

Engaging Aboriginal Shire Councils in supportive environment approaches to health: - learnings from the Healthy Indigenous Communities Project

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Creating supportive environments for health - why local governments are important

Creating supportive environments for health can offer people protection from factors that can threaten good health. Supportive environments refers to both the physical and social aspects of community where people, live, work, learn and play. These environments support healthy choices to be made easily by either increasing the availability of factors (such as smoke-free places) or decreasing the availability of factors (such as sugar-sweetened drinks).

Local governments play a role in shaping local environments through their work in planning and development. Evidence has demonstrated that strategies that influence the social and physical environments within communities are more likely to be sustainable. In Queensland, previous work has been conducted with local government councils to influence food and physical activity environments. However, engagement with Queensland Aboriginal and Torres Strait Islander Shire Councils regarding healthy food and drinks and smoke-free environments has been limited.

Why influencing food & drink and smoke-free environments is important

The Health of Queenslanders 2016 report¹, demonstrated high smoking rates and high consumption of sugar-sweetened drinks in Aboriginal and Torres Strait Islander Queenslanders. The report showed that 45% of Indigenous Queenslander adults smoked daily (2012/13), which was 2.5 times higher than the non-Indigenous Queensland rate after adjusting for age differences. Although smoking rates have decreased by 13% among Indigenous Australians since 2001 (28% reduction for non-Indigenous), gains were only evident for Indigenous Australians living in non-remote areas, with no change for those living in remote areas. In addition, Indigenous children living in remote areas were 30% more likely to be living in a household with a smoker than those in cities (32% compared with 25% in 2015/16). Therefore, smoking rates in remote Indigenous communities are high.

When considering the consumption of sugar sweetened drinks, the Health of Queenslanders 2016 report¹ indicates that 50% of Indigenous Australians aged 2 years and older consumed sugar-sweetened drinks daily in 2012/2013 (compared with 34% for non-Indigenous Australians). The peak consumption among Indigenous Australians was between 4 and 30 years, with 60% of the community consuming sugar-sweetened drinks daily.

Queensland tobacco laws

In Queensland, tobacco laws exist that ban smoking in indoor and outdoor public places – including smoke-free areas on some council land; for example, public swimming pools, grounds where sports are played, skate parks and public transport waiting points. Smoking reduction strategies in Queensland are designed to protect people from the harmful effects of tobacco smoke. They focus on three areas:

1. Creating smoke-free environments to reduce exposure to

- second-hand smoke,
2. Empowering smokers to quit, and
3. Discouraging people from starting to smoke.

Healthy Indigenous Communities Project

The Healthy Indigenous Communities (HIC) pilot project is being trialled in three Aboriginal and Torres Strait Islander Shire Councils – Mapoon, Napranum and Wujal Wujal. The project is being led by Apunipima Cape York Health Council. Apunipima is a community-controlled health organisation that delivers comprehensive primary health care services to 11 communities in Cape York, Queensland. In addition to clinical services, Apunipima focuses on prevention and building local capacity to support health and wellbeing. They also have a dedicated project team that is working alongside their Tackling Indigenous Smoking Team and Apunipima regional staff.

The primary aim of the project is to engage with Councils and communities to develop and implement strategies around the reduction of sugary sweetened drinks in community and increasing smoke-free places. The project is funded by Queensland Health and the North Queensland Primary Health Network (PHN).

Project learnings to date

As part of the learning of the HIC so far, there are two stories to share: the water story and the smoking story. These stories represent a range of experiences across all three pilot communities that the project team has achieved so far, including who they have engaged with to influence environments that support reduced sugary drink consumption and increase smoke-free places and spaces.

Water story

Pre-project consultations revealed a number of reasons that people in Cape York might choose not to drink water. These include:

- Not liking the taste
- Feeling that water at the store is too expensive
- Taste preference for other drinks, such as tea, coffee and sugary drinks - “water is boring”
- Personal preference for filtered water
- Having to boil then cool drinking water due to uncertainty about quality of the water.

Through these conversations, it was found that people in the community knew sugary drinks were “bad” but they didn’t really know why. The communities also wanted more education and resources related to how sugary drinks contribute to chronic diseases like diabetes.

In order to respond to the community’s needs, the HIC project team developed a social marketing campaign specifically for Cape York communities, with the key message of “Sugary Drinks Proper No Good: Drink More Water Youfla” (which is local slang for you fellas). The HIC team engaged pilot communities in the campaign through education sessions at schools and PCYCs, information stalls at community events and kids’ artwork competitions to develop local images to support the campaign.

In order to improve drink environment in communities, the HIC project team has undertaken a number of steps, including:

- Trialling a modified Community Readiness Tool (CRT) to talk with Council, other stakeholders and community leaders about the issue of unhealthy drink environments in their community,
- Establishing and facilitating Local Working Groups in each pilot community using a supportive environments approach.

This does not mean taking away freedom of choice, but changing the environment to increase the availability of water and decrease exposure to sugary drinks, and

- Developing Community Action Plans using an action research approach, which involves repeated cycles of reflecting, planning, taking action, observing and modifying plans for ongoing implementation.

Another important aspect of working together has been linking with similar projects and initiatives. The HIC team has worked alongside Torres & Cape Hospital and Health Service to implement the Queensland Government's Healthier Drinks for Healthcare Facilities: Best Practice Guide.

The six pilot sites for this activity included the three HIC pilot communities of Mapoon, Napranum and Wujal Wujal. Some findings from this initiative relevant to the HIC work included:

- Staff and visitors' survey results indicated that 88% of people strongly agreed with the statement 'sugary drinks are a problem in my community', and
- Concerns were raised about the access to safe, clean drinking water on the outer islands of the Torres Strait.

The key learnings from the water story so far have emphasised the important role everyone has in remote communities in supporting and promoting water consumption, from Councils to Environmental Health to Indigenous Health workers to the store owner, and so on.

For water consumption to increase, communities must have access to safe drinking water at all times. This then must be promoted to communities to ensure community members are aware. Once this occurs, the benefits of drinking water instead of sugary drinks can be further promoted. This will be supported by the installation and maintenance of infrastructure that encourages water consumption; for example, a water bubbler to provide access to free, chilled drinking water.

Smoking story

Initial project consultations revealed a number of barriers to maintaining smoke-free spaces in Cape York communities. These included:

- Not enough "no smoking" signs,
- People in community being used to smoking anywhere they want to,
- People, particularly service providers and businesses, feeling uncomfortable asking smokers to move,
- Lack of understanding of tobacco laws,
- Not many designated smoking areas.

As part of the HIC Project, the project team has:

- Leveraged discussions and momentum off the national 'Don't Make Smokes Your Story' and local 'What's Your Story Cape York' campaigns at a local community level, and
- Worked alongside the Apunipima Tackling Indigenous Smoking Team and local health workers.

In order to increase smoke-free places and spaces in communities, the HIC project team has undertaken a number of steps, including:

- Trialling a modified CRT to talk with Council, other stakeholders and community leaders about the lack of smoke-free spaces in their community,
- Establishing and facilitating a Local Working Group to discuss possible changes in each pilot community using a supportive environments approach. This includes creating more smoke

-free spaces, policies and events, and

- Development of Community action plans using an Action Research approach, which involves repeated cycles of reflecting, planning, taking action, observing, and modifying plans for ongoing implementation.

The experience of this project so far indicates that different sectors at a community level play an important role in supporting and promoting smoke-free spaces, including those who are responsible for community gathering places (e.g. store owner), Council, organisations that can support efforts such as the local employment agency, health workers and environmental health officers.

HIC project evaluation

Although the project is still in the implementation phase, there is a rigorous evaluation framework to support this project. A number of tools are being used at different time points, and have relevance to both community consultation and project evaluation. These include:

- Modified CRT - looking at community's readiness for change around the issues of unhealthy drink environments and lack of smoke free spaces,
- Geographic information system mapping - development of a multi-layer electronic map which will show changes to the physical and policy environments,
- Modified Healthy Store Environment Tool - to monitor the availability of water, healthier options and sugary drinks at the local store,
- Store sales data - proxy measure of sugary drink and water consumption,
- Community Member Survey - which measures exposure to Drink More Water Youfla social marketing campaign, knowledge of environmental changes and self-reported drink consumption, and
- Community Working Group and Project Team reflections on the process of engaging with Councils around supportive environments.

It is anticipated that the project results will be available in late 2018 or early 2019, and the project is planning to publish in the academic literature.

Next steps for the HIC

As mentioned, the HIC is still in the implementation phase; however, there are a number of steps planned in the immediate future. The first includes the roll-out of the local social marketing campaign 'Sugary Drinks Proper No Good: Drink More Water Youfla' and 'Don't Make Smokes Your Story' campaign activities. Secondly, the continued effort to facilitate ongoing engagement with Councils and community leaders to inform a cycle of reflecting → planning → acting → observing until the end of the implementation phase of the project will continue. This will be followed by post-implementation data collection in early 2018. Finally, the project team will prepare case studies to guide future efforts to engage Aboriginal Shire Councils in creating supportive environments for health.

Future directions - the bigger picture

Moving forward, the HIC has highlighted that inter-sectoral collaboration is vital to progress the healthy environments agenda in Aboriginal and Torres Strait Islander Shire Councils, as everyone has an important role to play, whether big or small. Where possible, work that emphasises the co-benefits of working together will encourage these partnerships and collaborations.

The project has also highlighted the crucial role environmental health plays in chronic disease prevention, as access to safe drinking water and smoke-free places is essential to help communities make easy, healthy choices in efforts to help 'Close the Gap'.

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To keep up-to-date with project activities and resources:

- Facebook: <https://www.facebook.com/Apunipima/>
- Twitter: @Apunipima
- Website: <http://www.apunipima.org.au/services>
- Rethink Sugary Drink Alliance: <http://www.rethinksugarydrink.org.au/>

References:

1. Queensland Health. The health of Queenslanders 2016. Report of the Chief Health Officer Queensland. Queensland Government, Brisbane 2016.

For more information

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Glossary

CRT	Community Readiness Tool
HIC	Healthy Indigenous Communities
PCYC	Police-Citizens Youth Club
PHN	Primary Health Network