QAIHC
Queensland Aboriginal and Islander Health Council

Making Links for Healthy Places

Creating Supportive Environments for Healthy Eating and Physical Activity in Aboriginal and Torres Strait Islander Communities in Queensland

Report | November 2011

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Contents

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It is also important to acknowledge the following people, who formed the Working Group membership and who provided direction and support:

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What is the aim of this Report?

The aim of this Report is to improve understanding of supportive environments for healthy eating and physical activity and how to create them in Aboriginal and Torres Strait Islander communities in Queensland. It draws on material from two Making Links for Healthy Places workshops.

What were the *Making Links for Healthy Places* workshops?

These workshops were held in Brisbane and Cairns on 1 April and 27 May 2011, respectively. They were hosted by the Queensland Aboriginal and Islander Health Council (QAIHC) and funded by Queensland Health.

The workshops were held in recognition of the relative lack of information on how to create supportive environments for healthy eating and physical activity in Aboriginal and Torres Strait Islander communities. The aims of the workshops were to:

- Increase participant knowledge of creating environments that support healthy lifestyles in Aboriginal and Torres Strait Islander metropolitan, rural and remote communities;
- Foster and promote networks between key stakeholders from health and non-health sectors;
- Provide opportunities for best practice models to be presented to share lessons learned;
- Facilitate potential opportunities for stakeholders to work together to ensure sustainability; and
- Provide a basis to inform the direction of future work in this area at a strategic statewide level.

Participation was limited and both workshops were over-subscribed. A total of 110 people took part, which demonstrates a high level of interest in this subject area. Participants were drawn primarily from the Aboriginal and Islander Community Controlled Health Service (AICCHS), Queensland Health Department, local council and NGO sectors. There was similar Aboriginal and Torres Strait Islander representation in both Brisbane and Cairns (40% and 46% respectively). As expected, more participants in the Cairns workshop reported working in rural and remote areas compared to Brisbane. A list of participants is at Appendix 1.

What did the *Making Links for Healthy Places* workshops involve?

Both workshops included an opening and a keynote address, guest presentations, an expert panel, presentation of case studies, and small group discussions that addressed the seven questions shown in Appendix 2. Together the material covered:

- the international and national literature;
- relevant Australian and Queensland Government policy;
- QAIHC policy and investment in supportive environments;
- learnings from local supportive environment case studies; and
- participants' knowledge and experience.

A list of the speakers is shown in Appendix 3. A contact telephone number for the case study presenters is included in this list. The expert panels represented the Brisbane Aboriginal and Torres Strait Islander Community Health Service, Department of Communities - Sport and Recreation Services, Cherbourg Aboriginal Shire Council, Hopevale Aboriginal Shire Council, Far North Queensland Recreation & Sports Management, Gold Coast Division of General Practice and Queensland Health.

Pre and post workshop evaluations were conducted using "clicker" sessions in which each participant was given a Turning Technologies interactive response keypad with which to respond to questions presented to the whole group. At the completion of each question, the results were displayed. The results of the evaluations are summarised in Appendix 4.

What emerged as key strengths, weaknesses and challenges for creation of supportive environments for healthy eating and physical activity?

Strengths:

- Expanding body of mainstream national and international evidence
- Supportive policy environments, both state and federal
- Some funding available
- Willing workforce across sectors (ATSICCHSs, councils and government)
- Good informal networks
- Some local success stories on which to build

Weaknesses:

- Insufficient evidence for Aboriginal and Torres Strait Islander communities
- Insufficient funding and funding inconsistencies (e.g. based on population size, not on assessed need/gaps)
- Inadequate workforce/workforce capacity
- Lack of state-wide agenda and formal partnerships at the different levels required
- Uneven understanding in communities, governments and other sectors about the meaning and importance of supportive environments
- Uneven integration of supportive environments into policies and strategies within and between sectors
- Limited understanding of how to develop supportive environments for Aboriginal and Torres Strait Islander people in urban as opposed to discrete rural and remote communities

Specific challenges:

- Diverse Aboriginal and Torres Strait Islander communities and languages huge geographic spread, lack of community infrastructure, in some places communities beset by problems of poverty, unemployment, alcohol and low social capital, need for flexibility in formal structures, models, initiatives and approaches to implementation.

What are our recommendations for future work?

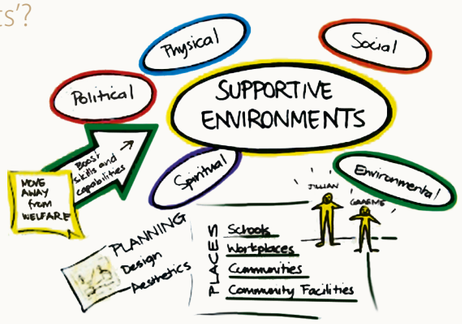
The purpose of these recommendations is to aid wider development and implementation of supportive environments for healthy eating and physical activity for Aboriginal and Torres Strait Islander communities in Queensland. They are based on material from the Making Links for Health Places workshops.

We recommend the establishment of a peak Advisory Group for Supportive Environments for Health Eating and Physical Activity to:

i. Develop a state wide agenda and funding strategies for healthy eating and physical activity supportive environments for Aboriginal and Torres Strait Islander communities in Queensland ensuring Aboriginal and Torres Strait Islander health priorities and needs are identified through appropriate engagement with communities and community organisations;
ii. Engage with government departments and other organisations who oversee the development and review of relevant policies and plans to advocate for supportive environments;
iii. Broker cross department and cross sector (public and private) collaborations and partnerships that can plan and deliver supportive environments at a local and regional level;
iv. Identify best practice by advocating for research and evaluation that will help build the evidence base, including supporting organisations to evaluate their own initiatives, report their findings and share information with others;
v. Support current and new initiatives to be implemented, improved, expanded and transferred to other localities and sustained;
vi. Develop a framework and supporting tools and resources[1] that can be used to create best practice supportive environments, taking account of the specific needs of the different communities e.g. urban, metropolitan, regional, rural and remote;
vii. Foster workforce and professional development; and
viii. Enhance communication and networking by linking with existing national websites (e.g. Healthy Places and Spaces or Active Healthy Communities) or establishing a website and bulletin board, through which stakeholders can keep abreast of developments, share information and link to grant, employment and professional development opportunities; and by implementing a range of other activities including an annual showcase conference and regular stakeholder forums.

1 A tool for undertaking a Community Health Assessment was presented at the workshop – see Appendix 4.
2 World Health Organization. Sundsvall Statement on Supportive Environments for Health, Third International Conference on Health Promotion, 9-15 June 1991.
3 Committee On Physical Activity, Health, Transportation and Land Use. Does the Build Environment Influence Physical Activity: Examining the evidence, 2005. Transportation Research Board and Institute on Medicine of the National Academics, Washington, DC.
4 Creating Supportive Environments for Healthy Eating by Population Health Service, Central Area Health Service, Queensland Health.
5 Scollo, M. M. and Winstanley, M. H. (Editors). Tobacco in Australia: Facts and Issues. Third Edition. Melbourne: Cancer Council Victoria, 2008. Available from: http://www.tobaccoinaustralia.org.au
6 World Health Organisation. 1986. http://www.who.int/healthpromotion/conferences/previous/ottawa/en/

What do we mean by 'supportive environments'?



"Supportive environments refer to both the physical and the social aspects of our surroundings. It encompasses where people live, their local community, and their home, where they work and play. It also embraces the framework which determines access to resources for living and opportunities for empowerment. Thus, action to create supportive environments has many dimensions: physical, social, spiritual, economic and political" (WHO 1991)[2].

Each of these dimensions – the physical, social, spiritual, economic and political - is linked and interwoven so action must occur at local, regional, national and global levels to be effective and sustainable.

Healthy lifestyles are essential for good health and the prevention and management of chronic diseases. These lifestyles are more likely to be maintained if they are incorporated into everyday life – which includes the usual environment in which individuals undertake their daily tasks and activities. Therefore understanding the usual environments in which people live and how they can be modified to support healthy lifestyles is important. Smoke free and sun safe environments and injury prevention strategies such as vehicle seat belt, bicycle helmet and pool fencing legislation are good examples of how supportive environments can improve health and safety.

There is sufficient evidence to demonstrate that built environment interventions are effective in promoting physical activity[3,4,5]. There is also emerging evidence that built environments may affect nutritional behaviour. In addition, tobacco legislation has resulted in mandatory requirements which influence smoking behaviour and provide smoke-free environments for the broader community. These provide a basis for development of effective supportive environments for healthy eating and physical activity. This is an emerging area in health promotion practice with a growing number of interventions and interest from governments, including for example:

- Restricting the number and location of advertisements and signage for unhealthy food options;
- Establishing corporate policies for healthy catering at venues such as sporting facilities, cultural events and festivals; and
- Providing access to places for physical activity, such as bikeways, parks and physical activity facilities.

What is the international theory and policy context for supportive environments?

The concept of supportive environments for health needs to be understood within the discipline of health promotion. In its simplest form, health promotion seeks to enable individuals the ability to increase control and improve their health[5]. Increased control relates to those things that allow the healthy choice to be the easy and most convenient choice. The Ottawa Charter for Health Promotion[6] outlines five action areas in which health can be achieved by all. These actions areas include:

- Build healthy public policy
- Create supportive environments
- Strengthen community action
- Develop personal skills
- Reorient health service

In addition to these action areas, the Ottawa Charter also outlines three approaches in which this work can be taken forward by health professionals. These approaches for health promotion include:

- Advocacy: to create essential conditions for health;
- Enabling: ensuring that people can take control of the factors that influence their health so that they can realise their full potential;
- Mediation: facilitating, negotiating and partnering with non-health sectors and organisations to achieve health outcomes.

7 NACCHO Policy Statement on Aboriginal Community Control in Health Services
8 http://www.un.org/esa/socdev/unpfii/en/declaration.html
9 QAIHC Policy Statement on Enhanced Sector Self-Regulation, 2011

There are four other concepts relevant to supportive environments for Aboriginal and Torres Strait Islander communities that were recurring themes throughout the workshops. They are self determination, empowerment, the social determinants of health and social capital.

Self determination

Self determination is a key principle that underpins supportive environments. "Community control is a process which allows the local Aboriginal community to be involved in its affairs in accordance with whatever protocols or procedures are determined by the Community. The term Aboriginal Community Control has its genesis in Aboriginal peoples' rights to self-determination."[7] The 2007 United Nations Declaration of the Right of Indigenous Peoples articulates that "Indigenous People have the right to self determinant" and furthermore "States shall take effective measures and, where appropriate, special measures to ensure continuing improvement of their economic and social conditions."[8] Aboriginal and Islander Community Controlled Health services play a critical role in supporting community participation and decision making in primary health care. This is fundamental to effective service delivery and ensures that services meet community needs in a holistic and culturally appropriate way.[9]

Empowerment

Empowerment refers to the ability of people to gain understanding and control over personal, social, economic, and political forces in order to take action to improve their life situations[7]. It operates at three levels – individual, organisational and community.

"Individual or psychological empowerment refers to an individual's ability to make decisions and have control over his or her personal life[9]."

"Empowering organizations are democratically managed, in which members share information and power, utilize cooperative decision making processes, and are involved in the design, implementation, and control of efforts toward mutually defined goals. Consequently, they empower individuals as part of the organizational process[9]."

"An empowered community is one in which individuals and organizations apply their skills and resources in collective efforts to meet their respective needs. Through such participation, individuals and organizations within an empowered community provide enhanced support for each other, address conflicts within the community, and gain increased influence and control over the quality of life in their community. Similar to an empowered organization, an empowered community has the ability to influence decisions and changes in the larger social system. Hence, empowerment at the community level is connected with empowerment at the individual and organizational levels[9]."

An example of empowerment was described at one of the workshops. The communities of Doomadgee, Lockhart River, Kowanyama, Pormpuraaw, Palm Island and Woorabinda have long-held aspirations of ownership of the retail stores in their communities. Government has supported that aspiration but had not been able to settle on a model that would deliver

9 QAIHC Policy Statement on Enhanced Sector Self-Regulation, 2011
10 QAIHC. A Blueprint for Aboriginal and Torres Strait Islander Health Reform in Queensland. September 2011.

on that community aspiration - where the sense of independence and self reliance that would come with ownership of the stores and the revenue that the stores generate while at the same time meeting government objectives - continuity of service, price of goods and quality of service. After several years of consultations and negotiations a consensus was reached for a group operation of the stores under a Statutory Body. The Body would own and operate the stores as an interim step and over a three year period develop and recommend options for future ownership.

Social determinants of health

There is now an enormous and compelling body of international and national evidence that demonstrates that health and illness are socially determined. This means that people's social, cultural and physical environments have a profound impact on their health and well-being. Unsupportive environments can oppose positive behaviour change[8]. Conversely, supportive environments can promote and encourage positive change.

Social capital

Social capital relates to the norms and values people have that influence, and are influenced by a range and socially agreed ties and relationships which are built on trust and reciprocity. It also relates to other forms of capital, such as human (skills and qualifications), economic (wealth), cultural (modes of thinking) and symbolic (prestige and personal qualities)[9]. The importance of social capital was highlighted by this workshop participant comment: "Planning for health promoting environments in Aurukun is caught between the rock of extreme poverty and the hard place of heavily diminished social capital".

10 QAIHC. A Blueprint for Aboriginal and Torres Strait Islander Health Reform in Queensland. September 2011.
11 McGinnis, J.M. and Foege, W.H. Actual causes of death in the United States. MAMA. 1993. 270:2207-2213.

Why are supportive environments so important for Aboriginal and Torres Strait Islander communities in Queensland?

There are around 150,000 Aboriginal and Torres Strait Islander people in Queensland and this is projected to be the fastest growing Indigenous population of any state or territory. It will overtake NSW by 2021, growing by 48.5% to 215,082 or 29.8% of the total Indigenous population of Australia. In addition, Aboriginal and Torres Strait Islander people are widely dispersed across the vast state of Queensland with an estimated 21.9% living in major cities, 51.6% living in regional areas, and 26.5% living in remote and very remote areas. They also have different migration and settlement patterns compared to non-Indigenous people.

As described by QAIHC elsewhere[10], when compared with non-Indigenous people, Aboriginal and Torres Strait Islander people nationally or in Queensland:

- suffer a burden of disease that is two-and-a-half times greater than the burden of disease in the total Australian population; of this non-communicable diseases (cardiovascular disease, diabetes, mental disorders and chronic respiratory diseases) were responsible for 70% of the observed difference (national);
- have a higher prevalence of most types of long-term health conditions, the differences greatest for kidney disease (10 times higher) and diabetes/high sugar levels (three times higher) (national);
- have younger onset of chronic conditions, for example, the average age of admission to hospital for a 'heart attack' (anterior myocardial infarction) for Indigenous patients in Queensland was 14 years younger than for their non-Indigenous counterparts;
- on average, die 10.4 years younger (males) and 9 years younger (females);
- are twice as likely to smoke (46% compared to 21%) (national);
- are three times as likely to smoke during pregnancy (national);
- have a very young population age structure, reflecting higher birth rates and shorter life expectancy (2.5 times higher than the non-Indigenous rate);
- have their babies at a younger age (national);
- in 2006 had a median equivalised gross household income of $460 per week, around 62% of the level earned by non-Indigenous people, which was $740 per week (national); and
- in 2006 were five times as likely to live in low resource households (39% vs 8%, national).

There is also evidence to suggest that Indigenous people are more likely to live in environments:

- with toxic contamination and greater exposure to viral or microbial agents in the air, water, soil, homes, schools and community space;
- with inadequate community or neighbourhood access to health-encouraging environments including affordable, nutritious food, places to play and exercise, effective transportation systems, and accurate, relevant health information;
- with violence that limits the ability to move safely within a neighbourhood, increases psychological stress, and impedes community development;
- that suffer from joblessness, poverty, discrimination, institutional racism, and other stressors; and
- are targeted marketing and excessive outlets for unhealthy products including cigarettes, alcohol and fast food[11].

Diet and exercise – along with other 'lifestyle' factors – underpin many of the health disparities outlined above. While much of the health effort has been directed at informing individuals about the risks of unhealthy behaviours and how they might modify them, we know that behavioural change is not achieved by knowledge alone. It must be supported by environments that include facilitative services[10]. Such environments can improve the health and wellbeing of individuals and populations by influencing the actions of people living in those environments. Many environments for Aboriginal and

12 The LEAP was launched on 21 July 2011 by the Honourable Curtis Pitt MP, Minister for Aboriginal and Torres Strait Islander Partnerships.

Torres Strait Islander communities in Queensland lack facilitative structures and services, due in part to the environmental factors outlined above. Together the health and environmental circumstances make a very strong case for the importance of supportive environments for healthy eating and physical activity to help 'close the gap' in Aboriginal and Torres Strait Islander health (see below).

What is the key Australian Government policy context for supportive environments?

In December 2007 the Council of Australian Governments (COAG) agreed to a partnership between all levels of government to work with Indigenous communities to Close the Gap in Indigenous disadvantage. It committed to six key targets which are to:

- close the gap in life expectancy within a generation;
- halve the gap in mortality rates for children under five within a decade;
- ensure all four year olds have access to early childhood education within five years;
- halve the gap for Indigenous students in reading, writing and numeracy within a decade;
- halve the gap in Year 12 attainment by 2020; and
- halve the gap in employment outcomes within a decade.

One of these targets is particularly relevant to health; to close the gap in life expectancy within a generation. Given the evidence on the importance of healthy environments, the COAG agreement provides a strong policy imperative for creation of supportive environments for healthy eating and physical activity is undertaken in Aboriginal and Torres Strait Islander communities.

In giving effect to these commitments seven National Partnerships between the Australian and state/territory governments have been entered into. They relate to early childhood; remote service delivery; economic participation; remote Indigenous housing; health; public internet access, and the Closing the Gap Clearinghouse. Total Australian and state and territory government investment under the seven Indigenous specific National Partnership Agreements is $8.173 billion over 10 years.

What is the Queensland Government policy context for supportive environments?

To help meet the ambitious targets set by the National Indigenous Reform Agreement, Queensland has signed the seven National Partnership Agreements. It has also recently endorsed the Overarching Bilateral Indigenous Plan (OBIP), a mechanism for the Queensland and Australian Governments to drive, integrate, coordinate and monitor the implementation of the Closing the Gap agenda in Queensland.

In addition, The Queensland Government Reconciliation Action Plan 2009-2012 (RAP) was launched in June 2009. The RAP is integral to advancing reconciliation throughout Queensland and supports the government's commitment to the COAG targets. The purpose of the RAP is to engage individuals, businesses, community groups and all government agencies in partnerships to advance reconciliation, to create a better future for all Aboriginal and Torres Strait Islander Queenslanders and to reduce the gap in Indigenous disadvantage. Initiatives in the RAP are aimed at increasing Indigenous peoples' involvement in government policy making, program and service delivery, as well as celebrating and recognising the value of Aboriginal and Torres Strait Islander cultures and achievements. Developing and implementing RAP Local Implementation Plans involves all the partners working together and ensuring that the community identifies the health outcomes and activities that are important to them.

The Department of Communities has also developed the Learning Earning Active Places (LEAP) Strategy[12] to improve the wellbeing and opportunities of Aboriginal and Torres Strait Islander peoples living in urban and regional areas. The strategy has a strong local focus. Across Queensland, there are seven Aboriginal and Torres Strait Islander Service (ATSIS) Centres. These centres have been established to work with community members and other government agencies to find local community owned solutions to local problems.

The Queensland Government is also working towards delivering on its vision for the future – 'Toward Q2: Tomorrow's Queensland'. Towards Q2 includes five ambitions and 10 long-term, measurable targets and outlines the course for a strong, green, smart, healthy and fair Queensland. These deliverables include supportive environments work such as Active Healthy Communities and the food supply. Active Healthy Communities is a resource package that aims to support local government councils in Queensland to create supportive environments for physical activity and healthy eating. The Q2 food supply targets include the implementation of remote stores and takeaways nutrition policy, remote Indigenous stores and takeaways (RIST) project and the National Outback Stores imitative (coordinated by Indigenous Business Australia). This work moves beyond the individual behavioural approach to look at ways in which built environment, infrastructure and physical environmental aspects impact on health.

Together these create a very strong policy context for supportive environments for healthy eating and physical activity for Aboriginal and Torres Strait Islander communities in Queensland and provide an excellent opportunity for significant expansion of this important work over the coming years.

In addition, the Queensland Government enunciated at the workshop a number of very important principles relevant to the creation of supportive environments:

- Indigenous peoples have the right to improvement of their economic and social conditions in the areas of education, employment, housing, and health;
- Indigenous peoples have the right to participate in decision-making in matters that affect them;
- Indigenous peoples need to be involved at all levels of reform, which cannot be imposed;
- There needs to be proactive support, participation and ownership by Indigenous people for reforms to be sustainable;
- Government agencies must consult and cooperate in good faith with Indigenous peoples in order to obtain their consent and support to reforms before adopting and implementing legislative or administrative measures that may affect them;
- Partnerships need to be negotiated and entered into in good faith and trust with clearly defined outcomes, roles, responsibilities and accountabilities of both partners (shared responsibility and mutual obligations);
- All partnerships must be underpinned by:
  - robust accountability frameworks to ensure effort is maintained, outcomes achieved, risks mitigated; and
  - clearly defined grievance procedures or dispute resolutions processes to ensure problems are resolved expeditiously.

What is QAIHC's interest and investment in supportive environments?

The Queensland Aboriginal and Torres Strait Islander Health Council is the peak body for Aboriginal and Islander Community Controlled Health Services (ATSICCHSs) in the state. QAIHC's key functions are to provide advocacy and support to community controlled health services and communities across the state, with the aim of providing comprehensive primary health care to Aboriginal and Torres Strait Islander communities.

QAIHC supports COAG's response to the Close the Gap campaign via its Strategic Plan 2010-2013 and more specifically through its Preventative Health Unit Strategic Plan 2010-2013. Planned preventative health strategies include addressing obesity (nutrition and physical activity), tobacco use, oral health and sexual health.

With the current health problems experienced in the Aboriginal and Torres Strait Islander populations, it is important to reflect on how past policies have influenced and created the lifestyles of today, for example through the replacement of a traditionally high protein diet with rations of flour, sugar, rice and other high carbohydrates foods. Contemporary factors – both ongoing and acute - also have profound impacts. For example, in order to understand poor nutrition in the Torres Strait, food supply issues must be considered. And Queensland's recent natural disasters may have compounded ongoing problems for some communities.

QAIHC acknowledges the importance of supportive environments and their influence on health outcomes. Healthy environments are important in the home, community and workplace. Hence, a combination of strategies have been developed which include policy development, workforce, reorienting organisations and building partnerships.

Policy Development

- Workplace nutrition policies – the Preventative Health Unit has worked hard to develop a set of workplace catering guidelines to be used for meetings, events and for vending machines that may be situated in clinics. Increasingly, member services are adapting and implementing these guidelines.
- Physical activity policies – there seems to be an increasing trend of services attaching gyms to their services for: 1) their clients (weight loss program, strengthening exercises or clients working with exercise physiologists); and 2) their staff. There has also been an increase in walking groups, fitness classes and weight loss challenges etc. A major advantage in working with staff from Indigenous health services is the rapport that staff have with clients.
- Hero Rewards www.herorewards.com.au is a QAIHC initiative that seeks to encourage communities to manage their health through regular individual health checks. The initiative is funded as part of the Australian Governments Indigenous Chronic Disease Package that supports and encourages Indigenous health services and mainstream general practices to provide improved health care. Its relationship to supportive environments is clear – once an individual's health has been assessed, the question arises 'what environments exist at home or in the community to support them to achieve their ideal health outcomes?' This leads to a better understanding and use of available facilities, as well as identification of the gaps that currently exist.
- Workplace smoke-free policies – although a legislative requirement, these policies have extended beyond the health service campus to include no smoking whilst in work vehicles and in uniform. A key element of these policies is that they are developed by health service staff for health service staff. In the wider community, smoking has become much less socially acceptable, but unfortunately for Aboriginal and Torres Strait Islander people, smoking is seen as reinforcing family relationships and friendships, and people who do not smoke may feel isolated and alienated. The presence of smokers in the smoker's social network makes it difficult to quit and maintain cessation. This is important to consider in the context of how we create supportive social environments.

Workforce

The COAG investment to 'close the gap' has acknowledged the challenge that healthy lifestyles present to Aboriginal and Torres Strait Islander communities, resulting in the introduction of Healthy Lifestyle positions as a way to improve preventable health conditions. These workers are currently in four sites across Queensland – Wuchopperen (Cairns), Nhulundu Wooribah (Gladstone), Institute for Urban Indigenous Health (Brisbane) and GP Links (Wide Bay) – with more sites to be added through two more rounds of funding in 2011 and 2012. There is a need to develop consistent practices to create a space that supports these workers.

Reorienting Organisations

Aboriginal and Torres Strait Islander Community Controlled Health Services (ATSICCHS) are responsible for the provision of comprehensive primary health care services to Aboriginal and Torres Strait Islander communities. In addition to treatment and care, the Preventative Health Unit seeks to ensure that the sector undertake relevant and appropriate health promotion activities. In response to this a number of CEOs and staff requested health promotion training.

In collaboration with the Queensland University of Technology, Queensland Aboriginal and Torres Strait Islander College of Health Education & Training and Queensland Health, QAIHC developed a short course in health promotion, titled 'Building Blocks for Health Promotion'. This course, in which participants gain a competency at a certificate four level, has been delivered on three separate occasions. This has resulted in an increased capacity of services to plan, develop and implement quality lifestyle initiatives with a health promotion framework underpinning.

Building Partnerships

MEND is a 10 week program and four ATSICCHSs have recently completed the training to become MEND facilitators. The main focus of this program is to work with over-weight or obese children and their parents or carers to learn new skills in leading a healthy lifestyle. Both nutrition and physical activity knowledge and skills are covered. Partners will include non-government organisations, schools and child care services.

"Good Quick Tukka", a program based on the UK's Jamie Oliver Ministry of Food concept of "Pass It On", is now being rolled out in a number of ATSICCHSs who are working with local chefs and (in the past) red cross to teach new cooking skills and to replace high fat, poor nutrient take-away food for simple and easy to cook meals. There are endless opportunities for ATSICCHSs to partner with workplaces, schools and various support groups to teach people who cannot cook how to cook simple meals at home and pass on these skills to others. Since the program's inception it has grown to also include a 10 week cooking program which ATSICCHSs can facilitate locally.

With national and state bodies ATSICCHSs are implementing health promotion activities that are supporting people and communities to lead and choose healthier lifestyles, including the establishment of community gardens.

Future Work

What else can QAIHC be doing in this space? Future work will focus on food policy and food security, increasing cross sector collaboration with other stakeholders; providing health promotion up-skilling for services; and continuing to encourage ATSICCHSs to build partnerships and work more collaboratively with relevant government, non government and non-health stakeholders.

What are examples of supportive environment initiatives in Aboriginal and Torres Strait Islander communities?

Whilst the creation of environments which support healthy behaviours and lifestyles (such as physical activity and nutrition) are important, limited evidence outlines how this translates in the Aboriginal and Torres Strait Islander context. This includes outlining models of best practice and identifying the challenges of this work, including the social and cultural implications. Although the empirical evidence is limited, the work in this area is certainly not. Various initiatives that contribute to creating supportive environments in Aboriginal and Torres Strait Islander communities have been developed and implemented across Queensland. Below we describe six examples relating to healthy eating and physical activity but also draw on other initiatives such as smoking and injury prevention because of the transferability of their lessons learned. We recognise there may be other relevant work occurring in communities that we did not identify.

Case Study 1: Cherbourg Fresh

Cherbourg Fresh is a fruit, vegetable and plant production enterprise started in March 2010. It provides retail and wholesale fresh food outlets and promotes good health to not only Cherbourg but also neighbouring communities such as Murgon. An initiative of the Cherbourg Aboriginal Shire Council, funded partly by the Council and partly by the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs, it has been enormously successful.

The first stage involved the production, distribution and sale of 20 different sorts of vegetables. The venture has been able to acquire additional funding which will allow it to expand its production by establishing a new seedling nursery and obtaining irrigation, water supply, planting and harvesting equipment and seeds and other related gear. It has helped address unemployment through the creation of five jobs. It has also increased the capacity of this new workforce in the activities involved which include preparing the land, planting, growing to maturity, reaping, packing, chilling and shipping.

Case Study 2: Cherbourg Injury Prevention and Community Safety Project

Cherbourg Injury Prevention and Community Safety is a five year project funded by Queensland Health that commenced in 2009. It aims to address injury and safety concerns by developing a community based injury prevention and safety promotion framework with the Indigenous community. It is doing this by:

- Building relationships with key stakeholders and engaging community to identify and promote safety and prevent injury;
- Increasing knowledge, skills and commitment towards safety promotion and injury prevention;
- Providing resources to build and enhance workforce capacity; and
- Improving data collection.

A Project Officer is employed full-time by the Council. Activities already undertaken include animal management (community livestock fencing, dog pound), litter mangement (waste management development plan and recycling plant), road signage, sun safety, recreational amenities upgrade (basket ball courts) and a Queensland Injury Surveillance Unit at Cherbourg Hospital.

Case Study 3: Garden Tucker Program

The Garden Tucker Program was developed by Girudala Community Cooperative Society Ltd in consultation with the community and a working group with members from Girudala, Tropical Public Health Unit, Queensland Health and Health Promotion Connections. Funded by Queensland Health as a 6 month pilot in 2009, the aim of the program was to improve the eating practices of Aboriginal and Torres Strait Islander people in Bowen, Collinsville, Ayr and the Burdekin regions. This was achieved through developing resources which support and promote the growing of fruit and vegetables in the home and through local activities which actively promote healthy eating. Its multi-level strategies included:

- A project launch which generated community interest and participation;
- Development of the "Garden Tucker Box" which provided participants with all the materials needed to grow a small amount of fruit and vegetables in a box. People who attended the launch were able to sign up for these boxes;
- Development and distribution of a newsletter which was sent out to everyone who registered for a Garden Tucker Box;
- An invitation to all registered participants to attend workshops over a six month period. The workshops covered a range of topics.

The program gave participants hands on experience of small scale fruit and vegetable production and provided significant learning opportunities for individuals and families. After the initial 6 months, the program was repeated for 3 months with funding from Sonoma Coal. Whitsunday Regional Council has subsequently implemented it on Whitsunday Island and in Proserpine.

Case Study 4: No Durri for this Murri

The North Coast Aboriginal Corporation for Community Health (NCACCH) provides health care to Aboriginal and Torres Strait Islander peoples residing in the Sunshine Coast and Gympie Districts. The Aboriginal and/or Torres Strait Islander Smoking Cessation Pilot Program is a three year program funded by Department of Health and Ageing funded in late 2010. Smoking is responsible for 20% of Aboriginal and/or Torres Strait Islander deaths. Quitting is one of the most effective ways to Close the Gap in Aboriginal and Torres Strait Islander health. Baseline data show the rate of smoking in our community is 41%. NCACCH aims to increase community's awareness of the impact of smoking; reduce the incidence of smoking in the community; and reduce the uptake of smoking in the younger community. It has contracted the Sunshine Coast Division of General Practice (SCDGP) to deliver the individual smoking cessation strategies which are free to clients who register for the program (e.g access to Quit Coach, nicotine replacement therapy, and alternative therapies). In addition, there are 'saturation' smoking cessation and harm reduction strategies including:

- Community events and programs focusing on healthy lifestyle;
- School programs;
- Supportive environments work; and
- Development of an "Our Stories" DVD where participants get to share their behaviour change experiences and stories.

Case Study 5: 'Our Space Smoke Free'

This is a Wuchopperen Health Service (WHS) initiative that aimed to decrease exposure to environmental tobacco smoke at the service 100% by July 2011. Measureable objectives included: establishment of a WHS smoke free environment by July 2010; an increase in the level of knowledge about dangers of smoking in the WHS community by 10% by 2011; and an increase in the coping skills of smokers in the WHS staff by 10% by January 2011. Strategies included building partnerships, raising awareness of environmental tobacco smoke, a smoking cessation program, creation of a smoke free policy and brief intervention. Successes to date include: implementation of the policy with a phased-in approach of 6 months ensuring staff and clients were comfortable with the change; 95% respect for the policy; and a decrease in staff's tobacco use and an increase in those who have given up or had a quit attempt. Staff were holistically supported to give up tobacco by being offered physical activity programs, nutrition programs, social and emotional wellbeing programs and being provided with a monthly newsletter on staff successes and healthy tips. Challenges and lessons learned include:

- Building partnerships – continuous support needed to prevent relapse of policy uptake
- 100% target was unrealistic – using the SMART formula to set a more reasonable target of 90-95%
- Not everyone will smoke offsite initially – staff and clients are very respectful, however informing everyone about the new policy takes time
- Providing for evaluation – time and funds are fundamental requirements that are

often under- estimated and under-resourced

- Educating staff to listen and have empathy for those who have difficulty with change
- Ensuring there are adequate staff and financial resources to implement the many activities
- Detaching staff members' passion for change from the project plan.

Case Study 6: Talkin' Up Good Air

The Centre for Excellence in Indigenous Tobacco Control, University of Melbourne facilitates a one-day tobacco control workshop called 'Talkin' Up Good Air'. The resource has been designed as a practical source of information, ideas, activities and reference materials that will assist individuals and organisations to address tobacco control. Australia is considered to be a leader among developed nations around the world in the area of tobacco control. Well-coordinated and sustained tobacco control programs have resulted in long-term health gains, including a decrease in death rates from cardiovascular disease, and subsequent increases in life expectancy. However, Aboriginal and Torres Strait Islander populations continue to suffer high death and illness rates from conditions related to tobacco use. More than 50% of Aboriginal and Torres Strait Islanders aged thirteen plus smoke, and there has been no decline in this rate since 1994. Compare this with a figure of 21% in the general population nationally. To date, strategies which have been so successful in reducing smoking rates in the broader population have not had a significant impact in Australian Indigenous communities. In addition to individual challenges and successes running the workshops, key systems challenges include:

- Individuals and organisations continuing to work in isolation; and
- Lack of a broader social marketing strategies which can be applied to the local level for enhancing supportive environments to encourage smoking cessation.

Key system successes include:

- COAG commitment to tobacco control in Indigenous populations;
- Closing the Gap initiatives;
- Development and up-skilling of the workforce;
- Individuals and organisations initiating joint work projects; and
- 'Team' approach taken in chronic disease programs.

Appendix 1

List of Registered Participants

Aletia Moloney	Queensland Health
Allen Stanley	Queensland Health
Andrew Beckett	Cherbourg Aboriginal Shire Council
Anita Pryde	Department of Education and Training
Arone Meeks	Queensland Association for Healthy Communities
Ben Depoma	Wuchopperen Health Service
Bert Button	Cherbourg Youth Justice Service
Bimin Lu	Dietitian
Brendan Leishman	Cairns Regional Council
Brian Kerle	Department of Communities
Charmaine Koroi	Gudjuda Aboriginal Reference Group
Cherie Dodd	Goolburri Health Advancement
Cherie Nicholas	Heart Foundation
Christine Cooktown	Apunipima Cape York Health Council
Clarissa Malone	Cherbourg Youth Justice Service
Cleveland Fagan	Apunipima Cape York Health Council
Coral Ann Fewquandie	Yamadi HACC Service
Corrollie Mahuika	After Care
Craig Tichon	Department of Communities
Dale Treanor	AFL Cape York
Dallas McKeown-Young	Centre for Excellence in Indigenous Tobacco Control
Damian O'Sullivan	Queensland Health
Daphne de Jersey	Apunipima Cape York Health Council
Dave Bellman	Local Government Tool Box
David Hodgson	Queensland Aboriginal and Islander Health Council
Dawn Braun	Queensland Health
Deanne Minniecon	Queensland Health
Debbie Chen	Queensland Aboriginal and Islander Health Council
Dixie Hari	Gurriny Yealamucka Primary Health Services
Donna McGaw	Playgroup Association of Queensland
Elizabeth Hare	Redland City Council
Elizabeth McDonald	Menzies School of Health Research
Elizabeth Warren	Yamadi HACC Service
Erin Hatton	Department of Communities
Francis Renouf	Department of Communities
Gillian Myers	Local Government Association Queensland
Gillian Sheehan	Carbal Medical Centre
Gordon Browning	Queensland Health
Greg McLean	Hopevale Aboriginal Shire Council
Jackie Goodwin	Wuchopperen Health Service
Janet Miller	Carbal New Directions
Jasmina Haukka	Island Board of Industry and Service
Jasmyn Dean	Queensland Health
Jason Thomas	Cunnamulla Aboriginal Corporation for Health
Jason von Roehl	Wuchopperen Health Service
Jenette Blake	Queensland Health
Jillian Adams	North Coast Health Promotion
Jo Garton	Apunipima Cape York Health Council
Joanna Robey	Triathlon Qld
Jody Clouten	Burdekin Shire Council
Joey Nahow	Girudala Community Cooperative Society Ltd
Josephine Ferguson	Girudala Community Cooperative Society Ltd
Judy Davis	Queensland Health
Karen Dawson-Sinclair	Ganyjuu Family Support Service
Karen O'Neill	Department of Education and Training
Kate Coates	Queensland Health
Kathryn Meldrum	James Cook University
Kelly Dargan	Queensland Health
Ken Meldrum	Queensland Health
Kevin Levi	Torres Strait Island Regional Council
Kevin Manantan	Community Member
Keylar Mogg	GP Links Wide Bay
Kim Gussy	Wuchopperen Health Service
Kim Helmore	North Coast Aboriginal Corporation for Community Health
Kim Kilroy	Queensland Health
Larraine Gabey	Queensland Aged and Disability Advocacy
Lee Hammond	Queensland Health
Lee-Anne Broome	GP Links Wide Bay
Letiesha Cubby	Goolburri Health Advancement
Linda Medlin	Queensland Health
Lindsay Johnson	Queensland Aboriginal and Islander Health Council
Lionel Harbin	Darumbal Community Youth Service Inc.

Liza Dewey	Kuranda Amphitheatre
Louisa Ross	Queensland Health
Lucresia Willett	Gurriny Yealamucka Primary Health Services
Lyn Johnson	Queensland Health
Margaretha Koper	Gidgee Healing
Margret Smith	Yamadi HACC Service
Marie Dinan-Thompson	James Cook University
Mario Assan	Queensland Health
Mary-Ann Harding	GP Links Wide Bay
Maureen Chamberlain	Queensland Health
Maureen McKellar	Queensland Health
Melinda Krogh	Brisbane North Institute of TAFE
Melisse Anderson	Queensland Health
Neroli Stayt	Queensland Health
Nick Blackman	Far North Queensland Recreation & Sports Management
Nikki Gong	Wujal Wujal Aboriginal Shire Council
Nikki Hill	Queensland Association for Healthy Communities
Nina Nichols	Apunipima Cape York Health Council
Pamela Fisher	Ganyjuu Family Support Service
Pele Bennet	Queensland Health
Penny Love	Queensland Health
Peta Patterson	Queensland Health
Phil Carswell	Queensland Health
Priscilla Gibson	Apunipima Cape York Health Council
Rica Lacey	Carbal New Directions
Richard Henshaw	Queensland Health
Rowena Cramp	Queensland Bowel Cancer Screening
Rowena Prentice	Family Planning Queensland
Sascha Day	Wuchopperen Health Service
Selwyn Button	Queensland Aboriginal and Islander Health Council
Sheree Strahan	Queensland Health
Simone Nalatu	Queensland Health
Sonya Mattiazzi	Queensland Health
Stephen Corporal	University Of Queensland
Terry Galvin	Gurriny Yealamucka Primary Health Services
Vern Robateou	North Coast Aboriginal Corporation for Community Health
Wayne Ah-Sam	Wuchopperen Health Service
Zoe Driscoll	Community Member

Appendix 2

Questions for Small Group Discussions

1. What is needed for organisations / service providers to be part of a supportive environment for Aboriginal and Torres Strait Islander people?
2. What Aboriginal and Torres Strait Islander people's needs are currently being adequately met in your communities / regions and which needs remain unmet and why?
3. How do you work with other organisations / service providers to build supportive environments for Aboriginal and Torres Strait Islander people?
4. What are the challenges for organisations / service providers in creating supportive environments for Indigenous health and what are the possible solutions?
5. What do you as health workers / professionals or other social service providers, need to be able to work in this 'space'?
6. How can supportive environments that encompass physical, social, spiritual, economic and political considerations, be sustained in remote, regional and urban parts of Queensland?
7. How could we as organisations / service providers work together to engage with Aboriginal and Torres Strait Islander people to determine the best ways to build supportive environments that meet Indigenous peoples' needs?

Appendix 3

List of Speakers

List of Speakers

Brisbane		
Opening Address	Selwyn Button	CEO, Queensland Aboriginal and Islander Health Council
Keynote Address	Ron Weatherall	Deputy Director General, Aboriginal and Torres Strait Islander Services, Department of Communities, Queensland Health.
Guest Presentation	Gillian Myers	Local Government Association of Queensland
Case Studies	Graeme Channells	Aurukun Shire Council
	Kim Helmore & Vern Robateau (07) 5443-3599	North Coast Aboriginal Corporation for Community Health No Durri for this Murri
	Joey Nahow (07) 4786-1000	Girudula Community Cooperative Garden Tucker Program
	Josephine Ferguson (07) 4786-1000	Girudula Community Cooperative Youth Binge Drinking in Bowen Project
	Andrew Beckett (07) 4168-2553	Cherbourg Aboriginal Shire Council Cherbourg Fresh
Cairns		
Opening Address	Selwyn Button	CEO, Queensland Aboriginal and Islander Health Council
Keynote Address	Cleveland Fagan	CEO, Apunipima Cape York Health Council
Guest Presentation	Elizabeth McDonald	Menzies School of Health Research.
Case Studies	Dallas McKeown-Young 0407-080-070	Centre for Excellence in Indigenous Tobacco Control Talkin' up Good Air
	Kim Gussy (07) 4080-1000	Wuchopperen Health Service Our Space Smoke Free

Appendix 4

Participant Evaluation

In Brisbane, there were 38 participants involved in the pre-evaluation and 23 in the post-evaluation. In Cairns the numbers were 48 and 34 respectively. The reduction in post-evaluation participation was due in part to early departure for those having to return home by air.

In the pre-evaluation, participants were asked to identify their supportive environments knowledge. Most participants in both Brisbane (71%) and Cairns (75%) identified that they had a good understanding of supportive environments at the beginning of the workshop.

The post-evaluation showed that overall both workshops were very well received (see Table 4.1). The majority reported that:

- their understanding of supportive environments relating to Aboriginal and Torres Strait Islander communities had improved (Brisbane 72%, Cairns 100%);
- they had identified potential new partners to collaborate with (Brisbane 95%, Cairns 92%); and
- they felt confident to apply the knowledge that they learned to progress the supportive environments agenda (Brisbane 72%, Cairns 96%).

Finally, participants reported that a number of opportunities and challenges to create supportive environments were identified by the workshops.

Table 4.1: Workshop Impact Evaluation

	Brisbane	Cairns
Evaluation participation		
Pre-evaluation participation	N=38	N=48
Post-evaluation participation	N=23	N=34
Geographic area in which work focuses		
Metropolitan	14%	8%
Regional	38%	36%
Rural	10%	8%
Remote	0%	40%
State wide	38%	8%
Participants responses - post evaluation		
At least some of my work focuses on creating supportive environments	81%	96%
There are not enough resources to change unhealthy lifestyles	76%	77%
My understanding of supportive environments has improved after attending the workshop	66%	96%
My understanding of supportive environments related to Aboriginal and Torres Strait Islander communities has improved after attending the workshop	72%	100%
I have identified new partners to collaborate with	95%	92%
I feel confident to apply the knowledge I have learned to progress the supportive environments agenda	72%	96%
The workshop identified the challenges that exist to create supportive environments	86%	85%
The workshop has identified the opportunities that exist to create supportive environments	67%	85%

Appendix 5

Health Community Assessment Tool

The Healthy Community Assessment Tool[1] has been developed at the Menzies School of Health Research to help assess community infrastructure and programs that are considered important to promote good health and prevent chronic diseases. It is suitable for use for small rural towns and remote Aboriginal communities and covers the domains shown in Table 5.1.

Table 5.1 Health Community Assessment Tool domains

Water supply	Pest control & animal management
Sewerage system	Healthy housing
Air quality	Food supply
Public toilets	Community vibrancy, pride & safety
Solid waste disposal	Environmental tobacco smoke
Community, drainage, roads & footpaths	Promoting physical activity
Electricity supply system	

The tool can be used by community members, community leaders, environmental health officers, health promotion and nutrition workers, government officers and others to:

- gain a comprehensive picture of how well the community environment supports a healthy lifestyle;
- assist with prioritising community needs;
- assist resource allocation decision making;
- assess, document and advocate for community public health needs;
- compare the needs of communities in order to prioritise resource allocation; and
- implement a community Environmental Health continuous quality improvement program.

The assessment tool is available online: http://bit.ly/assesstool

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