

# **YARRA FOOD INSECURITY COMMUNITY DEMONSTRATION PROJECT**

## **Raising Awareness and Understanding of Food Insecurity – Methods and Outcomes**

**FINAL REPORT**

**DECEMBER 2002**



**Yarra Food Insecurity Community Demonstration Project  
Raising Awareness and Understanding of Food Insecurity  
– Methods and Outcomes  
Final Report  
December 2002**

**Authors: Katrina Doljanin and Louise van Herwerden  
North Yarra Community Health  
75 Brunswick Street, Fitzroy 3065  
Phone: (03) 9411-3555  
Fax: (03) 9411-3500**

## **TABLE OF CONTENTS**

---

<b>ACKNOWLEDGEMENTS.....</b>	<b>4</b>
<b>EXECUTIVE SUMMARY.....</b>	<b>5</b>
<b>BACKGROUND.....</b>	<b>7</b>
<b>METHODOLOGY.....</b>	<b>8</b>
1. FORMATION OF A STEERING COMMITTEE.....	8
2. LITERATURE REVIEW.....	9
3. TRAINING AND RESOURCING WORKERS.....	10
4. INPUT INTO MUNICIPAL PUBLIC HEALTH PLAN.....	10
<b>OUTCOMES.....</b>	<b>11</b>
1. FORMATION OF A STEERING COMMITTEE.....	11
2. LITERATURE REVIEW.....	13
3. TRAINING AND RESOURCING WORKERS.....	13
4. INPUT INTO MUNICIPAL PUBLIC HEALTH PLAN.....	14
<b>EVALUATION.....</b>	<b>15</b>
• FORMATION OF A STEERING COMMITTEE.....	15
• TRAINING AND RESOURCING WORKERS.....	16
<b>DISCUSSION.....</b>	<b>18</b>
<b>FUTURE DIRECTIONS AND RECOMMENDATIONS.....</b>	<b>20</b>
<b>REFERENCES.....</b>	<b>21</b>
<b>APPENDICES.....</b>	<b>22</b>

## **ACKNOWLEDGEMENTS**

---

This report has been written to highlight the food access issues encountered by people who are homeless or at risk of becoming homeless and the interventions that have aimed to increase choice and access to a more affordable, nutritious, safe and personally acceptable food supply. The success of the activities has come from the willing participation of many community stakeholders who have displayed concern and commitment to this project and to addressing food insecurity for this very vulnerable population group. We would like to thank everyone who has contributed to this project with particular thanks to:

The Victorian Health Promotion Foundation and the Department of Human Services, who have been instrumental in supporting food insecurity through their funding of this project.

Deakin University external evaluation team for all their feedback and support.

Vera Boston (CEO) and Kristine Olaris (Allied Health and Dental Manager) at North Yarra Community Health for their support and guidance.

Project assistants Lina Sibilia and Louise van Herwerden for their assistance with project activities, reporting and documentation.

Members of the Yarra Food Insecurity Steering Committee for their support and guidance.

Local Government Departments, agencies and local business that have assisted with the interventions, particularly:

- City of Yarra – Age & Disability Department and Community Partnerships Department
- Yarra Community Housing
- Royal District Nursing Service (Homeless Person's Program)
- Outreach Victoria
- The Collingwood Children's Farm
- St Mary's House of Welcome
- The Brotherhood of St Laurence
- North Richmond Community Health
- Yarra Health Services
- North Yarra Community Health
- The Gardenview café
- Vegetarian Nirvana café
- Minh Tan 2
- The Renown Tavern

And to all the community members, particularly rooming house residents for their input and participation in project activities.

## **EXECUTIVE SUMMARY**

---

**Food insecurity exists whenever the availability of nutritionally adequate, safe foods or the ability to acquire personally acceptable foods in socially acceptable ways is limited or uncertain (1).**

Food Insecurity is a significant issue for a number of vulnerable groups in the community (2). People who are homeless or at risk of becoming homeless are one of these vulnerable groups.

A person who is homeless is defined as someone '.... **without a conventional home and lacks the economic and social supports that a home normally affords. He or she is often cut off from the support of relatives and friends, has few independent resources and often has no immediate means and, some cases, little prospect of self-support...**' (3). Defining homelessness goes beyond categorising someone as 'living on the streets' (4). Chamberlain demonstrated that the homeless population also includes people who are in insecure housing or in housing lacking facilities such as kitchens or bathrooms or people relying on friends, family or crisis accommodation for temporary housing (4). This includes people living in a rooming house environment, where they may not have a kitchen or may be required to share kitchen facilities. Affordable food choices for this population, in a municipality that has undergone much gentrification, is limited (5).

The Yarra Food Insecurity Community Demonstration project, funded by VicHealth and the Department of Human Services, was developed by North Yarra Community Health in consultation with community stakeholders to address food insecurity for the homeless population in the City of Yarra. The project was conducted over an 18-month period, commencing August 2001 with final reports being completed in December 2002.

**The aim of the Yarra Food Insecurity Community Demonstration Project was to develop, implement and evaluate innovative and sustainable strategies to address food insecurity in the City of Yarra.**

Understanding and fully describing food insecurity for the target population in Yarra was the first step required to address food insecurity. Disseminating this understanding to build capacity to address food insecurity and its determinants was one of the subsequent steps. Therefore, the first objective of the Yarra Food Insecurity Community Demonstration project was to....

**Involve key stakeholders and the community to identify the determinants of food insecurity within the target group, raise awareness of food insecurity and to assist in the management of the project.**

The first step involved forming a steering committee with key community stakeholders. The steering committee consisted of representatives from local government, local agencies best able to advocate food insecurity issues for the target group (included housing, welfare/social support and health agencies) and the Deakin University External Evaluation representative.

The steering committee met at monthly to six weekly intervals, at 11 meetings in the 18 month project period, with a 45-100% attendance rate. Steering Committee responsibilities included input into a review of the project work plan, project budget, project interventions and to comment on the sustainability, partnership development, capacity building and community input aspects of the project interventions.

The Steering Committee and community consultation process allowed the key stakeholders and local community to identify the food insecurity determinants of the target group, as well as to provide input into shaping the project activities. The literature review assisted in providing the project team with a direction of focus regarding project design, and will be disseminated to the key stakeholders for further awareness raising in 2003.

**EXECUTIVE SUMMARY.....Continued**

Attendance at Steering Committee meetings and also at the worker training workshop, were rated useful in raising awareness of food insecurity issues as well as building capacity of local workers and local government to address these issues. A training package has been compiled, containing an overview of food insecurity, nutrition resources, further reading and references and the literature review from the Yarra Food Insecurity Project. This has been disseminated to project participants and will be a resource based at North Yarra Community Health, available as a resource, as well as a guide for dietitians to provide ongoing training.

Much has been done to increase understanding of food insecurity and to raise awareness of its determinants and the potential strategies that can address these determinants. However, these need to be addressed at a broader local government level, for maximum impact and to ensure ongoing commitment to addressing the core determinants of food insecurity. Whilst local government has accepted a list of recommendations, to be considered for input in the Local Municipal Public Health Plan, no documented commitment to addressing food insecurity at a local government level exists at December 2002.

## **BACKGROUND**

---

Food Insecurity is a relatively under-researched and under-documented phenomenon, particularly regarding the homeless population, yet its presence and impact are widely recognised by the local community (5).

One of the major objectives of the Yarra Food Insecurity Community Demonstration Project was to: **“Involve key stakeholders and the community to identify determinants of food insecurity within the target group, raise awareness of food insecurity and to assist in the management of the project.”**

Understanding and fully describing food insecurity for the target population was the first step in addressing the problem, disseminating this understanding to build capacity to address the problem and its determinants were the subsequent step. Strategies established to do this will be described in this report and include:

- **Formation of a steering committee** to assist with project management and to encourage dialogue beyond the committee about food insecurity
- **Literature review** to examine how food insecurity has been addressed in other regions and populations and to examine key themes
- **Input into Municipal Public Health Plan** to allow future and ongoing focus on local food insecurity issues
- **Training and Resourcing workers** to build their capacity to address food insecurity, locally
- **Community Consultation** to allow a community focused approach in describing and addressing the problem was an additional strategy and is featured in a separate report (5).

### **BACKGROUND TO WORKER TRAINING.....**

All local government departments and 17 of the 18 agency workers interviewed believed there was a need for training in Yarra, as outlined in the project Consultation report. The majority of agencies (72%) requested a workshop/in service. However, time was consistently quoted as a barrier to attending workshops. Agency workers felt particularly burdened by cluttered work schedules. Nominated strategies to address time constraints included: having workshops of 1 hour or less in duration, schedule training during staff meeting time or to provide training over lunch.

Written resources which supported the training was also quoted by many agency workers (44%). These included: resource guides and fact sheets, where workers could access information when they needed it, posters promoting good nutrition, brochures providing information to clients. Newsletters were popular with agency workers and local government.

Agency workers perceive referral to emergency relief as the major strategy that they use to address food insecurity. It is also a significant source of food for the client group interviewed. Agency workers felt that improved consistency of practice, treatment of clients and choice of food products could be addressed in the training of workers providing emergency relief. Additionally, 56% of agencies expressed a need for updates on local services and programs that address food insecurity. This included many nominations of a resource guide that provided emergency relief services with specified eligibility criteria, hours of operation and other relevant information. Basic nutrition information was also highlighted as a training need.

## **METHODOLOGY**

---

### **1. FORMATION OF A STEERING COMMITTEE**

#### **1.1 Establishing Membership**

The Yarra Food Insecurity Steering Committee (Steering Committee) was initially formed from prior agreement with nominated stakeholder and in compliance with contractual agreement between the funding bodies (VicHealth and the Department of Human Services). Membership was reviewed at meetings, as deemed appropriate and sought to include relevant stakeholders including representatives from local government, local health and welfare agencies working with the target group, as well as client representatives.

#### **1.2 Meeting Frequency and Attendance**

Meetings were planned to occur monthly, or as deemed appropriate by the Steering Committee. Performance indicators were set for total number of meetings (nine) to be held during the project period and also for attendance of key stakeholders (75% attendance).

#### **1.3 Establishing the Role of the Steering Committee**

The role of the Steering Committee was determined in collaboration with the Steering Committee and reflected in two key documents:

- Terms of Reference (Appendix A)
- Project Work Plan (Appendix B)

#### **1.4 Communication with the Steering Committee**

Steering Committee members were notified of meetings verbally (at the previous meeting or via telephone) and were sent an agenda prior to meetings via e-mail or via regular postal mail (for those that did not have e-mail).

As per external evaluation team requirements, documentation requirements for the Steering Committee included:

- Minutes of meetings (distributed via e-mail and postal mail)
- Monthly report of activities (delivered verbally at meetings with copies distributed with the minutes)

## **2. LITERATURE REVIEW**

- The literature review was collated over a 6 month period and involved the following steps:
  1. Gathering relevant research and programs from a variety of sources
  2. Collating research and programs into relevant categories
  3. Reviewing all literature and following up further references
  4. Incorporate relevant information into Yarra Food Insecurity Project Programs
  5. Draft plan for literature review
  6. Review literature review with feedback from other workers
  7. Collect data needed that has not yet been sources
  8. Final draft of literature review
  
- Categories research was divided into were:
  - Definitions for Food Insecurity
  - Policy Directions for Food Insecurity
  - Health status of homeless and vulnerable group
  - North Yarra Community Health demographics, health status etc
  - National Food Insecurity Interventions
  - International Food Insecurity Interventions
  
- Research and programs were sources from:
  - Dietitians in Victoria and New South Wales
  - Journals, Medline, Internet sites
  - Community Health Centres who had previously completed Food Insecurity Programs

## **METHODOLOGY.....Continued**

### **3. TRAINING AND RESOURCING WORKERS**

Community consultation results (5) and additional consultation in the form of a needs assessment (APPENDIX C) were used to design the food insecurity training workshop.

#### **Strategies:**

- Provide an overview of food insecurity.
- Provide nutrition information and resources on food insecurity.
- Develop appropriate resources if required. (eg. Cheap Eats and free meals on City of Yarra)
- Discuss strategies implemented to improve food security nationally and globally.
- Provide information on funding opportunities to support food security.
- Discuss collaboration & sustainability of agencies to improve food security in the City of Yarra
- Make a set of recommendations with input from all agencies present at the workshop, to further enhance food security beyond the project timeframe.

### **4. INPUT INTO MUNICIPAL PUBLIC HEALTH PLAN**

To influence local Food Insecurity on an ongoing basis, there needed to be project focus on local plans and policies, at a local government level. The project work plan aimed to implement the following intervention:

**“.....Use data gathered during community consultation to provide input into the future planning of local plans and policies which influence food insecurity...”**

- The local plans and policies influencing food insecurity was identified via community consultation and via ongoing discussion with the Steering Committee.
- Input into the nominated plan (Municipal Public Health Plan) occurred via communications with the Yarra Community Planning and Partnerships Department.
- A draft list of recommendations was also provided to this Department, to present to the Municipal Public Health Plan Steering Committee (Appendix D).
- The draft list of recommendations was the result of input from community consultation, literature review and feedback from the worker-training program.

## OUTCOMES

---

### 1. FORMATION OF A STEERING COMMITTEE

#### 1.1 Membership

Contractual agreement with VicHealth indicated that the Steering Committee should include representation from nominated key stakeholders. The nominated stakeholders and the status of their inception is summarised in Table 1.

**Table 1: Yarra Food Insecurity Steering Committee Stakeholders Membership**

Stakeholder Description	Represented on Steering Committee?
Local government	Yes – 2 departments Councillor nominated as chairperson
One housing support agency	Yes
Three welfare/social support agencies	Yes
One health agency	Yes
Consumers of the project	No – but consumer feedback was provided to committee
Deakin University external evaluation representative	Yes

The project was successful in securing the membership of key stakeholders as agreed upon with the funding bodies, with the exception of a consumer representative.

#### 1.2 Meeting Frequency and Attendance

A total of eleven meetings were held during the project period, which exceeded the performance indicator established in the initial project work plan (nine meetings). The meetings were held at monthly to 6-week intervals, on the following dates:

- 16/08/01
- 09/10/01
- 20/11/01
- 17/01/02
- 29/02/02
- 16/04/02
- 30/05/02
- 23/07/02
- 03/09/02
- 01/10/02
- 26/11/02

Only 3 of the nominated key stakeholders met the performance indicator for attendance of at least 75% of meetings. These included local government (91% attendance), health agency (100% attendance) and the external evaluation representative (100% attendance). The housing support (36%), 3 welfare/social support agencies (45%, 45% and 55% attendance) and the consumer representatives (0%) did not meet the performance indicator. Consumer representation via report feedback occurred at 3/11 meetings (27%).

## **OUTCOMES.....Continued**

### **1.3 Role of the Steering Committee**

The role of the Steering Committee, as per Terms of Reference and project work plan, and whether this role was fulfilled is described in Table 2.

**Table 2: Role of the Yarra Food Insecurity Steering Committee**

<b>Role of Steering Committee</b>	<b>Outcomes</b>
Participating in regular review of project work plan – including review of aims, objectives and strategies	Draft work plan presented at meeting 1 &2 and final work plan accepted by committee at meeting 4 (February 2002)
Accepting regular project updates from project officer	Project updates occurred via monthly report at all steering committee meetings
Receiving and reviewing regular budget updates	Budget presented & discussed at meetings 3 & 4 and final budget accepted by committee at meeting 4 (February 2002)
Co-opting additional committee members, as required	Remained a regular agenda item and included in monthly report
Co-opting, liaising with and reporting feedback from client representatives	Unable to co-opt client representative to attend (discussed meetings 1-3, 6). Consumer feedback occurred via consultation process and via feedback of individual activities eg. Market Bus Trips, Garden Program, Café Meals Program and informal feedback from steering committee members
Establishing networks, which can benefit the project and help sustain it beyond the initial phase.	Major project partners all had representatives attending steering committee meetings. Attendance of local government departments and local agencies consolidated partnerships with the organisations that the individuals represented.
To ensure that project strategies adopt sustainable and capacity building approaches	Sustainability and Capacity building discussed at steering committee meetings. Sustainability and partnerships remained an ongoing agenda item. One meeting was solely dedicated to discussing sustainability (October 2002).
To ensure that the food insecurity project is delivered in a way which is flexible and responsive to the needs of the target group (people who are homeless, at risk of becoming homeless or in marginal housing)	Steering committee members provided input into the community consultation process and final report and determined how this information would be used to shape project interventions. Agency workers attending food insecurity were in daily contact with the target group and provided informal feedback from their client group.
To provide a forum for the sharing of information and for the development of collaborative working relationships amongst agencies responding to food insecurity in Yarra	Dialogue around initiatives related and unrelated to project activities were discussed at Steering Committee meetings. As per “Establishing networks, which can benefit the project and help sustain it beyond the initial phase”.
To maintain records of meetings as per external evaluators’ reporting requirements	Minutes of all meetings and associated monthly reports and attachments were written and distributed via e-mail and postal mail.
To commit to attending 75% of scheduled meetings	Attendance varied from 45%-100% (average 75%)

## **OUTCOMES.....Continued**

### **2. LITERATURE REVIEW**

A literature review has been completed and is attached in Appendix E.

### **3. TRAINING AND RESOURCING WORKERS**

The outcome of the training and resourcing workers was:

- 1) A two hour Food Insecurity Workshop for workers in the City of Yarra
- 2) 'Cheap Eats' Guide and 'Food for \$35 a week' pamphlet
- 3) Collation and distribution of other existing nutrition and food insecurity resources
- 4) Networking opportunities for workers

#### **1) Two Hour Food Insecurity Training Workshop for workers in the City of Yarra**

The workshop covered the following outline:

- Introductions
- What is food insecurity?
- Overview of food insecurity project
- Nutrition Information and resources
- Broader issues around food insecurity- where to from here?
- Evaluation

Sixteen agencies participated in the workshop (n=18). Participants were provided with a workshop package that contained written information on the above topics. Further nutrition and other resources around food insecurity issues in the City of Yarra were also provided in the package, see below.

#### **2) Cheap Eats Guide pamphlet/Food for \$35 a week pamphlet**

A Cheap Eats Guide and Food for \$35 a fortnight was adapted from previous resources upon receiving feedback from workshop participants (APPENDIX F).

#### **3) Collation and distribution of other existing nutrition and food insecurity resources**

All workers who attended the workshop received a workshop package on the day. During the workshop, participants provided feedback on the draft resources developed. These were sent out to all participants (ie. Cheap Eats Guide and Food for \$35/week) as was the completed Literature review.

#### **4) Networking opportunities for workers.**

Participants had the opportunity to work in small groups for various activities (to provide feedback on the resources and to come up with suggestions to improve food security in the City of Yarra). This provided the opportunity to speak to one another and discuss food insecurity issues with workers who may not be in contact on a day to day basis. All participants stated this as a valuable collaborative approach to addressing food insecurity, as will be discussed under the evaluation section of this report.

## **OUTCOMES.....Continued**

### **4. INPUT INTO MUNICIPAL PUBLIC HEALTH PLAN**

Data obtained from community consultation, literature review and feedback from the worker-training workshop were summarised into a list of recommendations for consideration for input into the Municipal Public Health Plan (Appendix D). The recommendations were presented to the Steering Committee for comment and forwarded to the co-ordinator of the Municipal Public Health Plan for consideration. The list of recommendations covers a number of local government departments, with the respective food insecurity issues that need to be addressed. Table 3 summarises these departments.

**Table 3: Food Insecurity Issues requiring Consideration for input into the Municipal Public Health Plan**

<b>Food Insecurity Issue</b>	<b>What needs to be done/supported?</b>	<b>Local Government Departments Responsible.</b>
<b>Food Access:</b> <ul style="list-style-type: none"> <li>• <b>Culturally/socially acceptable</b></li> <li>• <b>Affordable</b></li> <li>• <b>Nutritious</b></li> </ul>	<ul style="list-style-type: none"> <li>• Review priority of access and responsiveness of the council run delivered meal services.</li> <li>• Establish nutrition criteria to be met by organisations who provide food/meals as a result of council community grants funds.</li> <li>• Local government support of programs that increase fruit and vegetable consumption.</li> <li>• Nutrition risk screening tool implemented and utilised as a part of assessment for council food service programs.</li> <li>• Assist in the development of cheap food schemes eg. food co-operatives, markets</li> <li>• Improved co-ordination, choice and availability of local emergency relief food and processes.</li> <li>• Review urban planning processes that have a potential impact on food access for vulnerable populations</li> <li>• Review of transport cost and accessibility</li> </ul>	<ul style="list-style-type: none"> <li>• Age and Disability – Food Service</li> <li>• Community Planning</li> <li>• Financial and Crisis Counselling</li> <li>• Urban Planning</li> <li>• Transport</li> </ul>
<b>Food Safety</b>	<b>Improved assurance of food safety of free/emergency relief food:</b> <ul style="list-style-type: none"> <li>• Food safety packages, free kitchen inspections and training for providers of emergency relief</li> <li>• Food safety warning labels on take-away emergency relief food (regarding storage and shelf-life)</li> <li>• Review of hygiene standards and minimum kitchen standards in rooming house accommodation</li> </ul>	<ul style="list-style-type: none"> <li>• Environmental Health</li> <li>• Housing</li> <li>• Financial and Crisis Counselling</li> </ul>
<b>Sustainable Food Supply/Environmental Impact</b>	<ul style="list-style-type: none"> <li>• Development of policies regarding process for donation of food.</li> <li>• Review market clean-up practices.</li> <li>• Support markets and garden schemes</li> </ul>	<ul style="list-style-type: none"> <li>• Business partnerships</li> <li>• Environment/Waste Management</li> <li>• Community Partnerships</li> </ul>

The list of recommendation have yet to be implemented but will be presented to the planning committee for consideration in 2003.

## EVALUATION

### 1. FORMATION OF A STEERING COMMITTEE

Evaluation of the Steering Committee occurred via completion of a questionnaire by Steering Committee Members. There was a 67% response rate (10/15). The results of the completed questionnaires can be found in Appendix G. A summary of results is reported in Table 4.

**Table 4: Evaluation of Steering Committee by Steering Committee Members**

<p><b>Informed of Progress of the Food Insecurity Project:</b></p> <ul style="list-style-type: none"> <li>majority found steering committee communication adequate to keep them informed of project activities</li> <li>a minority felt that the monthly report &amp; meeting attendance was excessive and telephone contact was inadequate</li> </ul>
<p><b>Meeting the Committee Terms of Reference:</b></p> <ul style="list-style-type: none"> <li>the majority felt that the steering committee addressed its roles &amp; responsibilities as outlined in the terms of reference and work plan:</li> <li>a minority felt the following processes were inadequate: <ul style="list-style-type: none"> <li>budget review</li> <li>co-opting new members &amp; client reps</li> <li>client feedback</li> </ul> </li> <li>a minority felt that the following processes were excessive: <ul style="list-style-type: none"> <li>project updates</li> <li>addressing sustainability and capacity building</li> <li>ensuring project flexibility &amp; responsiveness</li> <li>info. Sharing</li> </ul> </li> <li>all members felt that involvement in the steering committee allowed them to advocate community food and nutrition issues</li> </ul>
<p><b>Meeting Attendance:</b></p> <ul style="list-style-type: none"> <li>Attendance to meetings was mostly affected by project relevance and the ability to find time to attend meetings.</li> <li>Attendance was not affected by the time, day, location, notification of meeting or provision of catering for the majority.</li> </ul>
<p><b>Membership:</b></p> <ul style="list-style-type: none"> <li>Most members felt that the steering committee members reflected the diverse range of stakeholders.</li> <li>Suggestions for more suitable members included: traders, clients, community organisations (eg. Rotary), Collingwood &amp; Richmond agencies, industry/business, family/youth agencies, other groups eg Mental Health.</li> <li>There was some concern that co-opting additional stakeholders would make the committee too large to be functional.</li> <li>Most members felt they were the best representatives from their organisation – one person intimated their lack of decision-making power.</li> </ul>
<p><b>Benefits of Membership:</b></p> <ul style="list-style-type: none"> <li>All members found benefits to being a steering committee member. Benefits included: <ul style="list-style-type: none"> <li>Broader knowledge/awareness of need and understanding &amp; improved access to information/services</li> <li>Benefit to residents/community</li> <li>Links with other agencies and co-ordinating ideas and responses to food insecurity issues</li> <li>Evidence to inform future policy, planning and funding &amp; the function of individual organisations.</li> </ul> </li> </ul>
<p><b>Dissemination of Meeting Documentation:</b></p> <ul style="list-style-type: none"> <li>All members disseminated steering committee info to their organisation (verbally) with a minority distributing minutes, monthly reports and other documents.</li> <li>A majority of members disseminated steering committee info to other organisations and clients – this was mostly verbal, with some distribution of promotional resources.</li> </ul>
<p><b>Other Feedback:</b></p> <p>Other comments included a need for more “internal” work, giving more direction to the steering committee for assistance and that the café meals program has been well received.</p>

## **EVALUATION.....Continued**

### **3. TRAINING AND RESOURCING WORKERS**

The workshop and resource development have been evaluated with a particular emphasis on their sustainability and their ability to improve the capacity to address food insecurity for workers who deal with food insecurity issues in the future. Evaluation processes incorporated into the workshop were:

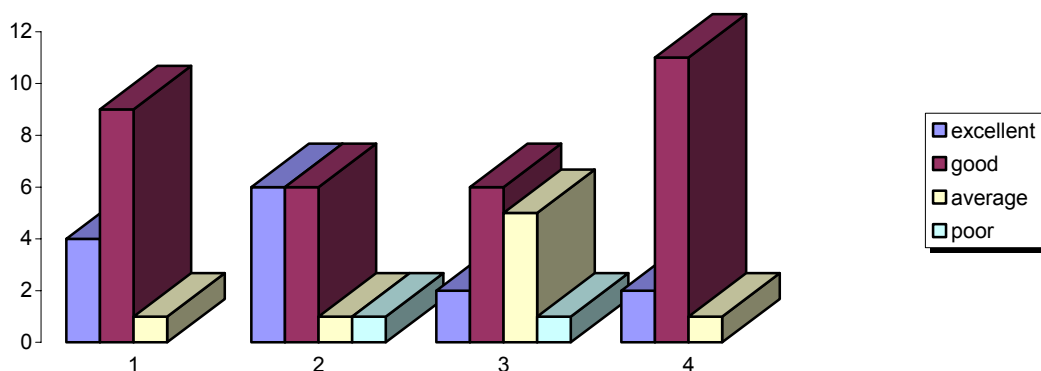
- 1) Post workshop questionnaire
- 2) Suggestions on how to address food insecurity issues in the City of Yarra.

#### **1) Post workshop questionnaire.**

The Food Insecurity Training Workshop was evaluated and participants provided feedback on venue, day and time of the workshop, style of workshop and resources developed or distributed (Figure 3).

- Feedback on the venue, day and time of the workshop indicates the majority of participants were satisfied with the workshop being date, place and time.
- Only 2 respondents indicated the day and time of the workshop was average, commenting that they would have preferred earlier in the week and an afternoon session.
- A needs assessment prior to the workshop determined that the majority of workers preferred a morning session at North Yarra Community Health, Fitzroy.
- Feedback on the length, style of presentation used and discussion time for the workshop indicates the majority of respondents were satisfied with the length and presentation style of the workshop.
- Feedback on the discussion time during the workshop indicates some participants would have liked more time to discuss issues.

**Figure 1: Feedback on Issues Covered During the Workshop.**



#### **KEY**

**1=** food insecurity overview

**2=** food insecurity demonstration project

**3=** Nutrition resources and information

**4=** Broader issues around food insecurity

- Overall the feedback for each section was positive but it is clear that participants would have liked more information on nutrition resources and information.
- All sections of the workshop were well received with most sections scoring in the excellent to good range.

**EVALUATION.....Continued**

**2) Suggestions on how to address food insecurity issues in the City of Yarra.**

The participating agency workers devised suggestions on how to address food insecurity issues in the City of Yarra. Project workers, when devising the municipal public health plan have incorporated these recommendations.

<b>SUGGESTIONS ON HOW TO ADDRESS FOOD INSECURITY IN THE CITY OF YARRA.</b>
<ul style="list-style-type: none"><li>• Another Workshop with focus on diet and nutrition issues</li><li>• Bus trips to Collingwood Children’s Farm and other agencies dealing with homeless and at risk groups</li><li>• Collaboration and consultation with dietitian/nutritionist</li><li>• Council to have a food policy to decrease food insecurity</li><li>• Develop a program for secondary students (addressing food insecurity issues)</li><li>• Discussions with Meals on Wheels providers to increase nutritional value of existing services to clientele</li><li>• Facilitate a program to educate people on how to grow and cook food</li><li>• Facilitate a workshop on the Needs for Outreach Workers<ul style="list-style-type: none"><li>- help to educate, develop skills for workers around identifying and working with clients who are not motivated to eat nutritious meals</li><li>- particularly with reference to substance abuse</li></ul></li><li>• Involve staff who work in this area more effectively</li><li>• Regular meetings ie. Networking with other agencies and clientele</li><li>• Newsletter to keep everybody informed</li><li>• Teach workers how to set up effective Cooking Programs</li></ul>

## DISCUSSION

---

The outcomes and evaluation data will now be discussed in relation to the original objective set for the presented interventions.

### ***"Involve key stakeholders and the community....."***

Involvement of key stakeholders and the community to identify determinants of food insecurity occurred via the community consultation process (see Community Consultation Report) and via the establishment of the Yarra Food Insecurity Steering Committee.

The Steering Committee included representation from local government, local agencies and the Deakin University External Evaluation representative. Local agencies represented on the Steering Committee included a variety of workers who were in regular contact with the target group. Represented agency sectors included housing support, welfare/social support and health services that particularly target people who are homeless or at risk of becoming homeless. This allowed the representatives to advocate the food insecurity issues that were likely to emerge within their work sector. The majority of Steering Committee members felt that membership reflected the diverse range of stakeholders required to address food insecurity for the population group. A number of additional members were suggested, however, there were also concerns that co-opting of additional members would make the committee too large to function adequately. The fact that agency workers had close contact with the target group allowed them to feedback to and from clients regarding food insecurity issues as well as project activities. Client representation on the Steering Committee was not successfully obtained due to difficulties finding a suitable representative. However, the dialogue between agency workers and their clients allowed community input to the Steering Committee from clients, via agency workers.

The attendance rate at Steering Committee meetings fluctuated but average attendance met the benchmark of 75%. However, commitment from agencies varied from 45%-100% attendance of the 11 meetings held. This could indicate that the more regularly attending members may have biased stakeholder input, at a Steering Committee level. However, the significance of the impact of this, in both identifying food insecurity determinants and also in shaping food insecurity project activities could be questioned, in light of the extensive community consultation phase of the project, as well as ongoing communication with various stakeholders. Steering Committee members reported committing to meetings because they felt that the project activities had a high relevance to their work and also to the target group. However, ability to attend meetings was challenged by a busy workload, with unanticipated conflicts arising that were deemed a higher priority in comparison to meetings.

### ***".....to identify determinants of food insecurity within the target group....."***

Food Insecurity determinants, particularly for the nominated target group, were identified through a combination of literature review, community consultation and Steering Committee input. These are described in detail in the Community Consultation Report (5) and literature review (Appendix E).

### ***"..... raise awareness of food insecurity...."***

A number of strategies were utilised to raise awareness of food insecurity in the City of Yarra. Firstly, key stakeholders, who attended **Steering Committee** meetings, reported a broader knowledge/awareness of need and understanding of food insecurity and also reported a great capacity to address their clients' food insecurity issues through provision of information, as well as via referral to appropriate services (Table 4).

## **DISCUSSION.....Continued**

**The Worker training workshop** aimed to inform workers about the issue of food insecurity and to provide workers with appropriate resources to assist with improving food security for their clients. The two hour workshop was attended by 16 different agencies (n=16) and all participants stated they had an improved knowledge of food insecurity issues upon evaluation. The workshop package was devised from feedback from participants and sent out once resources were collated. The training package contained an overview of food insecurity, nutrition resources, further reading and references and the literature review from the Yarra Food Insecurity Project.

The findings from community consultation, literature review and feedback from the worker-training workshop were used to compile a list of recommendations for input into the Yarra Municipal Public Health Plan. Placing food insecurity issues, in a broader context, at local government level is essential to an ongoing focus of awareness raising of food insecurity as well as capacity building to address the underlying determinants of food insecurity. Ideally, this should manifest itself as a Food Insecurity Policy. Complete implementation of food insecurity at a local government policy level is beyond the scope of the limited resources provided to the Yarra Food Insecurity Community Demonstration Project. To have food insecurity issues represented in local government at a strategic and policy level, there needs to be an ongoing and targeted position sitting within local government.

### **"... and to assist in the management of the project."**

The project manager and project assistance were directly responsible to the Steering Committee regarding management of project activities. The project team were required to provide updates to the Steering Committee in the form of monthly reports and minutes of meetings held. These documents served to keep Steering Committee members adequately informed of project progress, to be able to make decisions regarding input into project activities. Steering Committee members who completed evaluation questionnaires reported feeling adequately informed of project activities to be able to make decisions about the course of the project. A minority of members felt that client input and budget review was inadequate and that there was excessive information regarding project updates, addressing sustainability and capacity building, ensuring project flexibility and information sharing.

## **POSSIBLE FUTURE DIRECTIONS/RECOMMENDATIONS**

---

### **STEERING COMMITTEE:**

- Will continue to meet beyond 2002, with a review of focus, membership and terms of reference in early 2003.
- Will require a local government representative who has a broad understanding of local government department and their functions.

### **WORKSHOP:**

- Increase the length of future workshops
- NYCH to consider visiting agencies and run workshops in staff meetings or other appropriate settings as identified by agencies
- Tailor workshop for specific agencies and worker needs
- Target council workers for a workshop
- Secure further funding for workshop training

### **RESOURCES:**

- NCYH dietitians to update the cheap eats guide and \$35 pamphlet annually
- VicHealth and DHS make resources widely available by advertising them in newsletters

### **POLICY:**

- Representatives on the Yarra Food Insecurity Steering Committee will also sit on the committee that reviews the Municipal Public Health Plan.
- Consolidate food insecurity items on the Municipal Public Health Plan through the formation of a Food Insecurity Policy at local government level
- Allocate a health promotion position within local government to oversee the implementation of food insecurity initiatives represented on the Municipal Public Health Plan.

## REFERENCES

---

- 1) Campbell C, 1991 Food insecurity: a nutritional outcome or predictor variable? *Journal of Nutrition*; 121; 408-415
- 2) DHS; Healthy Eating, Healthy Victoria: A Lasting Investment, A Strategic Framework for the Implementation of the Victorian Food and Nutrition Policy; 1996
- 3) Council to Homeless Persons, Overview of Homelessness, Fact Sheet 1, 1998
- 4) Chamberlain et al, Counting the Homeless: Implications for Policy Development, Canberra, Australian Bureau of Statistics, 1999.
- 5) North Yarra Community Health; Yarra Food Insecurity Community Demonstration Project – Community Consultation Report, June 2002.

## **APPENDIX A:**

---

### **YARRA FOOD INSECURITY STEERING COMMITTEE TERMS OF REFERENCE**

- To inform the ongoing development and management of the VicHealth Food Insecurity Project through:
  - Participating in regular review of project work plan – including review of aims, objectives and strategies
  - Accepting regular project updates from project officer
  - Receiving and reviewing regular budget updates
  - Co-opting additional committee members, as required
  - Co-opting, liaising with and reporting feedback from client representatives
  - Establishing networks which can benefit the project and help sustain it beyond the initial phase.
- To ensure that project strategies adopt sustainable and capacity building approaches
- To ensure that the food insecurity project is delivered in a way which is flexible and responsive to the needs of the target group (people who are homeless, at risk of becoming homeless or in marginal housing)
- To provide a forum for the sharing of information and for the development of collaborative working relationships amongst agencies responding to food insecurity in Yarra
- To maintain records of meetings as per external evaluators' reporting requirements
- To commit to attending 75% of scheduled meetings

The Food Insecurity Steering Committee will meet every second month, or as required at a date and time agreed upon by committee members. A City of Yarra Councillor will chair meetings and Katrina Doljanin will be responsible for distribution of minutes, agenda and other relevant tabled documents. Agenda items should be forwarded to Katrina Doljanin ([katrinad@nych.org.au](mailto:katrinad@nych.org.au) or Fax: 9411-3500) by the Friday preceding the meeting.

## APPENDIX B:

### FOOD INSECURITY WORKPLAN – STEERING COMMITTEE COMPONENT

**GOAL:** To develop, implement and evaluate innovative and sustainable strategies to address food insecurity in the City of Yarra.

**OBJECTIVE 1:** Involve key stakeholders and the community to identify determinants of food insecurity within the target group, raise awareness of food insecurity and to assist in the management of the project.

**INPUTS/RESOURCES:** Key stakeholders, local demographic data, local literature on food insecurity, community workers and clients.

INTERVENTION	PERFORMANCE INDICATORS	ACCOUNTABILITY (internal & external reporting)	ASSUMPTIONS/POTENTIAL BARRIERS	TIMELINE
<p><b>1.1 Form a steering committee chaired by a City of Yarra Councillor involving key stakeholders and client representatives to:</b></p> <ul style="list-style-type: none"> <li>- Provide input into work plan and assist with the management of the project and budget</li> <li>- Enable community advocacy</li> </ul>	<ul style="list-style-type: none"> <li>• 75% attendance of steering committee members at meetings</li> <li>• 9 steering committee meetings held</li> <li>• community/client representative feedback report at each meeting</li> <li>• budget reviewed 6/12ly</li> </ul>	<ul style="list-style-type: none"> <li>➤ Minutes of steering committee meetings to be kept and forwarded to steering committee members, including the external evaluators of the program</li> <li>➤ Monthly report to steering committee as per agreed checklist</li> </ul>	<ul style="list-style-type: none"> <li>▪ Food insecurity is a priority issue in the City of Yarra</li> <li>▪ Steering committee members have available time to commit</li> </ul>	<p>Aug, Oct, Nov 2001 Jan, Feb, April, June, Aug, Oct, &amp; Dec 2002</p>

## APPENDIX C

---

### WORKERS TRAINING NEEDS ASSESSMENT

<b>Organisation:</b> <b>Contact phone number:</b>	<b>Worker name:</b>
--	---------------------

**1. Please tick which location would be most suitable for your organisation:**

- Richmond (eg. Richmond Town Hall)
- Collingwood (eg. Collingwood Town Hall)
- Fitzroy (eg. North Yarra Community Health Centre)

**2. Can your organisation offer a suitable venue?**

- No     Yes, please state where .....

**3. State whether you would prefer a morning or afternoon session:**

- Morning (9:00am –12:00noon)
- Afternoon (1:00-4:00pm)
- Other .....

**4. What type of nutrition information would you like covered during the session?**

**Rate in order of priority.** (1= most important, 10= least important)

- Allergies and intolerances
- Budget nutrition tips
- Cheap eats recipes
- Constipation and diarrhoea
- Quick and easy cooking activity
- Malnutrition
- Nausea and vomiting
- Nutrition and dental caries
- Nutrition and Hepatitis C
- Safe food handling/food hygiene

**5. A discussion around broader issues to address food insecurity could include the following:** Please rate in order of priority 1=top priority, 3= least priority.

- Nutrition policy development
- Framework for setting up a food and nutrition program eg. Cooking group
- Improving Food security- what are the realistic options ?

**6. Style of presentation you would prefer:**

- Forum
- Interactive workshop
- Seminar
- Other

## **APPENDIX D**

---

### **DRAFT RECOMMENDATIONS MADE FOR YARRA MUNICIPAL PUBLIC HEALTH PLAN**

#### **1) Environmental Health – Food Safety**

- Council funded food providers receive a food safety information package.
- Agencies who are successful in obtaining Nutrition grants receive a food safety information package.
- Offer free kitchen inspections for organisations offering cooking programs or free meals (train a community worker to do this role).
- Food safety warning labels on pre packaged free food.
- A food safety campaign/ training scheme for those working with soup vans and other ER food agencies.
- Adequate minimum kitchen standards in rooming houses eg. provide fridges, adequate food storage and kitchen facilities.
- Ensure pre existing hygiene laws apply and are reviewed annually for ER, public estates and rooming houses or any other facilities working to improve food security within the City of Yarra.

#### **2) Nutrition Education**

- Organisations receiving future nutrition grants must meet nutrition criteria for food security (nutritious, safe, socially and culturally acceptable food) to obtain funding.
- Council supports programs that encourage an increase in fruit and vegetable consumption.
- Nutrition risk screening tool training offered in the City of Yarra to HACC workers and other workers who deal with food security issues.

#### **3) Food packaging and Waste Disposal**

- Development of a policy and procedures manual for food businesses who want to donate excess food
- Review market clean up practices

#### **4) Community Services**

- Re-orient council funded food services to be responsive to community needs and demands
- Ensure culturally and socially acceptable meal provision for community members
- Outsource food services if appropriate
- Meal delivery systems comply with food standards
- Assist in development in cheap food schemes
  - food co-op's
  - markets from food outlets
  - community gardens
  - transport
  - communal kitchen facilities for homeless places
  - breakfast programs
- Co-ordination of ER with consistent policy, practice and clarified eligibility;
  - increase fruit and vegetables
  - review content of food parcels
  - review availability of choice and variety in food parcels

**DRAFT RECOMMENDATIONS MADE FOR YARRA MUNICIPAL PUBLIC HEALTH PLAN**

**5) Zoning and Urban Planning**

- Support for community gardens and markets
- Permits for shops in close proximity of residents (especially low SEIFA blocks such as high rise estates)
- Monitoring of food outlets to include fresh food options, fruit & vegetables and socially & culturally appropriate food options for residents
- Monitoring of take away options especially in relation to those close to high rise estates to provide healthy and affordable take a way options

**6) Economic Planning**

- Monitor provision of affordability of access and frequency of public transport to food retail outlets
- Free public transport service to vulnerable groups

**7) Commercial Agriculture**

- Establish and support fresh fruit and vegetables production market

**FOOD INSECURITY LITERATURE REVIEW**

**AUTHOR: Louise van Herwerden**

# YARRA FOOD INSECURITY DEMONSTRATION PROJECT

## LITERATURE REVIEW

Food is a need all people share and so is the need for food security. Food insecurity has a high cost to individuals, families and society as a whole in terms of reduced physical, mental, spiritual and social health and well being. The contributing factors to food insecurity are numerous and interact in a complex way. Many are related to social issues linked to the cycle of poverty. As such, the development of solutions, and strategies to reduce food insecurity will be a slow process and will require action across many sectors.

This paper will provide a review of available literature that defines food insecurity and its determinants. There will also be a focus on reviewing literature about the local initiatives trialed during the Food Insecurity Demonstration Project. The strategies selected by the community to address food insecurity for homeless people in the City of Yarra were; a subsidised Café Meals Program, Smart Food Market Bus, a Community Garden, input into local municipal public health plan and Food Insecurity Training sessions and resource development for workers. Documented food insecurity interventions both within Australia and internationally will be discussed, with a particular focus on those interventions trialed for people who experience homelessness.

## BACKGROUND

### **North Yarra Community Health (NYCH) Catchment and Demographics.**

The City of Yarra comprises 19.5 square kilometres of inner Melbourne immediately North-East of the central business district. It includes the suburbs of Abbotsford, Burnley, Clifton Hill, Collingwood, Fitzroy, North Carlton, North Fitzroy, Richmond and the southern portion of Alphington. The City of Yarra is in the top three of most population dense areas in Victoria, with a total population of 70,128 with an expected projected rise of 7.5% by 2021 (ABS 2002). Presently, Yarra has a young population, with nearly 40% of residents 20 to 34 years. However, 9.9% of the population are aged over 65 years (ABS 2002).

#### ***Yarra specific homelessness and 'at risk' populations.***

- Yarra has the highest proportion of public rental housing stock of any municipality in Victoria. 15% or 9000 people live in public housing.
- 55.6% of public housing units in Yarra are flats in high-rise blocks.
- Collingwood ranks number 1 in the state for percentage of suburb paying rent to the government.
- Yarra has higher numbers of single parents and single people than are found elsewhere in Northern Metropolitan Region (NMR). 34% of the population live alone. 44% of public housing units have one resident.
- A high proportion of people live in transient circumstances (apartments, public housing, rooming and boarding houses).

The high level of public housing means an extremely high concentration of people with high level of need for services and support. The number of people living alone and number of sole parents indicate a high risk of social isolation and social exclusion. Living alone is a central indicator for levels of social integration and being at risk of food insecurity.

## What is Food Insecurity?

For food security to exist it is vital that *'all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet dietary needs and food preferences for an active and healthy life'* (Canada's Action Plan for Food Security, 1998). Food security means that food intake is:

- Sufficient
- Nutritious
- Culturally and Socially Acceptable
- Reliable
- Safe
- Sustainable

Therefore **food insecurity** exists whenever the availability of nutritionally adequate, safe foods or the ability to acquire personally acceptable foods in socially acceptable ways is limited or uncertain (Campbell, 1991). In most populations at any given time, a proportion of people experience some degree of food insecurity. Whether it be not having enough food, only having access to food that is of poor quality or not knowing where the next meal is coming from. Food insecurity can lead to poor physical and mental health, particularly among disadvantaged groups such as the homeless population. Improving food security can therefore improve the health and well being of individuals, communities and entire populations.

Food insecurity may occur at an individual or community level. Factors which indicate risk of community food insecurity include (Wood 2001):

1. Absence of a source of free and clean drinking water in local outdoor areas.
2. No local food supply (within 2.5km or walking distance).
3. No car; inability to walk to the nearest food supply; inadequate public transport to the nearest food supply.
4. No real choice in local food outlets.
5. Limited choice of food in local outlets (food type, unit size, packaging, quality, cost).
6. Difficulty buying small amounts of each food required (1-2 servings).
7. Difficulty locating the food wanted inside the nearest food store (poor access and signs).
8. Absence of local food outlets that provide a choice of cheap cooked or prepared meals (not just snacks) and a community meeting place.
9. Addictive behaviour (prescription drugs, excessive alcohol use, hard drugs, gambling).

Wood highlights that the factors that affect food insecurity are the same all over the world, whether a person lives in rural Australia or in a Metropolitan City.

## Determinants of Health

Many of the factors influencing health, including food security, lie in the complex social, economic and physical environments in which people live, and therefore require a more social view of health. Medical care can prolong survival after some diseases, but the social and economic conditions that affect whether people become ill in the first place are more important for health gains in the population as a whole. Poor conditions lead to poorer health.

In the last two decades, primary research, literature reviews and various government reports have confirmed that socially patterned inequalities in health are common and increasing, both in Australia and overseas (Rychetnik & co, 2002). Economic inequality and social disadvantage gives rise to inequitable access to job opportunities, education, health care, housing and other essential services for individuals and communities in Victoria. This can both precipitate homelessness and compound its effects (VHS, 2002).

To address inequalities in health, such as food insecurity, requires more than simply trying to improve the health status of an individual or population. It requires working on relevant social, political and bureaucratic levels because factors that impact on choices made by an individual or population include state economies, social values and political priorities.

In 1998 the World Health Organisation and the International Centre for Health and Society published a 10-point plan to address the social determinants of health in key areas. These recommendations were based on available evidence from the **social model of health**, which is a conceptual framework that acknowledges that improvements in health and wellbeing are achieved by addressing the many social, cultural, environmental, biological, political and economic determinants of health.

### **Prevalence of Food Insecurity.**

Food insecurity exists in Australia, however the prevalence of food insecurity is difficult to ascertain. One study has reported about one in ten Victorian adults running out of food at some time during 1995, and did not have enough money to buy more (Australian Institute of Health and Welfare, 1995). Food insecurity has also been estimated by a single question on the 1995 National Nutrition Survey ("*In the last 12 months, were there any times that you ran out of food and couldn't afford to buy more?*"). Results from this survey suggest that 5% of the population over 16 years of age is at risk of food insecurity. This figure rose to 16% for adults paying rent or board compared with 2% for those who owned their own dwelling (McLennan 1998). These figures are likely to be conservative estimates, as the survey did not include homeless people and single, unemployed people were under represented (Booth 2001).

The above data collected is a useful indicator of food insecurity in Australia, however it only addresses one aspect of food insecurity -running out of food as a result of running out of money. There needs to be further measures to better measure food insecurity, including surveying those at highest risk of being food insecure, that is, the disadvantaged members of our community such as the homeless population. Other parameters that could be useful to collect data include asking questions about whether people live in circumstances that put them at risk of food insecurity; actual food intake; transport accessibility, distance to walk to the nearest shops, or whether people can purchase foods socially and culturally acceptable at those shops close to them.

### **Who is at risk of Food Insecurity?**

Population groups at risk of food insecurity in Australia include people living in remote areas, indigenous Australians, homeless people, injecting drug users, people with a low income, disabled and aged people, one person households, asylum seekers and migrants (Booth 2001). Eat Well Australia identified a number of population groups who are especially vulnerable to food insecurity due to structural and financial constraints, with the key aim being to improve food security among these vulnerable groups, including homeless people. The Victorian Food and Nutrition Policy Document identified homeless people (particularly youth, women, elderly) as one of the groups at greatest risk of food insecurity. However, people who are homeless may also fall into one or more of the other above mentioned categories, further exacerbating their experience of food insecurity.

A person who is **homeless** can be defined as someone who is '... without a conventional home and lacks the economic and social supports that a home normally affords. He or she is often cut off from the support of relatives and friends, has few independent resources and often has no immediate means and, some cases, little prospect of self-support.' (Council to Homeless Persons). Homelessness has been recognised as going beyond categorising someone as 'living on the streets' (Chamberlain, 1999). The homeless population also includes people who are in insecure housing or in housing lacking facilities such as kitchens or bathrooms or people relying on friends, family or crisis accommodation for temporary housing. One hundred and sixty thousand Victorians used night shelters in the last year, and 30,000 of the 40,000 homeless people in Victoria are children (Australian Broadcasting Commission, 1999).

Homeless people are at such risk of food insecurity because they usually have many barriers that are associated with food insecurity, such as limited resources and capacity to acquire food (financial, transport, knowledge and skills, storage and cooking facilities, time and mobility and social supports) and a poor local food supply, meaning limited locations and availability of food outlets, high prices, poor quality and the variety of food being limited.

### **Determinants of Food Insecurity.**

Food insecurity is multi-factorial in terms of its determinants. Refer to Appendix 1: Figure 1 Determinants of Food Security (Rychetnik & co, 2002) for an excellent overview.

### **Food Access and Food Supply**

*'If we value life, we need to make sure people have access to food. If we value health, we must make sure that people have access to healthy food.'* (Dowler, E &co. 2001.)

One important means of improving community food security is by improving food access within the community. **Food access** has been defined as *"access to quality food in local communities which is safe, affordable at competitive prices, culturally acceptable and nutritious, and provides the opportunity for healthy food choices. It is available within walking distance, or by readily available, frequent and affordable public transport"* (Wood 2001). People are considered at risk of poor food access when there is limited or no economic, physical, safe, culturally appropriate or secure access to food.

*Economic access* means that people must have enough money to buy appropriate food and access to affordable food prices. Research has shown that a low income is one of the principal barriers to adopting a healthy diet (Santich 1992). The major component of expenditure for many people on a low income is housing and bills. This may be followed by spending on personal costs including medication costs, clothing alcohol and cigarettes, with little remaining for food (Department of Health, 1996, Northeast 1992). *Physical accessibility* requires that people can physically obtain appropriate foods. This will depend on both the location of food outlets and the variety of foods available within these shops. The nearest food supply should be within walking distance (2.5km), or readily accessible by public transport (Wood 2001).

Access to food is about being able to make use of a local food supply. **Food Supply** refers to those aspects of the supply of food in a community that affect the food security of individuals, households or an entire population (Rychetnik & co, 2002). These aspects include location of food outlets, availability of stores, price, quality and variety of the food. And lastly how that food is promoted. Although it may be important to examine and modify national or state food supplies when promoting food security, for particular disadvantaged groups it is often most relevant to consider their local food supply.

A number of projects have been undertaken to increase understanding and improve local food access in Australia (Cox M.& Ballinger, M.1999, Reid R.1998) and overseas (NZNAFP,1999,). Some of these projects (Dowler &co,2001) have identified that food access issues need to be addressed as part of the mainstream national and regional level policy agenda in order to tackle poverty and social exclusion and reducing inequalities in health. Making this happen requires more recognition of the problem and its local manifestations, and better collaboration over solutions across government departments- and between central and local levels–than is taking place at the moment.

#### ***Yarra Specific Food Access and Food Supply Issues***

One of the concerns reported from focus groups carried out in public rental housing areas in Fitzroy, Collingwood and Richmond during 1999, was access to clean and cheap food (Wilson 2000). This report highlighted the need to assess food security in the City of Yarra to identify potential barriers contributing to food insecurity.

A Market Basket Survey (MBS) assessed the cost, availability and accessibility of food in the City of Yarra in 2002 (Hughes, A. & co., 2002). This report concluded a disparity in food cost and availability exists between different suburbs in the City of Yarra, contributing to food insecurity for those at most disadvantage. Results indicated;

- *Limited affordability /physical access within City of Yarra, with 13 out of 19 supermarkets surveyed unable to be included in the cost analysis due to poor availability of required foods.*
- *A disproportionate number of take away food shops, cafes, restaurants to supermarkets were found in clusters throughout the City of Yarra, with restaurants being most prevalent.*
- The average fortnightly cost of a healthy food basket for a family of 6 was \$397, and for a single person \$104. The cost of food is greater for a single person, however a single person spends a smaller proportion of their total income on food.

This data is particularly relevant to the City of Yarra in which a high proportion of single person households reside. With over 50% of the population of Yarra on an income of less than \$300 a week, this makes it extremely difficult to purchase the MBS food items to follow a healthy diet, even with access to healthy food items and good transport options.

## **Poverty**

Homeless populations usually have a limited income, cooking and storage facilities, among other factors, which limit the ability to purchase and safely consume food. Hence, food insecurity is closely related to poverty. **Poverty** in Australia can be both absolute and relative. *Absolute poverty* exists where income is inadequate to secure minimum amounts of food, clothing and shelter. Where as people living *in relative poverty* lack the 'resources to have the living conditions and amenities and participate in activities which are widely encouraged and approved in the society in which they live'. (Saunders, 1996).

Stating the obvious-living in poverty increases the risk of food insecurity. People in public housing/rooming houses pay a larger proportion of their income on rent, leaving less available for other expenses. A major concern for people on a low-income affecting food choice is cost. Healthy choices are both less available and more costly in areas of low socio-economic status (Northeast 1992, Santich 1992). This has been found to be especially evident for items from the meat, fruit and vegetables food groups. Areas of high socio-economic status had a greater range of fruit and vegetables available, and were more likely to stock lean meat.

People on a low income may develop shopping strategies to cope with the disproportionate cost of food, such as buying generic brand products and items on special (Santich 1992). While buying in bulk can reduce the cost of food, one study in Melbourne found this practice to be rare and attributed this to the lack of kitchen facilities, kitchen utensils and storage facilities of the client group (Croxford 1995). Research indicates that overall, low income families are good at budgeting but have too little money for all their basic needs (NZNAFP, 1999). In addition low income families have difficulties getting low price foods due to a lack of transport or enough money to buy in bulk, let alone having enough room to store large quantities of food.

All the above mentioned strategies may be useful for those who have accommodation, but for those people who are truly 'living on the street' food insecurity is not able to be addressed by any other means than accessing emergency relief food options.

### Yarra specific income and poverty figures.

There is sufficient data available that indicates an increased risk of food insecurity and reduced overall health status for over 40% of the population in the City of Yarra due to limited income.

- The City of Yarra has a large proportion of residents in the low income bracket.
- Thirty-nine percent of Yarra's population earn an income less than \$300 per week and are sufficiently disadvantaged, receiving a government allowance.
- The disadvantage rating for Yarra is 984 compared to Vic 1056.96  
(Note – the lower the rating the greater the level of disadvantage on IRSED index).
- 1/3 population in Yarra, 22,600 people, are HCC or Pension Card holders
- Collingwood has the highest level of social disadvantage in Yarra when considered in relation to the 'unequal in life indicators'.
- Collingwood is also amongst the most disadvantaged ratings for the municipality: from lowest (most disadvantages) to highest (least disadvantaged): Collingwood 44, Fitzroy 119, Abbotsford 199, Richmond 262, Clifton Hill 418 and Carlton North 537 (Department of Human Services 2000).

## Consequences of Food Insecurity.

Food insecurity is a significant factor in reducing health status and quality of life amongst many disadvantaged groups in Australia. There is a confirmed link between low socio-economic status and lower life expectancy at birth. Lifestyle behaviours for diseases reducing health status include tobacco, alcohol, poor nutrition, obesity and lack of physical activity.

Dietary factors have been identified as important risk factors for 56% of all deaths in Australia. In 1996, major diet-related risk factors contributing to the overall Australian burden of disease and injury included obesity (4.3%), inadequate fruit and vegetable consumption (2.7%) and high serum cholesterol (2.6%) (Mathers 1999). Populations with a high intake of fruit, vegetables and legumes have lower risks of coronary heart disease, stroke, several major cancers, and possibly hypertension, type 2 diabetes, cataracts and macular degeneration of the eye (NHMRC 2001; Baghurst 1999).

There is much research that shows a strong correlation between diet quality and socio-economic status (Dowler, 2001). A study on homeless people in Melbourne found that less than 10% of this population regularly consumed items from all the food groups, and that intake of fruit, vegetables and dairy products was particularly low (Northeast 1992). These findings suggest that people at risk of food insecurity are likely to have distorted nutrient intakes. This is supported by research in Australia and the United Kingdom showing that lower socio-economic status groups have a lower intake of micronutrients, fibre, fruits and vegetables (Smith 1993). This pattern of dietary intake is associated with adverse health effects in the long-term, and this group has been reported to suffer higher rates of diet-related diseases throughout life, including low birth weight, childhood and infant anaemia, lowered immunity from infectious diseases, dental caries, obesity, hypertension, type 2 diabetes, heart disease and stroke (Luder 1990).

Paradoxically, food insecurity may also be associated with higher rates of overweight and obesity (Townsend, 2001). If the food supply is unpredictable and/or of poor quality people may over consume cheap or free foods when available, thus increasing the risk of obesity (NZNAFP 1999, Booth 2001). There is some evidence that groups with a low socio-economic status in Australia are more overweight, but this finding has not been universal.

This data supports the strategies for the Yarra Food Insecurity Demonstration Project to trial a market bus, rooming house garden and café meals program. All these strategies aim to address issues of limited food access and supply, particularly providing a strategy for the homeless population 'living on the street' by providing the Café Meals Program as well as strategies for those in insecure housing by providing the market bus and rooming house garden strategies.

### ***Yarra Specific Diet and Health figures***

- The mortality rate in Yarra is around 30% above that of Victoria and as high as 60% above the best Melbourne Metropolitan rates. "The mortality rate appears to be getting worse despite the influx of a more affluent and professional population".(City of Yarra Discussion Summary)
- The male population in Yarra have the lowest life expectancy of all men in Victoria - 71.7 years. (The Victorian average is 76.1 yrs.) For females the life expectancy is 80.1 years, the 4<sup>th</sup> lowest in the state.
- Leading causes of death: 41% cardiovascular, 28% cancer, 31% other causes. Risk behaviours for these systemic diseases are tobacco, alcohol, poor nutrition, obesity and lack of physical exercise.
- There is an average 10 years of life lost due to premature death – the leading causes of premature death are 30% cardiovascular disease, 30% cancer and 10% injuries.
- Men are dying of diabetes in Collingwood at 6 times the rate of state average. Pneumonia and other respiratory disease causes of mortality amongst men in Yarra at more significant levels than elsewhere
- Breast cancer, diabetes (endocrine disease) and digestive system disease are major causes of death amongst women in Yarra.
- **Yarra also has the highest rate per capita alcohol consumption in the NMR.**
- **Yarra had 46.44 alcohol abuse and disease related admissions per 10,000 population in 2000 (37% above state average).**
- **the highest number of ambulance callouts (22.9%) for confirmed heroin related cases of all local government areas in Melbourne (Department of Human Services 2000).**

## **What is being done to Improve Food Security?**

An uncertainty exists around how to address food insecurity, partly because the concept of food insecurity is relatively new in policy and practice settings. In many places interventions aimed at improving food security are being implemented and evaluated for the first time. The Yarra Food Insecurity Demonstration Project is just one of many projects in Australia addressing food insecurity at a local level. The project workers are aware the project strategies can only address the issue on a local level for a small number of homeless people, but that this is part of an important process to improve food security in the City of Yarra.

As stated, food insecurity incorporates many broader social factors that influence people's access to food. Not only is food access an issue but outside factors such as cost of housing, transport, education, government policies and cultural /religious factors influencing food choices. There is an increasing awareness and understanding of the key factors that influence food insecurity. Developing innovative approaches and enhancing existing strategies to more effectively respond to food insecurity, which involves addressing social inequalities in health outcomes, will improve the health of all Australians as well as improving food security.

### **Internationally.**

International studies have shown that people from all income groups are healthier when people from low-income groups are also healthy (Raphael, 1998, Wilkinson, 1996, Loon, 1992). The key is for agencies, both government and non-government, to develop, implement, evaluate and disseminate programs that are effective and locally appropriate.

A review of 25 food projects that aimed to reduce health and social inequalities in the UK found that six elements were required to make food programs work. These were flexibility; community ownership where local people are regarded as equal partners in the project; patience; committed back up; training and support and access to funding that was long term and not only focused on innovation. (Rychetnik & co,2002).

It is useful to understand and be aware of the wide range of programs that have addressed food insecurity overseas, however it is beyond the scope of this review to describe these in detail. The following is a list of projects that can be referred to for further detail.

### **CANADA**

Canada's Action Plan for Food security  
Toronto's Food Policy Council  
The Hartford Food System

### **USA**

Community Food Security Assessment Toolkit  
From Land To Landfill: A systems Perspective

### **UK**

Sustain: The alliance for better food and farming  
Child Poverty Action Group: School Meals initiative

Other general initiatives occurring globally include: better monitoring, research and surveillance of food insecurity; advocacy; food policy and planning networks around food insecurity; government subsidies and incentive schemes; food education programs such as farmers markets; school Breakfast programs; community Garden programs; and food aid and subsidised meal programs. Refer to Appendix 2 for table summary of interventions.

The 'Food Security Options Paper.A planning framework and Menu option for policy and practice interventions.' DRAFT Form. NSW Centre for Public Health Nutrition, NSW Health Department. (Rychetnik & co,2002) provides an excellent overview and details about the many food insecurity interventions so refer to that report for further details.

## **Nationally.**

Food insecurity is becoming recognised as an important issue at national, state and local levels in Australia. At a national level, the issue of food security has been identified as a priority in the Eat Well Australia- Action for Public Health Nutrition document (SIGNAL, 2001). Eat Well Australia identified a number of population groups who are especially vulnerable to food insecurity due to structural and financial constraints, including homeless people. At a state level, the department of Human Services Nutrition Advisory Committee (NAC) have decided to focus attention on food insecurity and vulnerable groups.

Previous projects have identified some of the complex factors affecting food security. Examples of programs and activities that have addressed the issue of food insecurity for vulnerable groups in Australia and overseas are listed in Appendix 2. There are many more projects run by a wide variety of workers that could be classified as food insecurity projects.

Some of the projects listed in Appendix 2 have made suggestions to improve the success of food insecurity projects. The Penrith Food Project suggests that adequate feasibility assessment before the project commences, taking steps to create sustainability at the outset, using guidance from organisational and collaboration theory and planning and implementation, and regular formative evaluation are paramount in the success of such a project.

The Mt Druitt Food Project, NSW, identified key factors in Western Sydney that influence food security to be: low income, lack of public transport, expensive home delivery services, ease of access to take away foods, poor supply and quality of fruit and vegetables, and poor access to more nutritious staple foods. Other projects have also identified similar risk factors for food insecurity (Mt Druitt Food Project 2001).

A Café Meals Program has been trailed in the City of Port Phillip, Melbourne, 1997-8. The program noted several difficulties with setting up and running a Café Meals Program and the program was revised several times but did not succeed in obtaining secure ongoing funding after the 6month pilot phase.

There are many projects that have looked at setting up community gardens in a variety of settings including schools, public housing estates and utilising public space within the community. Of particular relevance to Yarra is the Collingwood College Kitchen Garden and Cultivating Communities, an organisation who create community gardens in a variety of settings. However, there are no documented reports about any programs setting up a community garden in a public rooming house, although they do exist. Some of the difficulties other programs have noted with setting up a community garden include maintaining interest and support as well as funding issues. 'Community gardens are informal entities and lack specific objectives against which to measure performance. This makes the estimation of progress difficult' (Australian Community Gardens Network, 2000).

The difficulties reported with previous programs have been taken into account when setting up the activities for the Yarra Food insecurity Demonstration Project, in the hope of setting up successful activities. However some of the issues highlighted are difficult to resolve, such as involving local government that is vital for planning and policy development around food security. While lastly some of the food insecurity projects were not sourced until well into the Yarra Food insecurity Demonstration Project, hence providing great insight but a little too late!

There is already increased awareness of food insecurity issues community workers in the City of Yarra, partnerships are developing and long term problems are beginning to be addressed to improve food security and access for those in need, largely due to the hard work, individual and organisational commitment and partnerships developed during the Yarra Food insecurity Demonstration Project.

## **Conclusion.**

The long-term prospect for a secure food future is often linked closely to the environment, whether this is social, economic or physical. Linked closely to food security is food sustainability. Lasting food security will lie in environmental or structural change. Capacity building, partnerships are crucial if we are to expand our vision of food insecurity beyond short-term goals of providing food. We need to think about developing skills, networks, alliances and securing future resources to improve food security long term.

To improve food security we must intervene to change those aspects of the environment that are promoting food insecurity. We cannot continue to simply deal with food insecurity after it appears, or keep urging individuals to change their attitudes and lifestyles, when the environment in which we live and work does not support people to have food security.

## References.

Australian Bureau of Statistics (2002).

Australian Bureau of Statistics (2000). Household Expenditure Survey, Australia: summary of results.

Australian Broadcasting Commission, (1999). 19<sup>th</sup> May. Channel 2.

Australian Community Gardens Network, (2000). About Community Gardens Report. sourced from website [www.magna.com.au/~pacedge/garden/](http://www.magna.com.au/~pacedge/garden/)

Australian Institute of Health and Welfare, (1995). A look at the population Survey Monitor. *Food and Nutrition Monitoring News*, Number 5.

Booth, S. and Smith, A. (2001). Food security and poverty in Australia Review Paper. *Australian Journal of Nutrition and Dietetics*; 58:3:150-156.

Baghurst P, Beaumont-Smith N, Baghursts K, Cox, D. (1999). The relationship between the consumption of fruit, vegetables and health status. Report to Department of Health and Aged Care and the Strategic Intergovernmental Nutrition Alliance.

Campbell,C. (1991). Food insecurity: a nutritional outcome or predictor variable? *Journal of Nutrition*; 121; 408-415

Chamberlain (1999). Counting the Homeless: Implications for Policy Development, Canberra, *Australian Bureau of Statistics*.

Council to Homeless Persons (1998). Overview of Homelessness, Fact Sheet 1.

Canada's Action Plan for Food Security: A Response to the world Food Summit, 1998.

City of Port Phillip (1997). Café Meals Program Evaluation Report. Unpublished.

City of Yarra Discussion Summary, (2000). "Unequal in Life", Jesuit Social Services, Unpublished.

Cox M, Ballinger, M,(1999). Darebin Food Insecurity Project Final Report.

Croxford, S. (1995). Shopping, cooking and spending habits of homeless and disadvantaged people in St Kilda, Melbourne. Inner South Community Health Service. Unpublished.

Darnton-Hill I, Ash, S. (1990). Food Sources of Homeless Men in Sydney; *Australian Journal of Nutrition and dietetics*; 47:1pp13-19

Dowler, E., Blair, A, Donkin, A, Rex, D, Grundy, C.(2001). Food Access Mapping Report for Sandwell Health Action Zone. The University of Warwick.

Dowler E. (1998) Food as a utility: ensuring food insecurity for all. *Consumer Policy review*; 80:162-8

Department of Health. (1996). Low Income, Food, Nutrition and Health: Strategies for Improvement. A report from the low income Project Team to the Nutrition Task Force. London, Department of Health.

Department of Human Services (1996). Healthy Eating, Healthy Victoria: A Lasting Investment, A Strategic Framework for the Implementation of the Victorian Food and Nutrition Policy.

NSW Health (2002). DRAFT Eat Well New South Wales: strategic directions for Public Health Nutrition 2002-2007. NSW Health Department.

Hollingworth P, (year). Low Income Earners and Food Proceedings of Australia's Food Conference- Towards the Next Century

Hughes, A., Kneed, A, Kukuljan, S. & Trupkovic, B. (2002). Health Food Access Basket Survey in the City of Yarra, 2002. North Yarra Community Health.

Loon, (1992). Social Class Differences in Infant Mortality in Sweden: A comparison with England and Wales. *British Medical Journal*, vol. 305, pg 687-91.

Luder, E, Ceyens-Okada E, Koren-Roth, Martinez-Weber C. (1990). Health and nutrition survey in a group of urban homeless adults. *Journal of American Dietetic Association*, 90:1387-1392.

Main D, Naughton G, (1992). Homeless Person Meals Project, City of Fitzroy.

## References.

- Mathers C, Vos T, Stevenson C. (1999). The burden of disease and injury in Australia. Australian Institute of Health and Welfare, Canberra.
- National Health and Medical Research Council. ( 2001). Dietary Guidelines for Australians. Draft.
- Nechwatal, M (2000). Pies for Collingwood. Ensuring access to quality and affordable food for residents in Collingwood.
- New Zealand Network Against Food Poverty (NZNAFP). (1999). Hidden Hunger-Food and Low Income in New Zealand. Wellington.
- McLennan, W Podgers A. (1998). National Nutrition Survey 1995: Selected Highlights Australia. Australian Bureau of Statistics and the Commonwealth Department of Health and Family Services. Canberra.
- Northeast F.A. (1992). Food Habits of the Homeless, Inner South Community Health Service, Prahran. Unpublished.
- Rychetnik, L., Webb, K, Story, L. & Katz, T., (2002). Food Security Options Paper. A planning framework and Menu of options for policy and practice interventions. DRAFT Form. NSW Centre for Public Health Nutrition, NSW Health Department.
- Raphael, D. (1998). Public Health Inequalities, *Canadian Journal of Public Health*, Nov-Dec. pg 89.
- Reid R; 1998, HACC Program Development and Access SRS/Rooming House Project Final report.
- Santich, B. (1992). The incompatibility of nutritional ideas with low incomes. *Food Australia* 44, (5), 230-234.
- “Social determinants of health: the solid facts”
- Saunders, P. (1996). Poverty and deprivation in Australia. In: *Australian Bureau of Statistics. Year Book Australia*. ABS Catalogue No 1301.0) Canberra: ABS
- SIGNAL, April 2001; Food Chain Issue No. 5
- Strategic Inter-Governmental Nutrition Alliance of the National Public Health Partnership (SIGNAL) (2001) Eat Well Australia: An agenda for Action for Public Health Nutrition 2000-2010. National Public Health Partnership.
- Smith, SE, Pyrch, T, Lizardi, AO. (1993). Participatory action research for health World Health Forum 14:319-324.
- Strategic Inter-Governmental Nutrition Alliance of the National Public Health Partnership (SIGNAL). (2000). Eat Well Australia. An Agenda for Action for Public Health Nutrition, Vulnerable Groups.
- Strategic Inter-Governmental Nutrition Alliance of the National Public Health Partnership (SIGNAL) (2001) Eat Well Australia: An agenda for Action for Public Health Nutrition 2000-2010. National Public Health Partnership.
- Townsend MS, Peerson J, Love B, Achterberg C, & Murphy SP, (2001). Food insecurity is positively related to overweight in women. *Journal of Nutrition*, 131 (6): 1738-45.
- Wilkinson, R.G. (1996). *Unhealthy Societies: The Afflictions of Inequality*, New York: Routledge.
- Wilkinson, R. & Marmot, M. (2000). ‘Social Determinants of Health: the solid facts’. WHO Regional Office for Europe.
- Wilson, K. (2000). *Our Community: A Report on the Community Profile and Health Status of the City of Yarra*. Health Issues Centre. Unpublished.
- World Health Organisation (1998) Wilkinson R & Marmot M (editors). *Social Determinants of Health: The Solid Facts*. WHO Europe, Denmark
- Wood, B. (2001). Food security for all: Building Better Communities. In: *FOODChain*, April 2001, 1-3.
- Wood B, Wattapanpaiboon N, Ross K, Kouris-Blazos A (2000) 1995 National Nutrition Survey: all persons 16 years of age and over - Food Security. Healthy Eating Healthy Living Program. Monash University, Victoria.
- Wilson, K (2000). A Draft Report on the Community Profile and Health Status of the City of Yarra; Health Issues Centre.

## **APPENDIX 1.**

### **Figure 1: Determinants of Food Security.**

Sourced from:

Rychetnik, L., Webb, K, Story, L. & Katz, T., (2002). Food Security Options Paper. A planning framework and Menu of options for policy and practice interventions. DRAFT Form. NSW Centre for Public Health Nutrition, NSW Health Department.

## APPENDIX 2.

### SUMMARY OF INTERVENTIONS

Table 1: Overview of Intervention options

<p><b>1 <u>Generic intervention strategies</u></b></p> <p>1.1 Food policy coalitions or councils</p> <p>1.2 Research monitoring and evaluation</p> <p>1.3 Advocacy for food security</p> <p>1.4 Government subsidies and incentive schemes</p> <p>1.5 Community development and grant schemes</p> <p>1.6 Harnessing applied technology</p>	
<p><b>2 <u>Interventions to improve food supply</u></b></p> <p>2.1 Food system education</p> <p>2.2 Food production</p> <ul style="list-style-type: none"> <li>● Growing local fruit and vegetables <ul style="list-style-type: none"> <li>- Home gardens</li> <li>- Community allotments</li> <li>- Community gardens</li> <li>- School gardens</li> <li>- Edible landscape</li> </ul> </li> <li>● Supporting local farming and agriculture</li> <li>● Designing foods (primary produce design)</li> </ul> <p>2.3 Food processing</p> <ul style="list-style-type: none"> <li>● Reformulate food products</li> <li>● Modify portions and packaging</li> </ul> <p>2.4 Food transport</p> <p>2.5 Food retail outlets</p> <ul style="list-style-type: none"> <li>● Location of supermarkets</li> <li>● In-store price, availability &amp; promotion</li> <li>● Improving convenience stores</li> <li>● Order from home &amp; home delivery</li> <li>● Rural &amp; remote store policies</li> </ul> <p>2.6 Prepared food outlets</p> <ul style="list-style-type: none"> <li>● Institutional food services</li> <li>● Catering companies</li> <li>● Clubs, restaurants and takeaways</li> </ul> <p>2.7 Food aid and subsidised meals</p> <ul style="list-style-type: none"> <li>● Soup kitchens</li> <li>● Emergency food parcels</li> <li>● Food banks</li> <li>● Subsidised meals</li> <li>● School meals</li> </ul>	<p><b>3 <u>Interventions to improve access to food</u></b></p> <p>3.1 Integrated services and referral systems</p> <p>3.2 Income support</p> <p>3.3 Transport to food suppliers</p> <p>3.4 Appropriate storage and kitchen facilities</p> <p style="text-align: center;"><b>3.5 Health education: food &amp; nutrition and life skills</b></p>

## APPENDIX F

### FEEDBACK FROM WORKSHOP PARTICIPANTS ON: VARIOUS RESOURCES.

Cheap& Free Meals Guide	Food without a Fuss pamphlet	Food for \$35/\$75 a week	HACC Nutrition Screening Tool.
<ul style="list-style-type: none"> <li>• Alterations made to some of the venue times, costs etc.</li> <li>• The social workers from NYCH offered to update the resource annually and provide input into finalising the present draft.</li> <li>• Updated annually</li> <li>• More information on the type of meal served</li> </ul>	<ul style="list-style-type: none"> <li>• Develop culturally appropriate food options.</li> <li>• Update annually</li> </ul>	<ul style="list-style-type: none"> <li>• Develop several varieties of these brochures;               <ul style="list-style-type: none"> <li>- Have 4 different shopping lists</li> <li>- Monthly meal plans</li> <li>- Recipe tips and guidance</li> </ul> </li> <li>• Include suggestions on where to shop, cheaper brands and stores</li> <li>• Increase variety of brochures</li> <li>• Have monthly/quarterly changes</li> <li>• Have a calander version- with different menus each month</li> </ul>	<ul style="list-style-type: none"> <li>• Too complicated to use</li> <li>• 'Unable to shop,prepare food'– could be broken down to identify reasons ie. Lack of knowledge, motivation, skills</li> <li>• No mention of intential weight loss, body image issues</li> </ul>

## APPENDIX G: STEERING COMMITTEE EVALUATION RESULTS

### 1. Response Rate

- 10/15 past and present members completed the questionnaire

#### Participants past & present who participated (total =10):

- Council x3
- Health agencies x 3
- External evaluation -1
- Welfare/Social Support agency -2
- Housing Support agency - 1

### 2. Steering Committee Communication

	Inadequate	Adequate	Excessive
<b>Attending Meetings</b>		9/10	1/10
<b>No. of Meetings</b>		10/10	
<b>Frequency of Meetings</b>		10/10	
<b>Monthly Report</b>		7/10	2/10
<b>E-mail</b>		10/10	
<b>Telephone</b>	1/10	9/10	

#### Comments:

- "Project Officer did an excellent job in this area"
- "Monthly reports and e-mails were excellent"
- "Good!!"

### 3. Steering Committee Processes

	Inadequate	Adequate	Excessive	Not answered
<b>Review Work plan</b>		10		
<b>Review Budget</b>	1	8		1 – not aware
<b>Receive project updates</b>		8	2	
<b>Co-opt members</b>	1	9		
<b>Co-opt client reps</b>	3	6		1-not aware
<b>Client feedback</b>	1	7		2 (1-not aware)
<b>Establish networks</b>		8	1	1
<b>Address sustainability</b>		8	1	1
<b>Address capacity building</b>		8	1	1
<b>Ensure project flexibility</b>		8	1	1
<b>Ensure project responsiveness</b>		9	1	
<b>Info sharing</b>		9	1	

#### Comments:

- Sustainability and capacity building to be addressed more fully in October
- Project has maintained its momentum and the commitment of participants – often these projects fall away, due to other pressures etc.
- The codes do not allow the excellent (rather than "excessive") category, which applies to this

## APPENDIX G: STEERING COMMITTEE EVALUATION RESULTS

### 4. Steering Committee enabling advocacy for food and nutrition issues

"Gave me a better understanding of other parts of community need – will help advocate for a broader program."

"Yes-rooming house residents have and will benefit from this project."

"Yes-the issues were well understood already by the committee members."

"Yes-both at community level and also at level of DHS, council, VicHealth etc."

"Yes"

"Yes. On both a strategic level and at a 'street' level".

"My membership at the steering committee has equipped me to politically advocate for and inform in the general community the objectives and long term strategic plans effectively."

"Yes, however, I do feel that perhaps in some areas the info etc wasn't relevant to our client group (eg. appropriate)."

"Yes –all the suggestions are taken on board."

No comment x 1

### 5. Influences on Steering Committee Attendance

	Yes	Somewhat	No	No response
<b>Project relevant</b>	9	1		
<b>Project not relevant</b>		1	9	
<b>Finding time was difficult</b>	1	6	2	1
<b>Inadequate notification</b>			9	1
<b>Unsuitable location</b>			9	1
<b>Day unsuitable</b>			8	2
<b>Time unsuitable</b>			8	2
<b>Catering encouraged attendance</b>	1	2	7	
<b>Catering discouraged attendance</b>			10	

#### Comments:

"Other competing priorities that come up at shorter notice."

"Due to demanding workload the commitment to the project has not been as good as it should have been."

"The project is very important to my organisation's target group."

"The importance of the issue and its relevance to health status in Yarra was a key influencing factor."

### 6. Committee Members Reflective of Diverse Range of Stakeholders

"Yes-broad range of opinion/comment. Very valuable."

"Yes-no other comment."

"Yes-traders and clients could have been included perhaps."

"Yes-or those present had links with other stakeholders."

"Need more strategic input at higher level in early meetings. This is now improving."

"No – it was a bit Fitzroy-centric."

"The minimum no. of members have effectively represented the organisations they are part of. The membership has thinned out naturally due to pressure of work and strategic thinking of organisation's core work re: food insecurity."

"I don't think the agencies within the City of Yarra attended enough meetings. There was always good representation from council." "Yes."

#### Suggestions:

"Traders & clients."

"No – any bigger would have been difficult to be functional."

"Traders, community organisers (non-welfare) eg. from Rotary, local industries/business people."

"Include PCP staff, other reps from Collingwood and Richmond agencies to ensure whole of City approach."

## APPENDIX G: STEERING COMMITTEE EVALUATION RESULTS

"Agencies that deal with families/youth. Other groups that have been formed to look at other issues such as Atherton Garden's group and Yarra Mental Health issues group. Working together etc no-one knows what the other group are doing."

"No further suggestion at present."

### 7. Is the person representing the organisation the best person to represent the organisation?

"Yes – one of."

"Yes-but in future – tenant participation worker could be involved."

"Perhaps the 'catering manager' should have come."

"Yes – broad knowledge of the organisation and community."

"Yes."

"I was one of the key people around developing and supporting the initial funding and providing advice around the broader, municipal public policy and strategic issues, links and initiatives."

"As an elected member of NYCH, I have been able to fill board members in when possible."

"Yes in my area, believe other areas could've been represented."

"Yes – I'm directly involved with those in the community that have nutritional and food needs."

"I am one of a number of relevant contacts in my organisation – however, I lack decision making power."

### 8. Benefits to organisations?

"Yes – broader knowledge of need and understanding – ongoing role in program."

"Benefit to residents."

"Yes – awareness of issues regarding nutrition, future options, of need, let to trial for parents and children lunches [at St Marys] on Wednesdays."

"Yes-links with other agencies and co-ordinating ideas and responses to food insecurity issues."

"Yes-information gathered."

"Provides evidence to inform future policy, planning and funding. Prompts service re-development discussion. Good resource guide for staff."

"Yes-able to inform board of management."

"Yes – greater access to information of what is available in the community and how to access it for the benefit of the community."

"Yes. Council needs more representation on steering committees that impact on health and well-being of the community. Info gathered re: food insecurity has been beneficial to Age and Disability [Dept]."

### 9. Dissemination from steering committee:

	No	Yes:	Verbal	Minutes	Monthly report	Other documents	Other
<b>To own organisation</b>		10	10	3	2	3	
<b>To other organisations</b>	4	6	3 (1-HACC forum, regional managers meetings)			1	1- briefing to Safe(?) Community Network Inc.
<b>To clients/community groups</b>	3	7	5			2-info about services	

### 10. Other Feedback

"Could have done more internally."

"Good work."

"Perhaps the project officer should have been more directive to steering committee regarding assistance for her and the committee value – adding to the project. However, this is only an observation from the meetings I attended."