

FOODViews

Workforce Development and Capacity Building – Key Strategies that must Deliver

By Sandra Capra AM, PhD, APD



Prof. Sandra Capra

Eat Well Australia (EWA) identified four initiatives for capacity development: building human resource requirements; expand and extend tertiary education; training primary health care professionals and training the non-health workforce and “gives prominence to infrastructure and capacity building”¹. So, how is it going?

This is difficult to answer at one level, as public health is diffuse and as the National Public Health Partnership Workforce group point out², there is overlap between occupational groups in terms of public health practice and those people engaged in public health are not confined to a single sector (for example the public sector). At other levels such as named projects and programs success is easier to see. EWA required state government buy-in and this has been variable in terms of amount and focus.

I would like to focus firstly on the actual numbers in the nutrition workforce and the contribution that the dietetics profession makes to public health nutrition at a broad level. Sometimes I hear “dietitians only work in hospitals” or “dietitians only help sick people”. Both of these statements are wrong and have been for more than 30 years.

Since 2000, two additional undergraduate programs in nutrition and dietetics have been accredited, one more is currently under development and one further enquiry has been received by the Dietitians Association of Australia (DAA). There are now more than 200 graduates

a year. Of the accredited programs, at least five have strengths in public health with at least three if not more identifying it as a major strength. I think that this demonstrates one of the outcomes of the transfer of the educational programs for dietetics from all “end on” graduate entry programs to a majority of integrated undergraduate programs. This change facilitated the broadening and deepening of the nutrition education that was possible and the increasing of flexibility within programs through elective studies. It has produced graduates prepared to undertake additional studies in fields of interest including public health.

Returning to EWA, some of the suggested programs to enhance the workforce, nominated in 1999 for introduction in the future have not commenced. Other specific public health nutrition programs have dwindled. Does this demonstrate a lack of demand? It may be a manifestation of the issue of specialists versus generalists, that will persist in a country like Australia with a small population base— there is simply not enough structural demand for a large number of specialists in public health nutrition. There is more demand for generalists in public health with nutrition or nutrition specialists with public health.

One of the difficulties is capturing a complete picture of the public health workforce never mind the public health nutrition workforce, especially when it involves more than one occupational group. It is also difficult to capture the skill base (or deficit) of the workforce. However it is certain that the capacity of the workforce has increased. Census data show that there was a growth of 10% in the total number of persons employed in health and

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community services between 1996 and 2001³. Of those with “public health” as their highest qualification, there were just above 1800 in the workforce in 2001. In 2001 there were just over 3600 persons with their highest qualification in nutrition and dietetics in the workforce and 2000 persons employed as dietitians. These numbers can be compared with 1996⁴ where “public health” was not identified as a field of study and there were 2850 persons with their highest qualifications in nutrition and dietetics and 1716 working as dietitians. These data suggest growth in the nutrition workforce of more than 25% over this five year period, but they are not a complete picture.

Members of the workforce with higher qualification gained after graduation are missed and come up under an “other” category. Under the system for classifying occupations used in the census data analysis, “nutritionist” is considered an alternative title for “dietitian”⁵. That is, these titles do not necessarily align with specific job content or skill sets. Nevertheless they do indicate a growth in total capacity. So, if we look at the workforce development actions in *EWA* what is the conclusion? Capacity includes other forms of infrastructure and not just people. Many important activities and programs have happened but not necessarily as a result of *EWA*. Those areas that focus on the workforce that is easily associated with traditional

“public health”, seem to have received attention, while those focussed on the primary health care professionals and the non-health sector seem to have been neglected. This may be a problem of the responsibilities between federal and state jurisdictions.

Many of the activities to date seem to have involved developing frameworks and data collection. Indeed, many (but not all) of the gains, such as the increase in the nutrition workforce generally have come about as the result of other agenda such as education or changes to the health system unrelated to *EWA*.

We still have problems with sustainability in nutrition. We have seen a general erosion of some very important public health nutrition infrastructure activities such as the monitoring and surveillance system and the apparent consumption of food data series among others.

We need the information base as well as the workforce to improve the nutrition of all Australians. In any evaluation it is important that the contribution of all players and parts of the system is recognised, including tools and information. So it would be hard to give a “pass” at this point. Most success has been in the “expand and extend tertiary education” component.

There is more to do in the next 5 years - we all need to get to work.

References:

1. Strategic Inter-Governmental Nutrition Alliance. 2001, *Eat Well Australia: an agenda for action for public health nutrition 2000-2010*, Commonwealth Department of Health and Aging, Canberra.
2. Ridoutt L, Gadiel D, Cook K, Wise M. 2002, *Planning framework for the Public Health workforce*. National Public Health Partnership.
3. Australian Institute of Health and Welfare 2003, *Health and Community Services Labour Force, 2001*. Australian Institute of Health and Welfare, Canberra.
4. Australian Institute of Health and Welfare 2001, *Health and Community Services Labour Force 1996*. Australian Institute of Health and Welfare, Canberra.
5. ASA Consultants Pty Ltd 2004, *Australia-migration.com*, viewed 9 August 2004, www.australia-migration.com/page/Professional_Occupations_List/46.
6. Department of Health and Ageing 2003, *The Proceedings of the first Public Health Education and Research Program (PHERP) Innovations Conference*. [www.health.gov.au/internet/wcms/publishing.nsf/Content/pherp-news_links.htm/\\$FILE/pherp_proceedings.pdf](http://www.health.gov.au/internet/wcms/publishing.nsf/Content/pherp-news_links.htm/$FILE/pherp_proceedings.pdf).

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A Note from the Editor

This issue of FOODChain highlights the importance of developing the workforce to deliver public health nutrition gains. Although size does matter, it is clearly important to create a workforce that is valued for its contribution to health outcomes. A strategic approach is called for...

Sandra Capra, president of the Dietitians Association of Australia, focuses attention on the difficulties of capturing a complete picture of the Australian public health nutrition workforce and the importance of a supportive infrastructure.

Roger Hughes explores what determines capacity and suggests strategies to develop the workforce.

Andrea Begley reports on manager’s opinions about the competency and importance of the public health nutrition workforce in Western Australia.

In addition, a number of papers describe current approaches to developing and managing public health nutrition workforce in Australia, New Zealand and the United Kingdom.

The ‘Roundups’ provide examples of public health nutritionists in action.

Thank you to all who contributed to this issue. Particular thanks to Roger Hughes for his assistance with this edition. Also thanks to Denise Griffiths, Jenny Leong, and Jan Lewis for their editorial contributions.

Enjoy.

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Letters to the Editor

Dear Editor,

I believe Bill Shrapnel has missed the point in his letter to the editor (FOODchain, May 2004) **One cannot choose what is not available.**

Too many in society have swallowed the marketers mantra "let the consumer choose and set demand".

The other evening I watched a repeat of a National Geographic special on ABC "Worlds Apart", where an American consumerist family from a home of "plenty" were flown into Kenya to spend a week with a third world family in a village. It took less than a week for the youngest boy in the family to reveal that "You only need four things: food, water, shelter and family." He also observed that the village people were helpful, generous of spirit and collectively happy, things he felt bereft of in New York.

To be confrontingly blunt about food choices, if consumers had demanded milk with omega 3, then there would have been a trend to purchase fish oil capsules and blend the contents into milk. The truth is that a marketing team saw an opportunity for market edge and growth of sales through clever marketing and "consumer choice." Ignoring the obvious in my mind, is ignoring the complexity of food choices MADE AVAILABLE for financial gain. It has nothing to do with altruistic purposes of public health.

Environmentally I'm aghast at the trend to gobble up 15 kilos of vegetable and nut material (good foods in themselves) to extract 1 kilo of phytosterols so that this material can be incorporated into a plastic spreadable fat and marketed to consumers as an effective way to reduce cholesterol. How about calling this the most expensive, wasteful and lazy way?

There is much to be done in undoing the past mistakes of heavily processing natural ingredients into foods of questionable health benefit, and having the population in general consider them as regular foods.

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Dear Editor,

The last FOODChain provided a valuable account of progress on EWA. The work on NATSINSAP, where little progress is evident, would be enhanced if workers in the field were able to get together to discuss community food security in more detail. In the opinion of many workers in the field there is a real need for a national forum on food security, particularly community food security issues.

It is more than 50 years since the General Assembly of the UN adopted the Universal Declaration of Human Rights, that included access to a healthy food supply as a fundamental human right. That is, something we all have a right to expect will be made available to us by the mechanisms of the society in which we live.

The Australian Dietary Guidelines advise us on how to properly utilise our (presumably) healthy food supply with the advice to "Enjoy a wide variety of nutritious foods... eat plenty of vegetables, legumes and fruits".

In remote parts of Australia, whole communities of Aboriginal people live in an environment of food insecurity so this is not possible. The underlying social, economic, and institutional factors in a community affect the quantity, quality, availability and affordability of food. Community food insecurity is a denial of human rights.

This letter calls for a National Conference on Food Security in Remote Areas.

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A Strategic Approach to Public Health Nutrition Workforce Development: Building on *Eat Well Australia*

Developing the public health nutrition (PHN) workforce is a logical component of capacity building initiatives to address Australia's existing and emerging PHN issues. *Eat Well Australia (EWA)* (2001) identified workforce development as a priority action area noting four priority initiatives:

- building human resource requirements (size and structure)
- expanding and extending tertiary education (training)

- training primary health care professionals (training)
- training the non-health workforce (training)

Research in Australia and overseas suggests a focus on size of the workforce and training is not broad enough, and does not take sufficient account of the determinants of workforce capacity. This paper will outline a framework and strategy portfolio for PHN workforce

development, which includes a range of factors that determine workforce capacity. These strategies are suggested as an amendment to *EWA*.

Workforce development defined

Recent US studies forward the view that if workforce development is seen as only a matter for improved training and education it is unlikely to yield high returns. There needs to be supporting structures present in the

workplace to maintain and reinforce the effects of training.

Workforce development can be described as involving three inter-related actions:

- planning the workforce (a quantity concern)
- planning training the workforce (a quality concern)
- planning managing the workforce (a performance concern)

The following definition of workforce development is proposed for the PHN workforce:

“Workforce development refers to the strategic investment of resources by organisations and communities in activities that reach and maintain a critical mass of human resources, develop organisational environments that enable and promote effective practices and enhance the competency of the workforce for more effective PHN effort (that achieves public health outcomes).”¹

The emphasis on strategic investment, critical mass and organisational environments is consistent with holistic definitions of workforce development used internationally.

Determinants of public health nutrition workforce capacity

In order to focus efforts to build workforce capacity it is important to identify the specific components that determine the capacity of the workforce.

Table 1 provides a summary of workforce capacity determinant components identified in the recently completed *Australian Public Health Nutrition Workforce Development Study (APHNWFDS)*¹.

Recent literature and APHNWFDS findings offer suggestions for those responsible for developing a PHN workforce for Australia, including:

- New recurrent investment for PHN workforce growth is required. In 2001/2002 the PHN workforce was estimated to be between 20-40% of that required. A \$15 million investment nationwide is needed to meet basic capacity requirements.
- Multi-strategy approaches are required. Growth in workforce size without organisation, leadership, support and adequate preparation will be inefficient.

- Development of a specialist/ leadership workforce tier is a priority in order to manage workforce organisation and development.
- The assumptions underpinning a training emphasis on primary health generalists and non-health workers (ie. as in *EWA*), rather than ‘up-skilling’ the nutrition workforce are flawed and are likely to be inefficient.
- Existing workforce preparation, organisation and practices need re-designing to reflect the required work (core functions).
- Workforce development needs to occur in all jurisdictions but in a nationally coordinated fashion.
- The potential contribution of academic public health nutritionists to workforce capacity is not being realised. Greater investment in academic-practitioner partnerships is required.

Tables 2, 3, 4 and 5 offer specific workforce development strategies for Australia that build on the initiatives outlined in *EWA*.

Table 1. Determinants of PHN workforce capacity in Australia¹⁻⁵

Category	Determinants
Inadequate human resource infrastructure	<ul style="list-style-type: none"> ● Limited critical mass in designated workforce tier ● Workforce instability ● Limited collaboration and inter-disciplinary effort
Organisational and policy environment	<ul style="list-style-type: none"> ● Inadequate and inequitable resource allocation to implement <i>EWA</i> ● Workforce disorganisation ● Workforce practices do not reflect the required work
Intelligence access and use	<ul style="list-style-type: none"> ● Limited intelligence availability, accessibility and use by workforce ● An under-developed workforce research and dissemination culture
Lack of practice improvement and learning systems	<ul style="list-style-type: none"> ● Limited access to PHN mentors (small expert pool) ● Limited incentives for excellence in practice (career paths etc) ● No consensus about the required work (role confusion) ● No consensus about the competencies required for effective PHN practice ● Barriers to continuing competency development (access, costs etc)
Inadequate current workforce preparation	<ul style="list-style-type: none"> ● Inadequate public health competency development in dietetic training ● Inadequate nutrition competency development in non-nutrition training

Table 2. Workforce development strategies: building human resource infrastructure

Strategy	Suggestions	Comments
Develop a PHN workforce tier for leadership and coordination*	<ul style="list-style-type: none"> Invest in additional senior level PHN specialists (advanced-level competencies) with a mandate to develop PHN workforce capacity, coordinate effort and ensure performance. 	In 2002 estimated to be limited to > 10 nationally [require 40 nationally or 1 FTE PHN director /100,000 population].**
Build a local community level PHN workforce tier	<ul style="list-style-type: none"> Invest in local community PHNs with a mandate for local level PHN effort. 	In 2002 estimated to be limited to > 200 nationally [require 400 nationally or 1 FTE /100,000 population].**
Develop specialist workforce infrastructure to meet strategic objectives	<ul style="list-style-type: none"> Invest in PHN specialists (with strategic roles and competencies) as needed (eg. Aboriginal and Torres Strait Islander nutrition specialists, nutrition epidemiologists). 	

* A specialist workforce tier is an essential pre-requisite for workforce development.

** Recommended benchmark.

Table 3. Workforce development strategies: organisational systems

Strategy	Suggestions for Australia	Comments
Position description review	<ul style="list-style-type: none"> Develop new PHN position descriptions based on core function and competencies. Re-negotiate existing community and PHN position descriptions based on core functions and competencies. 	Position descriptions are an important organisational tool effecting workforce development (ie. a basis for recruitment, performance review and work role delineation). Recent progress evident in Queensland.
Management structures	<ul style="list-style-type: none"> Locate PHNs in public health (or similar) work units, (responsible to public health managers, supported by other public health practitioners). Encourage growth and recognition of existing positions. 	Workforce location influences managerial support, access to mentors and intelligence. Isolation is a major determinant of limited capacity of the PHN workforce.
Provide incentives for better practice	<ul style="list-style-type: none"> Review award structures and provide recognition for advanced-level or specialisation in PHN (i.e. remuneration and classification). Link recognition to strategies 5 and 6. Develop a credentialing or certification system for PHNs in Australia, linked to competency standards and continuing professional development. Link practitioner performance review and progression through award structures to performance. 	High workforce turnover is counter-productive. Incentives that encourage better practice, ongoing competency development and career-long effort enhance workforce capacity. Queensland Health has recently taken this approach.
Assess dietetic service re-orientation	<ul style="list-style-type: none"> Assess the risks and feasibility associated with implementing suggestions 1-7 in practice. 	Service re-orientation needs to be tested (ie. does workforce reorientation towards population based and preventive practice compromise existing clinical nutrition service-related outcomes?)
Recognise workforce development as a core PHN function	<ul style="list-style-type: none"> Ensure that PHN outsourcing (project contracts) by health organisations includes workforce development strategies. 	PHN effort in some states (eg. Victoria) follows an outsourcing model, that contributes to limited organisational and workforce development

Table 4. Workforce development strategies: intelligence support

Strategy	Suggestions for Australia	Comments
Develop PHN intelligence base to inform practice	<ul style="list-style-type: none"> Invest in PHN research, particularly relating to formative and intervention evaluation. Develop the research and development capacity of the workforce by establishing formal academic-workforce collaborations to investigate and disseminate results 	A lack of intelligence about which PHN strategies are 'best buys' constrains workforce effectiveness. Academics report being constrained in their research and PHN practice by high teaching and administrative workloads.
Expand opportunities for peer review	<ul style="list-style-type: none"> Conduct annual PHN conferences to facilitate intervention research dissemination, debate and workforce peer review Encourage and reward dissemination of research and evaluation. 	Strategies developing a peer review and dissemination culture are essential for intelligence gains and better practice, (i.e. publication of practice-based research in peer-reviewed journals as selection criteria for recruitment and promotion).
Develop and support PHN networks	<ul style="list-style-type: none"> Formalise and enhance existing state and PHN networks (inter-disciplinary and inter-sectoral) Enhance connections between state and PHN networks and national bodies (i.e. SIGNAL) 	Networks contribute to workforce capacity and provide peer-support, mentoring, intelligence gathering and dissemination. Some local PHN networks currently exist but vary in their organisation, leadership, status and utility.

Table 5. Workforce development strategies: learning systems and workforce preparation¹⁻⁵

Strategy	Suggestions for Australia	Comments
Develop competency standards for PHN	<ul style="list-style-type: none"> Develop and promote advanced-level competencies for PHN. 	Competencies provide the architecture for workforce development. Advanced-level PHN competencies are currently being drafted by Australian Public Health Nutrition Academic Collaboration (APHNAC).
Build the capacity of the PHN academic faculty	<ul style="list-style-type: none"> Establish a collaboration between academics and institutions involved in PHN education that offers advanced-level PHN training, as part of an integrated learning system. 	In 2002, APHNAC was established to progress this strategy. By 2006 eight advanced-level PHN courses will be available.
Develop PHN mentoring programs	<ul style="list-style-type: none"> Develop a national PHN mentoring system linking practitioners with academics and practice exemplars to support quality practice and improvement. 	In 2002 the majority of the PHN workforce reported not having access to a mentor. Models and systems for mentoring are currently being reviewed by APHNAC as part of an integrated learning system.
Revise entry-level competency standards and training for graduates joining the PHN nutrition workforce.	<ul style="list-style-type: none"> Review the adequacy of existing competency standards for entry - level nutrition and dietetics practice relevant to public health nutrition Review existing curricular of pre-employment workforce preparation programs in the context of PHN competencies. 	A review of the Dietetic Association of Australia's (DAA) Competency Standards in 2000 identified PHN gaps. Most of the PHN workforce are dietetic graduates and report dietetic training as inadequate preparation for PHN practice. The PHN workforce recognises that PHN competencies are advanced-level rather than entry-level.
Increase students access to experiential learning in PHN	<ul style="list-style-type: none"> Develop workplace-based practice placement programs for students in nutrition and dietetics programs Develop workplace- based practice placement programs for students in other relevant training programs. 	Experiential learning is recognised as a critical process in PHN competency development. Existing DAA Program Accreditation standards stipulating placement requirements for community-based experience are inadequate to support PHN competency development.

Conclusions

The multi-strategic approach proposed provides a range of suggested actions for the development and capacity building of the PHN workforce in Australia. There is considerable cost and resources associated with implementation of such a strategic approach, possibly making them unpalatable to government departments and organisations with public health responsibilities. On the other hand, lack of investment in workforce development will result in unacceptable opportunity costs (eg. diet-related disease burden).

The recent workforce development initiatives in Queensland demonstrate many of the elements of the strategic

approach described. Such an investment in development and capacity of a PHN workforce can be realised with leadership, planning, vision and tenacity. More research informing workforce development strategy is also needed to assist decision-makers and ensure efforts are guided by research evidence, as much as by common sense.

References:

1. Hughes R. *Public Health Nutrition workforce development: An intelligence-based blueprint for Australia*. PhD thesis. 2004 www.griffith.edu.au/ins/collections/adt/
2. Hughes R. Employers expectations of core functions and competencies for public health nutrition practice in Australia. *Nutrition & Dietetics* 2004; 61: 105-111.

3. Hughes R. Work practices of the community and public health nutrition workforce in Australia. *Nutrition and Dietetics* 2004; 61:38-45.
4. Hughes R. Competency development needs of the Australian public health nutrition workforce. *Public Health Nutrition* 2003; 6: 839-847.
5. Hughes R. Public health nutrition workforce composition, core functions, competencies and capacity: Perspectives of advanced level practitioners in Australia. *Public Health Nutrition* 2003; 6: 607-613.

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Building the Public Health Nutrition Workforce: Lessons from the Queensland Experience

There is an urgent need for an increased number of competent, trained, adequately resourced staff to progress the huge and complex public health nutrition issues facing Australia. Nutrition and physical activity are set to overtake smoking as the most significant avoidable risk factors for death in the next few years¹.

Increasing recognition of the crucial role of nutrition in improving health and social profiles and prevention of overweight and obesity and chronic disease has led to increased and unmet demands on the small number of experienced public health and community nutritionists within the health sector.

Within *Eat Well Australia (EWA)*, the need for increased workforce capacity is articulated well within the key workforce initiatives of:

- building human resource requirements
- expanding and extending tertiary education
- training primary health care professionals
- training the non-health workforce

However the resources required to effectively implement *EWA* have not been secured.

Figure 1: Queensland Health positions in nutrition and physical activity created since March 2002

Public Health Services staff	District Health Services staff
<ul style="list-style-type: none"> ● 14 Public Health Nutritionists (including 6 Senior positions) ● 4 Indigenous Nutrition Promotion Officers ● 9 Physical Activity Promotion Officers ● 1 Advanced Health Worker (nutrition) 	<ul style="list-style-type: none"> ● 14 Community Nutritionists ● 6 Advanced Health Workers (Nutrition Promotion) ● 5 Advanced Health Workers (Child Health)

Queensland Health response

Queensland Health has responded well to the challenge of building capacity in human resource requirements to address urgent nutrition issues. Queensland Health has committed an extra investment of \$5 million per annum, towards enhanced nutrition and physical activity programs. Including other important initiatives, for example, in addition to nine new staff in 2004/05, new initiatives include:

- five years funding for a high profile social marketing programme to promote consumption of vegetables and fruit
- development and implementation of an incentive framework to support healthy nutrition initiatives in school tuckshops through Nutrition Australia and the Queensland Association of School Tuckshops, and

- assessment of anthropometry and the nutrition and physical activity behaviour of Queensland children.

This investment has supported the recruitment and work of 53 new staff across the state (see Figure 1 for details).

This investment has had a significant impact on the size and mix of the nutrition workforce within Queensland. In March 2002 a total of 118.5 FTE nutritionists/dietitians were employed by Queensland Health (3.5 FTE per 100,000 population); 72% were hospital-based with clinical responsibilities, and less than 15% had a focus on primary prevention.

In August 2004, there was a total of 163.4 FTE nutritionist/dietitians (4.8 FTE per 100,000 population) employed by Queensland Health; 55% were hospital-based and 45% had a focus on primary prevention.

Enablers

Various factors have contributed to an increased commitment to nutrition within Queensland Health.

- A supportive policy context informed by consistent strategic directions including those outlined in:
 - *Queensland Health Strategic Plan 2004-2010 Promoting a Healthier Queensland*,
 - *Eat Well Queensland: smart eating for a healthier state (2002-2012)*
 - *Queensland Aboriginal and Torres Strait Islander Food and Nutrition Strategy (1995)*;
 - *Smart State: Health 2020*;
- A response to relevant national strategies including:
 - National Obesity Task Force *Healthy Weight 2008*;
 - *National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan (NATSINSAP)*
 - *EWA*.
- The corporate change agenda has focussed on responding pro-actively to the evidence base, producing outcomes, developing partnerships, focusing on clients, minimising duplication and maximising effectiveness and efficiency.
- Organisational realignment which imbeds the role of prevention and promotion as core business of Queensland Health.
- Implementation of quality business planning processes within Public Health Services, including the development of systematic tools and training, including Outcome Area Plans, individual performance plans (Managing for Performance), and training in project management (Project Management Plus).
- Leadership, clear vision and personal commitment throughout zonal nutrition teams and recruitment of experienced public health nutritionists who have initiated successful programs and policy initiatives, especially in north Queensland.
- Champions at senior management level, particularly Dr John Scott A/Executive Director, Health Services Directorate and Dr Steve Buckland, Director General.

- ‘Drivers’ were essential; an important factor was the development of a senior Public Health Nutrition position in Corporate Office to advocate for enhanced investment on behalf of the state nutrition team.

Some of the common perceptions which may act as barriers for new investment are highlighted in figure 2. Useful responses are included in figure 3.

- The development of the business case and submissions for this increased investment has focused on the work that the new positions need to do and the beneficial outcomes which will ensue. (Advocacy for increased investment based on benchmarking and empire building philosophies are inherently counterproductive and logically flawed).

Guiding the new workforce

Priorities for the new investment within Queensland Health are informed by the first stage implementation plan of *Smart State*

Health 2020 which identifies the promotion of healthy weight to children as a priority.

Key components of this plan are to:

- enhance the specialist public health nutrition, community nutrition and physical activity workforce
- reorientate relevant services towards primary prevention
- enhance service infrastructure
- extend geographic coverage and improve access to effective services
- provide leadership for whole of government action

Eat Well Queensland (EWQ), the Queensland Public Health Nutrition strategy developed by the inter-sectoral Queensland Public Health Forum, has been an invaluable tool for business planning processes and provided a rational starting point in summarising current and potential actions and identifying “smart buys” for nutrition action to enhance nutritional status and prevent chronic disease in priority groups including Aboriginal and Torres Strait Islander Peoples.

Figure 2: Summary of Perceived Barriers to Investing more in Public Health Nutrition Workforce. (note: All are incorrect!)

1. There is no evidence that primary prevention works
2. ...and if it does, its not cost-effective
3. ...and if it is, this doesn't apply to nutrition
4. Nutrition is not an important risk factor anyway
5. It is more effective to focus on high-risk individuals
6. Nutritionists never agree on anything
7. Nutritionists can't/don't measure activity/outcomes
8. There's no money anyway

Figure 3: Rationale for Increased Investment in Public Health Nutrition Workforce

- URGENCY (Global epidemic of obesity and chronic disease)
- Extremely high prevalence and incidence of diet-related disease
- Unsustainable treatment costs associated with these conditions
- The role of nutrition as a determinant risk factor is much greater than commonly appreciated
- Nutrition is an important *preventable* health measure (There is a large and often unrecognised potential for prevention; full impact of risks often under-measured and under-appreciated; risks occur as a continuum throughout the population with large potential gains from shifting population distributions of exposure)
- In addition to direct health benefit, improved nutrition brings major economic and social benefits
- The complexity of the issues and determinants involved requires a population health focus to address issues effectively

The workforce is organised around the *EWQ* Priority Action Areas which are:

- improve availability, price and quality of the food supply
- increase demand for healthy food and promote healthy eating
- increase consumption of vegetables and fruit
- enhance the health of mothers, infants and children
- achieve and maintain a healthy weight

Development of the workforce is captured under the *EWQ* Priority Action Area pertaining to development of infrastructure and capacity.

Such a significant change in the roles and responsibilities of the nutrition workforce within Queensland Health has implications for training institutions, particularly the tertiary sector. Gaps in competencies identified in the recruitment process included: public health policy, principles and practice:

- principles of strategic management and planning processes
- indigenous health and nutrition issues
- principles of project management, including evaluation concepts.

Support for the new workforce

Various systems have been put in place to support the new workforce. It has proved important that locations of new staff are based on available support as well as need for services, which is particularly important for sustaining sole community nutrition positions.

Clear strategic directions are required to ensure synergy of approaches. Agreed strategic directions are reflected in business planning processes and documents including Public Health Services Nutrition and Physical Activity Outcome Area Plan and related tools

such as Management for Performance. Further support is provided by the revised Queensland Health Nutrition/ Dietetics Service Delivery Model which is now based on the *EWQ* framework. To attract suitably qualified and experienced staff it was necessary to change the relevant Industrial Award to recognise suitably qualified nutritionists under the Professional stream rather than the Administrative Stream. Systematic merit based recruitment and selection processes and protocols have been rigorously applied.

The three positions of Director of Public Health Nutrition in each of the three public health networks in Public Health Services in Queensland Health (Dr Anita Groos, Dymna Leonard and Simone Lowson, and Vivienne Hobson who acted as the Director during 2003) are pivotal in leading the change management process necessary to support new structures and approaches throughout the state, and ensure efficient and effective service delivery. These positions are supported by Senior Public Health Nutritionists who have strategic leadership and/or management responsibilities in key program areas. Other staff members manage projects in priority work areas at network or local level and contribute to team priorities.

Professional development entitlements are built in to the costing of each position. A statewide orientation program was conducted in May 2003, and induction programs were instigated at specific work sites. Many entry-level positions are mentored by more experienced team members.

Some nutritionists are eligible for formal support and recognition programs, such as the Allied Health Clinical Advancement Scheme, operated by the Allied Health Unit. Staff in rural and remote areas are eligible to participate in programs under the Rural Health Training Unit, such as Rural Connect (the Rural Allied Health Mentor Program).

The establishment of a career structure for public health nutritionists and Indigenous Health Workers with nutrition qualifications (consistent with the Queensland Health Indigenous workforce strategy) may also assist in staff retention.

Challenges

Beyond coping with rapid growth in a changing environment and ensuring synergy with the wider health promotion workforce, a key challenge for the new workforce is related to the accountability for delivering rapid measurable population level health outcomes when the responsibility for many of the determinants contributing to poor nutrition, low levels of physical activity and obesity lie beyond the health sector.

The recent investment has begun to develop the human resources and infrastructure required to deliver such outcomes. A range of evidence-based programs addressing priority issues and population subgroups have already been developed or are under development. The need to embed existing programs while also addressing emerging issues is also a challenge.

The limitation is now the capacity to implement an effective dose of programs more broadly in a timely, quality, efficient, coordinated and sustainable manner across the state. Queensland Health has demonstrated unique commitment within Australia to work towards greater program reach, better coordinated and more focused nutrition action through enhanced investment in the public health nutrition workforce.

Reference:

1. Mokdad AH, Marks JS, Stroup DF, Gerberding JL. Actual causes of death in the United States 2000. *Journal of the American Medical Association* 2004; 291(10),1238-1246.

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The Indigenous Nutrition Workforce: a Northern Perspective

Northern Australia has a higher proportion of Aboriginal and Torres Strait Islander people than elsewhere in Australia. While we in the north benefit from cultural diversity, the poor health of Indigenous people is seen in health indicators for remote and rural areas. Poor nutrition and poor environmental health are major contributors to this burden of ill health.

Over the years, Indigenous people have repeatedly expressed their desire to have more health service providers who are themselves Indigenous.

Indigenous people working in health have insisted that the qualifications for which they study, are formally accredited and have national recognition.

In Queensland (QLD), work began in the early 90's to develop accredited training courses for Aboriginal and Torres Strait Islander people working in nutrition and environmental health. In the Northern Territory (NT) accredited training in nutrition was being delivered to Aboriginal people from the mid 1990, this was offered at diploma and advanced diploma level by the end of the 1990s. However, in both QLD and the NT the employment opportunities and the support available for graduates was limited.

The progress made in the area of environmental health has been substantial. Indigenous Environmental Health Workers are currently preparing for their fifth national conference. It is over five years since the last national Indigenous nutrition conference was held. Sadly Indigenous nutrition health workers have not reached the critical mass needed to make similar progress. It is interesting to consider why this is the case.

For environmental health:

- The mainstream environmental health workforce is long established and has an impressive record of achievements in contributing to population health, initiated when John Snow removed the handle from the tap of the Broad St pump in 1854 to prevent the spread of cholera.

- There is a national professional body for Environmental Health Officers (EHOs) which can review and endorse training programs offered through the universities. The existing mainstream EHOs provides a model for the work of Indigenous Environmental Health staff.

- There are greater EHO employment opportunities with the Indigenous community councils.

The situation for nutrition is very different:

- Nutrition is a more recent population health speciality, particularly in its modern which addresses chronic disease rather than deficiency disease.
- While there is a national professional body for dietetics, there is not such a body for 'nutrition' per se, anybody can claim to be a nutritionist.
- The mainstream public health nutrition workforce was itself still in the early stages of development and Indigenous nutrition staff lacked a model for their work.
- Employment issues have not been resolved. Most health service providers are not familiar with nutrition interventions. In settings with a high burden of injury and infection, as well as chronic disease, health service providers give priority to generalist staff who can manage a range of health conditions.

The National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan (NATSINSAP) identifies the need for trained Indigenous nutrition staff at all levels of the food and nutrition system. SIGNAL has now appointed a NATSINSAP Project Officer, so it is timely to reflect on workforce priorities. There is a need for:

A generalist Indigenous health workforce - at community health centre level - with nutrition expertise to:

Indigenous people working in health have insisted that the qualifications for which they study, are formally accredited and have national recognition.

- Promote good nutrition and healthy growth for mothers and babies.
- Promote healthy eating (and physical activity) for all ages.
- Provide basic clinical nutrition for mothers with anaemia, children with poor growth, adults who are overweight or obese and people with diabetes.

Indigenous nutrition health workers - at community level or local area level - with sufficient expertise in nutrition to:

- Address local food supply issues in stores, take-aways and school tuckshops
- Support non-health agencies to address nutrition - eg in child care services, women's centres, hostels for women waiting birth, schools
- Support the work of generalist health workers by offering training in specific programs such as the Healthy Weight Program
- Communicate to community councils and service providers about nutrition issues

Indigenous nutritionists - at regional, state and national level - with sufficient expertise in nutrition to:

- Research, assess and report on the nutrition and health status of the population
- Advocate and communicate, inform and influence policy development and implementation
- Develop, implement and evaluate nutrition programs
- Provide education at tertiary level to indigenous and non-indigenous people

The majority of the Indigenous health workforce are generalist health workers, working with non Indigenous nurses and doctors.

The health workers need expertise in nutrition in their clinical work and to contribute to health promotion. Investment at the level of competency definition and curriculum development is required. In addition the nutrition expertise among the teaching staff is critical, and is lacking from many of the training organisations and tertiary institutions providing for Indigenous health staff.

Building a specialist Indigenous nutrition workforce will take investment and planning.

A coordinated national strategy has the potential to overcome many of the barriers described above. A national strategy will provide support for other Indigenous people to join the small but dedicated group of Indigenous people now working in nutrition whose current contribution will provide the model for their colleagues in years to come.

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An Education Framework for Enhancement of Public Health Nutrition Activity at a Local Level

In Victoria an *Education Framework for Enhancement of Public Health Nutrition Activity at a Local Level* has been developed and trialed. This project piloted a workforce development intervention that focused on the application of experiential learning, mentoring and leadership development amongst community-based dietitians in two localities (one urban and one rural). It was undertaken by a consortium between Monash University in Victoria and Griffith University in Queensland, and commenced at the end of 2002.

The aim of this project is to develop a model that strengthens the capacity of community health services to address nutrition issues in the local area using a public health approach.

Developing the Education Framework Model

The first step was to develop an appropriate educational framework to support public health nutrition practice. This was based on evidence relating to professional and adult learning and the particular competencies required for a public health nutrition (PHN) approach. Key features of this framework are:

- Experiential learning
- Problem based learning – addressing a local problem
- Grantsmanship – preparing team based submissions/plans
- Mentor assisted practice
- Curriculum design focusing on practical applications of core competencies

- Network development and team work (capacity building)
- Local decision making about action based on local needs
- Multidisciplinary - but emphasising an important role for dietitians as mentors
- Reflective practice

To support knowledge and skill acquisition and to guide PHN practice, a draft *How To* manual was developed by the university consultants drawing on existing resources and curricula used in teaching PHN in the university setting. The manual details an approach to PHN practice (adapted from the National Public Health Partnerships *A planning framework for public health practice – a system perspective*) and includes a number of activities/questions for the users to complete to produce a strategic and planned approach to nutrition problem resolution in their community.

Trialing the model in two communities

Expressions of interest to participate in the project were sought specifically from community dietitians, with a number of criteria including consistency with Victorian priorities, range of partners involved and feasibility. A small amount of funding for time release for the dietitian and for the project was made available. This approach was designed to be consistent with a needs based, multi-disciplinary and strategic approach.

The intervention required the planning, implementation and evaluation of a nutrition related intervention within the particular region using the community dietitian as a starting point. The dietitian formed partnerships with other agencies/individuals to work through a project needs assessment and planning process using the *How To* manual as a guide. The consultants acted as mentors during this process to assist with ideas, methodology and submission writing. This initial work culminated in a project submission that was peer-reviewed by the consultants and Department of Human Services project manager. Once approved, the local team worked on the implementation and evaluation of the project again using the Manual as a guide and with support from the mentor consultants.

An evaluation framework was devised to assess the effectiveness of this approach to workforce development. The evaluation involves peer review as well as feedback from the project teams on the *How To* manual; debriefing interviews with project team members to evaluate the mentoring process, assessment of learnings that have emerged from participation in the project; and assessment of the project plan, intervention and evaluation to determine quality and impact.

At this stage, one project has been fully completed and evaluated and the other project is awaiting evaluation.

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WA Audit of Nutrition and Physical Activity Workforce: Opinions of Managers on Nutrition Service Delivery

Building the capacity of the public health nutrition workforce is a key priority area for action in both *Eat Well Australia* and *Eat Well Be Active WA (EWBAWA)*, (the WA public health Nutrition and Physical Activity strategic framework). Careful planning, good management and an adequate infrastructure are needed to realise strategic goals and successfully implement effective programs.

A workforce survey conducted in WA in 2001 found a young and often isolated public health nutrition workforce, with high professional staff turnover in regional areas resulting in a lack of continuity of care.

The public health nutrition workforce in WA is relatively undefined, underdeveloped and somewhat fragmented. An adequate infrastructure including workforce and commitment by Managers is needed to realise the goals of *EWBAWA*.

To further define the workforce, the Department of Health in Western Australia commissioned an audit of the current nutrition and physical activity workforce. Curtin University's School of Public Health conducted the audit in October 2003 to April 2004.

The audit aimed to describe:

1. The current structure, capacity, working arrangements, composition and qualifications of the nutrition and physical activity workforce, and
2. The workforce training need as determined by managers and practitioners.

Previous workforce surveys in Australia had provided some background on the practitioners in public health nutrition¹. There have been no previous surveys on opinions of managers on the nutrition and physical activity workforce. This paper presents the main opinions of the managers about

Nearly one third of managers did not rank nutrition in their top five strategies which demonstrates the competing issues in program delivery.

nutrition services in WA. Managers of Department of Health's Population, Public and Community services were identified for each health region along with non-government health agencies and Divisions of General Practice. A total of 63 managers were identified and 48 agreed to a telephone interview (77% response rate).

Background on managers

Over half of the managers had been in their current management position for two years or less (56%). Their main service delivery was in population services (38%), community and clinical (29%), solely community (25%), public health (6%) and clinical (2%). This reflects recent restructuring of WA health regions into population health units. The majority were located in country areas (67%) and had responsibilities for service delivery for a region (88%) as opposed to responsibility for statewide delivery (12%).

Priority placed on nutrition

Nutrition was seen as a priority for the managers interviewed but they had many other competing priorities, particularly in country areas where alcohol and other drugs (33%) and injury, including assault and suicide (25%) were higher priorities. The major self-reported health issues were diabetes (35%) and cardiovascular disease (27%). Poor nutrition was ranked 11th as a separate health issue but have obvious links with those previously mentioned.

These health issues were reflected in the ranking of their top five key intervention strategies for their region or organisation. Capacity building (31%) and programming for the social determinants of health (27%) were the top intervention strategies.

Nutrition was ranked as the number one strategy by 17% of managers.

Nearly one third of managers did not rank nutrition in their top five strategies which demonstrates the competing issues in program delivery.

Staff involved in nutrition service delivery

Manager's capacity to deliver nutrition services were assessed by the positions under their direct management responsibility. Positions that had been vacant due mainly to funding issues left 10% of Managers with no specifically trained staff to deliver nutrition services. For the rest (n= 43), the capacity to deliver nutrition services was via health professionals without specific public health/community nutrition skills in their job descriptions. (See Table 1).

Less than one third of managers had direct responsibility to manage a position specifically dedicated to delivery of PHN services to that region or organisation.

Issues and barriers to nutrition service delivery

Recruitment and retention of staff to deliver nutrition services were mainly focused around country areas, with attracting staff (21%) and staff-burn out (10%) the major issues. Two other major issues were funding (14%) and the limitation of dietetics trained professionals applying for public health nutrition positions (14%).

The type of staff delivering services and issues with recruitment and retention were highlighted with only 10% of managers indicating they were fully meeting goals or set outcomes in the area of nutrition. This resulted in reduced or limited service delivery and the major barrier to this was the number of staff (58%). Organisational and management factors such as Health Department restructuring and funding freezes were important barriers (40%), along with financial resources for program delivery, staff skills in delivery of PHN (21%) and community attitudes to nutrition (16%).

Training competencies required for nutrition service delivery

A list of competencies related to public health and community nutrition were selected from existing Dietitian Association of Australia and Health Promotion competencies development. Four areas were identified for a total of 18 specific competencies. Managers were asked to rate those from one being very important to five being not important based on their experience. The most important competencies were rated in the area of liaison and advocacy area, followed by program delivery, knowledge and communication. (See Table 2). The major areas managers felt were not currently being addressed in workforce training were concepts of collaborative partnerships (22%), public health principles (20%), capacity building principles (18%), cross-cultural awareness (18%) and liaison & advocacy skills (13%).

Conclusion

This audit of manager’s opinions highlights the need to continue to work to get nutrition on manager’s agendas and demonstrate potential health gains.

There is a need to build the capacity of existing health professionals who have some responsibility or interest in nutrition, specifically Aboriginal health workers and nurses (Infant and School), particularly where there is limited specialist nutrition positions.

The ability to deliver on public health nutrition priorities can only be achieved by increasing the workforce capacity in WA. This means filling existing positions and increasing the number of new public health nutrition positions. Related to this is the requirement that key competencies in public health delivery be emphasised in the training of this workforce, specifically liaison and advocacy and concepts such as collaboration, capacity building and community development.

Further results of the audit are being analysed and will be available early in 2005.

Reference:

1. Hughes, R, 2004, Work practices of the community and public health nutrition workforce in Australia, *Nutrition & Dietetics*, vol.61, no.1,pp.38-45.

Table 1: Staff involved in delivering nutrition services.

Description of Job Title Responsible for Delivering Nutrition Services for Region/Organisation	Percentage of Managers Reporting (n= 43)
Aboriginal Health Worker	63
Nurse	49
Health Promotion Officers/Project Officer	44
Diabetes Educator	47
Community/Clinical Dietitian	33
Public Health Nutritionist (including Nutrition Co-ordinator & Population Health Nutritionist)	28
Community Dietitian	21
Clinical Dietitian	7
CVD Coordinator	5
Chronic Disease Co-ordinator	5
Health Advancement Officer	2
Research Officer	2
Secondary Prevention Manager	2
Early Intervention Staff	2
Liaison Officer	2
Community Nutritionist	0

Table 2: Relative importance of nutrition competences

Competency Area	Mean Rating by Managers (n= 43)
Liaison and Advocacy i.e. Establishes & facilitates community partnerships within and outside the health sector	1.26± 0.44
Program Delivery i.e. Translates technical information into practical advice on food and eating to a range of audiences	1.54± 0.40
Knowledge of Nutrition i.e. Demonstrates appropriate knowledge for conducting nutrition interventions	1.63± 0.43
Communication and Management i.e. Applies interpersonal skills	1.71± 0.47

± Standard Deviation

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The public health nutrition workforce in New Zealand

The public health nutrition workforce in New Zealand (NZ) comprises of three groups:

- Dietitians
- Nutritionists
- Community nutrition workers.

Dietitians

NZ Dietitians must be registered and their practice is regulated by the Health Practitioners Competency Assurance Act 2003. Registration as a dietitian in NZ requires completion of postgraduate training. If overseas trained an applicant must possess a substantially equivalent qualification and successfully sit the Overseas Candidates Registration Examination. Dietitians are required to prove continuing competency to maintain NZ registration. At present there are 320 dietitians registered and practising in NZ. Of those registered there are 32 working in public health. (For more information visit www.dietitiansboard.org.nz).

At present there are 320 dietitians registered and practising in NZ. Of those registered there are 32 working in public health.

Nutritionists

Ten years ago the Nutrition Society of New Zealand launched a nutritionists registration programme. Those wishing to be registered have to provide proof that they have university qualifications in nutrition and have a minimum of five years experience in their nominated field and skill area.

The fields of speciality are human, animal and plant, and the skill areas are: education, scientific research (industrial), scientific research (academic), practice and public health. At present there are 32 registered nutritionists in NZ. (For more information contact: Registrar, Bobbi Campbell, email: nutrachoice@clear.net.nz).

Community nutrition workers

Over 10 years ago community/health promotion workers needed to have knowledge and skills in the area of nutrition.

Pilot training schemes were initiated by four different Iwi and Māori Organisations in collaboration with health agencies around NZ. More detail is available in the Ministry's Food and Nutrition Guidelines for Healthy Adults – a background paper (see www.moh.govt.nz).

These schemes have been enhanced over recent years and Pacific community nutrition workers are now also being trained. Extra funding has just been identified for the Pacific training. Community nutrition graduates can be found in many different roles both within and outside the health system.

Employers of public health nutrition workers

The New Zealand health system is the main employer of public health nutrition workers. The Ministry of Health employs 3.6 nutrition advisors, and one nutrition epidemiologist.

Other major employers of the public health nutrition workforce are the 12 regional public health units throughout the country and the Ministry's providers who have a nutrition function. Examples of providers of nutrition services include non-government organisations such as the National Heart Foundation or Agencies for Nutrition Action as well as Māori and Pacific providers.

Recent relevant workforce issues

The nutrition and physical activity workforce was identified as a key priority in the *Healthy Eating – Healthy Action (HEHA)* strategy. The implementation plan has identified several activities around improving the nutrition and physical activity workforce. The actions include:

- Undertaking a needs assessment of the nutrition and physical activity workforce to identify training needs.
- Extending and developing training programmes to meet the needs identified.

- Developing and implementing a strategy to increase capacity and capability of trained Māori and Pacific health professionals and community workers.
- Developing and implementing a strategy to encourage mainstream workforce capability to respond more effectively to needs of Māori and Pacific and to contribute to Māori and Pacific health gain.
- Working with tertiary institutions to include nutrition and physical activity in relevant health training curricula.
- Increased support of existing evaluated community training programmes that provide nutrition and physical activity training and support to community workers working with high need groups.

According to the preliminary results of a 2003/04 Ministry survey of 135 public health providers and 726 individuals employed in those organisations, there are 34 nutritionists or dietitians employed in the public health sector making up 18.6 fulltime equivalents.

The survey results appear to indicate a shortage of dedicated nutrition workers since 51% of the total number of organisations surveyed ran nutrition programmes but only 33% of the individuals surveyed worked on nutrition programmes.

Thirty percent of the individuals in District Health Boards (DHB's) who responded worked on nutrition programmes. Likewise, 30% of individuals from non Māori non Pacific and non DHB organisations worked on nutrition.

Forty-seven percent of individuals in Māori organisations worked on nutrition programmes. The most frequently mentioned issues with recruiting public health dietitians/nutritionists from the organisations point of view were:

- a small pool of candidates,
- lack of candidates with relevant qualifications
- limited pool of qualified Māori dietitian and nutritionist candidates.

The future

Further analysis of the data from the recent public health workforce survey will enable the Ministry to better consider and act on the workforce needs of the sector.

The workforce has been identified as a key priority in the *HEHA* Strategy. Māori and Pacific workforce development has been identified as one of the actions on the *Start Here* list in the implementation plan.

This area is therefore likely to see progress in the near future subject to available funding.

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Public Health Nutrition Workforce Development: the Food Industry Context

The practice of public health nutrition (PHN) targets improvements in the nutritional health of the population. In part, it is based on an understanding of factors that influence the nutritional intakes of individuals and groups.

These factors may relate to sociocultural structures and functions, to individual attributes such as knowledge, attitudes and behaviours, and to environmental conditions, such as availability and quality of the food supply.

Comprehensive strategic plans addressing PHN problems, such as obesity, reflect this broad approach (for example see www.healthyandactive.health.com.au).

The food industry is recognised as playing a role in this exercise¹, with a part related to food products, distribution methods and marketing methods², the industry itself, of course, is not homogeneous and is represented by many sectors, from primary products (in Australia represented through R&D corporations such as those for grains, meat, pork, fish, dairy, horticulture, wine and rural industries), to manufactured foods (including large multinational companies, Australian companies, small to medium enterprises and ingredients manufacturers) to food distribution and service industries including restaurants.

The significance of this heterogeneity should not be lost in the PHN framework.

For the food industry sector to have an effective role in PHN, access to capabilities in nutrition is needed. These capabilities would be particularly useful in areas such as product research and development, nutrition communications with consumers and health professionals,

and meeting regulatory requirements. The competencies required of persons undertaking these roles would centre on a comprehensive nutrition knowledge base and a deep understanding of the relationship between food, nutrition, health and disease.

In addition, knowledge of food innovation and technology, including

food safety issues, are important. An ability to link the expanding knowledge base in nutrition and food technology with the development of the food supply is a significant component of food research and development. Research and evaluation skills underpin these capacities.

A second category of competencies relate to nutrition communications.

Table 1: Key workforce attributes nominated by 12 industry dietitian-nutritionists

Attribute	Levels described
Knowledge	Nutrition (including some specialist areas) Food law Marketing
Skills	Research Ability to critique the scientific literature Management (including multi-tasking; time, team, project, and crisis management) Verbal and written communication (at senior management, individual customer and general public level)
Attitudes	Thorough, self-directed, patient, with a sense of humour Pro-active, self directed, imaginative Professional, assertive, easy going, enthusiastic An ability to see 'the big picture'

(Source: Adapted from Tapsell and de Groot 1999, page 89)

Table 2: Courses undertaken by a sample of industry based dietitian-nutritionists

Formal coursework	Skills based programs
Master of Public Health Master of Health Planning Doctor of Philosophy Certificate of Marketing Grad Dip Business (Marketing) Assoc Dip Public Relations Bachelor of Education	Marketing and public relations Media skills Negotiation skills Computer skills Public speaking Assertiveness training Stress management

(Source: Adapted from Tapsell and de Groot 1999, page 89)

This requires an effective working knowledge of food standards and the regulatory framework, both at the national and international level. It also demands an understanding of the consumer and of health behaviours. Communication skills including media and marketing are central to this role.

Working within an industry framework also requires strategic and program planning and evaluation skills combined with business acumen, recognising the commercial realities of this context. Management skills that demonstrate an organisational awareness, the ability to work in cross-disciplinary teams and to provide expert advice in nutrition are also required.

These workforce attributes were reflected in a previously published ethnographic study of dietitian-nutritionists working in the Australian food industry³. Twelve of a potential 48 dietitians at the time underwent in depth interviews and described the key knowledge, skills and attitudes required for practice in this context (Table 1).

Bearing in mind that entry level education is only the starting point for practice, the participants in this study listed a number of courses (other than Nutrition) they had taken, and again these reflect the attributes described for this work context (Table 2).

In recognition of the need for both marketing and nutrition personnel to develop an integrated knowledge of the food system within the food industry, the Australian Research Council Key Centre for Smart Foods set up a Master of Nutrition Management course at the University of Wollongong, with four nutrition subjects (Food Innovation, Food Policy and Regulation, Nutrition Research and Contemporary Nutrition) and four from the MBA program. This course is also available as short courses within subjects to enable flexible achievement of the qualification.

Further information on careers in the food industry can be accessed through the Australian Institute of Food Science and Technology (www.aifst.asn.au) and the National Food Industry

Strategy (www.nfis.com.au).

If health policies using an integrated framework are to be fully enacted, public health nutrition workforce plans need to consider the food industry context. There is a range of discipline groups with a food and nutrition background working in the food industry and their skills vary depending on the tasks. Continuing education programs are available and new programs are currently being developed, creating further opportunities for addressing public health nutrition goals.

References:

1. Catford J and Caterson I. Snowballing obesity: Australians will get run over if they just sit there, *Medical Journal of Australia* 2003;179:577-9.
2. Tillotson JE. Pandemic Obesity: What Is the Solution? *Nutrition Today* 2004;39:6-9.
3. Tapsell L and de Groot R. Dietitian-nutritionists in the Australian food industry: an educational needs assessment. *Australian Journal of Nutrition and Dietetics* 1999;56:86-90.

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Register of Nutritionists – Towards Workforce Planning in Britain

Background

Diet and nutrition are high on media, public and political agendas, led by concerns about curbing the spiralling numbers of young and old obese. Controversy rages over nutrition profiles-based 'traffic light' food labels and advertising food to children.

This spells rising expectations of public health nutritionists.

Who informs, advises and supports the public health, how and where? At a unique juncture for public health it is timely to ask, "What impact is the Society's register having on workforce development" and what role could it play in workforce nutrition planning?

The answers may be interesting and useful for Australian colleagues too.

The register and its status

The Nutrition Society publishes its register on its website so that the public or employers can verify registration status (www.nutritionssociety.org.uk/membership/register).

The status of the register has never been higher, as the Society works with voluntary registers, and regulators at home and abroad. The Society's titles provide evidence of appropriate expertise to the Home Office, employers in the private sector and such agencies as the Food Standards and Health Development Agencies; and help meet National Service Frameworks (CHD, cancer, elderly, children).

Thus registered nutritionists now work as Nutrition Managers and Health Development Officers in Primary Care Trusts, Five-a-day Coordinators, public health nutritionists in 'Sure Start' and lead Community food projects.

The public health vortex

The wider context for nutrition is a vortex of change: there is unprecedented health spending, targets for quality performance, National Health Service plan to address shortages of health professionals in a 'disease service' benighted by restructuring. In the mix are the elements for workforce planning and development that can deliver the 'full engagement' the Treasury seeks.

Unprecedented professional cooperation began when the British Dietetic Association and Nutrition Society published joint guidelines to promote the employment of nutritionists in NHS Nutrition and Dietetic departments (2002).

The new Voluntary Register for Public Health Specialists permits parity for non-medical specialists with directors of public health. Defined Specialists are set to emerge, from Public health nutrition, health protection, health promotion, health intelligence, environmental health, etc.

Recently published Guidance on the use of *National Occupations Standards* for Public Health Practice and the forthcoming *NHS Agenda for Change Knowledge and Skills Framework* will shape the size, nature and capability of the public health workforce through the Workforce Confederations, Primary Care Trusts, universities and professional bodies. While all this gels, professionals advocate around weaknesses in academic public health, the evidence-base for intervention, and in public health workforce planning, for careers and public services.

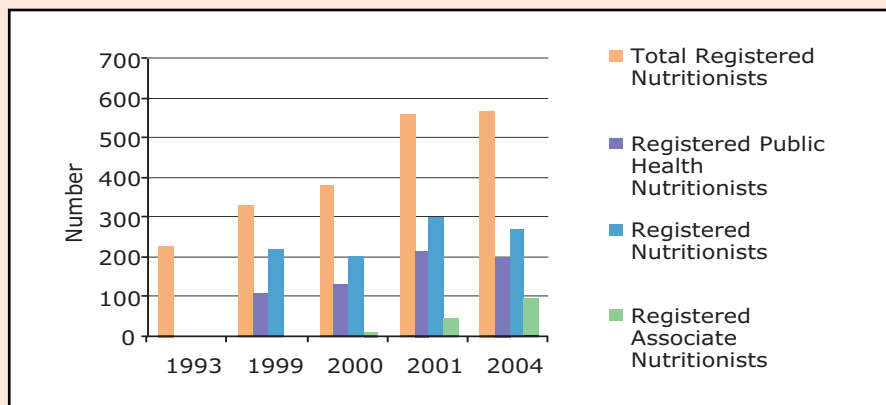
Constraints and challenges in institutional capacity

The voluntary register is constrained by its small size supporting few overstretched staff with small administrative capacity.

Mobilising and harnessing registrant activism is in hand.

Rapid growth (40% in the last 4 years) is a cleft stick. Chasing fees uses up scarce resources better deployed to promote the profession. On the positive side, graduates from accredited courses could grow the public health nutrition workforce by 40%, in 2004 – 2005, up to a fifth of new entrants into the nutrition workforce, a potent lever in workforce planning.

Figure 1: Growth in the Nutrition Society's Register, 1993-2004.



In as much as professional nutrition capability is defined by normative competency statements, the Society has established its register's reputation at national level among opinion formers and policy makers. The Society's registration scheme privileged knowledge 'know what' and 'know how'.

In keeping with current trends, it is moving towards portfolio evidence ('shows how') in order to retain its hard-won edge.

A pilot of a Continuing Professional Development Scheme is underway, cooperating with the British Dietetic Association, Learning and Teaching Support Network Health Sciences and Health Professions, Nutritionists in Industry, the British Association of Animal Sciences (BSAS) and the Health Development Agency.

The scheme will be flexible and easy for registrants to comply and the Society to administer, yet rigorous enough for employer credibility built on quality enhancement. This will necessitate canvassing the views of and clarifying the nature of the nutrition workforce.

Recent research shows that on the ground, the public and health professionals have no clue about the role of nutritionists barring hospital dietetics. Clients disheartened by limited access to orthodox nutritionists, are left to dubious and unorthodox holders of private sector diplomas, with limited referral or recourse. Harnessing pent-up demand for nutrition services could form rungs in a nutrition career ladder whose completion is facilitated by our competences sitting within national frameworks, ripe for engaging with sectors skills organisations, employers, and educator-trainers.

The critical need is to weave together efforts to:

- sustain and enhance capability (professional development)
- define operational (practice) and strategic roles in public health nutrition, and
- act with political savvy for public good not only members'.

Failure will mean becoming wallflowers at the dance of workforce planning and development.

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International 5+ A Day – Some Key Lessons on Fruit and Vegetable Consumption

If someone was offered the opportunity to prevent hundreds of deaths per year and they didn't take it they would be considered foolish. Yet worldwide millions of people are continuing to ignore a range of risk factors that are contributing to the burden of chronic disease and obesity. One of the key identified risk factors is that of dietary intake of fruit and vegetables.

The recent 5+ A Day Symposium in Christchurch, New Zealand, attracted a range of people from 31 countries with an interest in the implementation of intervention style campaigns designed to address this issue.

The West Australian *Go for 2 & 5* campaign is viewed well in the international context. It was notable however that Australia does not as yet have a national campaign.



At the Symposium Andrew Stuart, First Assistant Secretary Population Health Division, Australian Department of Health and Ageing announced that the Australian Government is supporting a national *Go for 2 & 5* campaign as part of the "Building a Healthy Active Australian" program.



L to R: Dr Bill Tangi (Tonga), Andrew Stuart (Australia), Eric Bost (USA), Dr Don Matheson (New Zealand)

Here are some key lessons for Australia from the Symposium that can now be applied to the development of a national campaign promoting fruit and vegetable consumption.

General observations

The Symposium highlighted:

- Exploding global momentum of fruit and vegetable promotion and the enthusiasm, optimism and willingness to share with many different countries.
- The World Health Organisation is emphasising the need for adequate dietary intake of fruit and vegetables.
- Growing research on the role of adequate fruit and vegetables in protecting and promoting good health.
- Increasing evidence of effective programs and strategies.
- Common challenges in many countries –eg. engaging policy makers, leveraging private industry and public sector resources, forming and maintaining effective partnerships.
- The need to couple health messages to good growing and distribution practices in order to be successful.
- The importance of defined goals, leadership, advocacy, enthusiasm and persistence to achieving success.

Key messages

The key messages delivered by the Symposium centred on the following issues.

1. The need for strong partnerships that involve all stakeholders.

There is a need for health practitioners, retailers, wholesalers, agents, growers, government, and health bodies to work together on addressing the issue. Strong leadership is required at health, government and industry levels to assist in delivering approaches that can change behaviour.

2. The message to increase fruit and vegetable intake should emphasise variety and healthy preparation methods.

The nutritional value of different fruit and vegetables varies - some are better sources of specific vitamins, minerals and anti-oxidants or have different glycemic indices. Adding fat and sugar increases the energy density of fruit and vegetables and reduces their value in combating obesity. Added salt also reduces the health benefits.



5 a-Day the Colour Way NZ, Canada (Unlock your colours) and California are using a colour approach to encourage variety. US Produce for Better Health has nutritional guidelines for recipes and endorsed products.

3. Market segments need to be identified for efficient targeting of campaign strategies.

Different people have different wants and needs and respond to different messages. Messages to children should highlight fun, music, peer group. Adult consumers are motivated by convenience, health, but there are sub-segments as identified in the French advertising campaign targeting adolescents. Programs in the welfare sector may require different approaches to general population approaches.

In order to compete with the big brand snack and fast foods consumer needs must be met, particularly in terms of flavour, variety and excitement. Industry needs to work closely with retailers to ensure consumers understand their product in terms of storage and usage.

4. Policy makers require demonstration of need/benefits as well as evidence of effectiveness of proposed interventions before they will commit/invest.

There is a need to collect and document evidence of the benefits (eg health, cost savings, increased sales) and return on investment to justify action. Evaluate programs, publish results and promote successes to have programs recognised by decision makers. Advocacy is required to influence political will that can make programs possible eg US schools program.

At an international level the fruit and vegetable industry must develop even stronger links with the WHO and be prepared to lobby on food nutrition and health issues. There is also a need to examine further the linkages between appropriate dietary intake of fruit and vegetables and its impact on obesity.

5. There may be benefits in a global approach to fruit and vegetable promotion.

Common branding is recognised marketing practice and has been a major aspect that has grown the 5 a Day program in the US. People are exposed to global markets, travel and the Internet. Similar promotional resources have been developed in

different countries and opportunities exist for international collaboration and reduced duplication. This approach will need to overcome cultural differences, language, with local adaptations.

See figure 1 for examples of international brand.

6. Consumption of fruit and vegetables increases when access is increased.

Fruit and some vegetables “sell” themselves on availability, when access is increased. Examples were provided of well-evaluated programs in schools, worksites and communities where consumption increased when fruit and vegetables were made more readily available (snacks, salad bars, vending machines, farmers markets). Consumption was highest when produce was available free.

7. The key to effective campaigns.

Experienced fruit and vegetable campaigners identified the following critical components of effective campaigns:

- Mass communication and education
- Partnerships
- Environmental change
- Policy change
- Research and evaluation

Summary

To even a casual observer there is no doubt that there is a growing international emphasis on the need for the correct dietary intake of fruit and vegetables.

The fact that Australia does not as yet have a national campaign, while disappointing, provides the opportunity to learn from others and establish strong partnership arrangements that can deliver real results. There is no lack of enthusiasm for a national campaign.

What is now needed is for all sectors – government, private and industry – to work together to make the *Go for 2 & 5* a long term, productive, reality.

For further information contact:

Chris Rowley
 Health Initiative Coordinator
 Australian Fruit & Vegetable Coalition
 Horticulture Australia Limited
 Email: afvc@horticulture.com.au

Figure 1: Examples of international 5 a day message branding



Australian Government Round-up

Healthy Schools Communities Program

The Australian Government Department of Health and Ageing is administering a program, the *Healthy School Communities Program*, to encourage Australian school children to improve eating behaviours. The Program allows community organisations linked with schools (such as Parents and Citizens' Associations) to initiate activities promoting healthy eating with a grant of up to \$1,500 per school.

The Program encourages partnerships between schools and local organisations to initiate projects that help children and parents gain knowledge and skills needed to develop healthier eating habits. Projects such as introducing healthy canteen menus, healthy lunchboxes, vegetable gardens and awards will be tailored to the needs of individual school communities. For more information about this program please visit the website www.healthyactive.gov.au

Australian Health Ministers endorse childhood obesity initiatives

On 29 July 2004, Australian Health Ministers endorsed a package of national initiatives, put together by the National Obesity Taskforce, to improve healthy eating and physical activity amongst children, young people and their families. Two key features of the package include:

- New Physical Activity Recommendations for Children and Youth:
 1. Children and youth should participate in at least 60 minutes of moderate- to vigorous-intensity physical activity every day.
 2. Children and youth should not spend more than 2 hours per day using electronic media for entertainment (eg computer games, Internet, TV) particularly during daylight hours.
- A schools resource kit promoting healthy eating and physical activity in Australian schools includes examples of quality practice in Australian schools and principles, strategies and ideas for schools interested in designing and implementing healthy eating and physical activity programs.

The kit is available electronically at www.healthyactive.gov.au

The Australian Health Ministers' joint communique is available at: www.health.gov.au/mediarel/yr2004/jointcom/jc007.htm

The 5th Edition of *PaperWeight* newsletter provides information on recent developments around overweight and obesity including the NHMRC *Clinical Practice Guidelines for the Management of Overweight and Obesity*. It includes an update on the *Global Strategy on Diet, Physical Activity and Health* endorsed by member states of the World Health Organisation in 2004. Available at:

<http://www.who.int/dietphysicalactivity/publications/facts/obesity/en/>

PaperWeight is available at: <http://www.health.gov.au/pubhlth/strateg/hlthwt/paperweight.htm>

For further information contact:

Leticia White
Nutrition & Physical Activity Section
Email: leticia.white@health.gov.au

ACT Roundup

Combating Childhood Obesity - ACT Government initiatives

The recent ACT Budget 2004/05 funded a number of initiatives to address childhood obesity.

ACT Health initiatives include:

- *Surveillance* – A review of existing sources of information and development of a minimum data set and appropriate tools relevant to surveillance and monitoring of childhood overweight and obesity.
- The *Tuckatalk in Schools Program* expanding from three pilot schools to more ACT schools.
- *Family Weight Management Program* – Pilot and adapt to the ACT context a best practice model for weight management in children.

- *Health Promoting Schools Vitality Funding Round* – A specific Healthpact funding round to support nutrition, physical activity and other ACT schools health promotion initiatives.
- *Implementation of the National Obesity Action Plan* – Development of projects linked to recommendations in *Healthy Weight 2008*.

ACT Department of Education and Training include:

- Promoting Healthy Students by:*
- Improving student understanding of good nutrition and increasing fitness and physical activity
 - Supporting staff in their health promoting schools approach

- Providing professional learning programs on nutrition and physical education to teachers
- Supporting the implementation of accredited healthy school canteens
- Implementation of an assessment tool to measure student's health and fitness

An *ACT Obesity Coordination Group* is to be established to coordinate ACT government initiatives and improve the capacity across government to address overweight and obesity.

For further information contact:

Chris Stanilewicz
Health Promotion Unit
ACT Health
Ph: (02) 62072499

Enjoy Sharing Family Meals- Nutrition Project

Enjoy Sharing Family Meals is an innovative community nutrition project for young mothers from Gugan Gulwan Youth Aboriginal Corporation. Conducted by Community Nutritionists from ACT Health, this project was funded from ACT Health's, Health Promotion Unit's *Vitality Campaign*.

In 2003 a needs assessment of ACT ATSI organisations was conducted to determine whether ACT Health Nutritionists could provide support

to their services. Organisations contacted indicated that food skills programs would be useful for their target groups.

Building on this needs assessment a project was initiated in Gugan Gulwan with a focus on young mothers. This project drew on the *Quick Meals for Kooris* resource kit produced by the NSW Central Coast Area Health Service, that outlines how Aboriginal Health Workers can easily run 'hands on' - simple, fun and tasty, cooking groups.

Working together with the *Young Mums Groups* at Gugan Gulwan, Lynne Prentice, Community Nutritionist cooked up a range of healthy meals. The group also made placemats for their kids to help them remember about good nutrition for their family and a larger poster for Gugan Gulwan.

For further information contact:

Lynne Prentice
Nutritionist
ACT Health
Ph: (02) 6205 1584

NSW Roundup

Dr Bill Dietz visit to Australia

The Nutrition and Physical Activity Branch of the NSW Department of Health was pleased to host a visit from Dr Bill Dietz, Director of Physical Activity and Nutrition at the Centres for Disease Control in the US, in July. Dr Dietz participated in a range of meetings during his time with NSW Health, presenting to health promotion practitioners, advising NSW's leading childhood obesity researchers, and addressing the Public Health Forum at a lunch held in his honour.

For further information contact:

Liz Develin
Manager
Nutrition & Physical Activity
Ph: (02) 9391 9537

NSW Breastfeeding Project

The *NSW Government Action Plan for the Prevention of Obesity in Children and Young People 2003-7* and *Eat Well NSW* both acknowledge the need to support improved breastfeeding practices in NSW. In recognition of this need the Nutrition and Physical Activity Branch is funding a three-year breastfeeding project.

The project proposal has now been finalised. Project objectives are concerned with increasing organisational commitment to breastfeeding, increasing the extent that NSW Health services implement evidence-based services and practices to promote breastfeeding, and increasing the extent that health

services implement, evaluate and sustain breastfeeding services and practices that reach disadvantaged and at risk groups. Strategies will involve three main areas:

- developing a NSW Health breastfeeding policy
- identifying, developing and disseminating breastfeeding resources to support policy implementation
- implementing professional development initiatives to support policy implementation

Ruth Worgan has been appointed as Project Coordinator for the policy development and implementation stages of the project.

For further information contact:

Edwina Macoun
Public Health Nutritionist
Nutrition & Physical Activity
Ph: (02) 9391 9570

Best Practice Food and Nutrition (BPFN) Manual for Aged Care Facilities

Following extensive experience with over 40 local aged care facilities (ACF), staff of the Nutrition Department of Central Coast Area Health Service determined that a manual was the most appropriate means of providing sustainable support to these facilities.

The BPFN manual has been developed to assist ACF to provide adequate safe, nutritious and enjoyable food in accordance with Standard 2.10 –

Nutrition and Hydration and Standard 4.8 – Catering as described in the Commonwealth Department of Health 1998 *Standards and Guidelines for Residential Aged Care Facilities*.

The manual aims to improve resident's nutrition and quality of life. Consequently the manual emphasises food enjoyment and non-restrictive diets.

Designed for catering staff, staff educators and facility management, the content is easy to read and covers a range of information that includes monitoring resident nutritional status, strategies to increase food intake and checklists to assess menu quality. The chapters include:

- Identifying Nutrition and Hydration Needs
- Well Balanced Diets
- Nutritional Requirements
- Swallowing and Food Texture
- Seeking Expert Dietary Advice
- Food Safety
- Dish Lists
- Diabetes and Glycaemic Index
- Fibre, Fluid and Constipation
- Maintaining or Regaining Weight
- Food, Nutrition and Dementia

The BPFN manual has been three years in the making. It is the result of extensive Australia wide consultation and review with over 100 relevant peak bodies, ACFs, dietitians and other health professionals who specialise in aged care.

The Australian Nursing Home and Extended Care Association (ANHECA, NSW) has endorsed the manual and undertaken Australia wide distribution. The manual costs \$27.50 including GST. To order please phone 02 9212 6922 (ANHECA NSW) OR 02 4320 3691 (Nutrition Department, Central Coast Health, NSW).

Premier's Council for Active Living (PCAL)

Earlier in 2004, the Premier announced the formation of the Premier's Council for Active Living (PCAL) to develop a new strategy for increasing physical activity in NSW. Chaired by Ms Libby Darlison, the

Council's inaugural meeting was held on August 4 2004, with senior representation from a range of partners, including:

- NSW Health
- Department of Education and Training
- Department of Tourism Sport and Recreation
- Communities Division - Department of Community Services
- Ministry of Transport
- Roads and Traffic Authority
- Department of Local Government
- Department of Infrastructure Planning and Natural Resources

- National Heart Foundation - NSW Division
- NSW Centre for Physical Activity & Health
- Insurance Australia Group

The Council will replace the former NSW Physical Activity Task Force, and will take a stronger focus on policy change in its efforts to create physical and social environments supportive of active living.

For further information contact:

Kate Hawkins
Senior Policy Officer
Nutrition & Physical Activity
Ph: (02) 9391 9539

NT Roundup

Katherine Croc Festival 2004

The Croc Festival, an initiative of the Indigenous Festivals of Australia Ltd, aims to give youth living in rural and remote areas of Australia, opportunities in education, health, employment, the arts and sports and to promote reconciliation within the community. This year's theme for the travelling festival is "Respect Yourself, Respect Your Culture" and in August the event was held in Katherine for the first time.

During the festival, children from schools across the Katherine district attended informative and interactive workshops throughout the day – with activities around the key areas described above (education, health, employment, arts, sports) and a number of these schools performed on stage during the evening, over two days. The Katherine Nutrition Team had a healthy tucker display as part of the Health Expo activity, where we promoted fruit, vegetable and water consumption.

For further information contact:
Georgina Boston
Email: georgina.boston@nt.gov.au

Students changing the culture of a school canteen

The Darwin High School (DHS) canteen has undergone a management change and is now in the hands of DHS Council with input from the DHS canteen committee and the student 'Round Table' body. These groups are working to develop a healthier food service outlet. Early in the planning stages of changing the face of the school canteen, Nutrition Studies students were asked to develop a range of healthy, tasty menu items for sale through the school canteen.

During Term three, groups of students collaborated with the canteen and the Health Department nutritionist to prepare and promote a number of menu choices. These needed to be appealing, affordable and nutritionally sound. Seven successful recipes were selected and were sold through school canteen as weekly specials. The demand for the trial menu items was overwhelming and encouraging. Nutritionist and student-nutritionist from the Department of Health and Community Services helped to analyse the successful recipes using SERVE diet analysis program (from AUSNUT database). The recipes were presented using visual representation of the nutritional information regarding food

groups, recommended daily intakes and serving sizes against the Australian Guide to Healthy Eating and Dietary Guidelines for Children and Adolescents.

The menu was launched on 27 August 2004 at DHS with guests invited from Territory Health Services, DEET, the staff and student body of DHS and non-government agencies.

In the future, the successful recipes will be for sale through the canteen as daily specials or regular menu items as decided by management.

For further information contact:

Robin Lion
Email: robin.lion@nt.gov.au

Indigenous Nutrition & Physical Activity Workshop

On June 16-18 2004, the third Northern Territory wide Aboriginal Nutrition and Physical Activity Forum was held at the Aurora Red Centre Resort, Alice Springs. The forum not only allows Aboriginal people to come together to share their experiences and stories related to improving nutrition in their community but also provide an opportunity for participants to discuss nutrition activities at local, Territory and National levels.

Over the two and a half days, approximately 180 participants from across the Northern Territory participated in the forum and represented around 28 communities and 16 organisations. The Theme for this forum was *Good Food, Good Health, Strong Future* which brings together the concepts of good food and nutrition coupled with a healthy lifestyle, contributes to better health outcomes for Indigenous Territorians now and for future generations.

At the end of the forum recommendations included:

- Review Tummy Rumbles Resource – School Canteen guidelines for remote schools and to reintroduce into communities through workshops
- Broad and long-term consultation of the NT Infant Feeding Guidelines is required with communities
- Community recommendations to be made on the draft Market Basket Survey Community Feedback reports
- Development of the Northern Territory Aboriginal Nutrition Career Structure
- Require more males involved in Nutrition through better promotion of and support for nutrition position for males
- Secure funding to support general male nutrition activities
- Require specific male nutrition education resources
- Secure funding for another NT wide Nutrition workshop to be held in 2006 at the Garma site, East Arnhem Land.

For further information on NT public health nutrition programs contact:

Vivienne Hobson

Email: Vivienne.hobson@nt.gov.au

QLD Roundup

Strategic developments

- *Promoting a Healthier Queensland* is the new mission outlined in the Queensland Health Strategic Plan 2004-10. The new vision highlights an increased emphasis on health promotion and prevention within the Department, with five strategic intents: Healthier staff; Healthier partnerships; Healthier people and communities; Healthier hospitals; Healthier resources.
- The Queensland Premier, the Hon. Mr Peter Beattie, has called for a CEO Sub-Committee on healthy weight in children and young people to be Chaired by Dr Steve Buckland the Director General of Qld Health. The Committee will develop a three year action plan and report in November 2004.
- *The Health Determinants Queensland 2004* report has been published on the Queensland Health website. It provides detailed epidemiological data related to health determinants and also outlines evidence-based approaches to address key issues.
- *The Public Health Services Nutrition and Physical Activity Outcome Area Plan for 2004-07* has been posted on the Queensland Health website.

- *The Eat Well Queensland (EWQ)* implementation plan is being developed by the re-established Queensland Public Health Forum's EWQ Implementation Working Group comprising Peter Anderson (Chair) (Queensland Centre for Public Health); Mr Joe Tooma (Diabetes Australia-Queensland); Dr Amanda Lee (Queensland Health); Christina Stubs (Secretariat).

Increased nutrition capacity

There has been an additional allocation of \$2M per annum recurrent funding in the Queensland Health 2004-05 budget to support the response to *Eat Well Queensland: Smart Eating for a Healthier State* and initiatives to increase physical activity.

Since 2002-03, additional recurrent funding has been allocated each year to implement nutrition and physical activity initiatives throughout the state. This additional investment now totals \$5M annually.

This has enabled the recruitment of 53 new specialist staff throughout the state (including 14 Public Health Nutritionists, three Nutritionists (Indigenous Health), eight Advanced

Health Workers (Nutrition), five Advance Health Workers (Child Health), nine Physical Activity Promotion Officers, and 14 Community Nutritionists). For more details please see paper by Amanda Lee. In addition to nine new nutritionist positions, new initiatives from 2004-05 include:

- Funding to the Queensland Association of School Tuckshops and Nutrition Australia to develop and implement an incentive framework for improved nutrition in school tuckshops, under the Healthy Weight component of the Queensland Health and Education Queensland joint work plan.
- Development of a high-profile social marketing campaign to increase community awareness of the health benefits of eating more vegetables and fruit. Funding has been secured for a five year initiative based on the successful WA Department of Health's *Go for 2 & 5* fruit and vegetable campaign.
- Assessment of body weight and the nutrition and physical activity behaviour of Queensland children, to further inform and evaluate health promotion programs.

NATSINSAP

- Queensland Health is housing the National NATSINSAP Project Officer position funded by OATSIH, governed by the NATSINSAP steering group. Katherine Cullerton commenced in the position on 9 August 2004. The project will assist co-ordination of implementation activities specific to the priority areas identified in the workforce development and food supply action areas of NATSINSAP.

For further information contact:

Email: Katherine_Cullerton@health.qld.gov.au.

- *Don't dream it, just do it!* physical activity video will be included in health promotion activities in clinics and on the Imparja television channel 31 which is shown throughout the Anangu Pitjantjatjara Yankuntjatjara Lands in central Australia which covers Indigenous communities in parts of SA, NT and WA.
- Over 200 participants have now attended training workshops in *Growing Strong: Feeding You and Your Baby* resources throughout the state.

Healthy weight

- Most nutrition and physical activity programs in Queensland address the determinants of healthy weight.
- *Lighten Up to a Healthier Lifestyle* (group-based, nutrition, physical activity and behaviour change program) is now being offered in 26 Health service Districts throughout the state. Ten facilitator training workshops have been held since October 2003. Rigorous outcome evaluation of the program is progressing well.
- *10,000 Steps*. A series of related resources and projects to assist health professionals, local government, communities and workplaces in the promotion of physical activity are being developed. Materials to support the 10,000 steps program will be available through the registered provider area of the 10,000 steps website: www.10000steps.org.au/index2.html

Food supply

- Data collection and entry for the Healthy Food Access Basket survey (HFAB) 2004 has been completed. Final report is anticipated in December 2004. Advocacy related to issues raised in the HFAB 2001 is being progressed through the Queensland Public Health Forum.
- The Growing Communities Project (previously known as The Riverview/Dinmore Food Security Project) is progressing well with community gardens being established in the Riverview and Dinmore communities. The Riverview Childcare Centre has established a garden at their centre with the involvement of centre staff, parents and children. A community-based garden is also currently being established in the broader community in partnership with The Salvation Army.
- Food Supply to Rural and Remote South West Qld Project Situational analysis is well underway including data collection on price, availability, quality, consumption of fruit and vegetables and transport routes.
- The *Green Label* food promotion system in Cape York and Torres District has been implemented in 14 more stores.

Maternal and child health

- The Queensland Health/Education Queensland Joint Work Plan was signed by both Director-Generals in March 2004. The five priority areas identified for joint action in 2004 are: Healthy weight in children; Skin cancer prevention; Alcohol, tobacco and other drugs; Sexual and reproductive health, including the prevention of teenage pregnancy; and Mental health promotion.
- Joint action in the healthy weight area will enable schools to provide curriculum, procedures and meaningful community engagement to support optimal nutrition and physical activity for their students. Schools can also make a contribution to increasing the knowledge of parents/caregivers and other members of the school community in relation to nutrition and physical activity issues.

Specific activities under the Healthy Weight component of the Joint Work Plan include:

- policy issues in schools such as tuckshop guidelines, vending machines and physical activity in breaks
- Health and Physical Education curriculum resources
- teacher professional development
- whole of school environment regarding nutrition and physical activity.

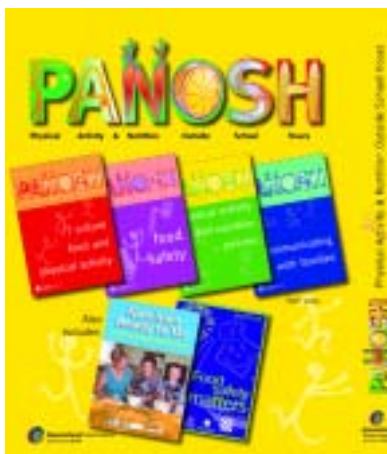
The Healthy Weight Working Group and multi-sectoral Reference Group have developed (Draft) Guidelines for Food Supply in Schools.

- The booklet *Child Health Information: Your guide to the first 12 months* has been produced for inclusion in every newborns personal health record. It includes optimal infant feeding information based on the NHMRC Infant Feeding Guidelines (2003). Related fact sheets have been posted on the Queensland Health website: www.health.qld.gov.au/child&youth/factsheets/
- *Active-Ate* is a whole of school-based program supporting healthy food choices and physical activity. Strategies include curriculum materials, a challenge competition, parent information, classroom resources and resources to support tuckshop changes, breakfast programs and school vegetable gardens. In 2003, 56 primary schools participated in *Active-Ate Challenge* in North Queensland. The *Active-Ate* website is: www.health.qld.gov.au/activeate/
- The *Physical Activity and Nutrition Out of School Hours (PANOSH)* resource package was launched in June 2004. Dissemination of resources and related training is being rolled out throughout the state.

For further information contact:

Susan Pager

Email: Susan_Pager@health.qld.gov.au



- The *Fun Not Fuss with Food Project* is currently being trialled in rural and remote Queensland in partnership with Child and Youth Health. It is an early intervention group education program on childhood nutrition and behaviour management strategies for parents with children aged between two and ten years who have problem eating and mealtime behaviours.

- *Promoting Health in Early Childhood Environments* (PHECE) aims to assist early childhood environments address health issues using a framework adapted from Health Promoting Schools.

For further information contact:

Dr Amanda Lee
Email: Amanda_Lee@health.qld.gov.au

Website to teach young people about food safety

The new website

www.foodsafetymatters.gov.au, a new educational website on the safe handling of food specifically designed to support students and teachers in secondary schools and Institutes of TAFE. It will help students learn about the safe handling of food in home economics, food technology, hospitality, science and health classes.

Food poisoning is not always a minor inconvenience and can have long-term effects, particularly for the very young and elderly, as well as people with suppressed immune systems.

It will also be of interest to consumers and the food industry.

The website builds upon the award winning Food Safety Matters resource developed by Queensland Health in 2002, in partnership with the Home Economics Institute of Australia and the Australian Government Department of Health and Ageing.

In 2003, a free copy of the resource was distributed to each Australian high school and members of the Home Economics Institute of Australia. It contains:

- a teachers manual
- 26 illustrated student guides
- seven colour posters
- a video titled *A Case for Contamination*.

It can be purchased from the Home Economics Institute of Australia by phone/fax on 1800 446 841.

For Further information contact:

Nikki Hedgecock
Email: Nikki_Hedgcock@health.qld.gov.au

SA Roundup

Television food advertising to children

The TV Food Advertising to Children Community Education Kit is now available at www.chdf.org.au/foodadstokids.

The kit provides detailed information on TV food advertising to children in Australia, overhead transparencies, presentation notes and worksheets and handouts – everything required to give a presentation on the topic.

For further information contact:

Claire Flanagan
Email: nutproj@mail.wch.sa.gov.au



Start Right Eat Right project awarded

Julie-Anne McWhinnie, project officer for the SA Start Right Eat Right project, was a recipient on September 8th of a *National Investment for the Early Years (SA) Award – NIFTeY* - for the pilot *Start Right Eat Right* in the category "Promotion of Early Childhood Issues".

For further information contact:

Julie-Anne McWhinnie
Email: JulieAnne.McWhinnie@dhs.sa.gov.au

Healthy weight

Two healthy weight community initiatives have been funded, one in the southern area of Adelaide and the other in rural Murray Bridge. Consultation to develop a South Australian healthy weight action plan will commence soon.

For further information contact:

Linda Crutchett
Email: linda.crutchett@health.sa.gov.au

Breastfeeding

A range of strategies are supporting breastfeeding. Hospitals are being supported to become Breastfeeding Friendly Hospital Initiative (BFHI) accredited.

The Departments of Health and Education and Children's Services, at the statewide Child and Youth Health service are working towards becoming breastfeeding friendly public places and workplaces. An on-line training program is being developed to support BFHI accreditation.

There is also a focus on improving breastfeeding rates among Aboriginal people. Health workers have been trained using the Queensland Health *Growing Strong* program, and an ongoing program will assist health workers to implement strategies in their communities.

A flip chart is being developed as an aid for health workers to use in promoting healthy pregnancy for Aboriginal women.

For further information contact:

Agnes Maddock
Email: Agnes.Maddock@health.sa.gov.au
Community Gardens resource kit

An excellent kit has been produced as part of the Community Gardening in SA project. This project was auspiced by the Community and Neighbourhood Houses and Centres Assoc of South Australia and can be accessed from their website
www.canh.asn.au/communitygardening

Promoting fruit and vegetable consumption

The Department of Health has funded a position for two years to support implementation of the State fruit and vegetable action plan. A State Fruit and Vegetable Coalition is being formed.

For information about this and other state issues contact:

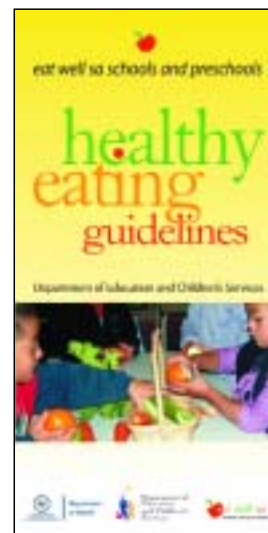
Patricia Carter
Email: Patricia.Carter@dhs.sa.gov.au

Healthy eating guidelines for schools and preschools

The Health Minister launched healthy eating guidelines for South Australian schools and preschools on September 6th, 2004. They are available at <http://www.decs.sa.gov.au/speced/pages/default/eatwellsa>

For further information contact:

Karen Dewis
Email: dewis.karen@saugov.sa.gov.au



TAS Roundup

Eating Matters

Eat Well Tasmania and the Community Nutrition Unit (Department of Health and Human Services) have combined resources to create the quarterly Eating Matters Newsletter. It can be found at <http://www.eatwelltas.com.au/whats happening.htm>

For further information contact:

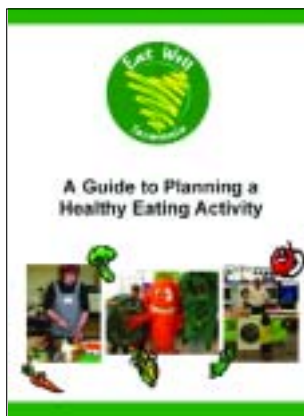
Community Nutrition Unit
Email: community.nutrition@dhhs.tas.gov.au
Ph: (03) 6222 7222

A Guide to Planning a Healthy Eating Activity

This guide is intended to help plan and run a successful healthy eating promotion activity. It describes things to think about when planning activities and helps you organise activities that contribute to community health and wellbeing. It can be downloaded at: www.eatwelltas.com.au (news and events page).

For further information contact:

Miriam Herzfeld
Eat Well Tasmania
Ph: (03) 6233 2923
Email: eatwell@cancertas.org.au



National Health Development Fund

A needs assessment with Practice Nurses (PN) and Primary Health Care Workers (PHCW) was used to determine their needs around nutrition training and resources. Of the PN interviewed:

- 31% conducted nutrition assessments
- 75% gave nutrition advice
- 79% expressed interest in training and receiving nutrition resources

Assessment and advice is provided whilst another procedure is being conducted. There is limited potential to provide follow-up nutrition advice and support.

The *It Takes More Than An Apple A Day... A Manual for Nutrition in Practice* was developed for health professionals based on Community Nutrition Unit resources. There are four information chapters:

- overweight and obesity
- Type 2 Diabetes
- cardiovascular disease and
- healthy ageing.

The manual also contains assessment tools, and a range of client education materials.

Training for PN and PHCW was conducted around the state. Access to food and nutrition resources by PHCW in rural areas has been organised through the State Library system.

Initial evaluation indicates training as been well received, relevant and useful and the manual is popular with a broad range of health professionals.

The Manual is currently being updated to make it more user friendly and to link the nutrition information provided to Practice Nurses, Primary Health Care Workers and GP's.

For further information contact:

Tracey Tasker
Community Nutrition Unit
Ph: (03) 6222 7222
Email: tracey.tasker@dhhs.tas.gov.au

Tucker Talk

TuckerTalk manuals have been updated to reflect the revised Australian Dietary Guidelines and distributed to Family Child Youth Health Nurses across the state. Community Dietitians presented updates at regional Professional Development Days. The manual is also now available on CD ROM.

For further information contact:

Community Nutrition Unit
Ph: (03) 6222 7222
Email:
community.nutrition@dhhs.tas.gov.au

Rural Dietitians Group

The Rural Dietitians Network aims to professionally support Dietitians working and living in rural areas the. The network meets regularly and encourages phone and email communication. Opportunities

to work together on similar programs and co-facilitate sessions encouraged to develop and implement statewide community nutrition programs in rural areas.

For further information contact:

Community Nutrition Unit
Ph: (03) 6222 7222

Home and Community Care (HACC)

There are no recurrent HACC funded nutrition positions in Tasmania. The Community Nutrition Unit has received a one-year HACC grant to improve nutrition services to HACC clients by working with Tasmania HACC service providers to:

1. increase the nutritional knowledge, skills and confidence
2. promote and implement relevant nutrition and food safety recommendations
3. increase access to relevant and appropriate nutrition information.

For further information contact:

Community Nutrition Unit
Julie Williams
Ph: (03) 6222 7372 or
Alison Ward
Ph: (03) 6336 2412
Email:
community.nutrition@dhhs.tas.gov.au

Community Gardens in Tasmania

Eat Well Tasmania (EWT) has linked with the National Community

Gardening Network. This Network seeks to share experiences and resources, and identify opportunities to progress community gardening. EWT has recently facilitated two forums on this topic. A working group has been formed to progress a local Community Gardening Network in Tasmania.

For further information contact:

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Eat Well Tasmania
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Ph: (03) 6233 2923

Plan To Eat Well

The Department of Veterans Affairs provided funding for the *Plan To Eat Well* Project. The project will provide day centres and other establishments that cater to the needs of older Tasmanians with a wall planner that offers practical ideas for promoting health and wellbeing (particularly healthy eating), while encouraging socialisation and involvement in related community activities. This resource includes information about community events and health weeks or days, and offers practical suggestions to promote nutrition using menu planning, activities and displays.

For further information contact:

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Ph: (03) 6233 2923

VIC Roundup

Be Active Eat Well

Be Active Eat Well (BAEW) a community building approach is beginning its final year of a three-year project in a rural township of 11,000 people. A recent initiative undertaken is the launch of the Choice Chips program rewarding retailers for making healthier hot chips with a Gold, Silver or Bronze medal.

In addition, *Healthier Happier Families*, an 8-week program for parents providing healthy eating, physical activity and parenting skills, has trained trainers to run the program. Healthy eating in schools is promoted via the development of a School Nutrition Network to come together and share

information encouraging policies, fruit and veg breaks, and the use of *BAEW* water bottles. Consideration is being given to the development of a self-assessment and planning tool in schools with an incentive program to encourage healthy change. The project staff are also developing a plan to address sustainability of the project.

For further information contact:

Kathy McConell
Public Health Group
Department of Human Services
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Fruit + Veg Program

The Fruit + Veg Program, based on the WA Fruit 'n' Veg Week, is in its second year and has been extended to include a regional area to add to the existing metro region. September is *Munch 'n' Crunch Month* and will incorporate a wide range of school based activities including curriculum support, a teachers' manual of resources and activities as well as healthy eating performances with visits from costume characters. The strategy this year aims to strengthen partnerships between the primary schools and local fruit and veg retailers. To support this, a new resource *Linking Schools with Fruit*

and Veg Retailers will be made available to all participating schools. A website has been developed to support the program.

For further information contact:

Kathy McConell
Public Health Group Department of Human Services
Email: Kathy.McConell@dhs.vic.gov.au

Filling the Gap – Stage 5 Child Nutrition Project

The Department of Human Services, Public Health has funded the early childhood nutrition project *Filling the Gap – Stage 5*. The Nutrition Department at the Royal Children's Hospital is implementing this project. It includes:

1. Family specific interventions and support
2. Professional development specific for child and health professionals
3. Support to improve the capacity of communities to initiate and sustain child nutrition initiatives.

All Maternal & Child Health nurses, Long Day Care and Family Day Care programs, Preschool locations, dietitians and Primary school nurses will receive a package of new parent education resources, and supporting documentation for application in daily practice.

The new resources include:

1. Three additional child nutrition tip sheets on *childhood overweight prevention, fruit and vegetables, and healthy lunchboxes for children*
2. Revision of the existing six child nutrition tip sheets:
Why no sweet drinks for children
Food in the first year of life
Healthy eating for young toddlers
Healthy eating for older toddlers
Healthy eating for kindergarten children
Healthy eating for primary school children

Check the website
www.health.vic.gov.au/nutrition
for these updated tipsheets.

3. Practical application strategies for the new Dietary Guidelines for Children and Adolescents (NHMRC, 2003).

A series of professional development sessions will be offered in addition to the resources to support the application of the new resources into daily practice.

The tipsheets are free of charge to Victorian services and can be ordered by:
Email: Deirdre.Roberts@dhs.vic.gov.au
for an order form or by telephone (03) 9637 4047

Viewing or downloading from the internet at
www.health.vic.gov.au/nutrition

Information about the most common child nutrition issues for both parents and professionals has been developed and will appear on the new child nutrition website shortly. This will be at www.health.vic.gov.au/nutrition

For further information contact:

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Department of Human Services
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or
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Start Right Eat Right – Victoria

The *Start Right Eat Right (SRER)* award scheme has been funded for the second phase in 2004 by the Department of Human Services. The project is being managed by Lady Gowrie Child Centre Melbourne Inc. SRER recognises childcare centres for best practice in food service in long day care centres in Victoria.

This program supports the participating child care centres to provide nutritionally adequate menus that provide 50% of the recommended dietary intake for children, have a sound food and nutrition policy, implement good food hygiene practice and provide a supportive and positive eating environment for the children.

During 2004 the two regions that are involved are Barwon South West and the Eastern Region. Twenty centres have participated in training, with both the Cook and the centre Director participating in most cases.

Phase two has also included working with four Parent Focus Groups. The aim of these groups is to seek

feedback from parents about what would best support families in helping them to provide nutritious meals and how to help their children to develop healthy eating habits. A CD Rom is being trialled during this phase. The aim of the CD is to aid centres with menu calculations. The program has been developed in excel and is easy to use.

Once a centre has successfully completed the SRER program they are formally recognised with an award and an advertisement placed in local newspapers publicly acknowledging their achievement. This feature of the program is extremely motivating and satisfying for the centres involved

Further investigation is being undertaken during this phase to look at options for making SRER self-sustaining across all Long Day Care Centres in Victoria.

This phase of the project will once again enable Child Care Centres to be recognised as having a powerful role in influencing children's eating habits, attitudes to food and food choices. The SRER award scheme is based on the WA Department of Health's scheme.

For further information contact:

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Department of Human Services
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Fresh Kids

School dietary patterns reflect an interplay of social issues within Melbourne's inner west, including, food insecurity, a rich cultural diversity and socioeconomic disadvantage. *Fresh Kids* is a collaborative program based upon the principles of Health Promoting Schools.

The Western Region Health Centre employs a program manager in partnership with the Maribyrnong City Council, the Westnet Disability agency, fruit wholesalers and local primary schools.

Fresh Kids is designed to address obesogenic school environments by:

- promoting access to fresh fruit & vegetables
- encouraging plain water over sweet drinks
- promoting daily physical activity.

Fresh Kids evolved over four years, after successful pilots in schools as part of a National Child Nutrition Program. In 2003 further support was received from the Telstra Foundation and the program is expanding to more than nine schools across the inner west. Key strategies include:

- of class time 'fruit and water breaks'
- distribution of water bottles
- school fruit & water policies
- integrated curriculum activities
- daily physical activity breaks, and

- seasonal fruit weeks (four/year) to expose children to the taste and variety of fresh seasonal fruits.

Through access to a cool-store facility and the dedication of staff and clients of the Westnet disability agency, fresh fruit is delivered free to all the participating schools. Fruit weeks have been a popular way to maintain the momentum for nutrition promotion in schools. In addition they provide positive opportunities for clients with a disability to integrate and contribute to their local community.

Pilot program evaluation revealed a high level of support across school communities and considerable improvements in the percentage of children who eat fruit at school (20% to 70%). These changes have been sustained three years after initial program implementation, as eating fruit and drinking water become an enjoyable part of the school culture.

For further information contact:
 Sharon Laurence (nee Muller)
 Program Coordinator/Dietitian
 Western Region Health Centre
 Email: sharonmu@wrhc.com.au

WA Roundup

Find thirty. It's not a big exercise

After two weeks of watching our most elite sports people in action at the Olympic Games, the Department of Health encouraged West Australian adults to get off the couch and find thirty on 2004 Physical Activity Awareness Day, September 1.



This year's theme was to encourage adults to inspire young people, by being good role models for physical activity.

Coinciding with the first day of spring, government and non-government organisations supported the Day by coordinating a range of activities across the State to demonstrate ways of including physical activity. To view a copy of the media release check the website at www.find30.com.au

The Department of Health sponsored WA's largest fun run event the 2004 City to Surf Find thirty 4 km Walk. The walk is incorporated into the annual fund run. There were record crowds with 6,559 participants choosing to walk.

For further information contact:
 Richard Crane
 Email: Richard.Crane@health.wa.gov.au



City to Surf – Find thirty 4km Walk

Good Food for New Arrivals

With funding through the Commonwealth Department of Health and Ageing National Child Nutrition Program the *Good Food for New Arrivals* project has developed a range of culturally sensitive resources that are being integrated into health, welfare, settlement and adult migrant English programs.

Developed by working closely with South Sudanese and Afghan refugees and service providers, important nutrition issues were identified as well as strategies in working with intersectoral partners such as the Adult Migrant Education Service and the Integrated Humanitarian Settlement Scheme.

By actively engaging with service providers and the South Sudanese and Afghan communities there has been an increase in their capacity to identify food, nutrition and health as an important issue. Service providers have become "nutrition champions" for refugees, openly advocating for improved services and identifying nutrition as a key issue in successful settlement.

The range of *Good Food for New Arrivals* resources include:

- A set of seven background papers outlining nutrition issues for refugee families
- Resources for those teaching English as a second language

- A CD ROM providing access to a range of vocabulary work sheets with a food theme
- Lesson plans for English as a Second Language (ESL) classes
- Four sessions on healthy lunch foods for school for primary Intensive Language Centres
- A set of four posters for packing a healthy school lunch each with a different cultural flavour
- A set of 146 photo quality laminated cards of foods from all food groups (also ideal for use in the health setting)



L-R: Norma Josephs, Director ASeTTS, Ms Permilla Ellies, ASeTTS Project Officer, the Hon Julie Bishop Minister for Ageing, Dr Danielle Gallegos, EMPHU Project Officer at the launch of the Good Food for New Arrivals resources

- Flipcharts on nutrition issues for the South Sudanese Afghan communities
- Information sheets including
 - Shops in the Perth metropolitan area stocking culturally familiar foods
 - A summary of religious food requirements
 - A listing of foods common to Africa and the Middle East



The Good Food for New Arrivals Resources

- A client pamphlet *Money for Food* providing information on food insecurity and who to call for help. This resource is available in English, Arabic, Farsi, Dari, Amharic and Tigrinya.

For more information on the Good Food for New Arrivals project visit: www.asetts.org.au

For further information contact:

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Health and Justice: partners to improve diets in WA custodial facilities

The Departments of Justice and Health, Western Australia collaborated to review prison foodservices to recommend menu and policy changes. Prison meal services are subject to continuous and increasing public scrutiny from groups within and external to prisons. Prisoner satisfaction with meals is a vital factor in maintaining social stability and protecting the security and safety of prisoners and staff in the prison environment. The diets of inmates also need to be nutritionally balanced and cater for a variety of health, cultural and religious needs within a tightly controlled budget.



A consultant dietitian and Justice Department catering manager visited every prison, undertaking a comprehensive schedule of interviews with prison management, medical staff and chef instructors. Sample meals and snacks from three consecutive days were collected, weighed and the nutritional content calculated. This information was used to assess the apparent nutrient intake of prisoners using the Core Food Group nutritional recommendations and to assess menu fat content.

This comprehensive approach led to wide ranging organisational recommendations to support changes to food supply through prison industries, training and development for chef instructors, development of healthy catering policy supporting the Dietary Guidelines for Australians and implementation of a monitoring protocol for compliance. An education and support plan to provide nutrition education and cooking skills to prisoners prior to and after transfer to self-care facilities was proposed.

An inter-departmental committee has been established to supervise implementation of the recommendations. A report, A Dietary Review of Custodial Facilities in Australia, describing the methodology, results of menu assessments from all prisons, and overall recommendations is available.

A three-day course industry recognised short course Healthy Catering was run for chef instructors. Thirteen chefs attended in April and sixteen in June 2004. FOODcents courses have commenced in some prisons to assist prisoners transferring to self-care units with healthy food selection and cooking. Other recommendations are in progress.

For information or copies of the report contact:

Jan Lewis
Email: jan.lewis@health.wa.gov.au

Recent Staff Changes in Public Health Nutrition and Physical Activity in WA

At the Nutrition and Physical Activity Branch:

- Richard Crane has recently been appointed Coordinator of Physical Activity

Staff moves:

- Christina Pollard is the SIGNAL Fruit and Vegetable Project Officer coordinating the implementation of the National Fruit and Veg campaign, Jan Lewis is Acting Manager, Nutrition and Physical Activity Branch during this 12 month appointment.
- Anita Jorgensen is on maternity leave from 1 October.

In the Regional Population Health Units:

- Leanne Maasikas is now the nutrition coordinator at the Gascoyne Population Health Unit
- Liza Wallis is the new Community Dietitian in Carnarvon
- Karen Grisenti is a new Public Health Coordinator in the Northern Goldfields Health Service

- Nadine Paull has been appointed nutrition coordinator in the Coastal and Wheatbelt Population Health Unit and Karen Beardsmore has changed positions within this unit and is now the Coordinator of Diabetes and Chronic Disease
- Pernilla Ellies is the new nutritionist at the North Metropolitan Health Service

- Carine Van Santen has taken up the portfolio of Nutrition and Physical Activity for West Pilbara based in Wickham. She will cover Karratha, Roebourne, Wickham and Tom Price

New Zealand Roundup

Healthy Eating-Healthy Action Implementation Plan (HEHAIP)

The Implementation Plan for the *Healthy Eating-Healthy Action Oranga Kai-Oranga Pūmau* Strategy was launched by the Minister of Health on 24 June 2004. This is New Zealand's vehicle for responding to the adoption of WHO's *Global Strategy on Diet, Physical Activity and Health* at the World Health Assembly meeting this year. The HEHAIP is outcome focussed, is from 2004-2010, includes 87 actions and a 'start here' list. The Ministry's purchasing of services will be realigned with the HEHAIP, and SPARC has received \$13 million over four years to implement the physical activity actions in the HEHAIP.

New Zealand Health Survey

The final report of the 2002/03 New Zealand Health Survey A Portrait of Health is now available on the Ministry's website
www.moh.govt.nz/publications

Although the main focus was on chronic diseases, risk factors, access to and utilization of health services, other data were also collected from 13,000 adult New Zealanders.

These additional data included measurements of actual height and weight, weight gain during adulthood, vegetable and fruit intake. This provides data on a large sample five years on from the last adult nutrition survey in 1997 and indicates the prevalence of overweight (excluding obesity) is one in three adults and obesity affects one in five adults.

Those living in the most deprived areas are twice as likely to be obese compared to those living in the least deprived areas. Over half of all adults had gained 10kg or more since they were aged 18 years.

Just over two thirds reported eating three or more servings of vegetables per day and just over half reported eating at least two or more servings of fruit daily.



Free Fruit in Schools Pilot Project

Free Fruit in Schools Pilot Project

The Ministry funded a pilot project to provide free fruit to 6,000 children in 25 low decile primary schools (areas of high deprivation) in Auckland and rural Northland. The pilot has been completed and evaluated. Preliminary results of the evaluation, which included 2,000 children in 20 schools, were presented at the Fourth International 5 A DAY Symposium in Christchurch during August.

Nearly 70 percent of children ate fruit on all school days and a further 20 percent ate fruit most school days (3-4 days). Over 50 percent of children reported eating at least one and sometimes two pieces of fruit per day. However, within six weeks after the 10 week intervention, the children's fruit intakes had returned to a level similar to where they were before the intervention.

Joint Advisory Group on Iodine

For the past year the Ministry of Health and the New Zealand Food Safety Authority have had a joint project to consider the action required to address the re-emergence of mild iodine deficiency in New Zealand.

In 2003 a Joint Advisory Group on Iodine (JAGI) was established and this group has met twice. JAGI agrees that there are sufficient data on iodine deficiency in New Zealand to warrant action being taken to raise iodine intakes as soon as possible.

Also the group has discussed a range of possible options for action, including fortification of specific foods. In May 2000, there was a decision by the Australian and New Zealand Food Regulation Ministerial Council that Food Standards Australia New Zealand will consider mandatory fortification of food with iodine (and folate) as a priority.

For further information contact:

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What's On

Australian Health Promotion Association
15th National Conference
13-16 March 2005
National Convention Centre, Canberra

Hosted by the ACT Branch of the Australian
Health Promotion Association

Conference Theme is
'20/20 Vision - 20 Years since Ottawa, 20 Years from now'

Next Issue

Theme
Nutrition in Schools

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