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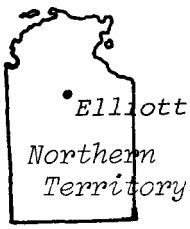
ACROSS AUSTRALIA.....

FROM TEACHER TO TEACHER



ELLIOTT HEALTH PROGRAM

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Elliott is a small township in the Northern Territory situated on the Stuart Highway 260 kilometres north of Tennant Creek and 415 kilometres south of Katherine. It is on a flat tableland in a generally arid region. The town clusters around a police station, post office and store, clinic, school, supermarket, hotel, roadhouse and three petrol stations. The local church is the Australian Inland Mission.

About 50 non-Aboriginal people live in the town. Most of these are employed by government departments. While some Aboriginal families also live in Elliott, most of the Aboriginal population, which varies from 200-400 people, has settled in one of two villages to the north and south of town.

One hundred children attend the local school; more than 90% of these are of Aboriginal descent. Attendance figures for 1979-1980 indicate that mean attendance rates are 83% and 85% respectively; thus attendance at Elliott Primary School is uncharacteristically high when compared with the rest of the Northern Territory (Shimpo, 1978). Two Aboriginal teaching assistants and five non-Aboriginal staff teach combined classes from pre-school to year 7.

In this setting the Elliott Health Program developed out of the concerted and co-ordinated efforts of the school and local community health centre.

HISTORY

In the latter part of 1978 prominent health problems among school-aged children in Elliott included discharging ears, chest

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infections, scabies, eye infections and gastroenteritis; in fact, all those commonly recorded debilities characteristic of communities in isolated areas, which interfere with school attendance and enjoyment of learning.

The staff at Elliott School were very much aware and concerned about the children's health. Indeed, they had made several innovations in order to highlight nutrition and health care in the school itself. For example, one of the authors, the present principal, changed the nature of food sold in the tuckshop by substituting nutritious food for 'junk food'. The children were encouraged to participate in daily dental care. Playground areas were grassed. When additional school buildings were constructed, shower facilities were included and made available to *all* children. Thus, there was potential for considerable co-operation between the Community Health Centre and the school.

The health program in Elliott, which will be outlined below, arose out of this potential and prolonged discussions between the authors of this article (the school principal, Glenda Sharp, and the community health sister, Toni Dowd). After consultation with Aboriginal health workers, teaching staff and representatives from the general community, it was decided to integrate health education into the general curriculum and the everyday activities of the school as well as the overall Elliott community.

A number of factors influenced our decision. We believed that:

a) it would be impossible to influence children's ideas about health positively and permanently without co-operation from parents;

b) it would be futile to 'teach' about health in purely theoretical and abstract terms;

c) it would be bad educational practice to isolate 'health' from children's general learning activities.

On the basis of these premises the Elliott Health Program set out to develop awareness of better health and corresponding better health habits both in the school and general community.

As a logical starting point the program began with a unit on nutrition, because we considered diet to be one aspect of health care which all members of a community would share. Nutrition has been identified and established as an important factor in children's learning. From here the program moved onto diet and dental care,

fitness, safety, first-aid, personal hygiene and cleanliness, and community and environmental health.

COLOUR CODING: AN APPROACH TO NUTRITION EDUCATION

In the early seventies, Hazel Sinclair (dietitian) and Doreen Lawton (nurse/health educator) discovered that the local Aboriginal people in Milingimbi spoke of their food according to the way in which they obtained it - that is, *spear food, digging food* and *dilly-bag food*. The people's traditional classification could be equated with non-Aboriginal functional groupings into *body building, energy, and protective* food nutrients. Sinclair and Lawton subsequently colour coded the traditional and non-traditional functional groups as outlined in Table 1.

Table 1

Colour coding of food groups

Traditional Grouping	Colour	Non-traditional Functional Group	Nutrient Group
Spear food	Blue	Body building	Protein
Digging food	Orange	Energy	Carbohydrate and Fats
Dilly Bag food	Green	Protective	Vitamins and Minerals

The nutrition segment of the Health Education Program in Elliott was based on a practical application of this classification.

During third term 1979 all children from pre-school to year 7 participated in formal classroom sessions (varying from 30 to 60 minutes per week depending on age) in which they studied the nutrients and functions of the basic food groups. These sessions were supplemented by various activities and games such as "fishing for tucker".

"Fishing for Tucker" is a game adapted from *Project Munch*[1] and can be played by 4 to 6 children. Cards representing a variety of foods from each of the three food groups are placed in a basket. As each card has a paper clip attached, children are able to 'fish' out

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* *Project Munch - Materials for Understanding Nutrition and Community Health.* Published by the Victorian Dairy Industry Authority, 1978.

with a magnet a 'balanced meal' containing a food from each group. For younger children (aged 4 to 9 years) cards are colour coded to reinforce the concept of three basic functional food groups. The winner is the first person to 'fish' a balanced or 'good tucker' meal.

Cooking classes, both inside and outside school, gave practical application to classroom learning. For example, the Health Department opened a small account for the school at the local supermarket. This account and the parents' contribution made it possible for the children not only to plan and prepare foods from each group, but also to purchase all items themselves. Parents, particularly mothers and Aboriginal health workers, helped with the preparation and cooking of foods.

Unfortunately, because all departmental business transactions were carried out by account, the children did not actually handle cash while making their purchases. However, those children who went shopping recorded food prices and reported these back to their class. In this way, the children gained some idea of budgeting.

In many ways nutrition was integrated into the general social studies curriculum: such topics as "Where Does Our Food Come From?", "Food in Other Countries", "Transport of Food to Isolated Communities" and "Cattle Industry and Other Primary Industries" reinforced concepts of 'good tucker'. In science this was followed through with lessons on the source of food (e.g., plants, how they grow), and how food is processed by the human digestive system. In maths children experimented with measures of food for recipes as well as height and weight charts. In English they developed language related to health topics by building sentences around the three food groups. In craft they constructed food charts of store and bush tucker and 'snack balls' which also reinforced geometric designs.

As part of our program on nutrition we placed great emphasis on diet and dental care. Daily teeth cleaning became quite a preventative as well as a fun exercise.

A combined health and education gardening project increased the children's awareness of food and its value, invited adult participation, and provided produce that could be used in cooking.

Excursions throughout 1980, including activities such as planning a camp-out, catering for toilet facilities, food and clean water supply, afforded an opportunity for senior students to apply what they had learnt in the classroom through games and formal sessions.

Poems and songs were developed around nutrition, such as *The Healthy Way* (verses 1 - 4). (See Appendix A).

Pre-school children were not forgotten in the Health Program. Because they were too young to take part in 'cook-outs', pre-school breakfasts were organised on a monthly basis. The class was divided into three groups; each was responsible for serving the others with foods from the group to which they belonged. At this time adult involvement in the program came to the fore. Teaching staff, health workers and mothers co-operated in helping the children select and serve foods. Indeed, these breakfasts provided us with our first opportunity to expose adults to the colour coding scheme. Their involvement made it relatively easy for us to reach other adults in the community for informal health education sessions at the clinic, in the camp and at the school.

Thus, while children were engaged in an integrated nutrition program at school, the whole Elliott community became involved in the campaign. Health films were shown and the colour coding system for the three basic food groups was extended into the shelves of the local supermarket and post office store. Once again a great deal of this ground work was carried out by the Aboriginal health workers and teaching assistants.

During first term 1980, the Health Program extended its emphasis from nutrition to develop themes on hygiene, cleanliness and safety. Children's learning now concentrated on the things people need when they live together in a group in one place for a long time. As such, this section of the Health Program varied considerably from hygiene programs which emphasised such things as washing hands before meals, etc. Instead, lessons centred on food storage, clean water, safe disposal of sewage, rubbish and garbage.

Traditional ways of surviving and coping in the bush were highlighted during a visit from Peter Latz, a botanist, who along with the children and some of their family members collected examples of local bush plants to study their nutritional and medicinal value. This particular visit led to greater parental involvement and interest in the whole program, especially the children's cooking classes which continued at the school.

Again, pre-school children were included in the overall program. The 'play shop' in the pre-school was converted to a 'pre-school supermarket' based on the colour coding system used in the local stores. In the process of colour coding each food item, the children's perception of the three basic food groups was reinforced.

The importance of nutrition and the basic food groups continued to be reinforced throughout the whole community. Thus, shelves in the supermarket and store were checked regularly by Aboriginal health workers and where necessary recoded as new stock arrived.

A health slogan competition to promote buying and eating from the three main food groups was conducted among the senior pupils at school. Winning slogans chosen by the shop proprietors included:

Orange, Green and Blue
Put it in a stew
Heat it up, Eat it up,
It is good for you.

and

Green, Orange and Blue
Foods are good for you.

Consequently, while greater emphasis was placed on hygiene, cleanliness and safety, nutrition was not slotted away as something 'the children had done'.

Adults also contributed slogans appropriate for display in each shop.

Supermarket:
Marie and Barry.....
Have marked their shelves,
Now you can go and help yourselves,
Make each meal good for you,
Choose one from Orange, Green and Blue.

Post Office Store:
What we'd like you all to do,
is choose Orange, Green and Blue,
Maluka's got the deal,
Eat one from each every meal.

Indeed, adult involvement in the Health Program came to the fore in the section on safety which invited input from local community members. For example, the constable, local telecom worker, a visiting fireman and an experienced local swimmer presented different safety sections from their respective fields.

Similarly, safety and the environment became the focus of adult health education sessions. In June 1980, a representative from the 'Keep Australia Beautiful Campaign' spoke and screened films which

backed up and emphasized different aspects of the health program. A "Kids Clean Up Awareness Campaign" led to whole community involvement in a "Clean Up Elliott Campaign" which continued for several weeks.

The juniors planned a "Health Picnic" to Longreach as an end of term health and nature study outing, while senior students enjoyed an environmental health and social studies excursion to Ayers Rock.

These integrated out-of-school activities aroused tremendous response from the whole community. Parents and friends supplied equipment and food, acted as supervisors and advisors, visited the school and participated in the children's planned outings such as a camp-out weekend at Lake Woods.

Adult health education films were screened monthly and twenty-four adults completed their St. John Ambulance senior first-aid course. Twenty-seven school children completed a basic skills junior first-aid course.

CONCLUSION

The planned development of a school/community-based Health Education Program can have spin-offs and benefits for many other areas. In Elliott, it developed the following fairly concrete areas:

1. The whole community engaged in fund raising activities to purchase much needed emergency ambulance equipment.

2. Adult literacy courses for Aboriginal health and community workers started.

3. Many adults acquired new skills in first-aid and care of the injured.

Perhaps more importantly, Elliott became aware of itself as a community and parents became more involved and interested in the children's learning at school as well as out of school. Thus, the program appears to have helped to overcome many local problems in a small, isolated township.

Aspects of nutrition education in Elliott are highlighted in a film, *Tucker Today*, made by the Northern Territory Health Department. Similarly, the food group classification system applied in Elliott, as well as other aspects of the program, have been adopted and tried in other parts of the Northern Territory. Thus, we have

made some contribution to the development and integration of health education into Northern Territory school subject core curriculum.

However, the Elliott Health Program should not be adopted unthinkingly by other communities. It is an example of one program which worked well at a specific time and in a specific community. Other communities need to build on their own strengths.

The program does prove, however, that liaison, co-operation and interdisciplinary thinking is essential, not only among individuals working in the field, but also in government departments.

Appendix A

The Healthy Way

We love to eat the healthy way,
Some orange, green and blue,
We eat them all at every meal,
Cos' they're so good for you.

The Elliott shops have marked their shelves,
So we know what to do,
We choose our food with care each day,
Some orange, green and blue.

Our tuckshop sells these healthy foods,
So here's what you're to do,
Snack with us before you go,
Eat orange, green and blue.

Come join us all and eat these foods,
We'll see what we can do,
The Territory will all agree,
It's orange, green and blue.

(Written to the tune of *My Old Banjo*)

References

Shimpo, M., 1978, *The Social Process of Aboriginal Education in the Northern Territory*. Department of Education, N.T. Division, Darwin.