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Aboriginal communities making their own edible environments

Jillian Adams and Mavis Golds

Aboriginal adults suffer disproportionately from diet-related diseases such as obesity, hypertension, diabetes and cardiovascular disease. The Aboriginal infant mortality rate is three times that of non-Aboriginal Australians, and Aboriginal infants are more likely to be of low birthweight than their non-Aboriginal peers (1). While we have little dietary information about Aboriginal groups, the social and economic inequality of Aboriginal people is clear. Studies have confirmed that low socioeconomic and education status are associated with higher levels of diet-related diseases, and households which have lower incomes have lower expenditure on all fruit and vegetables, except potatoes (2, 3).

Many urban and rural Aboriginal communities on the North Coast of New South Wales have limited access to a good supply of healthy foods, particularly fruit and vegetables. Poor access to healthy food was identified as a problem by one Aboriginal community which approached local health workers. The community insisted that the solution to the problem should be sustainable and that the 'handout' programs used in the past were not acceptable. The health workers used community development strategies to assist the community in identifying its own solution -- a community-operated market garden. The health workers secured a grant to pilot the garden and, after three years, the success of the garden can be measured in many ways. The workers have gained skills in food growing, and five workers have secured full-time jobs in forestry. The increased pride in the community is evident, and the local school principal and police have noticed drops in truancy and crime.

This pilot project has served as a role model for Aboriginal communities across the State. With small grants from North Coast (NSW) Public Health, six market gardens and five low-maintenance orchards have commenced in the North Coast region.

Community-based projects require a high level of commitment by participants and co-ordinators. Our grant conditions required applicants to plan the gardens in detail. This has enabled communities to appreciate how much work they are committing themselves to before they commence the project. Many communities pulled out of the project after attempting this planning stage. Those who continued have been successful in establishing their gardens.

Success in a community development project may involve outcomes for the community different to those desired by the health worker. Since the community guides the direction of the project, its goals may change as the project continues, for example, full-time employment may become a greater priority than running an efficient garden. Health workers need to acknowledge a broad view of health and need the flexibility to allow the community to make its own informed decisions about good health and how to achieve it. In our experience the market garden projects that have worked are those for which there is great intersectoral support, community ownership and successful role models.

References

1. Reid J, Trompf P ,eds. The health of Aboriginal Australia. Sydney-Harcourt, Brace Jovanich Group, 1991.
2. McMichael A, Hartshorne J. Mortality risks in Australian men by occupational groups 1968-1978. Med J Aust 1982;1:250-56.
3. Commonwealth Department of Health. National dietary survey of adults: 1983, No. 1 Food intakes. Canberra: Australian Government Publishing Service, 1987.

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Diabetes camps for Aboriginal and Islander people

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The prevalence of diabetes mellitus in non-Aboriginal Australians is estimated to be somewhere between two and four per cent. For Aboriginal people, it is estimated to be between seven and 17 per cent, with up to one in three Aboriginal people over the age of 35 years developing diabetes (1). This higher prevalence may be due to Aboriginal and Torres Strait Islanders having a greater genetic predisposition to diabetes, as well as higher rates of overweight and obesity.

Mainstream diabetes education programs may not always be culturally appropriate and often fail to attract Aboriginal and Torres Strait Islanders. A number of diabetic complications, including retinopathy, have been reported as being more prevalent in Aboriginal than non-Aboriginal people (2).

Three educational camps specifically for Aboriginal people with diabetes were held on the North Coast of New South Wales. These camps, staffed mostly by Aboriginal Health Educators, have proved extremely useful because they offer the opportunity for participants and workers to develop trusting relationships. They also are a chance for participants to make a fresh break from old habits and try new and healthy foods and physical activities which they can continue at home.

Three months after camp, participants are reviewed and changes in blood glucose control (by glycosylated haemoglobin testing) and weight are noted. Numbers are small, but results indicate that campers continue to lose weight and improve their diabetes control for at least three months after camp.

A manual, 'Diabetes, Koori Camp Control', has been developed to help dietitians and health educators organise similar camps. It shows how to plan the education sessions, the menu, what to look for in the venue and how to evaluate the camp. It lists job descriptions for the camp workers, how much the camp is likely to cost, and likely sources of funding for the camp.

References

1. Reid J, Trompf P , eds. The health of Aboriginal Australia. Sydney-Harcourt, Brace Jovanich Group, 1991.
2. Stanton K, McCann V, Knuiman M, Constable I, Welborn T. Diabetes in part-Aboriginals of Western Australia. Diabetologia 1985; 28:16-21.

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