching, evaluation reports for only 10 Victorian nutrition/physical activity programs were identified. This reflects a lack of evaluation rather than a lack of action in the area of nutrition and physical activity given the results of the statewide audit [117]. Of the programs reviewed that have evaluated impacts and outcomes, most use either a case study or a single sample pre and post test design which is considered a low level of evidence [118]. Furthermore, many of the evaluations had small sample sizes, leaving them statistically underpowered and unlikely to have a large population health

impact. Barriers to conducting rigorous evaluations of Indigenous nutrition and physical activity programs include the perceived inappropriateness of nutrition surveys [45]; lack of community interest in participating as a control group [79]; difficulty following-up participants [52] [98] and lack of evaluation expertise among Aboriginal Health Workers [43]. It has been suggested that a participatory action research approach may be a more appropriate approach to evaluation of Indigenous health promotion projects [43] [45] [60].

RECOMMENDED ACTIONS

ACTION AREA 8	RECOMMENDED ACTIONS	POTENTIAL PARTNERS
SHORT TERM	<ul style="list-style-type: none"> Provide training and resources to assist Aboriginal Health Workers to measure the impacts of healthy eating and physical activity programs 	DHS OATSIH OTTE
MEDIUM TERM	<ul style="list-style-type: none"> Undertake appropriate research to fill gaps in the evidence around food security, nutrition and physical activity for the Victorian Indigenous population 	VICHEALTH DHS HEART FOUNDATION ONEMDA UNIVERSITIES
LONG TERM	<ul style="list-style-type: none"> Expand the Victorian Population Health Survey, Victorian Child and Adolescent Monitoring System and the VicHealth Community Attitudes Survey to provide data on food security, nutrition and physical activity indicators of the Victorian Indigenous population Evaluate the overall impact of the Victorian Aboriginal Nutrition and Physical Activity Strategies including intensive evaluation of actions with lower levels of evidence of intervention effectiveness 	VICHEALTH DHS DPCD

CONCLUSION

This report has identified a range of actions which, if implemented collectively across Victoria, would lead to improved nutrition and physical activity for the Aboriginal population. Over time this would contribute to a reduction in the health inequalities experienced by Indigenous Victorians so that the life expectancy gap can be closed.

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APPENDIX 1

ORGANISATIONS INCLUDED IN CONSULTATION

STAFF FROM THE FOLLOWING ABORIGINAL ORGANISATIONS WERE CONSULTED TO INFORM THE DEVELOPMENT OF THIS STRATEGY:

Aboriginal Community Elders Services
 Ballarat & District Aboriginal Cooperative
 Bendigo & District Aboriginal Cooperative
 Bunurong Medical Centre
 Central Gippsland Aboriginal Health & Housing Cooperative
 Dhuawurd Wurrung Elderly Citizen Association
 Echuca Medical Centre
 Gippsland & East Gippsland Aboriginal Cooperative
 Goolum Goolum Aboriginal Cooperative
 Kirrae Health Service
 Lake Tyers Aboriginal Trust
 Melbourne Aboriginal Youth Sport and Recreation
 Mildura Aboriginal Cooperative
 Moogji Aboriginal Cooperative
 Mullum Mullum Indigenous Gathering Place
 Mungabareena Aboriginal Cooperative
 Murray Valley Aboriginal Cooperative
 Ngwala Willumbong
 Ramahyuck District Aboriginal Corporation
 Rumbalara Aboriginal Cooperative
 Swan Hill & District Aboriginal Cooperative
 Victorian Aboriginal Community Controlled Health Organisation
 Victorian Aboriginal Health Service
 Wathaurong Aboriginal Cooperative
 Western Suburbs Indigenous Gathering Place
 Yarra Valley Community Health Indigenous Health Team
 Victorian Aboriginal Youth Sport and Recreation

APPENDIX 2

THE AUSTRALIAN GUIDELINES FOR DIET AND PHYSICAL ACTIVITY

DIETARY GUIDELINES FOR AUSTRALIAN ADULTS

- Eat plenty of vegetables, legumes, fruits
- Eat plenty of cereals (including breads, rice, pasta and noodles), preferably wholegrain
- Include lean meat, fish, poultry and/or alternatives
- Eat plenty of milks, yoghurts, cheeses and/or alternatives.
Reduced fat varieties should be chosen, where possible
- Drink plenty of water
- Limit saturated fat and moderate total fat intake
- Choose foods low in salt
- Limit alcohol intake if you choose to drink
- Consume only moderate amounts of sugars and foods containing added sugars
- Prevent weight gain: be physically active and eat according to your energy needs
- Care for your food: prepare and store it safely
- Encourage and support breastfeeding

Source: National Health and Medical Research Council, 2003.

NATIONAL PHYSICAL ACTIVITY GUIDELINES FOR AUSTRALIAN ADULTS

- Think of movement as an opportunity, not an inconvenience.
Be active every day in as many ways as you can
- Put together at least 30 minutes of moderate-intensity physical activity on most, preferably all, days
- If you can, also enjoy some regular, vigorous activity for extra health and fitness

AUSTRALIA'S PHYSICAL ACTIVITY RECOMMENDATIONS FOR CHILDREN AND YOUTH

- Children and youth should participate in at least 60 minutes of moderate to vigorous physical activity everyday
- Children and youth should not spend more than two hours per day using electronic media for entertainment (eg computer games, TV, internet) particularly during daylight hours

Source: Australian Government Department of Health and Aged Care 1999 and 2004



Victorian Aboriginal Community Controlled Health Organisation

