

**DEVELOPING A
VICTORIAN ABORIGINAL
NUTRITION NEEDS ASSESSMENT TOOL**

Victorian Aboriginal Health Service

Report

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Report written by Claire Palermo and Colin Mitchell

ACKNOWLEDGEMENTS

This project would not have been possible without the support and enthusiasm of the Victorian Aboriginal people, especially the staff at the Victorian Aboriginal Health Service (VAHS). The ongoing support and guidance of the Healthy Living Team, Health Development Section at the Department of Human Services was also appreciated.

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INTRODUCTION

It is well documented that Aboriginal and Torres Strait Islander peoples lifestyle change from hunter-gatherers to westernisation through European colonisation impacted greatly on their health and well-being^{1,2,3}. The incidence of many nutrition-related diseases is higher in Aboriginal and Torres Strait Islander peoples compared with their non-Indigenous counterparts. There is increasing evidence that nutrition prenatally and in the first years of life leads to slower mental and physical growth as well as greater risk of disease later in life¹. Nutrition problems in Aboriginal and Torres Strait Islander communities will not be alleviated by nutrition education alone as many other factors contribute to food choice in Aboriginal communities (see Appendix). Nutrition intervention programs have evolved throughout the years from a medical approach to a social model to ensure better outcomes for Aboriginal people¹. A variety of different tools for nutrition needs assessments have been used in Aboriginal communities throughout Australia to plan nutrition intervention programs.

The development of the National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan 2000-2010 has been a great step to improve the nutritional health of Aboriginal and Torres Strait Islanders. In order to establish a Victorian nutrition strategy that is self-determining for Victorian Aboriginal people, the health and nutrition needs of these communities need to be determined.

The aim of this project was to develop a Victorian Aboriginal specific nutrition needs assessment tool that will enable consistent collection of information relating to their nutritional health. The objectives of the project included,

1. To develop a nutrition needs assessment tool suitable for use by urban and rural Victorian Aboriginal communities.
2. To provide initial support to the three Victorian Aboriginal organisations trialing the nutrition needs assessment tool.

The nutrition needs assessment tool will be used by three different Victorian Aboriginal organisations to trial the process of determining the needs of their communities in three different geographical locations – major city, regional town centre and small rural town. This information will be presented to the Department of Human Services to assist in developing a nutrition strategy to assist in improving the health of Victorian Aboriginal people.

PROCESS OF DEVELOPMENT

The project commenced with the employment of a Nutritionist two-days per week with experience in working with Aboriginal communities and in public health nutrition. The Nutritionist commenced research that included,

- Communication with Public Health Nutritionists Australia wide to identify whether similar tools exist and document past processes of nutrition needs assessment.
- Consultation with Victorian Dietitians working in areas with Aboriginal populations to establish what nutrition programs have been undertaken with Aboriginal communities.
- Literature review to determine all types of nutrition needs assessment tools used by Aboriginal and Torres Strait Islander population and other populations using Medline, Aboriginal publications⁴ and the recently published resource by NH&MRC, 2000¹.

Upon the employment of an Aboriginal Health Worker to work alongside the Nutritionist, consultation with the Victorian Aboriginal community began. In the urban setting of Melbourne key community groups were consulted, to include all stages of the lifecycle (see Appendix 1). In addition the wealth of knowledge and experience of the VAHS staff community was utilised. In the two rural communities consultation occurred through the cooperatives. The cooperatives coordinated key members of the community to be involved in the consultation. Although community members were represented, input mainly occurred through the cooperative staff.

Each different group were given an explanation of the aims of the project and asked what format they believe the tool needed to take. Examples of needs assessment tools were described using other nutrition projects. The communities were also asked to mention some of the nutrition issues they believe were effecting their communities. This was included to help shape the design of the tool and to identify barriers to healthy eating and the different priority community groups give to nutrition.

A draft of the tool was prepared and through conducting a trial run of the tool with selected Aboriginal community members the format of the tool was finalised. The Aboriginal Health Worker and Nutritionist that worked to develop the tool with the support of the Department of Human Services Nutritionist facilitated this trial of the tool. Further input was received from the Department of Human Services, the Health Coordinators at the Aboriginal Cooperatives selected to pilot the tool and the Nutritionists in these regions to complete the final draft.

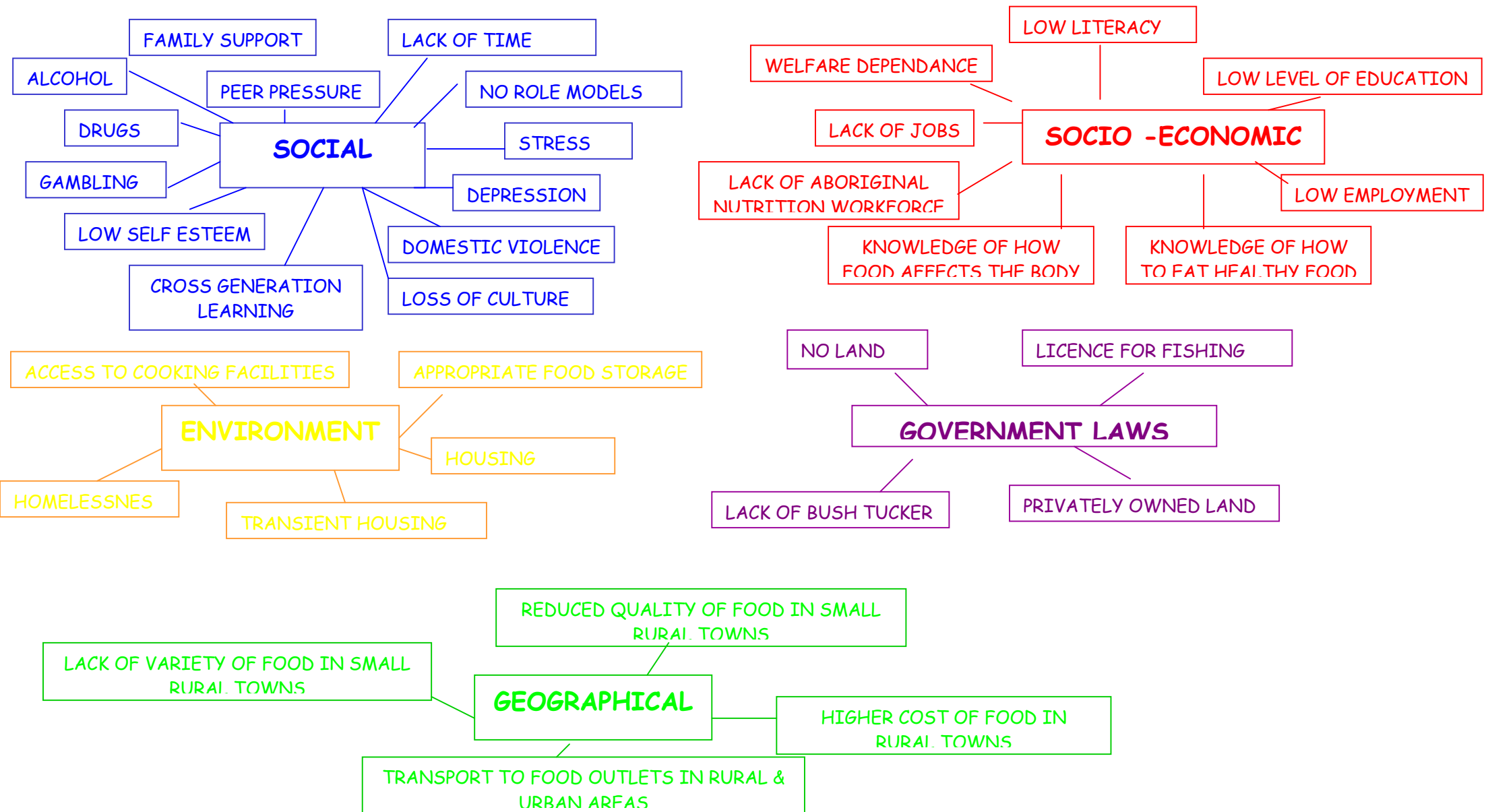
RESULTS

The outcomes of the research were that no one specific needs assessment tool is used in Aboriginal populations across Australia. Many nutrition intervention programs across Australia have used nutrition needs assessment tools to first identify the needs of the community and develop strategies to address the nutrition problems. The Looma Healthy Lifestyle Program commenced with a screening of the adult population. The screening tool was used to identify people with type 2 diabetes, impaired glucose tolerance or other risk factors for lifestyle diseases and design a program of education, physical activity and dietary modification⁴. The Yambacooa Diabetes Program used a different tool to develop the program. Regular social meetings which encouraged discussions on diabetes, changing eating habits and activity levels was used as the tool for determining the nutrition needs of the community⁴. Similarly focus group discussions⁷ and forums⁸ have been used to provide information on the design of appropriate interventions⁴ for Aboriginal communities in other areas. Some remote communities have used the store-turnover method as a tool to determine nutrition need⁴. Nutrition needs assessments in other population groups have also involved many different tools. Community-based nutrition monitoring⁵, surveys, interviews and focus groups^{6,9} are some of the tools used to assess need. Focus groups particularly assist in learning about the issues and possible solutions from the community itself⁹.

Public Health Nutritionists supported the development of a needs assessment tool and also explained that a universal needs assessment tool did not exist for use in Aboriginal populations. Informal interviews with Victorian Community Health Dietitians discovered a lack of knowledge and experience in working with Aboriginal communities despite the relatively large Aboriginal populations in their areas. It appears community health Dietitians generally give a low priority to working with Aboriginal communities. Successful short-term programs in Victorian targeted at Aboriginal populations have usually been conducted in partnership with an Aboriginal Cooperative. The lack of long-term resources allocated to these programs and lack of support by public health experts limits their sustainability.

Consultations with Victorian Aboriginal organisations and community members raised many reasons for why the Victorian Aboriginal community is not achieving optimal nutrition. These have been also been viewed as barriers to healthy eating and mapped under broad categories as in NH&MRC document¹. All groups involved in the consultation process expressed similar issues. The tool explains these barriers to healthy. The following is a summary diagram.

Figure 1. Barriers to Healthy Eating Identified by Victorian Aboriginal People.



It was recognised that many of the barriers to healthy eating may not be able to be addressed within the scope of this project but it is important that they are recognised and taken into consideration when planning any future nutrition intervention programs.

Through the consultations the community expressed that the best way to obtain information on the nutrition needs of the community was through a group meeting or workshop. Thus a process based on a focus group was developed as the tool for defining the nutrition needs in the Victorian Aboriginal community. A screening process was also raised as a recommended tool for determining community need. Many discussions around the use of screening as a tool were conducted and due to the evidence that does not support the use of community screening it was decided that screening would not form part of the tool. Adequate resources are available to the Aboriginal community to access health screening. Past experiences with screening within the Aboriginal community has not been adequately conducted or followed up and the community felt that nothing was achieved.

The trial run of the tool was successful in further developing the tool. The wording was refined to make it easier for Aboriginal community members to understand and the structure to the group process was made clearer. An unintended outcome of the trial was that the group identified priority nutrition needs and discussed possible future nutrition strategies. The results of the trial of the tool can be found in the report in Appendix 2. Final refining of the process was achieved through discussions with the public health team from the Department of Human Services.

DISCUSSION

The projects aim and objectives were met through the development of the nutrition needs assessment tool and testing the tool with selected community members as described above. Initial consultation and ongoing discussions with the Health Program Coordinators and the Dietitians from the communities selected to trial the tool has developed communication links for future support when piloting of the tool commences. During the pilot needs assessment further support will be offered to the VAHS. Suggestions for evaluation for conducting the nutrition needs assessments in all communities include,

- observation on the amount of community discussion about nutrition and nutrition issues
- the development of any supporting nutrition infrastructure, such as policy, written strategies, nutrition worker positions, training etc.
- the ease of ability to reach consensus using the tool about the nutrition needs and strategies for action.
- feedback from the pilot group facilitators about the written content and format of the tool.
- reports from the pilot groups regarding the details and outcomes from the needs assessment.

The widespread use of the tool should also be documented to monitor its effectiveness.

Aboriginal organisations and workers minimally understood the project brief. The word ‘tool’ was not one that the community understood. This was a barrier to the projects progression as more time needed to be spent on understanding the requirements of the project. The Nutritionist assisted in understanding what was required and kept the project team on track. Although the employment of the Health Worker was delayed, this position was vital for the project. The Health Worker provided a unique understanding of the community, links with key organisations and community members and appropriateness for the population. The outcomes were greatly enhanced through the employment of the Health Worker. The Nutritionist was

also important. An understanding of project management and public health nutrition was vital in this workplace setting. The development of a very medically focussed nutrition tool may have evolved without this experience and knowledge.

A major unintentional outcome of the project was increasing the Health Workers knowledge of nutrition, project management and public health practice. This occurred through the one-to-one nutrition education/counselling service, preparing the tool, discussions with the Department of Human Service Public Health team and writing up of reports. This will continue during the implementation of the needs assessment tool.

The tool format has been accepted by the trial group as a useful method of determining need. Each different community will have a different experience of pilot the tool and it is important that aspects that did and did not work are documented.

RECOMMENDATIONS

For the next phase of the project, conducting the nutrition needs assessment, it is recommended that all workers from the communities chosen for the pilot meet to discuss the requirements of the project. In addition any gaps in knowledge of the Nutritionists in relation to public health or Aboriginal cultural awareness needs to be addressed. The communities piloting the tool should use each other as support while conducting the needs assessments.

During the many consultations the following issues were identified as needs. It is important that these ideas were not lost, as these supporting infrastructures may be vital to the success of any community-based interventions.

- Develop an accredited training package to create Qualified Aboriginal Nutrition Workers to work at the community level specifically on nutrition.
- Employment of a Victorian Nutritionist to,
 - Develop and coordinate Accredited Nutrition Worker Training specific for the Victorian Aboriginal population.
 - Support and coordinate training of Victorian Dietitians to work with Aboriginal communities. This would include cultural awareness.
 - Support Aboriginal nutrition programs and activities across the state.

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APPENDIX 1

Consultations with Aboriginal organisations and community members throughout Victoria included,

Aboriginal Care Elders Service
Bunurong Aboriginal Cooperative staff
Community Elders
Community Women
Diabetes Club Victorian Aboriginal Health Service
KODE School, Glenroy
Koori Diabetes Service
Melbourne metropolitan Men's Group
Mental Health Program Victorian Aboriginal Health Service
Northland Secondary College
Research Program Victorian Aboriginal Health Service
Swan Hill & District Aboriginal Cooperative staff and community members
Thornbury Primary School
Victorian Aboriginal Health Service Steering Committee
Winda Mara Cooperative staff and community members
Women's and Children's Program Victorian Aboriginal Health Service
Yappera Childrens Services

APPENDIX 2

Report

‘Trial Run’ - Assessing the Nutrition Needs of the Victorian Aboriginal Community

This needs assessment was conducted to trial the draft format of the tool developed by the Aboriginal Health Worker and Nutritionist who were employed to develop the tool. The designed tool was followed according to its outline however limited time was allocated to the brainstorming sessions due to the fact it was a trial and time was restricted. Representatives from the Victorian Aboriginal Health Service, Yappera Childcare Service and Heywood Cooperative attend the trial. Prior to conducting the trial the tool process was opportunistically discussed with two community elders.

The group identified barriers to healthy eating already represented in the tool but also raised the issue of the passing down of experience, knowledge and lifestyle habits through generations as being a barrier to healthy eating – the group called this ‘cross-generation cycle’. This barrier will be added to the tool.

The group prioritised the most important needs as being,

- finance
- family support
- having an adequate environment (access to cooking facilities and food storage)
- access to healthy foods
- lack of Aboriginal Nutrition workforce
- no role models

The group found it overwhelming to prioritise the most important needs initially but when working as a group was able to give this above list.

The group identified current resources that could assist with nutrition strategies as being, Yappera, Victorian Aboriginal Health Service, Hostels, Advancement League, KODE schools, Primary and Secondary Schools, School canteens, Education Department, Friends of the Earth, Dietitians Association of Australia, Australian Medical Association, Australian Dental Association, Diabetes Educators Koori Diabetes Service and Department of Human Service. These resources were Melbourne based despite having a representative from Heywood community.

Due to the people in the group having experience working in the Aboriginal health field many strategies were identified. These included,

- Nutrition Education – the group was aware that knowledge of what is healthy eating is not the barrier but education in skills to eat healthy
- Strategies must be specifically designed within the community
- Market gardens
- Healthy food delivery service
- Cooking and shopping skills programs
- Identifying organisations that provide cheap foods
- Programs to include nutrition together with physical activity

Generally the group were happy with the format of the tool and felt it was able to identify nutrition needs well. Some recommendations were.

- Replace the word 'nutrition' with 'healthy eating' or 'good tucker'
- Change 'economic' to 'socio-economic' on overhead
- Conduct the tool with many different groups in the community
- Use the needs identified in the tool to set up a committee to develop strategies
- Conduct tool in different setting, away from a 'work' environment
- If community members are in the group explain steps clearly and allow time for thinking
- Provide an enticement in the form of food to the meeting
- Include in the tool a description of the commitment to fund and support nutrition strategies
- Use positive language – do not use the word 'problems'
- Include in tool an explanation that nutrition strategies must be sustainable and that the purpose of the tool is giving something back to the community
- Write the questions asked by facilitator down on butchers paper or overhead