The Bindjareb Yorgas Health Program: Improving the health of women and their families

Caroline Nilson
Murdoch University

Sharree Kearing
Murray Districts Aboriginal Association
• This PowerPoint template has been designed using an art piece painted by Mrs Gloria Kearing, a well respected Bindjareb Nyungar woman Elder of the Murray District Aboriginal Association from Pinjarra.
• The art piece depicts the 3 main camps in the Bindjareb region that she remembers her family travelling between when she was a child.
• I am humbled and honoured to have been presented with the painting, which was described by Mrs Kearing as a symbol of her mob’s acceptance of me.
This intervention research is aimed at “closing the gap in indigenous health outcomes” (DIACOAG, 2010).

The health gap between Indigenous and non-Indigenous (ABS, 2010)
- Indigenous males - 67.2 years compared with non-Indigenous males at 78.7 years
- Indigenous females - 72.9 years compared with non-Indigenous females at 82.6 years
Introduction

- The Bindjareb Yorgas Health Program (BYHP) aims to address the high prevalence of health issues experienced by Aboriginal women and their families (Thomson et al., 2010) in the town of Pinjarra, Western Australia, through the establishment of a holistic community owned and developed health and wellness program.
The intervention will focus specifically on three action areas for undertaking health promotion:
1. creating supportive environments to encourage equitable access;
2. strengthening community actions to enable empowerment; and
3. development of personal skills in achieving and maintaining wellness.
The intervention has been developed using a supermarket tours to gain knowledge of foods nutritional value; cooking sessions using healthy recipes for family meals as well as school lunches; vegetable growing; nutrition education and cooking classes; information sessions on how to eat well on a budget.

This program will continue in 2012 and will address health issues through a combination of cooking, yarning, and group fitness sessions. A group of eight children aged 11 & 12 years participated in a 12 week nutrition and cooking program. A small scale garden will be developed and will be for use by the local community.

<table>
<thead>
<tr>
<th>Fitness</th>
<th>Nutrition and Cooking</th>
<th>Kaartdijin Yarning Sessions</th>
</tr>
</thead>
</table>
| • Kelly-Anne Mordjt - Bachelor of Anthropology; Certificate III in Fitness (SRF30206), Certificate IV in Fitness (SRF40206)  
• Caroline Nilson - RN, Midwife, Sports Medicine Awareness Certificate  
• Karrie-Ann Kearing-Salmon - Bindjareb Leader and Research Associate | • Keith Savage (Torres Strait Islander Elder)- Cooking Class Instructor  
• Caroline Nilson - RN, Midwife - Food Safety Supervisor (Cert), Food Safety Handler (Cert).  
• Karrie-Ann Kearing-Salmon - Bindjareb Leader and Research Associate | • Mrs Gloria Kearing - Bindjareb Elder  
• Ms Lesley Pickett - Bindjareb Elder  
• Karrie-Ann Kearing-Salmon - Bindjareb Leader and Research Associate  
• Anna Moore - RN, Child Health Nurse  
• Caroline Nilson - RN, Midwife - Certified Child Birth Educator  
• Sharree Kearing - Bindjareb Leader |
Each week the children took home their prepared meals, together with their new skills and knowledge, to share with their family. This resulted in a request by the Bindjareb women for a broader health promotion program to address the health and wellbeing of the community’s women and by association, their families.
facilitating community ownership and leadership of an Aboriginal health promotion program;
• provide both short and long-term improvements in the physical activity and healthy eating habits;
• serve as a template for similar health promotion programs in other communities;
• develop empirical evidence to contribute to “closing the gap” in Indigenous health outcomes (DIACOAG, 2010); and
• identifying environments that encourage Aboriginal participation
The development of the BYHP will aim to address the most common risk factors causing deaths in Indigenous people through promoting healthy eating and exercise and the avoidance of risk behaviours such as smoking and alcohol use.

Consequently:
• The literature (for this proposal) examined knowledge gained from recent Health Promotion initiatives in Australian Aboriginal communities.
Summary of the Literature

• ‘one program fits all’ not beneficial approach – empowerment & self-determination must be central (Jamieson and Heron, 2009).
• Aboriginal people in urban settings have loose networks of dispersed families; may not be ‘heard’ in local planning and decision-making leading to food insecurity (Browne et al., 2009).
• policy makers to drive the development of physical activity initiatives offered to communities (Booth and Oakley, 2005).
• smoking status of Aboriginal Health Workers a barrier to providing quit support to their communities (Thompson, 2010).
• skills development education leads to self-determination and reduced alcohol abuse (Nichols, 2010).
• strength-based approach to health promotion initiatives - strength audits rather than needs assessment (Brough et al., 2004).
no published literature on urban community-owned Aboriginal Health Promotion initiatives in Western Australia.

Narrative inquiry connects events, actions and experiences drawing Aboriginal participants and researchers together (Wilson, 2007).

"Whole life" view must be incorporated to address the holistic sense of Aboriginal "wellbeing" (McLennan & Khavarpour, 2004).

Engagement of Aboriginal stakeholders throughout planning, implementation and evaluation process of Aboriginal research is crucial (Bindon et al., 2009).

Emeritus Professor Rhonda Marriott
RN, Midwife, PhD
Kulbardi Aboriginal Centre - Murdoch University
Project lead, ARC Indigenous Research Triple PMH PCS WRAP project
Honorary Research Fellow and Chief investigator on NHMRC Centre for Research Excellence in Aboriginal Health and Wellbeing

Ms Sharryn Batt
Diploma Health Science (Nursing) (WACAE); Bachelor of Nursing (ECU); Graduate Diploma Advanced Nursing (Education) (La Trobe); Master of Health Promotion (Curtin)

Mrs Caroline Nilson
Bachelor of Science (Nursing) (Curtin)
Bachelor of Midwifery (Post Reg) (Flinders)
Masters of Nursing (Research)
PhD Candidate

Mrs Anna Moore
RN, Community Child Health Nurse Pinjarra
Bachelor of Science (Nursing)
Graduate Diploma in Child Health
Aboriginal Registered Nurse/ Aboriginal Health Worker

Mrs Karrie-Anne Kearing-Salmon - Bindjareb Leader and Study Research Associate
Certificate IV Tourism; Certificate in Heritage Management; Certificate in Leadership; Certificate in Train the Trainer

Ms Sharree Kearing - Bindjareb Leader
Certificate in Leadership

Mrs Gloria Kearing - Bindjareb Elder

Ms Lesley Pickett - Bindjareb Elder

Planning & Implementation, Review

Certificate IV Tourism; Certificate in Heritage Management; Certificate in Leadership; Certificate in Train the Trainer

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<th>Description</th>
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<td>Peel Development Commission</td>
<td>By partnering with industry, community and government agencies, the Commission initiates and accelerates regional development projects that have a sustainable benefit to the Peel Region.</td>
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<tr>
<td>Community Development Foundation</td>
<td>The CDF is a not for profit charitable foundation that was founded in 1999 by Barry Cable and Jenny Day and is overseen by a Board of Directors. CDF provide the use of the MOASH building to currently run the programs from and also assist with obtaining funding to purchase cooking equipment and ingredients for the &quot;Deadly Koolinga Chef&quot; program.</td>
</tr>
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<td>Nutrition Australia (WA)</td>
<td>Provision of education sessions on nutritional importance to maintain health and wellbeing.</td>
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<td>Western Australian School Canteen Association</td>
<td>Workshops and cooking demonstrations for engaging parents and encouraging healthy eating in their children while at school.</td>
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<tr>
<td>Asthma Foundation</td>
<td>Effective smoking cessation intervention NAPS project: &quot;care for my air&quot; &amp; &quot;fresh air grows solid babies&quot;</td>
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<td>National Heart Foundation</td>
<td>Provision of information sessions on topics such as blood pressure and cholesterol and management of chronic disease.</td>
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Aims

• Investigate the effectiveness of the BYHP on improved health outcomes and health behaviours;
• Investigate the effectiveness of the BYHP on community empowerment and self-determination; and
• Investigate the sustainability of the BYHP in consideration to community commitment through community empowerment and self-determination.
In what ways does a community designed health promotion program:

• Facilitate healthy lifestyle change in the Bindjareb women and their families?
• Meet the needs of the Pinjarra Bindjareb women and provide a supportive environment for the women to engage in health promotion activities?
• Encourage community ownership of ongoing change in healthy lifestyle habits?
• Influence community action to lead to sustainability of the program?
• Make alterations to physical characteristics measured through biometric measurements?
This research study will be guided by The Indigenous Research Agenda Framework (IRAF) (Smith, 2005, p.117) which conceptualises the Indigenous peoples' current living culture.

**Theoretical Framework**

- **Self-determination**
  - Healing
  - Physical
  - Spiritual
  - Psychological
  - Social
  - Collective Restoration

- **Decolonisation**
  - Political
  - Social
  - Spiritual
  - Psychological

- **Mobilisation**
  - Local
  - Regional
  - National
  - Global

- **Transformation**
  - Psychological
  - Social
  - Political
  - Economic
  - Collective Change

- **Survival**
  - Psychological
  - Social
  - Collective Change

- **Development**
  - Psychological
  - Social
  - Economic
  - Collective Change

- **Recovery**
  - Psychological
  - Social
  - Political

- **Self-determination**

- **Healing**
  - Physical
  - Spiritual
  - Psychological
  - Social
  - Collective Restoration
Methodology

• descriptive case study design with embedded units, allowing an ability to analyse data within, between and across the components of the intervention (Yin, 2009).

• narrative inquiry will be used within the case study design (Wells, 2011).
Clinical Trial

- participants will be involved in a health related intervention to evaluate the effects on health outcomes (ICMJE, 2009)

- registered with the Australian & New Zealand Clinical Trials Registry – ACTRN12612000292875
Data Collection

• Bindjareb research associate and two Bindjareb women Elders will assist with the recruitment, data collection and analysis
• ‘yarning groups’ (focus) and interviews will be facilitated by Caroline Nilson and Karrie-Anne Kearing (Bindjareb research associate)
• participant observation and direct observation by the researcher and research associate
• biometric measurements will be recorded to track any changes made to particular physical characteristics of the participants
Data Analysis

• analysis most desirable to descriptive case study design with embedded units is pattern matching logic (Yin, 2009).

• compares predicted patterns with empirically based patterns. If the patterns coincide, internal validity of the case study is strengthened (Yin, 2009). Supported by a narrative approach (Richmond, 2002)

• Artichoke ™ database software (Fetherston, 2007) will be used
• Predicative Analytical Software (PASW) Statistics 18 for Windows (2011) will be used to analyse biometric data

• Descriptive statistics will be reported as mean and standard deviation (SD) or median and interquartile range (IQR) according to normality

• Assuming normality, a one way repeated measures ANOVA will be used to measure biometric measurements change over the course of the intervention.
Murdoch University Human Ethics Committee – Outright approval: Approval number: 2012/051

Western Australian Aboriginal Health Information And Ethics Committee - Pending
Funding

• Heathway – Health Promotion Research Project Grant (outcome: October 2012)

• Smaller scale project with the support and assistance of partner health education and health promotion organisations previously mentioned
Limitations

• as the sample for this study is being drawn from the two main Bindjareb kinship groups in Pinjarra it will be attenuated by circumstance.

• self selection for the study:
  • particular interest in the topic area of the intervention;
  • they have a friend or family member who is also participating from the same mob or kinship
The researchers will ground this research knowingly in the lives of the Pinjarra Bindjareb women as individuals and social beings, not on the theory of ideas, but on those based and supported by Nyungar forms of Kaartdijin lore.

Thus, a process of ‘checking your heart’ is an element that the researchers will apply to all approaches, as a ‘good heart’ establishes good motive and benefit for all involved (Wilson, 2008, p.60).
References

• Australian Bureau of Statistics (ABS). (2010). National Aboriginal and Torres Strait Islander Social Survey 2008, Cat. no. 4714.0. Canberra: ABS.
• Thompson, M. (2010). What are Indigenous Health Workers saying about their smoking status: does it prevent them from providing tobacco information and/or quit support to the community? Aboriginal & Islander Health Worker Journal, 34(2), 3-8.