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### NEWS FROM THE NETWORK

This edition of the newsletter focuses on Dietetics. Articles have been written by a number of local dietitians and dietetics students about local dietetics programs.

These articles include:

- Recent growth of Bendigo Health Dietetics Department
- Using food photo cards to educate school children about nutrition
- An overview of the benefits of improved nutrition, and
- An overview of the Rural Health Team dietetic service

Other information is included about:

- Region of Choice
- Funding for rural allied health professionals to participate in CPD, and
- The 2008-09 Education and Support programs on "Building evidence for practice" and "Supporting Clinical Educators"

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### 2008-09 LMAHN EDUCATION AND SUPPORT PROGRAMS

In response to requests for education and support on research and supervising students, the LMAHN has developed two programs to be conducted over the next 12 months.

Titled "Building evidence for practice" and "Supporting Clinical Educators", each program will run monthly. The sessions will be held in Bendigo and made available via videoconferencing to other Loddon Mallee organisations. It is hoped that the sessions will not only provide the opportunity to learn more about research and supervision skills but also to discuss issues with peers.

The program for the year (including two sessions in July) is included on page 8 of this newsletter.

Those who wish to join via videoconferencing will need to register to participate in a trial on June 30th at 4pm.

To register to attend the sessions please contact Sally Harris – details above. Also contact Sally if you have any queries or have suggestions.

### **Network Dates:**

Reference group meeting –  
11/08/2008

DHS meeting –  
02/07/2008

### **Newsletter submissions:**

Submissions to be emailed to  
[sharris@bendigohealth.org.au](mailto:sharris@bendigohealth.org.au)

### ABOUT THIS NEWSLETTER

This newsletter is to aid communication between allied health professionals in the Loddon Mallee region. If you wish to contribute or have a suggestion of a topic you would like to see covered please contact Sally Harris.

## RECENT GROWTH OF BENDIGO HEALTH DIETETICS DEPARTMENT

Over the past 12 months since I started our Dietetics Department has grown from 8.4 EFT to 10.8 EFT. We have appointed six new dietitians and don't have problems filling vacancies anymore. However, our staffing levels are still below other health services of a similar size, so we will continue working on expanding our department in future to meet the growing needs of our local community.

The new dietetics services that have been established include: Medical Assessment and Planning Unit (MAPU), transition care, diabetic foot clinic and Bendigo community health service. Dietetics involvement was re-established in our psychiatric services Eating Disorders Service (EDS). New dietary groups were also established for: weight loss, stroke, newly diagnosed type 2 diabetes and gestational diabetes.

The dietetics services that have been expanded include: The Bendigo Hospital (TBH), radiotherapy, Out Patient Rehabilitation Services, Rural Health Team and VACS outpatients. Nutrition talks for cardiac rehabilitation have also increased to three sessions per group.

Factors that have contributed to this growth in our services include:

- Established dietetics department office at TBH. Previously the dietitians were located in separate offices.
- Developed system of dietetics leave cover at TBH.
- Reviewed dietetics working parties. They are now aimed at: nutrition education resources, enteral nutrition and food services.
- Inclusion of malnutrition screening tool on nursing admission form at TBH has increased dietetics referrals.
- Established dietetics representation on various organisational committees and working parties, eg bariatric management, skin integrity, health promotion and Loddon Mallee Integrated Cancer Service (LMICS). This has increased our exposure within the organisation and contributed to increased demands for our services.
- Developed new computer statistics program for dietetics. This allows us to monitor changing demands for our services, and provide justification for extra funding to provide these services in future.
- Employed an external human resources consultant to do team-building activities with our department.
- Dietetics menu review for successful meals-on-wheels tender.
- Local media exposure for dietetics: Win News, Bendigo Weekly and Bendigo Advertiser.
- Dietetics asked to be regular contributors to client newsletters: breast cancer, renal.

Other areas for improvement in future that we have already started working on include:

- Management of enteral feeding budgets, ordering and delivery systems across the organisation by the dietetics department.
- Improved career structure within dietetics department, including supervision/mentoring.
- Special diet protocols for food services.
- Expansion of research activities, eg LMICS breast cancer support group, dietary supplement to prevent constipation in residential aged care clients.
- Expansion of dietetics student training program.

Other areas for potential expansion of dietetics services in future, depending on available funding, include: TBH, paediatric diabetes, gestational diabetes, renal, oncology, EDS, psychiatric services, community health, dietetics VACS, dysphagia VACS and residential aged care.

**Joy Blackburn, Manager Nutrition & Dietetics, Bendigo Health**

## USING FOOD PHOTO CARDS TO EDUCATE SCHOOL CHILDREN ABOUT NUTRITION

The Rural Involvement Towards Community Health (RITCH) team within Maryborough District Health Service had recently implemented a food photo cards project with primary schools in the local catchment area. This project has been executed in conjunction with Best Start and the assistance of two fourth year Nutrition & Dietetic students from Charles Sturt University, Wagga Wagga.

Food photo cards are a visual representation of the information contained on the nutritional information panels provided on food products. Many photo cards represent fat and sugar content using sugar and fat cubes. Not all people can relate to this method of measurement. A consulting paediatric dentist in Maryborough recommended that fat and sugar be represented with teaspoons, a more recognisable measure. Consequently, we produced photo cards where the quantities of fat and sugar are represented in teaspoons, with each teaspoon representing 5 grams of fat or sugar. Only total fat and sugar were depicted and the different types of fat and sugar were not differentiated. The serving sizes shown on the cards indicated the recommended size on the nutrition information panel.

The project involved primary school students setting up and taking photos of foods products representing the number of teaspoons of fat and sugar in the products. The photos were used to produce a set of food photo cards for the primary schools to keep and use for further nutrition education. The project also involved school students receiving basic nutrition education around label reading and product knowledge.

The project was well received by the school community and achieved encouraging results. The project evaluation revealed a 45% increase in the students understanding of nutritional concepts relating to label reading and product knowledge. Feedback from parents and students indicated that the project was successful in achieving the aim of supporting students to make healthier dietary choices.

The food photo cards project has achieved positive outcomes and it has been incredibly rewarding to be a part of such a successful program. The outstanding results of this program are an indication of its potential to be implemented in primary schools across other health services in the future.

**Brooke Garrard and Katie Thomsitt**  
Nutrition & Dietetic students  
Charles Sturt University

### WEBSITE - [www.alliedhealthnetwork.org.au](http://www.alliedhealthnetwork.org.au)

Don't forget the Loddon Mallee Allied Health Network website is updated regularly to include the latest information on CPD events, job vacancies and other allied health topics.

If you would like a job vacancy or upcoming event advertised on the website, please follow the prompts on the website or contact Sally Harris.



## AN OVERVIEW OF THE BENEFITS OF IMPROVED NUTRITION

Presentation by- Kerin Barnard, Bendigo Health, Community Dietitian/Accredited Practising Dietitian (APD)  
Healthy Ageing Forum April 2008

**The following includes additional information provided to the Health Professionals who attended:**

### **Improved nutrition can assist in the prevention and management of many diseases and conditions:**

Please note: Examples listed only – (not comprehensive)

#### **Nutritional status needs:**

- Optimal nutrition needs for various age groups for general health and wellbeing
- Nutrient deficiencies eg iron, zinc, calcium, Vit D, protein, Vit B12.
- Malnutrition
- Immune function, wound healing, and energy levels
- Growth and development
- Vegetarian eating
- Sport nutrition
- Pregnancy needs

#### **Many Gastrointestinal tract conditions:**

- Eg Bowel resection, Irritable Bowel Syndrome (IBS), Inflammatory Bowel Disease, Crohns, Coeliac disease (gluten allergy), oesophageal reflux/ heartburn, constipation.

#### **Weight related problems:**

- Underweight or at risk of underweight or unintentional weight loss
- Overweight
- Low appetite
- Swallowing problems
- Poor dentition

#### **Diabetes and other:**

- Pre-diabetes
- Polycystic Ovarian Syndrome (PCOS)
- Gestational diabetes
- Type 2 and Type 1 diabetes – hyperglycaemia, hypoglycaemia, high cholesterol, overweight
- Hyperinsulinemia

#### **Other examples:**

- Heart disease and stroke
- Renal (kidney) disease
- Disordered eating conditions (eg bulimia, anorexia nervosa, or compulsive overeating)
- Food allergy
- Assessment and education for food intolerances
- Certain cancers and cancer treatment
- Cystic Fibrosis
- Wound healing needs
- Arthritis

#### **Potential considerations and questions to assist clients:**

**If a client has a diagnosed disease or condition that may be improved by nutritional assessment and advice (see many examples above):**

- Have they seen a Dietitian for practical individualised assessment and advice about the nutrition factors that may improve their condition or lower their risk?

### AN OVERVIEW OF THE BENEFITS OF IMPROVED NUTRITION (cont.)

#### Examples of some key symptoms/ problems/ or risk factors people might share with you, which may be assisted with nutritional assessment, support and advice:

You could ask the client about the following:

eg Have you been eating poorly because of a reduced desire for food? (ie low appetite):

- Low appetite
- Low energy levels or tiredness without a medical diagnosis
- Under eating or poor balanced eating or irregular eating
- Poor dentition effecting eating habits
- Underweight, unintentional weight loss (and difficulty regaining weight)
- Swallowing problems
- Bowel symptoms, conditions (see examples above) or constipation
- Gout
- Gastrointestinal issues eg heartburn/ reflux, digestion problems.
- High cholesterol
- High blood pressure
- High appetite
- Overeating behaviours
- Overweight
- Food intolerance and/or food allergy (or suspected)
- Nutrient deficiency symptoms
- Abnormal blood indicators linked to nutritional status eg low iron status
- Diagnosed with hyperinsulinemia, Polycystic Ovarian Syndrome (PCOS), pre-diabetes (or Impaired Glucose Tolerance (IGT)), diabetes, gestational diabetes.
- Poor blood glucose management eg high HBA1C
- Family History: certain cancers, diabetes, heart disease, stroke, osteoporosis
- Inadequate growth and development in infants or children (eg 'Failure to Thrive' if fallen below 3 percentile lines on the growth chart)

#### Does the client have a family history of a lifestyle related disease or condition, for example:

- Heart disease,
- Stroke
- Type 2 diabetes
- Certain cancers eg bowel, breast, some gastrointestinal
- Osteoporosis
- High blood cholesterol
- High blood pressure

#### What could be asked if a nutrition related symptom/ risk factor is identified: Examples:

- Have they been given information about potential ways to lower their risk of lifestyle related diseases such as heart disease, diabetes etc.? (see health organisation websites to order resources relating to prevention and risk factor quiz tools, also search Better Health Channel website (<http://www.betterhealth.vic.gov.au>) for evidence based information and links)
- Do they have knowledge about potential ways to assist their symptoms/ problems/ or risk factors (from reputable sources eg health organisation, specialist health professional)?
- How often do they review (for an update) with relevant health professionals (eg for type 1 or type 2 diabetes)?
- Do they need practical individualised nutrition assessment and advice about eating or activity to help improve their symptoms/problems (see examples above) or any lifestyle related risk factors (eg overweight, diabetes management, high blood cholesterol, family history)?

### AN OVERVIEW OF THE BENEFITS OF IMPROVED NUTRITION (cont.)

#### Does the client feel they have a good understanding of what is recommended? For example:

- Balanced eating of healthy food groups to achieve adequate nutrition for overall health and wellbeing
- Nutrient needs and food sources eg calcium, iron, zinc, folate
- Alcohol consumption (varies if the client has heart disease, or diabetes)
- Salt intake
- Fruit and vegetables consumption
- Fluid, healthy choices and ways to monitor
- How many Omega 3 fish meals a week
- Fibre needs and food sources
- How much physical activity for minimal health benefits
- How much physical activity for weight loss
- Consumption of cholesterol from foods (eg offal, lobsters, egg yolks)
- Soy products

#### Does the client feel they have a good understanding of (examples only):

- Ways to increase the different types of fibre, reading labels for more fibre, increasing fibre in meal preparation?
- What are examples of saturated fats that they may eat and how to lower saturated fats?
- How to balance their consumption of different types of fats.
- What are sources of total fat and for people needing to lose weight, and how to lower all fats (as all fats have same kilojoules)?
- Ways to keep the flavour and reduce saturated fat and/ or total fat, salt, sugars in meal choices, cooking, supermarket products, and buying healthier meal choices (away from home)?
- How to read food labels and confidence in choosing healthier choices?
- Ways to lower energy/ calories/ kilojoules to promote weight loss towards a healthy weight and keep the flavour, fulfilment and enjoyment of eating.
- How to reduce serves of different foods to prevent excess energy/ calories/ kilojoules consumption (even if eating healthy choices) and still maintain adequate nutrition.
- How many serves of high energy choices (eg high fats, sugars, alcohol) can be consumed for the person to still lose weight and/or manage blood cholesterol.
- Ways to choose more filling and longer lasting, sustaining choices to reduce serve sizes of foods and still feel satisfied?
- Ideas to help reduce eating when feeling bored, stressed, or unhappy (non-hunger eating behaviours)?
- What are Glycaemic Index (GI) foods, recommended serves and balance of low/moderate/ high GI foods particularly for people with excess weight, diabetes, or prevention of diabetes (eg risk factors, family history, pre-diabetes/ IGT, PCOS, hx. gestational diabetes)?
- Ideas to increase fruit and vegetables and the benefits.
- Other lifestyle changes that can assist to manage high blood lipids (eg blood cholesterol, triglycerides)
- Ideas to assist to improve lifestyle behaviour changes for the long term.
- Healthy eating to prevent people becoming underweight, for those who are borderline underweight and trying to prevent or manage diabetes, heart disease, high blood cholesterol etc.
- Ideas to improve nutritional status (eg sources of nutrients eg protein, zinc, iron, calcium and serves),
- Ideas increase energy/ protein intake and assist those people with a low appetite.
- Ideas to improve social isolation and why.
- Ideas to improve mental health and why.

#### Useful websites for staff and community members:

- **Better Health Channel** : <http://www.betterhealth.vic.gov.au>
- **Go for your life**: <http://www.goforyourlife.vic.gov.au/>
- **Dietitians Association of Australia (DAA)** : [www.daa.asn.au](http://www.daa.asn.au)
- **Nutrition Australia**: <http://www.nutritionaustralia.org/>
- **Nutrition and physical activity websites**: See many categorised on Bendigo Health's 'Healthy Habits for Children' nutrition and physical activity websites reference document (many are useful for adults as well) via: [http://www.bendigohealth.org.au/Clinical\\_Services/Dietetics\\_and\\_Nutrition/index.aspx](http://www.bendigohealth.org.au/Clinical_Services/Dietetics_and_Nutrition/index.aspx) (scroll down to the 'Bendigo Health's healthy eating and physical activity for children resources and projects' link)

### OVERVIEW OF THE RURAL HEALTH TEAM DIETETIC SERVICE

Rural Health Team (RHT) is a Home and Community Care (HACC) funded allied health program that supports people who are frail aged, or have a disability, to continue to live at home safely and independently. Dietetics is but one of a number of allied health disciplines represented including, occupational therapy, physiotherapy, podiatry and speech pathology. Services are provided to people who live in rural towns and communities in the local government areas of Buloke, Campaspe, Gannawarra, Loddon and the rural towns of Heathcote and Elmore in the City of Greater Bendigo. The service area represents 40 000 square kilometres. Rural Health Team staff are based in Bendigo, and travel out to rural areas to provide both in home and clinic based services. There are currently 3 dietetic staff employed (2.6 FTE) with the RHT. The dietetic service also provides group education to cardiac rehabilitation, diabetes management, and local support groups by request. Contact with local dietitians in the service areas is maintained and creates opportunities for involvement with other health promotion activities.

RHT also provides additional service via contracts with small rural health services for provision of allied health services. Dietetic services are provided through the Murray Plains Division of General Practice (MAHS) in Wedderburn and Elmore, and East Wimmera Health Services (EWHS) of Birchip, Charlton, Donald, and Wycheproof. This service allows a large spectrum of clients to be seen by a dietitian, with criteria based only on locality. Health promotion is incorporate with the EWHS funding, which in the past has included involvement with local schools, playgroups, The Birchip Cropping Group, and a "Down Your Size" weight loss project. Future directions with this funding look to be set on a new healthy lifestyle program for the area.

**Bree Forrester, Dietitian, Rural Health Team, Bendigo Health**

### REGION OF CHOICE

The DHS-funded Region of Choice Allied Health Recruitment and Retention Project has been extended for one further year and is now due to be completed in June 2009.

As the project manager for Region of Choice in the Loddon Mallee region I hope to be able to complete more newcomers and exit surveys with allied health professionals moving into and out of the area during this coming year. The aim is to find out more about why people change jobs so that we can put into place strategies to improve recruitment and retention in our region. Please feel free to contact me directly on the numbers or email below. I welcome any comments about living and working in the Loddon Mallee region.

Data collection will be continuing quarterly throughout the region to find out about the exact numbers of allied health professionals working here and the numbers of vacancies/terminations and how long positions are vacant.

If any allied health professional requires a welcome pack regarding available services in their region when they first arrive, I am happy to follow up if I am contacted.

If anyone is aware of an allied health professional wanting to move into the region I am happy to discuss available positions with them. There are also project managers in each of the other non-metropolitan regions of Victoria who are also able to help (in the Barwon, Hume, Grampians and Hume regions) regarding information about positions available. I am able to provide further contact details if requested.

**Carol Parker, Project Manager, Region of Choice,**

Contact details: CHERC, 03 5454 6413, 0438 327215, [cparker@bendigohealth.org.au](mailto:cparker@bendigohealth.org.au)

### FUNDING FOR RURAL ALLIED HEALTH TO PARTICIPATE IN CPD

The Continuing Professional Development (CPD) for allied health practitioners provides up to \$1,000 per successful applicant to assist rural Victorian allied health practitioners to attend conferences and skill development opportunities. It is available all year round although applications need to be lodged 2 months prior to the event. This fund does not assist with formal tertiary qualifications. The guidelines and applications forms are available from the VHA website – <http://www.vha.org.au/>



**LODDON MALLEE ALLIED HEALTH NETWORK  
2008-09 EDUCATION AND SUPPORT PROGRAMS**

	Building evidence for practice (First Monday of each month 4pm) Topic	Supporting clinical educators (Third Monday of each month 4pm) Topic
Date	Topic	Topic
07/07/08	Developing a research question, team and methodological approach	
21/07/08		Introduction to supervision
04/08/08	Writing a research proposal	
18/08/08		Roles of the clinical educator
01/09/08	Preparing a budget and seeking funding	
15/09/08		Learning styles - how do students learn? - what is your learning style?
06/10/08	Research ethics/ Preparing an ethics application	
20/10/08		Challenges in clinical education- skills for problem resolution
03/11/08	Completing a systematic literature review	
17/11/08		Innovative placements
01/12/08	Critical appraisal of literature	
Christmas / New Year break		
02/02/09	Choosing and implementing qualitative designs	
16/02/09		Preventing burnout - looking after yourself/ juggling your caseload and students
02/03/09	Choosing and implementing quantitative designs	
16/03/09		Evaluating your teaching/ Developing a teaching portfolio
06/04/09	Designing and implementing studies with a clinical intervention component	
20/04/09		Further topic raised during program - if relevant
04/05/09	Communicating research results - Report writing. - Writing for publication. - Conference presentations - oral and posters.	
18/05/09		Further topic raised during program - if relevant
01/06/09	Post-graduate qualification opportunities	

Dates/topics may be subject to change