



# Selected highlights of evaluation of South Australian Community Foodies program 2015 -2016

Evaluation undertaken by Flinders University Department of Nutrition & Dietetics

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**Version 2. Amended 13 September 2017**

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To cite this report:

Mehta, K., Booth, S., Dent, C., Arbon, C., & Moores, C. (2017). *Selected highlights of evaluation of South Australian Community Foodies program 2015 - 2016*. Flinders University of South Australia and Uniting Care Wesley Bowden.

## Executive Summary

SA Community Foodies (CF) is a peer education program that: (1) trains and supports community volunteers (Foodies); to (2) deliver education and support to disadvantaged and vulnerable adults and their children (participants). The program aims to improve knowledge of healthy eating, and healthy eating attitudes and behaviours for peer-educators (Foodies) and community program participants. In addition, the program aims to improve capacity as a nutrition educator, and personal development and empowerment for Foodies. It is administered by UnitingCare Wesley Bowden (UCWB) and funded from 2014-2018 by SA Health.



Flinders University Nutrition & Dietetics (FUND) was engaged to undertake impact evaluation of the Community Foodies program, specifically to assess the achievement of program objectives. This evaluation report presents selected findings over the period 2015-2016.

Ninety-two (92) Foodies and 54 participants from CF programs across metropolitan and country South Australia, participated in the evaluation.

The evaluation found significant improvement for Foodies and participants, across all objectives of: improving knowledge of healthy eating; improving attitudes to healthy eating; and improving healthy eating behaviours. In addition Foodies reported significant improvement in their confidence to deliver healthy eating programs and described gains in personal development and empowerment. Both Foodies and participants felt respected and supported by program leaders and described overall satisfaction with the program.



The significant positive changes in knowledge, attitudes and behaviours is in line with Australian public health policy to improve the nutritional quality of the population's diet in order to prevent obesity and chronic disease. These positive changes to health indicators are all the more salient because the majority of Foodies and participants come from lower socio-economic groups who experience poorer health. Low socio-economic groups are known to engage less in health education programs and the peer-education model is known to make it easier for disadvantaged and marginalised individuals to participate in health promotion.

The personal development and empowerment described by Foodies (peer-educators) would also contribute to their improved health.

The evaluation demonstrates the effectiveness of the CF program as it contributes to improved nutrition and social health for disadvantaged population groups who experience poorer health outcomes. In doing so, it directly addresses Australian government public health goals. The program deserves on-going support and funding to continue its good work.



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## 1. Background

Chronic diseases account for 90% of all deaths in Australia and unhealthy diets and obesity are significant contributors to this problem<sup>1</sup>. The most recent Australian Health Survey found 92% of Australian adults did not eat the recommended five serves of vegetables per day and 52% did not eat the recommended two serves of fruit per day<sup>2</sup>. Lower socio-economic groups and Aboriginal & Torres Strait Islander peoples experience poorer health outcomes<sup>3</sup> and also engage less in protective health behaviours, such as health education programs and healthy eating<sup>4</sup>. Peer education can be an effective method for promoting health behaviour change because peer educators derive from the same cultural milieu as the participants and therefore possess an experiential understanding of the social context of health, as well as, strong cultural potency as role models<sup>5</sup>.

SA Community Foodies (CF) is a peer education program that: (1) trains and supports community volunteers (Foodies): to (2) deliver education and support to disadvantaged and vulnerable adults and their children (participants).

### Goals:

- Reduce the risk of chronic diseases and some cancers
- Achieve and maintain healthy weight

### Objectives:

#### *For Foodies and participants*

- To improve knowledge of healthy eating
- To improve healthy eating behaviours
- To improve healthy eating attitudes.

#### *For Foodies only*

- To improve capacity as a nutrition educator
- To improve personal development and empowerment.



<sup>1</sup> AIHW 2016, *Australia's Health 2016*, Australian Institute of Health and Welfare, Canberra.

<sup>2</sup> ABS 2012, Australian Health Survey: First Results, 2011-12, Cat: 4364.0.55.001, Daily Intake of fruit and vegetables, <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/D8A0182B96B03DE7CA257AA30014BF34?opendocument>

<sup>3</sup> AIHW 2016, *Australia's Health 2016*, Australian Institute of Health and Welfare, Canberra.

<sup>4</sup> Pickett SA, Diehl, S M, Steigman, P J, Prater, J D, Fox, A, Shipley, P, Grey, D D, Cook, J A. Consumer empowerment and self advocacy outcomes in a randomised study of peer-led education. *Community Mental Health Journal*. 2012;48:420-30.

<sup>5</sup> Ibid

In 2015, UCWB engaged FUND to undertake impact evaluation of the CF program, specifically to assess the achievement of program objectives. Mixed evaluation methods were used including pre- and post-training questionnaires and semi-structured interviews for Foodies, and retrospective pre/post training questionnaires for participants. The impact evaluation has largely involved FUND final year placement students undertaking different evaluation tasks across multiple placement rotations.

A process evaluation has been conducted internally by UCWB, assessing the implementation strategies of the nutrition programs through the use of result-based accountability (RBA).





## 2. Scope of evaluation

The evaluation assessed:

- the effectiveness of Foodie training in improving Foodies' nutritional knowledge, attitudes and practices
- the effectiveness of Foodie-led programs in improving participants' nutritional knowledge, attitudes and practices
- the personal and broader benefits of Foodies' participation in the CF program
- feedback from Foodies and participants about the quality of the program

Mixed methods (quantitative and qualitative) were used and information collected over 2015 and 2016, for programs in metropolitan and country South Australia. Changes in Foodies' nutritional knowledge, attitudes and practices, were assessed for time-points at the start and end of the Foodies training. Eight sites across rural and metropolitan South Australia were assessed: Port Lincoln, Port Pirie, Port Augusta, Roxby Downs, Murray Bridge, Port Adelaide/Enfield, Noarlunga and Parafield Gardens. Changes in participants' nutritional knowledge, attitudes and practices, were assessed pre- and post-program (delivered by Foodie). Programs were included if they spanned more than 3 weeks in length; one-off sessions were excluded from this study. Eight sites across rural and metropolitan South Australia were assessed: Port Lincoln, Port Augusta, Murray Bridge, Port Adelaide/Enfield, Reynella, Hackham West, Glenelg, and Mount Barker. (More details about the evaluation method can be obtained by contacting [kaye.mehta@flinders.edu.au](mailto:kaye.mehta@flinders.edu.au).)

Demographic data was collected from Foodies and program participants.

Quantitative data was analysed statistically with significance ( $p$ ) set at less than ( $<$ ) 0.05.

Perception of personal benefits derived from participation in the CF program were collected through qualitative interviews which were audio-recorded, transcribed and analysed thematically.

All methods of data collection received ethics approval from the Flinders University Social and Behavioural Ethics Committee.



## Summary of evaluation information collected.

### Foodies

Indicators:

Demographics	
Nutrition knowledge	<ul style="list-style-type: none"> <li>• Recommended serves of fruit</li> <li>• Recommended serves of vegetables</li> <li>• Sugar in beverages</li> </ul>
Attitudes towards healthy eating	<ul style="list-style-type: none"> <li>• Importance of fibre-rich foods</li> <li>• Enjoyment of healthy diet</li> <li>• Confidence in cooking vegetable-based meals</li> <li>• Confidence in maintaining a healthy diet</li> </ul>
Dietary practices	<ul style="list-style-type: none"> <li>• Frequency of sugar sweetened beverages</li> <li>• Frequency of take-away foods</li> <li>• Frequency of skipping breakfast</li> <li>• Frequency of ordering super-sized portions</li> <li>• Frequency of using nutrition labels</li> <li>• Frequency of planning meals in advance</li> </ul>
Confidence in delivering nutrition education	<ul style="list-style-type: none"> <li>• Confidence to share healthy eating knowledge</li> <li>• Confidence to deliver healthy eating program</li> </ul>
Personal and broader benefits of Foodies' participation in the CF program	<ul style="list-style-type: none"> <li>• Personal development</li> <li>• Empowerment</li> </ul>

### Participants

Indicators:

Demographics	
<ul style="list-style-type: none"> <li>• Nutrition knowledge</li> </ul>	<ul style="list-style-type: none"> <li>• Familiarity with 'everyday' (healthy) foods</li> <li>• Familiarity with 'sometimes' (less healthy) foods</li> </ul>
<ul style="list-style-type: none"> <li>• Attitudes towards healthy eating</li> </ul>	<ul style="list-style-type: none"> <li>• Enjoyment of healthy diet</li> <li>• Confidence in maintaining a healthy diet</li> </ul>
<ul style="list-style-type: none"> <li>• Dietary practices</li> </ul>	<ul style="list-style-type: none"> <li>• Frequency of choosing healthy over unhealthy foods</li> <li>• Serves of vegetables consumed daily</li> </ul>





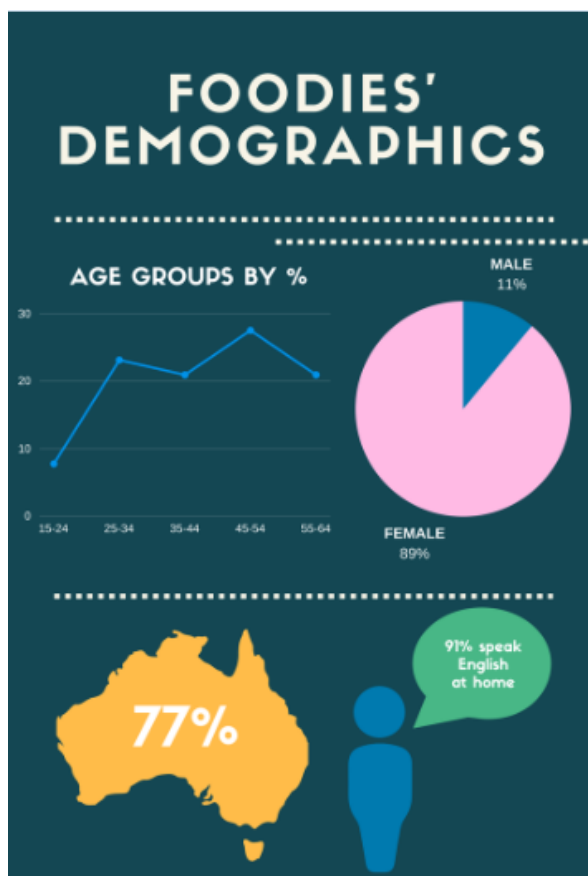
### 3. Selected highlights

#### 3.1 Foodies

Ninety-two (92) Foodies from metropolitan and country South Australia provided data at the commencement of the evaluation research, however between 45 - 71 Foodies provided paired pre- and post-training data for questions on knowledge, attitudes and dietary practices.

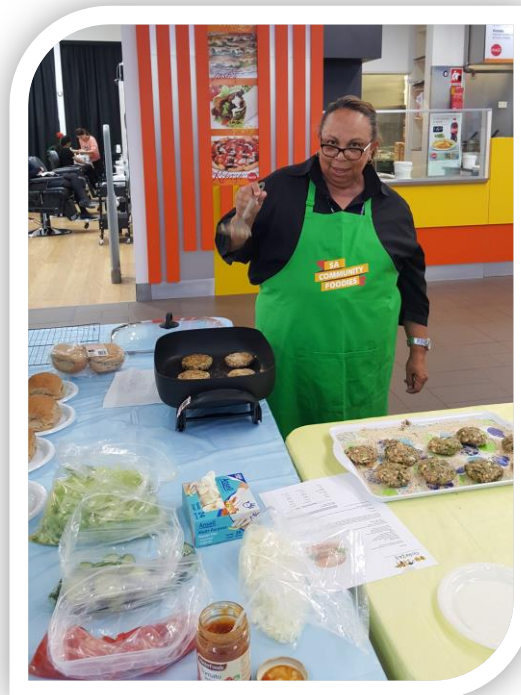
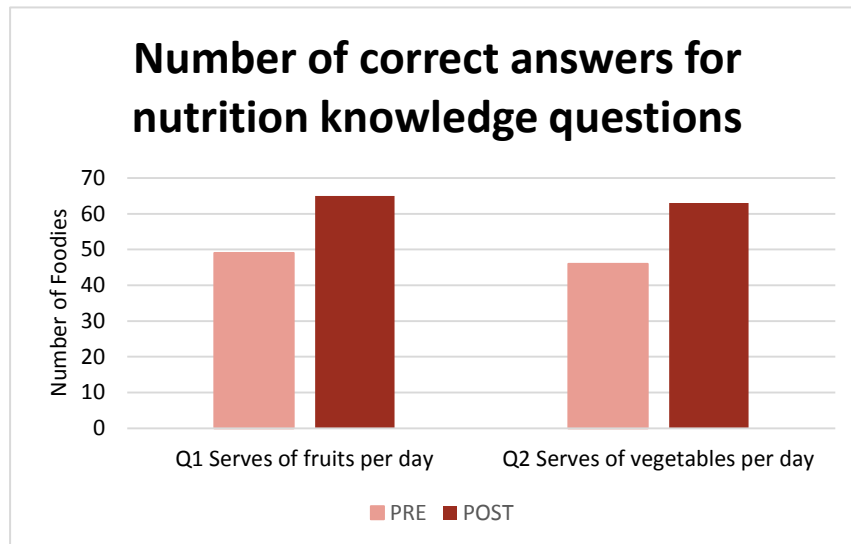
##### 3.1.1 Demographics

Demographic data describes 92 Foodies.



### 3.1.2 Nutritional knowledge

There was a significant improvement in the number of Foodies able to correctly answer questions relating to recommended fruit ( $p < 0.001$ ) and vegetable ( $p < 0.001$ ) intake according to the Australian Guide to Healthy Eating<sup>6</sup>.

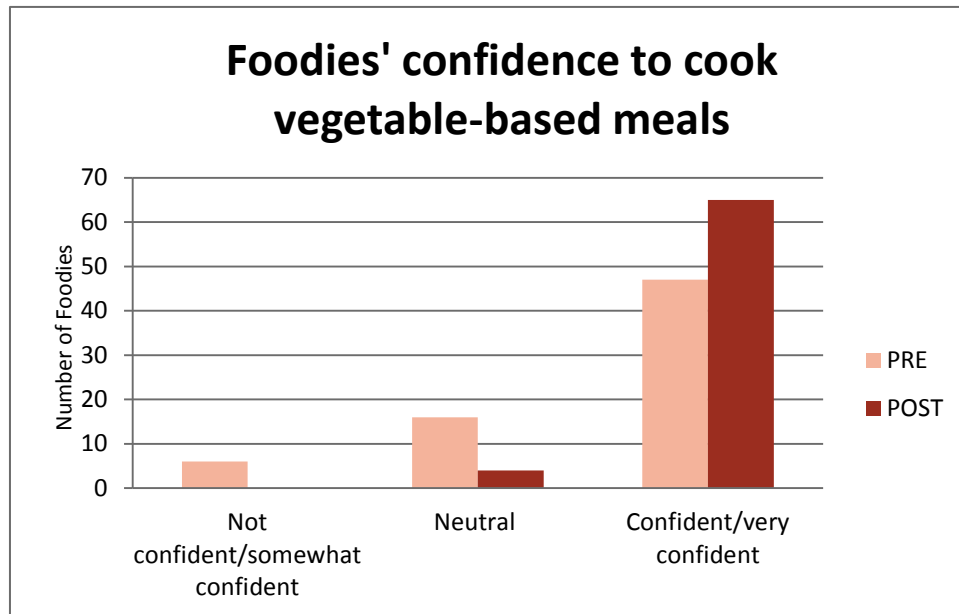


<sup>6</sup> National Health and Medical Research Council, *Australian Guide to Healthy Eating*. 2013, National Health and Medical Research Council: Canberra.

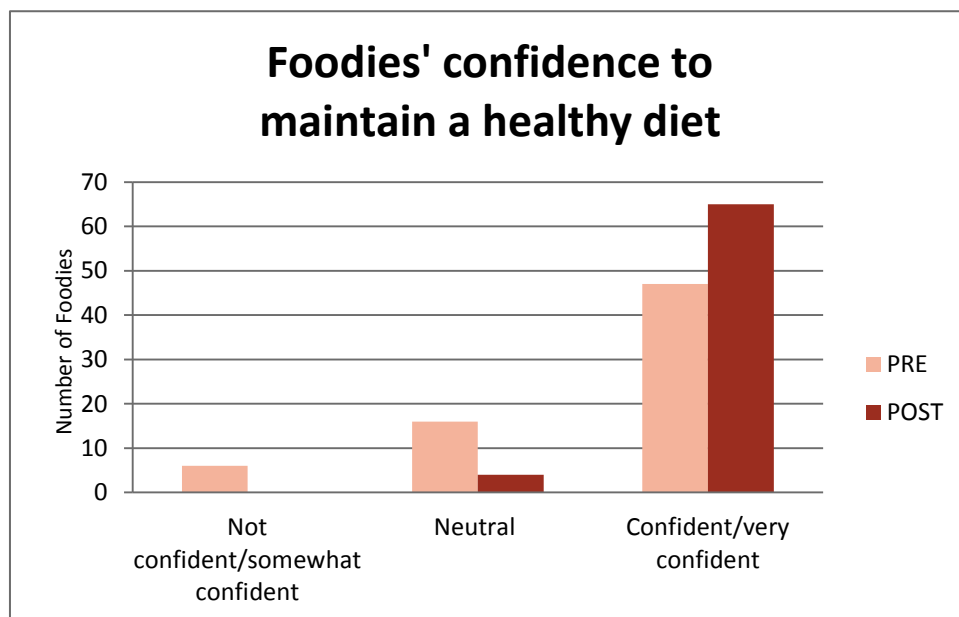


### 3.1.3 Attitudes towards healthy eating

Foodies' confidence to prepare vegetable-based meals increased significantly ( $p < 0.001$ ).

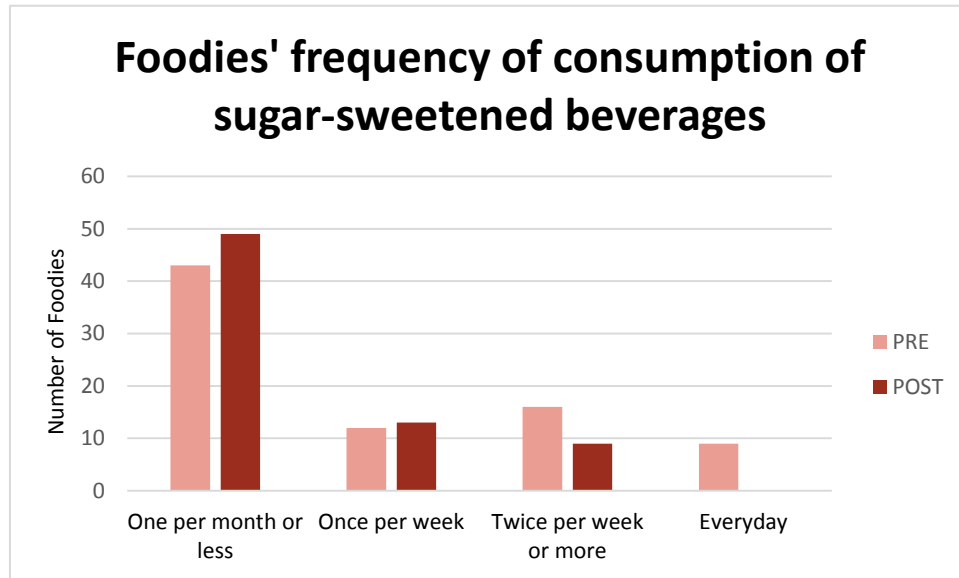


Foodies' confidence to maintain a healthy diet also increased significantly ( $p < 0.001$ ).

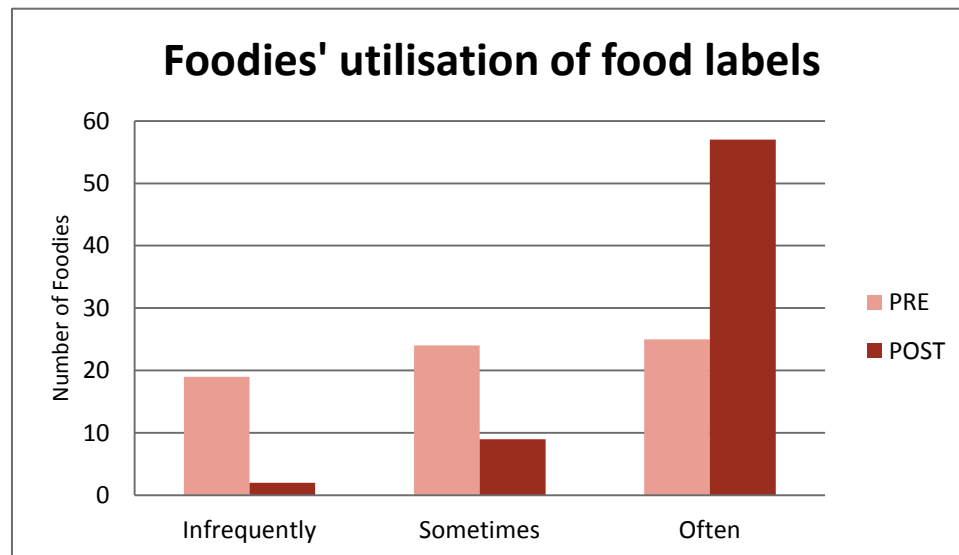


### 3.1.4 Dietary practices

There was a significant improvement in reported consumption of sugar-sweetened beverages with 13% per cent of Foodies reporting daily consumption pre-training, whereas this decreased to 0% post-training ( $p < 0.001$ ).

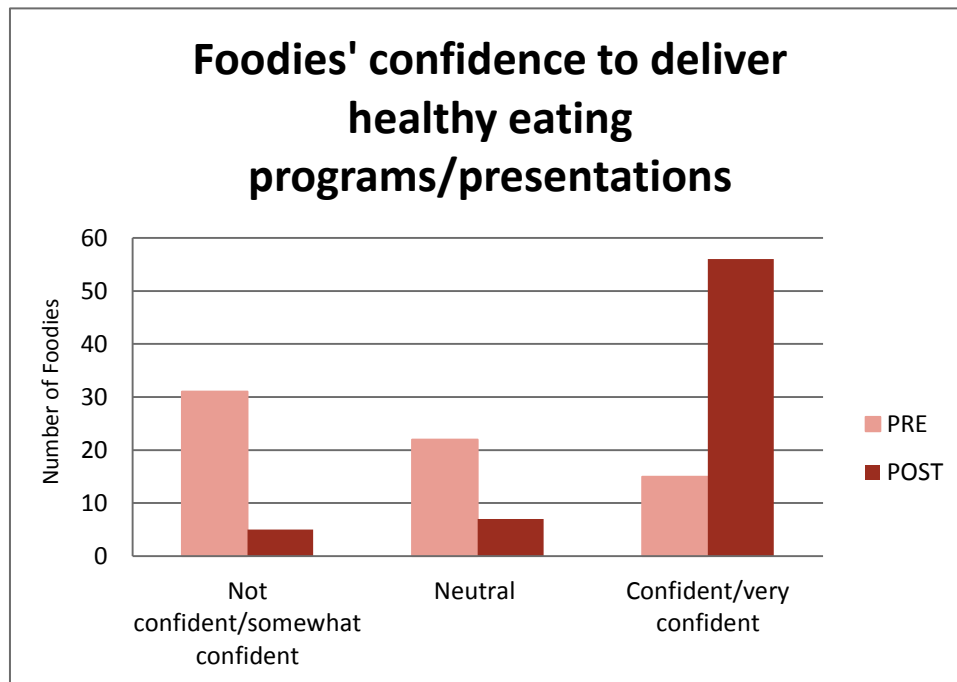


Twelve percent (12%) of Foodies infrequently read nutrition labels pre-training, whereas 84% reported reading labels 'most of the time' or 'always' post-training ( $p < 0.001$ ).



### 3.1.5 Confidence in delivering nutrition education

Forty-six percent (46%) of Foodies reported feeling not confident or somewhat confident to deliver healthy eating programs whereas 82% reported feeling confident or very confident at post-training ( $p < 0.001$ ).



### 3.1.6 Personal and broader benefits of Foodies' participation in the CF program

Ten Foodies from different geographical areas across South Australia were interviewed in order to explore the impact of the program on their personal development and empowerment.

Some themes that emerged from the interviews included:

#### 1. Value of the CF program:

- They valued gaining knowledge, skills, confidence
- They enjoyed the training program especially the hands-on and experiential nature of it
- They appreciated the supportive and flexible environment and especially valued the guidance from the program Coordinators
- They noted the importance of peer education

*It's given me the confidence to speak out, normally I would have kept my eating patterns and cooking patterns to myself, whereas now I say 'oh well at Community Foodies they taught us such and such' and so, I guess it's just given me the confidence to speak out and to show people things'. – Participant 2*

#### 2. Personal development and empowerment

- Foodies described deriving a sense of personal achievement, belonging, place and purpose in their communities
- They were aware of new skills, confidence and self-esteem
- They noted improvements to their own nutritional health and their capacity to influence the nutritional health of family, friends, colleagues and the broader community

*'It's been a really positive experience... because we did our training and we did trial runs on how to do our sessions. I've got the confidence, it's just been really positive because I'm able to talk to people properly the way I need to, the way I've been trained to' – Participant 4*





### 3.1.7 Foodies' feedback about the quality of the program

Forty-five (45) Foodies provided feedback about the training program, see Table below. Ninety-six percent (96%) of Foodies 'agreed' or 'strongly agreed' that they were treated with respect and supported by their Foodie Coordinator. Ninety-three percent (93%) 'agreed' or 'strongly agreed' that the training met their needs and that they would recommend the training to others.

Table: Foodies' feedback about the quality of the program

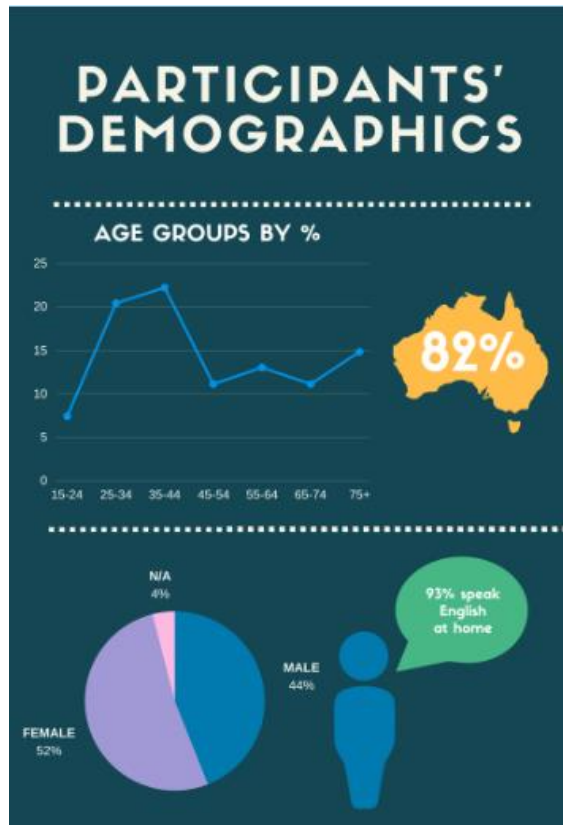
Question		No. of Foodies <i>n</i> (%)
<b>Total <i>n</i></b>		45
<b>1. I have been treated with respect</b>	Strongly disagree	1 (2.2)
	Disagree	1 (2.2)
	Neutral	0
	Agree	2 (4.4)
	Strongly agree	41 (91.1)
<b>2. I felt supported by the Foodie Coordinator</b>	Strongly disagree	1 (2.2)
	Disagree	1 (2.2)
	Neutral	0
	Agree	3 (6.7)
	Strongly agree	40 (88.9)
<b>3. The training met my needs</b>	Strongly disagree	1 (2.2)
	Disagree	1 (2.2)
	Neutral	1 (2.2)
	Agree	12 (26.7)
	Strongly agree	30 (66.7)
<b>4. I would recommend this training to others</b>	Strongly disagree	1 (2.2)
	Disagree	0
	Neutral	2 (4.4)
	Agree	8 (17.8)
	Strongly agree	34 (75.6)

## 3.2 Participants

Fifty-four (44) participants (in CF programs) from metropolitan and country South Australia completed the pre-program questionnaire, providing information on their demographics. Not all participants completed every evaluation question; therefore reportable data is only presented for 52-54 participants.

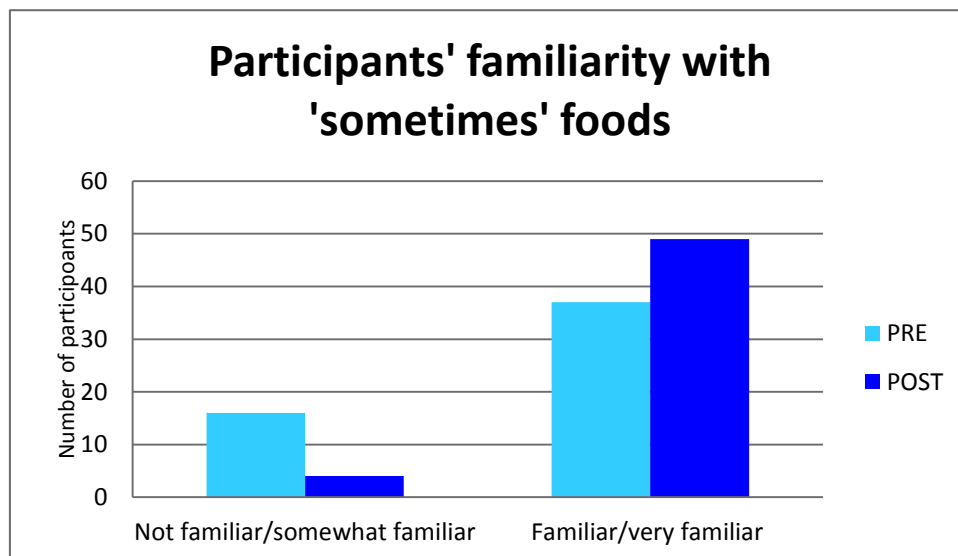
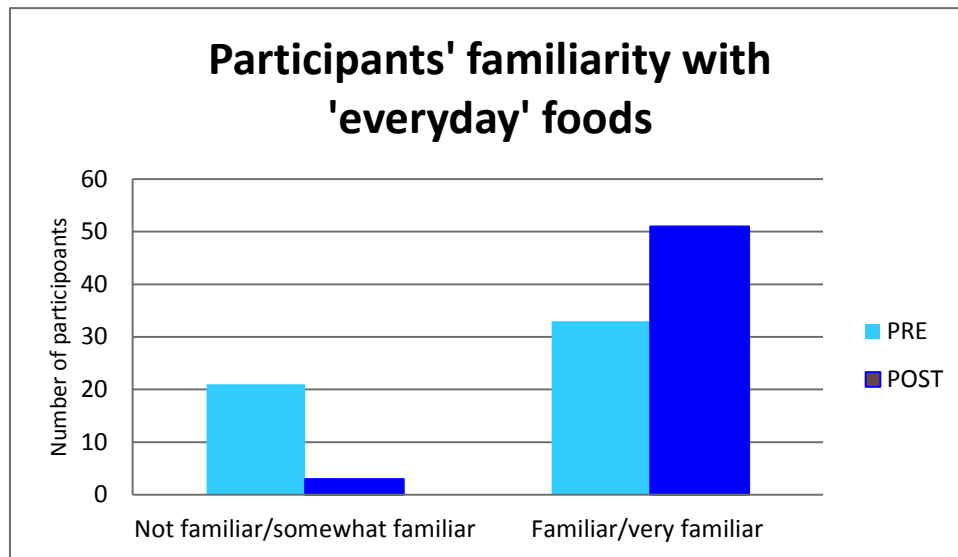
### 3.2.1 Demographics

Participant demographics is described below.



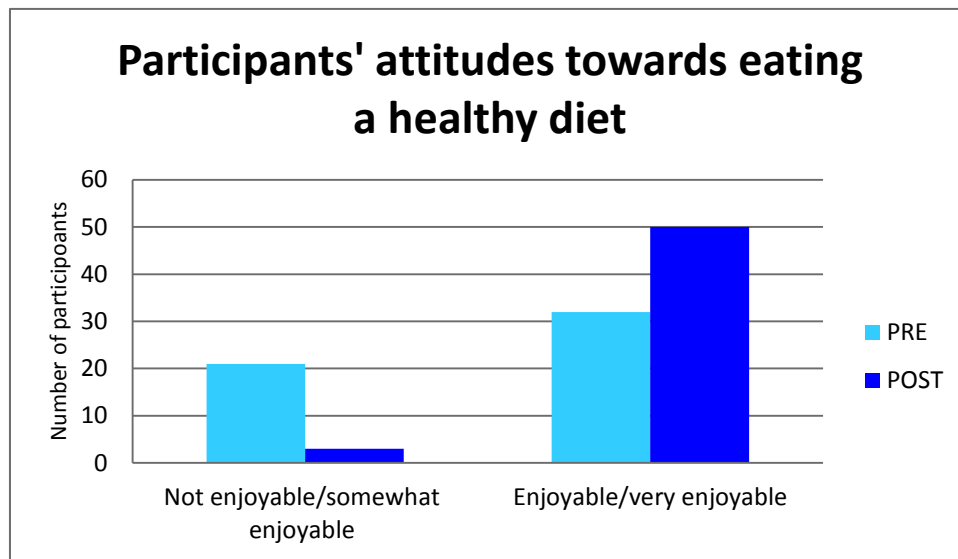
### 3.2.2 Nutritional knowledge

There was a significant improvement in the number of participants reporting being 'familiar' or 'very familiar' with 'everyday' (healthy) foods and 'sometimes' (less healthy) foods post-program ( $p < 0.001$ ).



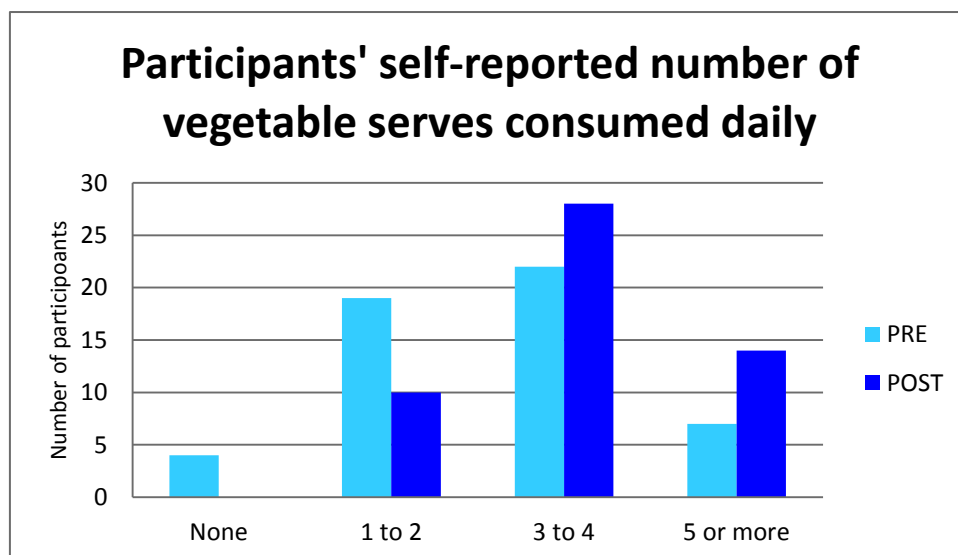
### 3.2.3 Attitudes towards healthy eating

Participants' enjoyment of eating a healthy diet increased significantly ( $p < 0.001$ ).



### 3.2.4 Dietary practices

There was a significant improvement in reported consumption of vegetables per day ( $p < 0.001$ ).



### 3.2.5 Participants' feedback about the quality of the program

Fifty-five (55) participants provided feedback about the program, see Table below. Ninety-six percent (96%) of participants 'agreed' or 'strongly agreed' that they were treated with respect during the program. Ninety-five percent (95%) 'agreed' or 'strongly agreed' that they felt supported by the Foodie facilitating the program. Ninety-three percent (93%) and 95% of participants respectively, 'agreed' or 'strongly agreed' that the program met their needs and that they would recommend the program to others.

Table: Participants' feedback about the quality of the program

Question		No. of participants <i>n</i> (%)
<b>Total <i>n</i></b>		55
<b>1. I have been treated with respect</b>	Strongly disagree	2 (3.6)
	Disagree	0
	Neutral	0
	Agree	22 (40.0)
	Strongly agree	31 (56.4)
<b>2. I felt supported by the Foodie</b>	Strongly disagree	2 (3.6)
	Disagree	0
	Neutral	1 (1.8)
	Agree	26 (47.3)
	Strongly agree	26 (47.3)
<b>3. The program met my needs</b>	Strongly disagree	2 (3.6)
	Disagree	1 (1.8)
	Neutral	1 (1.8)
	Agree	30 (54.5)
	Strongly agree	21 (38.2)
<b>4. I would recommend this program to others</b>	Strongly disagree	2 (3.6)
	Disagree	0
	Neutral	1 (1.8)
	Agree	21 (38.2)
	Strongly agree	31 (56.4)



## 4. Discussion

Both Foodies and participants reported significant improvement across all objectives of: improving knowledge of healthy eating; improving attitudes to healthy eating; and improving healthy eating behaviours.

In addition Foodies reported significant improvement in their confidence to deliver healthy eating programs and described gains in personal development and empowerment.

Both Foodies and participants felt respected and supported by program leaders and described overall satisfaction with the program. Additionally, through the qualitative interviews, Foodies highlighted their satisfaction with the flexible nature of the program which enabled them to tailor peer education to the needs of the communities they were serving.

The significant positive changes in knowledge, attitudes and behaviors is in line with Australian public health policy to improve the nutritional quality of the population's diet in order to stem the growing problems of obesity and chronic disease.<sup>7</sup> These positive changes to health indicators are all the more salient because the majority of Foodies and participants come from lower socio-economic groups who experience poorer health<sup>8</sup>, thereby affirming the value of the program in improving the health of vulnerable population groups. Low socio-economic groups are known to engage less in health education programs<sup>9</sup> and best practice community engagement methodologies recommend building relationships of trust, using encouraging and empowering approaches, and providing services or activities that are relevant and useful to these population groups.<sup>10</sup> The peer-education model is based on close social alignment between peer-educators and participants, thereby reducing the power differential between educator and



<sup>7</sup> AIHW 2016, *Australia's Health 2016*, Australian Institute of Health and Welfare, Canberra.

<sup>8</sup> Ibid

<sup>9</sup> Pickett SA, Diehl, S M, Steigman, P J, Prater, J D, Fox, A, Shipley, P, Grey, D D, Cook, J A. Consumer empowerment and self advocacy outcomes in a randomised study of peer-led education. *Community Mental Health Journal*. 2012;48:420-30.

<sup>10</sup> Brackertz N. *Who is hard to reach and why? ISR Working Paper*. The Swinburn Institute of Social Research; 2007.



participant, and facilitating relationships of empathy, mutual support and trust, which make it easier for disadvantaged and marginalised individuals to participate in health promotion programs.<sup>11</sup>

The evaluation data and qualitative interviews indicated that peer-educators (Foodies) grew in confidence as leaders in nutrition within their families and local communities. They described personal development through acquiring knowledge and skills, and contributing meaningfully to improving the lives of others. These social health improvements are important because low socio-economic status is associated



with marginalisation, social exclusion and poorer health outcomes.<sup>12</sup> Social inclusion and reciprocity are known to improve health through enabling meaningful participation, providing opportunities to contribute to community health, and increasing access to resources and social support.<sup>13</sup>

### Strengths and limitations of the evaluation

Due to the nature of Community Foodies as a state-wide program, the questionnaires were administered by different people (program coordinators and Foodies) at many sites across metropolitan and country South Australia. While administrators were trained to use a standard method, there was likely to be variations across sites. This may have explained why not all questions were answered correctly by respondents. Nevertheless under the circumstances of a complex program delivered by different educators, the returned data appears to be adequately robust.

The qualitative data was obtained by a highly experienced interviewer and depth of information increased with each interview as the schedule became more familiar and the interviews were conducted more fluently. Interviews were conducted over the phone due to geographical spread of respondents. In spite of the limitation of phone interviews the quality of the data was considered to be strong.

<sup>11</sup> Simoni JM, Franks, J C, Lehavot, K, Yard, S S. Peer interventions to promote health: Conceptual considerations. *American Journal of Orthopsychiatry*. 2011;18:351-9.

<sup>12</sup> Wharf Higgins J. Citizenship and empowerment: a remedy for citizen participation in health reform. *Community Development Journal*. 1999;34:287-307.

<sup>13</sup> Abbot S, Freeth, D. Social Capital and Health: Starting to Make Sense of the Role of Generalised Trust and Reciprocity. *Journal Oof Health Psychology*. 2008;13:874-83.

## 5. Conclusion and recommendations

The evaluation of the CF program found significant improvement across all objectives of: improving knowledge of healthy eating; improving attitudes to healthy eating; and improving healthy eating behaviours. In addition Foodies reported significant improvement in their confidence to deliver healthy eating programs and described gains in personal development and empowerment. Both Foodies and participants felt respected and supported by program leaders and described overall satisfaction with the program.

The significant positive changes in knowledge, attitudes and behaviors is in line with Australian public health policy to improve the nutritional quality of the population's diet in order to prevent obesity and chronic disease. These positive changes to health indicators are all the more salient because the majority of Foodies and participants come from lower socio-economic groups who experience poorer health. Low socio-economic groups are known to engage less in health education programs and the peer-education model is known to make it easier for disadvantaged and marginalised individuals to participate in health promotion. The personal development and empowerment described by Foodies (peer-educators) would also contribute to their improved health.

The evaluation demonstrates the effectiveness of the CF program as it contributes to improved nutrition and social health for disadvantaged population groups who experience poorer health outcomes. In doing so, it directly addresses Australian government public health goals. The program deserves on-going support and funding to continue its good work.



## 6. Acknowledgements

SA Health as funder of the SA Community Foodies program.

Foodies for their hard work and passion to see people in their communities improve their health and nutrition.

Participants for attending Foodie programs, making their own positive changes and filling out the evaluation forms.

Foodie Coordinators for training, supporting and managing Foodies to plan and deliver nutrition activities.

To cite this report: Mehta K, Booth S, Dent C, Arbon C, Moores C, (2017), *Selected highlights of evaluation of South Australian Community Foodies program 2015 -2016*.

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