**Losing it—in the bush: empowering rural communities. Mid North Coast Local Health District and Port Macquarie Hastings Council**

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**Abstract**

“Losing it—in the Bush” (LIITB) empowers small and isolated rural communities to take action to improve their health in partnership with their community. LIITB is a locally developed program empowering rural people living in the Hastings Local Government Area to promote healthy lifestyle changes and reduce risk of complications from chronic disease. A partnership between rural communities, Port Macquarie Community Health Centre (PMCHC), Port Macquarie Hastings Council (PMHC), and At My Pace (AMP) Specialist Rehabilitation, the program operates out of seven rural halls. Port Macquarie Community Health Team developed a twelve-week program, sessions are 2 hours per week, and include an exercise component (1 hour) and a healthy lifestyle presentation (1 hour) by Port Macquarie Community Health professionals. PMHC purchased exercise equipment to keep in each venue. Community Health Professionals include, Dietician, Health Promotion, Women’s Health, Mental Health and Occupational Therapy. The program adapts existing National and State health programs; HEAL, Get Healthy Telephone Line, Measure Up and Swap it Don’t Stop It. This is a preventative and interventional model to tackle health issues associated with inactivity and poor nutrition. Participants lost weight, lost centimetres, gained strength, flexibility, and increased their cardio fitness as a result of the program.

The Rural Adversity Mental Health Program (RAMP) has built capacity into this program to provide education on Mental Health and Wellbeing, with the aim of building resilience in the community through introducing mental health promotion and prevention strategies and resources.

**Aim**

The programs two main aims are:

- to empower rural populations to make informed choices to improve their health
- to reduce risk of lifestyle disease and complications from existing chronic disease and encourage healthy lifestyle changes.

**Background and service delivery**

In 2006, the Women’s Health Service, then under North Coast Area Health Service undertook an outreach needs survey of residents via information days in isolated communities. This survey identified a lack of facilities for exercise, lack of nutritional information and mental health issues as major concerns. The PMCHC then developed a twelve-week program addressing these key issues.

The education component covered the following topics:

- label reading
- recipe modification
- fats in food
- importance of physical activity
- relaxation
- alcohol consumption
- mental health/depression
- steps to better health
- aids to help improve mobility for daily life
- walking groups—Heart Foundation and Nordic walking
- two weeks of pre and post testing and evaluation.

In general, each week the exercise is a circuit based class with resistance activities; participants are also encouraged to adapt these exercises to their home environment. The exercise component varies at times to take advantage of local facilities or geography for example; bushwalking, Nordic walking and beach walking and Tai Chi have been offered during fine weather.

The LIITB program provided 145 people from 9 rural and isolated communities the opportunity to come together for exercise and information to improve their wellbeing, in a safe non-threatening social environment.

There is increasing evidence to support the “sense of community” that is achievable through providing isolated communities access to programs that are sustainable and “owned” by the community, particularly disadvantaged and older communities. Programs focusing on increasing community access to physical activity with the provision of equipment and access to community centres have been shown to be successful (Brownson, Haire-Joshu & Luke, 2006).

Evidence shows community based health programs play an important role in improving the health of the community, specifically, disadvantaged locations that have limited access to resources (Pazoki, Nabipour, Seyedzamani & Imam, 2007).

For older populations, group exercise interventions in environments that are less intimidating such as community halls rather than gyms have resulted in higher rates of participation (Illife, Kendrick, Morris, Skelton, Gage, Dinan, Stevens, Pearl & Masud, 2010).
Outcomes and evaluation

Cardiovascular, strength and flexibility changes
The Seniors Fitness Tool pre and post program was utilised to determine improvements in cardiovascular health, strength and flexibility. Table 1. below shows the type of test and the area of measurement.

Improvements were gained in upper and lower body strength, flexibility, agility and cardiovascular fitness across the nine communities. Improvements were evident in all areas but most evident in flexibility and waist reduction. Responses from participants showed they were very happy with their improved energy levels, flexibility, and their visual image of themselves also improved. Many were not unhappy that they lost very little weight, as they lost centimetres.

Table 1

<table>
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<tr>
<th>% Participant Change</th>
<th>Seniors Fitness Tool** Cardio/flexibility/strength</th>
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<tbody>
<tr>
<td>Percent</td>
<td>Reduction of 2.5 metres</td>
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<tr>
<td>Cum %</td>
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Combined losses in several communities were astounding. One group of 6 participants had over 43cms of waist loss between them. Over all communities there was a waist loss of 2.45 metres.

Nutrition and health behaviour changes
70% of participants said they were now more aware of food labels and check the fat, sugar and sodium content of foods before purchasing. Of the completed surveys, 85% said they had increased their consumption of fruit and vegetables. Many commented that they are more aware of making better food choices. Several have changed from white bread to wholemeal and there were changes from full fat milk to low fat varieties. One young woman had changed her breakfast cereal from cocoa pops to muesli or porridge.

Feedback from participants indicated that their mental health had improved, 67% indicated that they felt healthier, happier and enjoyed getting out of the house. Both men and women said they benefited from the information given by the health professionals, particularly the relaxation session. A vital outcome was participants had fun, made new friends and enjoyed the sense of community. One participant said she “realised you don’t have to do a lot of exercise to feel so much better and energetic”.

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Several participants with asthma/ emphysema stated that they could walk further without stopping to catch their breath. One woman, a diabetic said her blood sugar levels had improved since commencing the program.

**Sustainability and transferability of the program**

During the course of the program participants learnt to use the equipment in their hall safely, enabling them to continue using the equipment after completion of the program and to adapt the exercises to use at home, or to continue to use it at the hall as a self-managed group.

Equipment is left in the halls and locals are trained to run the program. Pappinbarra Hall Committee was successful with a council grant to run LIITB programs and they were able to fund an Exercise Physiologist to continue with an additional 26 exercise classes. Walking groups (Heart Foundation and Nordic walking) that were established during the course of the program continue.

**Pappinbarra Nordic Walkers**

Several local councils in neighbouring LGAs have contacted the team with the view to roll out healthy community programs and have expressed an interest in the LIITB model.

PMHC provided funding for the PMCHC to purchase an exercise kit to take to future programs in the Hastings LGAs.

RAMHP has capacity to incorporate other mental health initiatives into LIITB to build resilience in rural communities.

**Referrals to other services**

Referrals to community health services and GP’s occurred, for example, the women’s health nurse had 9 referrals for pelvic floor assessment and continence evaluation, plus six appointments made for pap tests. Following a talk to one community about Alzheimer’s disease (requested by the community) there were 8 referrals to their assessment service provider.

Having the dietician present for five sessions has enabled her to provide interventions ‘then and there’ thus reducing the need for clinic appointments; this has potential to reduce waiting lists.

We are unable to determine how many participants followed up with their GP following health professional’s advice to clients with elevated blood pressure to see their GP for assessment and
treatment if required. The team will look at developing a referral form and follow up system to determine if participants have attended their GP’s.

**Future scope**
Through the Commonwealth’s Healthy Community Initiative funding (2012-2014), AMP successfully tended for the Nationally Accredited Healthy Eating Activity and Lifestyle (HEAL) Program in the Kempsey Shire Council (KSC) and PMHC. HEAL and LIITB have partnered to provide an integrated program to run in a further sixteen rural communities.

Four Exercise Physiologist’s and eight MNCLHD staff were trained as HEAL program facilitators due to demand in the Kempsey Shire Council and PMHC areas. PMHC have provided funding for the PMCHC to purchase an exercise kit to take to future programs in the Hastings LGAs and with the number of professionals trained as facilitators we will be able to run the program with little cost. RAMHP has also indicated support to incorporate additional mental health initiatives into the LIITB program.

**Conclusion**
This is a wonderful example of health prevention and promotion in which the community has control over its own health and decisions regarding health.

The multidisciplinary health professional model of LIITB works extremely well as experts are available to discuss matters immediately and health and behavioural changes can be addressed one on one. This has potential for reducing hospital admissions, GP workload and Allied and Community Health waiting lists. An additional advantage for the participants is that they are able to make contact with community health professionals that they could be referred to if professional support is needed or required to be ongoing.

The program provided an avenue to assist people to be involved in their own communities while also increasing opportunities for older people to participate in their community, as it enhances creative, social and recreational activities.

**Recommendations**

1. That the Ministry of Health consider adding Accredited Exercise Physiologists to Allied Health Services. As of 2010, this profession has had a major role in regional and rural health and the local health districts would benefit enormously from their services. They could work alongside other professionals to develop programs addressing chronic disease prevention and management.

   The aims of accredited exercise physiologist are to prevent or manage chronic disease or injury and assist in restoring one’s optimal physical function, health or wellness. Accredited Exercise Physiologists are trained in the assessment and identification of adverse signs or symptoms of restricted movement. They are in an ideal position to work alongside dietitians, rural health promotion teams, mental health, women’s health nurses, men’s health to develop programs that target chronic disease. They are definite component in the success of the LIITB program and an essential part of the multidisciplinary team.

2. The continuation of the RPHS Health Promotion coordinator role.

   Small rural communities are at a disadvantage as they can be isolated and also have limited access to facilities. To provide a health promotion outreach service is the most appropriate way of addressing the shortfalls the community perceives. This worker is the link between NSW Health, Community Health Centres, as well as other local health and government services. A strong bond and communication portal has developed with the worker and the communities. Funding of a permanent nature should be a priority.
3. That NSW Health endorse the LIITB program for its potential to change the health behaviours of local communities and provide funding to develop a manual for facilitators and participants.

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References
