

## PCP Integrated Health Promotion

### Details of PCP contact

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### Identified Partners

| <b>Partner Organisation</b>             | <b>Roles and responsibilities with regard to the project</b> | <b>Contact person details (name, position)</b> |
|---|--|--|
| Latrobe Community Health Service (LCHS) | Implementation of project in Latrobe City Council area       | Angela Fredericks, Health Promotion Officer.   |
| West Gippsland Healthcare Group (WGHG)  | Implementation of project in Baw Baw council area            | Sarah Herdman, Health Promotion worker         |

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| <b>Case Study Title</b> | Community Kitchens |
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### Summary/Abstract (200 words)

A Community Kitchen (CK) is a group of like-minded individuals who come together on a regular basis to socialise and cook affordable and nutritious meals. The concept offers an alternative approach to promote healthy eating and the development of personal skills and social support networks within the local community. CK's aim to affect change in the areas of food access and food use through participants developing their budgeting, cooking skills and knowledge while improving social connections.

CK'S have shown a moderate positive impact on healthy eating, social inclusion (mental wellbeing) (Gunnion and McCartan 2007) and community strength as well as building life skills and knowledge in healthy cooking, shopping and budgeting. They also develop confidence, self esteem, leadership, teamwork skills, literacy and numeracy and access to healthy food as well as providing companionship and friendships.

## Background

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| <b>Name of Project</b>             | Community Kitchens (CK)   |
| <b>Priority goal</b>               | <p><i>Include the priority goal of the project.</i></p> <p>To increase healthy eating for people on low incomes and those who live in social and/or geographical isolation</p>  |
| <b>Priority issue(s)</b>           | <p>Include the primary priority issue being addressed and any secondary/related priority issues.</p> <p>Primary issue: Promotion accessible and nutritious foods</p> <p>Secondary issue: Promoting social connectedness and mental well being</p>   |
| <b>Target groups</b>               | The primary target group for CK in Gippsland are socially and/or geographically isolated people and disadvantaged groups.   |
| <b>DH IHP expectations 2009-12</b> | <p>Community Kitchen addresses the following IHP Program Logic expectations 2009-12:</p> <ul style="list-style-type: none"> <li>• Ensure integrated health promotion practice engages with hard to reach population groups and vulnerable communities.</li> <li>• Embed capacity building into integrated health promotion practice at all levels.</li> <li>• Focus the greatest effort on the chosen state-wide health promotion priorities.</li> <li>• Implement improved integrated health promotion performance measures including annual provision of case studies for dissemination through the PCP web site.</li> <li>• Demonstrate use of evidenced based interventions.</li> <li>• Embed evaluation practice with the planning and implementation of health promotion.</li> </ul>  |
| <b>Background</b>                  | <p>CK's were initially introduced as a Health Promotion initiative in Gippsland in 2006 as part of the Community and Women's Health Promotion Plan. Evidence of success from its origin in Vancouver, Canada over a decade ago, found that CK's assisted in increasing the variety of foods in the diet, offered an important source of food related knowledge and skills, increased vegetable consumption and food security amongst those involved (Engler-Stringer &amp; Berenbaum 2006).</p> <p>In addition to this, evaluations from Australia's pilot CKs in Frankston further reported increased social connectedness as well as increased knowledge, skills and motivation to cook healthy meals amongst participants (Gunnion &amp; McCartan 2007).</p> <p>Local evidence suggests that Gippslanders do not meet their recommended daily intakes of fruit or vegetables (Victorian Population Health Survey) with as many as 6.2% of Gippsland residents running out of food (Victorian</p> |

Community Indicators 2007). Through healthy food basket research that was conducted in the Latrobe Valley and Baw Baw Shires in 2008 it was evident that outer lying towns experience increased food insecurity and have less access to certain foods than major town centres such as Traralgon or Warragul.

Thorough consultation including representatives from both projects led to an initial Community Forum in Gippsland in October 2005 to gauge local interest in the project. Approximately 35 people attended and a follow-up forum was held three weeks later to discuss the project in further detail. Following these forums, 8 CK groups were established in the Baw Baw shire.

In 2008 health promotion workers from Latrobe Community Health Service (LCHS) and West Gippsland Healthcare Group (WGHG) and Central West Gippsland Primary Care Partnership (CWGPCP) established a CK's working group. This group developed the action plan for the implementation and evaluation of the CK program. It was identified that the program would be a good opportunity to partner with community organisations as well as the general community. CK'S leaders were recruited and trained and a CK's leader's network was established to support and learn from each other. This network was also linked in with the broader CK's network through the website and attending training in other regions.

The continued success of CK in Gippsland over the past 4 years ensured its selection as an evidence based, effective program for the 09-12 IHP plan in increasing social connection, food security and healthy eating behaviours.

The CK program is an objective in the access to nutritious and healthy foods priority area of the CWGPCP Integrated Health Promotion plan. This objective is part of the CWGPCP strategic priority reducing health inequalities and the strategic goal of Enable healthy choices and opportunities for people on low incomes.

## **Objectives**

Objectives for CK groups include:

- To increase cooking and budgeting skills, knowledge and confidence in identified target groups by June 2012.
- Increase and maintain CK groups
- By June 2012 CK's are recognised as being an important option to reduce social isolation.

Objectives related to the 2009 – 2012 IHP catchment plan:

- By June 2012 to have increased access to healthy food in the identified four target groups/ populations in Baw Baw and Latrobe
- Increase cooking and budgeting skills, knowledge and confidence through CK's
- Increase social connectedness of targeted groups with each other and the broader community

## **Project participants**

There are a diverse range of participants engaged in the CK's program target group includes:

### **People with a disability and mental health issues**

Cooinda Hill, a disability support service hold a CK once per week at a local Neighbourhood House. Scope, a disability support service, in Warragul runs its own CK and assisted the Baw Baw Latrobe Community Kitchen network with the production of a recipe book. Workers from Scope compared the cookbook to the easy English guidelines and then provided suggestion on improving the readability of the book.

### **Small towns**

CK's are run in the small rural towns of Yarragon, which is co-facilitated by the local General Practitioner and another at the football club in Boolarra, which is lead by local residents.

### **Economically disadvantaged people**

There are CK's that cater for the general community with one in Morwell and two running in Drouin and a Church in Warragul runs its own CK. There have been strong partnerships developed with Baw Baw shire providing a venue for 2 CK's in Drouin

The Traralgon Neighbourhood House provides the CK that these two services access and it is lead by a Neighbourhood house volunteer. The benefit of the NH taking on the project is the ongoing support, location, opportunities and strengthens for partnerships, creates ownership and empowers the NH.

### **Young people**

Education Centre Gippsland

### **Indigenous**

WGHG are planning in partnership with Ramahyuck, Indigenous health service to develop a CK.

## **Methodology and approach**

### **CK Approach**

A CK is a group of people who come together on a regular basis to socialise and cook affordable and nutritious meals. The groups are owned and driven by participants, who make all the decisions about the running of the group including how often the group meets and what they will be cooking. A CK encourages all members to participate in the planning, budgeting, cooking and cleaning up process. The way in which CK groups are set up allows participants to have control over and manage the group by themselves in safe and supportive environment and with ongoing support of health workers/partners.

### **Starting a new CK group**

CK's are developed by a health worker gauging a need and interest in the community for CK's and finding a leader for the group. For sustainability reasons the leader for the group is a volunteer community member, who is also a participant, however a paid worker can run the sessions.

Once a leader has been found and trained the next step is to find a suitable venue. Once a venue is found then promotion of the new group can happen. At the first session the health worker attends to welcome the participants and at this session the group decides how the group will operate and will make decisions on how often they will meet, who will do the shopping and handling of money, how many recipes to cook etc. A CK encourages all members to participate in the planning, budgeting, cooking and cleaning up process. Unintentionally many skills are shared within the group. It may be necessary for the health worker to attend the first few sessions until the group is confident to run by themselves. The role of the health worker is to take a hands off approach, take a supportive role and to build the capacity of the group so they can run by themselves.

Evaluation of CK's in Gippsland has been considered, with the evaluation tools and timeframe developed that will be implemented into CK groups. Gippsland CK workers, in consultation with the Department of Health, Monash University and local PCPs developed tools to be used across the region in order to identify the impacts of CK on various areas of health and wellbeing. The tools obtained data relating to participant education level, income, social support, cooking skills and food access. It is anticipated that these tools will be administered again at a set point in time with the same groups in order to determine any changes that may have occurred within participants. These tools are attached.

### **Resources**

The CK manual has guided the implementation of this project. This has been modified to suit specific needs of the Central West target groups.

The CK cookbook was developed in 2009 as a collaborative effort between workers and CK participants across both Baw Baw and Latrobe. All groups contributed recipes to be included in the cookbook which they had themselves previously prepared and recommended. CWGPCP supported the development of the cookbook to showcase and further promote the program by covering printing costs. Copies were then distributed to all group members as well as to interested parties.

Funding grants for resources have been awarded to a number of groups to assist in their establishment over the years. This has enabled groups to be adequately set up with all the resources they need to run effectively.

A leader's network consisting of representatives from both Baw Baw and Latrobe CK groups was trialled in 2009. After one year of running there was no need for the network to exist as attendees felt it had served its purpose and was too formal and time consuming for the leaders.

### **Communication Strategies**

A valuable method regularly utilised to promote CK throughout the community is the newspaper. Articles or press releases are regularly used as a means of conveying CK updates, promoting events or advertising interest. Local community and organisational newsletters are also utilised in the same way, conveying town specific CK updates and information. Radio has also been used to promote CK's.

The cookbook continues to prove a valuable promotional tool with regular requests for copies from individuals and organisations alike, thus ensuring the CK concept continues to be circulated within our communities.

### **Engagement Strategies**

Community Inclusion network – Stakeholders involved in the CIN have a strong focus on social inclusion, particularly within marginalised groups, therefore CK has been extensively discussed within this network as a positive means for community inclusion.

The success of many CK groups has stemmed from links with other organisations such as the shire, local GPs, training institutes, neighbourhood houses, local clubs and support organisations, community groups, resident groups. Links with such stakeholders assists with engaging and retaining participants, as well as providing in kind and financial support to the development and running of the groups.

## Results

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| <p><b>Impacts and outcomes</b></p>      | <p>CKs have been running throughout Baw Baw and Latrobe for approximately 4 years now.</p> <p>Cross sectional results from initial evaluations conducted in 2010 revealed the following;</p> <ul style="list-style-type: none"> <li>• The main reasons participants get involved in a CK is to make new friends and to learn new recipe ideas.</li> <li>• Respondents rated their cooking abilities as average or good and mainly cook meals from basic ingredient.</li> <li>• The majority of participants are retired, living on a low income which comes from a pension or centerlink benefit.</li> <li>• CK also include young and middle aged participants that are either unemployed or working part time.</li> </ul>   |
| <p><b>Status and sustainability</b></p> | <p>There are currently 9 CKs in operation across Latrobe and Baw Baw shires. These vary in the amount of support the leaders require. The sustainability is enhanced by using existing community settings such as Neighbourhood Houses, churches and football clubs. A volunteer from the CK receives training to become the leader and this model of up skilling participants assists with the sustainability of the program. CKs have proved their sustainability over the years with most groups continuing to run despite regular worker changeover. An extensive evaluation of the CK's is underway and this will provide valuable local data on the benefits of CK's. These findings will be disseminated through the PCP, local media, IHP case study and through documentation on QIPPS. In addition the results of the CKs evaluations in Latrobe and Baw Baw will be combined by Gippsland Medical School, Monash University with data from other CKs in Gippsland and it is anticipated that the Gippsland Medical School will publish journal articles and present papers on these combined findings.</p> |

## Conclusions

The CK program has been operating in Latrobe and Baw Baw shires for the last four years with several CKs running for this time. There have been valuable partnerships established and many local organisations have embraced the CK concept and run their own programs with very little assistance from the Health Promotion workers. There have been challenges with staffing turnover and the need to redevelop rapport with community members and new partners. It can be difficult to find community venues that are suitable to run CK and this has taken time to address. The need to balance the time required to evaluate the program with the desire of the community to just get together and cook together has been a challenge. Also the dynamic nature of groups means that people will come and go and the direction of the group will change with this. It must be acknowledged that CKs are not for everyone and people on very low income may be unable to

afford to participate. CK alone are unable to address the underlying determinants of food security so the program needs to be combined with other strategies to effectively address this issue. The program incorporates a sustainability aspect with the up skilling of CK leaders, holding the CK in a community venue and the vigorous evaluation of the program that is occurring in partnership with the Department of Health, Gippsland Medical School Monash University and the other Gippsland PCPs.

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