



## Executive Summary: Melbourne Polytechnic Nutrition Program 2016-2019 Evaluation Report

Good nutrition is crucial to positive social, physical and mental health and wellbeing. Together with physical activity, nutrition plays a key role in preventing disease, promoting wellbeing and productivity, and promoting better oral health. Nutrition and food security - the ability to access adequate quality and quantity of food without running out - has significant influence the onset of chronic non-communicable conditions (such as hypertension, diabetes, vision deficit or chronic pain), and poor oral health.<sup>1</sup> Food insecurity is more prevalent among new arrivals, especially people from newly arrived or refugee backgrounds.

Your Community Health has been providing nutrition education to refugees, migrants and newly arrived communities since 2007. The nutrition program aims to provide nutrition education to priority groups who are most at risk of poor nutrition and food insecurity (see Figure 1 for program aim and objectives).

In 2015, Your Community Health worked with Melbourne Polytechnic teachers to develop and pilot a three-day interactive program within two different settlement programs at Melbourne Polytechnic.<sup>2</sup> The nutrition program focused on food literacy and nutrition, involving an interactive visit to the health centre, a supermarket tour and cooking session. The sessions were further supported with pre-learning activities facilitated by the Melbourne Polytechnic English language teachers using specifically designed resource guidelines.<sup>3</sup> Following this trial, Your Community Health refined and delivered the program nine times from 2016 to 2019. All sessions were delivered at the Preston campus of Melbourne Polytechnic, except for the 2019 program which was delivered at the Epping campus.

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<sup>1</sup> Food and Agricultural Organization of the United Nations, Committee on World Food Security, 2012.

<sup>2</sup> The two different settlement programs engaged were, the Young Adult Migrant English Course (YAMEC) and Adult Migrant English Course (AMEP).

<sup>3</sup> Learning Language Through Food: A nutrition program within a young adult migrant English class. 2017.

Figure 1 – The program: aims and objectives

<p><b>Program aim:</b>  <b>To reduce risk factors of food insecurity for new arrivals and migrants and promote eating behaviours that align with healthy eating principles</b></p>
<p><b>Objectives</b></p> <ul style="list-style-type: none"> <li>- To improve student nutrition and health literacy</li> <li>- To improve student knowledge and skills to make informed food choices in a supermarket</li> <li>- To increase students' awareness of how to implement the Australian guide to healthy eating in food preparation</li> </ul>

<b>Sessions</b>	<b>Classroom Activity and Learning (teacher led)</b>	<b>Nutrition Activity and Learning (dietitian led)</b>
<b>Session 1</b>	Nutrition words and concepts	Tour of the health centre What is nutrition?
<b>Session 2</b>	Exploring food processing and costs	Supermarket tour
<b>Session 3</b>	Reading recipes	Cooking skills Meal preparation
<p><b>Key Messages:</b></p> <ol style="list-style-type: none"> <li>1. Eating less processed foods</li> <li>2. Eating more fruit and vegetables</li> <li>3. Reducing added sugar intake</li> </ol>		

## Methodology

From 2016 to 2019, Your Community Health delivered nine iterations of the program with Melbourne Polytechnic. Evaluation data was collected from students and teachers pre- and post- program delivery through an online survey completed in class. Facilitator data was also collected from participating Your Community Health staff such as the Health Promotion Officer and Dietitian, in the form of a reflection journal relating to program delivery factors. Results were analysed through descriptive quantitative analysis of participant demographics, indicators of food security and level of health and food literacy, in line with the program objectives. Qualitative data, including staff reflections and process indicators relating to program delivery were analysed according to key themes, positives and negatives.

## Results

### Participant demographic profile and food insecurity

129 students, 75 per cent of which were aged 15 to 25 years' participated in the nine iterations of the program from 2016 to 2019. Nearly three quarters (73 per cent) of

students had lived in Australia for less than two years, arriving from a range of countries, including Somalia (16%), Syria (13%), Vietnam (12%), Thailand (9%), Ethiopia (9%). Overall, 18 per cent of students reported experiencing food insecurity. After the program, 75 per cent of students indicated they would consider accessing Your Community Health in the future after attending the nutrition program.

### Food literacy – Plan, manage, select and prepare

Overall, compared to pre-program surveys, post-program surveys indicated increases in confidence, knowledge and skills relating to planning, managing, selecting and preparing foods.

- 11 per cent of students increased their confidence in selecting foods when shopping.
- 12 per cent of students increased their understanding between the links with food processing and food prices.
- 20 per cent of students were able to use nutrition information to correctly identify a healthier cereal post nutrition program.
- 15 per cent increase of students who always compared unit prices to guide shopping and food selection (and 12 per cent decrease of those who reported never comparing unit prices).
- A general increase in confidence in cooking skills.

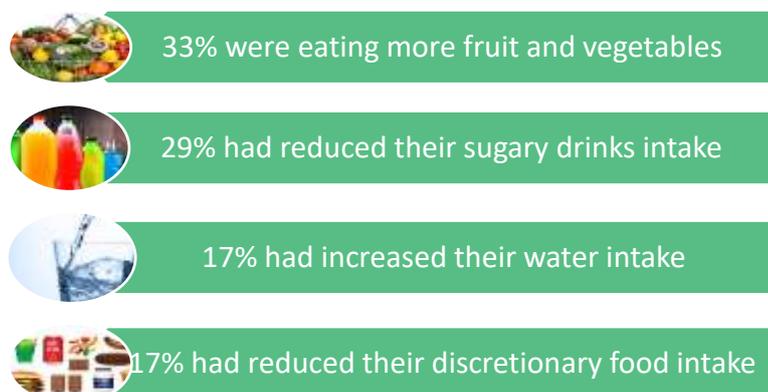
### Eating behaviours

Most students made changes to their eating and drinking post nutrition program across four key themes (see Figure 2):

- Fruit and vegetable intake had increased.
- Sugary drinks intake had reduced.
- Water intake had increased.
- Snacking between meals had decreased.

Overall, 82 per cent (with some classes up to 100%) shared their new knowledge with family and friends.

Figure 2 – Types of dietary changes made post nutrition program



## Program format, delivery and overall feedback

Students and teachers described the nutrition program as very interesting, useful, good, helpful, informative, and fantastic.

Overall, the nutrition program was positively received by teachers (100 per cent positive responses), with students indicating to teachers that they enjoyed the sessions, are now actively thinking about shopping choices, are reducing their discretionary food intake and have increased their English vocabulary.

Facilitator journals highlighted positives and negatives about the program delivery (see Figure 3).

Figure 3 – Summary of positive and negative elements of program delivery

Positive	Negatives
- <b>Support from teachers in delivery pre-learning activities</b>	- First session has a lot of information – need to ensure more activities
- <b>Level of English was adequate in most groups to understand nutrition and health concepts</b>	- Staffing for Session 2 supermarket tour can be intensive
- <b>Activities could be tailored depending on level of English, class dynamics/needs (for example AMEP – added in nutrition information for mothers)</b>	- Travel to Epping was a challenge and changed program delivery – for example, there was no kitchen
- <b>Interactive activities – especially the ‘unit cost’ activity</b>	- Epping class level of English was not adequate to understanding nutrition and health concepts
- <b>Cooking was interactive and engaged students overall; recipes could be tailored to group</b>	

## Discussion

This evaluation concluded that the program has been successful in educating 129 new arrival and migrant students (over four years and nine iterations). Overall, students reported higher rates of food insecurity (18%) compared to the Darebin local community (5.8%)<sup>4</sup> and Victoria (4.6%)<sup>5</sup>. The needs, knowledge and risk of food insecurity varied throughout the years of program delivery. Earlier cohorts showed a higher proportion of food insecurity and risk of food insecurity, whilst the

<sup>4</sup> Darebin City Council. Darebin City Council Food Security and Nutrition Action Plan 2016 – 2020.

<sup>5</sup> Victorian Department of Health. 2013, Victorian population health survey 2011-12, Victorian Government, Melbourne.

latter cohorts consisted of more intact families which could be protective against food insecurity.

Behaviours in line with healthy eating principles, such as reducing intake of sugary drinks and discretionary foods and increasing intake of fruits and vegetables was evidenced. In each iteration, more than 50% of students identified making or intending to make changes to their dietary intake and lifestyle; increasing their confidence to select healthy foods from the supermarket and increased cooking skills. Additionally, the program increased awareness of available health services, which assists in bridging the gap in healthcare provision to new migrant communities.

Teachers reported increased confidence in teaching and incorporating healthy eating principles in their curriculum. These positive impacts of the program on the health and food literacy of students also extended to beyond the student cohort but also to teachers, family and friends.

## Conclusions and recommendations

The following recommendations are made to guide the ongoing collaboration between Your Community Health and Melbourne Polytechnic and to meet the program aims:

### Current program

- The current format and delivery overall has shown positive impact in its intended aim. Further consideration about how to maintain interactive activities in the Epping campus is required (such as a site tour of Your Community Health, access to kitchen for cooking).
- Ensure there is an adequate level of English to participate in the program, supported by teacher-led activities.
- Ongoing update of the program guide to ensure that it continues to provide the most up to date information.

### Reaching priority population

- Consider how to focus on classes where there is greater risk of food insecurity and lower levels of food literacy for the priority population group (especially refugee and asylum seeker backgrounds).

### Partnership

- Ensure there is adequate engagement and commitment from both partners before proceeding with program delivery including staffing for program facilitation and evaluation and completion of teacher-led activities as per the resource guide.
- Explore other opportunities for partnership with Melbourne Polytechnic to promote an environment for students with increased access to healthy food and drinks and to allow ongoing practices of healthy eating.

## Evaluation

- Link pre- and post- evaluation data for students and explore opportunities for longer term follow up (e.g. in 6 or 12 months).
- Conduct ongoing data collection pre- and post- program moving forward, with a standardised survey based on specific themes to ensure that data can continue to be evaluated between iterations and years.
- Adjust the current pre-program survey to capture areas of nutrition of interest and allow free-text boxes to allow a better understanding of the expectations, needs and level of English prior to the sessions and adjust nutrition program content and structure of the program as needed.

To further the success of the nutrition program, the partnership presents an opportunity to collaborate in developing a nutrition policy or guidelines for Melbourne Polytechnic that provide an ongoing environment that promotes health and wellbeing through a place-based systems approach to increase access to healthy food and drinks. Ongoing collaboration between Melbourne Polytechnic and Your Community Health can progress towards creating a supportive environment that not only builds capacity of students, but also promotes health and wellbeing and improves access to health services.

### **For more information contact:**

**Name:** Louise Sadler

**Title:** Community Programs Manager, Your Community Health

**Email:** Louise.Sadler@yourcommunityhealth.org.au