FIGURE 1. WIKIPEDIA. (2018). BUSHFOOD. HTTPS://SIMPLE.WIKIPEDIA.ORG/WIKI/BUSHFOOD

HIP302

HEALTHY COMMUNITIES

ASSESSMENT 2

Health promotion funding planning proposal

ABSTRACT

"As Healthy as Bush Tucker" – A Health Promotion and Community Development Initiative

Shairin Farrell
Student ID. 11609950

Contents

"As Healthy as Bush Tucker" – A Health Promotion and Community Development Initiative

Project Summary

Wellington Public School is located in Western NSW, Australia. Health data over the past decade has indicated that the population of Australia and specifically this are is greater than the national average at at worrying levels. To address the food choice and nutritional recognition of the benefit of healthy food and to increase this community's interest in, knowledge of and community capacity through participation and skills the project "As Healthy as Bush Tucker" has been created.

This project combines preliminary School newsletter articles with nutritional awareness and comparison of Traditional Bush Tucker with contemporarily available healthy food options. This culminates in a food demonstration at the school with parents and grandparents encouraged to attend and participate. The demonstration will be conducted by a Government sponsored Aboriginal and Torres Strait Islander Bush Tucker education group during NAIDOC week. These initiatives will be reinforced by the implementation of external existing curriculum resources, tailored to the Wiradjuri Nation and delivered by teachers, school staff and regional Aboriginal and Torres Strait Islander groups.

Identification of the Health Issue

Community Profile

Demographic

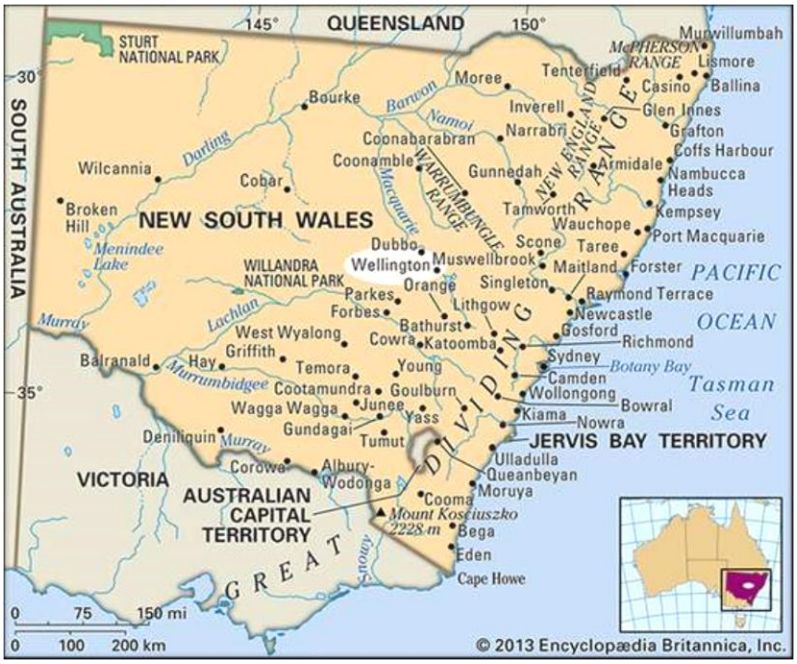


FIGURE 2 COMMUNITY LOCATION MAP (ENCYCLOPEDIA BRITANNICA, 2019).

The population of the Wellington, New South Wales, Australia local government district is 8493 (Encyclopedia Britannica, 2019), and the township itself has 4077, whom are predominantly Australian born (82.4%), with a representation of 27.8% identifying as Aboriginal or Torres Strait Islander people, and a fairly equal gender distribution of 48% male and 52% female (Australian Bureau of Statistics, 2019). The even spread of family structures between single and dual parent families is noteworthy [Appendix 1. Figure 1]. The median age is 44 and a quarter of the population is under 19 years of age [Appendix 1. Figure 2] (ABS, 2019).

Socioeconomic Indicators

Christianity is the stated religion of 76.5% of the population, 58.1% report home ownership and 36.7% of the population are living in rental accommodation [Appendix 1. Figure 4.] (ABS, 2019).

Wellington belongs to the Dubbo Regional Council and has been assessed using the 'Relative Disadvantage' Socio Economic indexes for Areas (SEIFA) as being in the mid-range of advantage for the areas with SEIFA indexing (Dubbo Regional Council, 2019).

Data shows that 39% of household weekly incomes are less than $650 gross compared to the state average of 19.7%) and 13.8% of the population are unemployment [Appendix 1. Figure 3.] (ABS, 2019). 35.4% of the 15 years and over population of Wellington listed their Highest

Education level attained as year 10 or below (ABS, 2019). Even accounting for those still in year levels nine and ten, this is a highly uneducated demographic.

Wellington has taxi and bus services and a train linking to Sydney Highway and there are three primary schools in Wellington (Highway West Town Sites, n.d.). Wellington Public School is the location of this Health Promotion and Community Development program. 22.9% of Wellington residents were attending primary school according to the 2016 census data (ABS, 2019).

Geographical and Historical context

This part of Australia is home to the Wiradjuri Nation of First People (Western NSW Local Health District & Western NSW Medicare Local, 2013).

Wellington covers an area of 4110 sq. kilometres, within Western New South Wales (WNSW LHD & ML, 2013). The nearest town centre is Dubbo (WNSW LHD & ML, 2013).

Figure 3. View Burrendong Botanic Garden and Arboretum. (West Town Sites, n.d.). http://www.wellington-nsw.com/BurrendongBotanicGarden.html

European explorer John Oxley defined the area of Wellington while camping here in 1817 and naming it for the Duke of Wellington (Encyclopedia Britannica, 2019). Wellington was then a convict settlement for 7 years and became a town in 1946 (Encyclopedia Britannica, 2019). The region is primarily an agricultural area, producing livestock, fruits, vegetables and cereals (Encyclopedia Britannica, 2019).

Power Structures

Wellington Public School, the NSW Department of Education, Government policy are power structures that will absolutely determine the functionality of this "As healthy as Bush Food" Initiative. The vertical and horizontal community connections will include Parents groups, Teachers, students, sub-sets of social groups and perhaps more.

At least two Aboriginal and Torres Strait Islander community organisations service the Wellington area including Wellington Aboriginal Community Health Care Services (WACHS, 2018) and Wiradjuri Nation, Bila Muuji Aboriginal Health Services Wellington (NSW Government, n.d.).

Communication systems

Low access to internet, 35.8% did not have access from dwelling (ABS, 2019), will increase relevence of printed material and community engaged learning.

Literature Review

Obesity

Obesity is a major problem in Australia where quick access to store bought unhealthy foods, and a modern lifestyle of reduced activity and increased screen time (Australian Institute of Health and Welfare, 2018). Obesity increases chance of developing non communicable diseases (NCDs), the chronic conditions including some cancers, cardiovascular disease, skeletal and muscular pain, osteoarthritis, diabetes, renal disease and others (AIHW, 2018). These illnesses resulting from obesity also cost the Australian Economy, with an estimated direct cost figure of $3.8billion dollars in 2011-2012 (AIHW, 2018).

An unhealthy diet and lack of physical activity are common risk factors responsible for most NCDs and these are the leading cause of deaths worldwide (WHO, 2009). Poor nutrition contributes to overweight and obesity (Australian Indigenous HealthInfoNet, 2018).

The Australian Institute of Health and Welfare suggest that increased data collection regarding population body weight and waist circumference regularly and strategically will show which interventions are working and where (AIHW, 2018). Research into the epigenetic and genetics that contribute to obesity and the nature of the interplay of environmental and behavioural determinants will also assist addressing this health risk factor (AIHW, 2018).

Unemployment, low income and level of education are indicators of low socio-economic status which is strongly linked to poor health outcomes and shorter life expectancy (Australian Government Department of the Prime Minister and Cabinet, 2014). Income

limitations directly affect access to food (Australian Government Department of the Prime Minister and Cabinet, 2014).

Aboriginal and Torres Strait Islanders proportionately fall into lower income categories, not only due to unemployment but also geographical remoteness and disparate wages for full time workers (Australian Government Department of the Prime Minister and Cabinet, 2014).

Aboriginal and Torres Strait Islander Obesity and Nutrition

Aboriginal and Torres Strait Islander people have disproportionate rates of health problems (Jirowong & Liamputtong, 2009), with dietary factors being a substantial risk factor for NCDs including type 2 diabetes, some cancers, cardiovascular disease, chronic renal disease, (Australian Indigenous HealthInfoNet, 2018), and a direct cause of obesity which is itself a risk factor for NCD's and early mortality (WHO, 2009).

A group of NSW children aged 5-16 years were studied from 1997-2010 and obesity increased in the Aboriginal cohort more rapidly than in the non-Aboriginal group (Australian Indigenous HealthInfoNet, 2018). Major risk factors reported in this study were skipping breakfast, long screen times and soft drink consumption (Australian Indigenous HealthInfoNet, 2018).

Aboriginal and Torres Strait Islander people are: overweight, not meeting nutritional guidelines, have a high sugar intake and experience food insecurity (Australian Indigenous HealthInfoNet, 2018). The challenges to intake of fruits and vegetables for Aboriginal and Torres Strait Islander children have been identified as taste, affordability, availability, transport, lack of preparation and storage facilities, accessibility and remoteness (Australian Indigenous HealthInfoNet, 2018).

Only 8% of Indigenous Australians consumed the recommended vegetable intake (ABS, 2015). Many Australians obtain calories through discretionary foods, consumption proportions are seen to be slightly higher for Indigenous Australians with total daily energy 41% compared to 35% of Non-Indigenous respondents, as seen in Figure 4 below (ABS, 2015).

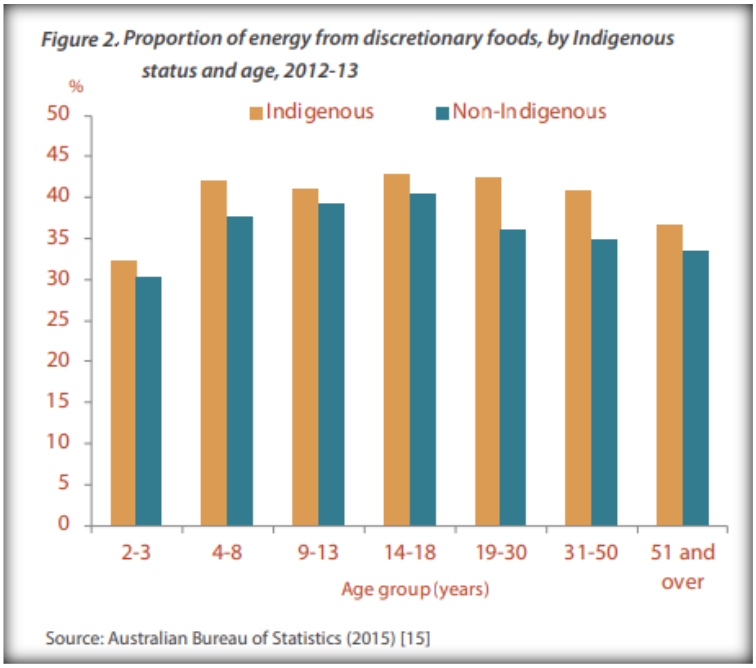


FIGURE 4 DISCRETIONARY FOOD INTAKE (AUSTRALIAN INDIGENOUS HEALTHINFONET, 2018).

Malnutrition whether undernutrition or overnutrition with nutrient deficient, discretionary foods (Australian Indigenous HealthInfoNet, 2018), is not singularly an Indigenous Australian or indeed low socio-economic issue although these do contribute to increased challenges (Australian Indigenous HealthInfoNet, 2018; Australian Government Department of the Prime Minister and Cabinet, 2014).

A Canadian research paper outlined challenges to addressing obesity that occur in Aboriginal peoples of Canada and they echo the challenges faced here (Ferris, 2011). Materials and messages addressing Obesity prevention are repetitive and basic (Ferris, 2011). A culturally competent approach is needed that is created by partnerships between community groups and health services to mitigate the gravity and number of social determinants that are factors in health (Ferris, 2011).

Survey findings and the consensus among the many Aboriginal people involved in and consulted for the development of the "Let's Be Healthy Together: Preventing Childhood Obesity in Ontario's Aboriginal Communities" resources, agreed that the solutions to obesity in their communities required delivery by Aboriginal people, targeting parents preconception and the systemic social determinants of poverty and trauma, inclusion and promotion of

traditional knowledge, as the good health and survival of first nations people is evident in the historical record (Ferris, 2011).

Identified Intervention Strategies

To address obesity in children, The Australian Department of health - clinical practise guidelines, list BMI chart monitoring, promoting physical activity, aiming for weight maintenance not loss, encouraging reduced sitting and or screen time and professional referral if necessary Australian department of Health (2013). Also promoting dietary modification and teaching healthy behaviours to families is the way to treat childhood obesity (Australian Department of Health, 2013).

Implementing nutritional education and promotion in schools that improve food and health literacy and skill development for Aboriginal and Torres Strait Islander people is a recognised strategy for improving nutritional status and therefore improving health outcomes (Australian Indigenous HealthInfoNet, 2018),

School based nutrition interventions show positive psychosocial and behavioural outcomes improve knowledge and attitudes while also producing favourable clinical outcomes (WHO, 2009). Based on the evidence School-based interventions require a curriculum component, trained teachers delivering physical activity and diet education and ensure parental involvement, programs of physical activity and a supportive environment (WHO, 2009). Effective interventions which are comprehensive and multicomponent in schools profoundly influence the lives of children (WHO, 2009).

Successful nutrition programs are community based, use a multi-strategy approach, often occur in schools, involve community organisations and local food production (Australian Indigenous HealthInfoNet, 2018). Nutritional education alone will not address food security or individual's dietary intake the socioeconomic determinants also need to be factored in (Australian Indigenous HealthInfoNet, 2018). Combining nutritional information with other strategies such as cooking programs, peer education, budgeting advice, group participation programs and a supported, resourced and qualified Aboriginal and Torres Strait Islander Nutrition professionals is essential (Australian Indigenous HealthInfoNet, 2018). Nutrition focussed programs like all health programs are more successful with community involvement,

collaboration and confidence building among Aboriginal and non-Aboriginal providers (Australian Indigenous HealthInfoNet, 2018).

Bush Tucker Highly Nutritious and Relatable

Promotion of Aboriginal culture is known to support Aboriginal identity, spirituality and connection to country (NSW Government, 2018). Prior to colonisation Indigenous Australians had an excellent diet, rich in fibre and nutrient dense foods with low in calories fresh and organic whole foods (Australian Indigenous HealthInfoNet, 2018).

Traditionally Indigenous Australians ate a wide variety of plant foods including tuberous roots, legumes, seeds, fruits, berries, nuts, nectars, flowers, gums and lerp (Australian Indigenous HealthInfoNet, 2018). These Bush Tucker or wild foods tend to have better nutritional profiles than contemporary cultivated forms (Australian Indigenous HealthInfoNet, 2018). Rich in phytonutrients, fibre, slow release complex carbohydrates, low in sugar, naturally antioxidant and anti-inflammatory (Australian Indigenous HealthInfoNet, 2018), low in saturated fat, high in long chain polyunsaturated fatty acids, low salt and high in minerals, as seen in Figure 5., this diet would have been protective against the NCDs that we see in the Australian population today (O'Dea, 1991).

Table 2. Comparison of hunter-gatherer and contemporary Aboriginal and Torres Strait Islander diet

	Hunter–gatherer life	Contemporary life
Energy intake	Adequate	Excessive
Energy density of the diet	Low	High
Nutrient density of the diet	High	Low
Physical activity level	High	Low
Protein content of diet	High	Low-moderate
Animal food intake	High	Moderate
Plant food intake	Moderate	Low
Carbohydrate intake	Moderate (slowly digested)	High (rapidly digested)
Complex carbohydrate intake	Moderate	Moderate
Sugars	Low	High
Dietary fibre	High	Low
Fat	Low	High
Saturated fat	Low	High
Alcohol	Not available	Available
Sodium: potassium ratio	Low	High

FIGURE 5 COMPARISON OF HUNTER-GATHERER AND CONTEMPORARY ABORIGINAL AND TORRES STRAIT ISLANDER DIET (AUSTRALIAN INDIGENOUS HEALTHINFONET, 2018).

Marang Dhali – Eating Well is a practical nutrition and cooking program previously provided to target groups of Elders, men's groups, young mothers and teenagers, which is delivered by Aboriginal facilitators and coordinated by Health Promotion officers from Population Health (NSW Government, n.d.). Developed in response to food security issues in and being delivered by the Western NSW local health district and Aboriginal Health Workers this government sponsored program provides $600 catering to provide a Bush Tucker cooking demonstration with participant packs to take home (NSW Government, n.d.).

Some excellent examples of teaching resources for Primary School children with a focus on Traditional Indigenous Australian Bush Tucker or Wild Foods are listed in Appendix 2 – Existing curriculum resources. The Inala Indigenous Health Service - Healthy Jarjums Resource recommends having local Guest Speaker and taste testing of bush tucker (Queensland Government QLD Health, 2013).

Obesity and Nutritional Status of School aged children in Wellington NSW

Wellington as a community of Western NSW, Australia is known to have high rates of obesity (NSW Department of Education, 2019). Obesity in the population of Western NSW including Wellington is above the state average and National average and contributes significantly to health care costs and is second only to smoking as a cause of disparity between Indigenous and Non-Indigenous people's health outcomes (WNSW LHD & ML, 2013). Implementation of the *NSW Healthy School Canteen Strategy* throughout NSW Public schools has transitioned availability of healthy foods in primary schools (NSW Department of Education, 2019).

Community Assessment

Identified Needs if the Wellington NSW Community

Felt Need	
Service Demand	General Practitioners are accessed more than Practice Nurses in Western NSW (WNSW LHD & ML, 2013). Indigenous people accessed hospital emergency departments twice as frequently as nonindigenous people (WNSW LHD & ML, 2013).
Normative Need	Addressing Obesity in the Wellington Population (WNSW LHD & ML, 2013). Improving Nutritional Status of Children and Families (Australian Indigenous HealthInfoNet, 2018). Cultural appropriateness of care (WNSW LHD & ML, 2013).
Comparative Need	Limited access to dietician. One dietitian in Wellington (West Town Sites, n.d.). Food Security (Australian Indigenous HealthInfoNet, 2018).

Strengths

Human	
Social	Wellington Aboriginal Corporation Health Service (WACHS) – Primary Health Care Service with a Dietician available (WACHS, 2018). Wiradjuri Nation. Bila Muuji Aboriginal Health Services Wellington (NSW Government, n.d.). A Health promoting school (WHO, 2019[2]), – Wellington Public School
Physical	Wellington Health Service Hospital Rural location
Financial	WACHS $19,267,011 annual grant income (WACHS, 2018). Wellington Public School budget
Environmental	Wellington limestone caves and Burrendong Dam/ Lake (Encyclopedia Britannica, 2019). Burrendong Botanic Garden and Arboretum - a horticultural attraction boasting 50 000 Australian plants and tree species (Highway West Town Sites, n.d.). The Mount Arthur Reserve - covers 1300 ha of bushland (Highway West Town Sites, n.d.).

Project planning

Children in the Wellington NSW community have higher than the state average leves of obesity. Obesity is a risk factor for many NCDs including cardiovascular disease, diabetes type 2, osteoarthritis, asthma and premature death. A multifactorial approach is needed to improve the situation. Increasing activity, reducing screen time and a healthier diet are the modifiable factors that can reduce or maintain a healthy weight. Any successful nutritional intervention, especially in a community with 27% of the population identifying as Aboriginal or Torres Strait Islander people needs to be culturally sensitive and relevant.

School based programs that work have curriculum components, collaboration with educated and skilled professionals and community engagement, that is families and children participating in skills development and hands on learning.

This "As Healthy as Bush Tucker" project brings a government sponsored Aboriginal and Torres Strait Islander Bush Tucker education team to the Wellington State Primary School on a lunch break during NAIDOC week to provide a cooking demonstration to the children with parents and grandparents invited to attend. The Nutritional benefits of Traditional Bush Tucker foods and comparison to similar contemporary items such as sweet potatoes, oats, whole grains, generally fruits and vegetables will be addressed in one to five Wellington Public School Newsletters leading up to the event. Existing curriculum resources from other schools and states can be implemented by teachers with an emphasis on local knowledge gained through collaboration with WACHS, Wiradjuri Nation, Bila Muuji Aboriginal Health Services Wellington, the Marang Dhali – Eating Well team and their qualified experience.

Phase 1 – Social Assessment

- Western NSW, including the town and community of Wellington has high rates of Obesity in adults and children.
- Obesity is a major risk factor for many chronic diseases and is also a factor in the disparity of health markers and longevity between Indigenous and nonindigenous populations is Australia
- Health care related to obesity costs the government billions per annuum

- Wellington has 27% Indigenous Australian population which is an area to address with cultural competence and sensitivity while it also provides an opportunity to look at nutritious foods a different way and bring cultural identity and empowerment.

Phase 2 – Epidemiological, behavioural and environmental assessment

- Access to store bought discretionary foods
-

Phase 3 – Educational and ecological assessment

Predisposing	- Identification with Aboriginal and Torres Strait Island culture may enhance or inhibit the social norms and effectiveness of this project - Wellington Public school is a health promoting school and this initiative builds on Nutrition and Obesity reduction strategies already in place
Enabling	- Agricultural district with connection to Nature and - Access to healthy food options in the community
Reinforcing	- Cultural integrity - Enhanced community capacity, education and skills for healthy choices

Phase 4 – Identification of Project Aim and Objectives

Aim:

This project aims to reduce levels of obesity in primary school children in Wellington State School by 10% between June 2019 and June 2020.

Objectives:

- In July to coincide with NAIDOC Week a professional Indigenous bush foods presenter will conduct a lunch time cooking and educational demonstration at the Wellington State School with Parents, Grandparents and family, encouraged to attend.
- June to November 2019 Teachers at Wellington Public School will implement curriculum aspects derived from existing literature, to continue student education and community capacity.

- Between June 2019 and August 2019 students of Wellington Primary School will be delivered weekly, via the school newsletter, healthy diet information with a correlation between the nutritionally dense, traditional Bush foods of Australia and foods accessible today.

Phase 5 -Intervention Alignment, Administrative and Policy Assessment

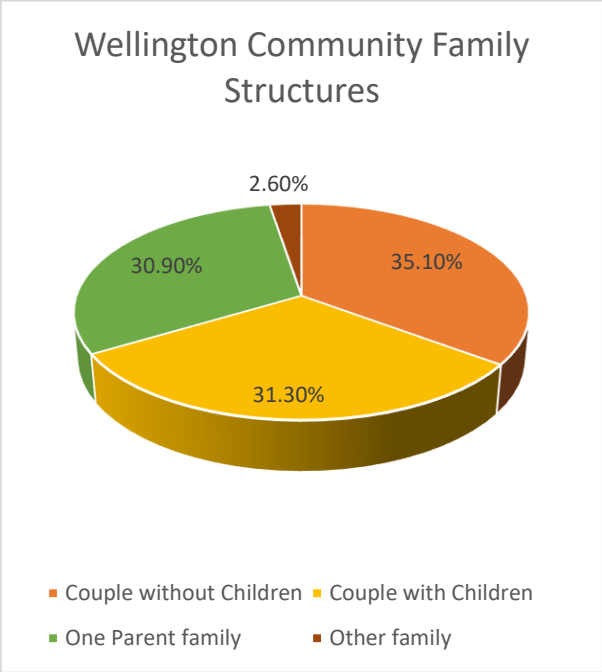
- School newsletter articles 1. Nutritional bush foods. Indigenous Australians had a fantastic diet that was full of all the good things. Fibre, Low GI whole grains, fresh, organic,
- Today we can find foods very similar to those Sweet pototes a relative of Yams Australias very healthy/ highly nutritious wild foods
- A back up strategy if Marang Dhali – Eating Well is not available, the Sydney based company "Koori Kinections" does school-based incursions of Bushfood cooking classes (Koori Kinections, 2012). Prices start at $3 per head, they run programs over Naidoc Week and the company is 100% Aboriginal owned and run (Koori Kinections, 2012).
- To address learning gaps, present in School Staff personnel I will provide access to resources from other Schools that reference curriculum key objectives, learning materials and strategies.

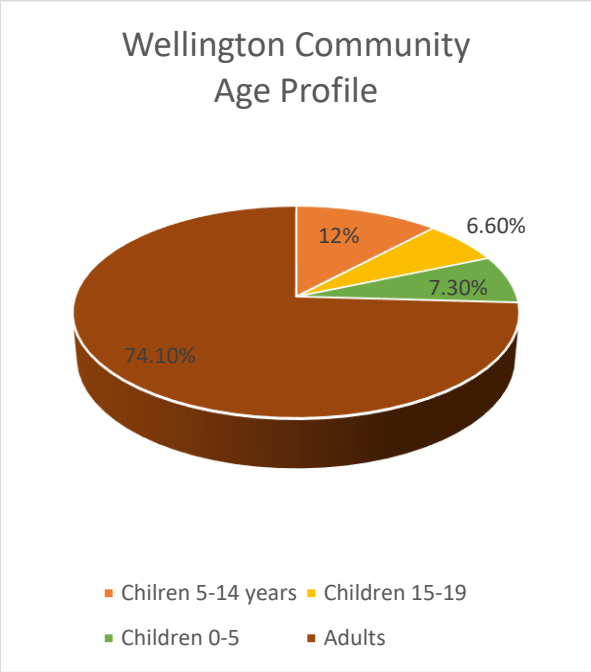
Project Budget		
Resource Details	In Kind	Required Funding
Catering by Marang Dhali - Government Funded	$ 600.00	
Marketing provided by Wellington Public School	$ 50.00	
Printing provided by Wellington Public School	$ 200.00	
Wages (Average Naturopath Salary Brisbane - $25/hour)		
Food Demonstration Day 10 hours preparation and attendance		$ 250.00
Preparation of Newsletter articles 20 hours		$ 500.00
Cooking and cleaning facilities provided by Wellington Public School	$ 300.00	
Total Funding Requested:		$ 750.00

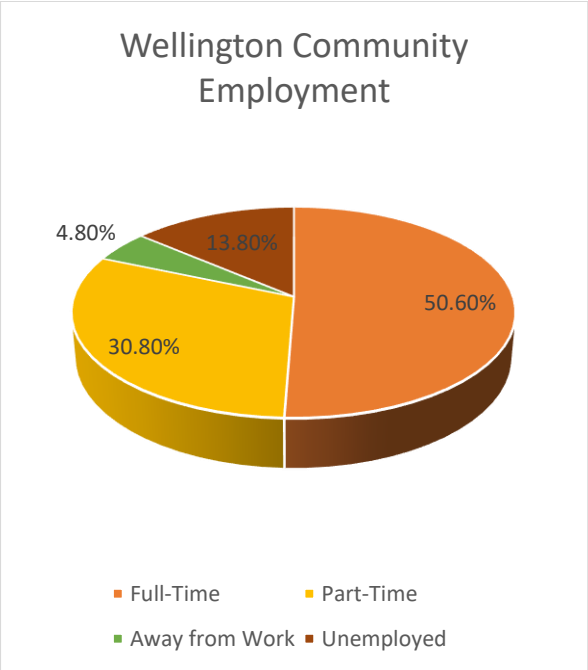
Leadership role

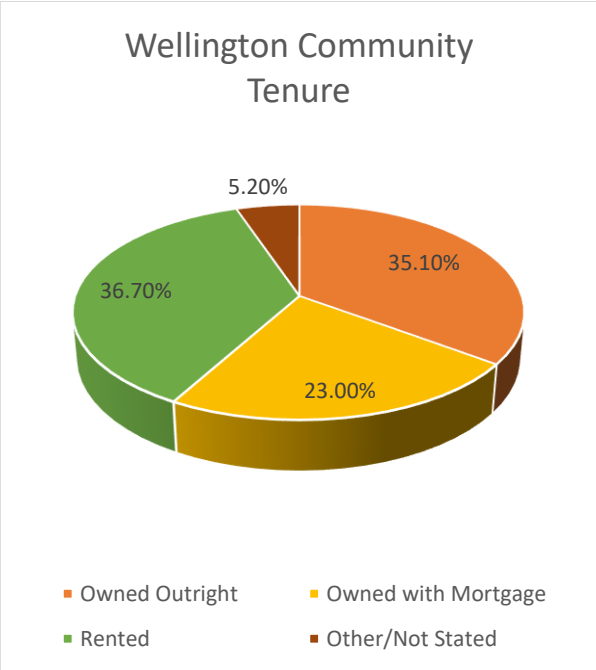
- As a Naturopath and with my Rural Background and a firm foundation in Indigenous health care and cultural competence and health sociology and community health gained during health science degree with CSU, I can provide the necessary scientific knowledge and evidence-based skills to lead this project.
- As Project Leader the ability to influence, which is hampered by my lack of local residency, Aboriginality, School Employment role and Institutional backing is mitigated to some extent, by my qualifications in Naturopathy and Health Science Complementary Medicine. Naturopaths are known to hold Traditional Knowledge in high regard, to consider human health holistically and hold reverence for nature, spirituality and connection to the environment.
- As the Wellington Public School Staff and the Marang Dhali Indigenous food demonstration team are highly trained, skilled and qualified, my role as project leader will involve minimal mentoring or supervising. I will provide access to existing curriculum resources to improve school staff capacity and to maintain the impetus of the program over a longer time period. My role will substantially entail liaison, networking and assistance to ensure that all stakeholders receive benefit and support in implementing this project and collaborating effectively and efficiently on the day of the event and pre and post cooking demonstration.
- I will leave maintenance of the sustaining and ongoing literature and curriculum implementation to a Project leader, most likely a School staff member after the cooking demonstration. This will ensure that community capacity building is left to community champions and autonomy of the community and empowerment of the primary and secondary targets is successfully achieved.

Appendix 1 – Demographics









Appendix 2 - Existing curriculum resources

- The Grafton Public School publication Bush food for kids (Pangallo, n.d.), which includes NSW curriculum specific objectives and a workbook for the children.
- Inala Indigenous Health Service - Healthy Jarjums Resources – Lesson 3 especially (Queensland Government QLD Health, 2013).

Appendix 3 – Newsletter outline and draft copy

- All of our ancestors ate wild foods before supermarkets and agriculture/ farming that we know and use today.
- Bush Tucker like honey – a sometimes food (red light), Yams/ root vegetables and grains, animals, nuts, seeds, berries, fruits, fish, seafood, insects, leafy vegetables, vines, and their comparable food items available in supermarkets and markets today.
- Weekly Comparison tables of the nutritional value of the bush tucker example and the contemporary and available like items.
- Also borrowed elements from the knowledge of Bush Tucker promotion groups, local knowledge and existing curriculum resources.

Appendix 4 – Reference List:

Australian Bureau of Statistics. (2019). 2016 Census QuickStats: Wellington (NSW). Retrieved on June 2nd 2019 from, https://quickstats.censusdata.abs.gov.au/census_services/getproduct/census/2016/quickstat/SSC14221

ABS. (2015). 4727.0.55.005 - Australian Aboriginal and Torres Strait Islander Health Survey: Nutrition Results - Food and Nutrients, 2012-13: Key Findings. Retrieved on June 6th, 2019 from, https://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4727.0.55.005Main+Features12012-13?OpenDocument

Australian Department of Health. (2013). Clinical Practice Guidelines for the Management of Overweight and Obesity in Adults, Adolescents and Children in Australia. Retrieved on June 1st from, https://www.health.gov.au/internet/main/publishing.nsf/Content/obesityguidelines-index.htm

Australian Government Department of the Prime Minister and Cabinet. (2014). Aboriginal and Torres Strait Islander Health Performance Framework 2014 Report. Accessed on June 6th, 2019 from https://www.pmc.gov.au/sites/default/files/publications/indigenous/Health-Performance-Framework-2014/tier-2-determinants-health/208-income.html

Australian Indigenous HealthInfoNet. (2018). Review of nutrition among Aboriginal and Torres Strait Islander people. Retrieved on June 6th, 2019 from, https://healthinfonet.ecu.edu.au/healthinfonet/getContent.php?linkid=572796&title=Review+of+nutrition+among+Aboriginal+and+Torres+Strait+Islander+people:

Australian Institute of Health and Welfare. (2018). Australia's health 2018. Australia's health series no. 16. Accessed on 8th June, 2019 from, https://www.aihw.gov.au/getmedia/4b395076-f554-4818-9150-64ffe2fc3039/aihw-aus-221-chapter-4-10.pdf.aspx

Dubbo Regional Council. (2019). Dubbo Region: SEIFA. Retrieved on 3rd June, 2019 from, https://www.communityprofile.com.au/dubboregionalcouncil/wellbeing/seifa#!seifabar;i=0

Ferris, M. (2011). Preventing Obesity in Canada's Aboriginal Children: Not Just a Matter of Eating Right and Getting Active. *The International Indigenous Policy Journal, 2(1)*. DOI: 10.18584/iipj.2011.2.1.2

Highway West Town Sites. (n.d.). Wellington Town & Around Web Site. Retrieved on June 4th 2019 from, http://www.wellington-nsw.com/Wellington_Community.html

Jirowong, S. & Liamputtong, P. (Eds.). (2009). *Population Health, Communities and Health Promotion*. South Melbourne: Oxford University Press.

Koori Kinections. (2012). Aboriginal Cultural Education and Tours. Retrieved on June 5th from, https://www.koorikinnections.com/

Murray, L. (2019). Wellington New South Wales, Australia. Encyclopaedia Britannica. Retrieved on June3rd 2019 from, https://www.britannica.com/place/Wellington-New-South-Wales

NSW Government. (2018). Aboriginal education and communities. Language, culture and communities. Retrieved on 6th June 2019, from, https://education.nsw.gov.au/teaching-and-learning/aec/language-culture-and-communities

NSW Department of Education. (2019). Healthy kids eat well, get active. Retrieved on May 20th, 2019 from, https://www.healthykids.nsw.gov.au/default.aspx

O'Dea. K. (1991). Traditional diet and food preferences of Australian aboriginal hunter-gatherers. *Philosophical Transactions of the Royal Society, 29(334)*, 233-40. DOI:10.1098/rstb.1991.0112

Pangallo, N. (n.d.). Bush Food for Kids. Grafton Public School. Retrieved on June 6th from, https://www.graftonpublicschool.com.au/Libweb/Aboriginal%20Units/Bush%20Garden/bush_foods_for_kids.pdf

Queensland Government QLD Health. (2013). Inala Indigenous Health Service - Healthy Jarjums Resources. Retrieved on June 6th, 2019 from, https://www.health.qld.gov.au/iihs/html/healthy-jarjums

Wellington Aboriginal Corporation Health Service. (2018). Annual Report 2018. Accessed on June 6th, 2019 from, www.wachs.net.au/_literature_245774/Annual_Report_2018

Western NSW Local Health District & Western NSW Medicare Local. Western NSW Health Needs Assessment 2013. Dubbo: WNSW LHD & ML; 2013. https://wnswlhd.health.nsw.gov.au/Downloads/Publications%20and%20Reports/WNSWLHD_Health_Needs_Assessment.pdf

World Health Organisation. (2009). Interventions on diet and physical activity: what works: summary report. Retrieved on June 1st 2019 from, https://apps.who.int/iris/bitstream/handle/10665/44140/9789241598248_eng.pdf;jsessionid=7F6B0B98256DB634E1C35F530A01B7B5?sequence=1

WHO[2]. (2019). School and youth health: What is a health promoting school. Retrieved on June 7th, 2019 from, https://www.who.int/school_youth_health/gshi/hps/en/