Many Rivers Diabetes Prevention Project

The impact of an Aboriginal community directed program of research and health promotion

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Background

- Initiative of Durri ACMS in Kempsey N.S.W in response to high rates of Diabetes in Aboriginal Communities.

‘To prevent children from growing up to get Diabetes’

- University of Newcastle
- Biripi ACMS in Taree
- Durri ACMS in Kempsey

Expertise from:
- Universities of Wollongong and Sydney – in particular Associate Professor Vicki Flood.
Scope of MRDPP

**COMMUNITY ASSET MAPPING**
1. Focus Groups: parents, children & community.
2. Mapped PA and food services.

**MANY RIVERS PROGRAM FOR CHILDREN**

**VALIDATION**
- of Food and Physical Activity Surveys

**DESCRIPTION**
- Food Intake Physical Activity
- Methodology Description

**EVALUATION**
- Diabetes Knowledge
- Food Intake
- Physical Activity
- BMI
- Waist Circ

**STRATEGIES**
- Schools
- Community
- AMS

**GLYCEMIC INDEX**
Methodology Description
OUTCOMES: Research MUST Benefit

*This way or no way*

- An improved understanding of the ways in which physical activity, food habits and overweight are perceived by Aboriginal children.
- An improved understanding of the determinants.
- The development of valid measurement tools.
- Effective, rigorously-evaluated health promotion strategies:
  - BMI
  - type 2 diabetes knowledge
  - participation in physical activity
  - healthy food intake
- Knowledge and skills in establishing and maintaining equity in partnership.
- Strong capacity in the AMS’s = ‘leaving a legacy’
- The barriers to implementing and sustaining a program.
OUTCOME: Aboriginal Community Controlled Governance Structure “This way or no way…”

- ADVISORY GROUP (2 x year)
- STEERING GROUP (up to 4 x year)
- RESEARCH METHODOLOGY GROUP
  Advice on research design and data analysis.
- ABORIGINAL COMMUNITY REFERENCE GROUPS
  (meets 6 to 8 x year dependant on activities of the project)
- PROJECT IMPLEMENTATION GROUP
  Co-Managed: Manager Research and Evaluation and Manager Health Promotion (the latter designated for an Aboriginal and Torres Strait Islander person)
OUTCOME: Capacity building of Aboriginal Workforce: “This way or no way…”

- **FORMAL EDUCATION**
  - Diploma Public Health = 2
  - Diploma in C’ty Nutrition = 3
  - Degree in C’ty Nutrition = 1 + 2/3rd
  - Grad Cert in Diabetes Education = 1
  - Law Graduate = 1
  - Cert 4 in Training and Education = 3
  - Casual survey workers = 30
  - Women in Leadership Programs = 2

- ‘OTHER’: Conference presentations/state & national committees/publications...

- **SELF BELIEF**
  - Mentors: to peers & wider community
  - Role Models: eg the Diabetes Education Package
  - Advocates:
  - Leaders: in their community and in the ACCHS
  - “Pro Bono work”

- **ORGANISATIONAL CAPACITY**
OUTCOME: MRDPP Health Promotion Strategies

**SCHOOL:** fruit breaks; food gardens; high school canteens; diabetes education…

**COMMUNITY:** social marketing (radio, posters); fruit and veg boxes;

**COLLABORATIONS:** Local Council; Red Cross; North Coast Alliance AMS’s

**STORE PROMOTIONS** pilot.

**SUPPORT** for children over health weight range.

**COMMUNITY DEVELOPMENT ROLE** ‘pro bono’

**CAPACITY BUILDING** of STAFF.

**PHOTOVOICE**

**COMMUNITY Directed / based on Research findings**
OUTCOME:

Preliminary Results Key Food Intake

- 2 NSW Nth Coast towns
- Repeat Cross Sectional Study
- 2007/8
  - 1621 children (16% Aboriginal)
- 2011/12
  - 1231 children (24% Aboriginal)
- Aged 10-14 years

- Key EDNP foods held at 2007/8 levels
- Trend % with hi soft drink consumption ↓
- Vegetable intake ↓
- Key differences remain
  - HOT CHIPS (b)
  - SUGARY DRINKS
OUTCOME: Obesity

- No significant increase in the proportions of overweight and/or obese children.

- A significant increase in proportions of non-Indigenous boys with an enlarged or very enlarged WHtR between the 2 survey times. This increase was not apparent in Aboriginal boys.

- However a higher proportion of Aboriginal and Torres Strait Islander children in the obese BMI category (16.%), and with a very enlarged WHtR (45%) than for their non-Indigenous counterparts (6.5% and 31%).
CONCLUSIONS

- Builds capacity and self belief
- Impacts on wider community attitudes
- Manages risk factors

Limitations of Health Prevention AND Intergenerational origins of chronic disease AND levels of EDNP food intakes

Call for STRONG LEGISLATIVE ACTION on PROLIFERATION OF FAST FOOD INDUSTRY in DISADVANTAGED COMMUNITIES and ON COST/AVAILABILITY OF HEALTHY FOOD OPTIONS IN RURAL AREAS
Acknowledgements

- Children of Taree, Kempsey and Lower Hunter and their families.
- Biripi, Durri and Awabakal AMSs.
- Funding bodies:
  - Centre for Aboriginal Health, NSW Ministry of Health
  - OATSIH
  - NHMRC
  - Telstra Foundation
  - Diabetes Australia,
  - N.S.W Aboriginal Health Promotion Program,
  - Commonwealth Dept of Health and Aging,
  - Eli Lilley