

Food in Sydney: The Second Course

Population Health Nutrition Strategy
1999-2002

Evaluation Report

February 2004

Authors

Sue Amanatidis, Mathew Dick, Ruth Kharis, Maine Norberg.

Contact details

Health Promotion Unit
Central Sydney Area Health Service
Level 4, Queen Mary Building
Grose Street
Camperdown NSW 2050
Tel: 02 9515 3350
Fax: 02 9515 3351

Community Health Services
Central Sydney Area Health Service
Level 6, Queen Mary Building
Grose Street
Camperdown NSW 2050
Tel: 9515 3270
Fax: 9515 3282

Copies can be downloaded from <http://www.cs.nsw.gov.au/pophealth>

EXECUTIVE SUMMARY

Food in Sydney: The second course is the second Division of Population Health nutrition strategy from 1999-2002.

This evaluation report highlights the substantial contributions made to improve the health of the people of central Sydney through population-based nutrition programs.

Twenty projects were implemented over the four years of this strategy. Of these, 18 focused on increasing the demand for healthy food and improving nutrition literacy skills, 13 focused on improving availability of healthy food wherever it is purchased and consumed, and two aimed to reduce inequalities of access to healthy food in central Sydney.

Fifteen projects fully met their objectives, and a further five partially met objectives.

Recommendations for future nutrition action within the Division of Population Health include developing nutrition strategic directions for the period 2003-2006, and initiating a strategic management process to monitor implementation of the strategic directions.

CONTENTS

EXECUTIVE SUMMARY	3
CONTENTS	4
INTRODUCTION	5
RESULTS	6
Program area results	6
Children under five	6
School-age children and adolescents	17
Older people	25
Special populations	29
Fruit and vegetable promotion	32
Public health nutrition consultancy	33
Resources	35
Achieving our aims	36
DISCUSSION	38
FUTURE DIRECTIONS	39
APPENDIX	40
Projects not commenced	40

INTRODUCTION

Food in Sydney: The second course is the second Division of Population Health nutrition strategy developed for central Sydney and is a collaboration between the Health Promotion Unit and Community Health Services. This strategy had three broad objectives:

- Increase demand for healthy food and improve nutrition literacy skills.
- Improve availability of healthy food wherever food is purchased and consumed.
- Reduce inequalities of access to healthy food in central Sydney.

The purpose of the review is to:

- Reflect on the work completed and communicate achievements to a wide-range of partners, collaborators and stakeholders.
- Review the strategic management process.
- Identify opportunities and gaps for future strategic directions.
- Provide an account of how resources have been invested between 1999 and 2002.

A workshop held with nutritionists from the Division of Population Health was held to match project focus with strategy objectives, to reflect on the strategic management process, and to discuss lessons learnt. Project managers completed a summary of activities and outcomes. These findings and observations were then assimilated into future directions.

This report presents the key achievements in each program area, along with project details and reports and presentations. The major focus of each project is matched to the overarching objectives of the strategy.

The work presented in this report highlights the substantial contributions made to improve the health of the people of central Sydney through better nutrition.

RESULTS

Program Area Results

CHILDREN UNDER FIVE

Highlights

Over 160 long day care centre staff attended nutrition workshops for children aged one to five years since 1999, and a further 178 attended workshops for infants since 1997. Long day care centre menus scored less than 8 out of 14 based on a nutrition checklist, indicating there is need for improvement in menu planning practices to be consistent with recommendations, particularly for foods containing iron, calcium and fibre.

Infant feeding practices significantly improved in the years from 1997 to 1999. Specific practices improved were: inclusion of supporting and encouraging breastfeeding as part of the nutrition policy, safe use of microwaves for preparing and warming infant foods and formula, and the development of separate written menus for infants.

The Good Food in Family Day Care (GFFDC) project aims to improve nutrition and food safety practices in Family Day Care (FDC). Contributing factors for inappropriate nutrition and food safety practices were identified, and included: insufficient food safety/nutrition knowledge, low awareness of the importance of nutrition in early childhood, and inappropriate nutrition policies. A resource was developed in partnership with the National FDC Council of Australia (NFDCCA) and distributed Australia-wide. A training package based on industry competencies was also developed. Six out of seven FDC schemes within Central Sydney Area Health Service (CSAHS) participated in at least one intervention.

Each year, an average of 81 families were seen by the early childhood nutritionist, and 73 family telephone consultations were conducted. Most early childhood nurses (ECHN) had referred families to the nutrition service, which provided positive outcomes for children whose growth/development was compromised by nutrition problems. On average, 107 requests for community education sessions were received each year, and 14 family/parent groups and 12 'other' (e.g. health workers, child care workers) groups were conducted.

Body Mass Index (BMI) was determined from the health records of 387 children aged two to four years attending Early Childhood Health Centres (ECHC) to see an ECHN. From these records 19.6 per cent were overweight and 9.0 per cent were obese. Girls were significantly more likely to be overweight ($p<0.05$), and boys from a Greek background more likely to be overweight and obese ($p<0.05$).

Projects

Caring for Children – nutrition in long day care centres

Objective

Increase by ten per cent the number of Long Day Care Centres (LDCC) in central Sydney that meet food and nutrition requirements for children aged one to five years.

Summary of activities

- Food and nutrition workshops with long day care centre staff were conducted in 2002, 2001 and 1999.
- An analysis of LDCC menus was conducted in 1999 and repeated in 2000 for comparison.
- Menus are reviewed on request.

Results

- 12 nutrition workshops were offered with 160 attendances.
- Average menu scored was 7.85 in 1999 (n=48) and 7.15 in 2000 (n=55) (out of a possible total of 14); this was not a significantly different change (p=0.139).
- No LDCC fully met the nutrition requirements in 1999; one LDCC did in 2000.
- More than 85 per cent of LDCC met recommendations to include snacks on the menu, include white meat three times a fortnight, and offer fruit at least once a day.
- Less than 30 per cent of centres met recommendations for three serves of dairy foods a day, iron rich foods on days when white meat was served, and wholegrain breads and cereals offered at least four times a fortnight.
- Over 50 menus from LDCCs were reviewed.

Conclusions

Based on this menu analysis, LDCC are not adequately planning daily menus to meet 50 per cent of the Recommended Dietary Intakes (RDI) for children in long day care, particularly foods high in fibre, containing iron, and dairy foods. Ongoing training is required to ensure nutrition practices improve.

Project manager

Maine Norberg and Mathew Dick

Caring for Infants – food and nutrition for 0 to 1-year-olds in long day care centres

Objectives

1. To improve infant feeding practices in LDCC.
2. To identify and describe infant feeding practices in LDCC.
3. To develop and evaluate nutrition interventions to support sound nutrition practices for infants in LDCC.

Summary of activities

- A randomised controlled trial of a nutrition and food safety education intervention was conducted in 65 LDCC licensed to care for infants from birth to one year old in 1996/7.
- Food and nutrition workshops with long day care centre staff were conducted in 2002, 2001, 1999, 1998 and 1997.
- An impact evaluation of the project menus was conducted in 1999.

Results

- 500 copies of the resource *Caring for Infants – food and nutrition for 0 to 1-year-olds in long day care centres* have been sold.
- The impact evaluation found significant overall improvement in infant feeding practices, especially areas concerning: inclusion of supporting and encouraging breastfeeding as part of the nutrition policy; the use of microwaves for preparing and warming infant foods and formula; and development of separate written menus for infants.
- 16 training workshops were offered, with 178 staff from 77 centres attending.

Conclusions

Attendance at the annual workshops show that staff turnover in LDCC nurseries is high. Therefore, sustaining the project with annual workshops ensures that LDCC are aware of current infant feeding recommendations and issues.

Project manager

Mainie Norberg

CSAHS database for child care centres where food is provided from home

Objective

To identify all child care centres and pre-schools in CSAHS where parents provide food for their children.

Summary of activities

- Local government community services directories and web sites searched
- Department of Community Services licensing database used

Results

- 52 child care centres and pre-schools were identified.

Conclusions

The database is ready to use.

Project manager

Maine Norberg

Good Food in Family Day Care

Objective

To improve nutrition and food safety practices for children from birth to five years old in FDC services in Central Sydney, South East Sydney and South Western Sydney Area Health Services.

Summary of activities

- Baseline data collection completed in 1998: identification of FDC food issues; existence/contents of FDC nutrition policies; food provided for children in FDC (South-East and Bankstown only); nutrition and food safety knowledge of staff and carers; identification of parents' nutrition information needs.
- Formation of Advisory Committee consisting of representatives from: local FDC schemes; community child care organisations; local government; NSW Department of Community Services; and project working party.
- Individual schemes were informed of their own overall results from the knowledge survey, and the nutrition/food safety areas of knowledge that needed to be addressed. They were also provided with the 'correct' answers to the survey through the scheme newsletters.
- Letters were sent to the schemes that had submitted their nutrition policies for review, providing advice on how the policies may be improved.
- Four types of workshops were designed and run by the Working Party for FDC staff and carers: Nutrition Policy workshop; Nutrition for 0 to 1-year-olds; Nutrition for 1 to 5-year-olds; and Food Safety.
- Fruit and vegetable promotion was linked with the NSW Health fruit and vegetable promotion campaign to raise awareness of the importance of fruit and vegetable consumption.
- A pilot version of the *Good Food in Child Care* nutrition and food safety information kit was developed, piloted and evaluated from November 1999 to July 2000 by all 17 eligible FDC schemes. The kit was developed to provide a current nutrition and food safety information resource specifically for FDC.
- Grant application to the National Childhood Nutrition Initiative scheme was successful for the state-wide evaluation of the information kit in collaboration with the NFDCCA. Evaluation was completed in 2002.
- Regular quarterly newsletter updates on the project and nutrition/food safety information inserts distributed to the FDC schemes in the project.
- Regular contributions to the NFDCCA journal about the project and early childhood nutrition issues.

- Presentation at conferences (e.g. National Dietitians Association of Australia conference; inaugural National Carers' Conference; National FDC conference).
- 'Train-the-trainer' workshop – to train FDC staff responsible for training carers to run/organise the workshops on nutrition and food safety developed from the project. Commonwealth Department of Family and Community Services funded printing and distribution of training manual.
- Post-intervention surveys of nutrition and food safety knowledge completed for evaluation of project.
- Post-intervention lunchbox survey completed (South East Sydney and South Western Sydney only) to determine any improvement in food being sent by the parents.

Results

- Increase in proportion of FDC workers completing some nutrition training from 56 per cent to 73 per cent.
- Improved nutrition knowledge scores from 68 per cent 'pre' to 72 per cent 'post' project ($p < 0.05$) and food safety scores from 41 per cent 'pre' to 53 per cent 'post' project ($p < 0.05$). Overall scores improved from 53 per cent 'pre' to 60 per cent 'post' ($p < 0.05$).
- The number of FDC schemes with a nutrition policy increased from one (out of the 17 FDC schemes located within the boundaries of the project) to 10, with a further two being reviewed.
- Lunchboxes from 28 infants and 128 one to five-year-olds (South-East and Bankstown only) showed an overall score improvement from 69 per cent to 80 per cent ($p < 0.05$).
- Poster presentation of project winner at National Dietitian's Association of Australia Conference, 1998.
- Information kit sent to all 350 FDC schemes in Australia September, 2002.
- Finalist in Baxter 2002 NSW Health Awards – 'Engaging the Community' section.

Conclusions

The large-scale, multi-strategy approach of the project has resulted in strong partnerships that are helping to sustain the project. The capacity of the FDC community to sustain nutrition and food safety training at a local level has been enhanced by the development of the *Family Day Care Nutrition and Food Safety Training Manual*. The NSW FDC Association has expressed interest in incorporating this training manual into their training program.

The funding from the National Childhood Nutrition Initiative enabled the *Nutrition and Food Safety Information Kit for FDC* to be piloted and evaluated throughout NSW (rural and remote, as well as metropolitan areas). The team of nutritionists from the three area health services established a working partnership with NFDCCA.

Essentially, what started as a local health initiative in 1996, to improve the nutritional health of children attending Family Day Care Services in CSAHS, has resulted in a nationally available nutrition and food safety resource and training program for FDC in 2002.

Partners

South East Health Promotion Service, Bankstown Health Promotion Service, Local Family Day Care Schemes, National Family Day Care Council of Australia, NSW Family Day Care Association.

Project manager

Maine Norberg

Preventing iron deficiency and other nutrition-related health issues in infants and toddlers in the Vietnamese community

Objective

Reduce the prevalence of 'at-risk' feeding practices for the development of iron deficiency and other nutrition-related health issues in children under five years of age in the Vietnamese community.

Summary of activities

- Identified key health service contacts in the Vietnamese community.
- Conducted a literature review.
- Developed information sheets and posters for parents.
- Planned a media campaign consisting of radio messages on SBS and local ethnic radio, and ethnic newspapers.
- Contributed to a health professional information booklet.
- Distributed the pamphlet *Starting Solids*.

Results

- Vietnamese community workers and health professionals were keen to support a project aiming to reduce the high levels of prolonged bottle feeding, as long as a nutritionist conducted the program. A train the trainer model was not supported by these workers.

Conclusions

Ongoing discussions about implementing this program need to occur with Vietnamese community workers and health professionals.

Partners

Bankstown Health Promotion Service; South Western Sydney Area Community Nutrition.

Project manager

Maine Norberg

Nutrition consultancy for families with children under five years of age

Objective

Counsel families of 0 to 5-year-olds referred to the Community Paediatric Dietitian for specific diet-related problems to achieve satisfactory health outcomes.

Summary of activities

- Survey of Early Childhood (ECH) nurses on proposed role of Community Paediatric Dietitian in CSAHS ECH (1990).
- Establishment of clinical outreach nutrition service in five ECH centres in 1991. In 2003 nutrition clinics reduced to four ECH centres due to staff resignation.
- Outreach clinics conducted in ECH centres since 1991.
- Review of 1998 client outcomes – completed 1999.
- Survey of ECHN satisfaction with nutrition outreach clinics in 2001.

Results

- Between 54 and 100 families have been seen annually since 1991 at the ECH centres (average 81) at attendance rates 63-80 per cent (average 72 per cent of referrals attended appointments).
- Seventeen to 125 telephone client consultations were conducted annually since 1991 (average 73).
- 1998 review of client outcomes found: 38 per cent referred clients showing growth/development compromised by nutrition problems; 61 per cent of these children (i.e. 23 per cent of total client occasions of service) showed positive outcome from the nutrition intervention (as shown by improved growth/weight loss etc – depending on the nutrition problem).
- 2001 review of ECH satisfaction with nutrition clinic service: 78 per cent ECHN surveyed; 100 per cent satisfied with annual clinic lists provided by dietitian; 87 per cent had referred clients to the clinics; 81 per cent had referred clients for a telephone consultation; 45 per cent felt there were client groups who were not accessing the clinics; 37 per cent had experienced some problems with referring clients (e.g. appropriate appointment times, organising interpreters for the clinic appointment times, referral criteria too restrictive); 76 per cent all referrals made by ECHN, the other 24 per cent by other health professionals.

Conclusions

Early childhood nutrition clinics and telephone consultancy service should continue.

Partners

CSAHS Early Childhood Health Services.

Project manager

Maine Norberg

Providing nutrition information to health professionals and parents of children from birth to five years old

Objectives

1. Strengthen the capacity of health professionals to improve the nutritional status and practices of children aged 0 to 5 years.
2. Strengthen the capacity of parents to improve the nutritional status and practices of children aged 0 to 5 years.

Summary of activities

- Training provided to health professionals on early childhood nutrition.
- Nutrition education sessions given to parents and community groups.
- Provide written nutrition information on request.
- Contact maintained with professionals and services caring for 0 to 5-year-olds in CSAHS.
- Nutrition training provided to coordinators and members of a community volunteer program.

Results

- On average, 107 requests for community information sessions were received each year, and 14 conducted.
- On average, 12 nutrition education sessions were given to professionals each year, such as health workers and child care workers.

Project manager

Maine Norberg

Overweight and obesity in two to four-year-olds

Objectives

1. To determine the prevalence of overweight and obesity in a group of two to four-year-olds attending ECHC in CSAHS.
2. To identify differences in childhood obesity rates in early childhood among three cultural groups (Greek, Arabic, and Anglo-Australian).

Summary of activities

- Collected data from ECHC and analysed using SPSS statistical package.
- Findings were presented at the Tresillian conference, 2003.

Results

- Data was collected on 387 pre-schoolers.
- 19.6 per cent were overweight and 9 per cent obese.
- Girls were more likely to be overweight ($p < 0.05$).
- There was no difference between rates of obesity in boys and girls.
- Boys from a Greek background were more likely to be overweight and obese ($p < 0.05$).

Conclusions

The rate of overweight and obesity in the early childhood years appears to reflect the increasing rates later in childhood. Prevention and treatment of childhood obesity needs to commence in the early childhood years.

Project manager

Mainie Norberg

Reports and Presentations

- Bravo A, Senior N, Norberg M, Denning K, Cass Y. *The Good Food in Family Day Care Project: a needs assessment in family day care schemes in Sydney*. Presentation to the 17th National Conference, Dietitians Association of Australia, 1998.
- Bravo A, Cass Y, Leece E, Norberg M, Plaskett J. *Good Food in Family Day Care*. Presentation to the National Family Day Care Conference, Melbourne, June 2000.
- Cini J, Norberg M. *The prevention of iron deficiency anaemia in Vietnamese infants and toddlers – Accessing the Community*. Draft Report - Community Nutrition Placement. Camperdown: Central Sydney Community Health, 2002.
- Croucher D, Norberg M, Amanatidis S. *Impact evaluation of the 'Caring for Infants' project*. MND Research Project. Camperdown: Central Sydney Community Health & Human Nutrition Unit, University of Sydney, November 1999.
- Croucher D, Norberg M, Dick M. *Impact evaluation of the 'Caring for Children' program*. Community Nutrition Placement final report. Camperdown: Central Sydney Health Promotion Unit, May 1999.
- Durrell W, Norberg M. *Validation study of the 'Nutrition checklist for long day care menu planning'*. Community Placement final report. Camperdown: CSAHS, 1999.
- Good Food in Family Day Care Project Partners (Central Sydney Community Health Services, South Eastern Sydney Health Promotion Service, Bankstown Health). *Good Food in Family Day Care – A Food and Nutrition Information Kit*. Good Food in Family Day Care Project Partners and National Family Day Care Council of Australia, 2002.
- Kingham K. *Report on the survey of Early Childhood Nutrition services, CSAHS*. Camperdown: CSAHS, 2001.
- Kingston J, Norberg M. *Child Care Centres and Pre-schools in Central Sydney where food is provided by parents*. Database. Camperdown: CSAHS, 2002.
- Lalisang J, Dick M, Norberg M. *Menu assessment in long day care centres*. Community Nutrition Placement final report. Camperdown: Central Sydney Health Promotion Unit, June 2000.
- Norberg M. *Results of a survey for the proposed role of a Paediatric Dietitian in the Early Childhood Health Centres in the CSAHS*. Camperdown: CSAHS, 1990.

- Norberg M, Young R, Amanatidis S, Hodge W. 'Caring for Infants'. Presentation to the 17th National Conference, Dietitians Association of Australia, April 1998.
- Norberg M. *Outcomes review of Early Childhood Dietitians Clinics and referral pattern for 1998*. Camperdown: CSAHS, 1999.
- Norberg M, Bravo A, Cass Y. *Good Food in Family Day Care*. Project summary paper, Baxter Health awards entry, 2002.
- Norberg M. *Central Sydney Early Childhood Services. Referring children to the early childhood Dietitians clinic. Referral criteria*. Camperdown: CSAHS, 2002.
- Norberg M, Wen LM, Amanatidis S. *Overweight and obesity among a group of two to four-year-olds attending Early Childhood Health Centres in Central Sydney Area Health Service*. Abstract for Tresillian Conference, Sydney, 2003.
- South Eastern Sydney Health Promotion Service, Central Sydney Community Health Services, Bankstown Health Service. *Family Day Care Nutrition and Food Safety Training Manual*. Good Food in Family Day Care Project Partners, 2002.
- Young R, Norberg M, Amanatidis S, Hodge W. 'Caring for Infants – food and nutrition for 0 to 1-year-olds in long day care centres'. Project report. Camperdown: Central Sydney Community Health & Health Promotion Unit, December 1997.
- Young R, Norberg M. 'Caring for Infants – food and nutrition for 0 to 1-year-olds in long day care centres'. Camperdown: Central Sydney Area Health Service, 1997.

SCHOOL-AGE CHILDREN AND ADOLESCENTS

Highlights

Successful program outcomes include schools promoting water, launch of *H₂O That's The Way To Go*, four conference presentations, one school developing a vegetable garden, translation of the *New Australian Guide To Healthy Eating* into three community languages, 17 new food hygiene actions implemented by eight school canteens, eight per cent increase in school participants food hygiene knowledge, 55 per cent increase in school participants school canteen accreditation knowledge, and a 14 per cent increase in child health nurse nutrition knowledge.

Strong partnerships with Cellblock Youth Health Services, young people, and other youth agencies in CSAHS were formed. A user-friendly cookbook for disadvantaged youth and a nutrition information manual for youth workers were developed and will be distributed to youth services in central Sydney.

Projects

SNACKs (School/home Nutrition And Canterbury Kids) - Water

Objective

Increase by 10 per cent the number of primary schools participating in a project to promote water consumption in the Canterbury LGA.

Summary of activities

- Two copies of a water teaching resource *H₂O That's The Way To Go* were distributed to each primary school in CSAHS.
- A water teaching resource was promoted in: *Linking & Thinking Health* (National Health Promoting Schools [HPS]), *Update* (NSW HPS), *It's Happening* (CSAHS HPS) and *Review* (Canterbury HPS).
- The Water launch was conducted at a primary school.
- Process, impact and intermediate outcome evaluation report was completed for the water component of the SNACKs project.

Results

- Two Canterbury schools promoted water and eight schools attended the water launch.
- Five of the six types of intermediate health outcomes were achieved i.e. behaviours and environments (one school allowed water bottles to be kept on school desks, strengthening interest and awareness (water teaching resource

publicised), healthier products (water teaching resource distributed, reference material provided for NSW health publication *Water and good health*), changing attitudes, knowledge and practice (Water survey results presented in media and conference), and developing partnerships with organisations

Conclusions

The water component of the SNACKs project has been successful in increasing the number of primary schools promoting water consumption, developing partnerships with diverse groups, promoting the issue of children's low water consumption and creating a more supportive environment for children to drink water in primary school.

Partners

Five primary schools, Department of Education and Training, Community Health, Students, Teachers, School principals, Canteen manager, Vietnamese Community in NSW, Lebanese Muslim Association, Muslim Women's Association, Greek Welfare Centre, United Dental Hospital, Central Sydney Health Promotion Unit, Pacific Islander Council.

Project manager

Ruth Kharis

SNACKs (School/home Nutrition And Canterbury Kids) – Fruit and vegetables

Objective

Increase by 10 per cent the number of Canterbury primary schools that implement strategies to promote fruit and vegetable intake.

Summary of activities

- Curriculum teaching resources and other resources were provided to two schools to assist with fruit and vegetable garden development.
- A fruit and vegetable teaching resource, fruit and vegetables recipes, and school canteen promotion ideas was developed and distributed to all CSAHS primary schools.
- Fruit and vegetable posters were distributed to all primary school canteens in the Canterbury local government area, and fruit and vegetable stickers and fridge magnets distributed to two Canterbury primary schools.
- The *Australian Guide To Healthy Eating* was translated into three community languages and distributed.
- The *Australian Guide To Healthy Eating* was promoted through the Canterbury health promoting schools network and SNACKs working party.
- Letters were sent to schools in Canterbury about the Environmental Trust greening of schools funds.
- A school lunch pamphlet was developed and distributed to primary schools.

Results

- One Canterbury school developed a vegetable garden.

- Translations of the *Australian Guide to Healthy Eating* were distributed in five schools, including three Canterbury schools.
- Several schools in CSAHS distributed school lunch pamphlets, including Canterbury schools.

Conclusions

The fruit and vegetable component of the SNACKs project has been successful in increasing the number of primary schools that promote fruit and vegetable consumption, developing a partnership with diverse groups and creating a more supportive environment for children to access fruit and vegetables.

Partners

Four primary schools, Canterbury City Council, Community Health, Students, Teachers, School principals, Canteen Manager, Lebanese Muslim Association, Muslim Women's Association, Greek Welfare Centre, Dental Hospital, Health Promotion.

Project manager

Ruth Kharis

Schools promoting better nutrition

Objective

Initiate at least one strategy that increases the nutritional knowledge and skills of schools and their community, participating in the CSAHS health promoting schools project to promote better nutrition.

Summary of activities

- Yearly nutrition advisory and consultancy service provided to 19 schools
- Assisted as a partner to determine appropriate strategies to deal with a health promoting schools nutrition concern.
- Worked with one school on a funding submission for a large nutrition project, but school community not ready for the strategy and funding insufficient for school community needs.
- Provided five nutrition items for *Cool Schools* Newsletter.
- Conducted parent nutrition talks at five primary schools.
- Submitted funding submission for promotion of healthy school lunches.
- Conducted three school canteen food hygiene workshops.

Results

- 8 per cent increase in food hygiene knowledge for food hygiene participants.
- 17 new food hygiene actions implemented in eight school canteens.
- 16 schools attended food hygiene workshops.

Conclusions

The strategies for this objective have achieved successful impact and outcome evaluation results for food hygiene. Schools continue to demonstrate there is an unmet

need concerning schools and their communities for nutrition knowledge and skills. Given the successful evaluation of the food hygiene workshops and the turnover of school canteen workers it is recommended these workshops continue. Given the nutrition talks benefit schools involved with *Families First* it is recommended these nutrition talks continue. Given the continuing and strong interest shown by schools in nutrition by their submissions for nutrition projects for the Health Promotion Unit's HPS small grants project it is recommended this objective be continued.

Partners

Primary and high schools in CSAHS, Community Health, Health Promotion, Public Health Unit, Canterbury City Council.

Project manager

Ruth Kharis

Children's healthy lifestyle for a healthy weight

Objective

Implement at least one strategy in one local government area to prevent the development of overweight and obesity in children and adolescents.

Summary of activities

- Co-supervised student for literature review on prevention strategies for childhood obesity.
- Contributed to input from the Dietitians Association of Australia to the Coalition of Food Advertising to Children.
- Coded Canterbury parent focus groups for themes, to provide a starting point for parent education and parent strategies to prevent obesity/promote healthy weight in children.
- School canteen accreditation workshops were held for all CSAHS schools each year.
- Yearly school canteen adjudication for the NSW School Canteen Association.
- Promoted school canteen expo to all CSAHS schools.

Results

- 55 per cent increase in school canteen accreditation knowledge for participants.
- 14 schools attended canteen accreditation workshop from five local government areas.
- Five diamond, two silver, two bronze and three commendation certificates were awarded to accredited school canteens between 1999-2002.

Conclusions

Work has commenced on this objective with excellent impact and outcome results in school canteens. Schools have created a more supportive environment via more healthy school canteens. Given the successful evaluation of the school canteen accreditation workshop it is recommended this strategy be continued. It is also

recommended to use the evaluation of the Arabic parent nutrition skills groups and SNACKs focus group results as a starting point to develop a parent's program. This program would be designed to also benefit the parent's children such as their dietary habits, for example healthy lifestyle for a healthy weight.

Partners

NSW School Canteen Association, Coalition of food advertising to children, primary and high schools in CSAHS.

Project manager

Ruth Kharis

SNACKs (School/Home Nutrition and Canterbury Kids) - Parents

Objective

Implement one strategy to increase the skills and knowledge of Canterbury parents with primary school age children, to provide appropriate nutritional support for their children.

Summary of activities

- Piloted two nutrition skills groups for Arabic speaking parents at two schools.

Results

- Increased parent's knowledge of nutritional value of food.
- Increased parent's knowledge of strategies for dealing with food issues.

Conclusions

Although only a pilot, this strategy demonstrated the usefulness and benefits of parent workshops. Working with a psychologist was a valuable component of the workshop's success. It is recommended a bigger program of longer parent workshops be developed and that the program is developed in partnership with a psychologist to provide the parenting aspects of the workshop content. Given the much higher costs for a longer program requiring interpreters and translated materials, such as overheads and information sheets, it is recommended the workshops are initially piloted to lower socio-economic status English speaking parents. It is also recommended as a high priority that when additional funding for interpreters and translations is available the program is adapted to meet the needs of non-English speaking background parents.

Partners

Two primary schools, Community Health, School principals, Lebanese Muslim Association, Muslim Women's Association, Greek Welfare Centre, HPU.

Project manager

Ruth Kharis

Nutrition capacity building for child health and family teams

Objective

Increase the ability of child health and family teams to provide nutrition information for their clients.

Summary of activities

- Active member of the Child Health and Youth network.
- Conducted nutrition training needs assessment for child health nurses.
- Developed and implemented two series of sessions on nutrition training programs for child health nurses.
- Conducted process and impact evaluation for the child health nurses training.
- Provided nutrition talk for nurse audiometrists.

Results

- Average 14 per cent increase in child health nurse participant's nutrition knowledge for the two programs.
- Child health nurses have used the information 21 times to provide primary school nutrition information and talks for parents, teachers and kindergarten orientation.
- Many staff unavailable to assess impacts, so results are likely to be under-reported.

Conclusions

This strategy successfully increased the nutrition knowledge of child health nurses and resulted in child health nurses using their nutrition training with schools. Given the success of the training and staff turnover it is recommended another training program be provided.

Partners

Child health nurses, Community health teams.

Project manager

Ruth Kharis

YHUNGER- Youth Nutrition Project

Objective

Improve the nutritional health of disadvantaged youth in central Sydney.

Summary of activities

- An extensive needs assessment on the nutritional needs of disadvantaged youth and youth was conducted in 2000. The needs assessment included: a literature review on youth nutrition; interviews with 8/15 medium to long term-youth accommodation refuges and a focus group with disadvantaged youth.

- A youth cookbook for young people with limited cooking skills was developed in 2002.
- A fruit and vegetable taste testing event was conducted at Cellblock Youth Health Service as part of the program for Youth Week. The tasting event consisted of mini vegetable pizzas and vegetable sticks with a variety of dips. A '5 minute pizza recipe', 'Tips on including more fruit and veg in your day' and an evaluation form was given to young people when they tried the pizza.
- A Nutrition Information Manual for Youth Workers was developed in 2002.

Results

- The needs assessment revealed that youth have limited nutrition knowledge and limited skills in budgeting, shopping and cooking; youth workers were the first point of contact if they wanted nutrition or other health related advice; there were limited nutrition resources for youth and youth workers.
- Approximately \$5,000 was donated by Wesley Dalmar Youth Services and 2010 Gay and Lesbian Youth Services to fund the development and printing of the cookbook.
- 150 youth worker information manuals and 1,500 cookbooks were printed. Each accommodation youth service received one copy of the manual and five copies of the cookbook.
- Approximately 200 young people attended the fruit and vegetable event held at Cellblock. 98/120 evaluation forms were completed and 74 (76%) of these correctly stated '2 fruit and 5 veg' and only 25 (26%) knew this before the event. 81/89 (83%) of young people liked what they had tried and 70/98 (71%) stated they would make it at home after being given the recipe.

Conclusions

This project has been successful in forming strong partnerships with the Cellblock Youth Health Service and other youth services in central Sydney. The needs assessment identified that there is a gap of nutrition resources for disadvantaged youth and youth workers. The development of the youth cookbook and nutrition information manual has met this need. Training of youth workers in nutrition and lobbying to include food and nutrition policies for youth accommodation services are other important strategies that need to be implemented to influence eating behaviours of disadvantaged youth.

Partners

Cellblock Youth Health Service, Wyatt Lodge, ALIVE program, Rendu, Wesley Dalmar Youth Service, 2010 Gay and Lesbian Youth Service, Drummoyne Lodge.

Project manager

Rachel Sutherland and Sue Amanatidis

Reports and Presentations

- Cheung B. *Literature review on interventions of prevention and treatment of childhood obesity* Camperdown: Central Sydney Community Health Service, March 2002.
- Kharis R. *What are primary school children from culturally diverse backgrounds eating in Sydney?* Presentation to the NSW Dietitians Association of Australia conference, March 1999.
- Kharis R. *H₂O That's The Way To Go Evaluation report*. Camperdown: Central Sydney Community Health Service, April 2001.
- Kharis R and Maloney D. *SNACKs partnership makes a difference*. Presentation to the 6th National Health Promoting Schools Conference, Gold Coast, 2002.
- Kharis R and Moloney D. *Communities participating to improve children's nutrition: lessons learnt*. Presentation to the 14th National Health Promotion conference, Sydney, 2002
- Kharis R and Maloney D. *A partnership's use of evidence to improve children's nutrition*. Presentation to the 14th National Health Promotion Association conference, Sydney, 2002.
- Bosotti D. *Report on the pilot nutrition education session for parents of school-aged children* Camperdown: Central Sydney Community Health Service, Sept 1999.
- Sutherland R & Wilkenfeld R. *Nutrition...I'll worry about that later! A needs assessment of the current nutrition practices occurring in medium and long-term youth refuges within the Central Sydney Area Health Service*. Camperdown: Central Sydney Community Health Service, 2001.
- Sutherland R, Wilkenfeld R and Davies L. *Youth Nutrition- a valuable investment!* Poster presentation at the Australian and NZ Adolescent Health conference, Melbourne, March 2002.

OLDER PEOPLE

Highlights

Training workshops were held for 114 Home and Community Care (HACC) workers caring for older clients and recurrent funds for five years to employ a dietitian to support Aged Care Assessment Teams (ACAT) and Community Nursing Teams was secured from HACC.

A pilot project to increase the range of healthy choices in a licensed club was successful, particularly to increase fibre and reduce saturated fat, and was widely supported by patrons.

Projects

Nutrition in licensed clubs

Objective

Engage at least five licensed clubs in a pilot project to improve the range of healthy and affordable food choices at the bistro.

Summary of activities

- One licensed club was targeted for a pilot project – Canterbury Hurlstone Park RSL.
- Club management, bistro chef and staff were engaged to implement changes in the bistro, including ingredient substitution in recipes, and a healthy bistro meal choice.
- A healthy lifestyle information session was offered to patrons during *Seniors Week*.
- Bistro staff received nutrition training outsourced from TAFE.
- Club displays and promotions were conducted during *Heart Week* and *Diabetes Awareness Week*.

Results

- Bistro changes resulted in greater availability of high fibre foods (vegetables and fresh fruit) and less saturated fat (margarine and oil free dressings available and change to a monounsaturated cooking oil).
- No change in salt content or serve sizes was observed.
- 64 per cent of patrons were aware of the bistro changes and 86 per cent supported the bistro offering healthy choices.

Conclusions

Clubs are an important setting for providing healthy choices to older people. This nutrition intervention was effective at increasing fibre and reducing saturated fat content of meals available. Due to resources, only one licensed club was included in the intervention.

Partners

Canterbury-Hurlstone Park RSL.

Project manager
Danielle Weber

Training Home and Community Care workers

Objective

Train 50 per cent of HACC workers that visit frail older people in appropriate nutrition issues.

Summary of activities

- A needs assessment of HACC workers on their nutrition training needs was conducted in 2000 and then again in April 2001.
- Seven workshops including a pilot were held in October and November 2001. Nutrition issues covered include: Nutrition Issues in the elderly, Healthy Eating for Older Australians, High energy/high protein snacks and food safety.

Results

- The needs assessment revealed that HACC workers (Field staff and Field managers had very little knowledge of nutrition issues for their frail older clients. They were interested in learning more about this area.
- 114 staff attended the workshops (approx. 30 per cent of Central Sydney Home Care staff) from four Home Care Service branches (Canterbury, Le Perouse, Eastern Sydney, Inner West). The majority (95%) of attendees found the information useful and relevant with two thirds being interested in attending further nutrition workshops. Each Branch received a folder containing additional information on the workshops and copies of the resource sheet.

Conclusions

Although training is important, it only goes part of the way in improving the nutritional care of older people. In order to effectively coordinate training and provide a more holistic nutrition service, the employment of an aged care community nutritionist is essential. The need for such a position has been identified now in several reports.

Partners

CSAHS Home and Community Care Services.

Project manager
Sue Amanatidis

Nutrition services for frail older people

Objective

Strengthen the capacity of ACAT, Central Sydney Community Nursing Service and Clinical Dietitians to improve the nutritional status of frail elderly clients.

Summary of activities

- Two studies were conducted which identified that malnutrition in free-living older clients is a problem in CSAHS.
- A study with Community Nursing (CN) was conducted which identified that 80 per cent of their clients are older people at risk of malnutrition.
- Collaborated with Geriatric and General Rehabilitation Medicine (GGRM) to lobby for HACC funding for a nutrition position to support ACAT and CN.
- Applied for HACC funding to employ a dietitian for ACAT and Community Nursing teams

Results

- Received \$90,000 recurrent HACC funding for five years to employ a dietitian to support ACAT and Community Nursing teams.
- A steering committee was formed with representation from GGRM, ACAT, Community Health, HACC and Clinical Dietetic Services to look at the best way of providing a nutrition service to HACC clients.
- Collaborated with GGRM to conduct a needs analysis on the best service model for the HACC dietetic position.
- Two dietitians have been employed (0.2 FTE at Canterbury ACAT and 0.3 FTE at Glebe ACAT).

Conclusions

The Steering Committee will continue to meet to provide direction for the two dietitians employed. It is imperative that the model of service provision is based on the needs analysis. That means that the focus of the service should also include population-based work as well providing a clinical dietetic service to clients.

Partners

Geriatric and General Rehab Medicine, Aged Care Assessment Teams, Community Nursing, Balmain Hospital Department of Nutrition and Dietetics.

Project manager

Sue Amanatidis

Reports and Presentations

- Webber D. *A summary of Nutrition Services targeting frail aged, disabled and their carers*. Camperdown: Central Sydney Community Health Services, June 2002.
- Abott S. *An assessment of Community Nutrition Support Services available for frail older people living in CSAHS*. Camperdown: Central Sydney Community Health Services, November 2000.
- Barnes R. *A needs assessment of Home Care staff and their frail elderly clients living in Central Sydney*. Human Nutrition Unit, Sydney University MND Master Thesis, June 1997.
- Pfeiffer H. *A needs assessment for a clinical nutrition outreach counselling service in Central Sydney*. Human Nutrition Unit, Sydney University MND Master Thesis, November 1998.
- Melissa McCormick. *Needs assessment of Community Nursed in Central Sydney Community Nursing Service in providing nutritional support to their older clients living in CSAHS*. University of NSW MPH Treatise, January 2000.
- Webber D. *Report on the Home Care workshops report 2001*. Camperdown: Central Sydney Community Health Services, June 2002.
- McKenzie E. *Nutrition Training in Home Care Workers involved in the Elderly within CSAHS*. Camperdown: Central Sydney Community Health Services, June 2001.
- Weber D, Dick M, Wen LM, Amanatidis S. Promoting nutrition in licensed clubs: a pilot project. *AJPH* 2002;8(2):102-104.

SPECIAL POPULATIONS

Highlights

Over 105 minutes of nutrition information was presented on Arabic radio and 3,000 pamphlets disseminated during a six week campaign. Nutrition information was distributed to 60 organisations and services, 150 GPs and seven community education sessions conducted. Recall of radio messages was comparable with a similar campaign conducted in 1997.

Thirty-one children from the Aboriginal and Torres Strait Islander community learnt about nutrition, tobacco and physical activity and used artwork and dance to present this information to the community during NAIDOC week celebrations in 2001.

Projects

Healthy food for a healthy family: Arabic healthy eating for the heart promotion

Objective

Increase by 15 per cent the number of Arabic speaking people who are aware of at least one benefit of eating a traditional diet.

Summary of activities

- Conducted a six week Arabic media campaign and developed campaign materials (pamphlet and poster).
- Campaign materials were widely distributed to GPs, community organisations and food shops in CSAHS, WSAHS and SWSAHS.
- Seven community education sessions were conducted with 92 Arabic speaking men and women attending.

Results

- 27 per cent of Arabic speaking people remembered hearing about the campaign at post-campaign evaluation.
- Heart disease and nutrition messages were considered important by 97 per cent of respondents.
- Most identified ghee (84%) and fatty meat (92%) as contributing to heart disease. There was more uncertainty about the role of vegetable oils, and unsalted nuts, with 30 and 51 per cent respectively indicating they should be omitted from the diet when trying to reduce risk for heart disease.
- Approximately 800 posters and 3,000 pamphlets were distributed.

Conclusions

This program successfully developed and distributed culturally specific nutrition information to the Arabic speaking community. Disseminating nutrition information through radio is difficult and therefore future strategies to improve knowledge and skills to eat healthily for the heart should take a settings approach rather than be community-wide.

Partners

Australian Lebanese Association, Australian and Arabic Medical Association, SWSAHS, WSAHS, May Murray Neighbourhood Centre, CSAHS Multicultural Health Service, Heart Foundation (NSW), 2ME Radio.

Project manager

Mathew Dick

Mudi Dungurra Mudang (Eora language) – Youth Dance of Life Project

Objective

Increased awareness among Aboriginal and Torres Strait Islander youth about the harms caused by tobacco use and unhealthy eating habits.

Summary of activities

- Established an advisory committee representing community members and many organisations from the Aboriginal and Torres Strait Islander community.
- Working in partnership, contributed towards the development of a dance and mural depicting the story of health from traditional ways (past), to social breakdown (present) to communities addressing their own health issues (future).
- A dance by children and mural launched at NAIDOC week in 2001 by Senator Aden Ridgeway.
- Presenting the mural to the community by posting at Redfern Railway Station.

Results

- 31 children participated in the dance and artwork. The children's artwork was displayed at Leichhardt Walkabout Art Gallery and opened by the Hon Dr Andrew Refshuage.
- Community feedback indicated that the program was well received by the community.

Conclusions

This project was useful to assist the project team become more familiar with the Aboriginal and Torres Strait Islander community and to develop relationships. Creative strategies were used to present health information to the community.

Partners

NSW Department of Education and Training, AMS Redfern, Aboriginal Dance Theatre Redfern, NSW Sport and Recreation, Resource Education Program for Injecting Drug Users, Aboriginal and Torres Strait Islander community members, Glebe School Out-of-School hours Childcare, Glebe School Childcare Indigenous Young Artists and Friends

Project manager

Sharon Minniecon

Reports and Presentations

- Minniecon S, Hua M, Rissel C. Mudi Dungurra Mudang – Youth Dance of Life: Brief report on a project in raising awareness of Aboriginal and Torres Strait Islander youth on diabetes and health effects of smoking. *Aboriginal and Islander Health Worker Journal* 2002;26(5):15-18.
- Stuart-Smith W, Dick M. *Report on key informant interviews with members of the Arabic Speaking Community*. Camperdown: Central Sydney Health Promotion Unit, March 2000.
- Dick M, Wen LM, Weber D. *Healthy food for a healthy family: Arabic healthy eating for the heart promotion final report*. Camperdown: Central Sydney Health Promotion Unit, September 2003.

FRUIT AND VEGETABLE PROMOTION

Highlights

The promotion consisted of three tastings events, information distribution and a six week local media campaign. Over 1,000 tastings were sampled and 1,500 information packs distributed during the promotion.

Projects

Fruit and vegetable tasting events

Objective

Conduct at least three fruit and vegetable tasting events.

Summary of activities

- Tastings events were conducted at Playgroups in the Park (Redfern Park), Riverwood Festival and RPAH Walk to Work Day during 1999.
- Advertised *2 fruit and 5 vegetables a day* message in local newspapers for six weeks.
- Distributed information sheets, magnets, stickers, bags and balloons.

Results

- Over 1,000 tastings were sampled over the three events.
- Over 1,500 fruit and vegetable information packs were distributed.

Conclusions

The promotion was a useful strategy to distribute information about fruits and vegetables to the community with the intention of raising awareness of the number of serves recommended to eat each day. Future strategies should be incorporated into other activities and also focus on improving access and availability to fruits and vegetables, as well as information distribution.

Project manager

Mathew Dick

Reports and Presentations

- Dick M, Jones H, Gerencer E. RPA Walk to Work Day: *Walk to work ... then charge through your day*. Camperdown: Central Sydney Health Promotion Unit, December 2000.
- St. George A, Dick M. *Report of a fruit and vegetable promotion at Riverwood Community Festival*. Camperdown: Central Sydney Health Promotion Unit, October 1999.

PUBLIC HEALTH NUTRITION CONSULTANCY

Highlights

Providing expert public health nutrition advice and consultancy to services and units within the boundaries of CSAHS were significant activities in this strategic plan.

Projects

Food in Canterbury

Objective

Strengthen the capacity of Canterbury City Council to develop and implement a food policy.

Summary of activities

- A feasibility study was conducted between December 1997 and June 1998.
- Final report submitted to the Council Executive August 1999.

Results

- The recommendation to develop a food and nutrition policy was not adopted by Council.
- A review of the project indicated that further development was required in three conditions necessary for successful intersectoral collaboration: necessity, capacity and opportunity.

Conclusions

Success adoption of a recommendation to develop a food policy in this Council requires more effort to create an environment supportive of collaboration.

Partners

Canterbury City Council.

Project manager

Mathew Dick

Reports and Presentations

- Dick M. *Food in Canterbury: a report on the feasibility of Canterbury City Council developing a food policy*. Camperdown: Central Sydney Health Promotion Unit, 1999.
- Dick M. *Intersectoral collaboration theory as a framework to assist in developing a local government food and nutrition policy*. University of Sydney MPH Treatise, January 2002.
- Dick M, Alley J. *Collaborating with local government: how useful is theory?* Presentation to the 14th Annual Conference, Australian Health Promotion Association, Sydney, June 2002.

Other consultancy activities

- South Sydney City Council Food Policy Committee
- Heart Foundation (NSW Division) Takeaway Food Project
- CSAHS Boarding House Team nutrition program

Resources

The resources available for implementing the strategy are listed below.

Table 1. Implementation Resources from 1999-2002

	1999	2000	2001	2002
Staff				
Health Promotion Unit	1 FTE	2FTE	0.6FTE	1FTE
Community Health	2.3 FTE	2.3 FTE	2.5 FTE	2.1 FTE
Budget				
Goods and services	\$18,700	\$22,800	\$13,100	\$8,000
Grants			\$21,000	

Achieving Our Aims

The Population Health Nutrition Strategy had three overarching objectives:

1. Increase demand for healthy food and improve nutrition literacy skills.
2. Improve availability of healthy food wherever food is purchased and consumed.
3. Reduce inequalities of access to healthy food in central Sydney.

The table below lists each project implemented between 1999 and 2002 and identifies the overarching objective it aligns with. Most projects had an education and information component (18), and/or an environmental component (13). A small number of projects (2) had a specific equity focus.

Table 2. Alignment between projects and the overarching objectives of the strategy.

PROJECT NAME	Nutrition Strategy Overarching Objectives			Level of achievement of objectives
	Increase demand for healthy food and improve nutrition literacy skills	Improve availability of healthy food wherever food is purchased and consumed	Reduce inequalities of access to healthy food in central Sydney	
Caring for Children – nutrition in long day care centres	✓	✓		Fully
Caring for Infants – food and nutrition for 0 to 1-year-olds in long day care centres	✓	✓		Fully
Good Food in Family Day Care	✓	✓		Fully
Prevention of iron deficiency and other nutrition-related health issues in infants and toddlers in the Vietnamese community	✓	✓		Partially
Nutrition consultancy for families with 0 to 5 year-old children	✓			Fully
Provision of relevant nutrition information for health professionals and parents	✓			Fully
Overweight and obesity in two to four year olds				Fully
SNACKs (School/home Nutrition And Canterbury Kids) - Water	✓	✓		Fully
SNACKs (School/home	✓	✓		Fully

Nutrition And Canterbury Kids) – Fruit and vegetables				
Schools promoting better nutrition	✓	✓		Fully
Children’s healthy lifestyle for a healthy weight	✓	✓		Partially
SNACKs (School/Home Nutrition and Canterbury Kids) - Parents	✓			Fully
Nutrition capacity building for child and family health teams	✓			Fully
YHUNGER- Youth Nutrition	✓	✓	✓	Fully
Nutrition in licensed clubs		✓		Partially
Training Home and Community Care workers	✓	✓		Fully
Nutrition services for frail older people	✓	✓		Fully
Healthy food for a healthy family: Arabic healthy eating for the heart promotion	✓			Partially
Mudi Dungurra Mudang (Eora language) – Youth Dance of Life Project	✓			Fully
Fruit and vegetable tasting events	✓			Fully
Food in Canterbury		✓	✓	Partially
TOTAL	18	13	2	

DISCUSSION

Issues relating to implementing the strategic plan became apparent during this review. For instance, timeframes for achieving desired outcomes need to be less prescriptive to take account of contingencies, differing priorities among partners and staff changes. Instead, strategic direction (or intent), desired outcomes and milestones should be articulated clearly and yearly business planning cycles used more effectively to outline short-term timeframes and actions. Resource and policy contexts did change during the implementation of the strategic plan, such as staff secondments, reduction in working hours, and priorities that became more important over time, such as childhood obesity. Therefore, a process for monitoring the internal and external environments, and for having ongoing conversations about the potential impact of these, as well as opportunities, needs to be a component of managing the implementation of future strategic plans. These management processes should involve a broad range of people and be held at least once a year.

As seen, all but two projects focused on increasing demand for healthy food, improving nutrition literacy skills, and improving the availability of healthy food wherever food is purchased and consumed. Projects focusing on inequalities are complex and need long timeframes. Population-based nutrition actions in central Sydney have a history of focusing on inequalities, beginning with the *Food in Redfern* project in the early 1990's. It is important to acknowledge the continued commitment in central Sydney to addressing inequalities of access to healthy food. Since 1999, the majority of nutrition resources were invested in projects that were not considered to address inequalities. Developing a position on what is the ideal balance of resource investment, and the effect this will have on achieving desired outcomes in the future needs to be considered during development of the next strategic plan.

Public health nutrition issues continue to remain significant contributors to burden of disease in central Sydney. Addressing them is challenging, yet is important because better nutrition can prevent the development of many chronic diseases. Future actions will build on outcomes and experience gained over the timeframe of this plan.

FUTURE DIRECTIONS

Recommendations for future nutrition action within the Population Health Division are:

1. Develop nutrition strategic directions 2003-2006.
2. Initiate a strategic management process to monitor implementation of the strategic directions.

APPENDIX

Projects Not Commenced

1. Type 2 diabetes in people from Pacific Islands. This project wasn't implemented due to staff and resource limitations 2001-2002. It will be considered as a potential project in the next strategic plan.
2. Improving access to fruit and vegetables by socioeconomically disadvantaged groups. Work is continuing with Aboriginal and Torres Strait Islander people to improve access to fruit and vegetables; strategies will be considered where appropriate.