



Yarra Healthy Weight Project

Community Research Report

An understanding of cultural influences on food choice, food access, physical activity and breastfeeding practices of communities living within the City of Yarra.

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Executive Summary

YARRA HEALTHY WEIGHT PROJECT

North Yarra Community Health (NYCH) was successful in obtaining an emerging issues grant from the City of Yarra (CoY) to increase our capacity to implement the healthy weight action plan devised by the Yarra Healthy Weight (YHW) Steering Committee. This report specifically outlines the findings of community research conducted to further explore and understand the cultural influences on food choice, food access, physical activity and breastfeeding practices within culturally and linguistically diverse communities (CALD) and refugee communities residing in the CoY.

METHODOLOGY

Focus groups were conducted with five communities; Vietnamese, Chinese, East Timorese, Somali and Sudanese. The target group comprised mainly of mothers with and without partners however a smaller sample of grandparents and fathers also participated.

AIM OF THE COMMUNITY RESEARCH

The community research aimed to;

- ❖ Increase the understanding of cultural influences (beliefs, attitudes and behaviours) on food choice, food habits, breastfeeding practices and food access issues.
- ❖ Enable worker training materials and health education sessions and resources to reflect cultural factors.
- ❖ Ensure action plan strategies reflect cultural factors and meet the needs of CALD and refugee communities involved in project activities.

CONCLUSION

Cultural and social influences on the contributing factors that impact on the increasing levels of childhood obesity need to be understood when targeting CALD and refugee communities.

Focus group participants are receptive to improving their knowledge of nutritious foods available in Australia and physical activity options. Improving budgeting and meal preparation skills is also of interest to the participants, many of whom feel pressured to access readily available takeaway options and purchase high calorie snacks for children in making the transition to experience westernized food.

The YHW project can be further enriched by consulting communities, bi-lingual workers and working collaboratively with settings that CALD and refugee communities' access and trust.

Project Background

In 2005 NYCH identified Healthy Weight as a health promotion priority and set up a health promotion working party. In February 2006 membership of the working group extended to include key agencies who have a focus in supporting and addressing the health issue. The CoY Emerging Issues Grant for 2007-08 increased our capacity to achieve the action plan strategies and allowed the implementation of this community research. The YHW steering committee serves as strategic organizational alliance that focuses on children, their families and the services that influence them.

The Yarra Healthy Weight Project (the project) is a multifaceted health promotion project that aims to increase the number of children aged 0 – 12 in Yarra who are of healthy weight. The program particularly focuses on children living in public housing.

The objectives of the project are:

1. To increase the knowledge and skills of staff and volunteers working with children aged 0 - 12 in Yarra regarding the promotion of healthy weight.
2. To disseminate information about ways to achieve healthy weight in children aged 0 -12 among children and families in Yarra.
3. To work with schools, child care providers and other relevant agencies in Yarra to identify and implement changes to environments, services and policies that will assist children to achieve healthy weight.

This project will offer the opportunity to develop sustainable outcomes via key action areas. These include workforce training and support for child service providers, sound education component for parents and carers, interactive educational sessions for children, and policy and resource development that reflects an appreciation of cultural influence and the role that food plays in people's lives.

A strong emphasis will be placed on enabling families to participate in making decisions and engage in activities (within supportive and familiar settings) that can have a positive impact on their lives.

The Community research aimed to conduct focus groups with 5 refugee and CALD communities to;

- ❖ Increase the understanding of cultural influences (beliefs, attitudes and behaviours) on food choice, food habits, breastfeeding practices and food access issues).
- ❖ To enable worker training materials and health education sessions and resources reflect cultural factors.
- ❖ To ensure strategies implemented reflect cultural factors and meet the needs of CALD and refugee communities involved in project activities.

Literature Review

Promoting Healthy Weight

The prevalence of Childhood obesity is increasing at an alarming rate in Australia. Current Victoria data indicate that 25% of children are overweight or obese and the prevalence of childhood obesity has trebled in the decade 1985-1995. Experts estimate that that by the year 2020 the percentage of overweight or obese young people in Australia will reach 65% (Magarey AM et al 2001).

Obese children are at risk of becoming obese adults (25-50%) and suffering from chronic diet related conditions such as high blood pressure, diabetes and a range of other health problems (gastrointestinal, orthopaedic, respiratory and psychological) which have all been identified in children as young as five years of age (NHMRC, 1997).

Many interacting genetic, cultural, environmental, economic, familial, individual and behavioural factors are known to contribute to the alarming rates of obesity (AIHW, 2005).

There are well known links between socio economic status and health status. Children from families of low socio-economic background are more likely to be overweight or obese than other children (AIHW, 2005)

Childhood obesity is identified as an issue of concern in the CoY Early Years plan (City of Yarra, 2005a, p64) and obesity, physical inactivity and poor nutrition are identified as “critical health and wellbeing issues” for Yarra in its Municipal Health Plan 2005 -2008 (City of Yarra, 2005b, p1).

Local data from Eat Well Today for Tomorrow (EWT-FT) Paediatric Needs Assessment conducted in 2001 indicates the prevalence of overweight and obesity amongst children in the CoY is possibly worse than the national average. The findings indicated that 30% of children aged 2-5 years in the CoY were overweight (Doljanin K, van Herwerden L, 2003).

In order to promote healthy weight stakeholders need to make it easy for people to eat healthy food and be physically active. Understanding and addressing families’ knowledge and behaviour in the environment that they live are of utmost importance.

Interventions that promote growth and development and prevent overweight in childhood include healthy eating, physical activity, breastfeeding and access to healthy food.

Healthy Eating

Childhood obesity is associated with increased energy intakes (Magarey AM et al 2001). This is due to the increased availability and marketing of high calorie snacks and fluids, takeaway and decreased intakes of fruit and vegetables (AIHW, 2005).

The local needs assessment conducted in 2001 found that:

- 15% of children aged 1-5 years ate high fat, high sugar snacks on a daily basis.
- The majority of children aged 1-5 years were eating significantly less fruit and vegetables than the national recommendation.
- Sweet fluids were introduced to 37% of infants as early as 3-6 months and most children aged 1-5 yrs were drinking 1-2 cups of sweet fluids per day. (Doljanin K, van Herwerden L, 2003).

Food Access

Healthy eating and regular access to nutritionally adequate, culturally acceptable, safe food is influenced by many individual and broader economic, social and environmental factors. Income, education, cooking ability, culture, disability, globalisation, food production, transport policies, and taxes levied on foods (affecting availability, quality and price of food) may all influence food choice.

Food Security is defined as “access by all people at all times to enough food for active, healthy life. At a minimum this would include having acceptable, nutritionally adequate and safe foods available and the ability to acquire food in socially acceptable ways without resorting to emergency food supplies or coping strategies” (Vic Health 2003).

Improving food security can promote healthy weight. Dr Cate Burns, in her review of the link between poverty, food insecurity and obesity, found that national data indicates that obesity is 20-40% higher in those communities who experience food insecurity. The literature suggests a need to develop interventions that do not just focus on education but also on “food policy, food and physical activity environments to improve the availability of cheap, healthy food, opportunities for exercise and encourage societal change” (Burns, 2004)

Physical Activity

The current Australian Physical Activity Guidelines for 5-12 year olds recommend that this age group participates in at least one hour of moderate to vigorous physical activity everyday. In relation to sedentary behaviour the recommendation is no more than two hours per day. This includes watching television, playing computer games and using the internet (Department of Health and Ageing 2004).

The 2004-2005 National Health Survey showed that an average of 20 hours over a school fortnight was spent watching television, videos, DVD's and an average of 8 hours playing electronic games or computer games (ABS 2006). Locally the EWT-FT Paediatric Needs Assessment found that 36% of children aged 2-5 years in the CoY watch more than two hours of television per day.

Breastfeeding

The health and social benefits of breastfeeding for both the infant and mother are well known. Breastfeeding is listed as one of the Dietary Guidelines for children and adolescents where it recommends exclusive breastfeeding for the first 6 months of life and encouragement to continue for twelve months or more as mother and infant desire. Breastfeeding has a positive impact on the growth, development and health of an infant.

Methodology

(1) Focus groups were used to explore the views and experiences of community groups. They were chosen as the best method to obtain rich qualitative information based on personal thoughts, beliefs, attitudes and knowledge. A total of 66 participants from the following 5 communities took part in the focus groups;

- ❖ Vietnamese
- ❖ Chinese
- ❖ Somali
- ❖ Sudanese
- ❖ East Timorese

The five target groups chosen to reflect the culturally diverse community profile of Yarra. 29% of Yarra residents were born overseas. This is partly due to the fact that the municipality has the highest proportion of public housing residents in Victoria – 11.4% of the total population (NMRPU, 1999).

The three major public housing estates in Yarra house high numbers of people from CALD backgrounds; Collingwood 31%, Fitzroy 52% and Richmond 65%.

Yarra's largest overseas-born populations are from Vietnam and China. Newly arrived and emerging communities from the Horn of Africa (Somalia and Sudan) have recently joined the large East Timorese community who came to Melbourne more than a decade ago (CoY, 2006).

(2) Focus groups were recruited from the following settings/groups;

- ❖ ESL classes at Carlton Learning Neighbourhood House, NMIT Collingwood, Belgium Avenue Neighbourhood House and Fitzroy Learning Network.
- ❖ African Women's Group
- ❖ North Richmond Vietnamese Mothers Group
- ❖ Fitzroy Vietnamese Mothers Group

Unfortunately the community consultation timeframe was insufficient to recruit a larger number of fathers and grandparents.

(3) Professional interpreters and bi-lingual group facilitators were used for translation. ESL teachers assisted conducting the focus groups, notes were taken during each focus group and some sessions were taped.

(4) Community Market Vouchers (for Fitzroy and Collingwood high rise estate community markets) and supermarket vouchers were given to participants as a token of appreciation for their involvement in the focus group.

Summary of Key Findings

Vietnamese Community

Demographics

84% of the women who participated live in Fitzroy or Richmond public housing estates. The others live in Carlton, Northcote and Thomastown but study or attend support groups in Fitzroy.

Age of children: between 3-14 years.

Age of women: 28-63 years

Years living in Australia: 7-16 years

Language Spoken: Vietnamese

Food Choice/Food Habits

- ❖ Cultural foods include; rice, rice noodles, fish, meat, chicken, prawns, vegetables (Asian greens, carrot, pumpkin and broccoli), sticky rice. Since living in Australia a few mothers reported pasta and other Italian meals have been popular meal items in their diet.
- ❖ Family Mealtime: Dinner is usually the only meal consumed together. Breakfast time is too hectic and at lunch the children are at pre-school or school. In Vietnam breakfast is eaten out, lunch is eaten together and dinner varies.
- ❖ Women are responsible for shopping and meal preparation.
- ❖ Fruit and vegetable intake could be improved but overall children eat more fruit than vegetables.

“Mixed dishes- the kids pick out the vegetables and only eat the meat”

- ❖ Children like high calorie snacks such as potato chips, roll ups, chocolate bars and takeaway such as McDonalds and KFC but mothers are aware they need to set limits on the frequency of consumption, once or twice a week considered to be “okay”.

“The children like the taste of these foods...twice a week, just a small amount is okay”

- ❖ Definition of everyday drinks: water, milk, fruit juice, fruit drinks and homemade lemon and lime juice cordial.
- ❖ Muesli bars and Yakult are everyday lunchbox items.
- ❖ Takeaway pizza is a weekly takeaway for some families and these families only bought takeaway because they are unfamiliar about how to make

homemade pizzas. Some women believe soft drinks such as cola “is okay when having takeaway, especially pizza.

“We have takeaway when we want to change the meal... that is why we have takeaway. We don’t know how to make the pizza that is why we go to the fast food shop”.

“The kids eat both Vietnamese and Australian Food such as KFC...when we are out and I have no time to cook we have Australian food.”

Food Access

- ❖ Families living in Richmond do not have any problems accessing cultural foods. Families in Fitzroy travel to Footscray by public transport or Richmond to access cultural foods at an affordable price.
- ❖ Fitzroy families are aware of the Community markets on the Collingwood and Atherton Gardens estate however stated that they rarely use the markets as there is limited variety (lack of Asian vegetables) and the opening times clash with school lunchtime.

“When they first started the prices were very high, then they consulted the community and the prices are better now... they don’t have everything so sometimes I end up going to Safeway.”

“The community market is only open between 1 and 3pm so if open earlier I could buy from them, then cook the food and take it to the kids (Sacred Heart Primary School parent).”

- ❖ Most mothers prepare lunch and drop it off to their children at school. Hot meals (rice/noodle dishes with vegetable and meat/chicken/pork/fish) are common. These families do not have any issues in budgeting for fresh produce which they purchase from Victoria Street or Footscray Market. Vic market (for fresh fish) and Safeway Fitzroy are other shopping venues but they tend to be more expensive.
- ❖ Meal planning and budgeting for food is challenging for some, especially when the children put pressure on the parents to purchase westernized packaged foods.

“Sometimes the children can not decide whether they want Asian meals or Australian meals... they can eat both cuisines depending on their mood and the weather... if the kids are tired after school and don’t want to eat dinner they will then want snacks such as chips and chocolate which is not good for them and more expensive!”

“Cheap vegetable market in Richmond on every Saturday morning I go there... apples are only \$3.00 a box.”

Breastfeeding Practices

- ❖ Women understand the benefits of breastfeeding and culturally it is considered very important. All women present had breastfed their child/children and culturally the norm is up to 2 years.
- ❖ The group was particularly concerned about young mums not breastfeeding because of body image issues.

“The young Vietnamese girls are too worried about the shape of their breasts changing.”

“Breastmilk is good for mum and baby”

“Special bond between mum and baby”

“Breastmilk has antibodies...”

“It is the best first food for babies...”

“In our culture it is highly regarded, in Vietnam it helps from an economic point of view, no money to buy formula or sometimes it is not available...”

Physical Activity

- ❖ The women understand the importance of PA and feel that school and after school care are the most ideal settings for their children to be involved in sporting activities. Only one parent accessed an external sporting club.
- ❖ Common barriers to being involved in sports outside of school include; lack of transport and affordability. Two grandmothers spoke of their fear of letting children access the playground on the estate in which they live.
- ❖ One lady said her son had no time for physical activity on the weekend because he attend Vietnamese school. She was however happy for her son to play sport offered at school.
- ❖ No gender barriers to participation in physical activity were identified.

“If the children are running around it means that they are well...”

“Helps them not to get too fat”...

“I’m not happy if the kids just sit in front of the television....”

Information about healthy foods and physical activity

- ❖ They currently receive information about healthy foods from grandparents, television, word of mouth, school and the maternal and child health nurse. One lady said her local doctor provides this info, some others disagreed.

“The doctor only gives information when my child is sick!”

“The class gets an award if there is no junk food in the lunchbox, it is a competition between classes...”

“at home my boy never ate vegetables, now he does, because he listens to the teacher...”

- ❖ Mothers are interested in attending parent information sessions if held during the day in the school setting. They were interested in translated material and visuals such as lunch box display, sweet fluid poster, sweet fluid demonstration and video/DVD.
- ❖ All the women encouraged that the project recommendations include the promotion of healthy eating and PA messages via local Vietnamese radio and translated information in the newsletter. It is important to clarify messages as illustrated by one comment:

“On the TV there is a message about eating 2 fruit and 5 green vegetables everyday...my child doesn't eat 5 green vegetables everyday...”

“We will learn because we are interested”

East Timorese Community

Demographics

All participants live in public housing in Richmond.

Number of children in each family: 1-10

Age of participants (both male and female): 40-82 years

Years living in Australia: 10-26 years (average 13 years)

Language/s spoken: Hakka and Tetum

Food Choice/Food Habits

- ❖ Traditional breakfast consists of sweet potato, banana, milk and a bread bun. Sweet and condensed milk is used in East Timor, as access to dairy is very limited. Main meal items include; rice, bread, vegetables (potato, yam, corn, baby pumpkin and cassava), fish and bean soup. A traditional vegetable is calau, red in colour and steamed in chili and garlic, it is high in iron and stir-fried. Chilli, garlic, and coconut milk are popular condiments.
- ❖ Overall children of participants ate some fruit and vegetables everyday but a limited variety was consumed and intake could be improved.

“My child eats more fruit than vegetables, maybe 1-2 vegetables per day.”

“My child only eats green vegetables.”

- ❖ Parents do not bring lunch to their children at school. Variety of lunchboxes could be improved. Some parents spoke of daily lunchbox items being “Aussie sandwiches” with spreads such as jam, honey and nutella.
- ❖ Parents are unfamiliar with how to address fussy eating.
- ❖ Definition of everyday drinks; water, milk, fruit juice/fruit drinks and flavoured milk.
- ❖ Definition of Australian foods; cornflakes, milk, ice cream, yoghurt and McDonalds.
- ❖ Children like high calorie snacks and takeaway but parents and grandparents acknowledged that they should not be eating these foods everyday. Setting limits poses a challenge and this group considered many high sugar processed foods available in the supermarket as everyday foods.

“Junk food; children like it because it tastes nice... I like it too but we only have it when we go out and I can't be bothered cooking... we go to McDonalds...”

- ❖ In Timor, the mother does most of the cooking, sometimes there is a few generations living together, elderly grandma does “very little”. In Australia men help with shopping and occasionally cook. In Timor women do all the cooking and men will often decide what should be cooked.

“Meal are eaten as a family back home, in Australia people too busy kids come home at all different times...”

Food Access

- ❖ Access to local produce is not an issue. Most participants felt they could afford most things they want to buy however budgeting for food still poses a challenge for others.

“We get money every fortnight...”

“Food easy to get in Australia but having enough money can sometimes be difficult..”

- ❖ Many participants access Citizen Park Market which is open every Saturday morning.

“ It is cheaper than the supermarket....”

Breastfeeding Practices

- ❖ 100% of the women believe breastfeeding is important.

“Baby more strong, mother gets skinny”

- ❖ Length of breastfeeding within the group ranged from 3 months to 3 years.

“After 6 months breast milk is no good..”

“In Australia we have everything so we don’t need to breastfeed for 2 years, back at home we had no money so we had to breastfeed...”

- ❖ In East Timor women generally breastfeed for 6 months to 2 years, depending on the mother and what other food is available.

Physical Activity

- ❖ Physical activity is considered important for children everyday. Soccer running, swimming are common activities. Most children engage in

- physical activity provided by the school or in after school settings. Small children watch cartoons and jump on the bed.
- ❖ Parents are happy with kids playing sport after school if it does not take up too much time.

“Only one hour after school so it is okay...”

- ❖ No gender barrier identified.

“Girls and boys... if they like it they can do it! No difference like the African community. In Timor girls do more household duties than... very little sport.”

Information about healthy foods and physical activity

- ❖ Participants rely on neighbouring North Richmond Community Health Centre or Belgium Avenue Neighbourhood house for health information.

“GP and dietitian give me information on healthy eating.”

- ❖ Participants would like to receive health education sessions by health professionals, visual presentations and translated material.

Sudanese Community

Demographics

Women who participated live in public housing in Collingwood, Fitzroy, Richmond and Carlton.

Age of children: between 6 months to 10 years.

Age of women: 19-62 years

Years living in Australia: 2 months - 2 years

Language/s Spoken: Arabic and Dinka

Food Choice/Food Habits

- ❖ Cultural diet is high in meat, fat and sugar. Frying is a common cooking method. Staple foods include millet, sorghum and maize, cassava, potatoes and okra.
- ❖ Breakfast is often skipped.
- ❖ Very large intake of sweet fluids.
- ❖ McDonalds and takeaway consumed daily.
- ❖ Little knowledge regarding healthy lunchboxes and general nutrition messages.
- ❖ Inadequate consumption of fruit and vegetables.
- ❖ Unfamiliar with many fruit and vegetables available in Australia.
- ❖ Definition of Australian food; seafood, prawns, salad, fish and chips, sausages, cake, potato chips.
- ❖ Everyday drinks include soft drink, fruit juice, milk and smaller amounts of water. Water from the tap considered unsafe by a few of the mothers.

"Maybe they might not be good everyday but children like them and they are easy to get."

Food Access

- ❖ Meat is very affordable in Australia so remains a staple in their diet. Poor intake of fruit and vegetables due to unfamiliarity and cost.
- ❖ Unaware of community markets.

Breastfeeding

- ❖ All participants supportive of breastfeeding and know the benefits of breastfeeding.
- ❖ Cultural norm is to breastfeed for up to 2 years.

Physical Activity

- ❖ Considered very important.
- ❖ Children enjoy skipping, football at school, the estate playground and activities at playgroup.
- ❖ Some new arrivals are unsure of their surrounding and feel unsafe to access public playgrounds. This group prefers children to play indoors.
- ❖ Affordability and transport are barriers in accessing sporting clubs/activities.

Information on healthy eating and physical activities

- ❖ Currently obtain information from friends and relatives already living in Australia and the television.
- ❖ Preferred means of obtaining information is via “in person” health education sessions with translated materials and visual resources.

Somali Community

Demographics

Women who participated live in public housing in Carlton.

Age of children: between 2 to 15 years.

Age of women: 23-38 years

Years living in Australia: 1-14 years

Language/s Spoken: Arabic and Somali

Food Choice/Food Habits

- ❖ Important to continue to have cultural foods: malawa (pancake), ambola (red bean, rice and sugar dish) angera (pancake) and sambosa (curry puffs).

“That is what we are used to....”

- ❖ Diet is rich in meat. Frying is the most common method of cooking.
- ❖ Religion influences dietary practices. Halal foods are of plant origin and some of animal origin only if they conform to the religious method of slaughtering. Haram foods are “forbidden foods” including pork and foods containing pork and blood and animals not slaughtered in the correct way. Alcohol is also a haram food.
- ❖ Common for whole family to eat from a tray with their fingers. Not many women do this at home because the children as they get older they say ***“mum this is no good!”***
- ❖ Eating the meal together is very important.
- ❖ Back home the women do all the shopping, cooking and meal planning. In Australia this is changing some men will help out with the shopping because in most cases the wife cannot drive and is busy with the children and/or cannot speak English.
- ❖ Intake of fruit and vegetables amongst the group varied but overall does not comply with Australian dietary recommendations. This is influenced by how many years the families have been living in Australia.
- ❖ Kids ask for high calorie snacks everyday. Mums find it difficult to limit these foods. Home made cakes are no longer as popular as “westernized snacks”.

“If we don’t buy the food the children will think we don’t love them....”

“My kids eat fruit 3-4 times per day because I eat this much and tell them they have too, they see me so they have it ... I don’t eat many vegetables so my children don’t....”

“Kids ask for McDonalds all the time, they see it on the TV..”

- ❖ Mums acknowledged that it is ***“not good”*** to give the children takeaway foods everyday.
- ❖ Everyday Drinks: water, milk, Ribena and fruit juice. Older children drink cups of “very” sweet tea.

Food Access

- ❖ All live in Carlton so no knowledge of community markets, eager to find out about them and asked why there has yet to be one set up in Carlton.

Breastfeeding

- ❖ Considered extremely important... for health of mother and baby

“Right of the baby.”

- ❖ Cultural norm is to breastfeed for up to 2 years.
- ❖ All women aware of the benefits of breastfeeding. Had attended health education sessions.

Physical Activity

- ❖ All agreed PA it is very important for health.
- ❖ Younger children like to run, jump and swim.
- ❖ Transport is a barrier in accessing external sporting activities.
- ❖ A couple of mothers felt their children were too tired after school so extra PA not necessary.
- ❖ Gender barrier: Sport for girls that is allowed is basketball, netball, volleyball and aerobics. A female coach is required and the activity needs to be indoors. Boys are encouraged to play soccer.

Information on healthy eating and physical activity

- ❖ Current information is obtained from health education sessions provided in various settings and the television.
- ❖ Most preferred means of obtaining information is via visual education material (posters, video/DVD), and “in person” education.

“Those who can’t read throw it away written material even if in our language...”

“We are a verbal community....”

Chinese Community

Demographics

Women who participated live in public housing in North Fitzroy, Richmond and Carlton.

Age of children: between 6 months to 10 years.

Age of women: 28-30 years, 2 single mothers.

Years living in Australia: 3 - 11 years.

Language/s Spoken: Chinese (Mandarin dialect) and Cantonese.

Food Choice/Food Habits

- ❖ Common foods include rice, noodles, pork, fish, vegetables
- ❖ Mother does most of the food preparation.

“Husband is number one, wife is number 2...”

- ❖ Family meal time is very important.
- ❖ Fussy eating an issue in younger children.
- ❖ Limited exposure to healthy foods available in Australia.
- ❖ Overall children are not eating fruit and vegetables everyday.
- ❖ Limited knowledge on healthy lunch box ideas.
- ❖ Definition of Australian food; McDonalds and sandwiches.
- ❖ Parents find it very difficult to limit high calorie snacks.

“The kids like the taste of sweet foods.”

“The school canteen should teach kids to eat healthy foods...the food is no good... I tell my 11 year old son to eat vegetables but he doesn’t...he eats when I get angry and tell him to eat them... when I turn around he stops eating... He likes chocolate, chips and all the Australian foods such as McDonalds... I put juice, bacon sandwich and home made cake in his lunchbox... he tells me to buy lollies and chocolate too!”

Food Access

- ❖ Accessing fresh produce is not an issue. Asian groceries, Citizens Park Market, Coles/Safeway supermarkets are the food outlets frequently used.

Breastfeeding

- ❖ Considered to be extremely Important and knowledge of the benefits well known.
- ❖ Duration of breastfeeding is 6 months to 1 ½ years in China. People living in the country will usually feed longer than city people who are generally more educated and may go to work.

“I stopped at 12 months because I had problems with my breast otherwise I would have given my baby my milk until she was 2 years.”

Physical Activity

- ❖ Participants aware of the benefits of physical activity.
- ❖ The school setting is considered the best venue to promote physical activity and provide sporting opportunities.
- ❖ Elderly grandparents looking after the children rarely take the children out to play, find it too challenging to look after the children in outdoor areas. These children usually limited to indoor play.
- ❖ Some mothers of young children said they were too busy with the cooking and cleaning to take their child out to play everyday.
- ❖ Mothers including single mothers very much rely on the settings they access (playgroup, pre-school) to provide the opportunity for active play.

Information on healthy eating and physical activity

- ❖ Currently receive information from the television, Chinese print media and the school newsletter.
- ❖ Interested in information sessions at the settings they access; school, pre-school, playgroup.
- ❖ Interested in translated materials.

Discussion of Key Findings

Food Choice

The focus group discussions provided valuable insight into the current childhood nutrition issues faced by CALD and refugee communities and the cultural, social and environmental influences on food choice and food habits.

Janet Williams-Smith, Manager of the Napier Street Resource Centre and a YHW committee member, paints a picture with her insight:

“Many families from emerging communities in this area have come through trauma and deprivation and their relationships with food are very complex. Often children have been deprived of food for sustained periods and sugar in milk for example might be the only thing that has kept them alive so attempting to impact on early feeding habits requires very careful and insightful interventions that are based on real understanding of the issues for some of these families.

The novelty and accessibility of fast food and “cheap calories” in this cultural system can be overwhelming to newly arrived families and this early settlement time spent here is also a habit forming time for children. What children do between the ages of around 18 months and 3 years is ‘hard wiring’ brain activity development (Shorokoff et al 2006). Their experiences in the time will inform their behaviours in the future so not only is there a physical growth implication in adult life but a behavioural and psychological implication on how they feed themselves and future generations.”

Eating meals together and family meal environment are considered important by all the communities. However, as children are becoming older the traditional meal time environment as described by Somali mothers had changed, with children rejecting the traditional practice of eating with the fingers.

In all of the cultures it is common for mothers to be responsible for the food shopping and preparation of meals. The Somali and Sudanese women reported that in Australia this is changing some men helping out with the shopping especially if they don’t drive, are busy with the children and/or cannot speak English. In Timor, the mother does most of the cooking, sometimes there is a few generations living together, elderly grandma does “very little”. Australian/Timorese men help with shopping and occasionally cook. In Timor women do all the cooking and men will often decide what should be cooked.

The Good Food for New Arrivals Project in Western Australia (Good Food For New Arrivals, 2004) has acknowledged that for many new arrivals the lunch box concept is a new one. Many traditional foods do not suit the packed lunch box and there is little knowledge of what a nutritious lunch box should contain. On a local level, recent community research was conducted to explore family attitudes

to healthy lunchboxes. (Christmas, 2006). This research also found that many CALD and refugee families had very little knowledge of healthy lunchbox food items. High calorie snacks, sweet fluids and repetitive non nutritious sandwich fillings were observed on a daily basis by pre-school teachers.

All five communities had poor knowledge of what constitutes a healthy snack and found packing the lunchbox quite challenging. Pressure from children compounds this challenge. Some parents spoke of daily lunchbox items being “Aussie sandwiches” with spreads such as jam, honey and nutella.

All those involved in the focus groups agreed that their children were not consuming enough fruit and vegetables. The transition to western food has resulted in many children consuming high calorie snacks and takeaway foods on a regular basis. Children like high calorie snacks and takeaways and many parents and grandparents acknowledged that they should not be eating these foods everyday. Setting limits poses a challenge for many parents who are unaware of positive strategies to reinforce healthy eating or don't have the knowledge of healthier alternatives. Some families believe that takeaway and the readily available high calorie snacks are part of Australian culture and hence suitable for regular consumption.

The Vietnamese women expressed some reliance on takeaway food when they felt the children needed a change from their traditional meals. Many do not know how to prepare home made pizza or hamburgers and hence purchase these foods from the large chains.

Meal planning and budgeting for food is challenging for some, especially when the children put pressure on the parents to purchase westernised packaged foods. Parents report that children decide between traditional and “Australian” meals based on their mood.

The Somali and Sudanese mothers find it difficult to say “no” to their children when they ask for takeaway or high calorie treats. These women have come from “poor” backgrounds and to have access to money to buy such foods is considered a sign of wealth. Many women did not want to deprive their children of this luxury and feel that children would perceive being refused these foods as a lack of parental love.

The negative impact of television advertising is certainly not isolated to Australian families, as revealed by the comment “*kids ask for McDonalds all the time, they see it on the TV*”.

The consumption of sweet fluids is an issue for all five communities. When asked to name the fluids children should be drinking everyday, fruit juice, Ribena, flavoured milk and cordials were named as well as water and milk. Soft drinks were not mentioned. However, many of the women reported that their children do like it and ask for it regularly. NYCH dietitian and other children's services

providers on the YHW committee have observed the over consumption of sweet fluids among both young and older children in each of the five communities, and particularly in the Somali and Sudanese (new arrival) communities.

Food Access

People from CALD backgrounds and newly arrived refugees have been identified as population groups that are particularly vulnerable to food insecurity (VicHealth, 2003). Some of the reasons identified include limited access to culturally appropriate food, limited income for food and poor knowledge of where to access nutritious Australian produce.

Accessing cultural foods and food in general was more of an issue for some than others. It is however appropriate to conclude that addressing local food access issues needs to be high on the agenda of local government policy makers.

The Chinese, Vietnamese and East Timorese communities were very resourceful in accessing fresh produce which is very much part of their culture. Those living in Richmond accessed Citizen's Park Market on a Saturday morning and Victoria Street which houses many affordable, culturally appropriate food outlets. Those living in Collingwood and Fitzroy accessed Victoria Street Outlets, Queen Vic Market and travelled to Footscray market by public transport to obtain fresh affordable produce. These communities acknowledged that they would not be able to afford fresh produce from local supermarkets as it is too expensive. Some of the people living in Fitzroy and Collingwood were aware of the community markets but many did not utilize them because there is limited variety (lack of Asian vegetables) and the opening times clash with school lunchtime.

The Somali and Sudanese community acknowledged that their main staple meat is very affordable in Australia and is eaten daily. This group displayed poor knowledge of where to access fresh fruit and vegetables and were unfamiliar with many varieties available in Australia. They also considered these foods to be very expensive. Those living in Carlton had no knowledge of community markets, were eager to find out about them and asked why they has yet to be one set up in Carlton. A couple of the women living in Collingwood had just recently been introduced to the community market and found it affordable.

Bi-lingual workers and ESL teachers involved in the focus groups were not aware of the community markets, suggesting a need to further promote them.

Breastfeeding

A majority of the women who answered the breastfeeding questions understood the benefits of breastfeeding for both mother and baby and culturally considered very important.

This is supported by a study Lin Li et al (2003) which looked at Chinese-Australian (Mandarin speaking) mothers' knowledge and attitudes towards breastfeeding. Most of the mothers (90.9%) indicated that they supported breastfeeding for all infants and most had some knowledge about the benefits of breastfeeding. In this study the main reasons that mothers thought women stop breastfeeding were not having enough breast milk and going back to work or study. Also a higher family income resulted in a lower preference toward breastfeeding.

Chinese focus group participants reported the duration of breastfeeding is 6 months to 1½ years in China. People living in the country will usually feed longer than city people who are generally more educated and may go to work. They felt this was also the current norm in Australia.

In Vietnamese and Timorese communities the cultural norm is to breastfeed for 2 years. Women from these communities made some interesting comments about how this cultural norm is changing for some women. A few Vietnamese mothers were seeing young Vietnamese mothers breastfeeding for a short time only or choosing not to breastfeed as a result of body image issues and concerns of changes in body shape.

Some of the East Timorese women felt the need to breastfeed may not be as important now that they are living in Australia because *"in Australia we have everything so we don't need to breastfeed for 2 years, back at home we had no money so we had to breastfeed."* This may partly explain the decreasing rates of breastfeeding noted on the high rise estates in the CoY.

Women from Somalia and Sudan felt strongly about continuing their traditional custom of breastfeeding children until 2 years of age.

Physical Activity

Overall all five communities understood the benefits of physical activity but many do not incorporate it into their family life. This is consistent with the findings of a study conducted in 2002-2003 with three generations of migrant communities (Green et al, 2003).

Only a few of the families accessed external sporting clubs. These families were of Vietnamese (mother) and East Timorese (father) background and have been living in Australia for more than 5 years.

Many participants relied on the childhood setting (playgroup, pre-school, school or after school settings) to provide physical activity opportunities for their children.

Barriers to being involved in sports/physical activity outside of school include lack of transport and affordability. These were identified in all five communities. One lady said her son had no time for physical activity on the weekend because he

attends Vietnamese school but she was happy for her son to play sport offered at school. Some parents are happy with kids playing sport after school if it does not take up too much time.

A couple of Somali mothers felt their children were too tired to do any more sport after school. These children were limited to the indoor sedentary activity of television viewing. Other Somali women were supportive of weekend and after school sports but spoke of the need to consider gender restrictions. Girls are allowed to play basketball, netball, volleyball and do aerobics. A female coach is required and the activity needs to be indoors. Boys are encouraged to play soccer. The other cultural groups did not describe any gender barriers.

Many of the other mothers felt they did not have time for physical activity because they are too busy with looking after young children, cooking and cleaning. Two Vietnamese grandmothers spoke of their fear of letting children access the playground on the estate in which they live because "it is not safe". They also find it too challenging to look after the children in outdoor areas. These children are usually limited to indoor play and sedentary activities.

Sudanese new arrivals spoke of being unsure of their surroundings and feeling unsafe to access public playgrounds. This group prefers children to play indoors unless in a group situation.

Although the barriers related to perceptions of safety were only identified by a small number of families in this case, YHW members who have worked with local refugee and CALD communities for many years have identified that many families feel the same way. This is also supported by the findings of a CALD consultation conducted by Kids Go For Your Life (KGFYL) earlier this year (Fakhri 2007).

Access to Information

The community groups involved in the focus groups obtained information on healthy eating and physical activity from multiple sources: grandparents, television, word of mouth, school, maternal and child health nurse, community health centre, GP, Chinese print media, school newsletter, health education sessions, friends, relatives and neighbours. This is consistent with the findings of the KGFYL CALD Consultation report (Fakhri 2007)

All communities were receptive to receiving information regarding healthy eating, physical activity, food access and breastfeeding. Each group had a preference:

- ❖ **Vietnamese:** Translated materials and visuals such as lunch box display, sweet fluid poster, sweet fluid demonstration and video/DVD, SBS Vietnamese radio.
- ❖ **Chinese:** Information sessions at the settings they access – school, pre-school, playgroup. Interested in translated materials.

- ❖ **East Timorese:** health education sessions by health professionals, visual presentations including slides, translated educational video/DVD and translated material.
- ❖ **Sudanese:** “in person” health education sessions with visual resources.
- ❖ **Somali:** visual education material (posters, video/DVD), and “in person” education.

This community research highlights the need to look beyond the simple translation of English written material.

KGFYL is a statewide initiative that supports children’s settings to promote healthy eating and physical activity. Recently KGFYL has recognized the importance of ensuring that the specific needs of CALD and refugee communities are considered in the development of education resources. Gabrielle Fakhri an independent cross cultural consultant has conducted a CALD consultation to determine 5 priority groups which will be targeted. They include Iraqi, Somali, South Sudanese, Afghani and Chinese Community. It is in the interest of the YHW Steering Committee to continue to liaise with the KGFYL team and utilize the focus tested resources developed with communities residing in the CoY.

Conclusion and Recommendations to support Yarra Healthy Weight Project Action Plan Strategies

Cultural and social influences on the contributing factors that impact on the increasing levels of childhood obesity need to be understood when targeting CALD and refugee communities.

Focus group participants are receptive to improving their knowledge of nutritious foods available in Australia and physical activity options. Improving budgeting and meal preparation skills is also of interest to the participants, many of whom feel pressured to access readily available takeaway options and purchase high calorie snacks for children in making the transition to experience westernized food.

The YHW project can be further enriched by consulting communities and bi-lingual workers and working collaboratively with settings that CALD and refugee communities access and trust.

The following recommendations should be considered and pursued by the Yarra Healthy Weight Committee:

Provision of Information

- ❖ Utilize SBS radio.
- ❖ Support submission for visuals/DVD.
- ❖ Include visual demonstrations in health education sessions, for example demonstration of how much sugar is in each sweet fluid, photos showing impact on dental health, lunch box workshop.
- ❖ Pursue development and use of low literacy education resources and/or utilize resources developed by KGFYL and Good Food For New Arrivals.
- ❖ Focus test translated and pictorial education resources with CALD and refugee communities and bi-lingual workers.

Health Education Sessions

- ❖ Practical cooking session for parents with a focus on popular kids meals healthy lunchbox snacks.
- ❖ Conduct supermarket and community market tours
- ❖ Healthy eating programs need to reflect cultural and spiritual perspectives.
- ❖ Promote a positive meal time environment; educate parents how to be positive role models.

- ❖ Provide parent nutrition education sessions in familiar settings: playgroup, preschool, school, ESL classes, neighbourhood houses, breakfast clubs.
- ❖ Provide health education sessions for children in various settings including breakfast clubs.
- ❖ Evaluate the effectiveness of health education sessions.

Worker Training

- ❖ Priority target group are ESL teachers and bi-lingual workers.
- ❖ Worker training manual to promote specific nutrition messages; decreasing consumption of high calorie snacks, takeaway and sweet fluids, increasing fruit and vegetable consumption and healthy lunchboxes.
- ❖ Include the provision of up to date information regarding resources available.
- ❖ Include information regarding physical activity opportunities.
- ❖ Working training to highlight the importance of having knowledge of cultural influences and being respectful of sensitive issues such as breastfeeding, religion and gender barriers.

Creating Supportive Environments

- ❖ Extend membership of Yarra Healthy Weight Group to include bi-lingual workers and ESL teachers from neighbouring ESL settings.
- ❖ Ensure community events reflect different cuisines and committee are aware of promoting health messages regarding healthy food and physical activity.
- ❖ Settings accessed by the communities consulted could develop policies on the provision on food on the premises and showcase nutrition messages in catering they do for special events.
- ❖ Settings that young mothers access should provide a private space that will support breastfeeding practices.
- ❖ Educate parents about low cost forms of physical activity families can engage in.
- ❖ Advocate for funding of external sporting activities for disadvantaged communities.
- ❖ Investigate provision of sporting events that cater for gender barriers.
- ❖ Promotion of family days on the estate grounds that encourage participation in a form of PA or sporting match.
- ❖ Promotion of Community Markets on the estate.
- ❖ Support Early Childhood settings and primary school settings to apply for Kids Go For Your Life Award.

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 - Belgium Avenue Neighbourhood House
 - NMIT Collingwood Campus - Youth Facility
 - Fitzroy Learning Network
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Appendix 1 – Focus Group Methodology and Questions

Purpose

Purpose of conducting focus groups with CALD and refugee communities as documented in emerging issues submission and action plan:

- To increase the understanding of cultural influences (beliefs, attitudes and behaviours) on food choice, food habits, breastfeeding practices and food access issues.
- To enable worker training materials and health education resources to reflect cultural factors.

Methodology

Focus groups will be conducted with 5 CALD communities, which speak the following languages:

- Vietnamese
- Chinese – Mandarin/Chinese
- African – Arabic, Amharic, Somali
- Sudanese – Dinka and African Arabic
- Timorese – Hakka

Conducting Focus Groups

- ⇒ Two focus groups to be conducted with each community.
- ⇒ Professional interpreters will be used to conduct the focus groups.
- ⇒ Participants will be issued a community market or supermarket voucher in appreciation of their attendance.
- ⇒ 10-12 participants will be recruited with the aim of a minimum attendance of 6 – 8 participants.
- ⇒ Focus group will be implemented for a duration of approx 1 hour and no than 1.5 hours.
- ⇒ Participants will be verbally informed of the purpose of the focus prior to the session. Consent will be obtained to tape the session and use the information in the community research report.
- ⇒ Pre-existing groups and settings will be approached to participate;
 - African Womens Health Group
 - Sudanese ESL students attending NMIT Collingwood
 - Parents of pre-school children attending Annie Todd and Atherton Gardens pre-school. (Lina currently implementing nutrition interactive session with these kids)
 - Vietnamese Mothers Group (Richmond and Collingwood Estates)
 - Fitzroy Learning Network- ESL groups
 - Napier Street Children and Family Resource Centre
 - North Richmond Housing Estate- East Timorese Community

- Carlton Neighbourhood House ESL Groups
- Parents of children attending breakfast club
- Parents of children attending local primary schools
- Other groups recommended by identified stakeholders, which meet the language group criteria

Demographic information will be collected but the collection method may vary depending on the group/setting. It will include the following:

- **Age**
- **Sex**
- **Country of birth**
- **Preferred language**
- **Suburb of residence**
- **Number of children, ages and sex of those children**
- **How long they have been in Australia (e.g. if we want to draw conclusions about “new arrivals” and more established communities).**

Focus Group Questions

Food Choice/ Food Habits (identifying beliefs/behaviour)

- ❖ What are some of the common foods you eat?
- ❖ Why do you choose these foods?

Discussion Points:

- Who shops for food in your family (wife/husband/other)?
- Do your children go?
- Who decides what food should be bought?
- Who prepares the food in your family (wife/husband/other)?
- Who in your family is involved in deciding:
 - a) What food you buy
 - b) Where you/your child eat and
 - c) What you cook?

- ❖ Do you eat meals together as a family? Can you describe mealtime in your home?
- ❖ In your community do you think children are eating enough fruit and vegetables? Why/Why not?
- ❖ In your community do you think children are eating too many foods high in sugar (chocolate, lollies etc) and fat such (takeaway foods, potato chips)? Visuals will be provided. How much is okay? Why?
- ❖ Why do your children eat these amounts of these foods?

Prompts – they like them, cheap, easy to prepare, think they are healthy, easily accessible etc

- ❖ What types of drinks are important for children to have everyday?

Prompts; reference will be made to water, milk, sweet fluids such as fruit juice, cordial, soft drinks and flavoured milk.)

- ❖ Where do you get your information about healthy foods?

Prompts: family -grandparents, friends, health workers, TV, newspapers

Food Access (identifying enablers and barriers with a focus on advocacy)

- ❖ Is there anything that makes it difficult for you to buy and prepare healthy food for your family?

Prompts; lack of finances, lack of transport, lack of time, not sure what is healthy food, not sure how to prepare healthy food)

- ❖ Have you ever run out of food and not had enough money to buy more? How often does this happen? (optional as the above question will most likely answer this)
- ❖ Do you know about the fresh food markets on both the Collingwood and Fitzroy estates? Do you use them? If not, why? Is there anything you can think of that would make it easier to access the market?
- ❖ Do you have trouble buying cultural foods? What do you do if they are not available?

Breastfeeding Practices- (identifying beliefs, behaviour and barriers) Can be a sensitive issue for some, women participants will be asked if they are happy to answer questions related to breastfeeding.

- ❖ Is breastfeeding important to you? Why/Why not?
- ❖ Did you breastfeed? If Yes, how long for? If No, are you happy to share reasons for your decision?
- ❖ Do you know why breastfeeding is good for both your health and that of your baby?

Physical Activity (identifying attitudes and barriers)

- ❖ Do you think physical activity is important for your child?
- ❖ What forms of physical activity are you happy for your child to participate in?
- ❖ Are you happy for your children to be involved in physical activity everyday?
- ❖ Is there anything that stops you from allowing your child to be involved in physical activity?

Prompts; transport, money, don't know what is available

Access to Information

- ❖ How would you like to receive information about healthy eating, exercise, breastfeeding and accessing healthy food?

Parent Information Session, Newsletter, Pamphlet, Other

Appendix 2 – Yarra Healthy Weight Committee

Aim

The aim of the Yarra Healthy Weight Program is to increase the number of children aged 0 -12 years in Yarra who are of healthy weight.

Target Group

The target group for the three-year program are children aged 0 – 12 living in the CoY. Within this target group there will be a particular focus on children living in public housing estates.

Objectives

1. To disseminate information about ways to achieve healthy weight in children aged 0 – 12 to children and families in the City of Yarra
2. To increase the knowledge and skills of staff and volunteers working with children aged 0 - 12 in Yarra regarding the promotion of healthy weight.
3. To work with schools, child care providers and other relevant agencies in Yarra to identify and implement changes to environments, services and policies that will assist children to achieve healthy weight.
4. To promote participation in physical activity and active transport modalities such as walking and cycling by residents of City of Yarra public housing estates.
5. To increase the rates of breastfeeding in vulnerable families in Yarra.

Membership

The Yarra Healthy Weight Committee is open to agencies who have an interest in promoting the health and wellbeing of children in the City of Yarra. Current members include:

- ❖ North Yarra Community Health
- ❖ City of Yarra
- ❖ Napier Street Child and Family Resource Centre (Brotherhood of St Laurence)
- ❖ North Richmond Community Health Centre
- ❖ DHS School Nurse for City of Yarra
- ❖ Fitzroy Primary School
- ❖ Sacred Heart Primary School
- ❖ Westside Circus
- ❖ Collingwood Neighbourhood Renewal
- ❖ Cultivating Community