



Local People, Local Food Solutions (LPLFS) Research Project Executive Summary 2015

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Abbreviations and acronyms

Acronym	Abbreviation
RCoW	Rural City of Wangaratta
CBPAR	Community-based participatory action research
LPLFS	Local People, Local Food Solutions
CRVs	Community research volunteers
AM	Dr Anna Moran
T	Transcript number
VHFB	Victorian Healthy Food Basket
NHMRC	National Health and Medical Research Council
NHW	Northeast Health Wangaratta
OKCHS	Ovens and King Community Health Service

Executive Summary

In Wangaratta over half of the adult population is overweight or obese (57.5%), and 41.9% do not meet the dietary requirements for fruit and vegetable intake (Department of Health, 2013). In the Hume Region the number of children aged 4 -12 years not meeting the dietary requirements for fruit and vegetables is 66.9% (Department of health, 2012).

The risk of obesity is significantly higher for those who have low incomes and who experience food insecurity, than those who do not fall in this category (Burns, 2004) with the most prominent characteristic of food insecurity being a lack of financial resources (Women's Health Victoria, 2010). Single-parent families also face a higher risk of poverty and food insecurity than other groups with day-to-day living expenses consuming half of their income (Women's Health Victoria, 2010). Wangaratta has a high population of low income single parents with 42.3% of individuals earning less than \$400 a week compared to 39.9% in Victoria (Department of Health 2013) . In the Rural City of Wangaratta (RCoW), 25.7% of people have reported some foods being too expensive (Department of Health 2014). Furthermore 6.4% of children aged 0 – 12 years in the RCoW come from a household that ran out of food in the last 12 months and were not able to afford to buy more (Department of Health 2013).

In Wangaratta the 18.9% of families with children who fall into a low socioeconomic group would need to spend at least 30% of their total income to buy food items that meet approximately 95% of energy requirements for a typical family (Central Hume Primary Care Partnership 2012). Yet local community consultation reveals that while many people know what should be eaten, it is not often put into practise (NHW and OKCHS, 2014).

Health promotion theory identifies that effective initiatives should involve communities in all aspects of program planning from needs assessments and identifying priorities, through to program implementation and evaluation (Minkler 2010 and Clark et al. 2003).

Research Aims

The purpose of this research was therefore to simultaneously build community capacity for participation in research and change and to investigate the barriers, enablers and potential areas for action around healthy eating for low income families in the Rural City of Wangaratta.

Specifically, we have drawn on multiple data sources to address the following research aims:

1. Identify and explore barriers and enablers around healthy eating for low income families in the Rural City of Wangaratta, using Community Research Volunteers;
2. Identify and prioritise community solutions to improve healthy eating for low income families with children in the Rural City of Wangaratta; and
3. Build capacity within the Rural City of Wangaratta community to work collaboratively with local agencies in identifying and responding to local issues around healthy eating.

Method

We addressed the research aims using a Community Participation Based Action Research (CPBAR) methodology incorporating the following stages:

- (i) Identification, recruitment and training of Community Research Volunteers (CRVs)
- (ii) Conduct of focus groups, referred to as 'community kitchen table chats', with residents of Wangaratta who had low incomes and families
- (iii) Analysis of focus group data
- (iv) Conduct of 'Checking back' workshop with CRVs

Results

Summary of key findings

Using this methodology we identified a number of mechanisms that can be used to facilitate healthy eating among low income families of Wangaratta. These include:

- Motivate the community to eat well and address / alter values around healthy eating;
- Address / alter intergenerational eating behaviours;
- Improve knowledge and skills around planning, budgeting, shopping, cooking, sourcing and growing healthy food;
- Encourage social connection within the community;
- Improve skills in efficiency and planning;
- Reduce the cost of healthy produce;
- Improve access to healthy food options;
- Involve schools in action planning and implementing healthy eating strategies; and
- Improve finances and access to income.

These mechanisms may be realised through:

- Including children in family meal planning and cooking; providing easy cookbooks using low cost ingredients; and building connections with others interested in healthy eating.
- Involving children in cooking and gardening activities at home and in the community.
- Attending / providing affordable classes to gain knowledge and skills about planning, shopping, cooking, budgeting, school lunches and gardening.
- Getting together with others to share handy hints, food, seedlings and skills.
- Attend food swaps or other food related activities; volunteer and/or provide access to information about volunteering opportunities and how to get involved; build connections with others interested in healthy eating.
- Building vegetable gardens; forming neighbourhood co-ops or food banks; reduce unhealthy eating options; improve income/finances.

- Reducing waste through donations to a food bank, purchasing food at cost price, bulk buying collectively, and/or consulting with industry.
- Building vegetable gardens in homes and the community as well as planning better locations for healthy food outlets; ensuring better access to transport to buy affordable food; improving promotion of healthy food options in the local community; addressing industry wide issues around marketing of healthy and unhealthy food by the food industry.
- Assisting schools to have a healthy canteen, healthy eating suggestions in the school newsletter, learning skills in the classroom and providing a student lunch making area.
- Provide ways to source extra income (e.g. work opportunities); skills and training in budgeting/prioritising.

Outputs and outcomes resulting from this research

This research has not only identified ways the community of Wangaratta could improve healthy eating options and behaviours for low income families it has started a community conversation about healthy eating and how to improve the current state of affairs.

Key outputs from this research are:

- Training program developed for community research volunteers
- 8 community members trained in facilitating a focus group
- 4 health promotion staff trained in conducting research

Key outcomes from this research include:

A set of local actions to promote healthy eating for low income families, developed from local community input, thus ensuring community ownership. This research also facilitated a relationship between the health promotion team and harder to reach community members in Wangaratta.

Where to from here?

The next phase of the research will be a community event to celebrate the achievements of the project and community researchers and to facilitate community discussion and input into prioritising the findings.

Following this will be the development of a model to enable community members and organisations to participate in creating interventions and initiatives that are based on the research findings.

Conclusion

A community-based participatory action research (CBPAR) approach was used to explore the unique issues and challenges associated with healthy eating for families living on low incomes in the Rural City of Wangaratta. This approach and the use of community research volunteers enabled the collection of local data as well as the building of local community capacity to identify issues and develop local actions to facilitate healthy eating. We have identified that community involvement and community cooperation, encouraging social inclusion and up-skilling and training community members in essential skills like budgeting, prioritising and cooking are key mechanisms that can facilitate healthy eating in this community. These findings will form the basis of interventions to address healthy eating in our local community. The next stage of this research will be to implement the identified solutions.