

Abstract

Objective: To determine the extent to which a nutrition project (implemented at Hope City Mission Food Bank) has met, and is meeting, the goals and objectives for its purpose. This consisted of conducting a process and impact evaluation of: the written handouts; Quick and Easy Recipe Ideas, School Lunch Ideas, Super 6 Lunchbox Essentials, Smart Shopping Tips, Healthy Eating Made Easy, and Coeliac Disease and Gluten Free Foods. It also included a process and impact evaluation of the recommendations made to staff of Hope City Mission (HCM) Food Bank (FB) of; how to increase the nutritional value of their food packages, and encourage their clients to eat a healthy, balanced diet.

Setting: HCM food bank, Mooroolbark. An emergency food relief agency, providing food parcels for food insecure members of the community who ask, and have been approved, for assistance.

Methods: Approximately 23 hours, over the first 3 weeks, were spent observing and volunteering at the Food Bank (FB), gaining understanding of how it operates, who the clients are and building rapport with them, and observing the impacts on food choice. 15 Surveys were conducted on Hope City Mission (HCM) clients' experiences, circumstances, views/opinions on the written nutrition resources they received, and suggestions for other modes of encouraging healthy eating in their demographic of those who are food insecure. A focus group, consisting of 10 client of HCM, was run to get discussion around the topics surveyed (above), and 2 interviews were conducted with clients who could not make it to the focus group. The CEO and FB Coordinator were also interviewed. Common themes were sought after when analysing data.

Results: There was some positive feedback on the resource 'Quick and Easy Recipe Ideas' that has been given to clients. Many of the other written resources were perceived by staff of HCM as inappropriate, or quickly became inapplicable, for their clients and hence were not given out. The majority of the recommendations made to HCM were not applicable to the running of the FB and hence were not followed through by staff. There have been, however, some positive changes to some aspects of the nutritional quality of food parcels, including more fresh fruit and vegetables available to clients.

Conclusions: Many different factors come into play when determining what food items are available at the FB from week to week and what food choices the client will make. To develop a more holistic, and effective nutrition program more collaboration is needed with staff of the FB when creating resources and making recommendations, as well as a greater understanding of the clients and their needs and situations. It would also be important to have knowledge, and experience if possible, on the running of the FB.

Background

Food security is defined as 'access by all people, at all times to sufficient food for an active and healthy life' and includes a minimum of 'availability of nutritionally adequate and safe foods, and an assured ability to acquire acceptable foods in socially acceptable ways' [1]. The absence of food security is known as food insecurity. The consequences of food insecurity are high and very far reaching, with reduced physical, mental, spiritual and social health and wellbeing felt to individuals, families and to society [2]. Food Insecurity has been identified as a national public health priority here in Australia [3], with an average of 5% of Australians reporting as being food insecure in the 1995 National Nutrition Survey, and this figure seen as an underestimate of the true proportion [4].

Food security is also a Victorian health promotion priority [5], with the 'availability and cost of healthy, nutritious food' stated by the Parliamentary Secretary for Health as being 'one of the most crucial health issues of our time' [5]. In the outer east of Melbourne food insecurity has been identified as a 'real risk' [6]. This represents a huge barrier to health for the population in this area.

There needs to be many upstream and economic changes made to combat this public health concern using prevention, but there will always be some members of the community needing emergency food relief. It is important to ensure that the emergency food relief these people are accessing is nutritionally adequate. Emergency food relief is not the answer to eradicating food insecurity, but it plays a vital role in helping those who are food insecure to gain access to the food and nutrition they require.

Hope City Mission (HCM) is a not-for-profit organisation that provides a variety of services, including a Food Bank (FB), which distributes emergency food relief (EFR) to residents of the outer east of Melbourne who are in crisis and experiencing food insecurity¹. The FB is open Wednesdays and Thursdays from 9:30am to 2pm, during which clients are scheduled to appointed times (15 minute time slots) to obtain their food packages.

Reasons for food insecurity and, hence, the use of HCM's Food Bank were given by those who completed the survey for this evaluation project. It was found that, from this population group, 53% said food was too expensive in the local shops, and 80% said they didn't have enough money to buy food regularly, with many of these clients listing increases in housing prices, costs of bills and petrol prices as causes of, or contributors to, this situation.

HCM operates slightly different to other FB's in that it allows its clients some choice in the food they receive. The FB coordinator assesses all clients as to their degree of need and the amount of food they require, and from there puts them in Category 1 (weekly food parcels), Category 2 (fortnightly), or Category 3 (monthly), and also assigns a number of food items allowed to the client per visit. When a client comes to the FB they are given the shopping list for that week, including all the items available to them, and are able to choose from this list according to their food items allowance (how many items they are allowed).

Original Nutrition Project at HCM:

In September/October of 2009 a nutrition project was implemented at HCM by students of Deakin University, under the instruction of Nourish (formerly the Outer Eastern Nutrition Network (OENN)). Nourish is made up of local health promotion, dietetic, government and consumer representatives who come together in the aim of sharing ideas, resources and expertise on the issue of food access in the Outer East. The project aimed to increase the capacity of HCM to improve the nutritional value of food packages provided to food insecure clients, and to enhance the opportunity of the food insecure clients of HCM to consume a diet that is more in line with the Australian Guide to Healthy Eating (AGTHE).

The project undertaken at HCM involved the compilation of a number of written resources (appendix 1), to be given to clients when they first access the FB, as well as recommendations to the HCM CEO and FB coordinator for increasing the nutritional value of food packages (appendix 2). There were 6 resources compiled; Quick and Easy Recipe Ideas, School Lunch Ideas, Super 6 Lunchbox Essentials, Smart Shopping Tips, Healthy Eating Made Easy, and Coeliac Disease and Gluten Free Foods.

Quick and Easy Recipe Ideas consisted of just what the title implies, with the recipes being able to be made solely with items that were on the shopping list at HCM at that time. School Lunch Ideas also contained recipes, but for items that may be placed in children's lunchboxes. The resource named Super 6 Lunchbox Essentials contained nutrition tips for creating a balanced lunchbox for a child. Ideas for how to save money when grocery shopping were given in the handout; Smart Shopping Tips. The larger handout, Healthy Eating Made Easy, consisted of a guide, giving clients the ability to learn; how many serves of different food groups each of their family requires, what consists of a serve, what food items fit in each of the food groups, and hence how to eat a healthy diet (as recommended in the AGTHE). The resource compiled on Coeliac Disease was constructed for the 4-5 clients at HCM FB at the time, who themselves had, or had family members with, Coeliac Disease, and it explained the disease and how to eat a gluten free diet.

Evaluation Aim

The aim of undertaking the evaluation of this project is to determine the extent to which the program objectives have been, and are being, met, and to evaluate the quality of the strategies (of the handouts and recommendations) employed in the project at HCM. This is important to reveal whether this program, the methods undertaken, were appropriate and effective at addressing the issue of nutritionally inadequate EFR. It was also necessary to provide useful information to inform recommendations to further assist Dietitians, Health Promotion Officers and other EFR agencies in making EFR services better able to support the nutritional requirements of their clients.

Methods

This evaluation was supported by, and conducted in cooperation with, the Outer Eastern Health and Community Support Alliance (OEHCSA) and Nourish (formerly known as the Outer Easter Nutrition Network). The methodologies of this project of evaluation were designed in consultation with the OEHCSA and Nourish. 5 methods were employed to gather information on the effects of the changes made to HCM's FB and the resources provided to its clients – Observation, Client Surveys, Focus Group, Interviews, and Data collection on food items at the food bank. These methods were of both qualitative and quantitative in nature and focussed on Process and Impact evaluation.

1. Observation:

Approximately 23 hours, over the first 3 weeks, were spent observing and volunteering at the Food Bank (FB). These actions allowed for; gaining understanding of how it operates, who the clients are and building rapport with them, and observing the impacts on food choice. It also aimed to provide some basic process and impact evaluation of the nutrition program.

Process Evaluation: Observing the running of the FB to see if the recommendations made to HCM had been followed through;

- If the shopping list was split into 'Everyday Foods', 'Sometimes Foods', and 'Pantry Items'.
- If, under each category, the recommended number of serves (according to the AGTHE) were included.
- If a limit of 2 'Sometimes Foods' for singles and couples was put in place and 4 for a family, and
- If specific changes, and suggestions (see Appendix 2 for specifics), for each food group section were followed through with.

Impact Evaluation: Observations of the foods available and the food choices made by clients aimed to discover if both the written resources and the changes recommended to HCM (appendix 2) seemed to 'enhance the opportunity for the food insecure clients of HCM to consume a diet that is more nutritionally adequate' (the aim of the original project) [7]. This was aimed to be an evaluation in comparison to information on food items that was given in the 2009 initial report by Boyer and Trevorrow [7].

2. Surveys:

The aim of the self-administered survey was to, in an anonymous and relatively time-efficient way, gather information on; the usefulness of the written resources, the demographic of clients, reasons for food insecurity among clients, any change in diet after accessing the food bank, and any ideas the clients may have to help encourage healthy eating and healthy food choices at the food bank. The survey can be viewed at appendix 4.

The surveys aimed to gather information to inform a process evaluation on the appropriateness and reach of the written resources that were compiled as part of the nutrition project.. They also contained questions of a demographic nature, and some that inquired of clients as to ideas they may have of other ways to make sure they could always access enough nutritious food to eat. These questions were used to gain more background knowledge on the population group, to assist with the understanding of this project and to assist in compiling recommendations for further projects, as well as to help provide the OEHCSA with gathering information they wanted.

The question 'How has your diet changed since accessing food from the HCM Food Bank?' was also included to gauge the likelihood of the set-up of the FB, and the selection of food items it has available, impacting on the nutritional quality of clients' diets.

The clients were given a copy of these resources to refer to when answering questions regarding these.

The quantitative data from the surveys was analysed simply using Microsoft Excel, measuring percentages, proportions, and differences, and using graphs to represent some of these findings.

3. Focus group:

A focus group with clients of the HCM food Bank was conducted in order to do a process and impact evaluation on the written resources and the changes made to the FB as a result of the recommendations (if followed through). The Focus group was also run to gather information that might help with the production of recommendations that could be made for future projects, to make it more effective. It aimed to use appreciative inquiry [8] to gain a better understanding of clients' experiences with the FB at HCM and with the handouts given out. It was the objective of the focus group to hear their thoughts on;

- How things are run at the FB, and if the set up is conducive to making healthy food choices, and consuming a nutritious diet
- The resources they had been given on healthy eating; whether they had been helpful and how they might better promote healthy eating, and
- What else might be able to be done to help the users of the FB to choose and eat healthy foods.

Focus Group Questions:

1. Have you all received these resources when you first accessed HCM's FB? What did you think of these?
 - a) Quick and Easy Recipe Ideas
 - b) School Lunch Ideas
 - c) Super 6 Lunchbox Essentials
 - d) Smart Shopping Tips
 - e) Healthy Eating Made Easy
2. Do you have any suggestions as to other ways to support you, and others accessing the FB, to make healthy food choices here and externally?

3. What do you like about coming and accessing the FB here at HCM?
 - How do you feel about the way the FB is run?
4. Has your diet changed since accessing the FB?
5. How could HCM FB be better set up for people to make food choices more supportive of an active lifestyle and to increase health and wellbeing?

The guide for the focus group, including the questions/discussion topics, can be seen in Appendix 5.

The clients were given a copy of the resources (appendix 1) to refer to when answering questions regarding these.

The focus group was recorded then transcribed, and common, recurring themes were looked for.

4. Interviews:

Interviews were designed to be conducted with clients from the food bank, who could not make it to the focus group, or had not heard about it, and aimed at being a method (like the surveys) that could be utilised on the spot, while clients were at the FB and waiting for their food packages. Interviews, on top of the focus group, were planned in order to gather information from as many clients as possible, to increase the likelihood that information gathered was representative of the whole of the HCM client group.

Client Interview Questions:

The same as those for the focus group, above.

The CEO of HCM and the food bank Coordinator were also interviewed in order to do a process evaluation of the recommendations made for changes the staff could make to the FB, as well as to gather more information for the process evaluation of the written resources produced.

Staff Interview Questions:

1. What do you see as your goal and the foundational principles for running the FB here at HCM?
2. How do you feel about the changes made to the FB in September 2009?
3. What is your perception of the usefulness of the written resources given out?
 - Are clients using them (from what you see and hear)?
 - What are Clients' responses to receiving these?
 - Is there any other information (or changes to the current information) that you think would be useful to clients?
4. How have you found the recommendations (Appendix 2) that were given to you in 2009?
 - Do you remember what these were?
 - Do you understand them?
 - Have you done these/ gone through with the recommendations?

- How achievable do you think they are/have been? Is there anything that would make it easier for you as an organisation to implement/achieve these recommendations?
- 5. What are the sources of the foods made available to clients at the FB?
 - How often do you retrieve stock from these?
- 6. How do you choose the foods from the different outlets etc? What criteria come into play?
 - Do you use the 'Guide to Nutritious Shopping – Food Labels, What to Look For'?
 - Or, what the clients like?/ what you like the look of?
- 7. What do you see as the gaps to providing nutritious food to the community of people accessing the FB?
- 8. What would you like to see happen in the future at the FB?
 - Do you have any other suggestions?
 - Would you benefit from further help with the nutrition recommendations?

The clients and the HCM CEO and FB Coordinator were given a copy of the resources to refer to when answering questions regarding these.

Both the interviews of clients and of staff from HCM were recorded then transcribed and common, recurrent themes were looked for.

5. Inventory Data Collection:

Data was collected on the shopping list food items available from the food bank, and the nutritional qualities of these items. The aim of this was to use the data collected to compare to the data recorded before the implementation of the nutrition project, hence doing an impact evaluation on the food items available.

The sugar, fat and sodium content of each sets of data would be compared to the recommendations given to the FB coordinator for these nutrient levels in the different food items, and then a comparison between baseline post-implementation made on that basis, to assess whether or not the nutritional quality of the shopping list has improved.

The quantitative data from the inventory collection was analysed simply using Microsoft Excel, measuring percentages and differences, and using graphs to represent some of these findings.

Results

1. Observations

Approximately 23 hours over the first 3 weeks of the placement were spent volunteering and observing at the HCM FB. Through this time it was found that some of the recommendations had been fulfilled and some had not.

When doing administration for the FB it could be seen that the shopping list was not split into 'Everyday Foods', 'Sometimes Foods' and 'Pantry Items', and hence the recommended serves (according to AGTHE) were not included under each category. As the shopping list was not categorised as recommended, the limit of 2 'Sometimes Foods' for singles and couples and 4 for families was not created either.

Some observations that seemed to represent specific recommendations that had been achieved were:

- Less biscuits/cakes available (recommendation to limit 'sometimes foods' of which these would be a member)
- Less drinks (recommendations to encourage water as the 'best choice')
- Addition of calci-yum drinks for kids (similar to 'ready-to-drink Sustagen that was recommended)
- Addition of fresh fruit and vegetables, and no limit to the amount taken by clients. (recommendation to try to source donations of fruit and vegetables)

During this time rapport was also built with the staff and clients of HCM Food Bank.

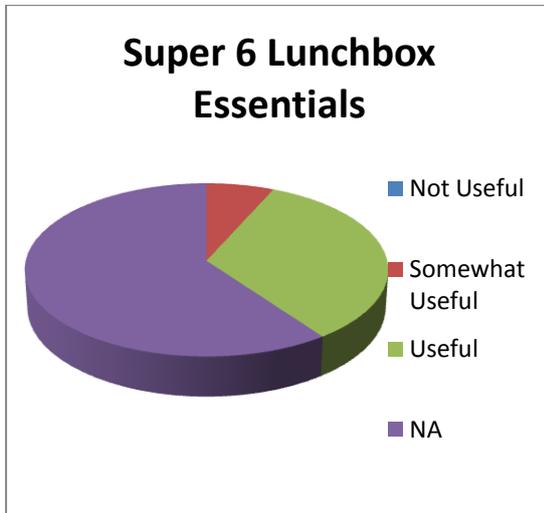
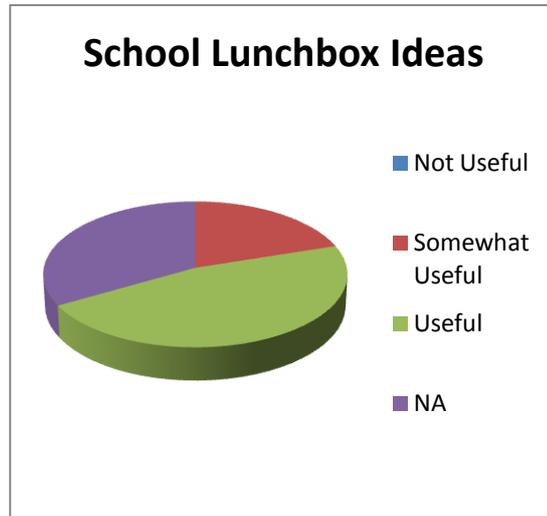
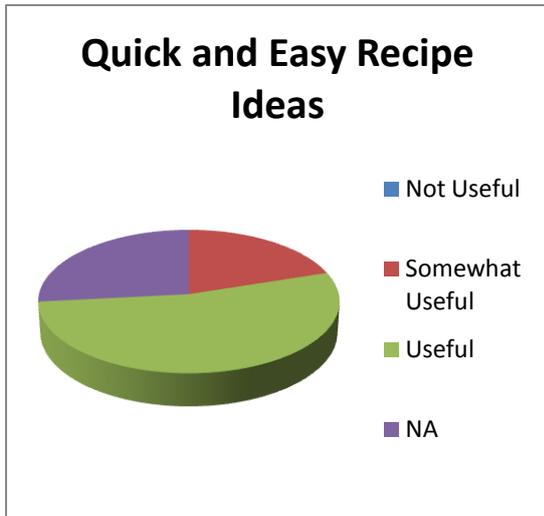
2. Client Surveys

A total of 15 clients of the HCM food bank completed surveys over the 2 weeks (four days when the FB was open) these were being conducted. The 15 clients who participated represents approximately 13% of the population, the clients accessing the HCM FB.

Written Resources:

It was seen from the survey that many of the written resources were not received by clients and this was indicated by the answer 'NA'. The survey showed the 'Quick and Easy Recipe Ideas' to be the most useful to the most clients, and the 'Super 6 Lunchbox Essentials' to be the least received.

The rates of responses to the usefulness of each of the written resources compiled can be seen below:



3 Out of the 15 clients who completed surveys made suggestions for making the written resources more useful or helpful. These suggestions included:

- 'More Recipes would be good, otherwise fine' (referring to all handouts)

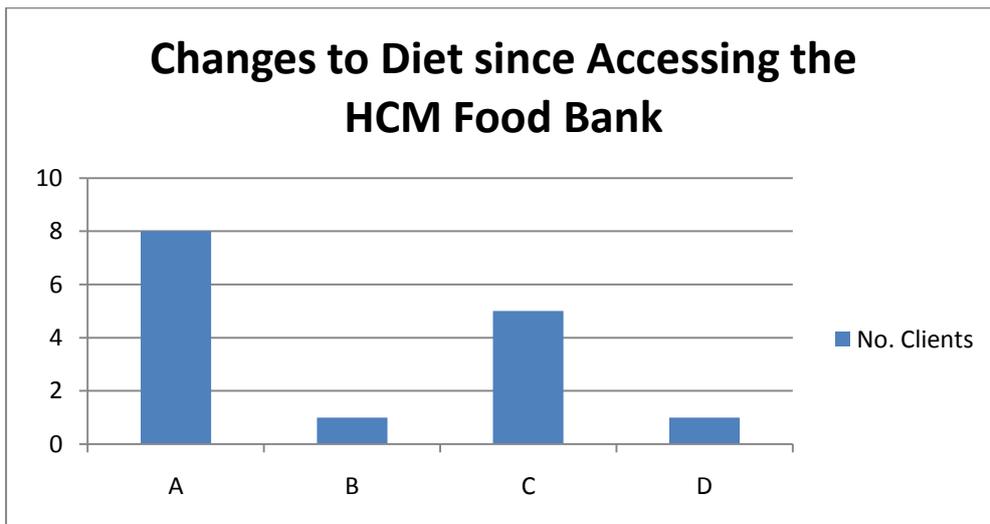
- 'internet' (under suggestions for Quick and Easy Recipe Ideas)
- Adding 'take a calculator' to the Smart Shopping Tips
- Adding 'Le Snacks' to the Super 6 Lunchbox Essentials
- Adding 'small tins of tuna with crackers' to School Lunch Ideas
- 'Lots of ideas for lunch snacks'

Other comments/suggestions made were:

- 'Maybe hold cooking classes'
- 'Maybe once a month it would be good to hold an after-hours food bank for those who work'
- 'New ideas to make up in food for appetites. Interesting foods for everyone.'
- 'pre-make/bake large quantities and freeze. Then it doesn't feel like the cooking is out of control' (perhaps this is a suggestion for another resource that could be compiled?)
- 'Should have more fun foods like cake mix, scone mix, fresh milk'

Changes to Diet

The distribution of answers to the question; 'How has your diet changed since accessing food from the HCM Food Bank?' is graphed below:



A = I eat similarly to what I did before accessing the food bank

B = I am eating more 'unhealthy' foods, as this is what is offered at the food bank

C = I am eating healthier than before (eating more fruit and vegetables, high fibre foods, low saturated fat and low sodium foods etc)

D = other - Comments made here were:

- "more variety of cereals than we used to"
- "the kids have different stuff in their lunchbox than they used to that they love cos I couldn't do it before"
- "less meat"

Making it easier to ensure access to nutritious food

The distribution of answers to the question: ‘What would make it easier for you to make sure there was always enough nutritious food to eat?’ is displayed in the table below:

Strategy	n (%)
A. Better Public Transport to the shops	0
B. Assistance with growing my own fruits and vegetables	2 (13%)
C. The opportunity to share a garden with others to grow our own food	4 (27%)
D. A group to cook and eat with	5 (33%)
E. Cooking Classes	2 (13%)
F. Help with managing my money	2 (13%)
G. A cheap fruit and vegetable market in my area	10 (67%)
H. Home delivery of groceries	0
I. Someone to help with my shopping	0
J. A community bus that takes people to the shops	1 (<1%)
K. Greater variety of ingredients used in my traditional cultural food available at local shops	1 (<1%)
L. A group of people who pooled their money to buy food cheaply in bulk and then distribute the food evenly among the group	4 (27%)
M. More information about healthy food	2 (13%)
N. Cheaper meals at local cafes	7 (47%)
O. a guide to shops selling affordable food in my region	9 (60%)
P. More information about nutrition and food products in languages other than English	2 (13%)
Q. Other	2 (13%)

The 2 strategies suggested under ‘other’ were:

- ‘Having facilities and hours (at the FB) for people who work’, and
- ‘money’

3. Interviews

Client Interviews:

The transcripts of these 2 interviews were qualitatively analysed along with the focus group transcript, as the same questions were posed in both of these methods of evaluation, and they were approached with the same objectives.

Staff Interview:

The transcript of the interview with the CEO of HCM and the Food Bank Coordinator was qualitatively analysed, and 2 themes were identified:

1. Knowledge of the HCM FB
2. The need for more assistance

Theme 1:*Knowledge of the HCM FB*

The staff of HCM explained the inapplicability of many of the recommendations and handouts, and the need for any strategies to improve the nutritional value of HCM's FB to be preceded with experience in, and understanding of the running of, the FB. They voiced that it would have 'benefitted' those who constructed these items 'if they had of come in and volunteered in the Food Bank' 'before they put them together'. They shared that 'they only came once and met us, then went away and never came back' and commented that 'they've done a great job based on not even knowing how food bank ran'.

Written Resources:

A staff member shared (regarding the handouts) that 'generally the feedback from the clients has been really good, especially the School Lunch Ideas and Smart Shopping Tips', but it was also voiced that many of these were not entirely appropriate or applicable.

The handouts had not been given out for different reasons:

- Quick and Easy Recipe Ideas: Because the recipes were based on items available from the shopping list at the time they were created, and these items are no longer available
- Smart Shopping Tips: one of the headings is 'Buy Home-Brand' and the staff member explained that many of the clients they deal with have a 'victim mentality' and they 'see suggesting they buy home brand as an insult', as reducing their self worth to a 'black and white label' (This handout is sometimes given out, but the staff member skims over 'home brand' when explaining it)
- Super 6 Lunchbox Essentials: because they had mixed feedback from clients, with some exclaiming that they would be lucky to get a piece of fruit into their kid's lunchbox – their inability to provide all the 6 different 'essentials' for their children affecting their self worth.
- School Lunch Ideas: again, the recipes were based on the items available in September of 2009 and are no longer available. It was explained that the food that the FB gives is 'often the only food they get' and that they 'can't afford to supplement'.
- Healthy Eating Made Easy: they had been getting negative reactions from clients, some saying that 'that's great n all, but out of all those food groups I can probably only eat 2'. After talking this over they decided to resume giving clients this handout on a different angle - that whilst they can't provide all the items from the 5 food groups they can provide some, and that this handout is a goal for their clients diets.
- Coeliac Disease and Gluten Free Foods: they don't have any clients with Coeliac Disease anymore. They said that this was 'good at the time', 'clients were grateful but the prices of the foods were limiting and what we could provide was limited'.

Recommendations to Staff:

When asked about whether they remembered the recommendations given them, and whether they had achieved these a staff member told that she 'took on what they said', but that it 'just got fiddly because I didn't have much of the product they wanted me to'. But, she did share that she has taken on some of the recommendations. These included:

- Getting more baked beans instead of spaghetti
- Including soy milk
- Including Plain flour and sugar for baking
- Making sure there is always plenty of pasta
- Providing fresh fruit and vegetables (the ability to do this only occurred recently, since one of their providers started offering these. Prior to this there was no option)
- Limiting biscuits, coffee and lollies to a maximum of 2 items per client, per appointment.

Other recommendations made that were not applicable were:

- recategorising the shopping list and including recommended servings under each heading: This would take time the staff do not have, and requires there being enough items under each category to satisfy the recommendations, which could not be assumed or . They are relying on receiving foods from VICrelief and Fare Share, and don't know what products will be available from week to week. The staff also believed these recommendations would make the shopping list too 'overwhelming', especially when 'some aren't the best at reading too'.
- using the 'Guide to nutritious shopping' to choose food items from providers: the staff explained that this is 'not practical'. When they go to VICrelief etc, its a drive through system, they 'can't even open some of the boxes' to look at the nutrition panel, let alone have time to analyse it and scrutinize which products to take.
- many of the specific food item recommendations: when asked whether they were able to get this item or that item, that was recommended to them, they explained that they can't, that they 'get what they get'. There were some things that they were able to source, but for the most part these specifics could not be fulfilled.

Theme 2:

More Assistance

The need for more assistance to provide their clients with foods that will constitute a nutritionally balanced diet was spoken of throughout the interview with the HCM CEO and FB Coordinator. The staff expressed the difficulty in providing their clients with all they needed nutritionally, with the limited resources that they have. They made suggestions as to how help could be given to them in increase the nutritional value of their food packages, and gave ideas of additional information that could be useful in a handout for clients.

Some of the ideas for additional handouts, or changes to the existing handouts were:

- Adding a resource on 'microwave meals'; meals they can make in the microwave if they don't have an oven. The staff explained that some of their clients 'don't have all the facilities' and that 'some are living in caravans'.
- Having information on what foods and meals are great for making and freezing. They believed this would really help young families.
- Storage information on foods; what foods can be frozen and for how long, how to keep fruits and vegetables fresh etc.

Other methods of assistance the CEO and FB Coordinator expressed would be helpful, were:

- Money/Funding
- Suppliers for all the recommended types of food items, in all the categories of the Healthy Eating Made Easy document.
- Having an additional staff member or volunteer who was able to create recipes based on the food items available each month to be given to clients.
- More diversity of food items available from the agencies they draw from (eg Vicrelief and Fare Share), and the availability of more meat, fresh fruit and vegetables and bread.
- A partnership with Monash University or Deakin etc, where they could have a letter from the university or organisation that could accompany any letters they may send to potential sponsors or donors of supplies. Or being able to use findings from the report being written in letters expressing their needs at the FB. They believed that this would help attract organisations' assistance to the FB by having facts backed by legitimate research, and a respectable name alongside their requests.

4. Focus Group

The focus group was conducted on a Wednesday morning, during open hours of the FB, in the HCM cafe, and provided participants (n=10) with a morning tea as well as an additional \$10 voucher to Coles, as an incentive for their participation. Qualitative analysis of the transcript of the Focus Group together with the 2 client interviews identified themes of; usefulness of handouts, changes in diet, and further suggestions.

Usefulness of Handouts

As all but 1 of the 10 clients expressed never having been given the handouts, comments on the usefulness of these were not from experience, but rather clients' predictions and thoughts.

Smart Shopping Tips

When asked about the Smart Shopping Tips, it was said that most already knew all of this, that it was logic and common sense, but that it was a 'good reminder'. One client simply said:

'I do those already'

Another expressed that the 'Buy home brand' suggestion is not feasible;

'Home brands – I don't like the taste. Taste is important and if I buy them we don't eat them'

Super 6 Lunchbox Essentials

In relation to the Super 6 Lunchbox Essentials handout it was agreed that it was a

‘good reminder of balancing foods for the lunchbox’

But, most of the clients who were parents also said that they already did most of these things, and suggested other information that would be useful for this handout (explained below).

Healthy Eating Made Easy

The Healthy Eating Made Easy document brought mixed reactions and comments. Most agreed that they already knew most of it, and that the problem was that they didn’t have access to all of these food groups, when relying on the food parcels. One client explained that

‘we could go whole week without meat or dairy, just living on pantry foods given’.

Another client voiced that

‘The more important issue is learning how to eat a balanced diet on a tight budget’.

One client said honestly,

‘some of us don’t read the best, can’t take it all in’

While another explained that being given this can be offensive, and warned:

- ‘Be careful not to make assumptions – some people already know all this stuff, they’re just going through a tough time, and it undermines their skill and knowledge’.

One client was very impressed by the Healthy Eating Made Easy handout, and said that this would help her to remember the;

‘Portions of stuff you’re supposed to eat for the day. How much fruit and veggies they’re (the kids are) supposed to eat for the day. I always forget.’

Quick and Easy Recipe Ideas

The idea of the Quick and Easy Recipe Ideas handout brought a general positive reaction, with most clients saying that this would be very useful, if the ingredients listed were provided at the food bank (as the handout says they are). One client said;

‘That’s a neat idea isn’t it! That would be useful...well if it’s in the shopping list and stuff like that...’

Another looked at the resource and exclaimed;

‘We’ve never had those kind of food items at the food bank.’

School Lunch Ideas

The School Lunch Ideas resource gave similar reactions to that of the Quick and Easy Recipe Ideas, but with many clients expressing that they did not think some of the recipes were appropriate for school lunches. Many comments were made in relation to allergies and schools not allowing nuts in particular, with someone explaining;

‘Schools are nut-free now – can’t use some of the ideas that have nuts in them’

Another client explained that many of these recipe ideas she wouldn’t give to her children for lunch, saying;

‘A corn fritter – I’d eat that more at dinner time than I’d give them. It’s not something they’d want to take.’

Both the ideas for veggie sticks and for the muffins were met with very positive appraisal from almost all of the clients.

One of the clients was very impressed with this resource, saying

‘I’ve got to start doing this more often, my son would actually eat his food – cos he’s picky. He has ortism and ADHD.’

Changes in Diet

When asked about whether their diets had changed since accessing the FB at HCM, most said that their diets were probably similar, with one person explaining;

‘The food we get here we try to make into healthy foods too.... so its probably similar.’

And anther replying;

‘It’s almost similar to what we normally do. Cos, we get to choose what we normally eat.’

One client told that she believed her diet had actually become healthier since accessing the FB:

‘I’m eating more beans, and snacking on crackers instead of chocolate or cake. I Have smaller amounts of snacks to spread it out and make things last longer.’

Another common reply was that their diet was lacking in certain food groups since accessing the FB:

‘I used to be able to buy milk, cheese and yogurt and meat. The kids could have as much milk as they want – now only one glass. Instead of pieces of meat we can only get sausages, which are fatty.’

‘Don’t eat meat anymore – can’t buy, because its too expensive’

Further Suggestions

There were many suggestions given by clients on how the handouts could be improved and other measures to encourage healthy food choices and healthy eating.

Some ideas for handouts were:

- 'Storage tips – keeping foods fresh, putting foods in the right places'
- 'Make recipes that kids can get involved in and they're more likely to eat then'
- 'create a recipe based on what is available that week'
- 'Choosing which resources are appropriate for which people', not wasting paper, giving the Healthy Eating Made Easy handout to people who already know it.
- 'Tips for fussy eaters – hiding nutrition in foods'
- 'Ideas/alternatives for kids who are lactose intolerant, allergic, etc, or for ADD'
- 'Tips for easier (and cheaper) protein items' (to pack in lunchboxes)
- More Healthy recipes. More fruit and veg is always good, and like if you had this available (a particular fruit or vegetable) – “here's a recipe to use this fruit or veg.”
- Explaining the Smart Shopping Tips further, for those who have just come into the situation of budgeting and not having enough money to buy everything they want. For example: “choose homebrand” – where can you go to get homebrand?’
- 'Different sandwich ideas, fillings on sandwiches that are healthier, rather than your plain vegemite.'
-

Other suggestions were:

- 'Include voucher for meats or fresh fruits or veg with the parcel'
- 'Posters of recipes showing healthy meals and food items to pick from the shopping list'

5. Inventory Collection

The comparison and analysis of the two shopping lists and the fat, sugar and sodium content of the food items, showed a larger proportion of food items post project implementation complying with the recommendations. There were many items included in both shopping lists that did not have any recommendations for the content of these nutrients per 100g, and so were not included in the tally. Some of these items not included were: pantry items like flour and bi-carb soda, sauces/dressings, dessert mixes, some drinks, and frozen whole meals. From those items that the recommendations encompassed, the pre-implementation shopping list had 6 out of the 29 items (21%) meeting recommendations, and the post implementation shopping list had 11 out of the 20 items (55%) meeting recommendations.

Discussion

Results from this report indicate that much of the resources and recommendations made in the project implemented at HCM in 2009 were not appropriate or were not applicable to the organisation's circumstances and the clients' situations. It is also evident that nutrition education is limited in this setting, and that HCM would need more assistance in order to provide food packages that are nutritionally adequate (based on the AGTHE).

The need for consultation and collaboration with staff and clients of the FB prior to implementing recommendations and creating resources, to assist clients to eat a healthy diet, is evident from the results of this project's inapplicability. It is important for a nutrition project at a food bank to get to know the people involved and the set up of the agency as a first step. By hearing and responding to the lay knowledge of the clients and staff of the organisation more appropriate and accessible services will be created [10]. By involving them in the process of designing and implementing a nutrition program it is likely also to bring a sense of ownership of the goals for the program to clients and staff [9] and by creating open and flexible communication real change is more likely to occur [11]

To improve the nutritional value of food packages from HCM FB, more assistance is needed for HCM. This report has made it obvious that HCM does not have the resources to carry out all the recommendations given to them, including sourcing all the food items recommended for provision to clients. As nutrition is a determinant for health or disease, it is important that clients of the FB are provided with adequate nutrition to live healthy active lives, and not be malnourished. If clients are not provided with adequate nutrition they may be predisposed to greater risk of chronic diseases [1], making it harder for them to move forward in life and develop food security again.

This evaluation also shows that education can only do so much, that people in crisis that have come to a place where they cannot afford enough food for themselves and their family, need more than a food parcel. It is changes to the upstream determinants of the circumstances creating food insecurity that will make more of a difference to eating habits than health education [5]. There needs to be upstream changes to the food and nutrition supply system to be able to work towards improving community food security [9]. It is also important to acknowledge the needs of people in this population group, and realise that if they are going through a high stress time, and a time of crisis, they will probably not be able to take on much information given to them, as is theorised in Maslow's hierarchy of needs.

Limitations

Limitations of this assessment were:

- The timing of the evaluation. It may have been easier and more effective to assess change sooner after the implementation of the project in 2009. Conducting the evaluation over 6 months after the implementations were made has meant that most clients from that time have moved on, and so change in their diet could not be evaluated.

- The limited number of clients (n = 15) information was retrieved from and results are generalised from. This may not be a true representation of all HCM FB's clients' experiences and opinions.
- Integrity of the answers to questions on survey. From the information taken from the survey, there seems to have been a lack of understanding of the project, handouts, and questions asked of some of the clients participating in the evaluation. Many answers on the surveys did not make a lot of sense, and many clients seem to have answered that all the handouts were useful, when in the interview or focus group after they have told that they had never seen many of the resources before today.

Conclusions and Recommendations

The information collected from all modes of evaluation came up with both positive and negative feedback on different elements of the nutrition project. While there were some valuable resources and/or recommendations identified across many of the elements of the project, through this evaluation, it has been found that the methods used were not applicable to the actual running of the food bank, or not appropriate to the population group. Some changes have been made to the food bank as a result of the recommendations and initiatives from the project in 2009, but many of the recommendations made have not been followed through.

The Quick and Easy Recipe Ideas handout has been seen to be an effective and well received tool for encouraging healthy eating, provided the client receives the resource and recipes are based on food items available from the shopping list.

The School Lunch Ideas handout had similar feedback from clients as the Quick and Easy Recipe Ideas, as this included recipes also. Some of these recipes contained nuts, which are banned from many schools now, and some items like the corn fritters were judged as not being foods applicable for a lunchbox, but, leaving out these, this resource would most likely be well received if it was kept up to date with recipes based on shopping list items.

The Super 6 Lunchbox Essentials resource did not make any difference to clients' eating habits, or to what they fed their children. This seemed to be information they already knew and contained some recommendations that were not applicable in the schools, like nuts.

The Smart Shopping Tips were mostly things that clients were doing already, they were nothing new for them to learn. Clients did agree that they were useful things to do though, hence this may be a useful resource to give to clients who are new to budgeting or are having trouble sourcing food at lower prices.

The Healthy Eating Made Easy guide is a useful handout to be given out at the discretion staff, as to which clients require, or would like, this information, and which clients may already know this and be offended if offered the handout.

The recommendations to split the shopping list into Everyday Foods, Sometimes Foods and Pantry Items, and to include recommendations of number of servings under each category, were inapplicable to HCM FB and hence not effective.

The Guide to Nutritious Shopping – Food Labels, What to look For was also inapplicable to the FB.

Some of the recommendations for specific foods were helpful, but HCM is very limited in what products they can source, as they rely almost entirely on donations, and get what they get. It seems the education these recommendations gave the FB Coordinator may have helped to think about what products they are providing their clients, and helped to limit some of the obvious 'sometimes foods'.

Recommendations:

Emergency food relief is not a cure for food insecurity, but a service for those who are experiencing this, and who need assistance to get through this time. It is important that the focus is on preventing the occurrence of food insecurity, but there will always be some who do experience this so measures need to be in place to make sure the emergency food relief made available is nutritionally adequate.

Based on the findings of this evaluation report, suggestions for program improvement and future program implementations are as follows:

- The first steps in designing and implementing a nutrition program at an emergency food relief agency need to be; building rapport with clients and staff, immersing oneself in the environment of the food bank, and understanding; how the agency runs, who does what, where food comes from, and what determines the food items available.
- A comprehensive needs assessment the food bank, its clients and its staff, through those first steps (above), needs to be done before creating resources and recommendations for an agency.
- Collaboration with staff of agency (and clients if appropriate) in designing appropriate resources for clients and developing plans to make the FB more conducive to clients eating a healthy diet.
- Developing healthy recipes based on foods available in the food package, and keeping these up to date with food items.
- Having the resource Healthy Eating Made Easy, but not giving it out to each and every client. Give this resource, or one similar, only to those who want and need it, and explain it where required.
- Create a resource on food storage tips, for those who want it, telling what can be stored where and for how long.
- Create a resource including nutritious meals that can be made in the microwave.
- Collaboration with staff of HCM to create a nutritious cooking class for clients, including some nutrition education.
- Having Posters or pictures of healthy meals and what food items they require, placed around the foyer where clients make their food choice decisions and wait for their parcel.

References:

1. Kendall A, Kennedy E. Position of the American Dietetic Association: domestic food and nutrition security. *Journal of American Dietetic Association*. 1998;98:3:337-42
2. Booth S, Smith A. Good Security and poverty in Australia – challenges for dietitians. *Australian Journal of Nutrition and Dietetics*. 2001;58:3:150-156
3. Strategic Inter-Governmental Nutritional Alliance. Eat Well Australia – Agenda for Action for Public Health Nutrition 2000 – 2010. National Public Health Partnership (cited 2010 April 30). Available from: www.nphp.gov.au/publications/signal/eatwell1.pdf
4. VicHealth. Health Promotion Priorities for Victoria – A discussion paper. Melbourne. Victorian Government Department of Human Services [2006, cited 2010 April 30]. Available from www.health.vic.gov.au/healthpromotion/downloads/discuss_paper.pdf
5. State Government of Victoria, Department of Human Services. Supporting Food Security in Victoria. Victoria: Media Unit [updated 2007 Jan 3, cited 2010 April 21]. Available from: <http://hnb.dhs.vic.gov.au/web/pubaff/medrel.nsf/0/84f440d4f810aabcca2571d7007f85c6?OpenDocument&Click>
6. Palermo C, Smith C. Outer East Community Food Access Research Project: Food Security Assessment & Plans for a Way Forward. Melbourne. Monash University; 2009
7. Boyer N, Trevorrow C. Building Capacity for Better Nutrition: within the Maroondah City Council Emergency Food Relief Network. Melbourne. Deakin University; 2009
8. Preskill HS, Catsambas TT. Reframing Evaluation through appreciative Inquiry. California: Sage Publications; 2006.
9. Lawrence M, Worsely T. Public Health Nutrition; from principles to practice. Crows Nest NSW: Allen & Unwin; 2007.
10. Keleher H, MacDougall C, Murphy B. Understanding Health Promotion. New York: Oxford University Press; 2007
11. Naidoo J, Wills J. Health Promotion; Foundations for Practice. 2nd Ed. China: Bailliere Tindall; 2003.

Appendix 1.

Resources Compiled by Deakin Students for HCM clients

- 1. Quick and Easy Recipe Ideas***
- 2. School Lunch Ideas***
- 3. Super 6 Lunchbox Essentials***
- 4. Smart Shopping Tips***
- 5. Healthy Eating Made Easy***
- 6. Coeliac Disease and Gluten Free Foods***

Appendix 2

Recommendations Made to Hope City Mission

Appendix 3

Invitation for Hope City Mission's Clients' participation in Evaluation

Appendix 4

Explanatory Statement and Consent Form

*(Given to all clients and staff of HCM
participating in the evaluation)*

Appendix 5

HCM Client Survey

Appendix 6

Comparison of fat, sugar and sodium content (per 100g) of products available on the shopping list

- 1. Shopping list before implementation of program and recommendations (September 2009)***
- 2. Shopping list after implementation of program and recommendations (May 2010)***

Shopping List 2 – After implementation of program and recommendations

Food Item	Package size	Per 100g of Food Item			Compliance with Recommendations
		Fat (g)	Sugar (g)	Sodium (mg)	
<i>Biscuits/Cakes</i>					
Abe's Real Food Company, Bagel Crisps – Roasted Garlic	75g	10.1	2.4	484	No
<i>Cereal</i>					
Rice Puffs	450g	1.3	8.0	450	No
Health Wise – For Bone Wellbeing	360g	2.3	22.1	255	No
Uncle Toby's Oats Fitness Sachets	320g	7.3	2.4	16	No
<i>Drinks</i>					
Sparkling Apple/Peach Cider		0	8	1	No
<i>Flour</i>					
White Mill Self Raising Flour	1kg	1.5	2.1	795	?
McKenzie's Rice Flour	375g	<1	<1	6	?
White Wings Gravy Flour	375g	0.8	0	5	?
McKenzie's Bi-Carb Soda	250g	-	-	-	?
<i>Fruit</i>					
Southern Cross Pear Halves in Syrup	450g	0.1	12.6	1	No
Golden Circle Pineapple Pieces in Juice	825g	0.1	12.2	10	Yes
<i>Milk</i>					
Farmdale Full cream Long Life Milk	1L	3.3	4.6	41	No
Sanitarium So Good Vanilla Chai	1L	1.5	4.9	56	Yes
Calci-Yum Milk – Chocolate	100ml x 6	1.4	8.2	44	Yes
Calci-Yum Milk –	100ml x 6	1.3	8.6	44	Yes
<i>Pasta</i>					
Kookaburra Spaghetti	500g	1.8	<1	6	No
<i>Rice</i>					
Sunrice Medium Grain Wholegrain Brown Rice	500g	2.8	<1	<5	Yes
Chef's World Jasmine Rice	1kg	0.3	<0.1	9	No
<i>Sauces/Dressings</i>					
J.L Kraft Creamy Homestyle Caesar	260ml	28.7	8.2	755	?
Paul Newman's Own	250ml	41.9	2.6	350	?

Classic					
BBQ Sauce Sachets	100ml	-	-	-	?
<i>Soup</i>					
Campbell's Velish – Roast Vegetable with Garlic	500g	2.0	2.5	289	Yes
Campbell's Velish – Moroccan Vegetable	500g	0.9	2.3	257	Yes
Campbell's Sensations – Creamy Field Mushrooms with Cracked Pepper	500g	4.3	1.0	287	Yes
Heinz Simply Create, Soup Base – Minestrone	375g	0.1	2.1	285	Yes
McKenzie's Homestyle Soup – Country Beef	180g	0.37	1.27	258	Yes
Campbell's Country Ladle (Microwaveable) Wholegrain – Chicken and Vegetable with Wholegrain Pasta		0.8	0.6	293	Yes
<i>Other</i>					
Hungry Joe's Spaghetti in Tomato and Cheese Sauce	420g	0.5	4.5	400	?
Continental Simply Stock Cubes - Chicken	60g	0.4	0.2	400	?
Continental Simply Stock Cubes – Beef	60g	0.4	0.1	465	?
Coles Vegetable Liquid Stock	1L	<1	<1	458	?
Marathon Chef Direct, Veal Shanks (shelf stable)		7.3	1.3	260	?
Marathon Chef Direct, Chicken Drums Cacciatore (shelf stable)		18.4	1.2	390	?
Home Brand Fine Desiccated Coconut	250g	52.9	6.0	37	?
Masterfoods Basil Leaves	33g	-	-	-	?
				Total Complied	11/20
					= 55%