

Healthy lifestyles: active community collaboration between council, health providers and consumers

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This program empowers rural populations to make informed choices and lifestyle changes to improve their health and reduce the risk of disease and complications from existing chronic disease.

Health professionals from the Mid North Coast Local Health District (MNCLHD) and Exercise Physiologists (EP) delivered Healthy Eating Activity and Lifestyle (HEAL™), and Losing It in the Bush (LIITB) programs to 600 people. 26 programs, including 3 Aboriginal programs, were delivered. The program was in partnership with Port Macquarie Hastings and Kempsey Shire Councils utilising funding from the Healthy Communities Initiative.

People with risk factors and/or chronic disease associated with inactivity and poor nutrition were targeted.

The team included Healthy Communities coordinators, occupational therapist, exercise physiologists (EP), dietitian, women's health nurse consultant, health promotion coordinator and council staff. The 10-12 week programs consist of one hour each of exercise and education.

MNCLHD's contribution was via the following;

- LIITB, a locally developed healthy lifestyle program that targets small communities' specific needs delivered by health professionals.
- HEAL™ a prescriptive program that targets larger populations;
- MY HEAL™ program specifically for Aboriginal people

Participants received a manual and access to National and State resources with information relating to nutrition, exercise and motivation. This empowered participants to make lifestyle changes after completion of the program.

Pre and post program surveys relating to nutrition, lifestyle and medical history were completed. Physiological measurements completed the assessment. Openness in dialogue encouraged discussion of ill-health; after which participants were given realistic intervention strategies.

Many participants demonstrated significant improvements in weight, waist circumference, blood pressure and chair stands. Both Council areas demonstrated above average results compared to National data.

The program informed and encouraged communities to live life well, reduce the risk of complications from chronic disease through action and education, delivered in an environment of respect and collaboration.

The success of the program was due to it being delivered in local facilities so participants didn't have to leave their community.

Outcomes include: social connectedness, friendships, support networks, walking groups and the establishment of social groups, reported by participants as being a highlight of the programs, have been formed in even the most isolated areas.

This model encourages community engagement as the health workers are able to determine the communities' need for preventative health by meeting with community members prior to the program. It provides education on specific illness or risks via appropriate health professionals and adapts exercise programs to fit the communities' resources and environment.