

Monash University Bachelor of Nutrition and Dietetics BND4042 Program Planning Project Abstracts 2007

Table of Contents

Theme 1: Food Security page 2

Community Kitchens - From Frankston to Victoria
Jamie Ross, Richard Dove & Josh Pereira

The Melton Healthy Food Connection
Chelsea Hiscock & Fran Tse

Assessment of Food Security Needs and Potential Initiatives in the City of Moreland
Alicia Milan & Nadia Szwed

Mapping the Way to Food Security
Gemma McHugh & Sarah Ryan

Food Security status of Ashburton public housing residents
Paul Gloury & Ros Orchard

Evaluation of the social cafe meals program for rooming house residents in the City of Boroondara
Anna Guerrieri & Louise Colaci

Theme 2: Childhood Nutrition page 13

How to give our kids a better future through healthy eating and physical activity
Denise Burbidge & Aimee Barber

Impact evaluation of 'Kids: Go For Your Life' initiative in the City of Manningham
Tammie Choi & Janet Tam

Ensuring Adequate Nutrition in Long Day Care: A Menu Analysis
Verity Smith & Su-Ling Lim

A Story About Feeding Babies - Evaluation of Northern Territory Infant Feeding Guidelines resource
Emily Butler & Cassie Rickard

Go for Your Life: Maribyrnong Being Active Eating Well
Ruey Lim & Chiann Lim

Does the tooth fairy visit Chinese Kids too?
Yin Chien Kwan & Dan Fu

Eat right from the start, diabetes won't play a part
Alyce Wilson & Mikaela Figgis

Theme 3: Nutrition of Populations. page 23

Feasibility study: Furthering the Tick in Victoria
Megan Roberts & Jo Englezos

The Northern Territory Healthy Weight Program: Evaluation
Ju-Lin Lee

Increasing the access to nutrition and health messages for new arrivals in South Tasmania
Sara Poh

Community Kitchens – From Frankston to Victoria

Josh Pereira, Richard Dove & Jamie Ross

Background

The Frankston Community Kitchens Pilot Project was developed by a Frankston Community Health Service (FCHS) dietitian as an innovative solution to social isolation and food security issues. The project workers have since expanded the concept to other communities throughout Victoria through training and development of partnerships with other stakeholders. Based on the Canadian model, Community Kitchens (CKs) provide opportunities for people to come together to socialise and cook, before enjoying tasty, affordable and nutritious meals together. In addition to healthy eating and social connectedness, potential benefits of CKs include improvements in teamwork and leadership skills and the development of budgeting, cooking and shopping skills. The concept has been promoted around Victoria (in both metropolitan and regional settings). As a result, Kitchens continue to open up across the state.

A Community Kitchens state-wide forum is planned for November 2007 to facilitate the networking of CK coordinators. The Frankston Community Kitchens Pilot Project workers believe that coordinators across the state would benefit through learning from the experience of others. A needs assessment is yet to be conducted into the level of interest, potential attendance by CK coordinators and topics of interest for discussion.

The number of CKs operating throughout Victoria and the program models in use is currently unknown. Collecting data from CKs in operation across Victoria and conducting a needs assessment for a state-wide forum would facilitate:

- assessment of reach;
- comparisons of the program's efficacy in a variety of settings and with different target groups;
- comparison and refinement of models in use; and
- justification of funding for CKs as a means of addressing food security and social inclusion.

Objectives

The aim of the process evaluation is to assess the uptake of CKs across Victoria, the nature of the different CK models and the efficiency of CKs. A needs assessment will help to determine the interest in and perceived benefit of holding a state-wide forum and potential topics for discussion. All the findings will inform the content of a state-wide Community Kitchens forum.

Methods

- *Mapping Community Kitchens:* CKs currently operating, previously operating or in development throughout Victoria were located by contacting all the Victorian Primary Care Partnerships (PCPs) to obtain contact details of CK coordinators. CKs coordinators were contacted regarding their willingness to participate in an email-administered survey and a state-wide Community Kitchens forum at the end of the year.
- *Process Evaluation:* a survey distributed via email was designed to evaluate the dissemination of the CK concept across Victoria and how the various Kitchens are being implemented (ie. reach/target groups, format/models, duration, etc). The results from the surveys were compiled and analysed using Microsoft Access & Excel.
- *Needs Assessment:* the email survey also included a needs assessment to assist in the development and planning of the state-wide Community Kitchens forum.
- *Cost-Effect Analysis:* the costs and effects involved in implementing CKs were compared by: 1) identifying the number of facilitators and their hours involved in the operation of CKs; 2) determining the number of 'people-meetings' as a measure of social networking occurring through CKs; 3) determining the number of meals produced by CKs; and 4) comparing this data to two similar projects (*Budget Cooking Workshops* run by West Gippsland Healthcare Group and *Cooking for One or Two* run by Nutrition Australia)

Setting

Community Kitchens across Victoria (researchers based at Frankston Community Health Service)

Results

- *Reach:* there are 50 known CKs presently operating in Victoria, with another 60 Kitchens proposed to be set-up by the end of 2007. Roughly 320 people are being reached by CKs across Victoria.
- *Implementation:* the majority of respondents reported implementing their Community Kitchen/s based upon the Frankston model. There was consistency demonstrated between the Frankston model and other CKs with regards to goals/objectives, structure, etc; with many organisations consulting the CKs manual and/or website.
- *Quality:* most organisations reported consulting external agencies/stakeholders and the community when determining the need for and feasibility of establishing a CK. Anecdotal evidence was also commonly referred to. The majority of Community Kitchen projects have not yet been evaluated, however the majority of respondents reported that they needed further support in the form of stronger partnerships to ensure that their CKs could be considered sustainable in the long-term.
- *Satisfaction:* few Kitchens have conducted evaluation with respect to participant satisfaction, making it difficult to generalise the results obtained across all Kitchens. Overall the CK website and manual have been positively received by those who have utilised them, with suggestions to enhance their ease of use and applicability to all CKs. The majority of respondents were not satisfied with the current level of networking between the different Kitchens, suggesting the need to establish an email registry, a newsletter, regular network meetings and promote more wide-spread use of the website and online forum.
- *State-wide Forum needs assessment:* the concept of holding a state-wide Community Kitchens forum received strong interest on behalf of all the respondents. The major barriers to attendance were perceived to be the potential location and time of the forum, and other scheduled commitments of the respondents. Proposed topics encompassed themes such as structure and organisation of CKs, effective evaluation, potential target groups to be reached and shared learning from others' experiences.
- *Cost-effect analysis:* CKs were shown to have a better rate of efficiency with regards to both the number of people-meetings affected and number of meals prepared per facilitator hour than both the *Budget Cooking Workshop* and *Cooking for One or Two* programs.

Conclusion

The process evaluation of CKs undertaken has demonstrated that the concept has been widely disseminated across Victoria. In view of the findings of this project, the CK concept initiated by the original Frankston Project is being consistently implemented within the new CKs across the state. Whilst the Frankston Community Kitchens Pilot Project is currently being evaluated (process evaluation complete, impact evaluation presently being undertaken), the majority of individual Kitchens have not been evaluated to date, suggesting the need to promote the importance of evaluation in the implementation of the project. Based on our simple cost-effect analysis, the CKs were shown to be a relatively efficient program to address both social isolation and food security. The needs assessment showed a high level of interest in the state-wide Community Kitchens forum and the topics of interest to be discussed were identified as: evaluation, administration, organisation and target group issues.

Keywords: Community Kitchens, food security, social inclusion.

The Melton Healthy Food Connection

Chelsea Hiscock & Fran Tse

Background:

Food insecurity will lead to poor nutrition which has a negative impact on health, while having access to basic food within the community will improve health. From the 2003 food security assessment in the Melton Shire, food insecurity has not been shown at the community level. However food access has shown to be an issue for sub populations and in the more rural areas of the Melton Shire and Bacchus Marsh. The overall goal of this project seeks to make healthy food more accessible to the residents in the Melton Shire and Bacchus Marsh which is part of the Moorabool Shire. This project identified changes occurred to food accessibility in the past four years within Melton Shire and Bacchus Marsh. Findings will be used as a component in developing future strategies to help improving food security.

Objectives:

- To assess the availability and accessibility of basic healthy food items and compare with past data for Melton Shire and Bacchus Marsh
- To examine and compare the costs of food within the Melton Shire and Bacchus Marsh to state averages
- To assess transportation services within the Melton Shire and Bacchus Marsh, then compare with past data

Process:

- Information gathering:
 - consultation with supervisor to determine how the program would have been implemented
 - researched through the literatures and local demographics to form the basis of the project
- Mapping out locations of supermarkets, green grocers and butchers, with an overlay of the bus routes, and their reach of 1.5km (walkable distance). Comparisons of these maps with those collated in 2003 and from a neighbouring local government area, City of Wyndham.
- A Victorian Healthy Food basket (VHFB) was undertaken to determine the change in food costs from 2003. The difference in cost was compared to City of Wyndham, and identified changes in cost throughout the Melton Shire and Bacchus Marsh.
- Questionnaires were used to determine the resident's opinion on local food security. The questionnaire targeted the vulnerable groups within the community as identified by the VHFB.

Settings:

The project was carried out in Djerriwarrh Health Services which serves the rapidly expanding population of Melton and Moorabool Shires (in particular Bacchus Marsh). The Melton Shire has one of the fastest growing populations in Australia, and is estimated to increase from 100,000 in 2006 to 144,000 in 2016 (12).

Results:

- The risk of food insecurity is low for the majority of the community level, however the risk is higher for those living out of the main townships
- Food prices rose 15% from 2003, with Burnside is the cheapest to shop and Caroline springs is the most expensive in 2007.
- The cost of the basket as a percentage of an approximate value of the government benefits from 2003 and 2007 has shown no large difference in change.
- Public transport covers the major residential areas, but not the rural parts of the Shire
- City of Wyndham has similar trend to the Melton Shire where the major residential areas and food outlets are covered by the bus services, while the residents who reside outside the townships lack public transport services and access to food
- The opinions from the local community showed that there was good food access, availability, variety, quality and the majority had not had issues with purchasing food previously within the Melton Shire and Bacchus Marsh.

Implications

Link with Djerriwarrh Health Services planned health promotion program to increase regular access to variety of foods and improve incorporated planning to factors affecting food security.

Conclusions:

Overall food insecurity is not evident for the majority of the population however the residents who reside out of the main township are at a high risk of food insecurity due to the lack of local shops with healthy food options and public transport routes.

Assessment of Food Security Needs and Potential Initiatives in the City of Moreland
Retail Food Outlet Mapping & Community Kitchen/Fruit & Vegetable Cooperative Feasibility
By Nadia Szwed & Alicia Milan

Background:

The Moreland Food Access Project (MFAP) is a 3 year project developed by Moreland Community Health Service (MCHS) to address issues of food insecurity in Moreland. 7.7% of individuals in Moreland went without food at least once in the previous 12 months, compared to the state average of 6.1%. A community consultation for MFAP indicated that future activities to address food insecurity should include Community Kitchens and Fruit and Vegetable Cooperatives, focusing on Northern Moreland. In addition, completion of retail food outlet mapping in Moreland should be carried out.

Objectives:

In response to the community consultation the following objectives were developed:

1. To determine and record the availability and distribution of different retail food outlets in Brunswick and Brunswick East/West by 24th August 2007.
2. To assess the feasibility of establishing Community Kitchens for residents in the Glenroy, Hadfield and Fawkner area by September 2007.
3. To assess the feasibility of establishing Food Cooperatives for the residents in the Glenroy, Hadfield and Fawkner area by September 2007.

Process:

Project 1: Mapping

- Visited food retail outlets as identified on a Melways map
- Audited these outlets using the Moreland Retail Food Outlet Mapping Tool

Projects 2 & 3: Feasibility Studies of Community Kitchens and Fruit and Vegetable Co-ops

- Liaised with existing Community Kitchen Officers/Food Cooperative organisations
- Consulted and formed partnerships with organisations in Northern Moreland
- Identified and assessed location sites for Community Kitchens and Food Cooperative food distribution
- Identified potential fruit and vegetable suppliers for the Food Cooperative

Setting

The City of Moreland is located approximately 8.5 kilometres North West of Melbourne CBD. The entire area is serviced by MCHS. The Mapping was carried out in the suburbs of Brunswick and Brunswick East/West (Southern Moreland), and the feasibility studies in Glenroy, Fawkner and Hadfield (Northern Moreland).

Results

Mapping

In total, 301 food outlet stores were mapped. In the combined mapping area the most common food outlets were 'Other' and 'Takeaway' at 35% and 33% respectively. The least common were 'Fresh' and 'Supermarkets' at 11% and 5% respectively.

Feasibility Studies

The Community Kitchens study found that there were 6 suitable kitchen sites and 6 partner organisations all of which could provide a trained/volunteer facilitator.

The Fruit and Vegetable Cooperative study resulted in 2 potential partnerships, 4 available distribution sites and 3 potential fruit and vegetable wholesalers.

Conclusion

Mapping

Due to a high number of 'Takeaway' and 'Other' food outlets, it is evident that pre-prepared foods are more readily available in Southern Moreland compared to fresh produce and groceries.

Feasibility Studies

Community Kitchens is a highly feasible program targeting contributing factors of food insecurity such as lack of cooking, shopping and budgeting skills. Partners and resources have been identified and potential barriers have been addressed.

Food Cooperatives can improve access to fresh and affordable produce.

Fruit and Vegetable Co-ops appear to have support in the community and potential partners have been identified.

Implications

Mapping

Mapping data assists in completing a needs assessment for the MFAP and will ensure that the future activities of MFAP take into consideration food outlet availability in the target area.

Feasibility Studies

As a result of this study, six CKs are now in development in Moreland and an appropriate CK model, which is most likely to succeed, has been developed.

Resources and information such as wholesaler prices and an appropriate Food Co-operative model have also been developed. This will allow for further discussion with partner organisations to establish their future commitment.

Mapping the Path to Food Security

Gemma McHugh & Sarah Ryan

Background

The City of Bayside, in Melbourne's southern suburbs, is commonly perceived as an affluent area and 2001 Census data shows that it has the third highest socio-economic (SEIFA) rank in Melbourne. Over recent years, two reports assessing Food Security have been carried out in Bayside. Both studies made recommendations regarding the need to address access and affordability of food, especially fruit and vegetables, around the housing estates in Bayside. Issues of cost and accessibility of shops were identified as main barriers to having an adequate food intake.

Objectives

The long term goal was to improve the health and wellbeing of disadvantaged communities in Bayside by facilitating better access to more affordable fruit and vegetables. The objectives, in relation to residents of the public housing estates were:

1. To determine the current availability and affordability of fruit and vegetables
2. To determine the physical accessibility of fruit and vegetables
3. To determine the best way of improving the availability of fruit and vegetables

Process

- *Information gathering:* Conducted a literature review and identified the target population.
- *Healthy Food Access Basket Survey (HFABS):* Conducted on 16 supermarkets and 17 green grocers (33 in total). Stores included in the survey were within 500 metre radius (walking) or 2 km radius (& with public transport) to the housing estates. At least 2 stores from each suburb in Bayside were included for comparison. South Melbourne Market was included as a market comparison.
- *Mapping:* Computer program Photoshop was used to construct maps of Bayside showing SEIFA indices, store locations and HFABS results.
- *Access analysis:* examination of public transport routes and mapping food deserts.

Setting

The City of Bayside- specifically around the five main housing estates (in Elsternwick, Hampton East and Highett).

Results

- 20% of a family's income (if on Government benefits) could be spent on fruit and vegetables in Bayside if they are buying adequate fruit and vegetables to meet recommended serves.
- Only 2 out of the 5 housing estates have access to healthy food (1 outlet) within 500 metres.
- 46% of the supermarket basket is spent on fruit and vegetables alone.
- A variation of \$82.20 exists depending on where a family buys their fruit and vegetables in Bayside.
- Even when using public transport to get to healthy food outlets, most routes included a walking distance of at least 500 metres.

Implications/ conclusion

Affordability and physical access are barriers to food security for the housing estate residents of Bayside. In agreement with previous studies in Bayside, our recommendations are to establish a mobile fruit and vegetable van selling affordable, top quality fresh produce to residents of public housing estates in Bayside. Efforts also need to be made to ensure residents have budgeting and cooking skills to enable them to be food secure in the long term.

Keywords: Food security, fruit and vegetable van, food access, Bayside, affordability, housing estates.

An Assessment of the Food Security Status of Markham Avenue Public Housing Estate Residents and a Review of Strategies Addressing Food Security in Ashburton.

Roslyn Orchard & Paul Gloury

Background:

Food security is a problem of serious concern at a national, state and local level, caused by a variety of determinants. The World Health Organisations definition of food security is “when all people at all times have access to sufficient, safe, nutritious food to maintain a healthy and active life” (1).

In 2003 a needs assessment was commissioned by Inner East Community Health Service (IECHS) to assess the level of food security in Ashburton. This needs assessment found that 26% of Ashburton residents were food insecure.

Health promotion workers from IECHS, have suggested that a large proportion of Ashburton’s food insecure population are housed at Markham Avenue Public Housing Estate (MAPHE). The specific food security status of MAPHE residents is currently unknown. There are also a number of food security programs and emergency food relief services in the local Ashburton area, which have yet to be collaboratively evaluated. This study includes an assessment of the food security status of MAPHE residents with an evaluation of past and current food security programs and emergency food relief services.

Goal: To improve the food security status of MAPHE residents, by December 2009.

Objectives:

- 1) To assess the level of food security amongst the residents of the MAPHE, by September 2007.
- 2) To review and evaluate previous and current strategies implemented by local health and welfare agencies involved in addressing food security issues amongst residents of Ashburton, by September 2007.
- 3) To increase the capacity of IECHS to more effectively address food security of MAPHE residents, by September 2007.

Process:

Following a literature review on food security and researching the current food security programs in place from a national to local level, a sequence of activities was planned. These activities assessed the food security status of MAPHE residents and evaluated the local food security programs and emergency food relief services:

- 1) **Ashburton area mapping** - An access and mapping analysis was completed on the area of Ashburton to document the locations of local food outlets, public transport options and walking routes. This was used to identify determinants affecting the physical access of residents to the local food supply and public transport.
- 2) **Market basket survey (MBS)** - Using the current draft of the Victorian healthy food basket (VHFB), a MBS was completed on all food outlets in Ashburton. A MBS was also completed on the Queen Victoria Market to compare market prices with food outlets in Ashburton.
- 3) **Focus Group** - A focus group was conducted with residents from MAPHE to discuss any issues surrounding the access, knowledge, skills/ability and priorities residents have in relation to food and nutrition.
- 4) **Survey** - A short survey was used, which provided valuable information on the food security status of MAPHE residents and their use of food security programs/support services within the area.
- 5) **Interviews** - Interviews were conducted with key community workers involved in past and current food security programs and emergency food relief services available to Ashburton residents to evaluate their effectiveness.

Recommendations were made to improve existing programs and potential new strategies to improve the food security status of Ashburton residents.

Setting:

This study was conducted in the suburb of Ashburton. Ashburton is a disadvantaged area located within the Boroondara municipality, approximately twelve kilometres South-East of Melbourne. In 2003, The Victorian Government selected Ashburton as a priority area for the Neighbourhood Renewal Program. This program is an initiative that aims to reduce inequality within disadvantaged communities.

Results:

It appears that a large proportion of MAPHE residents are food insecure. The main determinants causing food insecurity amongst this population surround problems with food access and cost. Although there are several food security programs and emergency food relief services in the local area of Ashburton, many of these do not target specific population groups. In particular, there are few programs that specifically address the needs of males and the CALD (culturally and linguistically diverse), and HACC ineligible population subgroups. There are many food security programs and emergency food relief services that address the immediate need of food insecurity, but fail to address the determinants of the problem. There is a lack of programs that have a population focus, which aim to encourage community action and/or create supportive settings and environments to improve food security.

Conclusions:

Many MAPHE residents suffer from poor food security. Programs need to target minority groups, and have a population focus which aims to create community action and supportive environments, to improve and sustain the level of food security within Ashburton. This study will assist IECHS in achieving the goals and objectives consistent with the 2006/2009 IECHS Organisational Health Promotion Plan.

Evaluation of the social café meals program for rooming house residents in the City of Boroondara

Anna Guerrieri & Louise Colaci

Background

The Social Café Meals Program (SCMP) is a 'creative program' that is based on similar subsidised meals programs in the City of Yarra and Hobson's Bay localities. The SCMP is a local initiative, which attempts to improve food security and social connectedness for its members by providing cheap meals in a social and friendly environment. The program is aimed at rooming house residents (RHR) and people in transient housing in the City of Boroondara (COB). It forms a part of Health Time, a larger health program that seeks to improve the health and well-being of RHR within the COB.

The SCMP has been running in the COB for more than 9 months, however it has not yet undergone a formal evaluation of its performance. Further, it is known that the SCMP is not being used to its full potential as most members are not using the program on a regular basis. As such, this project undertook an evaluation of the SCMP. This evaluation sought to determine if the SCMP was meeting its objectives to allow recommendations to be made to facilitate future development and continuation of the SCMP, as well as assisting with securing future funding.

Objectives

The goal of this project was to perform an impact and process evaluation of the SCMP to determine the degree to which the program's overarching vision and objectives are being met. This project consisted of 5 objectives:

1. By September 2007 at least 70% of SCMP members will participate in an evaluation to determine if the SCMP has increased access to affordable, nutritious and socially acceptable meals for SCMP members.
2. By September 2007 at least 70% of SCMP members, café proprietors and referring health workers will participate in an evaluation to determine if the SCMP has increased social connectedness for SCMP members.
3. By September 2007 100% of café proprietors will participate in an evaluation to determine if the level of support provided and capacity to participate in the SCMP is adequate to meet their needs.
4. By September 2007 at least 70% of SCMP members and referring health workers will participate in an evaluation to determine if the SCMP is convenient to access for SCMP members and referring health workers.
5. By September 2007 at least 70% of SCMP members will participate in an evaluation to determine if the SCMP has improved food security for SCMP members.

Process

The methodology employed in this project consisted of:

- A focus group with referring health workers (n = 5)
- Interviews with SCMP café proprietors (n = 3)
- Assisted interviews with SCMP members (n = 10)

The data was collected over a three week period in August 2007.

Setting

The COB is located in the Eastern Metropolitan region of Victoria and includes the suburbs of Camberwell, Hawthorn, Kew and Ashburton. The focus group and assisted interviews were conducted at the Boroondara Community Health Centre in Hawthorn, Melbourne. The interviews with café proprietors were conducted on their premises. The 3 cafes are La Porchetta, Bacio Dolce and SpudBar. These cafes are located in Hawthorn and Kew.

Results

The SCMP was found to be providing socially acceptable subsidised meals, however these meals were not always nutritious or affordable for members. Despite this result, the SCMP was found to increase members' overall food security. The SCMP was only found to have a small impact on members' social connectedness level, which was mainly attributed to a lack of strategic opportunities to meet new people.

A major barrier to member usage of the SCMP was found to be difficulty accessing some of the cafes due to their location. Current methods of membership renewal were reported to be too difficult and inconvenient for many members therefore alternative methods of renewal need to be developed. Referring health workers did not report any major difficulties during their involvement with the SCMP, however it was indicated that the referral and assessment form requires modification in order to be more appropriate and useful to this population group. Finally, the café proprietors felt they had received adequate support throughout their participation in the SCMP and were open to changes or suggestions for improvement to the SCMP.

Conclusion & Implications

In summary, the SCMP is meeting the majority of its objectives however its achievements to date have been minimal. Modifications are required to ensure the SCMP addresses its objectives in a manner that produces the most benefits to both its members and the community. It is hoped that the recommendations given in this project will assist in improving the SCMP and in securing future funding to enable the program to continue. The continuation of the SCMP will ensure that the issues of food insecurity and social connectedness amongst RHR in the COB will be addressed, which will lead to improvements to the health and well-being of this population.

Keywords: homelessness, social connectedness, food insecurity, rooming house, café meals, City of Boroondara.

How to give our kids a better future through healthy eating and physical activity

Aimee Barber & Denise Burbidge

Background:

In 2000, the Eat Well Australia Agenda for Action 2000-2010 outlined the importance of promoting healthy weight as one of Australia's top Public Health Nutrition priority areas. With regional data showing one in four primary school-aged children to be overweight or obese, Portland District Health specifically recognised children's nutrition and physical activity as a priority area in their Health Promotion Management Plan 2006/2009. Portland District Health has been strongly involved with the Portland Healthy Schools Network working together with schools to improve children's nutrition and physical activity.

Objectives:

- To explore community priorities in the areas of physical activity and nutrition, specific to primary school-aged children in the Glenelg Shire.
- To develop an action plan to guide the future health promotion work of the Portland District Health Dietetics Department and the Portland Healthy Schools Network.

Process:

In conducting this project a number of steps were undertaken. Literature was reviewed investigating incidence and prevalence of childhood overweight and obesity, influencing factors and strategies that have been successful in overcoming childhood overweight and obesity. This coincided with an examination of existing services in the Glenelg Shire for primary school-aged children. To explore community priorities, consultation was conducted by way of a stakeholder workshop, based on the Analysis Grid for Environments Linked with Obesity framework, and a parent focus group. A draft action plan was then developed for the Portland Dietetics Department and Portland Healthy Schools Network. Once developed, the action plan was presented to the Portland Healthy Schools Network, the Portland District Health Primary and Community Care Team and at an open forum at Monash University in Melbourne.

Setting:

Portland District Health, Glenelg Shire, southwest Victoria.

Results:

The priority areas for action identified through the community workshop and parent focus group included: increasing fruit and vegetable consumption, increasing water consumption, increasing the amount of wholegrain breads and cereals consumed, improving lunch box contents and decreasing consumption of high sugar drinks. These priorities, all nutrition based, formed the basis of a comprehensive action plan. The action plan details strategies across the health promotion continuum, clearly outlining: necessary resources, potential partnerships, evaluation details and timeframe for completion.

Implications & Conclusion:

Portland District Health dietitians and the Portland Healthy Schools Network will use the action plan developed through this project as a guide to implement health promotion activities relating to nutrition and physical activity in primary school-aged children. In the long term it is envisaged that the strategies detailed in the action plan will help to reduce the incidence of obesity for primary school-aged children in the Glenelg Shire.

Keywords: childhood obesity, healthy eating, physical activity, health promotion

Impact evaluation of “Kids Go For Your Life initiative in City of Manningham

Tammie Choi & Janet Tam

Background

Since the beginning of 2007, Manningham Community Health Service has been working closely with 7 local kindergartens to assist in implementing the state-government initiated “Kids – Go For Your Life” program. Through the program, healthy eating and active play are promoted to the young kindergarten children as an approach to address the growing problem of childhood obesity in Manningham area. As Chinese is the largest ethnic group in the municipality, this project places a special focus on the Chinese families.

Objectives

1) To assess the impact of the “Kids – Go For Your Life” initiative on promoting healthy eating among the kindergarten communities involved 2) To develop sustainable tools to measure the impact of the “Kids – Go For Your Life” initiative 3) To determine the potential barriers of Chinese families becoming involved in the “Kids – Go For Your Life” initiative 4) To develop resources and strategies to address the cultural barriers Chinese families experienced

Process

i) Lunchbox audit tool – developed, piloted and refined audit tool to measure and monitor the extent of children’s eating habit changes in their lunchbox *ii) Parent survey* – completed by parents of 2 kindergartens to ascertain response to the initiative and assess awareness of key messages of the initiative *iii) Chinese family interview* – conducted individual interviews with 8 out of 10 Chinese families to identify cultural barriers to program involvement and developed strategies to address the barriers *iv) Teacher survey* – completed by all participating kindergarten teachers and assistants to gauge their perception of the impact the initiative has on children’s eating habits

Setting

Seven kindergartens (Bulleen, Cat Jump, Doncaster Garden, Gumnut Gully, Templestowe, Templestowe Valley, Warrandyte) in the Manningham municipality

Results

i) Children have increased fruit consumption and decreased “sometimes” foods but vegetable intake is still low *ii) 92%* of parents understand the key messages and 76% reported seeing eating habit changes in their children *iii) 7* out of 8 Chinese families have language barrier restricting information uptake but 75% claimed that their children are making similar eating habit changes as their peers *iv) All* teachers reported seeing changes in the children’s eating habits

Implication/Conclusion

- through the initiative, the kindergarten children have embraced the healthy eating messages and have taken the message home
- parents, regardless of their awareness of the messages, have seen changes in their children’s food habits
- teachers’ enthusiasm and the programs they have delivered have catalysed the children eating habit changes

Keywords: Kids – Go For Your Life, kindergarten, impact evaluation

“Filling the Gap, Healthy Nutrition for Preschoolers”
Ensuring Adequate Nutrition in Long Day Care: Menu Analysis
Su-Ling Lim & Verity Smith

Settings:

The project involved the City of Greater Dandenong Meals on Wheels (MOW) service and the four Long Day Care Centres (LDCC) in the City of Greater Dandenong with the main meal provided by this kitchen.

Background:

Long Day Care (LDC) is defined as caring for a child for a minimum of 8 hours per day, five days per week, therefore this environment imparted an opportunity to educate children and parents about appropriate and healthy nutrition. Dietary intake of key nutrients protein, fibre, calcium iron and zinc is often lower than recommended in children attending LDC. The minimum national recommendation is for the provision 50% RDI for all nutrients LDC hours. Some children may consume up to two thirds of their total daily nutrient intake during LDC hours. Earlier in 2007 MOW approached the Dietitian at City of Greater Dandenong Council office to determine the nutritional appropriateness of the current Traditional Menu in line with meeting current standards for the provision of food for LDCCs.

Objectives:

1. To assess nutritional adequacy of food provided by MOW to LDCCs in the City of Greater Dandenong and to provide practical and achievable recommendations to meet a minimum of 50% Recommended Dietary Intake (RDI) for 3-5 year old children per day by the completion of the 6 week program.
2. To increase capacity of MOW menu planners and childcare workers to assess future recipes and meals for nutritional adequacy in line with meeting a minimum of 50% -67% RDI for children aged 3-5 attending LDCCs in the City of Greater Dandenong by the completion of the 6 week program.

Process:

Site visits to the MOW kitchen provided information about food and cooking methods utilised. Recipes were obtained and analysed for the key nutrients using Foodworks™, and a Microsoft Excel spreadsheet was created to assimilate information. Site visits to the each of the four LDCCs were performed to ascertain the average amount of food provided to and consumed by each child. Meal time routine and nutrition education practices occurring at each LDCC were also documented. Snacks provided by the LDCCs were analysed using Foodworks™ and incorporated into the Microsoft Excel Database.

Gaps in knowledge was identified as one of the major risk factors contributing to inadequate nutrition in LDC. To address this nutrition educational resources were developed specifically for this target group. Practical recommendations were provided to MOW and the LDCCs targeting specific areas for improvement to enhance the capacity of MOW and LDCC to provide healthy and appropriate meals and snacks.

Results:

Protein: Consistently met above 67% RDI from the total amount of food provided and consumed. Most protein was obtained from MOW meals.

Fibre: The most common nutrient not meeting 50% RDI from the total amount of food provided and consumed. Dietary intake of fibre was highly dependent on what the MOW option for that day was.

Calcium: Second most common nutrient not meeting 50% RDI from the total amount of food provided and consumed. Most calcium was provided by snacks from LDCCs.

Iron: Consistently met 50% RDI from the total amount of food provided and consumed. Iron was derived from both MOW meals and snacks served at LDCC.

Zinc: Consistently met 50% RDI from the total amount of food provided and consumed. Both MOW meals and snacks served at LDCCs contributed to zinc intake.

Implications/recommendations:

To make the current menu provided to LDCCs more culturally appropriate, it was recommended that MOW incorporate selected recipes from their Asian Menu.

It was recommended that the resource pack be used in future menu planning, and the foods and activities suggested by assimilated into LDCC daily routine.

Conclusions:

The current MOW Traditional Menu, when served in conjunction with LDCC snacks met the standard of a minimum of 50% RDI for the key nutrients the majority of the time. Consumption patterns of the meals provided to children was highly influenced by the aesthetic properties of the meal, cultural and age appropriates than itself.

To provide optimal nutrition at LDCCS there should be close communication between MOW and LDCCs. Both services are equally important in the provision of adequate nutrition. Both MOW meals and snacks provided by LDCCs are essential in order to achieve 50% RDI.

Key Words: Preschool nutrition, childhood nutrition. Meals on Wheels (MOW), Long Day Care (LDC), Menu analysis

**A Story about Feeding Babies:
Evaluation of the Northern Territory Infant Feeding Guidelines Resource**
Cassie Rickard & Emily Butler

Background:

In 2005 the Northern Territory Government updated its infant feeding guidelines, consistent with new national and international recommendations. An educational resource, *A Story About Feeding Babies*, was developed to educate indigenous families about appropriate infant feeding practices. Following dissemination of the resource in 2006, there had been no formal evaluation of its use in practice.

Objectives:

To assess the current utilisation of the infant feeding guidelines resource by health and community workers in the Northern Territory; and to identify additional strategies to support effective use of the resource.

Setting: Health and community centres in remote communities of the Northern Territory; paediatric wards; urban Aboriginal Health Services.

Methods:

Interviews were conducted with relevant staff in ten communities to which the resource had been disseminated. Telephone interviews were conducted with staff at communities to which travel was not possible. A questionnaire was completed by departmental nutritionists responsible for training staff in its use. Results were primarily analysed qualitatively, with quantification of some interview items possible.

Results:

Fifty-six respondents representing 17 communities were included in the evaluation. Two-thirds reported using the resource, with poster displays the most common method of use. The resource was most commonly used for infants with nutrition-related problems rather than general education. Age-specific information was usually used in preference to the entire resource. In-services were considered valuable by the 60% of respondents who had been trained in its use. A vast majority of respondents considered the resource to be a useful tool for educating families, however many noted other barriers (particularly food security issues) that may prevent improvement in infant feeding practices.

Implications:

Wider dissemination of the resource throughout the community and a preventative focus by health centres were identified as necessary measures to promote optimal use of the resource. Nutritionists should aim to improve accessibility of the resource, maximise staff training opportunities and continue advocacy activities to minimise barriers to behaviour change.

Conclusion:

A range of strategies to improve use of the resource within community settings were identified, which can be expected to improve individuals' knowledge of appropriate infant feeding practices. Other barriers exist which may prevent this from leading to behaviour change.

Key Words: infant feeding, educational resource, indigenous health, evaluation

Go For Your Life Maribyrnong Being Active Eating Well

Ruey Lim & Wen Chiann Lim

Background

To date, there is still a large gap in research on the best way to work with young people in the area of healthy eating and physical activity. Evidence has suggested that lower socio-economic groups in particular are less likely to eat a diet consistent with the dietary guidelines, more likely to be obese and physically inactive. In light of such, a new 3-year project – the *Maribyrnong Being Active Eating Well* (MBAEW), focusing on young people being active and eating well has been developed as part of the Victorian Government's *Go for Your Life* initiatives.

The SEARCH project has been created at the early stage of the MBAEW to conduct a needs assessment to identify issues impacting young people aged 12-18 being active and eating well in the City of Maribyrnong. Findings of the SEARCH project are used to help the decision-making process in developing action plan for the MBAEW.

SEARCH was carried out to capture a snapshot of the breadth of issues faced by young people. As such, the survey findings are not exhaustive and more research is needed to gather further local baseline information.

Objectives

1. To identify barriers and enablers of young people participating in physical activity and eating according to the Australian Dietary Guidelines for Children and Adolescents by week 7.
2. To increase community involvement to address the eating and activity habits of young people by week 8.
3. To make sustainable recommendations on the strategies or interventions that will be used to increase physical activity and improve the eating habits of young people by week 8.

Process

Target groups: Young people aged 12-18 studying, working or living in the City of Maribyrnong and youth health workers working in this area. 124 young people and 2 youth health workers were surveyed.

Methods: Convenience sampling method was used to recruit participants in our project. Face-to-face interview and role-play were piloted. Revised, user-friendly written surveys for young people and youth health workers were used.

Settings A variety of youth scenes within the City of Maribyrnong.

Key Findings

SEARCH confirmed that environmental factors were main elements that affect physical activity and healthy eating in young people, followed by behaviours, skills and knowledge. Findings of the surveys showed that most young people reported knowing the importance and benefits of being physically active and healthy eating yet many do not appear to know the physical activity and healthy eating guidelines and do not appear to be applying these knowledge in their daily life. People who have both direct and indirect contact with the young people (such as parents, friends, sport/movie stars) were found to have both a positive and also to a lesser extent, a negative effect on their physical activity and healthy eating levels.

Healthy eating behaviours of concern are the low consumption of breakfast and vegetable, and a high use of high take-away/ fast food. SEARCH found the need for young people to acquire skills to resist peer pressure, to budget and the knowledge in accessing and preparing easy, quick and convenient healthy food options so suit their lifestyle. Findings noted that availability and taste of foods are key enablers to healthy eating.

In regards to physical activity, the lack of motivation and lack of time-management skills were noted as barriers. Young people are often not provided with the opportunities to be active in a way that is preferable to them or simply are not aware of the various physical active opportunities available. Findings strongly suggest that incorporating the element of social interaction into organized activities is integral to promote active living.

Recommendations for Future Directions

- To promote local sporting places and out-of-school activities via school newsletter & website.
- To start breakfast clubs at schools.
- To incorporate positive & well-known figures into schools programs to promote healthy eating and active living.
- To make access to local sporting places free or at a lower cost.
- To up-skill parents to become better role models (e.g. conduct courses on Saturdays with lunch provided).
- To establish a steering committee within each school that has close network with each other to cultivate healthy habits amongst students.

Conclusion

As SEARCH is not an exhaustive data collection tool, limitations are present hence further baseline data collection is necessary to confirm the findings as well as conducting of future feasibility studies on the various recommendations to address the physical activity and healthy eating issues in young people in the City of Maribyrnong.

Does the tooth fairy visit Chinese Kids too?

A better oral health for Chinese pre-school children at Whitehorse Community Health Service
Yin Chien Kwan & Dan Fu

Background: Chinese pre-school children present at Whitehorse Community Health Service (WCHS) with more serious dental decay and with greater number of affected teeth compared to their non-Chinese counterparts. They tend to access the service for treatment purposes when the problem is obvious rather than for preventative care. Since City of Whitehorse has a large number of Chinese, this leads us to believe the problem of dental decay is likely to be widespread in this area. This is a matter of concern because dental decay is preventable and successful intervention brings benefits in childhood as well as later life. Unfortunately there is little evidence regarding the factors contributing to the development of this health problem in the Chinese community.

Overall, the project aims to improve oral health and reduce dental decay in Chinese pre-school children in the City of Whitehorse by improving the existing oral health service system to support this sub-group to make changes in their practices.

Objectives of this student project were:

1. To identify potential cultural and language barriers to accessing the oral health service for Chinese families with pre-school children within the City of Whitehorse by September 2007.
2. To ensure the oral health system at WCHS has an action plan to address 100% of identified system-related barriers from objective 1 by September 2007.

Setting: The project was carried out at WCHS involving both health development team and oral health team.

Needs Assessment: Potential cultural and language barriers to accessing the oral health service for Chinese families were identified via focus group, phone interviews, literature review and oral health professional consultation.

Results:

Identified key barriers include 1) lack of awareness of the importance of baby teeth; 2) lack of knowledge to care for baby teeth; 3) lack of awareness of the existing WCHS oral health service.

The contributing factors include cultural beliefs that baby teeth are not as important as adult teeth, low perceived need for routine dental check-ups for baby teeth, unaware of the correlation between baby teeth and adult teeth, poor personal care and food & drink knowledge, mixed health messages from the media, ineffective existing out-reach services in reaching Chinese families, lack of publicity of the service in the Chinese community, and inefficient referral from Maternal & Child Health Nurses.

Planning and Implementation: System-related barriers were chosen to be the main focus of the planning stage. An action plan with evaluation strategies was produced through the key stakeholder consultation process. By the end of the student placement, some components of the action plan such as creating and editing publicity materials were carried out. However components relating to ongoing monitoring of the out-reach services and addressing carers' education needs require additional input from other stakeholders and more time to achieve.

Conclusion: The findings support the initial speculations that cultural beliefs influence the oral health practices of the Chinese families. Promotional materials and out-reach services were made more culturally appropriate by the end of the student project. It was recommended to conduct a series of culturally appropriate educational programs to help change knowledge and beliefs about oral health. The effectiveness of these strategies need to be reviewed in 2008 and amended accordingly.

Key Words: Chinese; oral health; pre-school children.

Eating Right from the Start, Diabetes Won't Play a Part

Alyce Wilson & Mikaela Figgis

Background

There is an increasing number of studies demonstrating and recognising the link between the nutrition received in the in-utero environment and early feeding practices and the subsequent increased risk of developing chronic diseases, such as, diabetes in later life. Diabetes affects Torres Strait Islanders in epidemic proportions and prevalence rates in this population are much higher than the Australian average. The period from pre-conception through to childhood has been targeted as an approach to improving the rates of chronic disease in the Torres Strait through appropriate nutrition.

Objectives

The 'The Kai Kai Right from the Start, Diabetes Won't Play a Part' project aimed to:

- To determine the gaps in nutritional knowledge of Torres Strait Islander (TSI) women/mothers in regards to the relationship between in-utero and early feeding practices and the increased risk of developing chronic disease in later life.
- To identify other influences, such as, physical, social, emotional and environmental factors which may have an effect on Torres Strait Islander maternal and infant nutrition.
- To develop an action plan for the communities of the Torres Strait to work towards improving in-utero and early feeding practices.

Process

- *Community consultation* with identified key stakeholders and community members to determine the problems affecting and discuss strategies to improve the management of diabetes in pregnancy, breastfeeding, introduction of solids and bottle fillers in the Torres Strait.
- *Information gathering* - various government and health-related reports, programs and policies were examined in addition to recommendations from accredited national and international organisations.
- '*Early feeding practices questionnaire*' was used to interview Indigenous mothers in the Torres Strait and Northern Peninsula Area

Setting

The Torres Strait and Northern Peninsula Health Service District stretches from the tip of the Cape York Peninsula to the Australian Border with Papua New Guinea. The population of the district is approximately 10,000 people spread over 14 inhabited islands (with 15 communities) and 5 Northern Peninsula Area communities. Thursday Island is the administrative centre of the Torres Strait and the Thursday Island primary health care centre and hospital provide many outreach services to the district.

Results

- Major findings from consultations with stakeholders included that problems surrounding the management of diabetes in pregnancy is predominantly system based. Poor duration and exclusivity of breastfeeding is most common in young mothers aged < 20 years.
- 26 mothers were interviewed with the questionnaire. 65% of mothers were found to have breastfed their children till at least 6 months and 59% breastfed for > 12 months.
- Only 5 women reported using 'Farex' fortified rice cereal as a first food and when it was used it was done so inappropriately and prematurely. Fruits, vegetables and custard were found to be the most common first foods introduced. More than half (58%) of mothers reported giving their young children juice in bottles whilst most (81%) responded correctly to questions regarding the link between sugary drinks and dental decay. 30% of mothers believed babies need fluids other than breast milk in the first 6 months.

Implications/Conclusions

The findings from the project were used to develop a draft 'Maternal and Early Childhood Action Plan' for the Torres Strait and Northern Peninsula Area Health Services District. The action plan takes a collaborative approach to outlining sustainable, culturally appropriate, practical and workable solutions to improve maternal and early childhood nutrition and feeding practices in this population. An early investment in health care, especially one which is targeted at children may be an effective way of ensuring the lifelong health and general well-being of the Torres Strait Islanders.

Keywords: childhood, nutrition, breastfeeding, diabetes, indigenous.

Feasibility Study: Furthering the Tick in Victoria

Megan Roberts & Jo Englezos

Background

The Heart Foundation is a non-government, charity, organisation that committed to improving the cardiovascular health of Australians. As part of this commitment, the Tick Program was developed, which aims to improve the nutritional profile of foods sold in retail outlets and to signpost these healthier choices to consumers. In August 2006 the Tick Program was expanded from retail products, to include foods eaten away from home, in response to the changing eating habits of Australians.

In May 2007, the Heart Foundation conducted a feasibility study in NSW to determine which food outlets, within each NSW health area service, would be eligible to apply to become Tick Licensees (1).

Recognising the commitment made by both Federal and Victorian State Government to improve cardiovascular health (2, 3, 4, 5) it was proposed by Heart Foundation staff that this project be conducted to assess the feasibility of expanding the Tick Program into Victorian Government owned retail food outlets, specifically within the healthcare, tertiary education and sport and recreation sectors.

Objectives

The objectives of this project included specific timeframes for which the following would be achieved: identifying food outlets within health, tertiary education and sport and recreation facilities, including those that are government owned; categorising all identified outlets as being high, medium, or low priority for further investigation; identifying which of the high priority food outlets would be eligible to apply to become tick licensees;

Process

A list of preliminary contacts for each DHS health region and each local government area (LGA) in Victoria was compiled. An explanation of the project was provided to each representative via phone and a request was made for a list of all government owned food outlets within each LGA region; the lists provided included both government and non-government owned food outlets.

Once all outlets were identified, they were categorised into order of priority for further investigation. Using the Tick Foodservice Application form, a survey tool was developed to guide interviews with food outlets. Interviews were then conducted with the most highly prioritised outlets; both stand alone outlets and large organisations (responsible for the operation of multiple outlets) were interviewed.

Setting

This project has been undertaken at the site of the Victorian Heart Foundation office, under supervision of the Heart Foundation Nutrition Officer.

Results

273 food outlets were identified across the 79 Local Government Areas in Victoria, with a varying number of outlets within health services, tertiary institutions and sporting facilities. 30 outlets were determined to be high priority, 44 outlets were determined to be medium priority and 199 outlets were determined to be low priority for further investigation. Based on defined eligibility criteria, 11 of the 18 outlets/organisations were found eligible for application, 6 of the 18 outlets/organisations were found ineligible for application and 1 outlet provided insufficient information for eligibility to be determined. A scoring system was then used to rank outlets in order of priority as potential Tick Program Licensees.

Implications/conclusions

This project has identified various food outlets and organisations within Victoria that are eligible to apply to become licensees of the Tick program.

It is recommended that the three highest priority organisations be approached to become potential Tick Program Licensees. These three highest priority organisations are representative of all sectors (health, sport and recreation and universities) investigated. They have demonstrated potential to fulfil the requirements of the Tick Program and the potential public health impact of working with these organisations is large.

There is great opportunity for the expansion of the Tick Foodservice Program in Victoria. Increasing the number of Tick meals available creates supportive environments to promote and assist Australian's make healthier food choices, thereby working towards the Heart Foundation's mission to support improvements in cardiovascular health.

The Northern Territory Healthy Weight Program: Evaluation

Ju-Lin Lee

Background:

The Northern Territory (NT) Healthy Weight Program (HWP) was developed in 2005 and was adapted from the Queensland Health version to be more suitable for Indigenous people in the NT. The HWP contains a variety of topics related to healthy eating, weight, and lifestyle. With no evaluation done to date, and as a community action area of the NT Nutrition and Physical Activity Unit's Action Plan, as well as being in line with the goals of various international, national and local health promoting policies and strategies, it was identified as a priority to evaluate the HWP. This was also important for wide spread promotion and use of the HWP.

Objectives:

The goal of the evaluation phase of the HWP was to evaluate whether the content and use of the Healthy Weight Program resource was effective and appropriate. This refers to whether the HWP is reaching its target audience at its optimal level and whether the content of the HWP is presented in a way that is easy for the target audience to understand in order to maximise gaining knowledge and facilitate behaviour change. This was achieved by determining whether the HWP resources are currently being used; how the HWP is being used; and determining facilitator and consumer satisfaction with the HWP in meeting their needs in promoting a healthy weight and lifestyle.

Process:

Consultation with key stakeholders was conducted to determine their expectations of the evaluation of the HWP and to be familiarised with the cultural and social circumstances in which the HWP was being used. *Background Information* was collected via questionnaires which were distributed via phone or email to determine current usage of the HWP and to obtain preliminary feedback. Focus group sessions and consultations were conducted with various key stakeholders including the Remote Health Nutrition Team, Preventable Chronic Disease (PCD) team members, Borroloola health staff, participants of HWP sessions in Belyuen and an expert in the field of Aboriginal nutrition research to determine facilitator and consumer satisfaction and their needs and opinions for a potential nutrition resource. From this, recommendations were developed to further improve the current HWP.

Setting:

The evaluation was carried out from Darwin, NT, with the Nutrition and Physical Activity Unit, Department of Health and Community Services, Northern Territory Government. The evaluation process included various stakeholders across the entire NT.

Results:

Part A. Thirteen of the 19 questionnaires distributed were completed and indicated that the HWP was being used most commonly on a monthly basis, largely as individual sessions, rather than a long term program with the same participants and facilitators. The target audience was reported to be mainly the general public or health promotion staff. Part B. Participants of the Nutrition team focus group identified the need for a HWP 'resource kit' that can be used predominantly for ATSI people but also non-Indigenous people, in urban and remote settings. Feedback and information obtained was collated in five emerging themes: Cultural appropriateness; Content (ie information provided); Format and presentation (including an appropriate title); Specific sessions; and Potential scope of use.

Implications/Conclusion

This evaluation showed that there is great potential for the HWP to be used to promote healthy eating and lifestyle as a basic nutrition resource that can be used in a variety of settings. However, with such a broad range of needs in the NT, this does not replace by no means locally initiated projects, and in fact should be used to support such projects.

The following recommendations that aim to further improve the HWP were developed:

1. Definition of the HWP Resource – That there is clear definition of the goal, objectives and target group for the HWP
2. Format – That there is the development of a nutrition ‘resource kit’ which covers a range of topics about achieving a healthy lifestyle which can be used in various settings on a one-off basis, rather than a program that requires long term and consistent commitment by the same facilitators and participants. This includes revision of the title ‘*Healthy Weight Program*’.
3. Promotion – That there is further official promotion and advocacy by nutritionists and continual support from external stakeholders of this resource to maximise its use and effectiveness. This includes planned ongoing training and support of local use of the HWP.
4. Evaluation – That there is the development and implementation of a long-term evaluation plan for this resource.

Keywords: Healthy Weight Program, Aboriginal and Torres Strait Islander people, Northern Territory, lifestyle, chronic disease, program evaluation.

Increasing access to nutrition and health messages for new arrivals in South Tasmania

Sara Poh

Background

Tasmania receives 4% of all refugee and humanitarian entrants, arriving mainly from Africa, under the Australian Humanitarian Program (1, 2). Many factors predispose the humanitarian entrants to suboptimal health and wellbeing (3 – 13). Recommendations of the Community Nutrition Unit (CNU) nutrition needs assessments in 2004 and 2006, as well as multiple requests from the community and stakeholders, prompted the commencement of the current project. The current project aims to address humanitarian entrants' poor access to food and nutrition information in Southern Tasmania.

Objectives

The objectives are to increase the awareness, capacities and knowledge of bi-cultural health workers (BCHW) and other key stakeholders, in addressing the identified nutrition issues of humanitarian entrants in Southern Tasmania. This involves the development of food and nutrition resources for use by BCHWs and other key stakeholders.

Process

- Information collection – Includes literature reviews, interviews and on-job observation BCHWs. This is to update information on nutrition issues of humanitarian entrants and to gain understanding of the humanitarian entrants, BCHWs and the nature of BCHWs' work.
- Development of resources – Includes consultations with CNU dietitians, and references to national nutrition guidelines, CNU resources and other resources. This ensures the reliability and uniformity of information on the resources.
- Pilot with BCHWs – To increase relevance of the developed resources for use by BCHWs, a focus group discussion was conducted.
- Final production – Amendments were made to improve effectiveness of the developed resources, taking into consideration the findings from pilot with BCHWs, and opinions of CNU community dietitians and relevant experts.

Settings

Southern Tasmania.

Results

Information sheets addressing identified nutrition issues of humanitarian entrants in Southern Tasmania were developed. Topics include: Iron Deficiency Anaemia, Vitamin D deficiency, Health Eating in Australia and Packing Lunchboxes

Implications

The current project highlighted the importance of community involvement in health promotion programs, especially for communities from different cultures and backgrounds. If barriers exist to deter involve the whole community, a possible strategy is to work with a representative sectors of the community.

By increasing the capacities and knowledge of people who work with humanitarian entrants, i.e. the BCHWs and other key stakeholders, barriers of access to food and nutrition information by the humanitarian entrants can be overcome.