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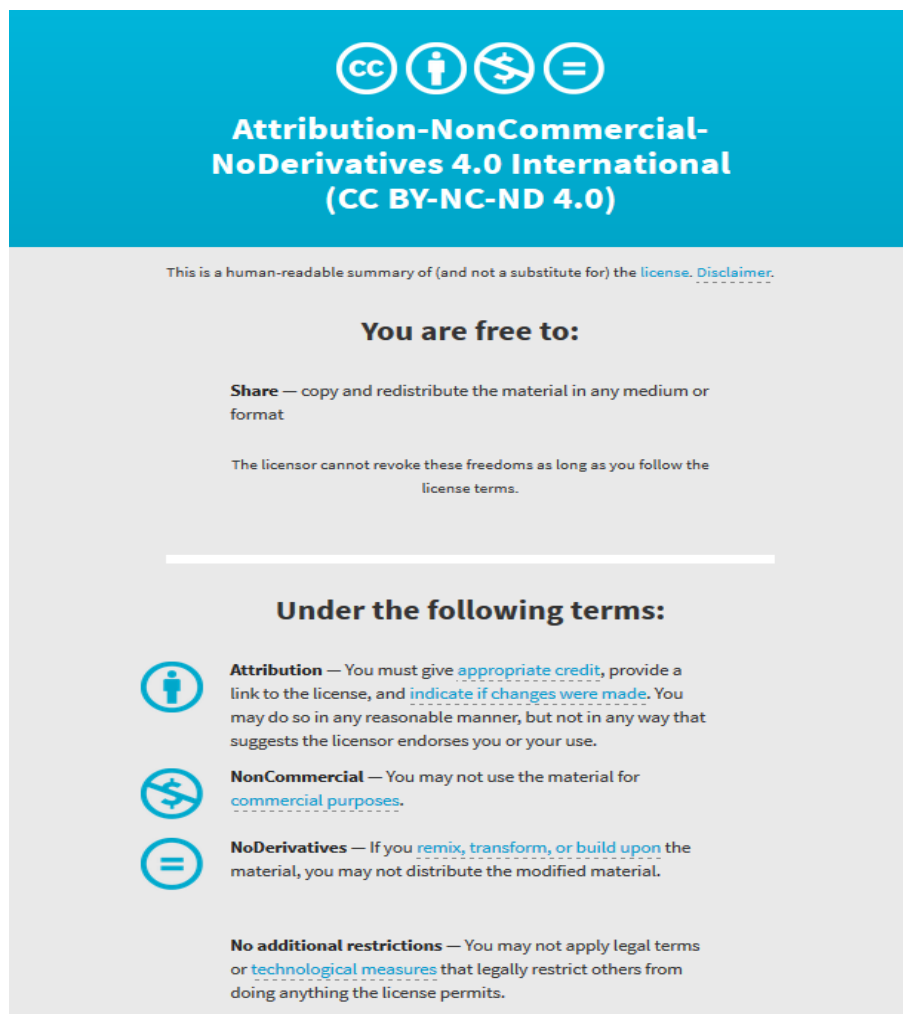
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# Supporting youth wellbeing with a focus on eating well and being active: views from an Aboriginal community deliberative forum

Jackie Street,<sup>1</sup> Heather Cox,<sup>2</sup> Edilene Lopes,<sup>1</sup> Jessie Motlik,<sup>1</sup> Lisa Hanson<sup>1,3</sup>

Poor nutrition and low levels of physical activity are important determinants of the high prevalence of chronic diseases in the Australian Indigenous population.<sup>1</sup> The 2009 Burden of Disease Report<sup>1</sup> indicated that, although tobacco was the leading risk factor for illness in the Aboriginal population, the combined burden due to overlapping factors related to poor nutrition and low physical activity is higher than that for tobacco. Nutrition and physical activity have been described as the 'gap' in 'Closing the Gap' between Indigenous and non-Indigenous populations.<sup>2</sup> Yet most major Australian Aboriginal health policies have focused on other areas.<sup>3</sup> Notably, the National Aboriginal and Torres Strait Islander Nutrition Strategy and Action plan expired in 2010 and was not replaced.

Factors such as: heavily promoted, easily accessible and cheap junk food; poor cooking skills; low health literacy; and expensive fresh food act as barriers for Indigenous and non-Indigenous people alike. However, for Aboriginal and Torres Strait Islander peoples, additional complex factors including insecure housing, poverty, loss of country, loss of culture and ongoing trauma are also major contributors.<sup>4</sup> Choices for appropriate government responses may vary according to circumstances and shared values and therefore it is important to understand community priorities. The Indigenous Research Reform Agenda noted that "the lack of participation of the target populations or beneficiary stakeholders" was

## Abstract

**Objective:** Including and prioritising community voice in policy development means policy is more likely to reflect community values and priorities. This project trialled and evaluated a storyboard approach in a deliberative community forum to engage Australian Aboriginal people in health policy priority setting.

**Methods:** The forum was co-constructed with two Aboriginal community-controlled organisations. A circle storyboard was used to centre Aboriginal community knowledge and values and encourage the group to engage with broader perspectives and evidence. The forum asked a diverse (descriptively representative) group of Aboriginal people in a rural town what governments should do to support the wellbeing of children and youth, particularly to encourage them to eat well and be active.

**Results:** The storyboard provided a tactile device to allow shared stories and identification of community issues. The group identified policies they believed governments should prioritise, including strategies to combat racism and provide local supports and outlets for young people.

**Conclusions:** An informed deliberative storyboard approach offers a novel way of engaging with Aboriginal communities in a culturally appropriate and inclusive manner.

**Implications for public health:** The identification of racism as a major issue of concern in preventing children from living healthy lifestyles highlights the need for policy responses in this area.

**Key words:** Aboriginal, obesity prevention, nutrition, physical activity, community views

a key factor in inadequate progress on health goals for Indigenous populations.<sup>5</sup> The most effective programs supporting positive health behaviours have often been community driven and supported.<sup>3,6</sup>

This project partnered with Aboriginal organisations to collect community views on the most appropriate and effective choices for government action in supporting child wellbeing. We asked a diverse deliberative forum of Aboriginal people to consider and recommend actions to support healthy eating and physical activity for all Australian children,

but with the particular purpose of improving the wellbeing of Aboriginal children.

## Methods

### *Using a storyboard in a deliberative forum*

In our methods, we drew on our understanding of Indigenous ways of doing and deliberative democratic theory to develop a novel method for engaging with a regional Aboriginal community. We used a storyboard<sup>7</sup> in a deliberative day-long forum

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that placed Indigenous knowledge at the centre of the research process. Storyboards are designed to facilitate, through storytelling, sharing of key messages and development of ideas for future action.

Deliberative democratic theory incorporates notions of justice and reciprocity: that is, citizens owe a level of responsibility to other citizens and therefore must justify policies or actions they might collectively support. This resonates with traditional Aboriginal culture where there is “a concerted attempt to reach consensual (even unanimous) decisions”<sup>8(p2)</sup> and where the focus lies in the “extended family and community network not [the] individual”.<sup>9(p28)</sup> Similarly, the concept of Dadirri “listening to one another in reciprocal relationships”, shared by many Indigenous groups in Australia,<sup>10(p53)</sup> corresponds to respectful listening in a diverse group, integral to deliberative democracy tradition. Conversely, a facilitated time-limited process incorporating evidence drawn from Western scientific tradition may sit uncomfortably in Indigenous community forums.<sup>9</sup> Our research, although centred around the storyboard method, incorporated elements of deliberative democratic theory, for example, inclusion of diverse voices and evidence.

In the storyboard developed by the research team, Indigenous knowledge sits at the centre (Figure 1). Participants mapped their strengths and concerns (brown circle – ‘grounded’ in community knowledge), considered views drawn from broader community (red circle), considered evidence of what works in other communities (yellow circle) and potential Government interventions (green circle). In the final ‘blue sky’ circle, participants proposed ways forward. The ‘reflection’ arrow encouraged referral back to core community knowledge.

Figure 1: The storyboard.



An advisory committee and individuals involved in program delivery to Aboriginal communities provided advice on the research methodology.

### Co-constructing the deliberative forum

The methodology for the deliberative forum of 14 people was co-constructed by the research team and two Aboriginal community organisations in regional South Australia (classified as RA4-Remote).<sup>11</sup> The lead organisation recruited through a widely accessed Aboriginal community Facebook page and word of mouth. Recruitment criteria are shown in Table 1. The structured process was designed to minimise the potential for entrenchment of existing differences in community or creation of new disputes and to construct a forum that most Aboriginal people living in community would feel was represented by people they trusted.

The forum was held on a weekday, February 2015, at the lead organisation and moderated by an independent Aboriginal facilitator. Forum proceedings, but not small group work, were audio-recorded. Participants wrote on cards and placed them on the storyboard as issues were discussed. Evidence was provided: i) as written modules in plain language; and ii) in discussion with two Aboriginal and two non-Aboriginal researchers. For further detail, see the Supplementary tables. Refreshments were provided and an honorarium (\$175) was paid.

The storyboard served as a frame for discussing community strengths and concerns with respect to child and youth wellbeing, eating well and being active. Participants engaged with, adopted and critiqued evidence provided, and brainstormed local, state and national actions that governments could take to support the objective. The small groups brought their choices and underlying rationale to the whole forum for discussion. With participants' assistance, the research team grouped actions

Table 1: Recruitment criteria.

Gender: half male: half female
Age: approx. one-third each from age range of 18–34; 35–54 and 55+
Employment: some in paid work, some not in paid work
Representation of people
• living on-country
• off-country but who grew up in community
• off-country but who moved to the community later in life

that were similar. Participants were given five dots that they were invited to place on one or more actions to indicate their priorities. This was followed by discussion about the rationale for their choices. The top six choices were selected, and the participants were given two more dots to choose the top two priorities for government action. These were again discussed in the whole forum.

### Data analysis

Audio recordings were transcribed and analysed using thematic analysis.<sup>12</sup> Using N-Vivo, themes were extracted reflecting participants' views and collective priorities. Separately, the research team mapped the written cards from the storyboard into a diagram that visually described community strengths and concerns with respect to support for wellbeing, healthy eating and physical activity for young people. The priority recommendations, identified in the forum, were then mapped against this diagram (Figure 2).

### Ethics review

Ethics approval was obtained in South Australia from the Human Research Ethics Committees of Aboriginal Health Research Ethics Committee and the Women's and Children's Health Network.

### Findings

Participants (n=14) met pre-decided criteria (Table 1). No participants withdrew before the forum. One participant left mid-morning but returned for the afternoon session. Although we anticipated potential issues with respect to younger and older people participating on equal terms in the forum, all participants were respectful and collaborative in the deliberative process. When asked to evaluate the forum by the independent facilitator, participants indicated that they were very satisfied that the forum represented the various interests of people in the community and that the recommendations captured their priorities.

### Community strengths and barriers for healthy eating and physical activity of children

The forum identified a range of community strengths supporting healthy eating, physical activity and child wellbeing and several barriers that obstructed these outcomes. Strengths related to good home

environments, particularly supportive parents who talked to children about issues faced in daily life:

*She doesn't feel like dinner because of the days she has had so, yeah, we usually sit down and talk about it and she feels good after so I always sit and talk to her and let her get it off her chest.*

Supportive family and friends and good role models and mentors were consistently identified as essential elements to support wellbeing:

*Sometimes you don't have to talk to your children [...] Kids will see how you live your life and walk your life...*

Poor parental mental health, compounded by inadequate external support, was seen to be a major contributor to poor parenting:

*A lot of depression is set into people and they have bad days when they don't want to do nothing, and they can't even attend to their own kids and can't get them to schools because of things where they don't get the support from the community organisations.*

The forum discussed the normalisation of harmful behaviours in some families but also highlighted the historical and current

issues that had led to and supported these behaviours.

One small group describing a litany of health issues in community suggested the impact was such that: "then you lose your motivation and confidence to do sport and other activities".

An older participant commenting on his early life on a mission recalled:

*We used to get a silver tin plate two Weetabix, move to the next table, a tablespoon of sugar and the next one hot water and then powdered milk and that was our breakfast with a tablespoon of sugar on top of it so that wasn't healthy... No wonder I've got diabetes.*

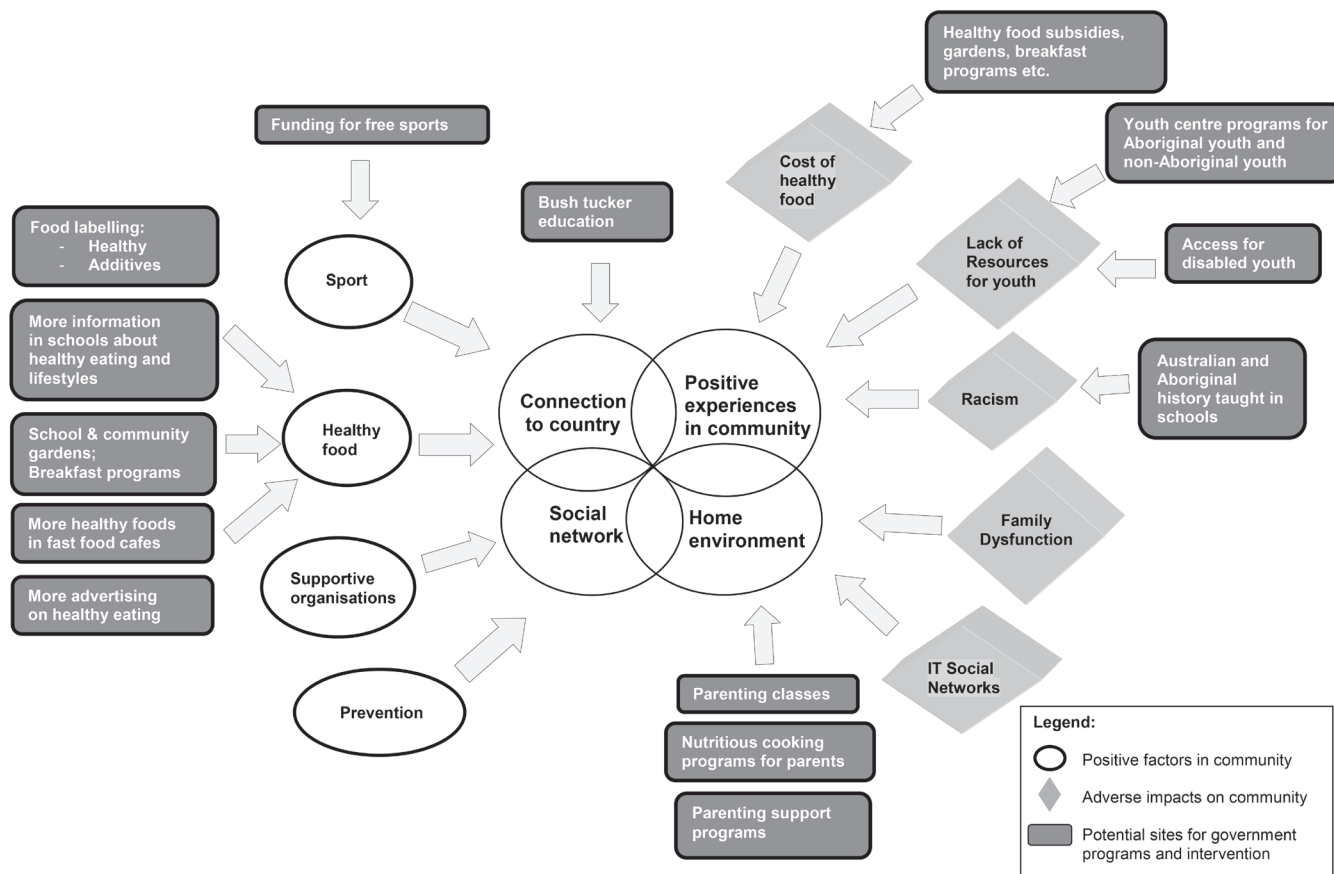
Participants recognised that children needed guidance from mentors and role models outside family:

*And teaching them because - like the young kids to them like - when they come home the parents are drinking and smoking or whatever. To them, 'cause they grow up with it, that's like a normal... They think it's normal whereas they need something to teach them or show them that's not normal. This is how it should be with a safe home and how it should look...*

**Table 2: Priority areas/programs selected by the community forum for government action – likely level of government (first round vote) (second round vote).**

- Australian and Aboriginal history taught in schools to all – state (13) (10)
- Parenting classes and support services for parents – local/state (10) (6)
- Youth centre – local/state (Programs for Aboriginal youth) (8) (4)
- Youth centre/programs for all youth – local/state (Aboriginal and non-Aboriginal) (6) (4)
- More information in schools about healthy eating and lifestyles – state (8) (3)
- Improved access for disabled youth – local/state (6) (1)
- Healthy breakfast programs in schools – local/state (5)
- Cooking and nutrition programs for parents – local/state (3)
- Food labelling – national (3)
- Stricter labelling of additives in food – national (2)
- More advertising on healthy eating – state/national (1)
- Fruit and milk in schools and sport – state (1)
- Bush tucker education – local/state (1)
- Cheaper healthy foods – national (1)
- Funding for free sport – all (1)
- Ongoing funding for school/community gardens – local/state (1)
- More healthy food in fast food places – state/national (0)

**Figure 2: Mapping forum recommendations against community strengths and challenges as identified by the forum**



Without support, some youth had very few good choices:

*... you get some [youth] that take on that role, that responsibility of looking after the younger siblings and they don't have money – they are going to go and steal what they want to provide that to them if their parents are not in a good place and then like when I was working in [youth detention] a lot of them go in there because its three meals a day, it's a bed and there is people in there that care about them, but when they do come back they are going back to the same cycle of helping their family, or they get that stressed and that depressed they just want to get caught to go back there to give them a rest and to get their head back.*

### The lived experience of Aboriginal people

The forum placed the harmful behaviours around eating and physical activity into the context of the modern and historical lived experience of Aboriginal people. In particular, some participants told stories about historical ill-treatment and oppression of Aboriginal people to explain some of the issues faced today:

*I went to [school] in Perth in the 60s and racism was full on and me and my brother we hardly learnt anything cause they used to call me nigger, boong and everything.*

*My uncle [name] before he passed away used to cry sometimes and he used to talk to me about for 18 years he worked as a stockman. He never got one cent. All he was paid was in rations. Right up till the day he died, he cried about it.*

They also related current issues where Aboriginal people feel excluded and ostracised and are subjected to racism. In particular, there was strong opposition to the Basics Card that restricts the spending of welfare recipients:

*I have seen the anguish in people's faces when they go to get something: "Oh we don't accept the Basic card" and the stress we go through [many in the group agreeing] and the shame when you walk away.*

Poverty and the high cost of healthy foods and sports team memberships were also seen as major barriers to keeping children active and eating well.

### Forum recommendations

The forum recommended a slate of government actions that they deemed appropriate at local, state and national levels.

These fell into four categories: addressing racism, supporting parents, supporting youth and increasing health literacy (see Table 2).

#### Addressing racism

Racism was seen as the biggest issue faced by young people that was also amenable to government intervention. Participants suggested school programs addressing Aboriginal culture and history were mostly directed at Aboriginal youth and did not raise awareness among non-Indigenous Australians. They suggested broad school programs would support: "white Australians' understanding of what our forefathers went through and now what we are going through".

Several participants talked about the personal impact of racism on them and their children. One mother described a racist incident directed at her daughter from another schoolchild:

*How it affected my daughter? She came home crying about it and then questioning about her you know cultural and stuff and then she didn't know whether to play with any of non-indigenous ... so, I spoke to that mother ... I said it doesn't matter where it was said it was brought into the school and it affected my daughter so she apologised and everything.*

Others described feeling harassed at local outlets:

*Yesterday I went to Coles and come out and I turned around and the lady was printing out my receipt thinking I was stealing. I went through the self-service and she stopped me and she checked everything.*

Racism also came from within the Aboriginal community:

*I reckon just with the younger kids it doesn't help with their identity too, like especially when you are a blackfella against blackfellas – they get called the coconut or saying they don't identify as a blackfella ... They call them blackfella – you remind your kids you're a blackfella and, yeah, it's just pretty ridiculous really.*

#### Supporting parents

Parenting classes and basic skills classes were seen as one way of working with parents to provide them with skills to support their children. Some participants believed some parents had not had the opportunity to learn necessary skills to be a good parent or even basic skills for daily life. The forum recognised that supporting parents may be the only way to break generational cycles of disadvantage.

Such support was also seen as important for people looking after children who were "not their own". The forum suggested that supporting school attendance and youth programs, which provide safe spaces for children, could help:

*And that is like a big help especially to parents who are like working parents and even single parents like when I was with my daughter, when I was looking after my niece without [youth support organisation] ... I would have had to duck out of work to pick them up and drop them up to my parents or somewhere and you know sometimes you can't always take them there, if they're sick or something.*

#### Supporting youth

Support for youth in terms of healthy eating and physical exercise, and more broadly their overall wellbeing, was viewed as important by the forum. A local long-term Aboriginal-controlled program for primary school-age children was named as a major community strength. The program supports children and families to instil healthy habits in eating and physical activity as well as providing counselling, homework support and transport. However, the program has been constantly under threat through inadequate funding:

*It's a budget-based funded program so it is ongoing funding but the funding hasn't increased for 10 years. So, the price of food and everything has increased, wages have gone up and we are still with the same amount of money from the government to have to provide exactly the same service. We are actually getting up to 50 kids a night, some nights, so we are providing a bigger service ...*

The lack of a similar program for teenagers was seen as a major gap in supporting the wellbeing of Aboriginal youth in the community. Asked about local amenities for youth a participant replied:

*No but there used to be, they had a youth centre down on front beach and they knocked it down and put a block of toilets there.*

Other valuable programs included sport and government-funded training programs, many of which encourage full attendance at school as well as transitions to paid employment. But the participants also saw that 'mainstreaming' of what was originally 'Aboriginal funding' could be a threat, since some felt that these programs did not always answer the needs of Aboriginal youth:

*Aboriginal researcher: So, do the kids use that service, the younger kids?*

Participant A: *Not many. It's mainstream. That's what happened, a lot of the Indigenous-based programs are being mainstreamed, so less people are using them.*

Participant B: *They just filter the money out into other things, they say that it's used for Aboriginal but they took it from that bucket and put into another bucket.*

The forum believed that support for troubled Aboriginal youth was inadequate:

*As soon as they leave [primary-age support group], like as soon as they go to high school, there's nothing. They leave us and after school, nothing.*

*And then they just run amok like the kids that have been to juvie [juvenile detention] and they come back out and they don't really get the support which they should.*

Some participants also felt that sometimes youth programs sent the wrong message to youth in rewarding young people for misbehaving:

*That tumbling program: they only target the kids that are being bad, you know, so the good kids are missing out.*

*And that has been the complaint amongst service providers for at least 20–25 years, you see the good kids go bad to achieve the same as what the other kids are getting.*

The forum identified the school environment as an important setting for government intervention including: healthy canteens, cooking skills, nutrition education, sport, school gardens and breakfast programs. Some participants described the value of hands-on programs as more appropriate and acceptable to some Aboriginal youth.

The presence of a forum participant with a mobility disability meant that support for youth with a disability received attention with recommendations for improved venue access.

### *Increasing health literacy*

There was a strong focus in the forum on improving health literacy. The forum recommended programs that: i) increase understanding of healthy choices; ii) support cooking and shopping skills; and iii) support action through knowledge:

*Well, if I've seen that there was a lot of sugar, if it stood out more and I didn't have to look at every single thing I am buying in like small writing, if it was like really clear on there, I would think twice. I would probably think no I would go look for something else similar to that but less sugar.*

A mainstream program, supporting health literacy, was acclaimed by several participants who expressed disquiet at its removal. Cycling of programs was seen as usual practice, but disturbing and wasteful behaviour by governments.

### **Dissemination of findings**

Findings were reported back to the Aboriginal community in November 2015, to broader local community in February 2016, and to a larger group of interested stakeholders in Adelaide in May 2016. These discussions further underlined the gap between provided mainstream programs and their acceptability to local Aboriginal youth.

### **Discussion**

Circular learning, with learner as teacher and teacher as learner, underpins Indigenous methodologies across many cultures.<sup>13,14</sup> In our research, we used the circle as the basis for dialogue, bringing participants together with an equal right to be heard and to speak, albeit recognising pre-existing cultural protocols. Underpinning our approach was the recognition that co-creation of the process was essential. As one interviewee in McCalman's paper<sup>15(p134)</sup> suggested: "Our mob, when they hear that it's been developed by our own people, that's the only reason why sometimes I think they come along to it ...". This project centred Aboriginal voices throughout the research process and, in using a storyboard and deliberative evidence-informed approach, walked a line between Aboriginal ways of knowing and doing and the broader policy context.

The forum participants clearly described a role for government in assisting communities by drawing on their strengths and closing gaps to support healthy lifestyles and youth wellbeing. Walker and Shepherd<sup>16(p8)</sup> in their treatise on strengthening Aboriginal family functioning indicate a "complex array of environmental, social, economic, cultural and historical factors that contribute to family functioning" and describe how breakdowns in family functioning can result in a "vicious cycle". The forum participants strongly indicated the importance of family in supporting youth wellbeing but also the many issues impacting on Aboriginal families' ability to nurture and support their children. In their recommendations, the forum focused on two areas: i) educational programs across community to increase knowledge of

Aboriginal experience and improve health literacy; and ii) improving services for youth and families.

The forum's identification of racism as a major adverse impact on the lives of Aboriginal people is consistent with previous research.<sup>19</sup> A survey research in an isolated West Australian rural town indicated that Aboriginal people "were significantly more likely to report that they had been physically or emotionally upset by negative racially based treatment in the previous four weeks".<sup>17(p326)</sup> Reports of explicit or covert racism towards Aboriginal youth were reported in Australian school settings.<sup>18</sup> A cross-sectional birth cohort study of Australian youth aged 16–20 years reported that experience of racism was associated with a range of mental health issues.<sup>19</sup>

The forum participants were critical of the way in which Aboriginal history and culture is taught in schools, despite significant portions of the school curriculum (Foundations to Year 10) devoted to these topics.<sup>20</sup> It is unclear as to how far we have progressed since Zubrick et al.<sup>21</sup> wrote "until very recently the teaching of Australian history has continued to perpetuate the myth of 'peaceful settlement'". The forum suggested that Aboriginal people still do not "see themselves, their families, culture, history and experiences reflected in schools".<sup>21</sup> It could be argued that ongoing cultural hegemony safeguards the legitimacy and sovereignty of colonialist ways of seeing the world in Australian education. Mander et al.<sup>18(p314)</sup> describe "the lack of Indigenous agency in shaping teacher training programs and in everyday use of exclusionary Western centric discourse to describe and evaluate the success or failure of Aboriginal students at school". In this example of institutional racism,<sup>22</sup> Aboriginal students failing at school can be attributed to their 'Aboriginality' rather than a system that excludes them.

The forum recognised the impact of social determinants on health and the need for multiple upstream initiatives to address these. These included the impact of historical separation of families, ill-treatment of Aboriginal people and the ongoing destructive effect of gambling, alcohol abuse and domestic violence in their community. The support services recommended by the forum would provide upstream action. The forum also strongly suggested that mainstream support services often fail to recognise the nuances of circumstance in the Aboriginal community and therefore may

not deliver significant improvements in the overall wellbeing of Aboriginal families.

The approach described in our research permitted the consideration of a broad range of evidence filtered through the experience and perspectives of community, but it also gave the community a voice and an opportunity to potentially influence policy.<sup>23</sup> This allowed those issues most important to community to surface. A policy advisor asked to devise a policy response to support healthy eating and physical activity for Aboriginal children might not immediately consider the seemingly distal social determinant of racism or the need for community programs for youth.

This project prioritised Indigenous ways of doing and knowing, grounding the research in community knowledge, but it also incorporated elements of Western research methodologies and was led by a non-Indigenous researcher. This raises a number of conflicts. As the report from the Footprints in Time Report suggests: "The question of who participates in research on Indigenous issues is neither simple nor straightforward. Indigenous peoples' understandings of selves, families and communities are in stark contrast to Anglo-Australian ones."<sup>24(p9)</sup> A forum of only 14 people, even where the participants were chosen to represent the interests of the broader community, is problematic. Ideally engagement would be much broader. The research team attempted to address this issue in two feedback meetings, one with Aboriginal community alone and the second including relevant non-Indigenous stakeholders. Community members were also present at the dissemination event held in Adelaide, May 2016. We note that there appeared to be general acceptance of the findings in the community, which may reflect both the structured co-construction of the forum with local Aboriginal community organisations and the deliberative community-grounded process.

## Conclusion

This project demonstrates the value of co-production of research that explores the complex factors impacting on the health of an Aboriginal community. The participants in the project proposed ideas aimed at 'closing the gap' from a broad focus on social determinants of health. The first priority chosen by the community for government intervention, namely strategies to address

racism, is an area that has garnered relatively little attention in policy and programs. This research is a potentially valuable development in the area of research methods for use in the contested space between Indigenous and Western ways of doing and seeing the world. Grounding the research in community knowledge and focusing on the strengths in community, the research method could provide a mechanism for shared decision-making in policy and program development.

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## Supporting Information

Additional supporting information may be found in the online version of this article:

**Supplementary Table 1:** Evidence base for information provided to HealthyViews Community Forum.

**Supplementary Table 2:** Community Forum – Program and Jury Charge.