FOOD Chain

SIGNAL
STRATEGIC INTER-GOVERNMENTAL NUTRITION ALLIANCE

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FOOD Views

It Must be Difficult to be a Professor of a Subject that Nobody Agrees About.

Before I came to Sydney to start the university's Human Nutrition Unit in 1978, a Sydney Morning Herald reporter interviewed me at my University of London office. We spoke about my research experiences in Africa, the foods I ate, etc. As he was leaving he remarked: "It must be difficult to be professor of a subject that nobody agrees about!"

I had discussed this problem seven years earlier, in my formal inaugural lecture as professor of nutrition in the University of London. In affluent societies "we find ourselves in a Tower of Babel of nutritional breakthroughs and threats. From newspapers, women's magazines, television, radio, advertisements and supermarket shelves we are bombarded with information from competing interests in the food industry, from journalists and from some medical men. One can hardly blame the man on the street if he or she concludes that all the advice and advertisements cancel one another out. 'It can't matter much what you eat so I'll eat what I enjoy'".

I said then that the academic nutritionist's second big task (after pursuing research on nutrition and chronic diseases) is how "to give the people a better understanding of what they should aim to eat. And since an increasing proportion of our food is prepared by manufacturers we have a responsibility to advise them on long-term planning of their products".

I thought that "professional nutritionists should have their arguments in professional societies and journals, not on the air or in the newspapers. We should try a bit harder to reach a consensus for the benefit of the people as a whole".

In early 1977 Dr Hugh Trowell (a creator of the dietary fibre hypo thesis) rushed the "Dietary Goals for the United States" by the US Senate's Committee on Nutrition and Human Needs back across the Atlantic to the editor of the Lancet who asked me to write an editorial about it. I thought the report's approach was a big step forward. My editorial was enthusiastic and welcoming. I didn't then know the complex politics behind Senator McGovern's committee or that many American companies and professional societies didn't approve. But the Lancet's approval was the first international reaction and was crucial in helping the Goals to be taken seriously. They have evolved into the 5th edition of Dietary Guidelines for Americans (2000).

Move forward two years in Australia to April 1979, the head of Public Health Division of the Commonwealth Department of Health launched dietary goals for Australia at the end of his lecture to a large nutrition gathering in Canberra. I had been one of three people who drafted the goals in the department, and when Dr "Spike" Langsford spoke I was sitting behind him in case he needed technical advice for questions from the floor.

I have continued to work for and with dietary guidelines in Australia and internationally and now I'm one of the team reviewing Australia's dietary guidelines for 2001. Dietary guidelines aim to convert the confusing mass of research about nutrition and disease into agreed recommendations. Doing this involves three processes:

(1) achieving a consensus as to the meaning of all the data combined, ie. a reasoned compromise of the different interpretations,
(2) providing authority and the means of publication and promotion, and
(3) expressing the recommendations in nonspecialist language and ultimately translating them into foods, menus, recipes and eating behaviour modification.

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The procedure for developing dietary guidelines has changed since the early editions (though the resulting summary sentences are not very different). Today's dietary guidelines have to be evidence-based; the drafting committee has to have a range of nutrition experts representing different sections of society. The draft guidelines have to be sent out for public comment; all the groups with particular and commercial interests should have their say before all comments are considered and weighed by the working party's executive. The guidelines must be of general application. For individuals with special needs nutritional and medical professionals are available to interpret and adapt them.

With growing acceptance that we should have rules of evidence for public health nutrition[1] and consensus of experts and wide consultation we are, I think, getting nearer to answering the problem of how to give government supported advice on matters that everyone appears to have a different opinion about.

It is also rational, I still think, for public health nutritionists to work with and not against the food producing, processing and retailing industries – though not for an individual company. There has been some spillover of concerns about conflicts of interest from the tobacco and pharmaceutical industries. But the achievements in human nutrition in Australia which I spoke about[2] at the Australian Nutrition Trust Lorne meeting in 1995[3] have surely come about from collaborations between food companies and the scientific nutrition community. A lot of things have to happen between a dietary guideline "eat less saturated fat" and what's on the shelves of the supermarket and butcher shop.

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A Note from the Editor

This issue of FoodChain highlights 'Best Practice' in Public Health Nutrition –an important area that provokes debate and calls for consensus. We are privileged to have papers covering a range of perspective's on this topic. Professor Truswell's Foodviews reflects on practice over the last 30 years highlighting challenges and gains. Dr Lee's paper encourages us to define best practice in ways that promote effective public health interventions in the current context. The development of the National Public Health Partnership's schema to evaluate evidence on public health interventions assists with this task, as does the Cochrane Health Promotion and Public Health Field. Dr. Ash's paper describes a strategy to encourage research in the clinical setting that can be broadly applied.

Food security, the theme of the previous edition of FoodChain, highlighted some of the issues, practices and challenges of improving access to safe, healthy, affordable and culturally appropriate food in Australia. There was a lot of positive feedback on the issue. The Hawesbury Food Program is an example of a comprehensive program working in this area.

Although FoodChain will have themes for each issue, we encourage contributions relating to themes previously covered. This will continue the sharing of information and debate.

The 'State Roundups' and 'What's On' sections are providing insights into what is happening on the ground in Public Health Nutrition in Australia. Please contact your state SIGNAL representatives to contribute to this section.

The Commonwealth Child Nutrition Grants funding has led to a number of projects in each state, two of the childcare papers in this issue are funded through this scheme. I encourage other projects to share information through FOODChain. I am also pleased to call for brief articles on research being conducted through universities, which will be included in a Research Roundup section in future issues.

The next FoodChain theme is Vegetables and Fruits, a national health gain priority area outlined in Eat Well Australia. Please submit papers by 24 September 2001. If you would like to contribute and would like to discuss the contribution please call (08) 9222 2062. The March issue of Food Chain will be on Aboriginal and Torres Strait Islander nutrition.

Thank you to all those who have so generously given up time to contribute to FoodChain.

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Does Evidence-Based "Inertia" Stifle Best Practice in Public Health Nutrition?

Note: This article represents a personal view and does not necessarily reflect the position of Queensland Health.

Although the impact of total nutrition on burden of disease has not been measured fully, there is increasing evidence that poor nutrition is a major aetiological determinant of premature death and morbidity, contributing at least as significantly as cigarette smoking to the burden of disease throughout Australia[1]. While potential health gains are significant, there has been relatively little strategic coordination or investment in public health nutrition within any sector in Australia.

While the last few years have seen some promising gains in public health nutrition capacity throughout Australia, the need for further investment is clear to those within the field and especially to those attempting to work within a chronic disease prevention framework. However, the potential health gains are not generally recognised by decision-makers across the whole health sector. Of even greater concern is the misconception voiced by several prominent academics in recent public forums that "nutrition doesn't work".

Advocacy is essential, and must be tied to prospective outcomes. Within this paradigm, the focus on outcomes must be evidence based[2,3]. While there is good evidence of the contribution of nutrition to chronic disease, the evidence surrounding intervention practice is less clear. Some of the reasons for this are raised below.

With respect to Indigenous nutrition interventions, there is good evidence (level 3) that community directed nutrition programs, which address both dietary supply and demand issues, can lead to marked and sustained improvements in anthropometric, biochemical and haematological risk factors of chronic disease[4,5,6]. The implementation of community store nutrition policies[7,8] and culturally appropriate maternal and child health programs[9] have also demonstrated positive effects.

There is also good evidence of the effectiveness of nutrition intervention programs in the wider community. Recent support to this literature concerns the effectiveness of nutritional interventions in reducing the prevalence of hypertension[10], the development of Type II Diabetes Mellitus[11] and cardiovascular mortality and morbidity[12].

Empirical levels of evidence were developed to assist evaluation of effectiveness of clinical, therapeutic treatments. There are many acknowledged issues regarding the application of empirical evidence criteria to assess the merit of public health practice and interventions[13]. The complex and multi-factorial nature of nutrition risk factors and interrelated determinants can be particularly problematic in this regard. Application of empirical levels of evidence, which afford highest status to multiple random controlled trials, may be inappropriate to assess the merit of public health nutrition intervention practice for several reasons. These include:

- The relative lack of randomised controlled trails of dietary interventions, particularly those involving the whole diet or foods rather than specific nutrients. These are complex and much more labour intensive and expensive than drug trials; however less funding is available, such trials are uncommon and rarely proceed long term through to health outcome level[14]. Much of the misconception concerning the effectiveness of dietary intervention actually reflects the lack of available experimental studies, rather than the findings of the few well-designed studies available. Widespread implementation of potentially effective strategies is yet to be properly trialed in Australia.
- The complex multi-factorial and confounding nature of nutrition and related risk factors reflects the "evidence paradox" in that comprehensive contextually relevant programs applying multiple strategies are likely to be the most effective, yet evaluation of these programs is dependent on observational studies rather than experimental studies, and hence afforded a lower level of evidence by default[13].
- Ethical and practical considerations mean that the best dietary intervention study design generally possible would provide a maximum level 3 evidence. Given the good evidence surrounding the aetiology of chronic disease, ethical considerations may preclude experimental dietary studies altogether. For example, it would be highly unethical to randomise an indigenous community to a control group in which vegetables were not consumed over a long period, or to measure risk factors in such a community and not feedback results with appropriate treatment advice.

- Application of empirical evidence criteria will support interventions in settings where randomisation of control and target groups is possible, rather than reflect the scope and potential benefit of the intervention itself. This has been exemplified by systematic evidence-based reviews of both vegetable and fruit interventions[15] and indigenous dietary interventions[16] in which school and hospital settings were consecutively afforded highest merit. From a public health perspective, application of evidence-based criteria can actually produce constrained and arguably flawed answers regarding *best buy* nutrition interventions.

Other issues that should be considered in determination of *best buy* interventions in public health nutrition practice include whether the intervention:

- Has the potential for significant health gain (likely to contribute to reduction of burden of disease; is practical, generalisable, sustainable; is likely to be acceptable to the target group)
- Addresses risk assessment (including relative risk of maintaining the status quo, which frequently and unfortunately involves doing nothing in the case of public health nutrition)
- Is supported by expert consensus opinion (this is no longer included in the NHMRC level of evidence scale)
- Has potential for collaboration (inter-disciplinary, intra and inter-agency)
- Supports a partnership approach with consumers within a community development framework
- Addresses socio-environment determinants of health (service access, macro environment eg. food supply, social attitudes, knowledge, beliefs, attitudes and behaviour)
- Has the potential to address social justice and equity issues
- Could be incorporated into the National Public Health Partnership Planning Framework for Public Health Practice- a systems perspective[17]

It is interesting to consider the contrasts in approaches towards intervention practice between the current burgeoning epidemic of lifestyle related chronic disease and the epidemics of communicable disease last century. Such disasters necessitate the development of dramatic solutions and the advent of innovative treatments and approaches. One wonders what future there would have been for public health practice if John Snow had waited for empirical evidence before he turned off the water pump that was the source of cholera? In the same way, the solutions to the current epidemic of chronic disease are likely to be at hand, and are also likely to necessitate addressing underlying environmental determinants.

In this context, evidence-based "inertia" may indeed stifle application of best practice in public health nutrition.

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Evaluating Research Evidence on Public Interventions

Best practice and evidence-based healthcare

For government funded public health programs "best practice' is taken to mean practice that is effective, and thus represents an efficient use of limited resources. To determine which public health interventions will be effective in the future we must consider what interventions have worked, or failed, in the past. That is, which programs and strategies tried to date (either locally or in other settings) have been effective in preventing disease and promoting health in the community.

Ideas about effectiveness, efficiency, and best practice are encapsulated in the concept of 'evidence-based' HealthCare. Evidence-based thinking promotes the idea that conclusions about what works and what doesn't should be informed by sound evaluation research and demonstrated intervention effects, rather than relying on theories, hypotheses and assumptions. Hence evidence-based practice is based on the following three principles:

1) It is important to know whether public health interventions are effective and do more good than harm.

2) The benefits and costs of public health interventions should be described and evaluated, so they can be weighed against other options for the use of resources.

3) People who make (or are affected by) evidence-based decisions about public health interventions should be aware of the *strengths*, *weaknesses* and *limitations* of the available evidence.

Critically appraising evidence

If we adopt the principles of evidence-based practice, our conclusions about the effectiveness of interventions are based on the available evidence in the form of published literature and evaluation reports. The third principle (above) highlights the importance of critically appraising evidence to determine its quality, before it is used as a basis for judging the quality of public health interventions. A review of the literature may reveal very good evaluation studies (well designed, funded, executed and written up) which can strongly inform our conclusions.

Literature reviews also often reveal poor quality evaluations (including peer-reviewed papers and reports) which have great potential to be deceiving or simply wrong in their conclusions. Poor quality research can underestimate or overestimate the effects of interventions. It can also miss unanticipated side effects or harms that may be caused by interventions. How do we decide if a research publication or evaluation report is sound, or 'good enough' to inform our conclusions about public health practice?

The process of critically appraising health care evaluation research against explicit criteria was introduced in the 1970s at McMaster medical school in Canada. The Canadians also led the way in conducting systematic reviews of the literature, grading the quality of the evidence, and then formulating recommendations for medical practice based on the level of evidence available[1]. The 'level' of evidence was primarily determined by the study design that had been used to evaluate the health care interventions. The concept of a hierarchy or 'levels' of evidence, became the cornerstone of evidence-based medicine. Systematic reviews of randomised controlled trials (RCTs) have became known as level 1 or 'best' evidence, one RCT is level 2 evidence, observational studies such as cohorts and case-controls are level 3 evidence, and other observational evaluations, such as pre-post study designs are level 4 evidence.

Both medical and public health practitioners have critiqued this hierarchy of evidence as being too one-dimensional.

In public health and health promotion, much of the evaluation research conducted is observational, and thus can only be classed as level 3 or 4 evidence. This has implications for competing against clinical services for funds as many medical interventions are supported by level 1 evidence. In addition, critical appraisals of evidence that focus on study design provide very little guidance on how to differentiate between the quality of the *evaluation* of an intervention and the quality of the *planning* and *implementation* of that intervention. Public health interventions are often multi-component and programmatic in nature and rely on a range of biomedical, social, organisational and environmental strategies. If an intervention fails, we need to determine whether it was because the various components were not delivered as planned, or because the strategies were simply not effective.

Appraisals of evidence also need to assess the relevance of the social context and whether enough information has been provided to determine the transferability of the intervention to other settings.

Such considerations are essential when appraising evidence on public health and health promotion interventions. They lead to a more comprehensive and thorough assessment of published research and thus to better informed decisions about best practice.

Evaluating evidence on public health interventions – an Australian project

The National Public Health Partnership has commissioned a project to develop a schema (guide) for evaluating evidence on public health interventions. The schema is designed as a checklist of questions that a reviewer may wish to consider when examining a body of literature. The aim is to help reviewers to address the additional dimensions of critical appraisal that were identified above (eg. Was the intervention well-planned and implemented? Is it transferable to another context?) as being important when assessing evaluation research on public health interventions.

The schema separates the process of critical appraisal into the following components:

- A Determining the quality of planning, pilot testing and implementation of the intervention
- B Assessing the quality of study design and methods used to evaluate the intervention
- C Assessing the adequacy of information available about the context in which the intervention was implemented and evaluated
- D Summarising the evaluation findings
- E Reflecting on the transferability of the intervention to other settings, and the generalisability of its measured effects
- F Identifying ethical considerations about vested interests and disadvantaged groups
- G Generating a summary statement on each available publication or study that was appraised
- H Developing a summary statement on the total body of available evidence

In summary, the schema is a tool for conducting systematic and comprehensive appraisals of research publications, which encourages the reviewer to think critically about all the available information as well as the gaps in the evidence. It also encourages reviewers to identify lessons that can be learnt from the literature, particularly if the evidence about intervention effectiveness is inconclusive and/or of poor quality.

It is important to note that the schema does not specify the level or quality of evidence that is required in order to allocate funding or to implement public health interventions. Decisions about policy or practice are highly context dependent and are influenced by many factors in addition to published evidence or its quality.

Development of the schema and current activities

The development of criteria for evaluating research-based evidence on health care interventions is a long and iterative process. The critical appraisal criteria proposed for medicine in the 1970s are still being refined, and there is ongoing debate about their appropriate role in determining best practice. The proposed schema for evaluating evidence on public health interventions has been developed and modified over a period of 18 months, and will require further testing and refinement.

The first draft of the schema was released in May 2000, following a process of literature review and consultation with a wide range of people who carry out and use public health research. A discussion paper with the findings of the literature review and consultations, and the ***first draft*** of the proposed schema, is available on the NPHP Website http://hna.ffh.vic.gov.au/nphp/ppi/evidence/isspaper/index.htm

The schema is now being trialed in a series of case studies. Details of these case studies and the ***current version*** of the schema are also available on the NPHP website. http://hna.ffh.vic.gov.au/nphp/ppi/evidence/schema/index.htm

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Cochrane Health Promotion and Public Health Field Promoting best evidence of the effectiveness of health promotion and public health interventions

Finding evidence that a health promotion intervention is effective and not harmful is not as simple as it may sound. A paucity of good quality research, too many conflicting results or evaluations of interventions that are not considered relevant to other populations, may lead practitioners and policy makers to conclude that one should simply rely on good judgment to make policy and program decisions. However, with greater emphasis by governments and funding organisations for decisions to be evidence-based, or reflective of best practice, there is a real need for health promotion interventions to document their effects. Whilst decisions regarding the what, how, who and where of health promotion interventions, as with clinical practice, will always require an element of practitioner judgment, searching for the best level of evidence surrounding available interventions should be commonplace.

The *Cochrane Health Promotion and Public Health Field* (HPPH Field), an entity of the international Cochrane Collaboration, seeks to represent the needs and concerns of health promotion practitioners in all Cochrane processes, and to stimulate the conduct of systematic reviews of health promotion and public health interventions.

The aims of the Cochrane Collaboration are to prepare and maintain systematic reviews of effectiveness of health *interventions*, based on randomised controlled trials or the most reliable evidence available, and to make this information available to all practitioners, policy makers and consumers. Systematic reviews complying with Cochrane methodology are unique in that every effort is made to find and include unpublished research which may not be included in other reviews. The Lancet has recently published a commentary on Cochrane reviews, emphasising that traditional narrative reviews are generally not systematic in that limitations of time or personal bias may influence the studies reviewed. This is in comparison to Cochrane's predefined, explicit methodology which serves to reduce bias[1].

There are 50 Collaborative Review Groups through which individuals or groups wishing to undertake a Cochrane review register according to their topic of review. Whilst it is the responsibility of Review Groups to produce Cochrane reviews, Cochrane fields are active in: advocating for health promotion and public health topics to be pursued; matching potential reviewers of health promotion and public health topics with the appropriate Review Groups; identifying people with content expertise to peer-review relevant reviews-in-progress; and in encouraging practitioners, researchers and policy makers to access the *Cochrane Library* reviews and to partake in Cochrane-related activities.

As the Cochrane Reviewers Handbook states, "an aim of most Cochrane Reviews is to provide a reliable estimate of the effects of an intervention, based on a weighted average of the results of all the available relevant studies"[2]. The *Cochrane Library* houses these systematic reviews, organised under topic headings, and a register of trials referenced. Due to their electronic format, reviews are able to be amended as new studies come to light, thus ensuring summaries and recommendations are as up-to-date as possible.

Reviews or protocols (reviews-in-progress) relevant to food in the Cochrane Library as at Issue 2, 2001 include:

- Reduced or modified dietary fat for preventing cardiovascular disease
- Anti-oxidant foods or supplements for preventing cardiovascular disease
- Dietary interventions for reducing cardiovascular risk
- Interventions for promoting the initiation of breastfeeding *(and numerous other reviews of interventions during pregnancy)*
- Interventions for preventing childhood obesity
- Periconceptional supplementation with folate and/or multivitamins for preventing neural tube defects
- Anti-oxidant vitamin and mineral supplementation for preventing age-related macular degeneration
- Prevention strategies for eating disorders in children and adolescents

The HPPH Field seeks to support the production of health promotion and public health reviews and has a number of strategies to do so, ranging from competitive bursaries, training, support, involving health promotion and public health professionals as review editors, and developing initiatives to build the evidence-base for particular users. We are currently exploring the best way to bring together the relevant evidence for developing countries and welcome any recommendations

in this area. In Australia, we are planning a series of annual seminars and workshops with the professional associations and organisations to encourage and support participation in developing the evidence-base and using it to inform best practice. The Field's website is regularly updated with news and upcoming events (see below). We welcome any advice or recommendations to assist us in helping you improve the evidence-base for health promotion and public health topics.

The Cochrane Health Promotion and Public Health Field can act as a conduit between those with an interest in public health nutrition and nourishment and relevant groups and resources of the Cochrane Collaboration. Opportunities to contribute to the efforts of the Field are welcomed. This may include participation in debates about evidence in health promotion and public health, suggestions as to the types of Cochrane reviews that would be of value to progress food and nutrition interventions, or a desire to be involved in the production of a Cochrane review.

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Relevant information resources:
Field website:
www.vichealth.vic.gov.au/cochrane
Cochrane Library website:
www.cochranelibrary.com

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Best Practice in Nutrition
A clinical perspective applied to public health

Best practice is required to maintain or improve effectiveness and efficiency in health care. Activities, disciplines and methods that are available to identify implement and monitor available evidence in health care are called best practice. Methods to determine best practice include evidence based medicine to determine evidence and clinical practice guidelines to implement recommendations[1].

At the recent 20th National Conference of the Dietitians Association of Australia in Adelaide, a number of speakers mentioned the need to apply an evidence-based approach to practice and some of the difficulties entailed in taking such an approach. While the themes from the paper that I presented were of a clinical nature, they can be applied to the public health setting and I have attempted to do so in this article[2].

Sackett[3] defines evidence based practice as 'the integration of individual clinical expertise with the best available clinical external evidence from systematic research'. Neither is enough alone. The gold standard for defining external evidence remains the randomised controlled trial (RCT), however there are significant difficulties in conducting RCTs in nutrition, particularly in the clinical setting. It is often not ethical to withhold treatment in the control group, as would occur in a truly randomised fashion and guaranteeing compliance to dietary and other lifestyle behaviour changes is often difficult. The levels of evidence range from level 1 or the best (several RCTs or meta-analyses), to single RCTs (level 2), to case control studies and finally to level 4 evidence, expert opinion[4]. Other forms of evidence, however, include the quality of the study design, the strength or magnitude of the study effect and the relevance, which are often more important in contributing to good decision making in applying research to practice. Critically reviewing the literature with these in mind is an essential part of best practice, as all of these factors are required to determine the potential benefits of health care interventions and policies, ways to implement them and on ways to monitor outcomes.

Best practice also involves taking a research perspective in the everyday setting. Practice based research often arises from asking critical questions about one's everyday practice. Questions such as 'How do I know this strategy or policy or intervention is effective or achieving my objectives or justifying the budget spent?' are an important part of community or public health practice. Using the appropriate methodology to answer such questions, often develops into a research study. Many practitioners though speak of the barriers to conducting research.

Barriers and facilitators for conducting research

In the clinical setting, many practitioners use lack of time and resources as barriers to conducting research. Recent surveys have supported this, including a small qualitative survey of dietitians in teaching hospitals in Australia[2].

Barriers included lack of time, lack of administrative support, research being viewed as overwhelming, and lack of mentoring. A Canadian study however, suggested that barriers internal to oneself, particularly lack of self-confidence, are more inhibiting than those external to oneself, such as lack of computers, lack of staff relief and funding[5].

In this Canadian study, facilitators for enabling research to be conducted included having staff relief, statistics advisors, access to funding, supportive management, workshops on study design/writing proposals/developing research questions, help getting started. In my study, 20 out of 26 senior dietitians stated more time given by management and collaboration with those internal to profession as first or second in importance for facilitating research. This was followed by collaboration with colleagues external to the profession, support from sponsors, increased postgraduate research skills, funding and assistance getting it.

Strategies that have been successful

We, in the Princess Alexandra Hospital's Nutrition Services area, have used a number of strategies to promote practice based research. Creation of a research dietitian position, who is released from clinical work, also allows mentoring of more junior staff. The development of strong links with other academic and like-minded colleagues, such as the School of Public Health, Queensland University of Technology and Wesley Hospital has also been critically important. This clinical research collaboration has resulted in decision-makers having both a track record in research and a commitment to research philosophy. It also provides links with mentors in an academic environment and a commitment to research by all staff, particularly junior staff, many of whom are now undertaking higher research degrees. Setting goals for presentation and publication of our collaborative research has earned us a higher profile in our own organisations, links with other medical research colleagues and ultimately more funding.

The future

This model of collaborative clinical research with links between the practice and academic environment can be and has been translated to the public health setting. It remains a challenge to bridge the perceived gap between the clinical and primary care setting but perhaps one way to achieve this is through practice based research collaboration.

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Hawkesbury Food Program

Hawkesbury District Health Service, Community Nutrition

Introduction

The Hawkesbury Food Program (HFP) aims to develop a multi-strategy approach to food and nutrition issues in the Hawkesbury local government area. It aims to improve the health and well being of the community, by strengthening links between the community and local food production, improving access to, and consumption of safe, nutritious, affordable food. Program objectives include policy development, community participation, education and training, collaboration and planning. Food supply issues and opportunities for intervention are incorporated in the HFP strategies.

A re-orientation of food supply systems is inter-linked with the Ottawa Charter for Health Promotion, Local Agenda 21, and the Hawkesbury City Council Healthy Cities initiative 'growing shared solutions to a Healthy Hawkesbury Community'.

Since European settlement the Hawkesbury-Nepean catchment has contributed as one of the most productive agricultural areas of Australia. Once known as the 'grain bowl' of Sydney, the catchment covers an area two and a half percent of NSW, producing 15 percent of the state's agricultural produce including most of Sydney's poultry, leafy green vegetables, mushrooms, nearly a third of the state's oysters and some dairy produce. There is increasing recognition for the need to retain diverse agricultural activity within the Sydney basin.

The Hawkesbury has a young population with 41 percent of the

population being under the age of 25. A high percentage of disposable income goes to mortgage/rent repayments, which, in addition to high travel costs leaves many residents with a low disposable income. For example, 21 percent of households had incomes over $62,000, however 15 percent of household incomes were under $16,000 and 35 percent of incomes were below $12,000 annually. Local demographics indicate increasing pressure for housing development due to the large numbers of young families living in the Hawkesbury.

Studies indicate that diet related diseases such as coronary heart disease, stroke and some cancers are on the increase in the Hawkesbury, creating an opportune environment for long-term nutritional intervention.

Hawkesbury Food Program Partners and Steering Committee members include:

- Hawkesbury District Health Service
- Wentworth Area Health Service
- Hawkesbury City Council
- University of Western Sydney, Hawkesbury (UWS,H)
- NSW Agriculture
- Hawkesbury Skills,
- Earthcare, Food for All and, local community agencies

The present Steering Committee Chair is Professor Stuart Hill, School of Social Ecology and Lifelong Learning, University of Western Sydney, Hawkesbury.

Intervention strands based on community nutrition strategies include:

Increased access to locally produced foods for local people by:

- The Hawkesbury Cuisine group formed to link local restaurateurs and growers.
- A database of growers, food outlets and local businesses interested in participation in Farmers Market, home delivery or Farmgate Trail.
- The local Farmers Market.
- Promotion of local grower's farm fresh home delivery service distributing over 50 boxes per week.
- Presentations to local community groups to provide information on nutrition and food hygiene, access to affordable local food supply.
- Hawkesbury Harvest Farmgate Trail map development, and which has now extensively distributed and linked with tourism.
- Hawkesbury Skills development of a Hawkesbury agricultural database grower/retailers directory.
- Hawkesbury Earthcare group organic community gardens, and education initiatives to support the re-localisation of the food supply.
- Links between farmers and consumers have been strengthened through the above strategies.

Food security for low income families through:

- Food for All Project – targets food security and distribution, with construction underway of a food co-operative targeting those on low incomes.
- Home Delivery Service - student research project and brochure publication distributed through GPs and community agencies targeting those experiencing difficulty gaining access to shops.
- Hawkesbury Skills horticulture and community gardens skilling/ training/ employment training programs participate in collection and distribution of excess fruit and vegetables.
- Richmond Community Services Inc. Cooking classes on low cost nutritional food.

Utilising a 'settings approach' to food and nutrition and communication strategies.

- School Canteen Network - meets once per term with representation from 75 percent of local schools to promote healthier food choices within schools.
- UWS,H student projects including the Heart Foundation 'Tips on Chips', study of the universities' food outlets and community surveys.
- Development of food and nutrition policy at Hawkesbury District Health Service.
- Hawkesbury Health Promotion is embarking on a large 'Health Promoting Child Care Centres' strategy in conjunction with UWS,H with a specific focus on food and nutrition.

Communication strategy

- Fresh local produce tastings and health promotion activities at community events.
- Collaboration with council on food hygiene and safety seminars.
- The production of the 'Seasonal guide to Hawkesbury fruit and vegetables' calendar.
- Participation in Sydney's Fresh Fruit Bowl Network to establish links between 'Healthy Catchments, Healthy Food Healthy People' highlighting the importance of agriculture in the region.
- Projects for Reconciliation with indigenous foods and fibre planted in community gardens.
- Media strategy through radio, local, state and national newspapers.
- All strategies of the HFP are monitored and evaluated through monthly and annual reports, by the Steering Committee and partners.

Grants and awards.

- The Commonwealth Child and Nutrition grant.
- Food for All Project was funded to employ a Project Officer for two years.
- Hawkesbury Council was awarded the Heart Foundation State and National Local Government Community Nutrition Awards in 2000 for the HFP.
- Wilberforce Public School Breakfast Program Hawkesbury Healthy Cities Award.

The Hawkesbury Food Program uses a community development approach for all the strategies, which tend to be community driven, hence there have been many participants involved in each initiative. The HFP has examined community nutrition in the broadest context from agriculture, cleaner production, research, access, affordability, employment, equity and distribution, beyond the scope of many community nutrition projects. The many strategies to consolidate this vision have come to fruition through smaller projects, many of which have gathered considerable strength such as the school canteen network, and Hawkesbury Harvest.

The recently awarded Child and Nutrition Program grant will provide three year's funding for the employment of the Program Officer to work with families and child care settings. Hawkesbury Food Program strategies are implemented within existing frameworks where possible and incorporated at all levels of planning. To this end, links with partners and funding bodies are maintained through monthly reporting and/or executive presentations as required.

For more information contact:

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Windsor NSW 2756.
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Good Food in Family Day Care

Good Food in Family Day Care (GFFDC) is a collaborative project between Family Day Care Schemes and the Health Promotion Service, South East Health; Bankstown Health Service and Central Sydney Area Health Service. The project utilised a consultative, multi-strategy approach to improve the safety and nutritional quality of food provided to 0-5 year old children attending 16 Family Day Care (FDC) Schemes in three regions.

Collaboration and extensive consultation were required from the outset due to the structure of FDC. FDC provides long day care in the homes of carers registered with the FDC Schemes. The Schemes are organised into regions that do not fall entirely within the boundaries of Area Health Services (AHS).

Project management

To facilitate a coordinated approach, a working party, advisory committee and strategy working group were established.

The working party of nutritionists from each AHS met monthly to discuss planning, implementing and evaluating the project. The advisory committee of representatives from FDC schemes, local council children's services and the Department of Community Services met quarterly and was involved in the planning, implementation and evaluation of the project.

The committee provided a communication link between the FDC schemes and the working party. The strategy working group was made up of interested people from the advisory committee and met as required to discuss project strategies.

Gathering knowledge

The GFFDC project consulted with the target group of parents and the FDC community directly. At the commencement of the project FDC coordinators were asked to identify nutrition issues for children attending FDC and to suggest ways in which they could be resolved. One hundred and eleven carers from 11 FDC schemes were surveyed on similar issues.

Parents were also consulted, with 165 parents from 14 FDC schemes responding to a survey asking them the type of information they would like and how they would like to receive it.

The nutrition knowledge and practices of the target group were formally evaluated. The following data was collected:

- the existence and content of *nutrition policies* within schemes;
- the level of *nutrition and hygiene knowledge*. A questionnaire was administered to randomly selected carers, coordinators and child development officers (CDOs);
- the *foods and drinks provided* for 0-5 year old children attending FDC and their consistency with the Australian Dietary Guidelines for Children. Carers from eight FDC schemes were randomly selected to be interviewed.

FDC provided a number of challenges to the formal evaluation process including the high turnover of carers, changing enrolments of children, limited English language

skills of some carers and a noisy, distracting environment for data collection.

This collaborative, consultative approach allowed the GFFDC project to pool resources and access different expertise and new networks. This allowed a comprehensive multi-strategy project to be implemented.

Implementation

Key implementation strategies are:

- **'Good Food in Child Care Kit'**: the Kit included information on policy development, communicating food issues, nutrition fact sheets and information in other languages. Advice on the content and design of the kit was sought from FDC carers, coordinators, CDOs, nutritionists working with FDC and long day care centres (LDCC) where food is brought from home. The Kit was trialed with 15 Sydney-based FDC and 13 Sydney LDCC where food is brought from home.
- **Workshops**: the workshops focused on 'Nutrition for Infants', 'Nutrition for 1-5s' and 'Food Safety'. They were attended by 176 carers from 12 FDC schemes. CDO's and coordinators were trained to provide these workshops. A workshop on nutrition policy was also piloted with FDC coordinators and CDOs at the NSW FDC Association Conference.
- **Newsletters**: were distributed with the FDC scheme newsletters and later in Jigsaw, the National Family Day Care Council of Australia (NFDCCA) magazine.
- **Fruit and vegetable promotion:** consisted of two newsletter inserts promoting children's consumption of fruit and vegetables and a competition for carers and staff to create activities for children focusing on fruit and vegetables.

The Future

The multi-strategy approach and sheer scale of the project has meant that important partnerships have formed which are now helping to sustain the project. The GFFDC project and NFDCCA recently received funding from the Commonwealth Department of Health to trial the Kit in remote rural settings and then distribute the kit nationally. A steering committee with representatives from NFDCCA, GFFDC, rural nutritionists, and urban and rural FDC schemes has been established.

A project worker has been employed to implement and evaluate the project and consult with education, research and evaluation experts. Strategies will be investigated and identified to ensure the information contained in the 'Good Food in Child Care Kit' remains up-to-date and relevant to FDC needs. The NSW FDC Association has expressed an interest insupporting the development of nutrition and food hygiene workshops that meet the Australian National Training Authority competency standards.

The combined efforts of the childcare, nutrition and health communities are working towards ensuring nutrition remains a priority for children in care.

For further information contact:
Elizabeth Leece, Bankstown Health Service, South Western Sydney Area Health Service. Ph: (02) 9780 2792, Email: elizabeth.leece@swsahs.nsw.gov.au

Andy Bravo, Health Promotion Service, South East Health.
Ph: (02) 9382 8128, Email: bravoa@sesahs.nsw.gov.au

Maine Norberg, Community Health, Central Sydney Area Health Service
Ph: (02) 9515 3283, norbergm@phu.rpa.cs.nsw.gov.au

Better food Better care Project

Early childhood nutrition

The Better food Better care project is the implementation phase of the Statewide Child Care Nutrition Project. Phase I consisted of a survey of the nutrition practices and issues of directors, care providers, parents and cooks from a sample of child care centres and family day care schemes in Queensland. The results of Phase I are reported in the Queensland Health publications, *Food and Nutrition Practices in Queensland Family Day Care Schemes: a baseline survey* and *Food and Nutrition Practices in Queensland Long Day Care Centres: a baseline survey.*

The outcomes of the Better food Better care project include:

- Development of *What is better food?*- a food and nutrition information resource for parents and directors:
  - guidelines to assist staff with recommendations for nutritious food
  - newsletter articles designed to be easily inserted into relevant centre publications
  - handouts on ways children can learn through food activities
  - handouts about food recommended for children in care, including versions for low literacy or non-English speaking parents

What is better food? is most useful for early childhood settings where parents provide meals. Copies have been distributed to all child care centres and Family Day Care Schemes in Queensland. It will also be sent to all community kindergarten/preschools in July 2001. What is better food? is available on the Queensland health website at ww.health.qld.gov.au/phs/shpu/6656_doc.pdf

Development, distribution and support for the documents *Your Child Care Centre's Food and Nutrition Policy* and *Your Family Day Care Scheme Food* and *Nutrition Policy* in collaboration with Queensland Dairy Authority. These documents describe how to develop policies in child care centres and family day care schemes and are available on the Queensland Health website at: www.health.qld.gov.au/phs/shpu/6654_doc.pdf and www.health.qld.gov.au/phs/shpu/6655_doc.pdf

- Food Service Planning in Childcare Centres Short Course Training Manual developed by the Department of Health in Western Australia was used as a basis for the development of a course suitable for staff of centres where parents provide meals. This is a nine hour accredited course and will be delivered by Lady Gowrie and Nutrition Australia throughout Queensland. Two courses will be offered:
  1. for centres where food is brought from home, and for family day care schemes, where communication and information for parents is important. This course will include a short food safety and food hygiene component
  2. for child care centres with cooks where menu planning is important (similar to the Western Australian course).
- Work with TAFE and private training providers regarding potential inclusions of food and nutrition issues in several units to meet the competencies for Children's Services courses for early childhood staff.

For further information contact

Julie Appleton at Mt Gravatt Community Health Service
Ph:3275 6735
E-mail: julie_appleton@health.qld.gov.au

Nutrition Training for Cooks in Revised Childcare Regulations

The nutritional health of children is a priority in all states and territories in Australia. With increasing numbers of children attending childcare centres the practices in food service are attracting the attention of health departments. Standards in food provided to children in care have been documented in government regulations and policy. However, research has shown that the nutritional requirements of children are not being met for some nutrients by menus provided in childcare centres.

The Start Right - Eat Right award scheme implemented in Western Australia has been used to provide the incentive to bring about improvement in food service in line with government policy and regulations in the childcare industry. A project to develop and implement the scheme undertook preliminary research, which included a state-

wide survey, to determine current operating practices and resource needs. Collaboration with relevant people and organisations from the industry and government, and inclusion of existing regulations and guidelines underpinned the award.

Resources and training were incorporated into the scheme to assist the industry workforce to achieve the knowledge and skills needed to meet the required food service standards. The training course developed for the award scheme included nutrition, menu planning and assessment, and food and nutrition policy. The course met the national competencies as identified by the childcare industry.

The industry survey identified that most cooks employed in centres had no formal food service training. This evidence led to support from organisations assisting in the development of the award scheme to a proposal for changes to the regulatory requirement in the industry to include training for cooks. The revised WA Community Services (childcare) regulations now include nutrition training for the main food preparer within three months of employment as a requirement for licensing of centres.

The Start Right – Eat Right award scheme has provided resources, and an infrastructure for training that supports these new regulatory requirements. A paper was recently published in the international

Health Education and Behaviour Journal on the Start Right Eat Right Scheme as a policy and system level approach creating supportive political and social environments in health[1].

Contact the Department of Health in WA for more information on (08) 9222 2062.

1. Pollard, C., Lewis, J. and Miller, M. Start Right-Eat Right Award Scheme: Implementing Food and Nutrition Policy in Child Care Centers. Health Education and Behaviour 2001, 28(3): 320-330.

20th National Dietitians Association of Australia Conference

Conference report

The 20th National Dietitians Association of Australia Conference was held in Adelaide in May 2001. Approximately 370 delegates attended the first DAA conference of the new millennium, which addressed the theme 'Nutrition and dietetic practice: reflections and new horizons'. Delegates were treated to a stimulating conference program, a variety of social events and wonderful food and wines from the local area.

Dr Robyn Williams on communicating

Dr Robyn Williams, renowned for 'The Science Show' on the ABC, gave the keynote address, 'Have you ever eaten DNA – is it as good as MSG?'. Robyn challenged delegates to take big steps forward to promote nutrition in the 21st century, using technology to promote local messages and activities nationally and internationally through networks and the Internet.

The future of retailing

Coles External and Regulatory Affairs General Manager Ted Moore presented an overview of 'Food retailing in the new millennium'. He discussed significant changes in food availability, preparation and shopping over the last 40 years, today's supermarket and what we might expect in the future. Ted predicted that in the future, there will be full nutrition labelling and labelling of genetically modified foods, access to an even greater range of products and services, an increased demand for organic foods and meal solutions, greater use of internet shopping, and access to information for consumers. The challenge for dietitians will be to 'cut through the clutter' of nutrition information, support consumers to read food labels and to work with retailers. The Coles DAA 7-a-day fruit and vegetable promotion is just the beginning!

Ageing Australia and healthcare

CSIRO's Dr Lynne Cobiac reported on 'Trends in Australia's health and population: reflections and new horizons'. She presented some fascinating facts and figures on the health status of the Australian population and how this has changed over the last century. A disturbing trend is the increase in the proportion of Australians who are overweight or obese and the percentage that undertake little or no physical activity. Lynne highlighted developments in screening, new drugs and treatments, a better understanding of the ageing process and the role of food and nutrients in achieving optimal physical, mental and cognitive function in later life, thereby reducing the socioeconomic burden on society and the health care system.

Eat Well Australia

Professor John Catford, Chair of the Strategic Intergovernmental Nutrition Alliance (SIGNAL), presented an overview of the development of '*Eat Well Australia*: national strategy for public health nutrition'. The draft document, which is for consideration by Health Ministers, outlines initiatives in the key health gain priority areas including vulnerable groups, mothers and children, healthy weight, and fruit and vegetables. *Eat Well Australia* provides a framework for supporting partnerships between government and non-government sectors, and the food industry to improve the nutrition of all Australians.

Research or die

Dr Susan Ash, from Princess Alexandra Hospital in Queensland, passionately challenged the profession to 'participate in research or die' in her presentation entitled 'Breaking new horizons: research in medical nutrition therapy and beyond'. Dr Ash described an evidence-based approach to clinical practice as the integration of individual clinical expertise with the best available clinical evidence from research.

Promoting partnerships

Mr Matt O'Neill, Director of Bodyscoop.com reflected on the progress and mistakes in nutrition education in Australia and overseas over the past 10 years. He highlighted future opportunities for the profession to maximise the impact of limited resources through innovative collaborative partnerships between government and non-government

sectors and the food industry. Mr O'Neill challenged dietitians to take a lead role in a national program for the prevention and management of overweight and obesity by integrating education about food habits, body image and exercise.

Honouring Una Venn-Brown

The Lecture in Honour of Una Venn-Brown (1920–1998) was given by Dr Lynne Daniels, Associate Professor at Flinders University. Dr Daniel's presentation entitled 'A bright future for dietitians – where is the evidence?', reiterated Susan Ash's message about the importance of integrating research into dietetic practice to support and justify our vision of dietitians as 'leaders in nutrition'. We were encouraged to take up the challenge to overcome the barriers, develop partnerships, collaborate with colleagues and take control of the research agenda to provide evidence of our effectiveness and guide the future of our profession.

Sandra Capra's vision for dietetics

Dr Sandra Capra, Associate Professor at Queensland University of Technology and outgoing president of DAA, gave the final presentation of the conference entitled 'Reflections and new horizons for nutrition and dietetics in Australia'. Dr Capra gave us her personal perspective on how the profession has changed and her vision for the future. Globalisation, increased mobility of the workforce, and increased expectations of clients and employers will impact on dietetic practice. She encouraged the profession to become leaders in nutrition nationally and internationally by participating in policy development, diversifying roles and collaborating in research.

Concurrent sessions and posters

DAA members presented their work in a range of practice areas including clinical, food service, community nutrition and public health, paediatrics, workforce training and research. The quality of presentations was very high and the wide variety of short presentations and posters highlighted the diversity of employment of dietitians and range of expertise in the profession.

Workshops

Many delegates took advantage of the opportunity to attend workshops held before the conference. Options included website design, food and nutrition monitoring and surveillance, an evidence based approach to CVD prevention, media training, promoting indigenous health through partnerships, counselling skills, training diet technicians, publishing a paper, food allergies, food service in childcare, and obesity.

Proceedings and abstracts

Limited copies of the conference proceedings are available from the national office. The abstracts will also be available on the DAA website: http://www.daa.asn.au/

Sue Cassidy, APD
Professional Services Dietitian

Changes to DAA Membership

At a Special General Meeting of DAA held during the DAA Conference in Adelaide in May 2001, members voted to amend the *Constitution*. Resolutions passed included changes to permit persons with human nutrition qualifications to become Associate members of DAA.

From March 2002, DAA will consider applications from those with appropriate tertiary qualifications in human nutrition on a case-by-case basis. Membership entitlements will include:

- access to journal, newsletter, branch and continuing professional development activities;
- eligible to receive all mailouts;
- membership of SIGs; and
- eligible to receive awards and recognition if meet criteria.The DAA *Constitution* and associated by-laws are being amended and drafted to accommodate the new categories of membership.

For further information regarding the proposed changes, contact Jan Finley, Executive Director at the National Office,
telephone 02 6282 9555
e-mail: jfinley@daa.asn.au

New SIGNAL Vegetables and Fruit Program Manager

Increasing the consumption of vegetables and fruit is a high priority in today's 'convenience food' society. SIGNAL's Vegetables and Fruit Working Group identifies the priorities from the National Fruit and Vegetable Action Plan 2000-2005 as promoting evidence-based community based programs; increased vegetables and fruit consumption in schools; and undertaking industry liaison.

In August 2000 SIGNAL agreed to employ a Project Manager for approximately 12 months to conduct activities outlined in its action plan to increase the consumption of vegetables and fruit. SIGNAL would like to announce that Ms Frances Warnock has been officially appointed as the Senior Program Manager for the National Fruit and Vegetable Action Plan and commenced duty at NSW Health on Monday May 28th 2001.

Ms Warnock's role will include identifying the best ways to progress the strategies in the Vegetables and Fruit Action Plan. A priority objective is to develop informative relationships with key industry groups and non-government organisations, and where possible work with government jurisdictions to develop and strengthen collaborative relationships with these groups.

Ms Warnock can be contacted at NSW Health via the contact details below:

Frances Warnock
Senior Program Manager
SIGNAL National Vegetables and Fruit Action Plan
Tel: (02) 9391 9094;
Fax: (02) 9391 9579
Email: fwarn@doh.health.nsw.gov.au

New Name for Nursing Mothers' Association

On August 1, 2001 the name of the Nursing Mothers Association of Australia (NMAA) will change to:

Australian Breastfeeding Association.

Nursing Mothers' members felt the need for change because:

- The word 'nursing' in their name has often caused confusion. In Australia, the term nursing is not widely understood to mean breastfeeding.
- NMAA's purpose is to empower women to breastfeed their babies. Members wanted the word breastfeeding to be included in their name.

More information can be found at www.breastfeeding.asn.au or email info@breastfeeding.asn.au.

SA Roundup

Forum on food supply in rural SA

On 2nd April 2001 a forum was held in Adelaide to promote awareness of rural food supply issues and to develop strategies to improve rural food supply. This followed on from the release by Eat Well SA of the Food Supply in Rural SA Report in June 1999.

Sixty people attended the forum from sectors including health, welfare, indigenous health, food producers, retailers, transport, consumers and farmers. Such a broad range of representation reflects the breadth and complexity of the food supply. The forum involved plenary sessions followed by four discussion groups focussing on food supply in indigenous and remote communities, rural food transport and retailing and health, welfare and consumer issues.

Outcomes

The Food Supply in Rural SA Action Group was established and a set of six action areas developed. The Group will take a coordination and leadership role, provide a means for effective communication across sectors, identify and source funding for key strategies, enlist commitment and coordinate strategy implementation. Members include the State Retailers Association, Transport SA, Department of Human Services, SA Centre for Rural and Remote Health, SA Council of Social Service and Eat Well SA.

The areas for action are:

1. Policy development and advocacy for peoples' right to a healthy food supply
2. Improving country freight logistics and transport services
3. Establishing buying networks of rural stores and communities
4. Establishing effective stores policy, training and infrastructure in Aboriginal communities
5. Increasing consumer demand for healthy & nutritious food
6. Increasing sustainable local food production.

It is particularly exciting that the transport sector in SA is undertaking a study to develop a strategy and action plan to improve freight services in rural areas, using food supply as a key justification for their study. All of these activities represent an exciting move forward in addressing rural food supply issues in SA.

For more information contact:
Dr. Alison Smith
Project Manager Eat Well SA
ph: (08) 8204 7161,
email: smitha@mail.wch.sa.gov.au

Eat Well SA Phase II

Now in our second phase, the Eat Well SA project is building on the strong beginnings of the first phase of the project. We are focussing on childhood settings and on building capacity in communities to support improved access to healthy food, including remote rural communities.

Eat Well SA is a statewide nutrition promotion project funded by the Department of Human Services, supported by the Women's and Children's Hospital Adelaide, in partnership with the Children's Health Development Foundation and the Department of Public Health at Flinders University Adelaide.

For Phase II of the project we have developed a renewed sense of purpose, which is:

- supporting healthy eating and food security for all South Australians
- focussing on children, parents, carers and families
- working in partnership with people who work with children, parents, carers, families, and communities

We plan to do this by continuing to work with the health sector, other sector agencies and communities. We will provide resources, training, information, undertake projects, provide small grants, undertake advocacy activities and evaluate what we do and share what we learn from our work.

The project is building on Phase I of the project, which achieved a huge amount. The project evaluation showed that a high level of awareness of the project among workers in health and other sectors was developed, together with a deeper knowledge of the project among those who worked with us in partnership based activities. Partnerships were found to have resulted in new relationships among organisations. The achievements of the project were therefore due, in large part, to the efforts of our partners.

Eat Well SA Phase I achievements: evaluation results

Increased *awareness* about:

- the cost of food in rural SA
- the importance of nutrition in child care
- food, health and the environment in schools
- healthy eating among 500 low income/NESB community groups
- promoting healthy eating among producers, wholesalers, retailers

Increased *capacity* to support healthy eating is indicated by:

- training and accreditation for child care centre cooks

- policy changes
- partners have gained advocacy skills
- shared learning about promoting healthy eating with vulnerable people
- new and extended partnerships and relationships
- increased funding for new projects to: improve food access in remote areas; enhance food preparation in schools; promote fruit and vegetables in schools; and, train and support child care workers to provide healthy eating advice to parents

Contact: Alison Smith
Project Manager Eat Well SA
ph (08) 8161 7161,
email: smitha@mail.wch.sa.gov.au

Eat Well Outback SA: food supply and access in the Northern and far Western and Upper Eyre health regions of South Australia

The aim of this project is to improve food access and supply in this region. This will be achieved through development and implementation of an action plan based on a community consultation to develop a vision of a healthy food supply in the region. The project builds on the Food Supply in Rural SA study of food cost and availability in rural SA. The project is also linking with other nutrition and food supply projects within and beyond the region, including the Food Supply in Rural SA Action Group.

The community consultation process will specifically involve both vulnerable groups (people living in remote areas, low income groups, indigenous people, people with special needs and their representatives) and key stakeholders (transporters, retailers, local government, food producers, regional development, health and welfare providers). A picture will be developed of the effects of high food costs on people living and working in the region, how they cope with these, what strategies people want implemented to improve their access to healthy food and the causes of high food costs.

The project is funded by the Department of Health and Aged Care for three years (May 2001 - April 2004) under the National Child Nutrition Program. The project is auspiced by Whyalla Hospital and Health Services, Eat Well SA is a project partner and the SA Centre for Rural and Remote Health, University of SA and University of Adelaide is providing project support. These organisations form the Project Steering Committee. The Project Advisory Group participants include representatives of station managers, environmental health, health services, Aboriginal health, schools, the transport and retail industries.

For more information about the project, contact
Linda Crutchett, Dietitian
Whyalla Community Health Centre
ph: (08) 8648 8930
email: crutchett.linda@whhs.org.au.

NT Roundup

After consultation with the NT nutrition workforce and other key stakeholders an action plan has been finalised to identify directions for public health nutrition in the Northern Territory for the years 2001 - 2006. The priority areas for action in the plan are:

Maternal and Child Health
Pregnancy and lactation, and support for breastfeeding
Children 0-5 years
School aged children

Food Supply
Availability, affordability and adequate consumption of core foods in remote communities
Commercial and non-commercial food services
Fruit and vegetable consumption

Healthy Lifestyle
Physically active lifestyle
Healthy weight
Prevention and management of preventable chronic diseases

The new action plan recognises work that has been undertaken over the last five years since the NT Food and Nutrition Policy was developed. The goal of the NT Food and Nutrition Policy is to improve the nutritional status and health of all Territorians and to reduce the burden of diet-related early death. It is closely linked with the Northern Territory Preventable Chronic Disease Strategy which provides a framework which addresses prevention, early detection and management of five preventable chronic diseases – heart disease, hypertension, diabetes, renal disease and chronic airways disease.

N.T. 'Hunting for Health Challenge'

A new program which aims to encourage primary school children (and their families) to live a healthy lifestyle is about to be launched in the Northern Territory. It is a collaborative project between Territory Healthy Services, Northern Territory Department of Education, Department of Sport and Recreation and the Desert Wildlife Park. ATSIC and Medibank Private have kindly provided some sponsorship. Based on a program which has been run annually in Western Australia for a number of

years the 'NT Hunting for Health Challenge' will be offered to all primary schools across the Territory. It is a program where participating classes agree to undertake regular physical activity and healthy lifestyle lessons over a seven-week period. Progress is plotted on a poster and a range of incentive prizes will be awarded.

WA Roundup

Budget eating for two

Two new leaflets have recently been added to the successful suite of leaflets already available as part of Food Cent$, the food budgeting and healthy eating program developed by the Department of Health in Western Australia.

The "Feed two people for around $6 per person per day" and "Recipe Ideas for Two" leaflets were developed in collaboration with Bundall Community Health, Queensland and are a guide to planning, shopping and cooking for two people for six dollars per day. They include tips on buying food for two, seasonal fruit and vegetables, a weekly menu plan, shopping list and safe food storage ideas plus sections on freezing foods and modifying recipes for two.

These leaflets were developed in response to a demand identified by participants attending Food Cent$ training classes who lived in single or two person households, as the other leaflets in the series are based on a family of four.

In WA these can be ordered through HealthInfo on 1300 135 030 or contact the Nutrition and Physical Activity Program on (08) 9222 2062.

WA Public Health Nutrition Leadership Training

The Department of Health in WA coordinated a two day Public Health Nutrition Leadership Workshop in May, with 36 nutritionists attending from throughout the State. This is the first step in the development of Eat Well WA, our State's strategic plan.

Nutrition Leadership Training Workshop Participants

The workshop aimed to enhance partnerships and further develop leadership skills in the workforce.

Team building activities were conducted over two fun-filled days to strengthen and foster relationships amongst team members. The unique and progressive skills, experience and expertise of the workforce were recognised. Participants explored their principles, values and behaviours and had the opportunity to raise and work through issues facing public health nutritionists in WA.

Feedback was very positive and the workshop was successful in motivating participants to drive the development and implementation of the EAT WELL WA strategy, a proposed 10-year framework and agenda for action on public health nutrition. EAT WELL WA will provide direction for the many partners from different sectors who make contributions to the health of West Australians through improving nutrition.

A second Public Health Nutrition workshop will be conducted in August to develop the EAT WELL WA strategy.

For further information, please contact the Nutrition and Physical activity Program on 9222 2062.

Conference on food access

The *Food For All? Equity in Access to Food in WA* Conference, conducted by the Department of Health in WA and Foodbank WA, was held in Perth on 18 May. Over 100 delegates from a wide variety of sectors enjoyed hearing from presenters from around Australia, and were able to contribute to discussions and debates.

The conference explored the factors influencing equity in access to safe, nutritious, affordable foods. Key issues raised at the conference included:

- poverty influences food intake and nutrition

The Food for all Conference, Doug Paling, C.Pollard and Father Nicholas Frances.

- people residing in remote and rural NorthWest WA have poorer quality food supplies yet incur higher food costs than Perth residents
- Perth's market gardens are dwindling due to sprawling residential estates
- people in Perth's disadvantaged suburbs rely on cars to access basic food
- supplies emergency food relief
- organisations require support from the food industry
- local government, business and government have roles to play in food access.

An unexpected outcome of the conference was that Father Nicolas Frances of the Brotherhood of St Lawrence encouraged two Aboriginal people at the conference to attend the 'Social Entrepreneur's' conference in Brisbane in June.

Conference delegates made the following recommendations for action:

- Address the issue statewide through partnerships and strategic coordination.
- Build the capacity of organisations servicing vulnerable groups to address food and nutrition.
- Coordinate research to inform policies.
- Focus on regions of high disadvantage.

The conference concluded with an announcement that the WA Minister for Health would take the issue of equity in food access to the Cabinet Social Policy Committee requesting the formation of an inter-agency taskforce.

The Department of Health will take a lead role in the formation of the taskforce, which is expected to include a wide variety of sectors including health, transport, planning, education, agriculture, local government, Aboriginal organisations and others.

For a copy of the conference proceedings, or more information, please contact:

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Department of Health WA
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The Western Australian Physical Activity Task Force

Acting on Australia's weight: a strategic plan for the prevention of overweight and obesity was released by the NHMRC a number of years ago. The recommendations of *Acting on Australia's weight* made a strong case for the influence of physical inactivity in the aetiology of overweight and obesity in Australia.

The evidence for more moderate, but regular, physical activity for health benefits is now compelling, however this is not currently reflected in the commitment of the health sector to address physical inactivity.

There is a risk that if physical inactivity is not addressed that the epidemic of overweight and obesity will continue to grow, leading to considerable costs to our health care system.

Increasing the level of physical activity in the lifestyles of Western Australians will require the involvement of the health sector with all sectors and levels of government working together with non-government agencies and the community.

To work towards this goal, the Premier of Western Australia, Dr Geoff Gallop, has recently announced the establishment of the Physical Activity Task Force to oversee the development and implementation of a whole of community four-year physical activity strategy for Western Australia.

The overall target is to increase physical activity levels in the Western Australian community by five per cent over ten years. The *Physical Activity Levels of Western Australian Adults 1999 Report* indicated that only 58 percent of Western Australians are sufficiently active for good health.

For further information contact

Robyn Miller
robyn.miller@health.wa.gov.au

QLD Roundup

Healthy Jarjums make healthy food choices

Healthy Jarjums is an innovative indigenous cross cultural nutrition resource for lower primary school students. The project has involved collaboration between Health Service Districts and Southern Public Health Unit Network of Queensland Health, Community Controlled Indigenous Health Services, Education Queensland and local ASSPA and P&C/F Committees. Process evaluation and trial school/parent feedback have been incorporated into the resource package and the second edition is now available for purchase. To order this package contact Wendy_Norman@health.qld.gov.au

The Evaluation of Healthy Jarjums will produce an evaluation report; individual evaluation reports to participating schools; accompanying nutrition promotion support materials with individual school feedback; and submission to peer reviewed journal. Final copies will be available September/October.

Early evaluation results include:

- Nine Intervention schools (23 classes) and seven control schools (20 classes) participated in the trial
- All schools involved were recruited from ABS SLA areas where the SEIFA index indicates extreme disadvantage
- We measured changes in nutrition knowledge and reported changes in food preferences
- Intervention schools had statistically significant improvements above control schools, for both knowledge and reported preference

For further information on this project contact
Simone_Lowson@health.qld.gov.au

The Healthy Weight Program

Three new Healthy Weight Program workshops have been developed with wide consultation and representation from indigenous health staff across the state. The three new workshops are 1. *Self-Esteem* 2. *Behaviour Change* and 3.*Raising Diabetes Awareness* and were identified and prioritised by a statewide working party and their extensive networks. The modules have been disseminated to existing HWP facilitators who have attended training courses across the state, with more being planned in the next few months. To purchase the new module resources contact Dulcie Bird at drkoch@internetnorth.com.au.

Eat Well Queensland

An inter-sectoral working group under the auspices of the Queensland Public Health Forum is developing Eat Well Queensland, the Queensland Public Health Food and Nutrition Strategy. A Background Discussion paper drawing on the initial priorities established at a workshop in March has been circulated for response to over 160 key stakeholders in the first round of consultation to develop the strategy. A series of workshops is also planned at various locations throughout the state. Enquires to EWQ Project Officer Christina Stubbs Ph (07) 3896 3763.

Food supply

- A summary report of the 2000 Healthy Food Access Basket Survey is now available and a communication strategy has been developed.
- 91 Stores throughout Queensland have been surveyed for the Healthy Food Access Basket (HFAB) 2001. Results of this year's survey should assist in further identifying factors affecting the disparity in costs and availability of foods throughout the state, particularly in respect to the recent changes in fiscal policy.
- The draft Queensland Vegetable and Fruit Promotion Action Plan has been distributed for comment to over 100 stakeholders throughout the state.

For further information please contact
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VIC Roundup

All the public health nutrition projects featured in the last edition of Food Chain have been awarded and commenced. Anyone interested to know who has been awarded the tenders for these projects please contact us directly. These projects include:

- two community based demonstration food security projects (jointly funded with Vic Health)
- two evidence based reviews - one on healthy eating for families and one on body image
- indigenous nutrition - three aboriginal nutrition needs assessments will be conducted in two rural and one metro Aboriginal communities.
- Monitoring and surveillance programs will be established - one for physical activity and one for nutrition
- Public health nutrition workforce development via a multifaceted training needs analysis
- Development of a public health nutrition website

Rickets and Vitamin D deficiency

Within Victoria increasing numbers of women, children and men are affected. A working group has been established to identify prevention and management strategies. We are keen to hear if anyone else in other states have already done work in this area.

A co-ordinated approach to the Commonwealth child nutrition projects

The 21 projects in Victoria have come together to attend two full day workshops - one on paediatric child nutrition and the other on evaluation. We are hoping to establish strong and consistent evaluation process for all the projects right from the beginning.

Child nutrition information sheets - updated and re-printed

The topics include:

- Why no sweet drinks for children
- Food in the first year
- Healthy Eating for Yonger Toddlers
- Healthy Eating for Older Toddlers
- Healthy Eating for Preschoolers
- Healthy Eating in the Primary School Years

For further information please contact:

Veronica Graham

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Email: veronica.graham@dhs.vic.gov.au

or

Rowland Watson

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NSW Roundup

Best practice in nutrition strategic planning for NSW

NSW Health is currently developing a new nutrition strategy for 2001–2005. A development process is under way comprising two stages. The first stage involves a) a review of the previous NSW strategy, b) selection of priorities based on agreed criteria, c) literature review regarding the rationale for nutrition priorities, and d) an extensive consultation process. A steering committee has been established to oversee the development of the strategy.

Eat Well Australia provided a solid base for selection of proposed priorities for action in NSW.

Some key criteria for selection of priorities from within the EWA document were: a) data that show that the area is a prevalent problem in NSW, b) it is an underdeveloped area of action in NSW, c) there is a starter list of concrete objectives and actions that can be taken at state and local level, and d) it closely relates to the priorities of the public health plan for NSW: Healthy People 2005.

The preliminary draft of the strategy includes three proposed priority areas for action, including the promotion of 1) healthy weight 2) breastfeeding, and 3) increased vegetable and fruit consumption.

Fairer choices (eg. healthy food and activity choices) and an improved food and nutrition situation for disadvantaged and indigenous communities were proposed as equity-related priority areas for further development and action in NSW. The NSW Centre for Public Health Nutrition led the priority setting process and prepared the preliminary draft consultation paper in collaboration with nutrition staff of the SUNPA Unit, and the steering committee. A consultant, Margaret Miller, has been engaged to undertake consultation about the strategy and develop a final strategy document.

Currently, a series of workshops with experts in fields relevant to the priority areas is being undertaken. These workshops also include some representatives of special interest groups and agencies that may implement parts of the strategy and will provide critical thinking around the identified nutrition issues and help refine the draft strategy. Once the strategy is finalised and approved, a range of products to assist implementation will be produced and disseminated, including reviews of evidence and guidance for conducting interventions in the key areas.

Nutrition Program
SUNPA Unit, Health Promotion Branch
NSW Health

What's On

17th August 2001

Dietary Guidelines Consultations

The Australian Dietary Guidelines are currently under review by the National Health and Medical Research Council. This includes the Adult Dietary Guidelines and the Dietary Guidelines for Children and Adolescents (which will incorporate the Infant Feeding Guidelines). They are available for public consultation at the National Health and Medical Research Council: www.nhmrc/advice/diet.htm. The closing date for submissions is the 17th of August 2001.

October 2001

Nutrition Research Foundation's annual symposium October 2001 'The Glycemic Index and Health: Cardiovascular Disease, Diabetes and Obesity'

This symposium will look at advances being made in studying the relationship between the glycemic index of foods and health, in particular the relationship to cardiovascular disease, Type II diabetes and obesity. The symposium marks the occasion of the launch of the Glycemic Index Symbol Program for the labelling of foods that have been properly GI tested.

For more details contact:

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Website: www.glycemicindex.com

3rd - 5th December 2001

25th Annual Scientific Meeting – Nutrition Society of Australia Inc.

National Convention Centre, Canberra – 3-5th December 2001.

"2001 sees the 25th anniversary of the scientific meetings of the Nutrition Society of Australia. The program for our 2001 Meeting is innovative and exciting. Invited international and Australian speakers will explore:

- Nutrition at the *Edge of the Earth* polar and space expeditions
- Nutrition at the *Edge of Society* food insecurity
- Nutrition at the *Edge of Man* companion and working animals
- Nutrition at the *Edge of the Gene* nutrition/ gene interactions and evolution

For further information please contact:

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FOODChain Deadlines for Articles

Theme	Deadline for articles
Vegetables and Fruit	24 September 2001
Aboriginal and Torres Strait Islander Nutrition	11 January 2002

Please submit articles to the Editor.

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