



Government  
of South Australia  
Department of Health



Community Programs

**Second Progress Report to  
Department of Health  
Health Promotion Branch**

**November 2005**

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Noarlunga Health Services

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## 1. Executive Summary of the Second Progress Report, November 2005

Overweight and obesity is a key risk factor for chronic disease and has been identified as an important public health problem that carries serious social and economic impacts. The South Australian Department of Health has allocated \$1.5 million over three years to the *eat well be active* (EWBA) Community Programs. EWBA comprises two linked projects – one in Morphett Vale (southern metropolitan Adelaide population 23,500) and one in the Rural City of Murray Bridge (Hills Mallee country southern region population 17,000) – that aim to contribute to the healthy weight of children, young people (0-18 years) and their families through increasing healthy eating and physical activity. EWBA recognise the importance of a community development approach when looking to affect behavioural and environmental change at the community level.

The *eat well be active* Community Programs are implemented by Noarlunga Health Services, as part of Southern Adelaide Health Service and Murray Mallee Community Health Service, as part of Hills Mallee Southern Regional Health Service. South Australia is only the second state in Australia to commence these innovative community-wide programs which are likely to receive considerable media and professional interest at a regional, state and national level. The development of EWBA is uniquely strengthened through the involvement of three well-recognised University Academics with expertise in nutrition, physical activity and community development. A significant commitment to comprehensive evaluation and dissemination of learning has been made through the allocation of resources to the evaluation of EWBA by a team including the University Academics.

The initial focus of EWBA since April 2005 has been to develop a good understanding of each community, develop and strengthen relationships with key stakeholders and consult with the community and across sectors to develop Action Plans that respond to community needs and reflect the best available evidence of effectiveness.

The *eat well be active* Community Programs have described the existing infrastructure, programs, policies and capacity of the communities of Morphett Vale and Murray Bridge related to physical activity and nutrition action. This information was gathered through a variety of means, including face-to-face meetings with close to 100 agencies across both sites. These meetings have also been important in forming early relationships with key stakeholders and garnering interest and support for the promotion of healthy eating and physical activity in these communities.

In order to develop relevant and acceptable Action Plans for the EWBA communities, a significant consultation process was implemented. Thirty-six consultation sessions, involving more than 450 individuals, were conducted over a two-month period across both sites. A wide range of local stakeholders with a potential interest in the project were involved in the consultations including, agencies across a range of sectors, education agencies, community members, Indigenous workers and community members, parent groups, primary and secondary students. The consultations gathered participants' views of the barriers to healthy eating and physical activity in their community and their ideas around potential strategies to make it easier to eat well and be active.

The consultation process was based on principles of effective consultation practice to ensure positive outcomes for both EWBA and the participants. The consultation process underwent a continuous improvement cycle throughout the two-month period, with key adjustments made to improve the

consultation format. Process evaluation of the consultations indicated a high level of satisfaction with the process from the participants. Some baseline data was also collected from individuals participating in many of the consultations. This data includes information on the high value that participants place on the importance of healthy eating and physical activity for children and their families, participants' level of knowledge of existing activity in this area, and the strength of relationships between differing agencies.

The *eat well be active* Community Programs' consultation process provided detailed and rich data regarding the barriers to healthy eating and physical activity for children, young people and their families living in the Rural City of Murray Bridge and the suburb of Morphett Vale. Commonly identified barriers included poor parental knowledge and skills, high cost and poor access to healthy food and physical activity opportunities, with the relative importance of the barriers differing between the two communities.

The consultations also provided detailed information on potential strategies for increasing healthy eating and physical activity for each community. As the community and its stakeholders identified the strategies, these were clearly relevant & acceptable to the community. Strengthened with the best available evidence of effective strategies, this consultation data has informed the development of a draft Local Action Plan for each EWBA community. The selection of strategies for the Action Plans has been guided by selection criteria, drawn from key obesity prevention and primary health care documents, which highlight the importance of strategies being evidence-based, community-driven, sustainable, intersectoral in action, equitable and feasible. The draft Action Plans will be fed back to the community for further comment and refinement and it is envisaged that implementation of the Plans will commence from February 2006.

The *eat well be active* Community Programs will work towards significant outcomes over the next six months, including finalising the local Action Plans for each site in collaboration with all project stakeholders, establishing appropriate local structures in each site to drive and implement the local Action Plans and developing the Programs' overall evaluation framework, including baseline data collection.

The response from the community and its organisations to the *eat well be active* Community Programs has been extremely positive and suggests the current climate is ideal for work in the area on nutrition and physical activity promotion to prevent obesity and chronic disease.

## 2. Project Description & Management

### 2.1 Project Outline

Overweight and obesity has been identified as an important public health problem and also has serious social and economic impacts. South Australia, consistent with national and international trends, is experiencing a trend of increasing overweight and obesity across the whole population with recent data showing that the increase in weight is starting even before children begin school.

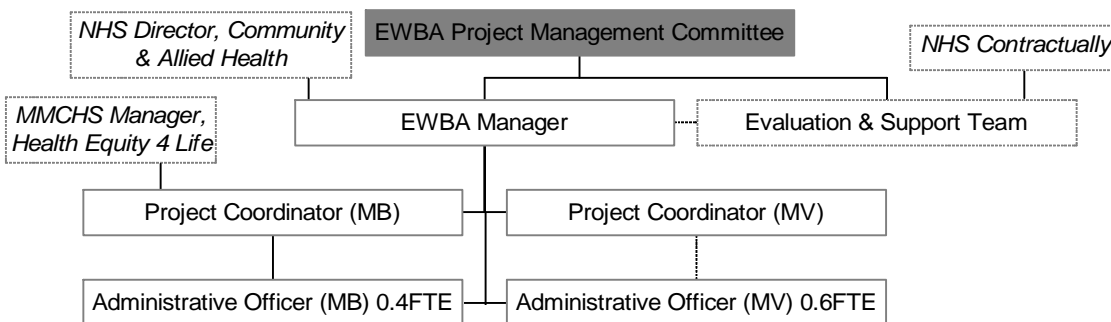
Healthy eating and physical activity are key factors in promoting healthy weight in a community. Changes at a number of levels and in various environments are needed and a whole of community approach that involves a combination of strategies in partnership with a range of stakeholders has the potential to achieve this.

The South Australian Department of Health has allocated \$1.5 million over three years to the *eat well be active* (EWBA) Community Programs. EWBA comprises two linked projects – one in Morphett Vale (southern metropolitan Adelaide population 23,500, through Noarlunga Health Services) and one in the Rural City of Murray Bridge (Hills Mallee country southern region population 17,000, through Murray Mallee Community Health Service) – that aim to contribute to the healthy weight of children, young people and their families in two demonstration communities through increasing healthy eating and physical activity. EWBA will;

- increase healthy eating and physical activity in partnership with a variety of settings (eg. health, education, welfare, neighbourhoods, food supply, media) by addressing both structural and individual barriers
- determine the key components of a coordinated community approach to promoting physical activity and healthy eating that are sustainable and transferable to other areas
- determine the effectiveness of the community-wide programs to improve healthy eating and physical activity levels in the community.

The programs are overseen by the Project Management Committee (see Fig 1) and managed by the EWBA Manager reporting to this committee. The Evaluation & Support Team are responsible for the development and implementation of all aspects of EWBA’s evaluation and also provide support in ensuring the programs operate according to the best available evidence. The Program in each site is coordinated by a Project Coordinator and supported administratively.

**Fig 1. Eat Well, Be Active Organisational Chart**



MB = Murray Bridge, MV = Morphett Vale.

## 2.2 Project Management Committee

The purpose of the Project Management Committee is to coordinate and endorse the development, implementation, evaluation and sustainability of EWBA. The committee has held ten meetings between 10 September 2004 and 10 October 2005. Meetings are currently scheduled for two hours monthly, with a view to less frequent meetings (minimum quarterly) as the project progresses. Committee meetings have proven to be productive and useful mediums to discuss EWBA issues and endorse decisions.

The committee has membership from the Department of Health’s Health Promotion Branch, Noarlunga Health Services, Hills Mallee Southern Regional Health Service and Murray Mallee Community Health Service. Individual membership has changed in four instances (asterisks below indicate new individuals as members) since April 2005.

### Project Management Committee Membership

#### **Department of Health, Health Promotion Branch:**

- Mark Williams, Chief Project Officer, Physical Activity (Committee Chairperson)
- \*Agnes Maddock, Senior Project Officer, Healthy Weight

#### **Noarlunga Health Services (NHS):**

- Richard Hicks, Director Community & Allied Health
- \*Julie-Anne McWhinnie, Acting Chief Dietitian-Nutritionist

- Joanne Maiden, Health Promotion Development Coordinator

***Murray Mallee Community Health Service (MMCHS)/Hills Mallee Southern Regional Health Service (HMSRHS):***

- Lesley Porter, Manager Health Equity for Life Team, MMCHS
- Fran McFaul, Senior Dietitian, MMCHS
- \*Vivien Hazel, MMCHS Director, representing HMSRHS

***Committee Observers:***

- Nadia Mastersson, EWBA Manager (Committee Executive Officer)
- Mel Hawke, EWBA Morphett Vale Project Coordinator
- Craig Edwards, EWBA Murray Bridge Project Coordinator
- EWBA Support and Evaluation Team representative(s)

## 2.3 Project Staffing

As described in Figure 1, EWBA employs a full-time Manager and two Project Coordinators, plus part-time administration support at each site. The Morphett Vale Project Coordinator commenced with EWBA at 0.8FTE (ie full time equivalents) due to prior work commitments and began working full-time with EWBA in mid-August 2005. The part-time Administrative Assistant and full-time Project Coordinator for EWBA Murray Bridge resigned in October and November 2005 respectively. These positions will be filled by January/February 2006.

## 2.4 Project Timeline

Due to a delay in finalising the Contract for Services with the Evaluation & Support Team, the Programs' timeframe has been moderately slowed. The Project Management Committee has endorsed a new timeframe for key upcoming deliverables including:

- Community consultations completed by 1 Nov 2005
- Draft Action Plans by 25 December 2005.

Refer to Appendix 1 for a full timeline of events and actions related to EWBA.

## 2.5 Project Promotion

A project identity has been developed for the *eat well be active* Community Programs, including each site, by the Department of Health, Health Promotion Branch. This project identity will contribute to community recognition and co-promotes the existing South Australian physical activity campaign *be active*. An *eat well be active* Style Guide (Appendix 2) has been developed to ensure consistent and effective use of the *eat well be active* project identity and associated Government of SA logo and text-based acknowledgment of the implementing health services.

A short EWBA informational pamphlet has been developed primarily for use with potential stakeholders in the early stages of the Programs (Appendix 3). In addition, a 2.1metre high by 1.2metre wide colour EWBA banner has been produced to be used at project events such as the Consultation fora.

## 2.6 Project Professional Development

The staff and teams of the *eat well be active* Community Programs have benefited from a number of professional development opportunities. These opportunities have been useful in building the knowledge,

skills and capacity of the team in several key areas including nutrition, physical activity and leadership skills.

Professional development opportunities for EWBA staff since April 2005 have included:

- *Impact Leadership course*, by Proteus Pty Ltd  
Eight day course, attended by EWBA Manager (July-Sept 2005)
- *Food Security Workshop*, by Flinders University Department of Public Health  
Two day workshop attended by NHS Project Coordinator (July 2005)
- *'Nutrition, health and disease' 2<sup>nd</sup> year Flinders University topic*, by Dept of Nutrition & Dietetics  
Semester 2, audited by NHS Project Coordinator (July–Nov 2005)
- *Fifth National Physical Activity Conference*, Melbourne  
Attended by MMCHS Project Coordinator (13-16 October)

## 3. Project Planning

### 3.1 Literature Review

The Support and Evaluation Team have written a draft Literature Review (Appendix 4). This literature review aims to inform EWBA by outlining current overweight and obesity levels and trends in Australia, identifying determinants and risk factors that can lead to overweight and obesity and summarises information about interventions that have either been demonstrated to be effective, or show promise.

### 3.2 Relevant Physical Activity and Nutrition Interventions

Relevant physical activity and nutrition interventions which have been implemented nationally, and in some cases internationally, have been briefly documented by EWBA. This work was coordinated by the project coordinators, and built on work conducted for the Department of Health in 2004 by Dr Anthea Magarey and Dr Kevin Norton. This documentation of relevant interventions assisted in familiarising the project and its staff with potential interventions and will contribute to the action planning process.

### 3.3 Commitment to a community development approach

The *eat well be active* Community Programs recognise the importance of a community development approach when addressing behavioural and environmental change at the community level. To this end EWBA have enlisted the expertise of Dr Fiona Verity, an Academic in Social Work at Flinders University of SA, who provides support to the project through the consultation process, action plan development and evaluation planning. The project's focus on community development and primary health care principles is also strongly supported by staff knowledge, experience and commitment of the two host community health services, Noarlunga Health Services and Murray Mallee Community Health Service.

### 3.4 Intersectoral Collaboration

Intersectoral collaboration is central to the success of EWBA and contact with potential project stakeholders has been guided by the project document *Intersectoral action for health - key factors for success for the eat well be active Community Programs*. Significant time was dedicated to EWBA developing relationships with potential stakeholders in each community through face-face meetings with relevant managers and staff over a period of five to eight months. EWBA met with over 50 agencies in

each project site prior to the Consultation process (see list below). Project staff based these meetings on a meeting template that outlined information to share about EWBA, encouragement to be involved in the EWBA consultation process and information to elicit from the agency about their activities and potential capacity. A detailed database of information from these meetings has been compiled to guide the Programs' interaction with these agencies and to provide crude baseline data about stakeholder agencies' level of interest and current involvement in EWBA-related activities.

Agencies that EWBA have met with in one or both sites prior to the Consultation process include;

- Local Councils
- Department of Education and Children's Services (DECS)
- DECS Learning Together Program
- Regional Food Industry Development Officers
- SA Housing Trust
- Division of General Practice
- Local Community Centres & Neighbourhood House
- SA Police
- Youth Agencies
- Child and Youth Health
- Active Communities Field Officers
- Active After-School Communities, Regional Coordinators
- Indigenous Health Service providers
- Indigenous services
- Salvation Army, Centacare, Uniting Care Wesley
- Family Day Care
- Playgroups, Child care centres
- Pre, Primary and Secondary schools
- Relevant local intersectoral committees/projects.

### 3.5 'Mapping' each EWBA community

The communities of Morphett Vale and the Rural City of Murray Bridge were 'mapped' by each Project Coordinator regarding existing infrastructure, programs, policies and capacity of local agencies of potential relevance to future physical activity and nutrition action in the community. This information was collated and used during the consultation process and will also help to inform the development of the Action Plan in each community. It is envisaged that this initial information will be further built on as part of EWBA's evaluation, specifically the gathering of baseline data regarding the communities' physical, financial, political and socio-cultural environment.

### 3.6 EWBA Morphett Vale

The significant commitment and support from the host health service Noarlunga Health Services (NHS), at both management and staff levels, continues to be a key factor in the success of EWBA overall and for EWBA Morphett Vale. NHS support has improved the EWBA profile in the state and local areas, enhanced networking with a wide range of stakeholder agencies, and provided direct links with existing community-wide initiatives eg *Healthy Cities Noarlunga & Community Foodies*.

The *eat well be active* Community Programs have been involved in consultations for the development of the Southern Adelaide Health Services five year Strategic Plan and have provided feedback on the healthy weight objective.

The interim NHS EWBA Morphett Vale Working Group has continued to meet monthly (since October 2004) to support the early stages of planning for EWBA Morphett Vale. A Primary Health Nurse, based at the Woodcroft site of Noarlunga Health Services, has recently joined this Working Group and a proportion of this position has been allocated to working with EWBA.

Since the April 2005 Progress Report, EWBA Morphett Vale has invested significant time in building relationships with other agencies, 'mapping' the community of Morphett Vale and the Consultation Process.

### 3.7 EWBA Murray Bridge

A presentation by EWBA to the Hills Mallee Southern Regional Health Service Regional Managers meeting in June 2006 was well received and demonstrated the Health Service Region's commitment to and support of EWBA. The project has also been involved in an initial consultation for the development of the Hills Mallee Southern Regional Health Service five year Strategic Plan.

The Murray Bridge EWBA Working Group has continued to meet monthly (since early 2005) to support the early stages of planning for EWBA Murray Bridge. Since the April Progress Report, EWBA Morphett Vale has invested significant time in building relationships with other agencies, 'mapping' the community of Morphett Vale and the Consultation Process.

### 3.8 Collaboration between project sites

Collaboration between EWBA Morphett Vale and EWBA Murray Bridge has been exceptionally high and very successful. Each stage and activity during the project planning and consultation phases has been developed by the EWBA project team, and then adapted by each site where required. This collaboration has included shared development of;

- EWBA presentations
- 'Mapping' of each community
- Documentation of relevant physical activity and nutrition interventions
- Consultation planning, documentation and feedback

The two project sites work well together and share their learning and experiences both formally, through monthly EWBA Team Meetings and EWBA Project Status Reports, and informally through regular emails and phone calls. The high level of collaboration between project sites has added to the quality and quantity of work produced by EWBA and is a clear advantage of the EWBA structure.

## 4. Project Consultation

### 4.1 Aims & Target Groups

The aims of the consultation process for *eat well be active* Community Programs were to;

1. Contribute to the development of the EWBA Local Action Plan and engage local knowledge.
2. Build capacity of stakeholders through improved awareness & understanding of the key issues
3. Build awareness, support and ownership for EWBA and its messages

## 4. Identify potential members for EWBA local committee structures.

The *eat well be active* Community Programs consulted with a wide range of community agencies and members who had a potential interest in the project and reflected the full range of local community interests. Table 1 outlines the key target groups and attendance levels at EWBA consultations in each community.

**Table 1. Target group, length and attendance at EWBA Consultations held in Morphett Vale and Murray Bridge**

Target group	Length	Morphett Vale	Murray Bridge
Host Health Service Managers & Staff	2-4hours	10 managers (who had spoken with their teams), 2 staff	8 staff & managers
Agencies eg local government, health, welfare, police, transport, non-government organisations	6.5-5 hours Including presentations by University Academics	29 people, representing 18 agencies	36 people, representing 20 agencies
Education sector including Family Day Care, Child Care Centres, Pre-schools, Kindergartens, Primary Schools, High Schools, Out-of-school-hours care and the Department of Education & Children's Services.	4 hours Including guest presentations in some cases	41 people, representing 21 agencies	29 people, representing 17 agencies
Community members including local residents, parents, and direct invitations to private food businesses, sport & recreation providers.	2 hours	4	15
Existing community groups eg school parent committees, new mothers groups.	¾-1hour	4 groups with a total of 40 people	3 groups, with a total of 40 people + 3 mail out surveys (22 returned) to school governing council
Aboriginal community members and workers	¾-2½ hours	5 groups with a total of 32 people	2 groups, with a total of 25 people
Children (aged 9 years and above) (including Indigenous children)	¾-1hour	2 groups with a total of 51 people	none
Young people (aged 13-18 years) (including Indigenous children)	5 hours Including fun physical activities	47 young people	40 young people
<b>Total</b>		<b>256</b>	<b>215</b>

The target groups listed above were invited to the various consultations in a variety of ways including;

- **Host Health Service Managers & Staff** – as part of existing staff fora, supplemented with email notice
- **Agencies & Education** – individual letters and invitations from the Health Service Director and EWBA staff, addressed to the Manager/Principal. Letters requested that agencies send a Manager/Principal plus an 'on-the-ground' staff member/teacher/canteen worker.
- **Community members**
  - individual letters to playgroups, kindergartens, child care centres, Family Day Care, school parent committees/governing councils, recreation/sporting clubs and providers, community groups eg Rotary, local food outlets and supermarkets

- flyers sent to Community Houses and agencies servicing community clients eg welfare
- articles in school and other local newsletters
- articles in local newspapers
- **Existing community groups** – were contacted through the group’s chairperson/facilitator
- **Aboriginal workers and community members** – workers were individually invited by EWBA and the Health Service’s Aboriginal Health Team, and community members were invited by the Health Service’s Aboriginal Health Team
- **Children** – individual contact with interested Primary School Principals
- **Youth** – individual letters to each high school asking to nominate a certain number of students (with a range of interests and cultural backgrounds).

## 4.2 Consultation content

The EWBA consultations provided initial background information about the issue and the project itself, and concentrated on listening to participants’ views of the barriers their community experience in relation to healthy eating and physical activity, and their ideas around potential strategies to address these barriers in their community.

Key issues covered in the consultations included;

- Background information about;
  - EWBA & the consultation process
  - current State and National eating & physical activity habits
  - key eating and physical activity behaviours to encourage
    - ie Eating behaviours including increased fruit & vegetable intake, increased water intake, reduced soft drink and “unhealthy” foods intake, increased breastfeeding
    - ie Physical Activity behaviours including increased active transport, active play and organised physical activities/sports, decreased sedentary activity eg ‘screen-based’ entertainment.
  - relevant existing community infrastructure, policies & programs
  - ‘environmental barriers’ to healthy eating and physical activity (using the four types of environments described in the ANGELO framework by Swinburn et al <sup>(1)</sup>)
  - interventions that show ‘promise’ in their effectiveness
  - draft criteria to guide selection of strategies for the EWBA local Action Plans (refer to Section 5.1 of this Report).
- Consultation (in small groups) around;
  - local environmental barriers to healthy eating & physical activity in the physical, political, socio-cultural and financial environments
  - possible locally relevant strategies to address the identified barriers, including potential partner community groups/agencies and any specific target groups.

## 4.3 Consultation format

The format of the Consultations was adapted according to the needs of each target group. The Consultation process was strongly supported and endorsed by the host Health Services, and this has been identified as a key factor in effective consultations <sup>(2)</sup>. In addition to advice for EWBA staff, the Health Services demonstrated visible endorsement through the Health Service Directors co-signing the

letters of invitation to stakeholder agencies and education services, and through officially opening and/or closing the agency and education consultations.

Attendance at the consultations was encouraged and supported by various means including;

- using accessible and familiar locations
- holding sessions at appropriate times of day for various participants
- providing crèche facilities where appropriate
- providing healthy meals/snacks
- providing relevant take-home information
- ensuring sessions were culturally-appropriate
- ensuring invitations were visibly supported by other relevant groups eg Aboriginal Health team
- offering additional incentives relevant to the group eg professional development opportunity for staff, fun games and activities for youth, opportunity to meet with a Dietitian for community members.

In general, the consultations involved sharing general introductory information with the group as a whole, before breaking down into smaller groups of 4-8 participants for the consultation processes. By working in small groups, participants felt more comfortable in sharing their thoughts, participants' were more likely to feel their voices were heard and allowed flexibility within the format where needed <sup>(2)</sup>.

A facilitator, whose role it was to ensure all participants were able to contribute to discussions, assisted each small group and that discussions stayed broadly within the consultation questions. The facilitators were also able to recognise the important experience and knowledge that the participants brought to the discussions <sup>(2)</sup>.

The role of the facilitator was critical to groups being able to effectively participate, and thus the project ensured each facilitator was briefed and provided with relevant background information. In most cases, EWBA staff acted as the facilitators. However in many instances, additional health service staff were co-opted as facilitators, particularly when a group was already familiar with another staff member eg Aboriginal Health Workers. As the facilitation role was crucial to the process <sup>(2)</sup>, EWBA staff liaised with other staff with expertise in community consultation.

#### 4.4 Consultation outcomes

The *eat well be active* Community Programs' consultation process provided detailed and rich data regarding the (perceived) barriers to healthy eating and physical activity for children, young people and their families living in Murray Bridge and Morphett Vale. Table 2 shows the most commonly identified barriers reported for each community.

**Table 2: The most commonly identified barriers to healthy eating and physical activity for children, young people and their families in Murray Bridge and Morphett Vale.**

	<b>Murray Bridge</b>	<b>Morphett Vale</b>
<b>Barriers to Healthy Eating</b>	<ol style="list-style-type: none"> <li>1. Lack of parent knowledge &amp; skills</li> <li>2. Unhealthy school canteens</li> <li>3. Poor access to palatable, free water</li> <li>4. Facilities not supportive of breastfeeding</li> <li>5. High prevalence of unhealthy food in outlets</li> <li>6. Poor use of nutrition policies</li> <li>7. Commercial pressure of unhealthy foods and drinks</li> <li>8. Food insecurity</li> </ol>	<ol style="list-style-type: none"> <li>1. High cost of healthy food</li> <li>2. Lack of parent &amp; children's knowledge &amp; skills</li> <li>3. Poor access to palatable, free water</li> <li>4. Commercial pressure of unhealthy foods and drinks</li> <li>5. Poor role modeling</li> <li>6. High prevalence of unhealthy food in school canteens &amp; other outlets</li> <li>7. Other social pressures</li> <li>8. Poor use of nutrition policies</li> </ol>
<b>Barriers to Physical Activity</b>	<ol style="list-style-type: none"> <li>1. Lack of affordable organised physical activity opportunities</li> <li>2. Lack of/poor outdoor and indoor facilities supporting physical activity</li> <li>3. Lack of time for parents to support children</li> <li>4. High cost of involvement in physical activities</li> <li>5. Poor accessibility to physical activity facilities</li> <li>6. Parental safety concerns of children walking or playing outside</li> <li>7. High interest in electronic entertainment eg TV, video games</li> <li>8. Public liability issues</li> </ol>	<ol style="list-style-type: none"> <li>1. Parental safety concerns of children walking or playing outside</li> <li>2. Lack of affordable organised physical activity opportunities</li> <li>3. Poor outdoor facilities/parks supporting physical activity</li> <li>4. Negative attitudes to physical activity</li> <li>5. Lack of parent knowledge &amp; skills &amp; time</li> <li>6. Lack of/high cost of transport</li> <li>7. Poor access to physical activity facilities</li> <li>8. Poor access to equipment</li> </ol>

The consultations also provided detailed information on potential strategies for increasing healthy eating and physical activity for each community. As the community and its stakeholders identified the strategies, they are clearly relevant & acceptable to the community. This information on barriers and potential strategies has informed the development of the local Action Plans as discussed in section 5.1 of this report.

#### 4.5 EWBA team reflections & continuous improvement cycle

The EWBA Team consistently reflected on the process and outcomes of each consultation session, both informally through dialogue between staff (and participants) and more formally at EWBA Team meetings. All reflections have been documented and many have contributed to a continuous improvement cycle for the consultation format.

#### Reflections that prompted changes to the format of ensuing consultations included:

- The initial consultation format was too prescribed and lacked sufficient time for discussion:
  - A system similar to that used by projects interstate was trialled with health service staff in Murray Bridge for the inaugural consultation. This system was significantly adapted to increase flexibility

and encourage group discussion and then trialled for the second consultation held with Noarlunga Health Services Managers. Feedback and reflections, suggested further flexibility in the format. This resulted in further modification and derivatives of this format were used for ensuing consultations with apparent success.

- Some small group discussions got off track:

The first two consultations with health service staff did not utilise small group facilitators. Although this was not significantly detrimental to the process, possibly due to the prior knowledge and experience of the staff, the decrease in effectiveness of some groups was noted. All future consultations utilised well-briefed facilitators for small group work. It is also worth noting that these early consultations with the host health services provided EWBA with a pool of staff who had some experience in the project's process and consultation content and thus could more easily step into the role of facilitator for future EWBA consultations.

- Participants were not always clear about the distinction between environmental and individual factors that affect children/families' behaviour:

This was somewhat apparent in earlier consultations. Thus for later consultations, this distinction was made within the background information described at the beginning of the consultations.

#### **Other reflections on the Consultation process made by the EWBA team include:**

- The number and range of attendees at the Agency and Education Sector Consultations in both communities was very pleasing. On reflection, many of the attendees were committed to participating because EWBA staff met individually with almost all invited agencies and education services prior to the Consultations to engage their interest and assisted in drawing links between their core business and the aims of EWBA.
- A clear difference was noted between Morphett Vale 'the suburb' and Murray Bridge 'the rural area/town'. Attendance at the Morphett Vale *community* consultations was sometimes lower than those of Murray Bridge. This may be attributed to the difficulties in promoting the consultations within a single suburb when most communication systems and community agencies operate at a regional level, and also the low 'sense of community' identified by Morphett Vale residents.
- Some agencies and education services found it easier to suggest strategies that were outside their own immediate area. This may be attributed to agencies/schools feeling overwhelmed by their current activities and avoiding the possibility of increasing their workload or feeling that they were already performing well in the area. Some parents who participated also found it easier to suggest strategies outside their own locus of control.
- The unique nature of individual schools was reflected in the diversity of barriers that were reported, thus it was demonstrated that each school had their own strengths and weaknesses. Hence within consultation discussions it was clear that consensus would often not be reached between differing schools.
- On average, representatives from early child care service, preschools and primary schools were more motivated and less resistant to EWBA discussions than high schools.
- The EWBA consultation format did not always allow for differentiation between brainstormed barriers and those barriers most relevant and of interest to the community. Although the consultation asked participants to develop strategies for those barriers that were most relevant and of interest to their community, facilitators reported that groups often focused on barriers that were more amenable to achievable strategies and ignored the more difficult barriers such as 'low incomes' or 'other immediate pressures on the family'.
- Some difficulty in accessing disadvantaged populations was evident. The EWBA team expected this and had factored in specific consultations with existing community groups that included disadvantaged families (eg the 'Parents Priorities' in Murray Bridge, and Young Mothers group in Morphett Vale) and including children and youth from disadvantaged families within youth consultations and including agencies providing services to disadvantaged families in the consultations for agencies.

- The capacity of several health service, health region and local government workers has potentially been increased through their role as facilitators in one or more of the EWBA consultations. These workers were supported with information and guidance on EWBA and the consultation process itself and in some cases were able to gain new experience in consultation and planning of community-based obesity prevention projects.
- A joint Youth consultation was planned and implemented in Murray Bridge by EWBA, MMCHS Youth team, HMSRHS Active Communities Field Officer and the Rural City of Murray Bridge Council Youth and Indigenous Officer. This collaboration benefited all parties who were interested in the outcomes from the consultation and provided firm and early experience of working in partnership.

#### 4.6 Evaluation of the Consultations

Attendance at the series of *eat well be active* Community Programs Consultations has been very pleasing and over 450 participants were consulted across both communities (see Table 1). A detailed database of stakeholders has been compiled by the Project Coordinator in each EWBA community, including stakeholders' interest in further involvement in EWBA.

Both process evaluation indicators and some baseline data was collected from individuals participating in most of the EWBA consultations. This was achieved through self-completed survey forms, of varying length, implemented pre-, and in some instances also post-, consultation.

In summary, survey results from the Agency and Education consultation sessions indicate;

- high level of satisfaction with the consultation session (between 74-100% satisfaction on a range of indicators)
- increase in awareness of the issues related to healthy eating and physical activity (between 84-100% reported an increase on a range of indicators)
- increase in awareness of available facilities/programs related to healthy eating and physical activity (between 68-94% reported an increase)
- new networks formed with agencies (between 47-77% formed new networks)
- good interest in further involvement in the project (between 54-90% reported an interest)

In summary, consultation participant survey results from the Community and Indigenous sessions indicate;

- the majority of participants were female, almost all had children of their own
- almost all rated nutrition and physical activity as important for children and families
- a large percentage of participants felt they had the knowledge and skills to support their children and families to eat well and be active

In summary, consultation participant survey results from the Children and Youth sessions indicate;

- a high level of satisfaction with the consultation session
- high level of learning about healthy eating and physical activity as a result of the session
- self-reported fruit and veg intake was low
- self-reported hours spent on electronic entertainment was very high

Further detail of some of the data collected, including three of the survey tools used, is included in the "Agency & Education Consultations Forums" (Appendix 5) and "Murray Bridge Youth Consultation Forum Behaviour Summary" (Appendix 6) reports by the Evaluation team. Other detailed consultation survey results collated by EWBA are shown in Appendix 7 (Morphett Vale) & Appendix 8 (Murray Bridge). Ethics approval was received from DECS for the Youth and Primary school student consultations.

The success of the consultation process is also evident from the spontaneous activity in nutrition and physical activity promotion commenced by several groups in each site. Indeed, contact with the stakeholders in general regarding the commencement of EWBA has sparked much interest and in some cases early action. Examples of activity prompted by EWBA contact include;

- a Morphett Vale school have set up a student action group to tackle their school canteen menu
- a Murray Bridge High school has taken a new non-competitive recreation on board as an option for students since the Youth Consultations
- four Morphett Vale kindergartens collaborated together to 'co-host' an EWBA Consultation for their parents
- a Morphett Vale pre-school applied for grants to access physical activity equipment and were successful
- a Morphett Vale child care had commenced regular activities with their children including staff role-modelling healthy eating and taking children on daily walks outside
- several schools have now applied for the federal \$1500 nutrition grants.

This activity has been recorded by the Project Coordinators for Evaluation purposes.

#### 4.7 Feedback to Consultation participants

An integral part of any consultation is the process of feeding information back to the participants <sup>(2)</sup>. The feedback process to participants of the EWBA consultation and other community stakeholders has been carefully planned and includes;

- a summary of the input from all participants at the consultation
- a summary of the *draft* Local Action Plan (to be developed in December 2005) asking for feedback
- a copy of the final Local Action Plan and invitation to be involved
- updates and information regarding EWBA and opportunities to be involved throughout the life of the project.

Consultation participants were asked whether they would like to receive further information on EWBA and if they were interested in being actively involved in the project. This information has been compiled into databases which will assist in the dissemination of EWBA information and opportunities to involve community members.

#### 4.8 Reflections on meeting the Consultation Aims

In summary, the aims of the EWBA consultation process were successfully addressed, specifically that they have;

1. Contributed to the development of the EWBA Local Action Plan and engaged local knowledge
  - This has been achieved and is demonstrated through the detailed consultation feedback collated in each EWBA community and used in the development of the draft Local Action Plans (see Section 5.1 of this Report).
2. Built capacity of stakeholders through improved awareness & understanding of the key issues
  - Evaluation Survey results from the Agency and Education Consultations indicate increased understanding following the Consultation.
  - Informal feedback from other consultation participants indicates that others have at least increased awareness and in some cases increased understanding of the issues of nutrition and physical activity.
  - Some stakeholders have moved forward in regards to the issues raised and begun to take action since the consultations.

3. Built awareness, support and ownership for EWBA and its messages
  - Due to the high number of attendees to the Consultations across various parts of each local community, awareness of EWBA has been increased.
  - Regular correspondence with stakeholders before and after the Consultations has further increased awareness and possibly contributed to support for EWBA.
  - Local media reports of the Consultations (eg articles in “The Standard” in Murray Bridge, and “Horizons” in Morphett Vale) and their outcomes will continue to raise awareness and possibly build support for EWBA.
  - Ownership of EWBA has mostly been built within the host health services and their regions at this early stage. Within the health services and regions, significant numbers of staff have participated in and/or facilitated Consultations.
  - In some instances, non-health agencies have demonstrated some ownership of EWBA eg Rural City of Murray Bridge co-hosting the youth consultation, a local Morphett Vale kindergarten identifying their new activities as part of *eat well be active* in a local media article.
4. Identified potential members for EWBA local committee structures
  - A detailed database has been produced, including those individuals/agencies who would like to continue to be involved in EWBA. In addition to this, EWBA identified potential members for local committees through individuals’ participation in the Consultations.

## 5. Project Implementation

### 5.1 Development of the Local Action Plans

The programs’ consultation process has successfully provided detailed and rich data regarding perceived barriers to and relevant & acceptable strategies for increasing healthy eating and physical activity for each EWBA community. Together with the best available evidence of effective strategies, this consultation data has informed the development of the Draft Local Action Plan for each EWBA community.

The Draft Local Action Plans are developed by EWBA staff and the EWBA Evaluation and Support Team. Where required, EWBA continue to seek additional expert advice throughout the planning process in key areas such as schools, physical activity, public health nutrition, community development and similar interstate projects. The selection of key barriers to address is based on information from the community consultation, and prioritized using four criteria namely;

1. The importance of the barrier to the target group
2. The potential impact (on the target groups’ eating and physical activity behaviour) of addressing the barrier
3. The achievability of addressing the barrier (within current context and resources)
4. The level of resources needed to address the barrier (taking into account existing resources)

The selection of strategies for the Action Plans is based on information from the community consultation and guided by Criteria based on EWBA’s Guiding Principles and key obesity prevention and primary health care documents (3-8).

The **essential criteria** that potential EWBA strategies must meet are;

- Contributes to healthy weight through increasing healthy eating and/or physical activity, with a focus on preventative strategies. NB “Supporting strategies” (eg capacity building, workforce development strategies) may not contribute directly to behaviour change, but are still important to include if they are working towards this outcome.
- Targets children, young people (0-18 years) and their families
- Relevant & acceptable to the local community, and addresses locally identified needs/opportunities and builds on local skills/resources where appropriate.
- Consistent with existing National and State nutrition, physical activity and obesity guidelines
- Uses positive approaches that reduce stigmatisation and victim blaming

The "**filter**" **criteria** used to prioritise potential EWBA strategies meeting the above essential criteria are;

- Prioritise the most “promising” interventions ie evidence of effectiveness vs impact on population
- Portfolio of strategies predominantly addresses environmental factors (ie social, economic, political and/or physical). Individual factors are also important.
- External organisations, preferably across sectors, are keen to be involved
- Uses a community development approach ie strengthens the community through supporting community participation, building community capacity, assisting communities to influence their health and strengthening social capital.
- Equitable. Reaches all parts of the community (ie across settings) where possible, especially the disadvantaged
- High likelihood of sustainability
- Feasible ie ease of implementation in current context, achievable within 2-3 year timeframe where appropriate
- Inclusive and respectful of Aboriginal communities
- Cost/resources required, considered within larger portfolio context
- Consider impact of any potential side-effects (positive or negative)
- Resultant portfolio includes a mix of strategies at various levels (eg addressing infrastructure, policy, skill development) in a range of settings with sufficient overall intensity/dose
- Builds on existing initiatives where appropriate, or identifies opportunities to trial an innovative approach
- Adds to evidence base of effective practice in contributing to healthy weight.

The resultant draft Action Plans will then be fed back to the community for comment and refinement. Specifically, the draft Action Plans will be distributed to all organisations and individuals involved in the EWBA consultation process and who have indicated interest in being involved in the Programs. The draft Action Plans will also be taken to the inaugural meetings of local committee structures for final refinement and endorsement. It is envisaged that implementation of the Local Action Plans will commence from February 2006 onwards.

## 5.2 Community and Agency involvement and direction

The *eat well be active* Community Programs have a broad range of potential stakeholders including;

- Agencies from a range of sectors including health, education, welfare, children’s and youth services, government, non-government and private organisations. Both management-level and ‘on-the-ground’ staff from these agencies may be involved at different levels of EWBA.
- Community members

- Indigenous workers and community members
- Children and young people

Engaging this broad range of stakeholders in a way that is meaningful, respectful and mutually beneficial requires careful consideration. The commonly used “Steering Committee” structure, involving a mix of agency, community, Indigenous and youth representatives, may not be the ideal medium to effectively engage and meet the needs of the diverse membership. Table 3 outlines the planned process and structures that EWBA will implement to involve the diverse range of stakeholders. The broad process will be individually tailored to the needs and opportunities of each EWBA community.

**Table 3: EWBA structures & processes for stakeholder engagement.**

Stakeholder group	Structure/Process	EWBA’s primary aims	Stakeholder benefits
Management-level representatives from a range of sectors	<p><b>‘Champions’ group</b></p> <p><i>Link into existing management-level intersectoral committee</i></p> <p><b>Formal meeting twice yearly to:</b></p> <p>Receive briefing updates on EWBA progress</p> <p>Celebrate EWBA successes</p> <p>Affirm organisational commitment</p> <p>Assist in advocating for relevant change at higher levels</p>	<p>Organisational commitment &amp; support for project &amp; sustainability</p> <p>Future integration into strategic directions of organisations</p> <p>Identify EWBA Agency champions</p> <p>Minimise duplication of effort</p> <p>Seek to inform &amp; influence at a management-level</p>	<p>Recognition for organisational involvement, including media</p> <p>Access resources &amp; pooled expertise</p> <p>Contribute to achievement of certain organisational aims</p> <p>Networking</p>
<p>Agency &amp; community representatives from each of the 3 working groups</p> <p><i>(approximately 50/50 representation between agency &amp; community)</i></p>	<p><b>Local Advisory Group</b></p> <p><b>Quarterly meetings to:</b></p> <p>Make decisions within Action Plan frame-work</p> <p>Report progress &amp; any issues from individual working groups that need addressing at this level</p> <p>Receive updates on EWBA overall progress</p> <p>Promote EWBA initiatives within the community &amp; increase community awareness</p> <p>Help to garner support for project and its’ programs</p> <p>Strengthen the community’s voice in relation to healthy eating and physical activity</p>	<p>Advice &amp; support for the project &amp; its programs</p>	<p><b>For all members:</b></p> <p>Capacity building in promoting healthy eating &amp; physical activity</p> <p>Networking</p> <p><b>Community members:</b></p> <p>Opportunity to influence EWBA activity &amp; be involved in area of personal interest</p> <p><b>For agency staff:</b></p> <p>Contribute to achievement of work priorities</p> <p>Recognition for organization involvement, including media</p> <p>Access resources &amp; pooled expertise</p>

Stakeholder group	Structure/Process	EWBA's primary aims	Stakeholder benefits
Interested community members and 'on-the-ground' agency staff (including staff from educational agencies)	<p><b>EWBA Working groups</b></p> <ol style="list-style-type: none"> <li>1. Under 5's</li> <li>2. Primary school children</li> <li>3. Young people</li> </ol>	<p>Hands-on involvement in EWBA</p> <p>Pooled expertise, resources &amp; networks</p> <p>Capacity building for agency staff in promoting healthy eating &amp; physical activity</p>	<p><b>For all members:</b></p> <p>Capacity building in promoting healthy eating &amp; physical activity</p> <p>Networking</p> <p><b>Community members:</b></p> <p>Opportunity to influence EWBA activity &amp; be involved in area of personal interest</p> <p><b>For agency staff:</b></p> <p>Contribute to achievement of work priorities</p> <p>Recognition for organization involvement, including media</p> <p>Access resources &amp; pooled expertise</p>
Existing community, Aboriginal & Youth networks/groups	<p><b>Informal community 'consultants'</b></p> <p>Seek feedback from key groups/individuals on a needs basis re: specific strategies/ activities</p>	<p>Ensure community/ youth/Aboriginal relevance</p>	<p>Opportunity to influence EWBA activity</p>

### 5.3 Presentations by EWBA

The *eat well be active* Community Programs have begun to build a presence in South Australia and have been invited to present at several state and local fora including;

- Department of Health, 'Promoting Healthy Weight' Seminar, Adelaide, December 2005
- Deakin University's 'Obesity Prevention Short-course', Adelaide, October 2005
- Healthy Cities Noarlunga Annual General Meeting, Hackam West, October 2005
- Hills Mallee Southern Regional Health Service Regional Managers meeting, Murray Bridge, June 2005
- Regional launch of National Physical Activity Recommendations for Children & Young People Forum, Murray Bridge, June 2005
- Healthy Eating in Schools workshop by Department of Education and Children's Services and Department of Health, Murray Bridge, May 2005.

## 6. Evaluation

Health Outcomes International, sub-contracting Academics Dr Anthea Magarey, Dr James Dollman and Dr Murray Drummond, were successful in their open tender application for the EWBA Support and Evaluation Team.

Health Outcomes International provided the following services from June to November 2005;

- Project Schedule Outline
- Draft Literature review (Appendix 4)
- Draft 1<sup>st</sup> Progress Report for the Support & Evaluation Team
- Draft discussion paper regarding baseline data for EWBA
- Evaluation of a proportion of EWBA Consultations (Appendices 5 & 6)
- Attendance at EWBA meetings.

Health Outcomes International worked with EWBA until November 2006, at which time they stepped down from providing this service. The Support and Evaluation Service role for the *eat well be active* Community Programs will be filled in early 2006 and will include the continuing involvement of Academics Dr Anthea Magarey, Dr James Dollman and Dr Fiona Verity.

## 7. Project Budget

The *eat well be active* Community Programs budget expenditure up to 30 June 2005 has been;

- \$84,877 in the NHS budget (NHS Statement of Income & Expenditure 2004/2005, Appendix 9)
- \$19,794 in the MHSRHS budget (MMCHS Statement of Income & Expenditure 2004/2005, Appendix 10)

There has been no unexpected budget variations or expenditures since the March 2005 EWBA Progress Report.

## 8. Relevant State and National Activity

The *eat well be active* Community Programs in South Australia are occurring against a busy National backdrop of activity in the area of community obesity prevention demonstration projects. EWBA attended the Sentinel Site Roundtable meeting in Victoria July 2005, where updates on the Victorian projects were provided and discussions around potential National coordination of the community demonstration projects were discussed. This was followed by a project site visit to Colac, Victoria.

The SA Department of Health continue to build SA capacity in the field of obesity prevention through supporting national experts such as Dr Boyd Swinburn (Deakin University) to present in Adelaide. A three-day Deakin University Obesity Prevention short course held in Adelaide was well attended by a range of SA service providers and indicates interest around the state in this area. Finally, the Department of Health's SA Healthy Weight Action Plan is soon to be released.

## 9. Next Steps & Reflections

### 9.1 Next Steps

The *eat well be active* Community Programs project will work towards significant outcomes over the next six months. These activities include;

- Finalise the local Action Plans for each site in collaboration with all project stakeholders
- Establish appropriate committee structures in each site to drive and implement the local Action Plans
- Commence implementation of the local Action Plans in each site
- Work closely with the Support and Evaluation Team around developing the evaluation framework, including the baseline data collection
- Report on the approaches that promote sustainability of community project outcomes.

### 9.2 Reflections

The diversity in the programs' sites has already been highlighted in EWBA. Reaching the population that live/learn/work in the metropolitan suburb of Morphett Vale is more challenging than reaching the population of the Rural City of Murray Bridge. This may be due to a larger proportion of residents living *and* working/learning within the same rural town versus within the same metropolitan suburb and also that Murray Bridge appears to have a greater 'sense of community' than Morphett Vale. In addition, most local agencies service large localities, of which Morphett Vale is just one small part, where in contrast the Rural City of Murray Bridge forms the majority or whole service area of many local agencies.

The response from the community and its organisations to the *eat well be active* Community Programs in each community has been extremely positive. This response suggests that the current state and local climate is perfect for work in the area on nutrition and physical activity promotion. The programs' focus on children, young people and their families has also been well received. In addition to this climate, the programs' state wide significance and funding commitment from the Department of Health, have also contributed to its' positive reception.

Finally, the Department of Health and the two health regions involved in EWBA, Southern Adelaide Health Service and the Hills Mallee Southern Regional Health Service have commenced positive discussions around the timeframe and sustainability of the project and its activities.

## 10. References

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3. World Health Organisation. Ottawa Charter for Health Promotion. Geneva: WHO, 1986.
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6. International Obesity Taskforce & European Association for the Study of Obesity, 2002. Obesity in Europe, The Case For Action.
7. Department of Health and Ageing, 2003. Healthy Weight 2008, Australia's Future, The National Action Agenda for Children, Young People and their Families.
8. Yach D, McKee M, Lopez A, Novotny T, for Oxford Vision 2020. Improving diet and physical activity: 12 lessons learnt from controlling tobacco smoking. BMJ 2005; 330:898-900.

## 11. Appendices

*(available on request)*

- Appendix 1: EWBA timeline**
- Appendix 2: EWBA Style Guide**
- Appendix 3: EWBA information pamphlet**
- Appendix 4: EWBA Draft Literature Review (by Health Outcomes International)**
- Appendix 5: EWBA Draft Evaluation of Agency and Education Consultation Surveys, and the Murray Bridge 'Open' Community Consultation (by Health Outcomes International)**
- Appendix 6: Murray Bridge Youth Consultation Forum Behaviour Summary (by Health Outcomes International)**
- Appendix 7: EWBA Morphett Vale Consultation Survey feedback**
- Appendix 8: EWBA Murray Bridge Consultation Survey feedback**
- Appendix 9: NHS EWBA Budget Expenditures up to 30 June 2005**
- Appendix 10: HMSRHS EWBA Budget Expenditure up to 30 June 2005**