PREVENTING CHRONIC DISEASE IN REMOTE ABORIGINAL COMMUNITIES WITH NUTRITION & INTERGRATIVE MEDICINE
Hope For Health Overview

- In East Arnhem Land, Australia, Yolŋu people face alarming rates of chronic disease.

- Hope For Health delivers a direct educational experience of health building on traditional knowledge using cross cultural mythologies. Based on 40yrs experience in cross-cultural education in health, centred on the work of Richard Trudgen¹,

- In contrast to the small impact of past programs, a new direction, Hope for Health (HFH), a program of Why Warriors Org Ltd, is achieving significant health improvements in participants and is building from within the local community and wider in Arnhem Land.

*All individuals mentioned have consented to their information being shared*
The report indicates that since the 2007 NT Intervention, no real progress has been made and that in the period 2011 to 2015 the Northern Territory had the highest Aboriginal mortality rate (1,520 per 100,000 population) as well as the largest gap with non-Indigenous Australians. 

The Prime Minister’s 2017 Closing The Gap Report states that Australia is “not on track” to close the gap on life expectancy by 2031.
Assimilation into the wider Australian society has catapulted Yolŋu into a sedentary Western way of life. Living in remote townships, smoking and eating refined foods, they are provided little information on associated health impacts.

Living in remote community it is evident there is a devastating health crisis, losing friends and family prematurely to preventable chronic health conditions. Yolŋu are among the highest at risk in Australia, perhaps the world.
PREVENTION

• Any preventative measure for chronic disease must place nutrition and lifestyle at the forefront

• It has become clear that a nutritionally inadequate diet and sedentary lifestyle now underscore their health crisis.

• Nutrition plays not only a key role in the development of chronic disease, but also it is evident that positive changes can bring about rapid reduction in chronic disease markers⁷ ⁸
TRADITIONAL YOLNGU HEALTH

Dramatic change:

- It was only 69 years ago that the Yolŋu people were living traditionally in north east Arnhem Land, Northern Territory, enjoying excellent health.

- When the American-Australian Scientific Expedition to Arnhem Land arrived in 1948, they found the Yolŋu people were in very good health, with no chronic disease apparent.

- As recently as the 1970s, Yolŋu were renowned for their self-sufficiency and general vitality.¹

- Aboriginal people show a fast and marked improvement in type 2 diabetic indicators when they return to a diet similar to a traditional diet⁹ (in percentage of protein, carb and fats and no added sugars).

“We used to live long time, we didn’t get sick” - Daisy Goingulu, Hope For Health Strategic Committee Member, Age 73.
NEW HOPE

“Here at Galiwin’ku there are funerals all the time. So many people, both young and old are affected by chronic disease and early death. We don’t want to continue this way, going through this pain and suffering. We want a different future for this community.” - Dianne Biritjalawuy, Galiwin’ku resident and HFH Co-Founder.

Our program Co-Founders, a brilliant Yolŋu cultural consultant suffering from chronic disease and a Non-Aboriginal mother and medical doctor.

- Together Biritjalawuy & Dr.Trudgen discovered that the biggest missing factor to empowering remote Aboriginal people to improve their own health was the opportunity to experience personally, the effect of healthy natural foods.

- Biritjalawuy traditional food knowledge & Dr.Trudgen’s research into nutrition
OUR FIRST RETREAT

- 12 women together with Dr Trudgen and her husband Mr Tim Trudgen, Cross Cultural Consultant, Why Warriors, were able to attend a thorough two week detox program at Living Valley Health Retreat (LV), South East Queensland.
OUR FIRST RETREAT

- After two weeks on a low carbohydrate, whole food diet, the women experienced a profound sense of wellness.

- During the retreat process they were able to explore the links between nutrition and disease in Yolŋu language (translated by the Trudgens) and utilise LV’s 25 years of experience in providing health transformations.
SHARING THE KNOWLEDGE

- The women returned to Galwin’ku excited to share their experience with the community, and ready and motivated to form a Steering Committee together with the Trudgens, to guide the development of the Hope For Health program.

- They formed the Strategic Management Committee and together with Kama & Tim Trudgen they made plans for how their Hope For Health could become a reality.

- They identified they needed a local Health Retreat based on Yolŋu culture and the best of western integrative medicine.

- They were committed to understanding at a deeper level how traditional food patterns had kept their forebears so strong and healthy.

- Local Support to sustain and further the health gains made via health coaching, cooking and nutrition workshops, and Exercise classes.
THE FIRST YOLNGU LED HEALTH RETREAT
THE FIRST YOLNGU LED HEALTH RETREAT

- Health checks pre and post retreat
- Traditional food (collected, hunted and knowledge shared)
- Traditional Yolŋu healing treatments
- Osteopathy + Naturopathy + Massage
- Daily exercise
- Health workshops on food production, nutrition and chronic diseases.
THE FIRST YOLNGU LED HEALTH RETREAT
VISIBLE CHANGES EVIDENT IN COMMUNITY

- Families and community seeing the changes.

CASE STUDY

- A 32yo Male presented with hypertension, hyperlipidemia, obesity and anxiety.
- His primary concerns were his high blood pressure and weight.

Pre retreat:
- He had consistently high blood at 140/98mmHg, was classified as obese, had a waist circumference of 124cm.

3 months post retreat:
- The participant has shown tremendous dedication to his health with continued exercise, and ‘manymak ngatha’ (healthy food) choices.
- His blood pressure is now consistently down to 107/69mmHg, his BMI is almost within normal range, with a weight reduction of 24.3kg. More importantly the participant’s waist circumference is down 26.7cm to 86.5cm

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EVIDENCE BEYOND VISIBLE & EXPERIENTIAL CHANGES

1st retreat (2015):

- During the retreat, **blood sugar levels & blood pressure** normalized in every case, without medication.
- Most lost kilos of **weight**, and participants reported feeling the best they could remember.
- Blood pressure: 88% of participants had a BP higher than (120/80) pre retreat; at the end, 55% had high blood pressure; at 3 months, all experienced improved readings; at 6 months 90% had retained a marked improvement.
- Blood Glucose Levels: 100% of participants had blood glucose levels considered out of control - >20mmol; at three months all were near normal (as reflected in HbA1c tests); at six months 60% had maintained the improvement.
- **75% of original group had their medications reduced.**
- **Blood Lipids**: At 3 months, 100% of participants experienced a marked improvement; by 6 months many lost ground.
- **Waist Circumference**: at 3 months 90% of participants had reduced waist circumference; at 6 months, 50% of the participants had maintained this.
- **Smoking**: 50% of participants were smokers prior to the retreat; all quit smoking during the retreat. At three months 50% of the previous smokers remained non-smokers; at six months 67% of the original smokers had successfully stopped smoking.

*The following are our preliminary results and is based on approximate dates of collection. To further measure the impact the HFH program would like to engage in further research to evaluate the program's efficacy.*
EVIDENCE BOYOND VISIBLE & EXPERIENTIAL CHANGES

2nd retreat (2016):

- 85% of Participants over 3 months had a reduction in waist circumference (an indicator of reduced abdominal fat). These participants loss on average 8.65 cm from their waist.

- Average weight lost after 3 months for all participants was 4.79kg reduction.

- Data available on participants eGFR to monitor kidney function was low. Of those with data, 72% eGFR <90. Of these 62% improved and 38% had results return to the healthy range (eGFR >90).

- 37% of participants attending the retreat presented with significant high blood pressure readings (hypertensive category >140/90), after 3 months only 5% presented significant high blood pressure readings (>140/90mmHg).

- The 3 month blood sugar indicator, HbA1c of people with diabetes went from an average of 8.3% before to 6.5% after 3 months of health coaching. 2/3 of diabetic participants had a HbA1c of 6.7 or less. The recommended target for diabetics is 6.5%. Average change in diabetic participants is a reduction of 1.0% in HbA1c.
Program delivery elements are:

- **Intensive health.**
- **Personal health coaching**
  1. *Culturally appropriate education* in the areas of nutrition, causes of chronic disease, and traditional health practices
  2. *Skill development* including cooking, exercise, shopping and overcoming household challenges.
  3. *Exploration of personal and systemic barriers* to lifestyle change and health, and where possible supporting solutions with participants and families.
  4. *Integrative health care services* to ensure informed diet choices and regular monitoring of disease indicators and medications.

- **Household and community accessible education and skills** training about disease prevention, nutrition, cooking and exercise.

- **Collaboration with local and Territory wide agencies** to develop solutions to challenges that Yolŋu face in implementing and maintaining changed lifestyle.
INDIRECT & COMMUNITY WIDE IMPACT

As we near the completion of two full years of delivery, almost 50 Yolŋu have participated in health retreats and over 400 Yolŋu individuals have participated in the program via workshops, cooking and exercise classes.

Although we have not yet completed our evaluation of community wide impact (the program has barely been funded for 12 months), anecdotal evidence continues to accumulate that individuals and families beyond the direct retreat participants are taking up diet and lifestyle changes independently through their contact with participants.
WHAT MAKES HOPE FOR HEALTH SO EFFECTIVE?

Despite past education programs of Richard Trudgen and others working with Aboriginal Resource and Development Services (ARDS), showing that attempts have demonstrated some effective cross-cultural education programs around diabetes and heart disease, they produced significant results in achieving patient compliance and individual health improvements, but failed to achieve community wide engagement, uptake, and long term application into the life of the community.

- Barriers in community: access to regular income, difficulties in storing fresh produce at home, night-time ramblers that keep people up, regular funerals that interrupt program activities and take people away from home, or the burden of grief and family stress from things such as drug abuse or depression.

- We Believe it is the following 4 Key Areas:
  1. Experiential Education
  2. Grassroots Partnership
  3. Valuing Traditional Knowledge
  4. Integrative Approach
WHAT MAKES HOPE FOR HEALTH SO EFFECTIVE?

1. Experiential Education:
   - Yolŋu have had little to no evidence to demonstrate that changing diet to healthy natural foods can transform a person's health.
   - HFH is able to enable the personal experience of natural whole foods on the body, and in turn those visible health and experiential health changes are harnessing the excitement and motivation of others.
   - Knowledge gaps Richard Trudgen and other community educators identified¹ over the years remain true. Yolŋu continue to lack the opportunity to access foundational health information about body function, the causes of disease, or even the economic realities of food production that allows unhealthy food choices on supermarket shelves.
   - The education cannot be separated from the experiential. Once educated and Yolŋu have experience they are able to make informed choices.

“This has never just been about community education. It’s about giving people an experience so that they have a choice.”

- Dr.Trudgen (Hope for Health Co-Founder)
WHAT MAKES HOPE FOR HEALTH SO EFFECTIVE?

2. Grassroots Partnership:

- Hope for Health was birthed out of a deep and trusting relationship that formed between Dr Trudgen, Ms Biritjalawuy and others in the community through many engagements on health and other matters over time.

- The Trudgens had lived and worked in the community for 4 years engaged in a project that listened carefully to Yolŋu people’s agendas and hopes, and that fostered the development of trusting and long term relationships.

- We believe that these developmental processes are critically important when working for change in an environment of hopelessness, cross-cultural confusion, and dependency, as is the case in Arnhem Land.
WHAT MAKES HOPE FOR HEALTH SO EFFECTIVE?

3. Valuing Traditional Knowledge:

- Valuing Yolŋu traditional knowledge and marrying this with relevant modern approaches allows all involved, Yolŋu and non-Aboriginal alike, to participate in the program as equals, sharing information and learning from each other.

- The dietary framework for the program is based on the successful LV program, (see above) that is consistent with Yolŋu traditional food knowledge and diet. As a result, traditional knowledge is the starting point for all education and discussions about food choices.
WHAT MAKES HOPE FOR HEALTH SO EFFECTIVE?

1. Integrative Approach:
   - Orthodox medicine
   - Traditional Yolŋu medicine
   - Nutritional and naturopathic medicine
   - Cultural and environmental support
THE FUTURE OF HOPE FOR HEALTH

• In its 2 years of operation the Hope For Health program is showing very positive health outcomes in participating individuals and a high level of motivation and engagement from the wider community.

• It requires more resources to ensure its potential to assist Yolŋu to reverse the catastrophic health crisis it faces at the present time; to provide more annual health retreats, more support over time for participants to maintain their health gains, strong outreach to the wider community, and to see that the approaches taken are properly evaluated, researched and documented.

• Hope For Health would love to respond positively to communities elsewhere in Arnhem Land and wider, who are expressing their hope for health and motivation to embrace this program.
THE FUTURE RECOMMENDATIONS:

• Long term relational presence will often be required in order to build the trust and the necessary local knowledge that enable partnerships for change.

• Solutions that arise from within communities through Aboriginal and mainstream partnerships are highly valuable as they have the potential to bring together the range of knowledge and practices that are essential for positive health changes in individuals and communities.

• Preventive health programs should utilise experiential approaches and should integrate culturally and linguistically relevant education that target underlying knowledge gaps or confusions whilst utilising and validating traditional knowledge as the people’s very foundation for good health.

• Integrative models that make available the expertise of naturopaths should be considered in preventative programs for their alignment with Aboriginal traditional healing knowledge and holistic mindset, providing complementary choice and supporting orthodox medical management.

• More research around the positive outcomes that nutrition can have on both prevention and management of chronic disease in indigenous communities is required. Nutritional and educational models in remote Aboriginal communities must utilise existing research⁷⁸⁹ to build on and be consistent with local traditional knowledge and valued foods sources.
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