

Developing innovative and flexible community nutrition service delivery in rural Tasmania

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INTRODUCTION

Good nutrition is fundamental to health and well-being. Nutrition not only plays a significant role in the prevention of a wide range of chronic diseases including cardiovascular disease, diabetes and some cancers, it is also essential to support healthy growth and development.

Provision of primary health care services in rural communities has been demonstrated to be less adequate as distance from major rural centres increases (Dunne et al, 1994). Hence small rural communities will have less capacity to address preventive health issues such as nutrition.

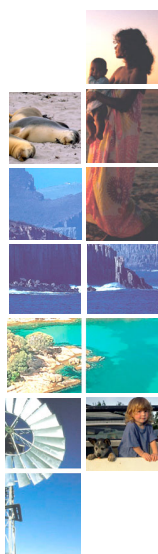
Burden of disease

There is now documented evidence that poor nutrition contributes significantly to the burden of disease and the cost of health care in Australia (Mathers et al., 1999; Marks et al, 2002). It has been estimated that small improvements in the dietary intake of Australians, such as increasing vegetable intake by one serve a day, would contribute significant health care savings (Marks et al, 2002).

In August 2001, Australian Health Ministers endorsed the national public health nutrition strategy, *Eat Well Australia* highlighting the importance of public health nutrition issues. *Eat Well Australia* identified the following areas as specific priorities for action

- improving child nutrition (specifically increasing breastfeeding rates and improving the quality of infant nutrition of disadvantaged children);
- increasing vegetables and fruit consumption in the general population; and
- improving nutrition in Aboriginal and Torres Strait Islander communities.

These health priorities are also identified in *National Rural Health Alliance Healthy Horizons: a framework for improving the health of regional and remote Australians*.



Nutrition and diet-related disease in Tasmania

Tasmania has a high rural population and experiences higher than average rates of a number of diet-related diseases and conditions.

Tasmania has the second highest age-standardised death rate from ischaemic heart disease compared with all Australian states and territories (AIHW 1998). Mortality rates from both ischaemic heart disease and cerebrovascular disease in Tasmanian men are significantly higher than the national average (unpublished data from the ABS mortality database).

Prevalence rates of diabetes in Tasmania are estimated to be 8.7% with a further 17.6% have impaired glucose metabolism, one of the highest rates described internationally (Dunstan et al. 2000) (impaired glucose metabolism is a condition associated with substantial increased risk of both future diabetes and heart disease).

Age-standardised rates of overweight are higher in Tasmania than any other state or territory with 67% of males and 54% of females are overweight or obese compared to national rates of 64% for males and 49% for females (AIHW 1999).

The best data available on current dietary patterns of Tasmanian is the National Nutrition Survey (ABS & DHAC, 1999). Whilst the sample size does not allow for reliable estimates in rural areas, the results clearly demonstrate dietary patterns of Tasmanians fall well short of recommendations. In particular, fruit and vegetable consumption is well below recommended levels. Saturated fat intake of Tasmanians is higher than the national level, at 14% of total energy compared with 12%.

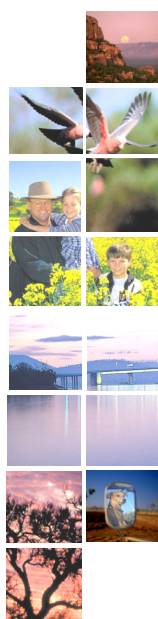
A recent survey of 2083 high school students in Tasmania has investigated rural versus urban dietary patterns and influences. The results show less favourable dietary patterns in relation to cardiovascular health, poorer nutrition knowledge, and a greater disregard for health issues in rural students compared to urban students (Woodward et al., In press).

FOOD AND NUTRITION POLICY IN TASMANIA

In 1994 the Tasmanian Government adopted the Tasmanian Food and Nutrition Policy. The development of the policy involved significant consultation and participation from state government, community and industry sectors. The Policy aimed to improve social, economic and environmental well-being through a comprehensive approach to food production and promotion by all government and non-government organisations in Tasmania.

The Tasmanian Food and Nutrition Policy is the first, and only, time a food and nutrition policy has been adopted by whole-of-government in Australia and the development process has received significant attention Australia-wide for its innovative partnership approach to food and nutrition (Harris et al, 1995).

The Policy is currently undergoing redevelopment and updating keeping as a core principle the need to address nutrition from a population health perspective and through collaborative partnerships with other sectors.

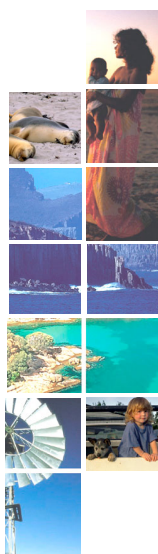
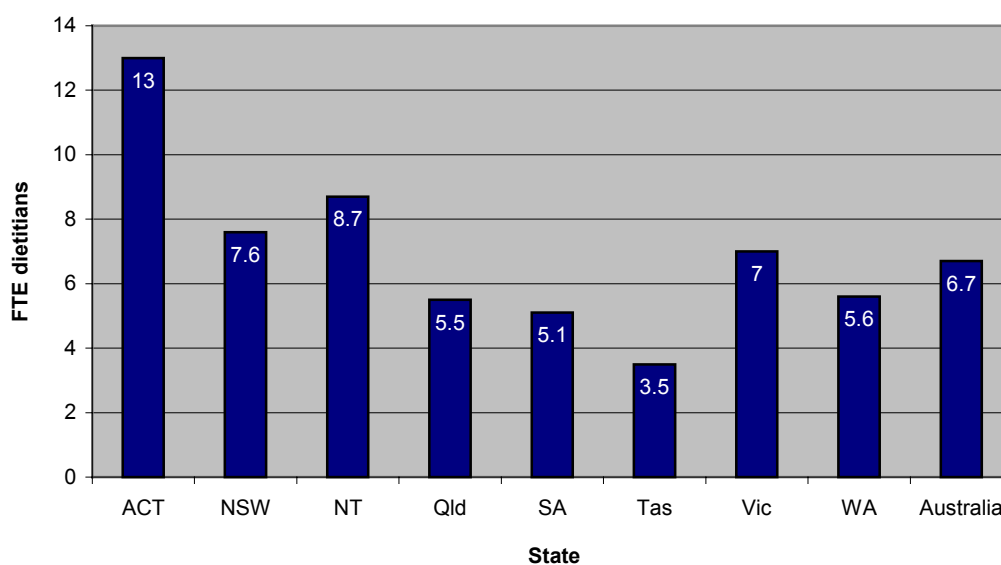


The Policy has provided the environment for the development of innovative and flexible service delivery making effective use of limited resources.

Nutrition workforce in Tasmania

As a small, and predominantly rural population, Tasmania has a small nutrition workforce. Tasmania has less than half the national rate of dietitians per head of population, especially in the private sector, non-government sector and community sector. Currently there are few community nutrition and dietetic services based outside the major metropolitan areas.

Figure 1 Rates of dietitians (by FTE) per 100 000 population in Australia, by state



Developing flexible services

Goal 4 of the Healthy Horizons Framework for Improving the Health of Rural, Regional and Remote Australians is to “Develop flexible and co-ordinated services”. The Tasmanian Department of Health and Human Services has developed a Community Nutrition Service with a small team of dietitians (2.6 FTEs) to provide services state-wide. The Community Nutrition Service does not provide dietetic counselling as part of its core business. Instead, it has strategically used the limited resources in innovative and flexible ways with an ultimate aim of increasing the capacity of the community to address nutrition issues.

The purpose of this paper is to describe a series of case studies that illustrate the key strategies used in reaching rural areas with community nutrition initiatives.

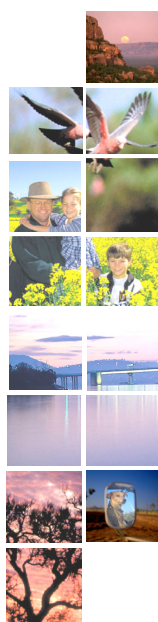


Case study 1—Tasmanian Breastfeeding Coalition: Breaking Down the Barriers Project

Key strategies	Coalition building, qualitative research, strengthening community action and working with industry.
Brief description	This project was managed by the Tasmanian Breastfeeding Coalition after it successfully applied for funding from state health promotion funds. The project consulted with over 100 young women in the state, including over half in rural areas, as to their perceived barriers to breastfeeding. This qualitative information was used to design and implement a multimedia campaign to address a perceived barrier to breastfeeding in this target group. This campaign which includes a 30 second TV advertisement (a man sitting on a toilet eating his lunch and the words, "you wouldn't eat here, so why should a baby") has been shown to be a highly popular message. Evaluation of the effectiveness of the message in changing attitudes could not be conducted within the resources of the project. This campaign will now form the basis of a national breastfeeding promotion due to commence early 2003.
Key outcomes	Greater understanding of the perceived barriers to breastfeeding by young women, especially in rural areas. Better targeting of campaign messages around breastfeeding promotion. Increased awareness of the campaign message and satisfaction with the message style and content.
Anticipated future outcomes	Greater acceptance of breastfeeding in public (although it should be noted this will be hard to measure as it is already quite high). Greater perception by young women that breastfeeding in public is accepted. Better targeting of breastfeeding promotion programs at the local rural level.

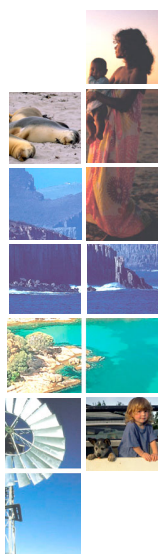
Case study 2—Healthy Options Tasmania

Key strategies	Partnerships, qualitative research, training of health and community workers, working in partnership with local government, working with industry.
Brief description	Conducted by the Healthy Options Tasmania (HOT) Coalition, The Healthy Options Tasmania (HOT) Award Program promotes takeaways, cafes, restaurants, kiosks and worksite cafeterias that meet 3 criteria: <ul style="list-style-type: none"> • Providing some healthy food choices and using some healthy food preparation methods • Food Safety and Hygiene (completion of the Food Safe Program or equivalent with the local council is the minimum requirement) • Being smoke free Local Councils Environmental Health Officers (EHOs) recruit and assess food outlets, with the assistance of the Department of Health and Human Services. Accredited food businesses receive a number of benefits for their participation. Utilisation of local media coverage and a television community service announcement have achieved promotion of the program. The HOT website www.eatwelltas.au/hot.htm is used as a mechanism to promote HOT to consumers, food businesses and link HOT where possible to other organisations.
Key outcomes	10 councils with Award winners (includes 4 "rural") 36 current HOT award winners 29 out of 30 councils representatives attended at least one training session on HOT 32 EHOs trained in HOT out of a total 50 state-wide Key changes that were identified that retailers made to achieve the HOT award included: Completion of Food Safe program, going smoke free, change to Heart Foundation approved fats and oils, implementation of the "Tips on Chips" guidelines, implementing customer prompts about use of fats, salt and lower fat beverage options and offering and promotion fruit, vegetables and higher fibre bread options and automatically offering water.
Anticipated future outcomes	Close involvement of retailers, consumers, food industry, health and community workers and other stakeholder's increases ownership, empowerment and sustainability of the program A greater level of resource mobilisation from other sectors.



Case Study 3—Family Food PATCH

Key strategies	Peer education, community partnerships, qualitative research, liaison with health and community workers working with industry.
Brief Description	The Family FoodPATCH project aims to improve the nutritional knowledge, skills and practices of parents to increase the nutritional well-being of Tasmanian children. Volunteer parents from the community have undergone a 20 hour training course around the food issues of concern to parents of both pre-school and school age children. They are encouraged and supported to work within the community to help improve the nutrition of children. The Family FoodPATCH project is a joint initiative between Playgroup Association Tasmania (PAT) and Child Health Association (CHA) and has been funded by the Commonwealth Government through the National Child Nutrition Initiative for a three year period.
Key outcomes	<p>A demonstrated increase in the level of nutrition knowledge and skills of volunteer peer educators</p> <p>A demonstrated increase in the confidence and frequency of nutrition education conducted by Family Food educators</p> <p>A demonstrated increase in the number of Tasmanians receiving nutrition information through the peer educators.</p>
Anticipated future outcomes	<p>Increased strength of community action on nutrition, as assessed by FFP educator reports.</p> <p>Sustainability through ongoing partnership with Child Health Association and Playgroups Tasmania</p>



Case Study 4—Tuckertalk: Nutrition and Training program

Key strategies	Partnerships, qualitative research, training of health and community workers, working in partnership with local government, working with industry.
Brief description	A long standing relationship has been developed between the Community Nutrition Unit and Family, Child and Youth Health Service, DHHS in Tasmania. The Community Nutrition Unit team provides nutrition resources, training and support to the FCYH nurses out in the field. A resource manual has been developed and maintained to support the nurses in their practice. Regular training and updates occur via face to face training sessions, a telephone advisory service and a quarterly newsletter. Additional resources such as the Family Feud Food video have been developed in response to needs identified by the FCYH nurses and their clients. Currently, the FCYH nurses are being encouraged to use the Family Food Patch educators to help in their nutrition education sessions with families.
Key outcomes	<p>A demonstrated increase in the level of nutrition knowledge and skills of FCYH nurses in Tasmania.</p> <p>A demonstrated increase in the confidence and frequency of nutrition education conducted by FCYH nurses in Tasmania.</p> <p>Greater standardisation in the quality and credibility of nutrition education materials provided to families.</p> <p>Although not measured it is assumed that another key outcome has been a greater level of nutrition knowledge and skills in Tasmanian families (and by continued assumption improved nutritional care of Tasmanian children).</p>
Anticipated future outcomes	<p>A maintenance of the above outcomes</p> <p>An increased use of peer education strategies by FCYH nurses in relation to nutrition promotion.</p> <p>An increased use of primary prevention strategies by FCYH nurses in relation to nutrition promotion.</p>



DISCUSSION

A key strategy featured in all four of these case studies is the establishment and maintenance of effective partnerships or coalition building. It is recognised that the development and maintenance of key alliances and joint actions with non-government organisations, other government sectors and other DHHS services is important. The aim of this collaboration is to enhance effectiveness, extend reach and increase the sustainability of actions within the community.

Conducting qualitative research leads to a better understanding of the needs, motivations and issues facing target groups, including those living in rural areas. This in turn leads to more effective, better targeted nutrition promotion programs and allows opportunities for the development of key partnerships along the way.

Training of peer educators and local health and community workers has increased the reach of community nutrition messages and initiatives, especially to rural areas. Peer education recognises the importance of relevant life experiences and the potency of hearing messages from peers. Training rural health and community workers in nutrition issues and adequately supporting them to address nutrition issues with their clients will result also in a better reach and can be integrated into a more holistic primary health care approach.

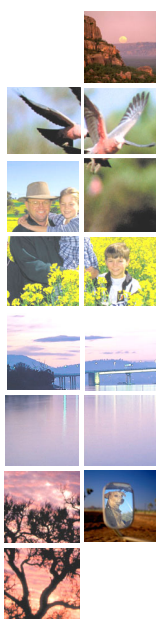
Partnerships with local government in relation to some community nutrition initiatives have led to an increased level of commitment and investment at a local level. Their inclusion is also considered within the whole of municipality planning and offers an integrated approach with the business and community sectors.

Working with non-government organisations and strengthening community action to mobilise nutrition resources (for example assisting community groups to attract funding) has led to a greater level of nutrition resources and opportunities. Additionally working with private industry allows a greater access to resources for promoting good nutrition.

CONCLUSIONS

The Community Nutrition Unit has achieved the development of flexible and co-ordinated services to improve nutrition for all Tasmanians through the development of a unique service delivery model, which focuses on:

- effective partnerships and networks in service provision, training, and community development
- innovative models of primary health care, particularly where there are limited service options.



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PRESENTER

Alison Ward is a Community Dietitian, working in rural and regional Tasmania. She has experience working in an intersectoral manner, with recent strategies including the HOT project (food sector) and Cool Canteens for Kids. Alison is also a board member of the Dietitians Association of Australia.

