

Community Foodies

Food

A STATEWIDE initiative
Across South Australia

Community peer educators working to foster community knowledge and skills about food and nutrition.

Introduction

The 'Community Foodies' project was initiated by dietitians/nutritionists at Noarlunga Health Services (NHS) in 2001 in response to an interest expressed by community members to learn more about nutrition. A number of nutrition programs such as 'Cheap Easy Meals' and 'Food and the GST' conducted at NHS led to the original Community Foodies project. Based on an evaluation of this program, it seemed that appropriate strategies could be developed and extended as a statewide initiative.

'Community Foodies' is now progressing as a statewide peer education project with a strong focus on community development. It aims to increase the access of people on low incomes to nutrition information and skills, by training and supporting local community members in many aspects of food and nutrition. The term 'Community Foodies' refers to community members who take an interest in improving health and wellbeing and are trained to run programs in their local community.

Aims and objectives

The project primarily aims to address poor community access to nutrition information and skills, especially for people on low incomes. However, through partnerships and peer education, the project also addresses many other inequalities present within communities, including access to education, employment and a range of health and community services. It hopes to improve personal empowerment, confidence and community networks through meaningful community participation.

The objectives of the project are to:

- Increase the access of people on low incomes to nutrition information and skills, using the Community Foodies peer education program
- Engage South Australian dietitians/nutritionists and relevant stakeholders in the use of peer education strategies
- Increase the confidence of participating dietitians/nutritionists to demonstrate the key skills necessary for delivering Community Foodies programs in their regions
- Increase the capacity of the NHS Community Foodies program to serve as a peer education model for the state.

Project

In 2003, Community Foodies was provided with two years funding by the Department of Health to extend the NHS project across the state and to strengthen its successful peer education model. The project has recently received an additional four years funding to run until 2010. The project is now called the 'Community Foodies Peer Education Nutrition' project. The Department of Health agreed to fund this project, as it contributes to the implementation of its public health nutrition action plan, Eat Well South Australia. In this way, Community Foodies has become part of a statewide approach to improving food and nutrition for disadvantaged groups.

The philosophy of this project is centred on the principles of peer education, community participation and community development. Peer education is based on the notion that community members, especially those in hard-to-reach groups, learn better from fellow members of a similar age, background and socioeconomic status. Peer educators become connectors between health care providers and the community. Community participation is also a way in which community members become empowered in decision-making processes in a meaningful and constructive way.

The target group for the program is people on low incomes within a given community. Community Foodies are predominately volunteers who invest their time in a number of nutrition-related programs. As part of the project, community members who are interested in food and nutrition commit to a six-week training program covering basic nutrition, presentation and group skills. Following the training, the community members become 'active' Foodies. At this stage Community Foodies are 'buddied' with health or agency workers, to promote healthy eating in their community.

Agencies already involved in the project are diverse, and include health services, councils, schools (high schools and adult re-entry schools), the SA Housing Trust, TAFE SA, Uniting Care Wesley, and other non-government agencies, community houses, low-income support workers and Flinders University. Community people are involved at many different levels, for example as peer educators, on state and local steering committees, and as consumer representatives for healthy eating within their communities.

One of the first tasks for the project organisers was to conduct a literature review of peer education strategies. Using the NHS Community Foodies as a model they went on to develop and deliver presentations to SA dietitians/nutritionists on peer education strategies for nutrition intervention. Other relevant organisations were drawn into discussion, and the potential to engage them in supporting the Community Foodies model was established. Interested dietitians/nutritionists were then recruited to participate in the training and to implement the peer education strategy.

A Project Officer provides training, resource packages and support to the participating dietitians/nutritionists, using the NHS Community Foodies model. The Project Officer encourages and monitors progress in the implementation of Community Foodies at each of the sites, and develops appropriate measures to ensure that local dietitians/nutritionists can demonstrate the key skills needed to deliver the Community Foodies peer education program.

Project outcomes

This project has achieved all of its original objectives with measurable outcomes in a number of areas of the project. Regular reports and presentations on activities have been delivered to all stakeholders, and a full report is available on request.

To date, 15 dietitians/nutritionists have been recruited and trained in the Community Foodies program. Eleven of these have implemented the program in their region, or are about to do so, and in this way they are helping to build the capacity of the primary health care workforce as well as the non-health care workforce. As of June 2006, the project had also trained two health promotion offices and two community development workers to support the implementation and sustainability of the project.

In participating health services there has been a gradual reorientation towards community development and primary health care. This is evident by the workloads of the dietitians/nutritionists moving from direct clinic-client contact towards the delivery of a service based on community development principles.

Collaborative interagency partnerships have been developed with organisations such as the SA Housing Trust, Department of Education & Children's Services, SA Council of Social Services and local councils. Potential pathways to further education have been established for Foodies by exploring the recognition of their training by TAFE SA and within the South Australian education curriculum.

So far, 90 community members have been trained to work as Foodies, now promoting and improving nutrition across SA, as evidenced by a demonstrable increase in nutrition knowledge and participant skills in Foodie-led programs. Significantly, the program has been able to reach community groups that do not usually access health services (e.g. five Aboriginal women are currently Community Foodies). When local community members are empowered to become Foodies, they tend to empower other community members in turn. This in itself is an indicator of the valuable social capital to be gained through a project such as this.

To sustain the project, continued collaboration is required at both a state and local level, as the establishment of partnerships between a variety of agencies has been the key to the success of the Community Foodies project. While the statewide project trains dietitians/nutritionists to implement the program in their local area, the program can only be sustained if supported by multiple agencies in each locality, and greater community/Community Foodie control of the programs is clearly desirable. It is also essential that the regional health services support the statewide project and that they embrace a reorientation of nutrition services to incorporate community-focused primary prevention programs.

Clearly the project can be transferred to other communities, as evidenced by its statewide implementation. In order to be fully effective, the dietitian/nutritionists who become newly involved must be trained and supported either by the State Project Officer, or by other health services or agencies who have experience with the project elsewhere.

This project currently runs until June 2010 and will continue to develop, implement and evaluate the Community Foodies program across the state, and to provide peer educator support where required.

Key aspects of successful local implementation of Foodies includes long-term commitment, development and maintenance of key partnerships, adequate staff and a multidisciplinary approach.

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