A partnership approach to delivering health education programs in remote Indigenous communities

Cara Polson1, Rachel Latimore1, Margaret Ross-Kelly1, Mary Hannan-Jones1, Judith Aliakbari1
1Apunipima Cape York Health Council

Introduction: Need for Feed is an innovative healthy cooking and nutrition program for Queensland high school students in grades seven to ten. The program is being rolled out by Diabetes Queensland to 120 schools across Queensland between 2011 and 2015.

To ensure the program reaches Aboriginal and Torres Strait Islander communities, a partnership was formed between Apunipima, Diabetes Queensland and Cape York Hospital and Health Service to facilitate the implementation of culturally appropriate Need for Feed programs across the Cape.

Program aims: The Cape York Need for Feed program aims to:

- improve student confidence and skills to prepare and cook healthy meals
- increase local capacity at a community level to support future nutrition/cooking programs
- strengthen partnerships between health providers, including Diabetes Queensland, Apunipima, Queensland Health, community-based schools and The Queensland University of Technology.

Method: Program implementation is guided by consultation and engagement with community members, including elders, health action teams, health workers, school teachers and other local service providers. Where possible, programs are run with assistance from local community members to develop community capacity for ongoing nutrition programs. Programs are facilitated by a community dietitian (or nutritionist), advanced health worker—nutrition (or health promotion officer) in cooperation with school health nurses (Queensland Health) and where possible, Queensland University of Technology students. On the ground staff provide continuous feedback of learnings to Diabetes Queensland.

Cape York Need for Feed program evaluations are being undertaken through process (reflection logs and program feedback) and impact evaluations (pictorial food belief and behaviour questionnaires both pre- and post-program).

Results: Initial trials in the Cape highlighted the necessity of being flexible and adaptable with program structure, content and materials to suit the diverse needs among Indigenous communities. Partnerships among organisations have been strengthened with the aligned focus to deliver programs that are culturally appropriate and suitable to the needs of individual communities. Evaluations from each trial guide the modification of program materials such as recipes, educational activities and evaluation tools used for each successive program.
Conclusion: This partnership approach to delivering health education programs in remote Indigenous communities demonstrates how organisations can work together using a translational research framework where learnings from practical applications of programs are shared with researchers to inform continuous improvement to current processes.