

Healthy Eating Coordinator (HEC) Program Information for prospective HECs

We recently approached the principal of your school to participate in our Healthy Eating Coordinators program that we are rolling out across NSW and hopefully nationally. We have suggested that your principal provide documentation to staff members who may be interested in participating in the program and becoming the HEC for their school.

You will find brief details about the program, the training sessions and what an HEC might do. If you are interested in taking up this role we suggest you let your principal know at your earliest convenience.

Are you ready to become a Health Eating Instructor?

Cadence Health is currently seeking schools to be involved in our Healthy Eating Coordinators (HEC) program. The program involves face-to-face training of a staff member in the principles of healthy eating. This staff member (the HEC) will be involved in issues related to the basic nutrition of staff, students, parents and canteen.

Your school is seeking a suitably interested and qualified staff member to consider taking up this role within the school. We expect that the HEC role would take the usual extra-curricula time (about 2 hours a week).

HECs will be in the unique position of being able to help improve the entire school community's health and well-being. We believe that often it is the simple things that afford us the most benefits, HECs will focus on healthy eating principles, we will train you on the most up-to-date information of healthy eating so you will be a wealth of knowledge that students, staff and parents will be very excited about.

While you won't be a nutritionist, you may find that you have an even larger impact on the health of your schools community, simply because you have the opportunity to make connections with those in our community on a daily basis.

HECs can:

- **Maximise** student wellness, longevity, cognitive functioning, sporting performance, body weight, self-image and self-esteem.
- **Create a web of healthy eating support** and information within each school that is consistent, practical and achievable.
- **Reach out to both parents and children** and offer practical nutrition information to improve community health in the short and long-term.
- **Offer improved access** to basic dietary and nutritional information for teachers, students, parents, cooks and staff.
- **Bring together resources** currently available for example from National Health and Medical Research Council (NHMRC), State Health Departments, Health Insite, Food Standards, Commonwealth Health Department, Food Safety, Anaphylaxis Australia and various State and Federal agencies plus potentially the commercial sector.
- **Reduce the cost** associated with accessing dietary and nutritional assistance.

Where to find out more

You may like to ask your school for a copy of the draft job description that Cadence Health has provided or alternatively you are welcome to contact us directly for more details.

What will you learn?

1. Over two days (9.00 – 3pm) Healthy Eating Instructor training will be conducted on site at a designated school in your area.
2. Teachers from five schools from at least one of each of the following - a public school, an independent school and a catholic school – will attend the sessions.
3. Training will be conducted by Leanne Cooper (nutritionist) and Emma Donnan (PDHPE teacher and project manager) from Cadence Health.

The training sessions

The sessions cover an extensive range of topics designed to:

1. Enable HECs to successfully undertake their role.
2. Problem-solve common eating challenges.
3. Understand where to go for help and when to refer on.

Working through a carefully designed workbook that incorporates discussions and activities as well as assessments (largely assessed in class) sessions are highly interactive, participative and learner orientated. All priority topics are worked through via practicals. Most assessments are participative requiring trainees to demonstrate and share their practical application of the knowledge in the sessions.

Topics outline

The following is a list of the program outline, as you can see it is a jam packed two days. All topics are interjected with fun discussions, practical examples and opportunities to share and apply your learning. We guarantee you will be highly motivated at the end of the program to 'change the world' or at least yours.

1. The HEC program

- Why do we need to focus on childhood? The benefits of healthy eating; What does an HEC do? How will an HEC do this?

2. Introduction to concepts in diet and nutrition

3. Diet and nutrition in Australia

- What is 'eating well'? The Australian Dietary Guidelines; The five food groups; Why is variety so important? Cultural considerations

4. Food and school

- School and food provision ; Governmental role; Canteens; *Fresh Tastes NSW Healthy School Canteen Strategy*; Canteen and tuck shop links; Food safety

5. Digestion and absorption in brief

6. Macronutrients

- Carbohydrates- Simple sugars; Reading food labels and ingredients listings for sugar content; Natural sugars vs. added sugars; How much should our children consume and simple ways to reduce refined sugar intake; Glycaemic index (GI) and glycaemic load (GL); Complex carbohydrates and fibre
- Protein and its practical application; Protein requirements for the young; Protein rich foods; Vegetarian children and adolescents
- Introduction to dietary fats - Health effects; Being real; Dietary fat intake in childhood

7. Fruit and vegetables

- Dietary requirements of fruit, vegetables and legumes

8. Micronutrients (Vitamins and minerals)

- Recommended daily intakes (RDIs); Water-soluble vitamins; The B group vitamins and Vitamin C; Foods sources
- Fat-soluble vitamins (vitamins A, D, E and K); Significant dietary sources; Recommended intake in childhood (as adequate intake figures or AIs)
- Minerals
 - Calcium – Functions, requirements for children and adolescents, sources
 - Sodium - Highlight on dietary guideline
 - Iron- Iron facts and figures; Requirements of iron for children; Incorporating iron rich foods
- Antioxidants and free radicals - antioxidant nutrients and compounds; Benefits; antioxidant-rich foods; Superfoods
- Dehydration and fluids for children

9. Energy

- Measurement of energy; Energy balance; The caloric value of macronutrients
- Energy out: Components of energy expenditure (EE) and calculating daily caloric requirements

10. Meal and menu review and planning

- Dietary assessment
- Meal planning for children and adolescents; Applying servings to meals
- Calories vs. nutrients; Snacks and snacking
- Evaluating serving sizes and intake
- Influences over eating patterns
- Suggestions for encouraging healthy eating habits
- A note on the influence of television
- Barriers to change

11. Nutrition for sporty kids

- Fluids to use in sport and fluid temperature; Before, during and after the event fuelling

12. Allergies and intolerances

- Intolerance and food allergy; Foods that may cause intolerances; Numbers of children affected; Food allergies
- Cows' milk protein allergy and sourcing dairy-free calcium foods
- Some facts on lactose intolerance
- Peanut allergy
- Gluten intolerance
- Coping with food allergies and where to go for help

13. Disordered eating

- Anorexia nervosa and bulimia nervosa
- Causes of eating disorders
- Body image and what works
- Where do you go for help and helpful websites and other reliable sources of information

14. Overweight and obesity in childhood and adolescence

- The health issues; How many children are affected
- Body composition; Body fat distribution and health
- Defining overweight or obesity in childhood and what can be done
- What are some of the reasons a child becomes overweight?
- What about junk food? The role of 'extra foods'

- Who is best to deal with an overweight child?
- Why shouldn't a child be put on a diet?
- The importance of being active; TV's effect; How parents can encourage a child to be active

15. Nutrition and behaviour

- Potential factors
- Attention-deficit hyperactivity disorder (ADHD); Nutrients and hyperactivity and managing ADHD

16. Open discussions and referring

- Talking with students, staff, parents and relating to adolescents
- When to refer; Duty of care

What next?

Your principle is your next port of call, advise him or her of your decision, they in turn will advise us of your schools outcome. If you would like to accept the offer, once funding is approved we will contact your school for your details and Emma Donnan will contact you directly with more information.

We look forward to meeting with you should you become an HEC and regardless wish you well with teaching our children.

Best regards

Leanne Cooper and Emma Donnan