

# Growing Strong: Feeding You and Your Baby



## 2009 Evaluation Report

## ACKNOWLEDGEMENTS

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Queensland Health would like to thank all the Queensland health and family service staff and Aboriginal and Torres Strait Islander women who participated in this evaluation.

Following the redevelopment of the Growing Strong resources in 2008, the Nutrition in Early Life Statewide Steering Group (NEL SSG) convened the Growing Strong Working Group (GSWG) to oversee the evaluation. This group developed the evaluation framework and managed the health worker and other professionals survey. Members of the Growing Strong Working Group included:

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- **Southern Regional Services:** Amanda Allen.

The Healthy Living Branch, Division of the Chief Health Officer contracted the Cultural & Indigenous Research Centre Australia (CIRCA) to conduct the client survey.

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An electronic version of this document is available at [www.health.qld.gov.au/ph/documents/hpu/growing\\_strong](http://www.health.qld.gov.au/ph/documents/hpu/growing_strong)

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## EXECUTIVE SUMMARY

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Good maternal nutrition and healthy infant and childhood growth are fundamental to the achievement and maintenance of good health throughout the lifecycle and affect the health of succeeding generations. The Growing Strong resources and training were developed in 2002 to enable Aboriginal and Torres Strait Islander health workers to provide contemporary, evidence based, consistent and appropriate information on nutrition in pregnancy, breastfeeding, introducing solids and nutrition for young children.

To evaluate Growing Strong:

- data was collected on the distribution and promotion of resources between September 2008 and October 2009; and
- health workers and other professionals were surveyed in November 2009; and ten client discussion groups were held in June and July 2010.

There were 160 health workers and other professionals who responded to the survey, giving a response rate of 37%, and 69 clients participated in discussion groups across urban, rural and remote locations.

Overall, the Growing Strong resources evaluated very positively with health workers, other professionals, and clients across urban, rural and remote areas. The resources are considered to be relevant to Aboriginal and Torres Strait Islander mothers and families, and provide valuable information in a culturally appropriate format. The resources were more likely to be popular with clients in rural and remote locations. Clients in urban areas were more likely to describe the brochures as simplistic due to limited text, and the illustrations as 'dated' and stereotypical. They were more likely to favour the recently developed 'Breastfeeding and Your Baby' guide which includes more text and photographs instead of illustrations.

Most health workers and other users indicated they would use the Growing Strong resources in future and would be interested in attending training.

### **Recommendation 1:**

Continue to support the dissemination of Growing Strong resources and health worker training across all three Queensland Health regional services.

### **Recommendation 2:**

Consider comments and suggestions on brochure content and requests for additional information and action where appropriate.

### **Recommendation 3:**

Growing Strong Training:

- a. Revise and pilot the Growing Strong training based on outcomes from this evaluation and work already progressed in Tropical Regional Services.
- b. Continue to offer training in all three Queensland Health Regional Services.

- c. Where practical, link Growing Strong training and promotion with other Aboriginal and Torres Strait Islander Health Worker Workforce Development strategies, including online training.

**Recommendation 4:**

Update the Growing Strong communication and marketing plan to continue to promote the resources, flipcharts and training.

**Recommendation 5:**

Link Growing Strong with Queensland and national maternal and child health programs such as the Pregnancy Smoke Check program and Get Up & Grow.

**Recommendation 6:**

The Nutrition in Early Life Statewide Steering Group re-establish the Growing Strong Working Group with clear Terms of Reference to progress recommendations from this evaluation.

## INTRODUCTION

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### **The importance of nutrition for Aboriginal and Torres Strait Islander women and children**

Good maternal and child nutrition are fundamental to the achievement and maintenance of good health throughout the lifecycle. The period from pre-conception through to childhood provides a time-limited opportunity to improve the health status of the whole of population through good nutrition, which are also the most nutritionally demanding life stages.<sup>1</sup> This life phase is identified by *Eat Well Queensland: Smart Eating for a Healthier State 2002-2012* as both a “Priority Action Area” and a “critical lifecycle stage”.

### **Births to Aboriginal and Torres Strait Islander mothers in Queensland**

In 2009, there were 61,605 births in Queensland (Table 1). Babies born to Aboriginal and Torres Strait Islander mothers made up 5.4% of births in Queensland, or a total of 3,335 babies. The highest percentage of births to Aboriginal and Torres Strait Islander mothers per Health Service District was in the Torres Strait-Northern Peninsula Area (83.4%), Cape York (69.3%) and Mt Isa (38.7%). Queensland has the largest number of births to Aboriginal and Torres Strait Islander mothers in Australia, representing 28.8% of the total Australian figure.<sup>2,a</sup>

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<sup>a</sup> This information comes from the perinatal data collection system which only gathers information on the Indigenous status of the mother. It does not collect data on the Indigenous status of the father. Care should be taken to refer to “babies born to Aboriginal and Torres Strait Islander mothers” rather than “Aboriginal and Torres Strait Islander babies”. Census data collects the Indigenous status of both parents. Recent research into this area indicates that the health status of the newborn is more closely linked to the Indigenous status of the mother than the father (Queensland Health (2008) Indigenous Infant Mortality: the denominator dilemma *Stat Bite number 1*. Sandi Van Roo, Haes Houweling. Health Statistics Centre, Queensland Health).

**Table 1. Livebirths by Maternal Indigenous Indicator and District of Usual Residence, Public and Private Hospitals, Queensland, 2009**

Health Service District (HSD) of Usual Residence	Indigenous Indicator		Total
	Indigenous (% of total HSD)	Not Indigenous	
Cairns and Hinterland	648 (18.2)	2,905	3,553
Cape York	174 (69.3)	77	251
Central Queensland	209 (6.7)	2,903	3,112
Central West	20 (11.6)	152	172
Darling Downs-West Moreton	403 (5.4)	7,125	7,528
Gold Coast	46 (0.8)	5,560	5,606
Mackay	117 (4.6)	2,441	2,558
Metro North	189 (1.6)	11,522	11,711
Metro South	345 (2.2)	15,020	15,365
Mt Isa	241 (38.7)	381	622
South West	77 (17.1)	374	451
Sunshine Coast	85 (2.1)	4,009	4,094
Torres Strait-Northern Peninsula	247 (83.4)	49	296
Townsville	403 (12.1)	2,941	3,344
Wide Bay	99 (4.3)	2,198	2,297
Interstate/Overseas	31 (4.8)	610	641
Not stated	1	3	4
<b>Total Livebirths</b>	<b>3,335</b>	<b>58,270</b>	<b>61,605</b>

Notes:

Source: Perinatal Data Collection, Queensland Health (Extracted May 6, 2011)

Prepared by: Statistical Output, Health Statistics Centre, Queensland Health

### **Key nutrition related statistics for Aboriginal and Torres Strait Islander mothers**

Key indicators of a populations' maternal health status include maternal age, attendance at antenatal visits (five or more being optimum), smoking rates after 20 weeks gestation and smoking at any time during pregnancy, and gestational diabetes and anaemia during pregnancy.

The proportion of Aboriginal and Torres Strait Islander women who attended five or more antenatal visits during pregnancy increased from 74.7% in 20004-05 to 79.6% in 2009-10.<sup>3</sup> Over this same period, the proportion of non-

Aboriginal and Torres Strait Islander women attending five or more antenatal visits went from 90.9% to 94.1%.

In 2008, 53.0% of Aboriginal and Torres Strait Islander women smoked after 20 weeks gestation, compared to 17.3% of non-Aboriginal and Torres Strait Islander women.<sup>6</sup>

In 2009, 0.5% of mothers who gave birth in Queensland had pre-existing diabetes mellitus, and 5.5% and 1.2% of pregnancies were complicated by gestational diabetes and anaemia respectively (Table 2). The rates of gestational diabetes and anaemia in Aboriginal and Torres Strait Islander mothers were higher than average at 7.6% and 3.3% respectively. Gestational diabetes is associated with increased risk of obesity and diabetes in the child, and anaemia is usually caused by low dietary intake of iron.

Higher proportions of Aboriginal and Torres Strait Islander mothers are obese (BMI>30kg/m<sup>2</sup>), while more non-Aboriginal and Torres Strait Islander women have a BMI classified as normal (45.8% compared with 36.0%).<sup>4</sup>

**Table 2: Mothers by Selected Medical Conditions\Pregnancy Complications for those who birthed a livebirth, Public and Private Hospital, Queensland, 2009**

Selected Medical Conditions\Pregnancy Complications <sup>(a)</sup>	Indigenous Indicator		Total
	Indigenous (% of total mothers)	Not Indigenous (% of total mothers)	
Pre-existing Diabetes Mellitus	35 (1.1)	277 (0.5)	312
Gestational Diabetes Mellitus	249 (7.6)	3,054 (5.3)	3,303
Anaemia	109 (3.3)	596 (1.0)	705
Total mothers	3,297	57,300	60,597

(a) Reporting of multiple conditions permitted, so numbers cannot be cumulated.

Notes:

Source: Perinatal Data Collection, Queensland Health (Extracted May 6, 2011)

Prepared by: Statistical Output, Health Statistics Centre, Queensland Health

Folate is important for the prevention of neural tube defects (NTD). In Australia, the prevalence of neural tube defects is 4.6 per 10,000 births, with Aboriginal and Torres Strait Islander women 2.4 times more likely to have a NTD-affected pregnancy.<sup>5</sup> Maximum protection against neural tube defects from folate occurs when women increase their intake in the month preceding conception and the first trimester, when attendance to health care by Aboriginal and Torres Strait Islander women is typically poor. Contact with health care professionals by Aboriginal and Torres Strait Islander women during pregnancy is improving, and Queensland Health is investing

significantly to improve reproductive health in young people, and early and ongoing antenatal visits where good nutrition can be discussed.

### **Key nutrition related statistics for Aboriginal and Torres Strait Islander babies and children**

Key indicators for babies and children include low birth weight, breastfeeding initiation and duration, rates of anaemia and growth.

In 2008, the prevalence of low birth weight (<2500g) among babies born to Aboriginal and Torres Strait Islander mothers was 8.9% compared to 4.4% born to non-Aboriginal and Torres Strait Islander women.<sup>3</sup> The difference in prevalence rates of low birth weight reduced from 5.7% in 2000 to 4.5% in 2008 and appears to be trending down to a smaller gap in Queensland.

Maternal undernutrition and smoking contributes to growth restriction during gestation and low birth weight, which is associated with neuro-developmental delay and the development of diabetes, heart disease and high blood pressure later in life. Under optimal conditions Aboriginal and Torres Strait Islander babies have similar birth weights to non-Aboriginal and Torres Strait Islander babies. Under optimal conditions the birth weight of Aboriginal and Torres Strait Islander babies is similar to that of babies from other cultural groups.

Optimal infant nutrition to promote healthy growth and development is defined as:

- exclusive breastfeeding to six months of age,
- continued breastfeeding with the introduction of appropriate solid foods at around 6 months of age, and
- continued breastfeeding to at least 12 months of age.

Table 3 outlines a range of baby feeding methods on discharge from hospital:

- Non-Aboriginal and Torres Strait Islander mothers (93.1%) were slightly more likely to have initiated breastfeeding on discharge than Aboriginal and Torres Strait Islander mothers (88.1%), and
- Fewer babies born to Aboriginal and Torres Strait Islander mothers were exclusively breastfed on discharge (66.4%) compared to non - Aboriginal and Torres Strait Islander babies (73.1%).

**Table 3: Livebirths Discharged Home by Feeding Method in the Birth Episode, Public and Private Hospitals, Queensland, 2009**

Feeding Method in the Birth Episode	Indigenous Indicator		
	Indigenous (% total live births)	Not Indigenous (% total live births)	Total
Breast milk/colostrum	2,089 (66.4)	41,436 (73.1)	43,525
Breast milk/colostrum & Infant formula	675 (21.5)	11,211 (19.8)	11,886
Infant formula	371 (11.8)	3,902 (6.9)	4,273
Breast milk/colostrum & Infant formula & Nil by mouth	4 (0.1)	53 (<0.1)	57
Breast milk/colostrum & nil by mouth	1 (0)	48 (<0.1)	49
Breast milk/colostrum & Water, fruit juice or water-based products	1 (0)	17 (<0.1)	18
Infant formula & Nil by mouth	3 (0)	9 (<0.1)	12
Breast milk/colostrum & Infant formula & Water, fruit juice or water-based products	-	5 (<0.1)	5
Infant formula & Water, fruit juice or water-based products	-	4 (<0.1)	4
Nil by mouth	-	1 (<0.1)	1
Not Stated	-	8 (<0.1)	8
<b>Total Livebirths Discharged Home</b>	<b>3,144</b>	<b>56,694</b>	<b>59,838</b>

Notes:

Source: Perinatal Data Collection, Queensland Health (Extracted May 6, 2011)

Prepared by: Statistical Output, Health Statistics Centre, Queensland Health Ph: 3234 1875

## Policy and Service Delivery context

Improving maternal and child nutrition is a key issue to achieve Closing the Gap targets on life expectancy, and to halve the gap in mortality rates for Aboriginal and Torres Strait Islander children under five within a decade (2018). Achievement of these targets directs government policy, funding and service delivery priorities across sectors.

The primary target group for Growing Strong resources is Aboriginal and Torres Strait Islander health workers and the secondary target group are professionals working with Aboriginal and Torres Strait Islander families. The health worker is often the first point of contact between Aboriginal and Torres Strait Islander people and the health system. In addition they are also able to provide culturally specific knowledge and access to their community to facilitate improvements in health status.

The Aboriginal and Torres Strait Islander health worker workforce is growing in maternity, child and youth health services due to additional funding under the Indigenous Early Childhood Development National Partnership Agreement (IECD NPA). The purpose of the IECD NPA is to improve access to, and use

of, antenatal care by young Aboriginal and Torres Strait Islander mothers. It will also support young Aboriginal and Torres Strait Islander people to make informed decisions about their sexual and reproductive health, and increase access to antenatal, postnatal, child and maternal health services to Aboriginal and Torres Strait Islander families, with an emphasis on early presentation, and regular visits throughout pregnancy.

There are opportunities for Growing Strong to link with strategies being implemented under the Indigenous Health Outcomes National Partnership Agreement and the Preventative Health National Partnership Agreement Healthy Children Queensland Implementation Plan commencing in 2011-12.

The Nutrition in Early Life Statewide Steering Group provides oversight for the dissemination of Growing Strong. This Steering Group reports to the Public Health Nutrition Management Group within the Division of the Chief Health Officer and links with a range of maternal and early life networks and forums in Queensland and nationally.

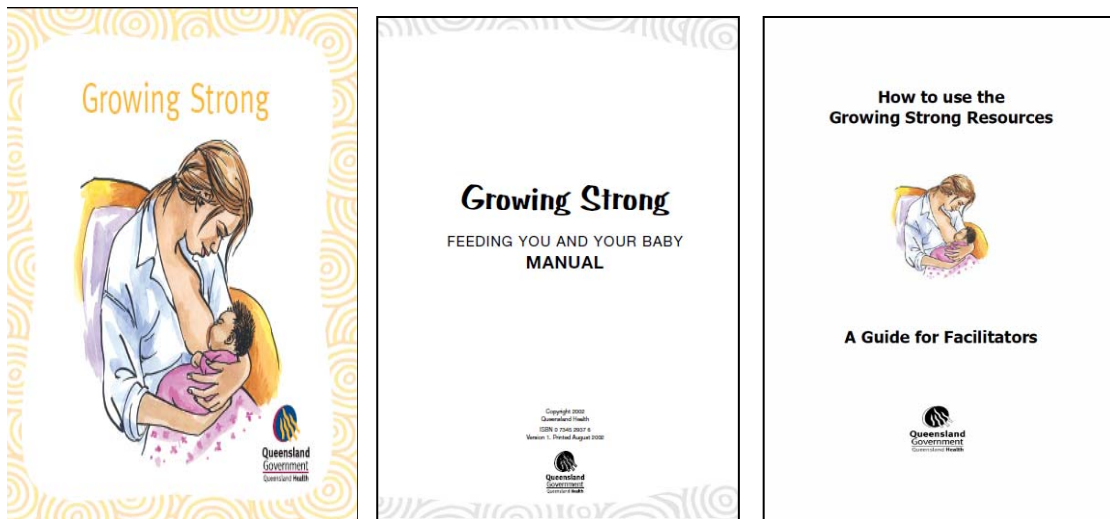
## BACKGROUND

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### *The development of Growing Strong*

Growing Strong began its development in 1999 with the aim of improving the effectiveness and quality of nutrition information for pregnant women, infants and young children provided by health workers (See Appendix 1 for the Growing Strong aims and objectives). Resources became available in 2001 and since this time over 10,000 client books have been distributed. Between 2002 and 2005, 217 health workers have been trained in nutrition during pregnancy and early life, using the Growing Strong resources and talking about these issues with Aboriginal and Torres Strait Islander families.

**Figure 1: 2002 Growing Strong resources**



Growing Strong was first evaluated in 2006. The *Growing Strong: Feeding You and Your Baby Evaluation Report 2006* concluded that:

- Resources were used predominantly with Aboriginal and Torres Strait Islander clients in a variety of ways and with a range of family members, age groups and life stages,
- Users found that information in the resources was current, accurate, easy to find and presented in a way that women and caregivers can understand,
- The resources encouraged discussion about nutrition and the making of informed choices and provide opportunities to refer to other services,
- Resources were liked by clients and suited the cultural and social needs of Aboriginal and Torres Strait Islander mothers and children,
- Growing Strong training objectives and outcomes were achieved,
- Training increased participants confidence in both using the resources and giving nutrition and breastfeeding advice,
- Training increased participants' knowledge, and.
- Response to Growing Strong was overwhelmingly positive.

Actions taken as a result of the 2006 evaluation included reformatting of the Growing Strong brochures as staff were reluctant to give away the relatively high cost booklet, and the development of a flipchart, a sustainable distribution and ordering system (Appendix 2), and a statewide evaluation framework (Appendix 3).

The Growing Strong suite of client and health worker resources are now available as:

- a series of 22 brochures with age appropriate information for key developmental and health screening check points,
- two flip charts for health workers to use with clients., and
- a health worker manual with more detailed background information (currently under development).

**Figure 2: 2008 Growing Strong resources**



A 'Breastfeeding and Your Baby' guide was developed by Queensland Health for distribution to women during antenatal visits in 2009. The version developed for Aboriginal and Torres Strait Islander families is based on the Growing Strong resources and was evaluated as part of the client focus groups. This guide features more text and photographs rather than illustrations and is available through antenatal services.



**Breastfeeding and your baby**  
12+months on the breast = Normal = Natural = Healthy

## ***Growing Strong and Service Development***

Growing Strong resources have been recognised nationally and included in the national resource pack for Healthy Lifestyle Workers employed through the Community Controlled Health Sector under the Australian Government's Indigenous Chronic Disease package.

Queensland Health nutritionists assisted with developing nutrition competencies based on the Growing Strong resources for the Certificate IV in Child and Youth Health (Aboriginal and Torres Strait Islander). This Certificate IV is currently being offered in Queensland.

## **EVALUATION METHODOLOGY**

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The goal of this Growing Strong evaluation was to evaluate the usage of the Growing Strong resources by health workers and other health professionals throughout Queensland, and to obtain client feedback. For the health worker and other professionals evaluation, objectives were to determine the:

- Proportion of health workers and other professionals using the resource, and
- Level of perceived relevance among users.

Specifically for the client evaluation, objectives were to:

- Determine how the resources were accessed, and ways in which they were used,
- Gather feedback on the resources, including overall appeal, usefulness of the information and perceived impact on knowledge and behaviour,
- Gather feedback on suggested improvements and/or alternate/additional education tools, and
- Determine main information sources for topics covered by the Growing Strong resources including who they go to and what alternate resources they may use.

### ***Website Analysis***

Google Analytics for the period 1 October 2008 to 1 December 2009 were used to report on the Growing Strong website utilisation [www.health.qld.gov.au/ph/documents/hpu/growing\\_strong](http://www.health.qld.gov.au/ph/documents/hpu/growing_strong).

### ***Resource Distribution***

The Queensland Government bookshop (SDS - Statewide Distribution Service) Delivery Summary Reports were used to determine the number of brochures distributed and monthly stock movement from 1 October 2008 to 30 September 2009. The Dr Edward Koch Foundation provided a report of flip chart sales for this period.

### ***Health Worker and other Health Professionals Survey***

An eight page survey (Appendix 4) was mailed to everyone who had ordered Growing Strong resources from 1 October 2008 to 30 September 2009. The database was generated from SDS orders and then cross checked with local records kept by the Growing Strong Regional co-ordinators.

Each of the three Growing Strong Regional co-ordinators was responsible for the printing, dissemination and collation of surveys in their own area. Surveys included a covering letter, a pre-paid envelope and contact details for the Growing Strong Regional co-ordinator for further information. The survey was sent on 2 November 2009. Non-responders were followed up on 16 November 2009, then by phone or email between 24-27 November 2009. A

mail survey was chosen over email as email access can be an issue in some locations, especially remote areas.

## ***Client Evaluation***

The Cultural and Indigenous Research Centre Australia (CIRCA) was commissioned by Queensland Health to undertake a qualitative evaluation with Aboriginal and Torres Strait Islander pregnant women and mothers in Queensland.

Ten discussion groups were conducted between 7 June and 2 July 2010 in Brisbane, Bundaberg, Cairns, Charters Towers, Cherbourg, Gold Coast, Hopevale, Mount Isa, Roma, and Thursday Island. Each group was facilitated by a female CIRCA consultant or a female Aboriginal or Torres Strait Islander research consultant.

Participants were recruited through local clinics, as the original aim was to speak with women who had accessed the resources. However, this was difficult and generally only one or two participants in each group had read the resources. Participants were also recruited on the basis that they either had children under the age of five or were pregnant.

Participants were provided with a number of the Growing Strong resources during the discussion and were asked some general questions aimed to gauge awareness, overall appeal, likeability and usefulness. This was particularly important for those who had not seen the resources prior to the group. Some of the resources that were shown at this point included:

- Healthy food and drinks for children aged 1-4
- Starting solids
- Healthy food in pregnancy
- Physical activity during pregnancy
- Morning sickness and other pregnancy issues
- Healthy drinks for baby
- Iron rich foods for healthy babies and children
- Baby's growth checks
- How dads can help
- Healthy food and drinks for your Grandkids
- How to breastfeed
- Breastfeeding: Good for baby, good for mum
- Breastfed babies growth and growth spurts
- Expressing breastmilk

Participants were also asked to provide feedback about the 'Breastfeeding and your baby' resource.

## SAMPLE AND RESPONDENT PROFILE

### *Growing Strong Health Worker and other Health Professionals Survey*

The overall response rate from health workers and other health professional was 37% (Table 4). Respondents came from a range of backgrounds (Table 5). Seventeen per cent were Aboriginal and Torres Strait Islander Health Workers, 17% from nursing, 14% from nutrition and dietetics, 26% worked in childcare, and 24% were 'other' users such as speech pathologists, oral therapists, project officers, students and teachers.

**Table 4: Response rate by region**

	<b>Tropical</b>	<b>Central</b>	<b>Southern</b>	<b>Overall</b>
<b>Total number of surveys distributed</b>	150	152	127	429
<b>Total responses</b>	44	57	59	160
<b>Response rate</b>	29%	38%	47%	37%

**Table 5: Respondent profile by profession**

<b>User group</b>	<b>Tropical</b>	<b>Central</b>	<b>Southern</b>	<b>Overall</b>
Health Worker	11	11	5	27 (17%)
Nursing	14	6	7	27 (17%)
Nutrition/ Dietetics	11	3	9	23 (14%)
Childcare	1	22	19	42 (26%)
Other	7	13	18	38 (24%)
Missing	0	2	1	3 (2%)
<b>Total respondents</b>	<b>44</b>	<b>57</b>	<b>59</b>	<b>160</b>

Thirty-eight respondents (24%) identified as Aboriginal and/or Torres Strait Islander. Of these, 27 identified as Aboriginal, five as Torres Strait Islander and six as both Aboriginal and Torres Strait Islander. Of these, 60% were employed by QH, 20% from a non government organisation (NGO), and 20% from a community controlled health service. Aboriginal and Torres Strait Islander workers had similar years in the workforce to non-Aboriginal and Torres Strait Islander workers. Over half of all respondents had been in their job for less than three years, indicating the need for regular training and promotion of resources (Table 6).

**Table 6: Time in the position by Indigenous status**

Time in position	Indigenous	Not Indigenous
	Number (%)	Number (%)
Less than 7 months	6 (19)	7 (6)
7 -12 months (inc 1yr)	3 (10)	14 (12)
13-24 months (inc 2 years)	7 (23)	30 (26)
25-36 months (inc 3 years)	5 (16)	19 (17)
More than 3 years	10 (32)	44 (39)
<b>Total valid responses</b>	<b>31</b>	<b>114</b>
Invalid response	2	1
Missing data	5	7
<b>Total</b>	<b>38</b>	<b>122</b>

### ***Client Evaluation***

In total, 69 clients participated in discussion groups. The sample was skewed toward a slightly younger profile with 26% aged 16 to 19, 13% aged 20 to 24 and 16% aged 25 to 29 years (Table 7).

The majority of participants (73%) identified as Aboriginal, 6% as Torres Strait Islander, and 15% as Aboriginal and Torres Strait Islander. A further 4% were South Sea Islander and 3% did not answer the question.

Large family sizes were common with almost half of the sample (48%) having three or more children and a third of the sample (33%) having one to two children. Thirty per cent of the sample were first time mothers (had only one child). In addition, 17% were pregnant.

Of the clients participating in the evaluation:

- 81% had seen the resources and 25% had used them,
- 19% had not seen any of the resources prior to the group,
- 61% had seen the information about healthy food and drinks for babies and children, and 22% had used them,
- 58% had seen the pregnancy resources, and 13% had used them, and
- 44% had seen the breastfeeding resources, and 15% had used them.

**Table 7: Client profile – Demographic data**

	<b>Urban % (n=23)</b>	<b>Regional % (n=31)</b>	<b>Remote % (n=15)</b>	<b>TOTAL % (n=69)</b>
<b>Age</b>				
16-19 years	4 (17%)	12 (39%)	2 (13%)	<b>18 (26%)</b>
20 -24 years	4 (17%)	3 (10%)	2 (13%)	<b>9 (13%)</b>
25-29 years	4 (17%)	5 (16%)	2 (13%)	<b>11 (16%)</b>
30-34 years	7 (30%)	3 (10%)	3 (20%)	<b>13 (19%)</b>
35-39 years	3 (13%)	3 (10%)	2 (13%)	<b>8 (12%)</b>
40-44 years	1 (4%)	4 (13%)	2 (13%)	<b>7 (10%)</b>
45+	0	1 (3%)	1 (7%)	<b>2 (3%)</b>
<b>Do you identify as</b>				
Aboriginal	15 (65%)	24 (77%)	11 (73%)	<b>50 (73%)</b>
Torres Strait Islander	1 (4%)	0	3 (20%)	<b>4 (6%)</b>
Aboriginal and Torres Strait Islander	5 (22%)	4 (13%)	1 (7%)	<b>10 (15%)</b>
South Sea Islander	0	3 (10%)	0	<b>3 (4%)</b>
No response	2 (9%)	0	0	<b>2 (3%)</b>
<b>Main activity during the day</b>				
Home duties	17 (74%)	23 (74%)	12 (80%)	<b>52 (75%)</b>
Work part-time	2 (9%)	2 (6%)	0	<b>4 (6%)</b>
Work full-time	2 (9%)	2 (6%)	3 (20%)	<b>7 (10%)</b>
Studying	2 (9%)	3 (10%)	0	<b>5 (7%)</b>
<b>Education level</b>				
Year 10	9 (39%)	16 (52%)	6 (40%)	<b>31 (45%)</b>
Year 11 or 12	8 (35%)	11 (35%)	7 (47%)	<b>26 (38%)</b>
TAFE	4 (17%)	4 (13%)	1 (7%)	<b>6 (9%)</b>
Tertiary	2 (9%)	0	0	<b>2 (3%)</b>
Other	0	3 (10%)	1 (7%)	<b>4 (6%)</b>
<b>Number of children</b>				
0 (Pregnant)	3 (13%)	8 (26%)	1 (7%)	<b>12 (17%)</b>
1	9 (39%)	9 (29%)	3 (20%)	<b>21 (30%)</b>
2	1 (4%)	0	7 (47%)	<b>2 (3%)</b>
3	3 (13%)	2 (6%)	4 (27%)	<b>9 (13%)</b>
4	3 (13%)	4 (13%)	3 (20%)	<b>10 (15%)</b>
5	3 (13%)	2 (6%)	2 (13%)	<b>7 (10%)</b>
6	0	4 (13%)	0	<b>4 (6%)</b>
7+	1 (4%)	2 (6%)	0	<b>3 (4%)</b>
<b>Age of children</b>				
	<b>N=49</b>	<b>N=60</b>	<b>N=17</b>	<b>N=126*</b>
0 - 6 months	5 (10%)	3 (5%)	0	<b>8 (7%)</b>
7 - 11 months	2 (4%)	2 (3%)	0	<b>4 (3%)</b>
12 - 23 months	5 (10%)	5 (8%)	3 (18%)	<b>13 (10%)</b>
2 – 4 years	16 (32%)	13 (22%)	6 (35%)	<b>35 (28%)</b>
5 - 7 years	3 (6%)	11 (18%)	2 (12%)	<b>16 (13%)</b>
8 -12	11 (22%)	11 (18%)	6 (35%)	<b>28 (22%)</b>
13+	7 (14%)	15 (25%)	0	<b>22 (17%)</b>

(\*Figures have been calculated on the total number of children as participants were asked for the age of each child)

## RESULTS

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### *Distribution of Growing Strong Resources*

#### **Who orders Growing Strong resources and what do they order**

Distribution numbers exceeded 5000 for nearly all brochures and in September 2009 averaged 433 brochures per month (range 412 to 468 per month) (Table 8).. Average monthly figures were impacted by the large number of orders in the first few months following the launch of the brochures. For this reason, the data for September 2009, has been included as a more accurate reflection of the level of orders at the time. However, the average monthly usage has declined since the study period and in 2010-11 ranged from 145 per month for 'formula feeding your baby' to 205 per month for 'Alcohol, tobacco, and other drugs during pregnancy and breastfeeding'. There are currently between 1,200 and 3,100 copies of each Growing Strong brochure in storage for distribution. Based on current distribution volumes there are sufficient stock to last approximately 11 to 25 months depending on the brochure.

In the survey period, 429 health workers and other users around the state ordered Growing Strong resources, which were evenly distributed across Southern, Central and Tropical regions. This differs from the distribution pattern of the previous Growing Strong resource (pre 2007) where Northern Area Health Service (Tropical region) ordered around double the resources of their Central and Southern region counterparts.

During the study period, 177 flip charts were purchased from the Dr Edward Koch Foundation in Cairns. Most of these were purchased by Queensland Health (160 or 90%). Two community controlled health organisations in North Queensland purchased 13 flip charts (7%), and a further two organisations from Western Australia and one from Northern Territory purchased the remaining four flip charts. In 2009, Tropical Regional Services funded the Dr Edward Koch Foundation to distribute the flip charts throughout the state. Central and Southern Regional Services ordered small numbers of flip charts in 2010, which is outside of the study period and not included in this report.

**Table 8: Total and monthly brochures distributed as at 24 September 2009**

<b>Brochure title</b>	<b>Total Distributed</b>	<b>Orders in Sept 2009</b>	<b>Monthly average</b>
Healthy Drinks for Children Aged 1 - 4 Years	5629	61	466
Healthy Food for Children Aged 1 - 4 Years	5508	62	468
Healthy Drinks for Baby	5407	46	450
Breastfeeding: Good for Baby Good for Mum	5332	30	444
Starting Solids	5305	61	439
How Dads Can Help	5298	44	441
Iron Rich Foods for Babies and Growing Children	5276	61	436
Keeping Food Safe	5266	59	434
Healthy Food and Drinks for your Grandkids	5252	44	433
Alcohol, Tobacco and Other Drugs During Pregnancy and Breastfeeding	5231	59	438
Healthy Food in Pregnancy	5215	59	432
How to Breastfeed	5132	59	427
Sterilising Bottles, Teats and Dummies	5075	44	421
Baby's Growth Checks	5051	31	419
Healthy Food Ideas for Children Aged 1 - 4 Years and Older	5046	61	456
Expressing Breastmilk	5038	45	419
Formula Feeding Your Baby	5036	45	419
Overweight Children	5022	28	421
Morning sickness and other pregnancy issues	5015	43	415
Physical Activity During and After Pregnancy	4975	43	414
Pregnancy and Diabetes	4967	58	412
Breastfed Babies Growth and Growth Spurts	4687	30	426

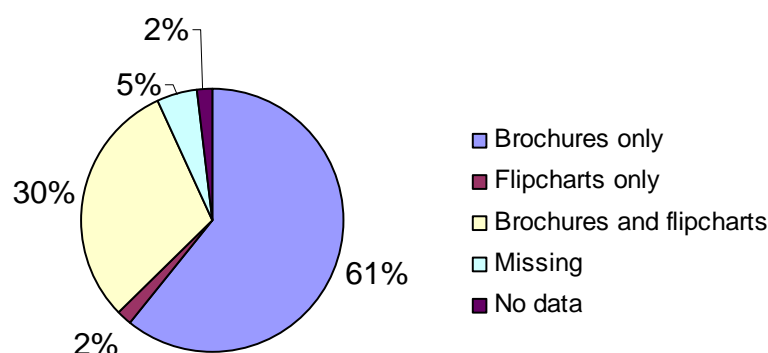
## Interstate requests

There were 65 requests for Growing Strong resources from other states and territories. The large majority were from organisations with Aboriginal and Torres Strait Islander clients. Interstate requests for brochures were referred to the Growing Strong website to print copies of the brochures.

## ***Evaluation of Growing Strong Resources – Health Workers and other Health Professionals***

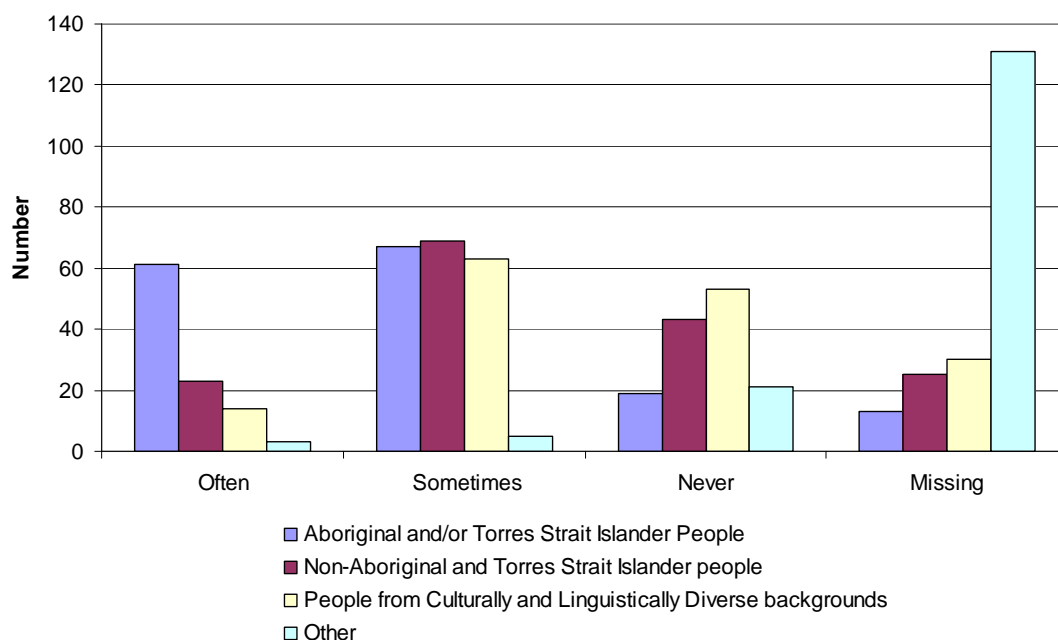
Nine out of 10 respondents to the health worker and other professionals' survey reported using the brochures, whereas only one-third had used the flipcharts (Figure 3). The low reported use of flip charts could be due a high proportion of respondents from the childcare sector to which the flipcharts were not promoted, and because the flip charts had not been available for as long as the brochures.

**Figure 3: Reported use of the Growing Strong brochures and flip charts**



Growing Strong resources were most often used with Aboriginal and Torres Strait Islander clients (Figure 4), and with first time mothers, parents and caregivers.

**Figure 4: Client groups and frequency that Growing Strong resources are used (n=160)**



Feedback on the Growing Strong resources was overwhelmingly positive with users finding the information current, accurate, easy to find and given in a way clients understand (Table 9).

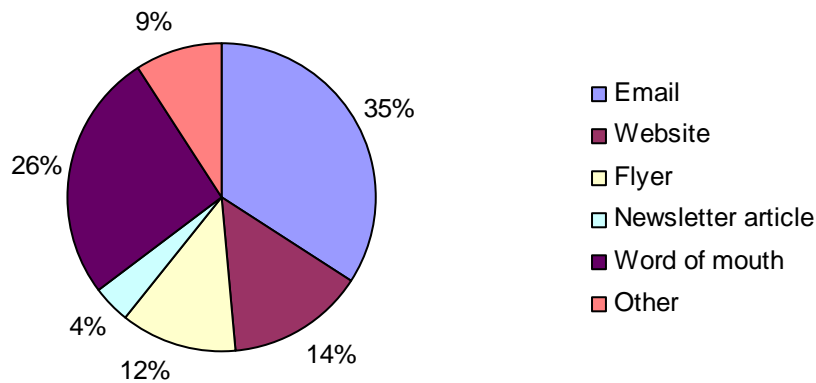
**Table 9: Respondent thoughts on the Growing Strong resources (n=160)**

Statement	Yes	No	Not sure	Missing
The information is current and accurate	146	2	8	4
The information is easy to find	144	3	10	3
The information is given in a way that clients and caregivers can understand	149	2	6	3
Using the growing strong resources encourages discussion about nutrition issues with clients	132	5	18	5
Using the growing strong resources encourages clients to make informed decisions about nutrition choices	128	3	24	5
Using the Growing Strong resources provides the opportunity for referral to other sources of information and/or support	116	6	34	4
Most clients liked the resources	120	3	31	6
The resources suit the cultural and social needs of Aboriginal and Torres Strait Islander mothers and children in your area	123	8	25	4

## Brochures

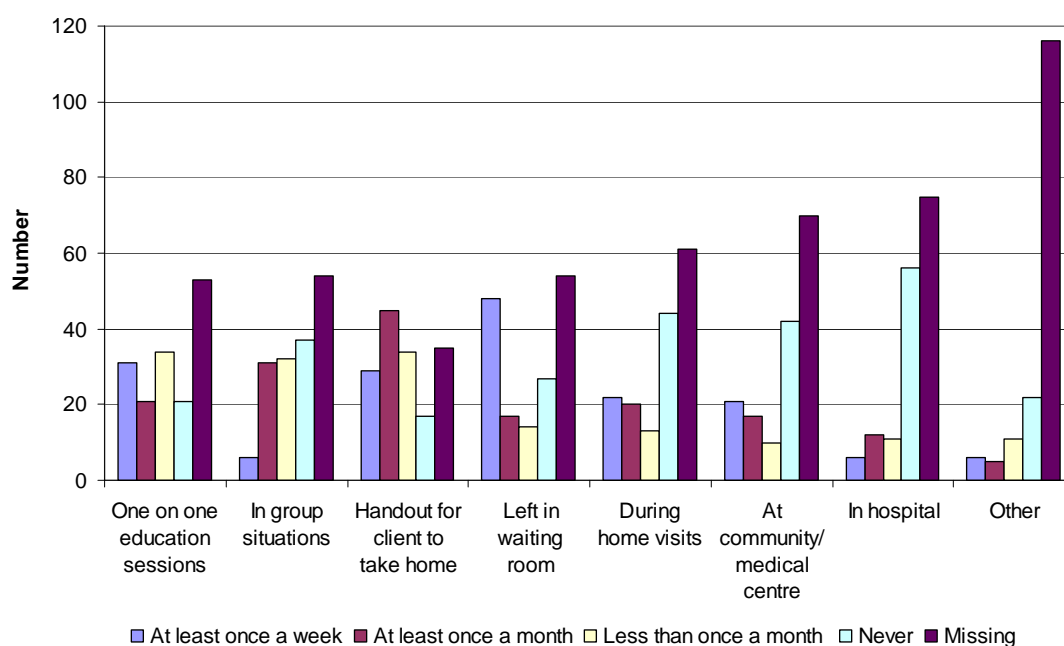
The most common way of finding out about the Growing Strong brochures was via email when the resources were launched in September 2008 (35%) (Figure 5). The second most common way was word of mouth (26%).

**Figure 5: Ways that health workers and other professionals heard about Growing Strong**



Brochures were most commonly used in one on one consultations and as a resource for clients to take home with them (Figure 6). A significant number of respondents reported leaving brochures in the waiting room for clients to pick up. Most (88%) respondents intend to use Growing Strong brochures in the future. More respondents indicated they used the brochures as a handout for clients to take home than in the 2006 evaluation, indicating that the change from a client book to brochures had been effective at encouraging distribution.

**Figure 6: Use of brochures and frequency of use (n=160)**



Seventy-seven respondents provided additional comments on the brochures. A complete list of these comments is provided in Appendix 5. Comments were overwhelmingly positive, for example:

- “I think that the brochures are excellent as they are.”
- “They are great the way they are.”
- “They are easy to read and use which makes them user friendly for parents.”
- “Wonderful, factual, colourful resource.”

Respondents provided a range of other comments on how to improve the resources including (number of respondents making this comment in brackets):

- Books should be available rather than a large number of brochures. Join as many together as possible (5),
- Some of the information is out of date (5),
- The pictures and language are child like and need updating to be less stereotypical (4),
- The resources should have more information included (3),
- Should be available in other languages (3),
- Brochures need to be regularly reviewed for accuracy (2), and
- Writing is too small and not easy to read (1).

A number of respondents requested additional information to be added to the series of brochures:

- Frequency and volume of feeding and failure to thrive (3),

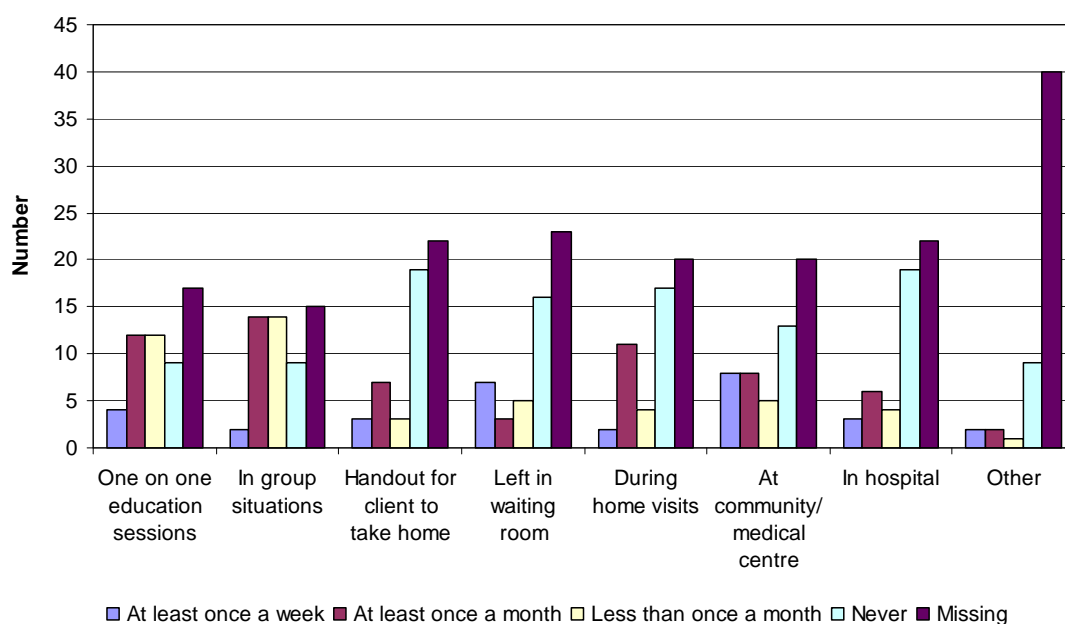
- Develop brochures for different ages (teenagers and older mothers), education levels, and roles (include grandmothers and aunties who provide information and support mothers) (2),
- Dental care (1),
- How to cook, store and prepare food (1),
- Iron deficiency (1),
- Include stories of people's lives (1),
- Foetal alcohol syndrome (1),
- Serve sizes for different age groups and sample meal plan (1),
- Food and children with specific issues such as fussy eaters, and children with autism or down syndrome (1), and
- Postnatal depression and attachment to baby (1).

A full list of comments on how to improve the brochures is included in Appendix 6.

## Flip Charts

The flip charts were used in both individual consultations and group situations (Figure 7). The large majority (78%) of respondents intend to use Growing Strong flip charts in the future.

**Figure 7: How flipcharts are used (n=54)**



Twenty respondents provided additional comments on the flip charts. A complete list of these comments is provided in Appendix 7. Regular themes included that the charts were heavy and difficult to carry around and that respondents were unaware of them or had not received them.

## ***Evaluation of Growing Strong Brochures – Clients***

Client responses to the brochures were mostly positive. The brochures were considered appealing, informative and useful, and culturally appropriate. The information included was considered easy to understand and used simple, clear language. Many also liked the design and illustrations and felt that the brochures were attractive and would appeal to Aboriginal and Torres Strait Islander mothers, and that they would recommend them. A number of women noted that they felt that the brochures would be particularly useful and relevant for young or first time mothers who may not be familiar with the information.

However, participants in urban locations were less positive about the brochures generally. Some felt that the brochures had been made overly simplistic through the use of limited text and excessive pictures, the

illustrations were comical, stereotypical and out-dated, and that the brochures should have contained more detailed information:

*“The information is useful but there are too many pictures and it makes it seem like it’s been dumbed down. It seems like it’s really slow so that you can understand.”*

*“I think it’s stereotypical and dated. Seems like something that would be around when I was young. It needs to be modernised.”*

*“It’s presented well and has good info but it just needs more facts.”*

Conversely, participants from remote areas felt that the brochures were too wordy, and a few suggested that they should feature pictures with one or two, or only a few words. One person suggested that posters would be a good way to present this information.

Interestingly, the majority of participants preferred illustrations to photographs, except in some urban areas, where some felt that the illustrations were stereotypical or ‘child like’: These participants would have preferred more detailed information with some photographs, rather than illustrations.

Importantly, many participants found they learnt something new from the brochures in the few minutes they had to flick through them. This indicates that there is a need for this type of information and it is relevant to the target audience..

The main strengths of providing information in a written form were that it:

- Offers correct, consistent information
- Can be kept and referred to when needed
- Can be read in the privacy of the home when there is time
- Good for mothers who are embarrassed or shy to ask questions to health practitioners

Overall, the Growing Strong brochures were most popular among women in regional and remote areas, and the brochures that received the most positive feedback were:

- The breastfeeding resources, particularly the ‘How to Breastfeed’ resource and ‘Expressing breastmilk’
- Starting solids
- Healthy food and drinks for children aged 1 to 4
- Iron rich foods

None of the participants had seen the Growing Strong brochures as part of a flip chart presentation, but all agreed that this would be a good way to receive information and allow for discussion and questions.

The ‘Breastfeeding and your baby’ guide was most popular with women in urban settings as the level of information and use of photographs was

considered appropriate. However, this brochure did not receive a positive response from most women from regional and remote areas as it was perceived to be unappealing, too detailed and complicated.

Most clients accessed the Growing Strong brochures through their local health worker/clinic, and health care practitioners and family members were described as the most common sources of information about child health.

## **Suggested Improvements**

A number of requests for further information were provided by clients:

- Information on gestational diabetes
- More information specifically designed for fathers
- Change 'iron fortified cereal' to 'rice cereal' or 'farex'
- Inclusion of the food pyramid, recipes and healthy foods for children
- Inclusion of information on vitamin supplements during pregnancy such as folate, iron and multivitamins
- Inclusion of Aboriginal and Torres Strait Islander flags on the front of the resources
- Pictures depicting how to store breastmilk
- Information on fast flowing milk
- More information on drinking alcohol and coffee and breastfeeding such as how long it stays in the system and the effect that it can have on your baby. This was felt to be very important for young mothers.
- Tips for mothers to look after themselves and manage stress and fatigue, including how family members and fathers can assist.
- How to burp babies
- How to hold babies
- Post natal depression
- Baby safety – such as SIDS information
- Places to hire a breast pump
- Information on formula, including which types to use and when
- Mastitis
- After birth care for mothers
- Foods to avoid when breastfeeding e.g. food that can give baby gas
- Information specifically targeting young mums
- Information for women with low literacy e.g. highly visual, less words than current Growing Strong resources

It was also suggested that the information be modified so that it was more relevant for grandparents and included tips on supporting parents and caring for grandchildren.

## **Health Worker Training Needs**

Most respondents to the survey (81%) had not attended Growing Strong training, but 64% would be interested in attending training in the future. Only 6% indicated they would not be interested in training. A similar proportion of respondents believed that training was necessary to be able to use the Growing Strong resources effectively (43%) compared to those who did not (49%). Almost half of respondents (42%) preferred a workshop format for training, online education was preferred by 16% and 31% preferred a mixture of both formats.

Respondents were asked to select five topics from the list of Growing Strong brochures that they would most like to see included in training. There was interest in all topics (Table 10), however, those requested by 50% or more of respondents were 'Breastfeeding: Good for baby, good for mum', 'Alcohol, tobacco and other drugs', 'Starting solids', 'Healthy foods for children aged 1 - 4 years' and 'Healthy food in pregnancy'.

**Table 10: Preferred Growing Strong training topics**

<b>Topic</b>	<b>% selecting this topic</b>
Breastfeeding: good for baby, good for mum	58
Alcohol, tobacco and other drugs during pregnancy and breastfeeding	56
Starting solids	53
Healthy foods for children aged 1-4 years	52
Healthy food in pregnancy	50
Healthy food ideas for children aged 1-4 years and older	46
Iron rich foods for babies and growing children	44
Healthy drinks for baby	40
Healthy drinks for children aged 1-4 years	39
Keeping food safe	38
How dad's can help	36
Pregnancy and diabetes	35
How to breastfeed	33
Baby's growth checks	31
Overweight children	31
Breastfed babies' growth and growth spurts	28
Expressing breastmilk	24
Sterilising bottles, teats and dummies	24
Physical activity during and after pregnancy	23
Healthy food and drinks for your grand kids	23
Formula feeding	21
Morning sickness and other pregnancy issues	19

One respondent believed that training should include using and assessing growth charts and referral pathways and practical training on which situations to use the flip charts or the brochures. Another felt the training should be flexible for issues in different areas such as obesity in the Torres Strait and failure to thrive and anaemia in the Cape. Another believed that cultural competency training would be useful for all non-Aboriginal and Torres Strait Islander people using the resources.

### ***Growing Strong Website and Promotions***

The Growing Strong website was developed after the 2006 evaluation. During the period from 1 October 2008 to 1 December 2009, the Growing Strong website was visited 6,362 times, with 2,429 different visitors. More than half (58%) entered and exited the site from the home page without viewing other pages and the average time spent on the site was around two minutes. Nearly all visitors came from Australia (98%), 36% arrived at the site from Google and around 11% of visits originated from the Queensland Health intranet site. Most visitors searched using phrases that included the words “Growing Strong”, or “Queensland Health”. It would appear that people who visited the Growing Strong site were already aware of its existence and were purposefully looking for these resources, as opposed to more generally seeking information for Aboriginal and Torres Strait Islander nutrition in early life.

Half (50%) of the respondents to the health worker survey had visited the Growing Strong website, and 34% had not visited. Less than one in ten respondents (7%) had never heard of the website. A further four percent were unsure if they had heard of the website and five percent of responses were missing.

Growing Strong was presented as a poster at the May 2009 Dietitian’s Association of Australia conference in Darwin. Articles promoting Growing Strong also appeared in the Koori Mail on 24 September 2008, and in Health Matters and the Ipswich paper Queensland Times on 6 November 2008.

## CONCLUSIONS

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Overall, the Growing Strong resources evaluated very positively with health workers, other professionals and clients across urban, rural and remote areas. The resources are considered to be relevant to Aboriginal and Torres Strait Islander mothers and families, and provide valuable information in a culturally appropriate format.

The brochures were most popular with clients in rural and remote locations, with clients in urban areas more likely to describe the brochures as simplistic due to limited text, and illustrations that were considered to be 'dated' and stereotypical. While the Growing Strong brochures do not appear to be meeting the needs of all Aboriginal and Torres Strait Islander mothers and families in Queensland, the 'Breastfeeding and Your Baby' guide appears to address this gap for information in a contemporary format with more text and photos instead of illustrations. Health workers should consider using this resource with clients where they may respond better to a different presentation format, particularly in urban areas or where low literacy is less of an issue.

Awareness and use of the flipcharts was low. The flipcharts were developed in response to outcomes from the 2006 evaluation for use in group settings. Consideration should be given to strategies to promote the awareness and use of these resources and to develop supporting presentation notes.

The majority (81%) of respondents to the health worker and other professionals' survey had not attended Growing Strong training. Although 64% of respondents indicated they would be willing to attend training if available, nearly half (49%) felt that training was not necessary. The current Growing Strong training should be reviewed in light of this evaluation to determine the best format for delivery and content. With respect to limitations of the evaluation, the 37% response rate from health workers and other professionals was low despite methods used to increase the response rate. However, the results do provide a useful insight into the perceptions and use of the resources across all areas of Queensland and the low response rate should therefore not be considered a limitation in generalising the findings and recommending strategies to improve Growing Strong.

Growing Strong is one component of a broad range of initiatives in Queensland to address the high prevalence of low birth weight and child growth issues in Aboriginal and Torres Strait Islander children, and to improve maternal health. Ongoing partnerships are needed to ensure Growing Strong is integrated into service delivery across a range of Queensland Health programs, community controlled health organisations and other organisations to improve maternal health, infant birth weight and child growth.

## **RECOMMENDATIONS**

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### **Recommendation 1:**

Continue to support the dissemination of Growing Strong resources and health worker training across all three Queensland Health regional services.

### **Recommendation 2:**

Consider comments and suggestions on brochure content and requests for additional information and action where appropriate.

### **Recommendation 3:**

Growing Strong Training:

- a. Revise and pilot the Growing Strong training based on outcomes from this evaluation and work already progressed in Tropical Regional Services.
- b. Continue to offer training in all three Queensland Health Regional Services.
- c. Where practical, link Growing Strong training and promotion with other Aboriginal and Torres Strait Islander Health Worker Workforce Development strategies, including online training.

### **Recommendation 4:**

Update the Growing Strong communication and marketing plan to continue to promote the resources, flipcharts and training.

### **Recommendation 5:**

Link Growing Strong with Queensland and national maternal and child health programs such as the Pregnancy Smoke Check program and Get Up & Grow.

### **Recommendation 6:**

The Nutrition in Early Life Statewide Steering Group re-establish the Growing Strong Working Group with clear Terms of Reference to progress recommendations from this evaluation.

## REFERENCES

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- <sup>1</sup> Queensland Public Health Forum (2002). *Eat Well Queensland 2002-2012: Smart Eating for a Healthier State*. Brisbane, Queensland Public Health Forum.
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[http://qheps.health.qld.gov.au/hic/pdf/qhpi\\_atssi/2011/queensland.pdf](http://qheps.health.qld.gov.au/hic/pdf/qhpi_atssi/2011/queensland.pdf) (last accessed 10 October 2011).
- <sup>4</sup> Queensland Health (2009). Characteristics of overweight and obese mothers in Queensland, *2008 Stat Bite number 21*. Melanie Watson, Stuart Howell. Health Statistics Centre, Queensland Health.
- <sup>5</sup> Abeywardana S & Sullivan EA (2008). *Neural Tube Defects in Australia. An epidemiological report. Cat no PER 45*. Sydney: AIHW National Perinatal Statistics Unit.
- <sup>6</sup> Queensland Health. *The Health of Queenslanders 2010. Third Report of the Chief Health Officer Queensland*. Brisbane, 2010.

## APPENDICES

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### Appendix 1: Growing Strong Aims and Objectives

As a result of Growing Strong work, there will be an improvement in the effectiveness and quality of nutrition information delivered by health workers to Aboriginal and Torres Strait Islander women and families.

#### *Key performance indicators*

- Proportion of professionals using resource
- Reach of professionals using the resources
- Changes in confidence and frequency of health professionals in discussing antenatal and early life nutrition issues with clients
- Level of perceived relevance among professionals
- Changes in client awareness, knowledge, behaviour

#### *Benefits*

Achievement of the project purpose should contribute to the following benefits for Aboriginal and Torres Straits Islander mothers and children:

- Optimal weight gain during pregnancy
- Return to healthy maternal weight post pregnancy
- Optimal iron status in pregnancy
- Optimal folate status in pregnancy
- Improved control of diabetes in pregnancy
- Healthy birth weight
- Optimal iron status in infants and children
- Optimal breastfeeding duration and intensity
- Appropriate introduction of solids
- Age appropriate growth and development in the first five years of life
- Decreased risk of chronic disease

## **Appendix 2: Overview of Growing Strong resource ordering and distribution system**

In February 2009 the Growing Strong resource ordering system was reviewed. Prior to this, all resources were managed through SDS, the Health Promotion Branch paid for storage and warehousing and each Area Health Service paid for postage and handling. The cost of this far exceeded estimations at the commencement of the project and so the system was reviewed.

Currently all Growing Strong brochures are distributed through SDS. Figure 8 describes the distribution system. SDS is not able to charge the client for postage and handling if the product is free, so a charge of 1 cent per brochure was agreed upon. This fee is directly credited to the Health Promotion Branch. The Health Promotion Branch continues to pay for storage and warehousing.

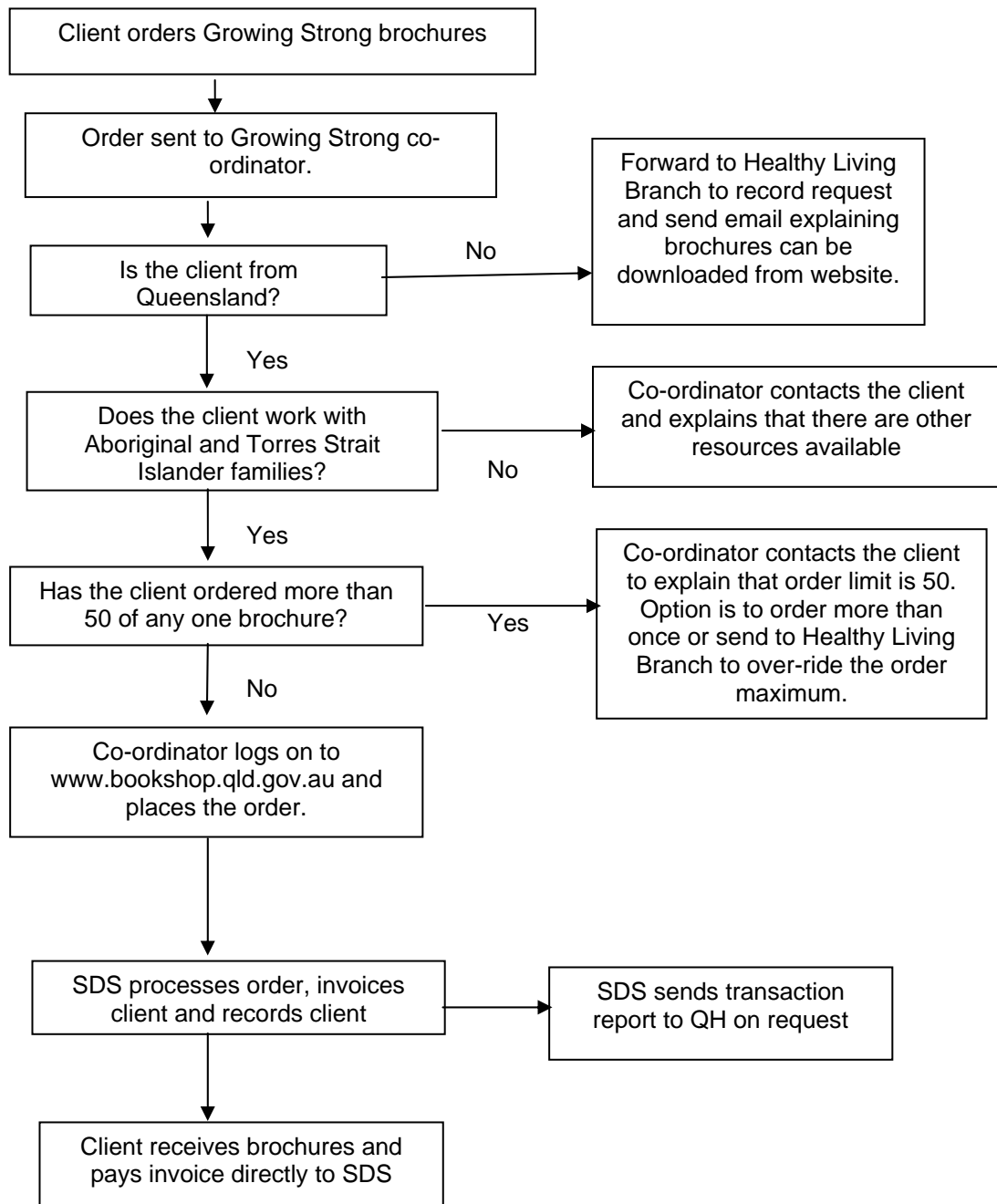
Growing Strong flip charts are available through the Dr Edward Koch Foundation in Cairns. This distribution mechanism was chosen as it allows the income generated from the flipcharts to be rolled over from one financial year to the next and then used to fund further print runs of Growing Strong resources.

The flip charts can be ordered directly from the website:

[http://www.kochfoundation.org.au/doc/growing\\_strong\\_order\\_form\\_jul09.pdf](http://www.kochfoundation.org.au/doc/growing_strong_order_form_jul09.pdf)  
for a cost of \$185.

In June 2009, the Tropical Public Health Nutrition Team funded Edward Koch Foundation to conduct a statewide mail out of Growing Strong Flip Charts.

Figure 8: Distribution system for Growing Strong brochures



### Appendix 3: Growing Strong evaluation framework

#### PHASE 1

OBJECTIVE 1	Impact Indicators	Data Collection Method
To promote the re-developed Growing Strong resources among ( <i>identify target groups</i> ) in Queensland	<ul style="list-style-type: none"> <li>▪ Number of people reached</li> <li>▪ Number of different target groups</li> <li>▪ Geographical distribution</li> </ul>	
Strategies	Process Indicators	
1.1 Develop and distribute flyer	<ul style="list-style-type: none"> <li>▪ Number of flyers distributed</li> <li>▪ Number of different target groups reached</li> <li>▪ Number of different geographic locations reached</li> </ul>	<ul style="list-style-type: none"> <li>▪ Process log</li> </ul>
1.2 Develop and monitor website on internet/QHEPS intranet	<ul style="list-style-type: none"> <li>▪ Number of hits on website</li> </ul>	<ul style="list-style-type: none"> <li>▪ Website counter</li> </ul>
1.3 Write and publish articles in relevant publications	<ul style="list-style-type: none"> <li>▪ Number of articles written</li> <li>▪ Number of publications accessed</li> <li>▪ Types of publications</li> </ul>	<ul style="list-style-type: none"> <li>▪ Process log</li> </ul>
OBJECTIVE 2	Impact Indicators	Data Collection Method
To distribute the re-developed Growing Strong resources among ( <i>identify target groups</i> ) in Queensland	<ul style="list-style-type: none"> <li>▪ Number of resources distributed</li> <li>▪ Type of resources distributed</li> <li>▪ Number of different target groups</li> <li>▪ Geographical distribution</li> </ul>	
Strategies	Process Indicators	
2.1 Secure approval and funds for SDS to distribute resources	<ul style="list-style-type: none"> <li>▪ Amount of funding</li> </ul>	
2.2 Develop and monitor a data distribution and reporting system in partnership with SDS	<ul style="list-style-type: none"> <li>▪ Number of orders placed</li> <li>▪ Type of resources ordered</li> <li>▪ HSD distribution</li> <li>▪ Geographical distribution</li> <li>▪ Professional classifications</li> <li>▪ Clientele classification</li> </ul>	<ul style="list-style-type: none"> <li>▪ SDS Reporting System</li> </ul>
2.3 Establish key contact person in each AHS-PHS to facilitate orders from people without computer access and to provide additional information	<ul style="list-style-type: none"> <li>▪ Number of contacts</li> <li>▪ Number of orders placed on behalf of customer</li> </ul>	<ul style="list-style-type: none"> <li>▪ Process log</li> </ul>
2.4 Establish key contact person in Corporate office for interstate requests	<ul style="list-style-type: none"> <li>▪ Number of contacts</li> <li>▪ Number of orders placed on behalf of customer</li> </ul>	<ul style="list-style-type: none"> <li>▪ Process log</li> </ul>

<b>OBJECTIVE 3</b>	<b>Impact Indicators</b>	<b>Data Collection Method</b>
To assess the usefulness of the re-developed Growing Strong resources among ( <i>identify target groups</i> ) in Queensland and identify training requirements	<ul style="list-style-type: none"> <li>▪ Perceived usefulness of the resource by professionals</li> <li>▪ Level of current and future use</li> <li>▪ Perceived relevance – content validity</li> </ul>	
<b>Strategies</b>	<b>Process Indicators</b>	
3.1 Identify and survey people who order resources	<ul style="list-style-type: none"> <li>▪ Number of people contacted</li> <li>▪ Number of respondents</li> <li>▪ Level of current use</li> <li>▪ Potential for continued use</li> <li>▪ Type of profession and/or client</li> <li>▪ Pattern of resource use amongst professions</li> <li>▪ Pattern of resource use amongst client groups</li> <li>▪ Level of improvement from original resource</li> <li>▪ Suggestions for improvement</li> <li>▪ Other resources people use on infant and mother nutrition</li> </ul>	<ul style="list-style-type: none"> <li>▪ User survey</li> <li>▪ SDS reports</li> </ul>
3.2 Identify and Survey people who are targeted but do not order resources	<ul style="list-style-type: none"> <li>▪ Number of people contacted</li> <li>▪ Number of respondents</li> <li>▪ Type of profession and/or client</li> <li>▪ Reasons for not using resource</li> </ul>	<ul style="list-style-type: none"> <li>▪ Survey</li> </ul>
3.3 Determine training requirements	<ul style="list-style-type: none"> <li>▪ Perceived level of technical nutrition knowledge</li> <li>▪ Perceived level of understanding of cultural issues</li> <li>▪ Level of previous training</li> <li>▪ Areas of training needed</li> <li>▪ Level of training needed</li> <li>▪ Training format preferences</li> </ul>	<ul style="list-style-type: none"> <li>▪ User survey (perceived training needs)</li> <li>▪ Phone consultations (objective measure of nutrition knowledge &amp; cultural competence)</li> </ul>

## PHASE 2

OBJECTIVE 4	Impact Indicators	Data Collection Method
To meet the perceived training needs of ( <i>identify target groups</i> ) in Queensland, as identified by the user survey and other consultations, to ensure effective delivery of the re-developed Growing Strong resources	<ul style="list-style-type: none"> <li>▪ Level of knowledge – 85% accuracy</li> <li>▪ Level of confidence - an increase in confidence</li> </ul>	<ul style="list-style-type: none"> <li>▪ Pre test</li> <li>▪ Post test</li> </ul>
Strategies	Process Indicators	
4.1 Revise training materials	<ul style="list-style-type: none"> <li>▪ Training materials revised</li> <li>▪ Training material distributed</li> </ul>	
4.2 Conduct training (format and content yet to be identified)	<ul style="list-style-type: none"> <li>• Number of trainees</li> <li>• Profession of trainees</li> <li>• Number of workshops, etc</li> </ul>	<ul style="list-style-type: none"> <li>▪ Attendance records</li> <li>▪ Process log</li> </ul>
4.3 Evaluate training	<ul style="list-style-type: none"> <li>• Satisfaction re sharing of knowledge &amp; experience</li> <li>• Satisfaction with training format, content, materials and delivery</li> </ul>	<ul style="list-style-type: none"> <li>• Satisfaction survey</li> </ul>
OBJECTIVE 5	Impact Indicators	Data Collection Method
To evaluate the effectiveness of the re-developed Growing Strong resources among a representative sample of clients throughout Queensland	<ul style="list-style-type: none"> <li>▪ Increase in awareness of resources/recall of resources</li> <li>▪ Recall of knowledge</li> <li>▪ Behaviour change</li> </ul>	
Strategies	Process Indicators	
5.1 Identify evaluators	<ul style="list-style-type: none"> <li>▪ Number of evaluators</li> <li>▪ Professional types</li> <li>▪ Number of clients per evaluator</li> </ul>	
5.2 Develop method to engage and motivate evaluators		<ul style="list-style-type: none"> <li>▪ Focus Group</li> </ul>
5.3 Develop and pilot survey instrument (with the assistance of Epidemiologist)		
5.4 Conduct evaluation of client groups	<ul style="list-style-type: none"> <li>▪ Number of clients surveyed</li> <li>▪ Use of resource</li> <li>▪ Awareness, knowledge and/or behaviour change</li> <li>▪ Stages of change</li> <li>▪ Sources of information reinforcing message</li> <li>▪ Difference between client groups</li> </ul>	<ul style="list-style-type: none"> <li>▪ Focus Group</li> <li>▪ Questionnaire administered by professional</li> </ul>
5.5 Analyse data and compile report		
5.6 Disseminate information	<ul style="list-style-type: none"> <li>▪ Number of reports</li> <li>▪ Distribution of reports</li> </ul>	

## Appendix 4: 2009 Growing Strong evaluation survey

### Growing Strong: EVALUATION SURVEY

#### Personal Details:

(Your responses are confidential and you will not be individually identified in any way)

Name: \_\_\_\_\_

Position Title: \_\_\_\_\_

Work Unit: \_\_\_\_\_

Employer/Organisation: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Time in current position: \_\_\_\_\_

Do you identify as Aboriginal and/or Torres Strait Islander?

No

Yes →  Aboriginal

Torres Strait Islander

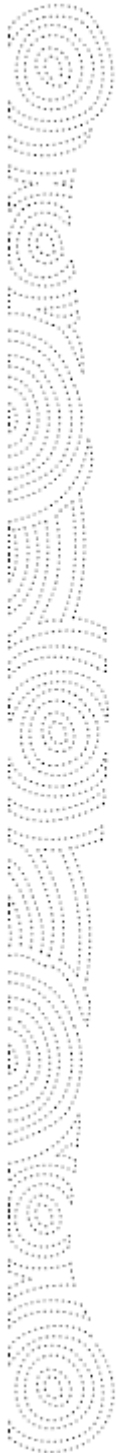
Aboriginal & Torres Strait Islander

Which revised Growing Strong resources have you used?

Brochures only

Flip charts only

Brochures and Flip charts



## Questions about the brochures:

Q1 **How did you find out about the revised Growing Strong brochures?**  
(you may tick more than one box)

- Email
- Website
- Flyer
- Newsletter article
- Word of mouth
- Other (please specify):

Q2 **How do you use the Growing Strong brochures?**

	At least once a week	At least once a month	Less than once a month	Never
One on one education sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In group situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handout for client to take home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left in waiting room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During home visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At community/medical centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please describe):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q3 **Will you use the Growing Strong brochures in the future?**

- Yes
- No
- Not sure

Q4 **How can we improve the Growing Strong brochures to make them more useful?**

## Questions about the flip charts:

Q5 **Do you have the revised Growing Strong flip charts?**

Yes – go to next question     No – go to question 7

Q6 **How do you currently use the Growing Strong flip charts?**

	At least once a week	At least once a month	Less than once a month	Never
One on one education sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In group situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handout for client to take home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left in waiting room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During home visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At community/medical centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please describe):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q7 **Will you use the Growing Strong flip charts in the future?**

Yes     No     Not sure

Q8 **How can we improve the Growing Strong flip charts to make them more useful?**

.....

EVALUATION SURVEY



*General questions:*

- Q9 **Have you looked at the Growing Strong website on Queensland Health internet?** ([www.health.qld.gov.au/ph/documents/hpu/growing\\_strong.asp](http://www.health.qld.gov.au/ph/documents/hpu/growing_strong.asp))  
 Yes  No  Not sure  Never heard of it
- Q10 **How often do you use the Growing Strong resources with:**
- |   | Often                    | Sometimes                | Never                    |
|---|--------------------------|--------------------------|--------------------------|
| Aboriginal and/or Torres Strait Islander People               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Non-Indigenous people   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| People from culturally and linguistically diverse backgrounds | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (please specify):                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- Q11 **List the 3 main groups/types of people you use the Growing Strong resources with: (eg. high school students, first time mums, mens/dads groups, pregnant women with diabetes, care givers)**
- 1.
  - 2.
  - 3.

*Growing Strong:*

Q12 For each of the following statements, please tick the box that best represents your thoughts about the Growing Strong resources:

	Yes	No	Not sure
The information is current and accurate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The information is easy to find	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The information is given in a way that clients and caregivers can understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using the Growing Strong resources encourages discussion about nutrition issues with clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using the Growing Strong resources encourages clients to make informed decisions about nutrition choices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using the Growing Strong resources provides the opportunity for referral to other sources of information and/or support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most clients liked the resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The resources suit the cultural and social needs of Aboriginal and Torres Strait Islander mothers and children in your area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





## Questions about training

Q13 **Have you ever attended Growing Strong training?**

- Yes
- No

Q14 **Do you think training is necessary to be able to use the Growing Strong resource effectively?**

- Yes
- No

Q15 **If training was available for the new Growing Strong resources, would you be interested in participating?**

- Yes
- No
- Not sure

Q16 **What would be your preference for the delivery of Growing Strong training?**

- Face to face workshop
- Online education
- Mixture of both
- Don't think training is necessary
- Other:

Q17 **Is it important that Growing Strong training is 'Recognised for Prior Learning' (RPL) for an accredited course?**

E.g. Certificate IV Child and Youth Health (Aboriginal and/or Torres Strait Islander), Certificate IV Aboriginal and Torres Strait Islander Primary Health (Community Health)

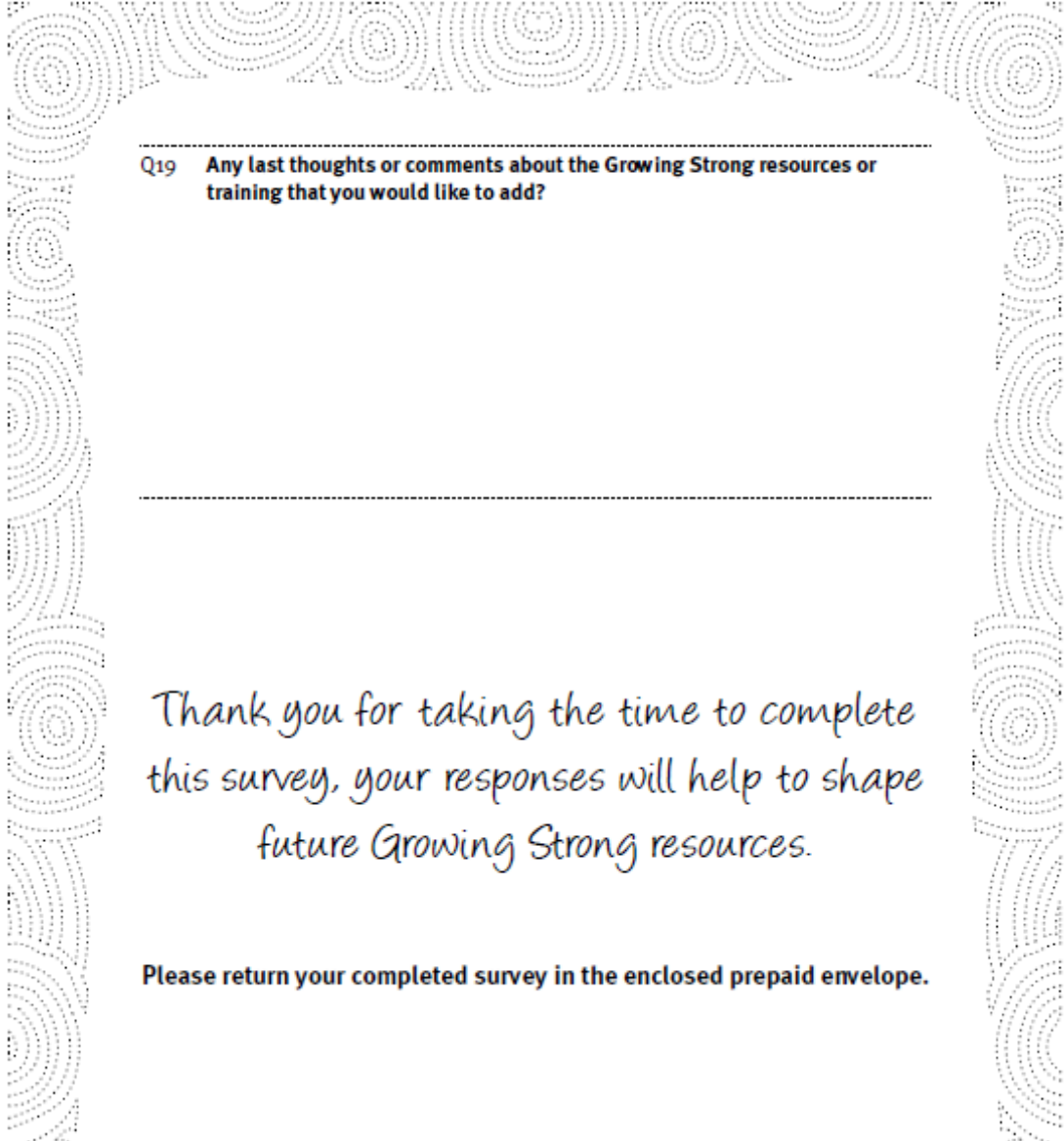
- Yes – important but not essential
- Yes – essential
- No – not important

Growing Strong:



Q18 Please tick 5 topics below that you would most like to see in Growing Strong training

Nutrition in pregnancy topics:	Breastfeeding topics:	Food and drink for children topics:	Other topics:
<input type="checkbox"/> Healthy food in pregnancy	<input type="checkbox"/> Breastfeeding: Good for baby, Good for mum	<input type="checkbox"/> Starting solids	<input type="checkbox"/> Keeping food safe
<input type="checkbox"/> Morning sickness and other pregnancy issues	<input type="checkbox"/> How to breastfeed	<input type="checkbox"/> Iron rich food for babies and growing children	<input type="checkbox"/> Baby's growth checks
<input type="checkbox"/> Physical activity during and after pregnancy	<input type="checkbox"/> Expressing breastmilk	<input type="checkbox"/> Healthy drinks for baby	<input type="checkbox"/> How dads can help
<input type="checkbox"/> Pregnancy and diabetes	<input type="checkbox"/> Breastfed babies' growth and growth spurts	<input type="checkbox"/> Healthy foods for children aged 1-4 years	<input type="checkbox"/> Healthy food and drinks for your grandkids
<input type="checkbox"/> Alcohol, tobacco and other drugs during pregnancy and breastfeeding		<input type="checkbox"/> Healthy drinks for children aged 1-4 years	<input type="checkbox"/> Overweight children
		<input type="checkbox"/> Healthy food ideas for children aged 1-4 years and older	<input type="checkbox"/> Formula feeding
			<input type="checkbox"/> Sterilising bottles, teats and dummies



Q19 Any last thoughts or comments about the Growing Strong resources or training that you would like to add?

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*Thank you for taking the time to complete this survey, your responses will help to shape future Growing Strong resources.*

**Please return your completed survey in the enclosed prepaid envelope.**

## Appendix 5: Comments on Growing Strong Resources

### General comments

- The graphics are good and the brochures look different to others out there making them recognizable. I find the brochures very good in the dental environment as an add on resource.
- No they are great, I use them for low literacy clients as well & very young mums
- I Love the resources, please keep up the good work. As my group loves the resources.
- Great resource. Very popular with all staff who have had access to resource-keen to use.
- have we promoted these at state level to organisations involved in B/feeding such as ABA so there are culturally suitable resources widely available.
- Many thanks for the resources I think they are very useful and well presented.
- Excellent resource with good feed back-useful easy to use and understand info. Updated info on introducing solids, eg; baby weaning etc
- this is a wonderful resource and pop health should be congratulated on the development of the resources. Child Health a safety unit has contributed \$15,000 in the past to the development of these resources.
- They are good information for our indigenous communities.
- I feel it would be a good idea to have the resources out more in the Logan community.
- Well presented and written thanks
- Good Resource Thanks.
- Would be interested in training. Would like posters and display
- Re Q18 all these topics are essential I have picked out the 5 most important areas in our service. Hands on clinics for mums at local areas is essential...hope you can make it happen. We would invite you to our Indigenous playgroup for a demonstration.
- They look fabulous. I hope all our child health nurses are using them.
- I think they are great resources that are easily accessible for people from a range of educational backgrounds-I wish there were more resources like this for people from other culturally and linguistically diverse backgrounds.
- At bush childrens our clients usually now indigenous. We do not have a high need for these resources- but have found them useful at time when discussing nutrition with mums that need information and encouragement.
- thank you for such a wonderful resource. I would be interested in purchasing the flipcharts to use also.

- Great resources Well done!
- The resources brochures have been valuable to me in my work. Thank you for allowing me to comment and keep up the great work!
- I have found the Growing Strong resources to be quite helpful resources to give education to Aboriginal and/or Torres Strait Islander women living in Mt Isa with newborns and/or small children. The information provided in brochures are easy to comprehend, especially for teen mothers with limited educational status.
- Good resource for use with indigenous families
- They're fantastic and I use them in remote Cape York
- An excellent resource
- Brochures and resources are rarely used by me in my clinical work on the Cape. Please feel free to call me for further feedback. In my opinion more resources need to be spent on the other elements of the Ottawa Charter as well as education.
- Can we make this survey monkey its quicker to complete and less work to return
- I am very new to using the Growing Strong resources and find them a fantastic help when using them with my clients. Thank You
- Thank you for putting all the hard work into the brochures. They are very user friendly.
- I really like the format and graphics and the information has also been validated as culturally appropriate by the health workers.
- I like having these brochures in our stand for families to access when they need to; they are very informative, relevant and easy to read.
- It's a great resource, I would have liked something similar in the home languages of all my multicultural families (25 different languages) but realize this is an unrealistic expectation. Having the pictures was good and I could get basic translated phrases.
- (refer q2 answer) We use the brochures when doing parenting education workshops or in displays of info for new parents these are conducted on a referral basis
- It is hard to choose areas of growth as all stated are as important as each other. These resources are good source to forward to parents/carers. Keep up the good work.
- No, Brochures are well used as I give them out at the Hospital, home visits or and community event. Clients are very happy with the brochures as I can sit down with them and talk about issues and concerns they have with their babies.
- (refer q 13) attended training 3 yrs before brochures were available
- Excellent
- I hope my contribution is useful-I have only seen the flyer-Looks Great-fantastic program that we would love to be involved in also to encourage all clients to be a part of- would love to get hold of some of the resources available

- Resources look great and are easy for clients to use.
- Would like to see more information in the resources where to get help when having problems
- (refer q 11) Don't really use them as Centre does not have Aboriginal & Torres Straight Islanders
- I think the resources could have more information in them for those people who are interested.
- They are good for people with low literacy
- The resources are a credit to the developers. Concise and motivating! WELL DONE! They are a treasured resource that we will be using in the future! Commencing client visits approx March 2010. The manual is also excellent for mums to be! (Booklet to purchase would be nice!)

### **Comments on resource content**

- Training should include using and assessing growth charts and referral pathways/ responses to under and overweight children. Training should include practical training on situations to use flip charts and brief intervention education with brochures.
- Would be good to include flexible component in the training to meet different areas special problem areas. Eg overweight/obesity in Torres vs FTT/anaemia in Cape on top of core components.
- Dental care brochure
- Include brochure on frequency and volume of feeding
- Formula feeding booklet needs changing pg 3- insert 20mls of cooled boiled water in between feeding only if constipated. Take out microwave info as recommended not to use microwave for heating formula.
- Expressing breastmilk booklet – pg 6- include label milk with date of expressing.
- It is advised not to use microwaves to reheat. Destroys the goodness in the breastmilk
- Need information on storage of breastmilk and bottles and hygiene. Current recommendations are to only give formula straight after making -> STORE. Many mums have bottled milk lying in the pram for hours.
- See question 18- extra topics: How to cook, store and prepare food

### **Comments on resource format**

- I think they are very worthwhile. Contain some very important messages in simple terms.
- I think that this is a very necessary and easily understood resource which is relevant to all who are involved with the care of children.
- Maybe when resources are available to find out sooner. I found out through a friend and the flip charts here already out of stock. The books are good but you could add a little more to a book or combine more than one topic. Parents like less to keep together.

- I would like to see the original book reprinted – much better and more used resource. Some info in ‘Sterilising Bottles and Breastfeeding booklets are not up to date.
- Make it more interactive – maybe a short questionnaire in the back of the brochures
- Having both large A4 books and the brochures is a good idea as sometimes it is easier to give a mother/carer the book rather than individual brochures.
- I feel it needs to be decided whether ‘Growing Strong’ should be picked up by anyone or whether it is to be used as a patient handout- they can’t be both. Feel free to contact me.
- Brochures much more user friendly than book.
- Would like to see training and maybe flipcharts can be A4 sizes. Resources are hard to carry around. A4 to fit in a suitcase would be great.
- The drawings are wonderful -> bright colours are great. Short simple information is all that is needed as health staff can elaborate if necessary.
- I feel the information the Growing Strong resources contain is great. However, the pictures & the use of simple language I find insulting.

### **Comments on resource distribution**

- We ordered the flipcharts but never received them.
- Keep us informed of new resources or updates, at the work face. Often higher up don’t disseminate information, in a timely manner. (refer q 14) not necessary essential however would enhance & benefit information transfer
- Had difficulty obtaining resources because we are not in Queensland. They are great resource and should be available to all AMS’s (refer q12 The information is current and accurate a. some is some isn’t )
- We are from NT, we had a lot of trouble accessing these resources.
- A great resource, clients love it, difficult to access as in NT and not QLD

### **Comments on training**

- Nothing in relation to growing strong resources or training but cultural competency workshops would be very beneficial to the non-indigenous people utilising the resources.
- These resources are great. Training for me how to implement the resources would be excellent.
- Q7 training of new maternal and child health so at this time we are only using the handouts
- Essential for Cert IV Aboriginal and Torres Strait Islander Primary Health (Nutrition)
- Training to be available to child care staff and parents

- I would like to attend training if it was run. I would also like some more info about the flipcharts ☺ Thank you
- (refer to q15) Would be interested in training if it was in our area- no travel
- (refer q16) Training & update is required perhaps a card be supplied with an expiry date of 2 years. When people have completed their training they need to be given a card with an expiry date of 2 years, and then they must undertake a refresher course to have their new card update.

## **Appendix 6: Recommendations for improvements to brochures**

### **General Comments:**

- There is too many brochures. Join as many together as possible for each age
- I think that the brochures are excellent as they are. The information is relevant for all cultures.
- I have only used them with one group and they seem to cover everything very well
- Nil to improve they are very well done.
- They are great the way they are.
- Happy
- Very user friendly
- They are good don't need to change them.
- They are easy to read and use which makes them user friendly for parents.
- I have found them useful I don't often get the chance to give them out but have them available if needed.
- I only use Pregnancy and Diabetes brochures with my GDM patients. These are good.
- The brochures are excellent
- They're very resourceful, no need for improvement.
- No improvements necessary, content with brochures
- Good as they are
- Provide more of them
- Happy with current resource
- I find they are very helpful
- They are already user friendly
- Continue to upgrade the information that is in them. Keep them easy to read and informative.
- They are great. We have found them very useful in our service for parents.
- I feel they are great the way they are
- Am happy with present brochures
- I find them very useful as they are & often refer parents to them for advice of confirmation of thoughts etc.
- Little improvement needed, do not have many families that require them so far.
- They are good as they are
- I think that the GS brochures are already user friendly
- Unsure at this stage, THEY LOOK GOOD!

- I think they are great as they are
- Clients find them very useful
- Wonderful, factual, colourful resource,
- Quality effective information.

### **Comments on format:**

- Continue to keep them simple & easy to follow. They are great.
- Possibly more up to date illustrations they look old fashioned can put people off
- I would like to see the brochures less 'child-like'. However the content is great.
- I much preferred the original book with all the info together rather than lots of individual brochures. I also think the writing is too small and not easy to read.
- Make more available. Design a stand to display them in. Accompany them with a waiting room DVD
- I like the A5 specific topic brochures – not sure if they can be more useful
- More info spread over more pages
- Think they are good in current format
- A larger space for information to contact the local health worker
- Excellent diagrammatic/visual brochure. Short sharp message
- Maybe make it into pocket size so that mother can carry them around when they need it.
- 1 pager might also help

### **Comments on content:**

- Just make sure they are regularly reviewed to continue to provide up to date recommendations. Focus test on urban communities not just FNQ people??
- I Think they were good. Maybe just check all current information is still the recommended.
- send more out. Put stories of peoples lives in them.
- Resources to be available about source topics in other languages- Arabica, chinese etc
- Great as they are, If required to change you could consider different target groups ie teenagers, mothers with little reading ability mothers with an education level year 12 or higher.
- Any disability specific brochures would be good EG maybe ideas for kids who refuse food or will eat a very limited range of foods. EG kids with autism or sensory processing difficulties EG ideas for babies and children with Down syndrome and other developmental delays.
- translate them into other languages such as Arabic, Serbian, Korean, Italian, Greek, Sth Africian Dialects, indian dialects, etc

- I am very happy with the brochures and use all of them.
- Maybe some information aimed at grandmothers and Aunts who often encourage our young mums to use formula so they can care for baby. The majority of our mothers choose to mix formula and breast feeding together. Information on mixing the two and how to maintain breastfeeding and the importance of returning to fully breastfed if baby falls sick may be useful.
- A brochure on Foetal alcohol syndrome would be very useful for us.
- I have not yet ordered or tried to order brochures in indigenous languages (Ailan Kriol, local aboriginal talk) However, these translations would be really useful.
- Would be good to include something regarding appropriate serve size for different age groups in either “overweight children” or “healthy foods for 1-4yrs” booklets. +/- sample meal plan.
- I think they need to be more prescriptive with regards to the amount of food and drink and frequency of meals.
- More pictures with reference to AGTHE.
- I deal with mostly FTT kids who do not have same issues as well children. ie. Main problem is kids are fed 1/day instead of 5-6/day and this is what I talk about 90% of time. Issues are different in each community, but need to be more prescriptive in terms of volume and frequency of feeding.
- Make a brochure for what to do when baby isn't growing properly. (ie FTT)
- More on iron deficiency.
- Make them less stereotypical, ie not all Aboriginal people look like the pics do.
- Need information on birth, postnatal depression and attachment to baby and breast feeding attachment.

### **Comments on distribution:**

- I haven't ordered any since the original order. I am at the stage I need to order some more, but I would have to investigate the ordering process, I believe they have a cost attached. The brochures themselves are quite good, time will tell if they are easy to access or not. Link to ordering is overleaf-great.
- Provided as index card I reorder info to go as displays.
- Possibly in packs ie; breastfeeding pack; antenatal packs; formula feeding pack; or age group easier to distribute as there are so many.
- Provide to NEMO so they can be used by nutritionist all over Australia.
- Difficult to order brochures for specific events when you can only order 15 at a time. I would like to put the brochures in sample bags going out to the community but I have had trouble ordering the number that I want. For example we are now making 200 bags on FAS and alcohol use during the Christmas season, I requested 200 of the alcohol and pregnancy brochures but haven't heard back if it is possible. I have

found putting the brochures in sample bags very effective because the children are drawn to them and start reading them to the adults in the house.

- Maybe put them into little kits/packages that can be given to them whilst in hospital.
- A folder that we can add to, maybe helpful as now they get lost in all the other resources.
- Handouts in community and health centre.
- Have them FREELY available for Child Care services to have to support families.

## Appendix 7: Comments on Growing Strong Flip Charts.

- Have more available so we can get them.
- Haven't seen them cannot comment
- I think the flip charts could be much better for training sessions.
- It is excellent
- Flipcharts are great
- They are great
- The only issue for me is the weight and also what to put them in so they don't get ruined being carried around. Smaller? Laminated?
- They are large and difficult to transport (heavy). Perhaps make them A4 size.
- Again, translation into indigenous languages
- Have seen Growing Strong flipcharts in the hospital and are happy with the current content. No changes required.
- On home visits/ one on one education
- Not at this stage, the flip chart is easy/straight forward for clients to understand.
- Need revised edition to comment
- Less words-more dot points. Bigger print. Have maybe only the important points on 1 page
- Get more funding to make more available. Fund a HW to train the other HW's in how to sit with????? Give mums points for use.
- I don't find them very practical to teach off during a one on one session as I prefer the brochures. Could the flip chart be presented as a poster series to put up in the waiting room of the hospital?
- I like them; as they help with being able to provide visual resources while talking with clients.
- Make more available as we have only one set
- Maybe make them smaller easier to carry.
- Great Resource
- Laminate to protect from little fingers
- More availability, as I was unable to get chart as they were out of stock.
- Do not have one, but would like one. I often look for 'Interesting and Educational' displays to set up for families in the foyer area.
- Unsure if I will use them in the future probably not due to cost
- (in regards to the flip chart) I did not receive it
- I haven't seen them. (refer q6) we can use these on a daily basis also at community events etc.
- Mini versions to give clients (refer q 5) unsure if flipchart is the revised edition

- When working in with Child & Family Health, NGO & Young Mothers Group.
- Would use flip chart if we had them
- Not familiar with the flip charts or if we have one
- Please Send!
- It would be great to have an A4 size flip chart- more user- friendly for one on one sessions.
- Make a A4 copy- is easier to use in 1:1 situations eg. Home visits
- Excellent resource! Clear. Seen at QLD Wuchopperen