

Good Start to Life

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

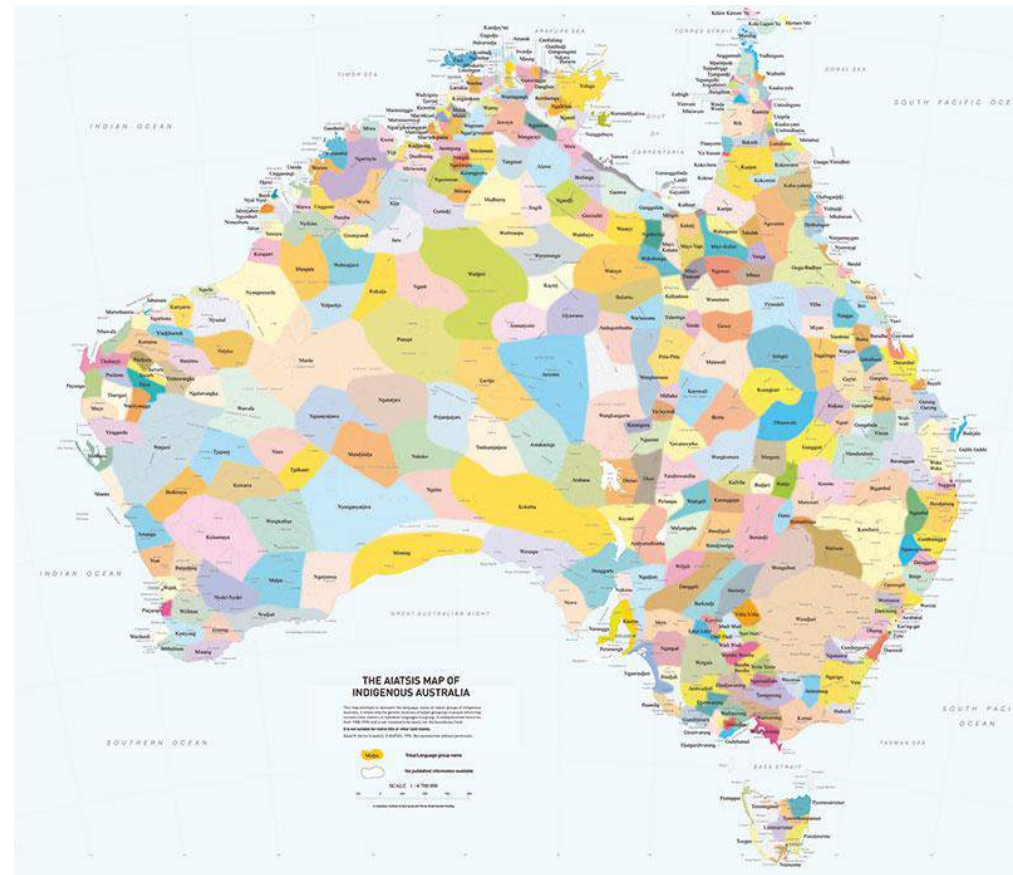
Alofa Magele
Kirstine Kira
May 2017





Acknowledgement of Country

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.

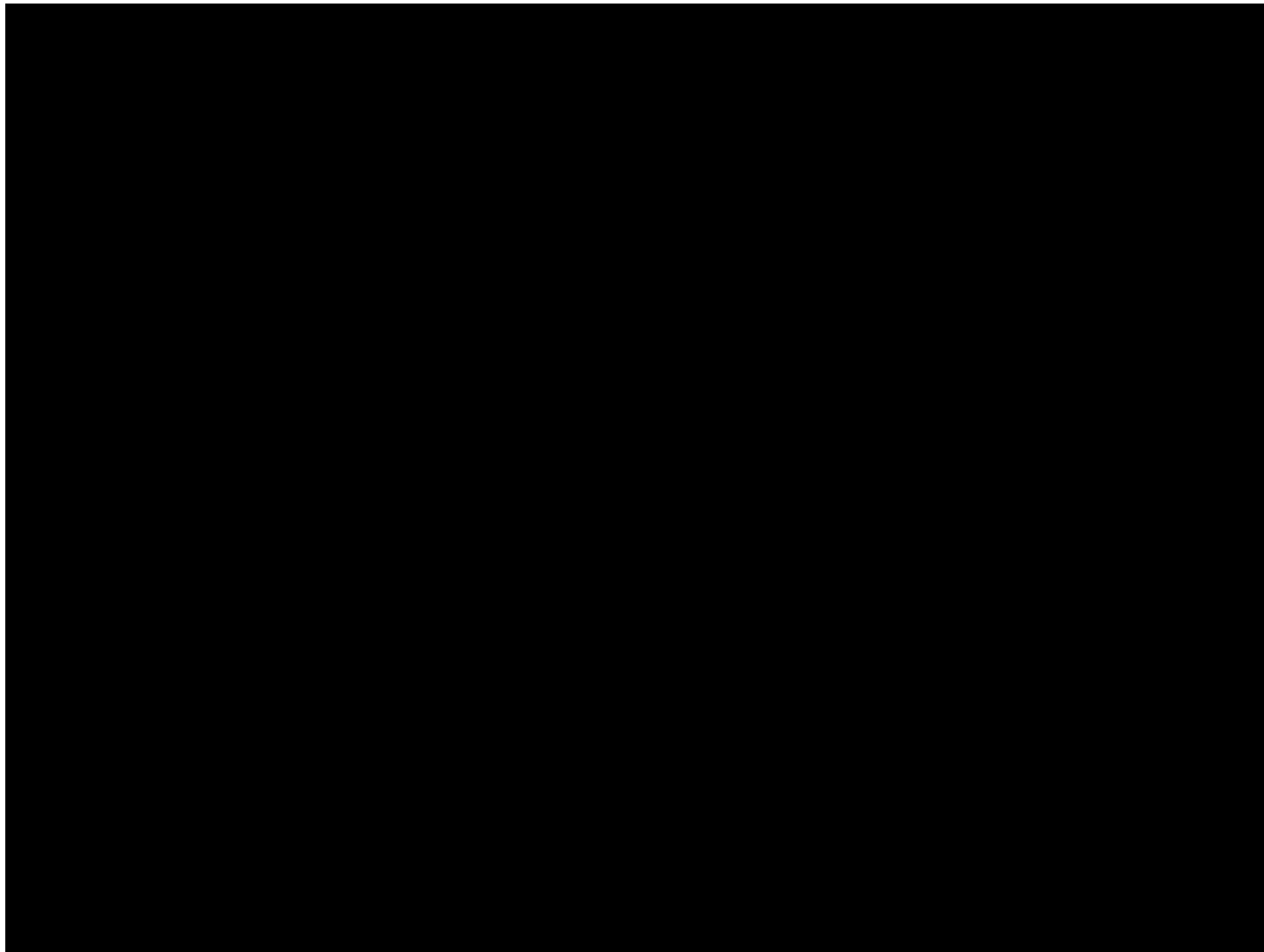


Good start to life



Bula Vinaka | Kia Orana | Halo Wantoks
Talofa Lava | Malo 'e Lelei | Kia Ora | Namaste

Good start to life



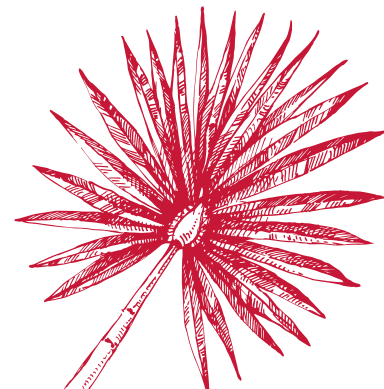


The Good Start Program

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

Good start to life



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



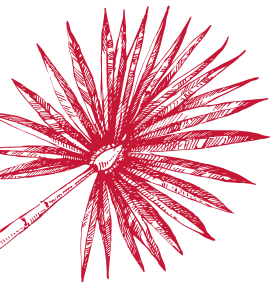
Stage 1 - Good Start to Life Project

Resource development

- Creation of educational booklets and posters

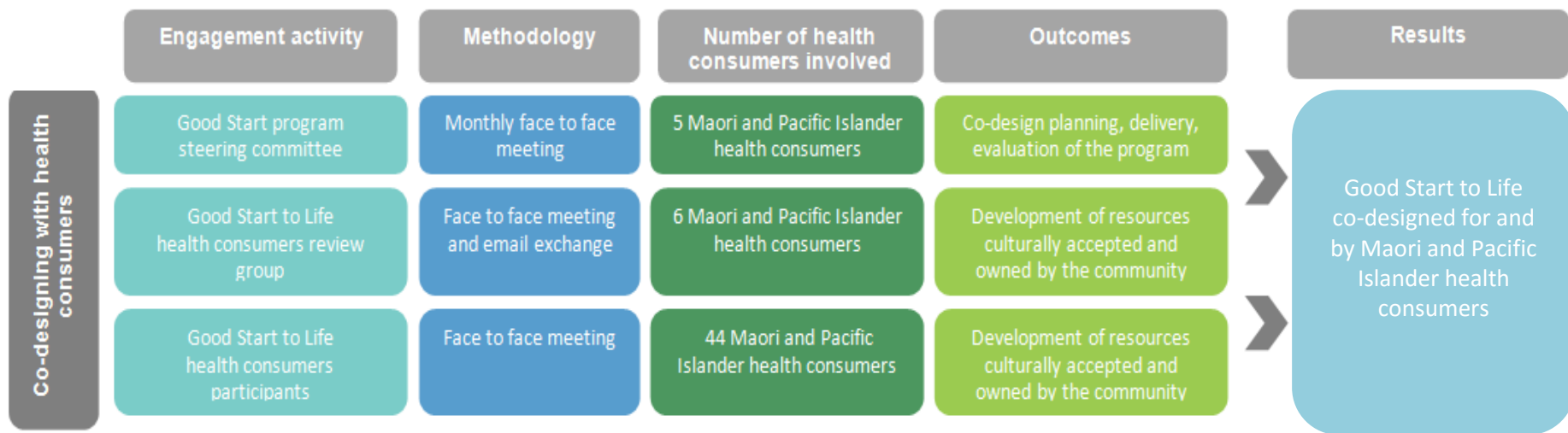
Why?

- Consultation with consumers identified lack of appropriate resources
- POMIN CHQ review also highlighted this gap

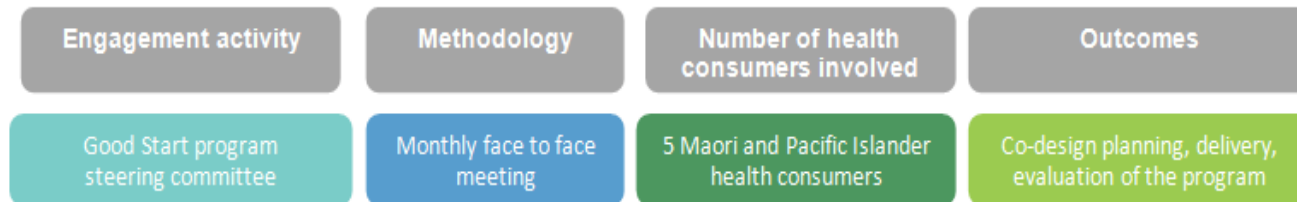




Co-design



Good start to life Co-design – Steering Committee



What are they?

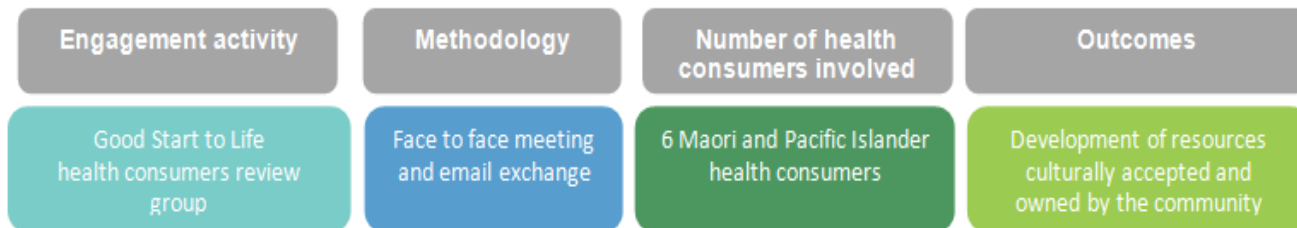
- Monthly high level strategic planning meetings

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

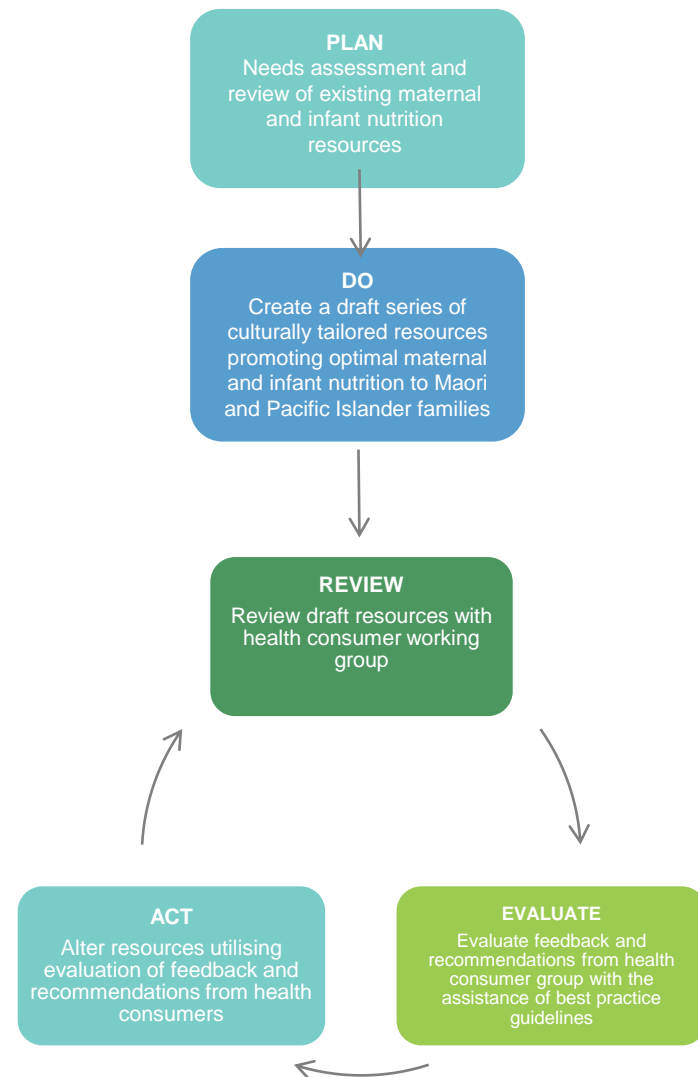
Methods of engagement:

- 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



Good start to life Co-design – Consumer Participants



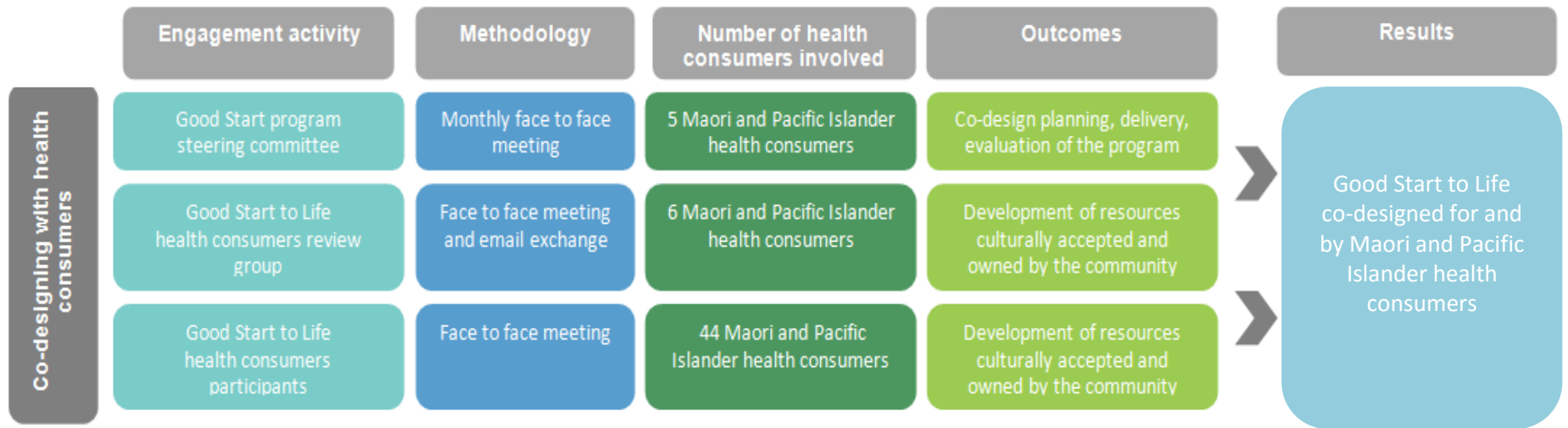
| Engagement activity | Methodology | Number of health consumers involved | Outcomes |
|--|----------------------|--|---|
| Good Start to Life health consumers participants | Face to face meeting | 44 Maori and Pacific Islander health consumers | Development of resources culturally accepted and owned by the community |

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





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.

Good start to life Good Start to Life Resources



Children's Health Queensland Hospital and Health Service

1

Good start to life
Be ready to have a healthy baby

GOOD START

Children's Health Queensland Hospital and Health Service

2

Good start to life
Healthy pregnancy.
Healthy Baby.

GOOD START

Good start to life
Eating well for a healthy baby
before and during pregnancy

Iron
Meat and fish
Good sources for iron
Including blood.

Folate
Many sources from
leafy greens, pulses
and fortified cereals.

Iodine
Many sources from
seafood, dairy and
fortified cereals.

For information on iron, folate, and iodine intake during pregnancy, visit www.health.gov.au

GOOD START

Good start to life
Food and drinks a growing baby needs

| 0-6 months | 6 months | 8 months | 12 months |
|------------|----------|----------|-----------|
| | | | |
| | | | |
| | | | |

For more information on baby nutrition, visit www.health.gov.au

GOOD START

Children's Health Queensland Hospital and Health Service

3

Good start to life
First year of life
Birth to 12 months

GOOD START

Children's Health Queensland Hospital and Health Service

4

Good start to life
Healthy kids
1 to 4 years of age

GOOD START

Good start to life
Breastfeeding is awesome!

For more information on breastfeeding, visit www.health.gov.au

GOOD START





BUT!

Consumer engagement does not stop there...



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

Consumer involvement is fundamental!

- ✓ 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





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!



Good start to life



THANK YOU

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