



MONASH University
Medicine, Nursing and Health Sciences

Monash University

Nutrition & Dietetics

Program Planning

Student Abstracts

2006

‘Eating Our Way Around The School Day’ An Out Of School Hours Care Project

Whitehorse Community Health Service
Ryan Surace & Eve Skliros

In 2005, a committee was established at Mount Pleasant Road Primary School called *Healthy – Way To Go!* (HWTG). The committee, developed by the Inner East Primary Care Partnership (IEPCP), in collaboration with Whitehorse Community Health Service (WCHS) and other agencies, is dedicated to improving the nutrition of children attending the primary school, and helping fight the rising childhood obesity levels in Australia. Under the umbrella of the HWTG team, we have undertaken a six and a half week project focused at Out Of School Hours Care (OSHC). OSHC was chosen for this project as the food provided to children at OSHC has never been formally examined. In addition, a nutrition policy does not exist at OSHC.

The first aim of the project was to increase OSHC staff’s understanding of their role in contributing to children’s nutrition, with a focus on using nourishing foods for fun food activities. The second aim was to improve children’s perception of nourishing food being ‘fun’ as well as ‘healthy’.

Two workshops were conducted with OSHC staff to establish their opinions and concerns regarding food at OSHC, introduce them to healthy snack resources and gauge their opinion of and discuss various ‘*Healthy Fun Food*’ activities. The staff agreed to trial a ‘*Healthy Fun Food*’ activity (*Traffic Light Madness*). The children enthusiastically participated in the activity, and comments indicate the activity was enjoyed. This success resulted in two more ‘*Healthy Fun Food*’ activities (*Smilie Pizza Faces, Muffin Mountains*) being conducted. Staff agreed to use the Heart Foundation *Eat Smart Play Smart* Manual to guide future OSHC planning. Two activities were run with children from OSHC, discussing ‘healthy’ and ‘unhealthy’ foods for your body, in addition to planning a party menu using ‘healthy’ foods.

In summary, this project has been successful in establishing nutrition as a priority in OSHC. Staff at OSHC have had the opportunity to reflect on the role of nourishing foods at OSHC and work together for the first time as a team. The ‘*Healthy Fun Food*’ activities were successful with both staff and children at OSHC, leading to staff adopting ‘*Healthy Fun Food*’ activities on a consistent basis. *Healthy – Way To Go!* will be involved with OSHC in the future to cement the project’s aims and prepare OSHC for accreditation in 2007.

Healthy Eating Schools Program Evaluation

Nutrition Australia

Sharonna Freeman & Nicole Paulsen

Background:

In 2004, Nutrition Australia, Victoria division, launched the *Healthy Eating Schools* (HES) Program, with the aim of improving the eating habits of Victorian primary school children. The program follows the principles of the World Health Organisation's Health Promoting Schools model, which seeks to influence all sectors of the school environment, including, 'Children, Teachers and the Classroom'; 'School Environment and Food Service' and 'Family and Community'. This report focuses on the evaluation of the impact and quality of the HES program.

Objectives:

To evaluate the impact of the HES Program on the development of nutrition policies and initiatives, which have improved nutritional intake within participating schools and to investigate the schools level of satisfaction with and the perceived quality of the HES process and resources provided to participating schools.

To determine if HES is a useful framework schools can use to increase the availability of healthy foods and decrease the availability of unhealthy foods and if the HES framework has increased the capacity of schools to implement healthy eating activities and policies across the whole school community.

Methods:

Information gathering- data from documentation submitted by schools applying to become accredited Healthy Eating Schools was collated for all schools who had reached this phase of the program. The remaining data was collected during subsequent telephone interviews to determine the types of activities undertaken since initiation of the program.

Quality Questionnaire- completed during a 20 minute telephone interview in August 2006 by the schools nominated HES representative/s.

Case Study Interview- held in August 2006 with 'outstanding schools' to gather detailed information on successful healthy eating initiatives and the processes used to achieve such accomplishments.

Setting:

48 primary schools (37 metropolitan; 11 rural/regional) located throughout Victoria participating in the HES program, since its commencement in November 2004.

Results:

38 schools achieved accreditation as a 'Healthy Eating School'. 93% had formed a nutrition committee and developed a healthy eating action plan/policy, as outlined in the HES framework. A variety of healthy eating initiatives were employed across all sectors of school environments. Under the umbrella of 'Teachers, Children and the Classroom' all schools had implemented nutrition related activities into the curriculum to varying degrees, whilst 75% ran nutrition-related professional development sessions for teaching staff. In 'Environment and Foodservice', 96% of schools had a water/hydration initiative and 91% had implemented daily fruit and vegetable breaks. Of the schools with a canteen service, 89% had made menu changes, including 9 schools with outsourced or local business services. Within the 'Family & Community' component, 50% of schools had forged links with local businesses/services, and held parent information sessions. 91% placed some form of healthy eating inserts in the school

newsletter. Evaluation of the level of satisfaction with and usefulness of the various resources provided throughout the program was also conducted, yielding varied results.

Discussion:

The results reflect the success of the program in reaching all aspects of the school community, which has prompted the creation of an environment supportive of healthy eating and an increase in the knowledge and awareness of nutrition issues. This in turn, is likely to lead to significant changes in eating behaviours with many schools already reporting anecdotal evidence of this shift. However, conclusions that can be drawn from this data are limited due to the lack of baseline data available and that evidence of any behaviour change is therefore only able to be described anecdotally. Although, the various resources and the overall HES framework have been successful in building the capacity of schools to develop a nutrition policy and implement nutrition and health promoting activities (which is consistent with the HPS model), refinement of these resources and the HES process is still needed to further improve the effectiveness of the program.

Conclusion: For these assumptions to be confirmed, baseline data regarding initiatives already in place at schools, and ideally, information regarding students initial nutritional intake and knowledge should be collected, upon schools commencement of the HES program in order to extrapolate significant changes resulting from the program. This would then allow a more detailed evaluation of the impact of the program to be carried out.

A Needs Assessment to establish food security status in Clarinda and Clayton South & Initial feasibility assessment of various intervention strategies

Katherine Young & Hannah Fisher
Central Bayside Community Health Centre

STRUCTURED ABSTRACT

Background: Food Insecurity has been defined as "... when the availability of nutritionally adequate and safe foods or the ability to acquire acceptable foods in socially acceptable ways is limited or uncertain". It is a significant issue internationally, nationally and locally and clearly identifiable risk markers exist for food insecurity. Some suburbs in the City of Kingston, particularly Clarinda and Clayton South (have been shown to) have a large proportion of these at risk markers. The purpose of this project was to conduct a Needs Assessment to assess food security status within these two suburbs. A strategy to establish a community garden has been proposed to address food insecurity in the area however there has been no research into its practicality. Thus a feasibility study of several potential programs was incorporated into this project.

Objectives:

1. To assess food security status within Clarinda and Clayton South
2. To work towards determining the most appropriate methods of addressing food insecurity within identified 'at risk' groups
3. To research and initiate feasibility studies for the prioritised initiatives identified

Process: Following a literature review of food security and programs to address it, demographic data from Clarinda and Clayton South were analysed to identify risk markers present. This allowed target groups to be identified and data (qualitative and quantitative) in the form of surveys to be collected from health workers, health service providers and schools who worked with the high risk groups.

A market basket analysis was completed, along with an access analysis (examination of local topography, public transport routes, and mapping food deserts). Using results from the above studies a causal pathway was produced and risk markers, predisposing, enabling and reinforcing factors were identified.

Strategies to address food security were identified and prioritised in the initial steps of a feasibility study for a community garden and kitchen were completed. Investigations included: groups to benefit, potential sites, services and resources available, advantages and disadvantages, requirements and initial steps required.

Setting: Adjoining suburbs of Clarinda and Clayton South, comprising the northernmost area of the City of Kingston in Melbourne's south-east. The City of Kingston is an area classified as having a high socio-economic status, but with defined pockets of disadvantage such as Clarinda and Clayton South.

Results: 77% of survey respondents (n=23) indicated they were aware of clients who experienced food insecurity. 94% of health care and service providers felt a lack of money was a significant cause of food insecurity, 65% reported poor public transport access or no car were significant causes of food insecurity, and 59% reported poor health and poor budgeting skills were significant causes of food insecurity. 63% of respondents were unhappy with the current

level of services available to address food insecurity. 37% of health care and service providers surveyed felt their clients would *not* benefit from a community garden while the majority of respondents who *were* interested in a community garden placed more importance on the social rather than the nutritional benefits. 12 respondents provided suggestions of other programs they would like to see implemented. These included: community kitchen (12), community shopping bus (4), education sessions, mainly targeting migrant populations (3), luncheon group (2) and a supermarket tour (1).

Implications/Conclusion: Food insecurity is prevalent in Clarinda and Clayton South and is experienced by a range of people, not simply one group within the community. Low income and lack of transport options were shown to be major risk factors affecting food security status. Prioritised program recommendations included: the formation of a committee/working group, a community kitchen, a school- based vegetable garden, a weekly community bus to Dandenong market, and a community garden.

Food availability, access and utilisation (food security) in the City of Whittlesea. A needs assessment and development of interventions.

Melissa Barnes

Plenty Valley Community Health

Background: Food security refers to the access of sufficient healthy food for health. Not all people in our communities are food secure. Availability, affordability, accessibility and even ability to utilise healthy food can present significant problems. These issues are magnified for people with limited disposable incomes. The City of Whittlesea is a region of relative socio-economic disadvantage suggesting a high prevalence of food insecurity.

Objectives: The purpose of this project was to identify community groups experiencing food insecurity and to develop feasible interventions for consideration by Plenty Valley Community Health for implementation in 2007.

Process: Availability and accessibility of healthy food was assessed by the construction of a series of maps indicating the location of food stores, public transport routes, population density and areas of relative disadvantage.

Community groups experiencing food insecurity were identified by semi-structured interviews and questionnaires of health and support workers within the City of Whittlesea. A determinant analysis was performed to identify predisposing, enabling and reinforcing contributing factors. Potential success of considered interventions were determined by the ability to address all three classifications of contributing factors, amenability of the group to change and availability of necessary resources.

Setting: City of Whittlesea

Results / Discussion: The northern region of the City of Whittlesea is designated largely as rural with low availability of food supplies or public transport. The area is relatively socio-economically advantaged indicating affordability may not be a prevalent problem but access due to transport, ill health or immobility deserve investigation.

The southern region is densely populated and availability of food does not appear to be limiting. Four community groups were identified as experiencing food insecurity and possible interventions discussed: residents with a migrant background, single parents with a low income, single men and people experiencing homelessness, and clients of mental health support services.

The need for the development of partnerships and to secure funding was considered essential to provide adequate support to people with a mental illness to successfully implement change. Funding and the development of kitchen facilities was found to be crucial for addressing food insecurity in young men and people experiencing homelessness.

Programs tailored to the newly arrived migrant population and single parents could be achieved with the resources available to Plenty Valley Community Health. These programs largely involve education programs to address factors identified for each group, including education of staff involved in the settlement of migrants.

Recommendations: Food insecurity is a matter of equity and the factors identified for all four vulnerable groups need to be addressed. Plenty Valley Community Health has the resources and appropriate staff to undertake education programs outlined in this report to address food insecurity in the single parents and residents with a migrant background and they should be seriously considered for the immediate future. The requirement for facilities and funding to address factors identified for people with mental illness and people experiencing homelessness need to be actively pursued at every opportunity.

Further investigation is required to determine the prevalence of food insecurity in the northern suburbs of Whittlesea.

Key words: food access, food availability, food insecurity.

Developing a 5 Year Nutrition Promotion Plan

North Yarra Community Health

Candice Ray & Rhoda Ting

Executive Summary

A significant proportion of government health spending is allocated to the treatment of nutrition related disease and chronic health conditions. With the numbers of individuals with chronic health conditions increasing, the burden on the public health system is expected to grow. Much burden from disease could be prevented or delayed through carefully planned programs largely focusing on *primary prevention* programs. However, with little government funding towards prevention in community health, increased efforts need to be made to carefully plan and co-ordinate such projects. The development of this 5-year health promotion plan can strengthen the community by improving the health of North Yarra through better nutrition.

Project Goal:

To complete and *disseminate* a 5 year nutrition promotion plan for NYCH.

Project Objectives:

- The 5-year nutrition promotion plan for NYCH will reflect the health priorities determined at a national, state, community and organisational level and will be in line with key public health promotion principles.
- The nutrition plan for NYCH will identify and address current gaps at a community level, and cater for key target groups specific to the North Yarra community.
- The suggested nutrition interventions will focus on primary health, easy to implement and be in line with budget and available resources.
- By 2012, nutrition interventions at NYCH will reflect 3 population nutrition issues and employ the program planning cycle.

Processes

To meet these objectives, a range of research methodologies was applied. An evaluation of the activities of the nutrition department at NYCH was conducted, to which a mini *needs assessment*, involving a complete program planning cycle, was carried out. Based on strong evidence, local knowledge and comprehensive literature reviews, the '5 year Nutrition strategic plan' was developed in conjunction with *key stakeholders* to identify the issues and needs impacting on Yarra's population. Dissemination of the plan was carried out through fliers, media presentation, health promotion meetings and email.

Settings

The study was carried out at NYCH together with local organisations from surrounding suburbs including Fitzroy, Collingwood, Carlton and Richmond. NYCH has partnerships with Yarra council and North Richmond Community Health.

Results

64% of health workers responded to the questionnaire. Identified target groups of Yarra by health workers are: homeless individuals, people with psychological disability and those with alcohol, tobacco and other drug addictions. Barriers to people eating well in Yarra are: lack of food knowledge and skills, finances, individual living priorities more important than eating, poor access and availability of good nutritious food and lack of resources such as food

preparation facilities. Effective interventions identified by health workers include: health education, economic regulation and screening.

Conclusions

Priority areas identified are: Healthy weight, food security for vulnerable groups and workforce development for NYCH staff.

Key words: *primary prevention, needs assessment, nutrition promotion framework, health priorities, program planning cycle, key stakeholders, dissemination, Yarra demographics, interventions*

**Community Kitchens in Brimbank:
Community Kitchen Manuals and Pilot Program**
ISIS Primary Care
Louise Tai and Yvonne Tan

Background:

In April 2006 the prospect of starting a pilot Community Kitchen in the City of Brimbank was proposed under the Communities for Children (C4C) initiative. Community Kitchens is aimed to provide opportunities for people to break down some of the barriers to a healthier lifestyle by increasing nutrition knowledge and cooking skills (providing access to safe and affordable food,) in a social and supportive environment. A pilot Community Kitchen was targeted in the Brimbank area because it has a high population of disadvantaged residents.

Objectives:

To increase the capacity of ISIS food security team and the Brimbank community members to establish a pilot Community Kitchen by the end of the 8 week program planning placement.

Process:

- Facilitator Package - Obtain copies of with existing Facilitator Packages from Community Kitchens already running in Victoria and Canada to use as a guide for the contents that should be included in a Facilitators Package.
- Target Group - Contact key community organizations and agencies that may have potential target groups already in progress/ fruition. Give a brief information session to explain a Community Kitchen and provide registration forms for parents to sign up if they are interested to participate.
- Kitchen - Audit suitable/potential kitchens from community centres, churches and schools in Brimbank that are available for hire.

Setting:

The pilot Community Kitchen will run in Sunshine, a suburb that falls in the City of Brimbank. Majority of the participants in the pilot Community Kitchen should reside in the Brimbank area.

Results:

The Facilitator Packages that were used to guide the development of a Brimbank specific Facilitators Package were from Frankston, Maribyrnong and Winnipeg, Canada.

A playgroup comprising of about 6-8 young mothers with children up to 5 years was currently operating in Duke Street Neighbourhood House, Sunshine. The group was very interested and enthusiastic to participate in the pilot Community Kitchen.

A suitable kitchen was agreed upon by the group as it was in a convenient location close to public transport and contained all the necessary kitchen equipment.

Conclusion:

A facilitators package specific for the Brimbank community is essential as there is a high population of residents in this area that have a low educational background therefore a very simple language at a grade 6 level was used. More diagrams were used to explain instructions. By the amount of enthusiasm and support of the target group and their organisation to start a Community Kitchen it is evident that there is a strong need and desire for Community Kitchens in the Brimbank area (to provide opportunities for disadvantaged people).

Securing Lives : A Needs Assessment on Food Insecurity around Bentleigh Bayside
Community Health Service
Kim Norris and Jacinta Carty
Bentleigh Bayside Community Health Service

Background: The City of Bayside has the third highest socioeconomic ranking in Melbourne and is commonly perceived as an affluent City. However, there is an increasing demand for emergency food relief (food vouchers/parcels) in Bayside. Those accessing emergency relief are, by definition, food insecure. Food insecurity is a concern because low income and food insecure households report poorer quality diets than the rest of the population. Dietary factors are responsible for 7-20% of the total burden of chronic disease in Australia. Long term strategies that address food security issues are required to relieve the strain on emergency relief providers and improve the wellbeing of this vulnerable population.

Objectives:

- To determine the severity of food insecurity, and identify the contributing factors, in the people accessing emergency relief from agencies around the City of Bayside.
- To provide recommendations on methods to reduce food insecurity in vulnerable groups living in the City of Bayside.

Process:

- *Information Gathering:* Conducted a literature review on food security programs and survey techniques.
- *Needs assessment:* A Food Security Survey was completed over three weeks by people accessing emergency relief from four agencies servicing Bayside residents. In addition, a Volunteer Survey was completed over two weeks by emergency relief volunteers at the four agencies.
- *Resources:* Produced four resources listing emergency relief agencies and cheap grocery outlets around Bentleigh Bayside Community Health Service to enhance the project's sustainability.

Setting: Initially at Bayside Community Information and Support Services (BayCISS) Hampton East and Sandringham Centres, which are agencies providing food relief to Bayside residents. The Salvation Army Bentleigh and Brighton Benevolent Society were included after one week to increase the sample size.

Results:

- The Food Security Survey response rate was 65% (n=53).
- 64% of participants lived in Public Housing.
- 94% were receiving Centrelink payments as their main source of income.
- 66% had gone without food for an entire day due to financial constraints.
- 52% of children had not eaten enough due to a lack of money.
- The four main barriers to having an adequate food intake were: “not enough money (94%)”, “can’t be bothered (25%)”, health problems (23%), and difficulty accessing the shops (21%).
- Volunteer Survey (n=23): Main themes were that emergency relief clients generally do not have “enough money for food” or the “life skills” to budget and cook low cost meals.

Conclusion: Food insecurity exists in emergency relief clients in the City of Bayside. Public Housing residents are particularly disadvantaged. The identified barriers to food security in this population need to be considered when planning a program in the surveyed population.

Recommendation:

- To establish a Fruit and Vegetable Van servicing Public Housing residents in the City of Bayside. In conjunction, plan a program incorporating budgeting and low cost cooking skills (recipes should use produce available from the Van).

Keywords: (food security, emergency relief, needs assessment, fruit and vegetable van)

Over coming barriers: Improving Diabetes Service Access for the Chinese Community of Manningham

Henry Leung & Carrie Wong

Manningham Community Health Service

Abstract

Background: Chinese people who are born overseas are 1.5 times more likely to develop diabetes compared to people born in Australia. Since Manningham has a Chinese population of 11%, a significant number of Chinese people are expected to require diabetes services and group programs. However, there has been a low attendance by the Chinese to these services. The aim of this project is to investigate the barriers that prevent the Chinese community from accessing the diabetes services, as well as improve access.

Objectives: 1) To determine the underlying reasons of low attendance by the Chinese Community of Manningham to the diabetes services offered by MCHS; 2) To increase the awareness of the Chinese community of Manningham to the availability of diabetes services provided by MCHS and the importance of diabetes self-management; 3) To increase the attendance of the Chinese Community of Manningham to diabetes services by at least 10% by the end of 2006.

Setting: The project was carried out at Manningham Community Health Service, but also involved members of the Chinese diabetes group education program consortium (WCHS, KCHS, Whitehorse Division of General Practice, Migrant Information Centre). The investigation also included a number of Chinese GPs, other health professionals and Chinese groups from Box Hill and the city of Manningham.

Initial Investigation

Process: To investigate what the barriers are that may be preventing the Chinese community from accessing services, information was obtained from a variety of sources including Chinese GPs, Chinese organisations, and members of the Chinese diabetes group education program via interviews or questionnaires.

Results: Key barriers identified include 1) lack of awareness of the availability of diabetes services; 2) lack of awareness of the importance of diabetes management; 3) MCHS was not a Chinese-friendly environment; 4) cost; and 5) location.

Conclusion: These findings support initial speculations that there is a lack of marketing and promotion of the group program and MCHS diabetes service. Dealing with the lack of awareness of the importance of diabetes self-management and the non-Chinese friendly environment is also required.

Planning and Implementation

Process: 1) Partnerships were built with those contacted in the initial investigation. Information packages containing information about the group education program and MCHS diabetes services were dispatched. 2) A number of Chinese media sources were used to raise awareness of the availability of services as well as the importance of diabetes self-management including: Chinese newspapers, Chinese radio, and satellite TV. 3) A number of Chinese materials were obtained or developed including diabetes information sheets, brochures and posters.

Implications: Evaluation of the effectiveness of these strategies still needs to be undergone. A media campaign and Chinese materials aimed at the Mandarin-speaking population may be required, as what has been done has primarily been targeted at Cantonese-speakers.

Keywords: Chinese community, diabetes, access, barriers

Fuel Your Body for Health
Promoting Healthy Eating and Improving Access to Healthy Food
Monash University Peninsula Campus
Sarah Porteous & Alana Turner

Background

As part of a broad vision to create a Health and Well Being Campus, Monash University Peninsula Campus established an initiative that aimed to increase availability, access to, and consumption of healthier food options by staff and students on campus in late 2005. The initiative expanded over time to include a goal to improve campus staff and students' awareness and knowledge of healthy eating and physical activity.

The "Fuel Your Body for Health" project targeted university students and staff with a multi-strategy approach to promote general health and well being, maximise learning capacity and reduce their risk of lifestyle related diseases. In turn, the project also endorsed Peninsula Campus as the centre of health and well being for Monash University, and the wider community.

It is important to encourage relevant environmental changes alongside the promotion of healthy eating because healthy work and school environments contribute to improved health outcomes. Additionally, work or school-based food services have the ability to improve food choices. Promoting healthy eating and lifestyles also has the potential to raise awareness and provide groups with the knowledge and skills necessary to make better health decisions.

Objectives

- To increase the knowledge and awareness of students and staff from Peninsula Campus Monash University of healthier food choices by at least 20% by September 2007.
- To assess and evaluate if the variety of healthier items vs. less healthy menu items available for purchase by staff and students at Peninsula Campus has increased by 50% from 2006 to 2007.
- To evaluate if the fat, sugar and salt content has decreased, and dietary fibre content increased in the food choices available for purchase by staff and students at Peninsula Campus by 50% by September 2007.

Process

Information Gathering: Consultation with members of the Health and Well Being Initiative Steering Committee to determine relevant goals and objectives, and discuss possible strategies to achieve these.

Food Service Satisfaction Survey: Completed by students and staff from Monash University Peninsula Campus over two days in August, 2006. Analysed using Microsoft Excel®.

Menu Analysis and Food Labelling System: Menu analysis using Food Works™ and criteria development to help identify the healthier choices available for purchase by students and staff from Monash University Peninsula Campus. Investigation of Heart Foundation 'Tick' Eating Out Program as a pre-established food labelling system.

Healthy Eating Expo: Held at Peninsula Campus on September 7th 2006. Aimed to raise awareness about and promote the importance of healthy eating via nutrition information

leaflets, free fruit, free samples of the Upperdeck Café food, 'healthy eating show bags', healthy options discount coupons and verbal advice.

Nutrition Policy: Writing of guidelines to direct development of a policy to ensure sustainability of the initiative.

Reflection: Regular Health and Well Being Initiative Steering Committee Meetings to review and discuss progress, and modify plans if necessary.

Setting

Monash University Peninsula Campus, Frankston, Victoria. An educational institution with a teaching and research focus on health and well being. Undergraduate and postgraduate courses are offered in a range of health science and allied health subjects.

Peninsula Campus is involved in a range of projects and initiatives and is strongly committed to supporting the local community. For example, the campus, together with the Frankston City Council, is developing an Aquatic Leisure, Health and Wellness Community Centre for use by staff, students and the wider Frankston community.

Results

Food Service Satisfaction Survey: 89% (n=150) response rate. About 80% of respondents rated the overall quality of the food service (based on individual qualities) as good, very good or excellent.

Students stated that they would like more fresh salads, and a greater range of vegetarian and international options added to the menu. Deep fried foods were seen as the most common food that students and staff would like removed from the menu.

The survey demonstrated the students and staff's interest in particular aspects of nutrition and justified that the planned Healthy Eating Expo was an appropriate way to provide nutrition information to the campus population.

Menu Analysis and Food Labelling System: Menu analysis showed Monyx Food and Beverage provided Peninsula Campus with a variety of dishes of differing nutritional quality. Criteria were developed for identifying healthy choices. These criteria were developed by taking a random sample of frozen meals from the supermarket and using their nutritional information to formulate acceptable upper or lower limits for the specific nutrients as appropriate.

It was anticipated that the Heart Foundation 'Tick' Eating Out Program would be established at Monash University Peninsula Campus as a food labelling system, and was in the early stages, but has not yet been implemented.

Healthy Eating Expo: Over 200 show bags were given out. All the free food (both fruit and Café food) was eaten, and awareness was raised about the importance of healthy eating. The display created was left intact to continue to promote healthy eating during the week long period the discount vouchers were valid for use. A significant number of the healthy options discount coupons were redeemed by students and staff.

Nutrition Policy: Guidelines for writing a Nutrition Policy were provided to Monyx Food and Beverage for their use in the planning and development of their own Food Service Nutrition Policy.

Implications and Conclusions

The "Fuel Your Body for Health" Project:

- Promoted healthy eating amongst staff and students at Peninsula Campus consistent with the *Australian Guide to Healthy Eating*;
- Established processes for improving the availability of healthier meal options on campus to help support general health and well being, maximise learning capacity and reduce the risk of lifestyle related diseases; and
- Endorsed Peninsula Campus as the centre of health and wellbeing for Monash University, and the wider community.

In the future it will be important for Monash University Peninsula campus to consider sustaining the initiative through:

- Regular food service evaluation and review through surveys, focus groups, online feedback system, and possibly Heart Foundation Audits;
- Further menu changes consistent with the Heart Foundation 'Tick' Eating Out Program, and expansion of the program to other Monash campuses;
- Continued promotion of healthy eating through a wide variety of strategies;
- Development of a Food Service Nutrition Policy, owned and adopted by the food service staff and other members of Monash University Peninsula Campus;
- Ongoing nutrition and dietetic support from Monash University Nutrition and Dietetics Unit, Southern Clinical School (e.g. regular menu assessments as menus are reviewed and updated, annual student input via program planning projects).

‘Supporting Dietetic Students in Professional Practice in the Area of Nutrition and Cardiovascular Health in Victoria’

Shan Huang and Ee Wynn Lee
Heart Foundation Victoria

Background: As the leading organisation dedicated to cardiovascular health, the National Heart Foundation of Australia endeavours to support health professionals, particularly dietitians in the prevention and management of Cardiovascular Disease (CVD). As future dietitians, Nutrition and Dietetic students have been identified as an ideal target population through which the Heart Foundation can enhance their support of health professionals. This project was designed to assess Victorian third and fourth year dietetic students’ knowledge, understanding, use and access of Heart Foundations programs, resources, policies and guidelines. As part of this assessment, the students’ beliefs regarding the role of the Heart Foundation were also identified, as well as their attitudes towards the organisation’s support of dietetic students. Another aspect of this project aimed to determine the impact that a series of Heart Foundation lectures would have on the knowledge of third year Monash University dietetic students about the Heart Foundation as a resource.

Methods: The aims of this project was achieved through: 1) The collection of baseline quantitative and qualitative data from the completion of an eleven item semi-quantitative questionnaire from third and fourth year dietetic students, 2) The collection of baseline qualitative data from the conduction of two focus groups which involved fourth year dietetic students from both Deakin and Monash University, and 3) The collection of pre and post impact data from the completion of the eleven item semi-quantitative questionnaire by 3rd year Monash students before and after the Heart Foundation lectures.

Results: This project has shown that dietetic students overall have a poor knowledge and understanding of the Heart Foundation and its programs, resources, policies and guidelines. In terms of the access and use of Heart Foundation resources, university/lecturers were identified as the main method of access where students largely used the resources for assignments. It was also demonstrated that students believed that the Heart Foundation played a considerable role in Public Health Nutrition in Australia, but felt that the organisation could enhance its role in supporting dietetic students. Monash students in particular expressed the need for the Heart Foundation to be more integrated into the university course, while some Deakin students felt support by the organisation through the Change of Heart program*. Finally, Monash dietetic students knowledge of the Heart Foundation and its resources improved considerably as a result of the Heart Foundation lectures provided, particularly with regards to the Eat Smart Play Smart program ($p < 0.01$).

Conclusion: As a result of project finding, recommendations include: 1) To conduct an appraisal of dietetic lecturers regarding their knowledge and attitudes towards the Heart Foundation, as lectures have been identified as a main source by which students receive information about the Heart Foundation. 2) To evaluate the impact which the Change of Heart program (received by some Deakin University dietetic students) has on students’ knowledge of the Heart Foundation, the results of which could guide the development of a Heart Foundation resource appropriate for all Victorian dietetic courses. 3) To deliver the Heart Foundation lectures to all Victorian dietetic students, as they were found to be effective in increasing student knowledge of the organisation. An evaluation could also be conducted to further assess the extent to which students retain their knowledge of the organisation after an extended period of time.

Ashburton Community Kitchens Feasibility Study

Rachel Hechtman & Eva-Lotta Lennartsson

Inner East Community Health Service

Background:

In 2003, Inner East Community Health Service commissioned a Needs Assessment to determine the level of food insecurity in Ashburton. The results demonstrated 26% of Ashburton residents experience food insecurity as a result of inadequate personal resources and poor local infrastructure. Drawing on the success of Community Kitchens in Canada and Frankston Victoria, this report investigated the feasibility of establishing Community Kitchens in Ashburton as a means of improving food security and thus the health and well-being of Ashburton residents.

Objectives:

With the long-term goal of improving the food insecurity and social connectedness of Ashburton residents within the Ashburton, Ashwood and Chadstone Neighbourhood Renewal area by 2010, the objectives of the study were:

- 1) To assess the feasibility of establishing Community Kitchens in Ashburton.
- 2) To increase community capacity within Ashburton to more effectively deal with food insecurity.

Process:

In order to determine the feasibility of establishing Community Kitchens in Ashburton, four key areas were explored:

- 1) Existence of suitable kitchens in Ashburton and neighbouring suburbs in which to operate Community Kitchens.
- 2) Establishment of potential program partners to provide financial and/or human resource based support.
- 3) Identification of target groups to attend the Ashburton Community Kitchens.
- 4) Resources and associated costs required for the establishment and operation of a Community Kitchen.

Consultation with local service providers including, but not limited to health promotion workers, local council representatives, local schools and members of local charitable organizations was undertaken to assist with the exploration of the four areas outlined above.

Questionnaires were developed and forwarded to a variety of local service providers to aid the determination of 1) suitable kitchens, 2) potential program partners and 3) potential target groups. Additionally, facilitators and members of existing community groups were approached to gauge community interest in the concept of Community Kitchens.

In addition to consulting local service providers, Boroondara directories were employed to identify suitable kitchens in which to hold Community Kitchens. A Community Kitchens premises audit was employed to assess the suitability of each kitchen identified.

Contact with the Frankston Community Kitchens Project Manager and purchase of the Frankston Community Kitchens Manual allowed for the determination of the resources and costs associated with establishing Community Kitchens.

Setting:

Existing within a disadvantaged pocket of Boroondara, Ashburton is located 12 km South-East of Melbourne. Serviced by the Inner East Community Health Service, Ashburton experiences above state average levels of poor health and social and economic disadvantage. As a result, Ashburton was selected by the Victorian Government for inclusion in the Ashburton, Ashwood & Chadstone Neighbourhood Renewal project, a Government initiative aimed at strengthening and regenerating disadvantaged communities.

Results:

Results of the study indicate a genuine level of interest and support for the establishment of Community Kitchens in Ashburton. Target groups identified as suited to the principles and benefits of Community Kitchens included the elderly, people with mental or physical disability, culturally and linguistically diverse groups, residents of public housing estates, low income earners and young single parents.

Nine of the thirteen kitchens identified in Ashburton and the neighbouring suburbs of Glen Iris and Chadstone were identified as suitable for the operation of a Community Kitchen. The willingness of organizations to provide kitchens at cost as well as the proximity of kitchens to the local Community Centres and High Street Ashburton further suggests their feasibility. (Illustrated by the map below)

Conclusion:

In conclusion, the results suggest Community Kitchens are a feasible strategy to alleviate food insecurity and enhance the Community Capacity of Ashburton. The findings and recommendations of the report can assist in furthering the progression of Community Kitchens in Ashburton and by doing so lead Inner East Community Health Service one step closer towards achieving the ultimate goal of improving food insecurity in Ashburton by 2010.

ISCHS FOOD SECURITY: How Far Have We Come?

Nadja Perelberg and Limor Fleischer
Inner South Community Health Service

1. Background

The Food Security Recommendations for Action 2005-2008 (FSRFA) were developed and implemented in order to address the issue of food security in the Inner South Community Health Service (ISCHS) catchment area. The objectives of the FSRFA aim to equip staff with the ability to identify and address the issue of food security through a wide variety of strategies. An evaluation was conducted to determine the progress made of the current action plan since their implementation 12 months ago. This allowed for further recommendations to be devised to ensure all objectives can be met.

2. Objectives

- ❖ To determine the capacity of the ISCHS workforce to identify food security issues amongst their client group.
- ❖ To determine the capacity of the ISCHS workforce to address barriers to food security amongst their client group.
- ❖ To devise recommendations to further improve ISCHS capacity to address food security by 2008.

3. Process

- ❖ Emails and phone calls to recruit selected staff
- ❖ Interview, in person questionnaires and email questionnaires designed
- ❖ Face-to-face interviews – conducted with selected staff across all programs
- ❖ In-person questionnaires – conducted with selected staff across all programs prior to interview.
- ❖ Email questionnaires - for those unable to attend interviews
- ❖ Attendance and observation at programs and meetings
- ❖ Assessment of previously conducted process evaluations to obtain more detailed insight into programs and activities

4. Setting

Inner South Community Health Service, a large service situated across three sites including South Melbourne, St Kilda and Prahran. ISCHS employs approximately 240 staff.

5. Results

Results indicate that 82% of all interviewed ISCHS staff have an adequate understanding of the food security concept and its barriers relevant to the different client groups. Furthermore, 73% of staff indicated that their knowledge and awareness of food security and its barriers has increased to the greatest degree possible. These results indicate that the implementation of the FSRFA has been effective in increasing staff knowledge and awareness of food security, and their capacity to identify these issues within their client groups. Despite this, results indicate that staffs' capacity to address the issues of food security by implementing their knowledge through direct care and organisation programs and activities has not yet reached its fullest potential throughout the organisation.

6. Implications/conclusion

One year into the FSRFA plan, the ISCHS workforce has a strong capacity to identify food security issues and a sound understanding of its complexities. This evaluation revealed that a targeted approach is required to ensure staff across the organisation build their capacity to address these issues through appropriate channels. Various recommendations of how to achieve were developed to ensure the objectives of the FSRFA plan are achieved.

“Got the Real Thing?”: Promoting and Supporting young mothers breastfeeding on the Mornington Peninsula.

Sandra Mikhail & Jennifer Gerrard
Peninsula Community Health Service

Background: On the Mornington Peninsula less than 48% of infants were fully breastfed at 3 months and only 32% were fully breastfed to 6 months in 2004. These rates fall well below the state average and the National Breastfeeding Strategy goals. Additionally 3.4% of mothers were below 20 years of age at the birth of their child. These low breastfeeding rates and the young age of many mothers are a significant problem on the peninsula.

Objectives: The objectives of this needs assessment were 1.To explore existing resources and support programs that were available for mothers under the age of 25, 2. To investigate barriers that would prevent young mothers from fully breastfeeding to 6 months and 3.To develop recommendations based on our findings and determine the most efficient approaches to address this issue on the peninsula.

Methods: Two sets of data were required to meet the objectives. Quantitative data on existing resources for young mothers was collected via investigation into all health organisations in the area and their services. Qualitative data on opinions and beliefs surrounding the current practices and barriers that prevent a larger proportion of young women breastfeeding their children to six months was collected by instigating questionnaires, focus groups and interviews with health workers both in hospitals and in the community, young mothers from all over the peninsula and high school girls in three high schools on the peninsula.

Results: The current resources for young mothers were few and concentrated in particular parts of the peninsula. The Mornington Peninsula Shire and individual community centers did not offer specific young mothers or breastfeeding services. The opinions and beliefs of the health workers, young mothers and high school students all differed slightly, however were based on the following barriers: physiological pain, lack of education, lack of support, embarrassment of breastfeeding in public.

Conclusion: Supporting and promoting breastfeeding in the young mothers population is necessary to increase breastfeeding rates. Recommendations include, increasing the number and frequency of young mothers groups and lactation support, early education of breastfeeding benefits in schools, training of health professionals to support the young mothers and advocate for a National Breastfeeding strategy.

Keywords: *Breastfeeding, Young mothers, Mornington Peninsula, Duration, Services, Education, Support.*

‘Health on the Mind’ - Improving the awareness and understanding of healthy lifestyle practices of people living with mental illness.

Philippa Cahill and Louise Wilson

North Richmond Community Health Centre & Bromham Place Clubhouse

Background-

In 2006, “Health on the Mind” was carried out at Bromham Place Clubhouse to address the link between mental illness and obesity in the City of Yarra. Anti-psychotropic medications used to treat patients with mental illness have been linked with substantial weight gain. Bromham Place Clubhouse was targeted as it provided a way to implement strategies in this community effectively.

Objectives-

- To improve the capacity of members at Bromham Place Clubhouse to purchase a nutritionally adequate shopping basket within their budget.
- To improve the awareness of Bromham Place members of how to prepare nutritionally adequate meals.
- To create a more supportive environment for choosing healthy food options at Bromham Place Clubhouse.
- To increase participation in physical activity of Bromham Place members.

Process-

A needs assessment was carried out through discussion with members and staff and attendance at current activities run by the Clubhouse. Strategies were planned using input from staff and members together with best practice recommendations from previous interventions. Strategies were implemented with a focus on providing sustainable and effective changes. An evaluation was proposed to assess whether goals and objectives were met.

Setting-

This project was carried out at Bromham Place Clubhouse, a day centre for people with mental illness. The Clubhouse is located in the City of Yarra near North Richmond Community Health Centre. Linked with the Mental Illness Fellowship, it has about 150 members, of which 30-40 members regularly attend.

Results-

- A needs assessment showed that food provided at Bromham Place Clubhouse was high in fat, sugar and energy with large portion sizes available. Organised physical activity sessions were run irregularly with poor attendance.
- Resources to assist with budgeting, healthy food preparation and provision, cooking skills, training new staff and educating staff and members were produced.
- Strategies to increase physical activity and implement fruit afternoon tea were not completed due to staffing constraints.
- Recommendations were made to make strategies sustainable and implement those that had not been commenced.

Implications/Conclusion-

‘Health on the Mind’ has implemented strategies to improve the skills, knowledge, resources and motivation required to improve the health of Bromham Place members. To continue this program, new staff should be informed of ‘Health on the Mind’ and encouraged to continue with the strategies. Links with NRCHC will create supports for the Clubhouse and its programs.