Deadly Mereny Noonak Ngyn Moort: good food for my people: mid-term evaluation

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Background

Food security exists ‘when all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life.’1 In 2004-2005 approximately 24% of Aboriginal Australians aged 15 years and over were considered food insecure, compared with 5% of non-Aboriginal Australians.2 Groups considered at higher risk of food insecurity include those living in isolated areas, people who are unemployed or on low incomes and single parent families.1,4 Any person can become food insecure when unexpected changes to circumstances affect access, availability or use of food.5

For Aboriginal people confounding issues relating to history, identity and racism can contribute to food insecurity.3 It has been associated with poor nutrition, obesity and chronic diseases such as diabetes and cardiovascular disease.4,6 Food insecurity therefore contributes to the decreased life expectancy of Aboriginal Australians in comparison to non-Aboriginal Australians.

In 2011, the Wheatbelt had a population of 75,117 spread over a vast area of inner-regional, outer-regional and remote towns.7 In the Wheatbelt, 4.7% of the population are Aboriginal people, which is higher than the state average of 3.1%. However, in some towns 15% of the community are Aboriginal people. Many people in the Wheatbelt live on low incomes, and the unemployment rate is higher than the state average (see Table 1).7

Table 1  Demographic data of the Wheatbelt and Western Australia.7

<table>
<thead>
<tr>
<th></th>
<th>Wheatbelt</th>
<th>Western Australia</th>
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</thead>
<tbody>
<tr>
<td>Aboriginal</td>
<td>4.7%</td>
<td>3.1%</td>
</tr>
<tr>
<td>Families with annual income &lt; 20,800</td>
<td>6.6%</td>
<td>4.2%</td>
</tr>
<tr>
<td>Single parent families</td>
<td>11.7%</td>
<td>14.5%</td>
</tr>
<tr>
<td>Unemployment rate</td>
<td>4.6%</td>
<td>3.7%</td>
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</tbody>
</table>

A three year project was funded, by the WA Department of Health Chronic Disease Prevention Directorate, to facilitate the direct delivery of healthy eating and physical activity programs to Aboriginal people living in the Wheatbelt. The overall aim of the project is to increase food security and thereby improve consumption of healthy foods among Wheatbelt Aboriginal people by June 2014.

Method

Needs assessment

A literature review was conducted for evidence related to food security and improving nutritional status in Indigenous communities in the Australian context. With many previous programs failing, unevaluated, unreported, or targeting communities very different to those within the Wheatbelt, it was decided to progress the Wheatbelt food security project using a community development approach.

Five initial target towns were chosen with considerations of low socio-economic classification, remoteness, high Aboriginal population and capacity to address food security issues (see Table 2). All of the target towns had at least one supermarket and two other food outlets.
Table 2  Demographics of target towns

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<tbody>
<tr>
<td>Town 1</td>
<td>972</td>
<td>Outer Regional</td>
<td>10.9%</td>
</tr>
<tr>
<td>Town 2</td>
<td>952</td>
<td>Outer Regional</td>
<td>14.3%</td>
</tr>
<tr>
<td>Town 3</td>
<td>936</td>
<td>Outer Regional</td>
<td>11.4%</td>
</tr>
<tr>
<td>Town 4</td>
<td>982</td>
<td>Outer Regional</td>
<td>12.2%</td>
</tr>
<tr>
<td>Town 5</td>
<td>1002</td>
<td>Remote</td>
<td>9.8%</td>
</tr>
</tbody>
</table>

*SEIFA: Socio-Economics Indexes for Areas is used to assess the welfare of Australian towns based on national indicators including household income, education, employment, occupation and housing.

**ARIA+: Accessibility/Remoteness Index Australia is a classification of geographical remoteness that is based on population and distance from services.

A needs assessment was conducted in each town using verbal survey tools to identify community specific strengths and weaknesses regarding food access, availability and utilisation, to ensure strategies developed were based on each community’s needs. Aboriginal health workers, community members and key stakeholders such as food outlet managers, emergency food relief (EFR) providers, social workers, school principals, local government officials and other health professionals were all included in the consultation phase.

Development of strategies

The analysis of the needs assessment findings enabled the development of region wide and community specific strategies were developed in partnership with key stakeholders. Community members were involved in all stages of project management to foster ownership of the project and support sustainable outcomes.

Results

Implementation of strategies

1. Food Security Network

With minimal literature related to overcoming Aboriginal food insecurity, a state-wide Aboriginal Food Security Network was created by the Wheatbelt Public Health Unit. This Network provides opportunities for individuals and agencies to exchange information and share ideas relating to nutrition and food security in Aboriginal communities. The group share information via the Department of Health networking site, Yammer, and conduct biannual meetings via videoconference.

2. Education and Resources

Healthy Tucker is an Aboriginal specific nutrition education program used previously across Western Australia. Wheatbelt Aboriginal health workers delivering the program reported that they found it challenging to use the Healthy Tucker facilitator resource as they did not have sufficient nutrition knowledge. To replace the Healthy Tucker program, the Noongar Boodja Nutrition and Healthy Lifestyle program and resources are being developed in close consultation with Aboriginal health workers, health professionals and community members. It is being designed as a user friendly and culturally appropriate resource to increase nutrition and health literacy in the Wheatbelt Aboriginal community. Topics include are healthy eating at different life stages, planning meals for large groups, food budgeting, label reading, cooking with different foods and healthy eating for people with diabetes. The manual, which is in the development and piloting phase, includes yarning topics, educational resources and group activities.
3. Emergency Food Relief

Emergency Food Relief (EFR) is provided in the Wheatbelt by government and non-government organisations such as community groups, charitable organisations, church groups and schools. Community members who have run out of food can access money, supermarket vouchers or food items from these agencies.

The needs assessment process identified that many clients of Wheatbelt EFR services were Aboriginal. A common issue identified by the services was how to set limits on the amount of support they provided to each client, in order to ensure supplies are available for those in need of assistance. There were concerns about the increasing demand outstripping supply resulting in a program that would be unsustainable. A Wheatbelt EFR service contact list has been developed enabling EFR providers to network and support each other. Networking also allows the referral of clients onto alternate services in their local area. As part of this strategy, culturally appropriate resources have been developed for EFR services to provide to Aboriginal people.

4. Schools

The needs assessment identified that many children from lower socio-economic families were going to school without breakfast and ordered lunch from the school canteen, which can be costly to parents. As part of the food security project, support has been provided to schools to ensure healthy options are provided to students.

4.1 Breakfast Program

Twenty-three (29%) schools in the Wheatbelt run a school breakfast program with food provided by Foodbank WA. Some schools provide breakfast for all students on most days reducing possible stigma associated with accessing food handouts. Outcomes from the breakfast program in WA include classroom engagement and increased health education and awareness.\textsuperscript{11}

4.2 School Nutrition Policies

Support has also been provided to schools to ensure their canteen menu complies with the WA Department of Education’s Healthy Food & Drink Policy. Strategies include reviewing menu content and pricing structure, developing or reviewing school nutrition policies and engaging parents in developing the canteen menu.

4.3 School Nutrition Sessions

A nutrition education strategy for students has also been implemented in schools with high enrolments of Aboriginal students. In one school, children aged four and five participated in a series of interactive workshops which included healthy sandwich making, learning about food groups and the importance of washing hands. Teachers were provided with resources to reinforce healthy eating messages and ongoing support will be provided to the school as required.

In a district high school, cooking and nutrition sessions are offered as a means of reward and engagement for a group of Aboriginal students at the end of each term. In partnership with the Aboriginal Islander Education Officer (AIEO), these sessions incorporate traditional and non-traditional food preparation and health messages in a social and fun learning environment to promote healthy eating. Feedback on these nutrition education strategies has been very positive and will potentially be expanded to other schools in the region.

5. Food Retailers

5.1 Supermarkets

Many supermarkets in the Wheatbelt exist for convenience, providing limited variety and stock for the small town communities. It was identified in the needs assessment that many community members travelled long distances to Perth or their nearest larger regional centre regularly to do grocery shopping.
The Healthy Food Access Basket Survey, developed by Queensland Health, was conducted in the five target towns and regional centres to compare price, quality and availability of healthy foods. It was found that the cheapest fruit and vegetables were available outside regional centres. One regional centre supermarket had the most expensive healthy food options, generic food options and fruit and vegetables, but sold the cheapest unhealthy foods. Individualised feedback and support has been provided to the supermarkets to promote ways to improve local business whilst ensuring healthy and affordable food is provided to the community.

In two supermarkets, support has been provided to the managers to ensure they cater for customers with special dietary requirements. Gluten free foods are now stocked and information on foods for those with special needs is available. The managers have also been provided with contact details for local health professionals, such as dietitians, for further advice.

It was identified by some Aboriginal community members felt that customers had been banned from the local supermarket on racial terms. With most towns only having one supermarket, this is a significant restriction to food access. The food security project officer has worked with store managers in these towns to develop clear store policies that outline the store rules and the process undertaken when a customer is banned to ensure it is not perceived as discriminatory.

5.2 Other Food Retailers
From consultations with the community, it was found that many Aboriginal people purchase pre-prepared food from delis and roadhouses. These food retailers sell predominantly high fat takeaway options as well as core food items at a higher cost than the supermarket. The Remote Indigenous Stores and Takeaways (RIST) How Healthy is Your Takeaway checklist was conducted in these stores to analyse availability of healthy options. Individualised feedback to store managers on ways to increase healthy options was given and the RIST Healthy Fast Food resource was provided. Ongoing support and advice is provided to these food retailers to build their capacity to provide healthier options at reasonable prices to the community.

6. Food Safety
Food safety is an integral part of food security. Preventing food contamination reduces food waste and subsequently increases the amount of food available. During the needs assessment process, food outlets and food services that employed staff with no food safety qualifications were identified. The food security project officer and local government environmental health officers encouraged and facilitated employees at these food outlets to complete food safety training in four food services.

Food safety training and messages have also been incorporated into community groups that conduct cooking sessions. The importance of food hygiene is effectively delivered using the No Germs on Me resources.

7. Community groups
Many Aboriginal community groups run in the Wheatbelt are facilitated by Aboriginal Health Workers, non-government organisations and Aboriginal Corporations. During the needs assessment process, these groups were consulted as a strategy to engage with community members. Many groups were interested in incorporating more nutrition and health related topics into their sessions. As a result of this consultation, the Noongar Boodja Nutrition and Healthy Lifestyle program has been piloted in stages with these groups, and support is being provided with resources and cooking supplies where needed. Dietetic students on placement in the Wheatbelt are currently investigating the need to incorporate chronic disease prevention and management strategies into these community groups.

8. Community gardens
Growing food can provide greater access to fresh produce and therefore increase food security. It can also be an opportunity for social engagement and physical activity. The needs assessment process
identified multiple towns with an interest in developing a community garden. A great deal of community ownership and ongoing maintenance is required to sustain a community garden. Therefore this strategy is being implemented in two towns where there is social capital and expressed interest of individuals and groups to take ownership of the project. The food security project officer assisted with the initial planning phase of the community gardens. Local businesses and community members were approached for access to land and equipment as well as their knowledge on growing seasons. Bush foods will be sourced and grown as appropriate to increase access to traditional foods and encourage passing on of knowledge to younger generations. This approach will support sustainability of the strategy.

Conclusion
An intensive community engagement process was highly valuable to the project. Many stakeholders involved show concern about the health of Aboriginal people in their communities and have been very receptive to overcoming food insecurity in their towns. Rapport and trust building with stakeholders such as Aboriginal Health Workers proved to be an integral step before contact with other community members.

The needs assessment showed clearly that within a relatively small area of Australia, the Aboriginal community hold great diversity in culture, lifestyle and needs. This was reflected in the selection of strategies suitable for each community for the food security project.

With no baseline food security data for the Wheatbelt, it will not be possible to quantify change to food security levels as a result of this project. The project will therefore be evaluation through post-project consultations with the community and stakeholders to analyse the effectiveness of the strategies implemented. The Evaluating Outcomes of Community Food Actions: A Guide resource will be used to assist in this process. Evaluation will reference data on health enhancing behaviours and risk factors reported in the WA Department of Health, Health & Wellbeing Surveillance System.

Overall, taking a community development approach towards overcoming food security in the Wheatbelt has fostered community ownership and empowerment which will encourage the sustainability of the strategies.

Recommendations

- At the conclusion of this 3 year food security project, embed the food security portfolio into Population Health strategic plans to ensure ongoing commitment to this important health field.
- A continuation of specific food security funding to make it sustainable
- Focus on sustainability and supporting the communities strengths rather than implementing short term projects
- A continuation of networking and documentation to reduce reinventing the wheel
- Increased and ongoing cultural awareness training for all health professionals working with Aboriginal people

References


