Good Start to Life
Co-designing optimal maternal and infant nutrition resources for and by Maori and Pacific Islander families living in Queensland

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We wish to acknowledge the traditional custodians of the land upon which we meet today – the Bindal and Wulgurukaba people – and pay our deepest respects to their elders; past, present and emerging.
Good start to life

Children’s Health Queensland

Who is the Good Start Program?
The Good Start Program

QLD Health initiative which aims to improve the health and wellbeing of Maori and Pacific Islander children and families.

Culturally tailored, community based program that works towards the prevention of chronic diseases.

The program targets seven of the largest Maori and Pacific Islander communities – Maori, Samoan, Tongan, Cook Islander, Fijian, Fiji Indian, and Papua New Guinean.
Health of Maori and Pacific Island People

In 2008 – 09 Pacific Islander and Maori communities were identified as a priority population

A needs assessment was conducted (difficulty in identifying some communities)

Many social determinants of health in play:

- Housing
- Education
- Employment
- Income and wealth
- Community connectedness
Health of Maori and Pacific Island People

**Increased** mortality and hospitalisation

**Increased** morbidity due to chronic disease:
- Diabetes and related complications
- Heart disease
- COPD

**Higher**
- Tobacco smoking
- Alcohol consumption
- Overweight and obesity
- Mental health issues – stress, intergenerational conflict, suicide
- Violence (some communities)

**Lower**
- Health literacy
- Help seeking behaviours
- Service access
- Income (some communities)
- Education (some communities)
- Skilled employment
The Good Start to Life Project
Why Maternal and Infant Nutrition?

Health and wellbeing from the antenatal period through the first 3 years of life is now well understood to lay the foundations for long term health outcomes.

Addressing childhood obesity during the perinatal period and throughout infancy could contribute to the prevalence of chronic disease and obesity!
Why Maternal and Infant Nutrition?

MSHHS identified:
- High prevalence of GDM (16% vs 7.6%)
- High rates of overweight/obesity at time of birth (66% vs 46%)

Other factors:
- Lack of culturally appropriate antenatal and child health care services
- Lack of culturally appropriate antenatal and child health resources
- Low levels of health literacy
- Cultural reluctance to seek support
What did we do?

1. Established a consumer engagement strategy!
2. Created the Good Start to Life Project
Good Start to Life Project

Preventative health strategy:

• Build community knowledge regarding the importance and appropriate use of antenatal care and child health services
• Promote recommended nutrition and healthy weight gain in pregnancy
• Promote and support women to breastfeed
• Promote and support families to adopt recommended infant nutrition guidelines
Stage 1 - Good Start to Life Project

Resource development
  • Creation of educational booklets and posters

Why?
  • Consultation with consumers identified lack of appropriate resources
  • POMIN CHQ review also highlighted this gap
## Co-design

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<tr>
<th>Co-designing with health consumers</th>
<th>Engagement activity</th>
<th>Methodology</th>
<th>Number of health consumers involved</th>
<th>Outcomes</th>
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What are they?

- Monthly high level strategic planning meetings

Who is involved?

- Comprised of CHQ directors, preventative health experts and importantly HEALTH CONSUMERS!

What happens?

- Decide strategic directions
- Planning, implementation and evaluation of the Good Start to Life Project
Engagement of local mothers and fathers of young children to develop and review resources

How?

- Multicultural Health Workforce community networks
- Community organisations

Methods of engagement:

- Initial consultations were all face-to-face in locations easily accessible and selected by consumer
- Follow up consultations were offered as face-to-face, via telephone or via email
What was done?

- Consumers provided recommendations and feedback in regards to the content suitability, cultural considerations and appropriateness, literacy level, photography and imagery suitability

- Cyclic continuous quality improvement methodology was employed
What was done?

- Maori and Pacific Islander photographers were actively sought
- Maori and Pacific Islander families from the target demographic were engaged
- Consumers honestly and accurately reflected the resources in which they were featured in
- Varying cultural, socio-economic and demographic backgrounds
## Co-design Process

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Other Considerations

Health Professional Working Group
• HP’s from clinical and preventative health settings with experience in working with Maori and Pacific Islander communities

International Organisations
• Members of international health organisations working with Maori and Pacific Islander communities

Same cyclic quality improvement methodology was employed
Other Considerations

Literacy levels

- Partnership between health consumers and health professionals resulted in resources that deliver content in appropriate language.
- Literacy demand of the resources was assessed using an electronic readability indicator.
- The overall Flesch-Kincaid Grade level for the resources was 4.5 making them a highly recommended resource.
Result

Consumer driven, user friendly, culturally appropriate, low literacy resources! 4 Booklets and 3 Posters.

Encompassing health and nutrition from pre-pregnancy through to when children are 4 years of age.

Designed to improve knowledge, skills and confidence around maternal and infant nutrition.

Ultimately contributes to the prevention of childhood obesity, adulthood obesity and chronic disease.
A launch of the resources was held:

- Consumers were the guests of honour and each received a personalised thank you letter with the finished resources

Recognises the significance of consumers contribution.

Fosters long term relationships and engagement with the Good Start Program.
Key Learnings – Good Start to Life Project

- Effectively cater for the wants and needs of the community
- Appropriately discuss culturally sensitive topics
- Appropriately tailor for cultural differences
- Cyclic feedback strategies continue to keep consumers involved and engaged

Consumer involvement is fundamental!
Broader Key Learnings

Consumer engagement in all phases of preventative health projects are paramount!

- Allows health professionals and health services to decide with the community not for them
- Creates community ownership
- Creates long term relationships
- Consumer engagement is dynamic and requires flexibility
- Consumer engagement is a fundamental aspect of the National Safety and Quality Health Services Standards and so the learning's from this project can extend to other health services
Where to from here?

- Good Start to Life education sessions
- Pregnancy journey and through the first year of life project
- Maternal and infant cook book
- Cooking videos
- Utilisation of digital platforms for health promotion
POWER and PASSION

Culture change through consumer engagement and partnerships

Good Start Program: a team culture whereby partnering with consumers is considered part of everyday business!
THANK YOU

Malo 'Aupito | Vinaka Vakalevu | Whakawhetai Katoa
Fa'afetai Tele Lava | Tenkyu Tumas | Meitaki Maata | Dhanyawad