Breakfast + Homework Club @ Concord High School

In 2015 the Concord High School Project began with 25 Aboriginal and Torres Strait Islander student and 10 non–Aboriginal students participating in an Aboriginal and Torres Strait Islander Breakfast Club Project.

This involves an hour set up before school every Wednesday morning and Koori Homework Club an hour after school on Thursdays, 8 weeks every school term.

In an attempt to address the obesity epidemic the school is enforcing a healthy eating based teaching and learning program to educate youth about the health issues associated with diet and its effects on their health.

This involves the development of a healthy eating breakfast program consisting of fruits and breakfast cereal. Fresh food is used in this project as a vehicle to communicate with students about the effects of good dietary practices on their health and wellbeing.

In the future students will be participating in projects led by professional nutritionists and chefs of Aboriginal background. The nutritionists, chefs and the students will collaborate in a healthy eating menu for home, cooking lessons at school, breakfast and homework club.

The project will also involve facilitated discussion about the health effects of poor dietary practices.

Today the Breakfast + Homework Club @ Concord High School has grown in numbers with 80 students from diverse backgrounds.

PRIORITY POPULATIONS ACHIEVEMENTS

Our Priority Populations programs aim to build strong relationships with the Aboriginal and Torres Strait Islander communities and their support organisations such as the Aboriginal Medical Service to implement programs that support smoking cessation including that of pregnant women.

We also aim to expand physical and falls prevention programs for older people.

RPA July 1, 2015 to June 30, 2016

<table>
<thead>
<tr>
<th></th>
<th>Birth</th>
<th>Smokers</th>
<th>QFNL</th>
<th>NRT</th>
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</thead>
<tbody>
<tr>
<td>Non-Aboriginal</td>
<td>4786</td>
<td>112 (2.3%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aboriginal</td>
<td>117</td>
<td>45 (38%)</td>
<td></td>
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<tr>
<td>QFNL referral</td>
<td></td>
<td></td>
<td>76</td>
<td>40 (53%)</td>
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Note: Birth data is derived from a different population than QFNL data. Not all the women providing QFNL data in this period have given birth yet, and not all women providing birth data were seen by QFNL in this period, as there can be a delay of upto 7-8 months between a QFNL appointment and giving birth.
Communities and Places achievements

Our Communities and Places programs aim to ensure the health of our population is promoted in urban planning and development processes by working with local government, planning agencies and developers, as well as with local communities and neighbourhoods with a focus on social inclusion, cohesion and safety.

Community Garden

In 2016 the Health Promotion Unit, in partnership with Neami National NGO in agreement with the Ashfield Council (now Inner West Council) has gained access to the community gardens at the Haberfield Library. The gardeners are clients of the Neami Service who meet weekly not only to have an opportunity for community social engagement, but also to develop knowledge and skills in planning, planting, watering, weeding and maintaining plants in a confined area. The produce will be shared with the gardeners and also, as the garden becomes more productive, it is anticipated that produce will be available for use by a local community kitchen.

Community Kitchen & Garden

Every Tuesday for the past two years at the Common Ground Community Kitchen in Camperdown the Health Promotion Unit in partnership with Newtown Neighbourhood Centre, Mission Australia, AngliCare and residents and clients of these services, have come together to socialise and cook affordable and nutritious meals. The participants develop their skills in choosing wholesome recipes, shopping, then preparing and cooking a healthy meal.

Mental Health First Aid

In 2015-2016 we have delivered six Mental Health First Aid courses, designed to build mental health literacy skills in partnership with internal and external services and community agencies. The course builds the community’s capacity to recognise a variety of common disorders, know where to seek information and where to get professional help for their family, friends, colleagues and neighbours. This year for the first time the course was delivered in Mandarin.

Mental Health First Aid Courses Delivered in 2015–16

117 Participants
Our Early Years programs aim to promote healthy eating and physical activity for children and their families to reduce and prevent childhood obesity.

In 2015-16 this was achieved by working with early childhood education and care services, primary schools, and early childhood health nurses to change knowledge and attitudes, and to provide access to healthy eating and physical activity initiatives. This enabled children and their families to make healthy and informed decisions in their daily lives.

The Healthy Beginnings Trial was effective in reducing family and behavioural risk factors for childhood obesity. The evidence from this trial is being used to test the delivery of Healthy Beginnings by SMS, telephone support and existing home visiting programs through the NSW Translational Research Grant.

Healthy Beginnings is also developing an app to improve infant feeding practices and increase childhood physical activity.
Our Work and Health programs aim to promote healthy eating and active living in the workplace and the broader community.

In 2015-16 we achieved this by encouraging local businesses and local governments to focus on workplace health and to promote active travel (walking, cycling and public transport) and to support key actions of the NSW Healthy Eating and Active Living Strategy.

Get Healthy @ Work

- 80,000 workers from 234 organisations in our district participated in the Get Healthy @ Work program

Get Healthy Service

- 341 residents from our district participated in the Get Healthy Service from July 2015 – June 2016
- 58 health professional referrals were made to the Get Healthy Service by our district’s staff in 2015-16, beating our target of 42

Creating healthy built environments to support active travel and active living – great places to live and work

Building Healthy Environments is a resource tool to support health and environment workers, and developers in planning and building healthy built environments. It includes the latest building and design guidelines, and health and environment programs that support walking, cycling and clean environments.

The Aboriginal and Torres Strait Islander Transport Access Guide

The Aboriginal and Torres Strait Islander Transport Access Guide is a resource that provides a map and information about Aboriginal and Torres Strait Islander health services in our district. The Aboriginal Rugby League Knockout map provided directions to the event and information about transport options. Both resources encourage active travel and were designed with the local Aboriginal community and artists.
Jeni Bindon
Connecting the dots to create supportive environments for active travel and workplaces.

WEI JIANG
Common Ground Community Kitchen.

Improved health behaviours and intentions in secondary school students:
the salsa programme


Population Health Congress 2015
6 - 9 September 2015, Hobart, Tasmania
Dirkis H, Pokhrel R, Kerr E, Varas K, Whelan A.

The Perfect Storm
Creating favourable conditions for change (poster)
• Wen, L. (2015). A bottle-weaning counselling intervention for parents of 12-month old infants reduces bottle use at age 24 months but has no effect on child weight. Evidence-Based Nursing, 18(1), 14-14;


• Xu H, Wen LM, Hardy LL, Rissel C. Associations of outdoor play and screen time with nocturnal sleep duration and pattern among young children. Acta Paediatrica, 2015, DOI:10.1111/apa.13285


• Dawson A, Nkowane M, Whelan AK. Approaches to improving the contribution of nursing and midwifery workforce to increasing universal access to primary health care for vulnerable populations: A systematic review. Human Resources for Health 2015;13:97
