

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

January 2006 - January 2007

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**Acknowledgment to Project Coordinators Mel Trippree and Vanessa Gaston
and Terri Lamoree Acting Evaluation Coordinator**

**Implemented by Southern Primary Health of Southern Adelaide Health Service
and Murray Mallee Community Health Service**

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Contents

1. Executive Summary of the Third Progress Report, Jan 2007	4
2. Project Description & Management	6
2.1 Project Context	6
2.1.1 <i>National framework</i>	6
2.1.2 <i>State framework</i>	6
2.1.3 <i>Population health initiatives</i>	6
2.2 Project Outline	7
2.3 Project Partners, Governance & Staffing	7
2.3.1 <i>Project Management Committee membership</i>	7
2.4 Project Timeline	9
2.5 Project Budget	9
3. Project in Operation	10
3.1 Input	10
3.1.1 <i>Project theory and principles</i>	10
3.1.2 <i>Project Resources</i>	11
3.2 Processes	12
3.2.1 <i>Summary of Consultation and Action Plan development</i>	12
3.2.2 <i>Action Plans: Intervention key messages, strategies and settings</i>	13
3.3 Output In 2006	13
3.3.1 <i>Settings and population target involvement</i>	13
3.3.2 <i>Action Implementation</i>	13
3.3.3 <i>Communication and Dissemination</i>	14
4. Project Evaluation	15
4.1 Evaluation Framework Development	15
4.2 EWBA Evaluation Framework	15
4.3 Baseline Outcome & Impact Data Collection 2006	16
5. References	16
6. Appendices	17



Community Programs

1. Executive Summary of the Third Progress Report, Jan 2007

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) implemented by Southern Primary Health and one in the Rural City of Murray Bridge (Hills Mallee country southern region population 17,000) implemented by Murray Mallee Community Health Service. EWBA aims to contribute to the healthy weight of children, young people (0-18 years) and their families through increasing healthy eating and physical activity. The programs recognise the importance of addressing environmental factors, working in partnership across sectors and using a community development approach when looking to produce sustainable change at the community level.

The EWBA programs are consistent with both National and State frameworks for the prevention of overweight and obesity and significantly contribute to current action including the Australian Better Health Initiative and state and regional activity in the area. The programs also exist within a significant international context for addressing overweight. Recent calls to action such as *Obesity prevention: the case for action*⁽¹⁾ and the World Health Assembly *Global Strategy on Diet, Physical Activity and Health*⁽²⁾ signify the importance of population obesity prevention that addresses contributing environmental factors. Recent outcomes from similar projects nationally and internationally indicate that such evidence-based community-level approaches are successful in obesity prevention.

Relevant and acceptable Action Plans for the EWBA communities were developed following a significant consultation process strengthened with the best available evidence of effective consultation practice and EWBA guiding principles including sustainability, equity and intersectoral partnerships. The EWBA Action Plan framework (Fig 1) depicts the four key messages that are addressed by the portfolio of strategies across the range of settings in which children, young people and their families live and learn.



Figure 1: EWBA Action Plan framework

The implementation of the EWBA Action Plans commenced in February 2006 and has engaged with 7 child care centres, Family Day Care field workers, 12 preschools, 21 primary schools, 6 high schools, 20 school canteens, 8 indigenous agencies, 6 welfare agencies, 2 local councils, 6 youth agencies, 2 community centres, recreation providers, breastfeeding associations, community groups and members, parents, children and young people across the two communities.

Over half of the EWBA Action Plans have already been implemented in 2006 and will be strengthened further and also complemented with the remaining strategies in 2007 and beyond. Examples of key action implementation in 2006 across both sites include:

- *Policy* – individual school healthy eating guidelines, Family Day Care physical activity guidelines and child care centre nutrition accreditation
- *Infrastructure* – installation of drinking water facilities in education sites, creating healthy school canteens, supporting community active spaces and breastfeeding friendly locations
- *Workforce development* – over 15 sessions in a range of healthy eating and physical activity skills for teachers, canteen workers, out-of-school-hours-care staff, parent committees, early childhood workers, welfare, health and youth agency staff
- *Peer education* – eight-week training program for 24 community members, including indigenous members, in basic nutrition and physical activity to share with families through practical activities and local advocacy
- *Community development* – development and facilitation of 6 EWBA local Action Groups to provide project direction and advice, supporting local food action groups and strengthening partnerships between local agencies
- *Resources* – healthy eating curriculum and physical activity resources, active play packs
- *Promotion & Marketing* – involvement in local community events, EWBA launches, media attention, local, state and national newsletters and presentations and three international conference presentations.

A comprehensive EWBA evaluation framework was developed by the EWBA Evaluation and Support Team including project staff and EWBA University Academics and was informed by similar interstate projects. The mixed methodology evaluation is a cross-sectional pre post design with comparison groups that compares the EWBA rural and metropolitan communities with one rural and one metropolitan community that do not receive the intervention. Co-existing with quantitative data collection is the qualitative evaluation that seeks to capture what has been done, understand what contributed to changes and provide insights into practice. Evaluative processes include empowerment evaluation, audit enquiry, action research and stakeholder reflections.

Key outcome measures of children include weight status, eating and physical activity behaviour plus attitudes, knowledge and skills. In addition to outcomes at the child level, changes in attitudes, knowledge, skills and behaviours related to eating and physical activity of caregivers including parents, early childhood workers and teachers will be measured. At the environmental level, a suite of measures will monitor changes in the environment (such as policy, infrastructure, social norms and costs) and in a range of settings including the home, early childhood agencies, schools and community facilities.

Baseline evaluation measures have been collected across the EWBA intervention and comparison communities for:

- 1726 Year 5-7 children (physical measures and/or survey completion)
- 926 parents
- 252 primary school teachers
- 27 primary schools principals and 9 high school principals
- 23 school canteens and 11 out-of-school-hours-care facilities
- 18 pre-schools
- 15 Family day care providers

- 9 child care centres

Data collection and collation occurred between September 2006 to January 2007. Data description and analysis has commenced and the results of this baseline data collection are expected to be disseminated to policy makers, researchers and the community in the first part of 2007.

Due to unavoidable costs and time delays in the evaluation component of the project, further funding of \$352,000 has been sought from PMC to allow an eleven month extension to the project. This additional funding will allow post-project data collection two years after baseline data collection including anthropometric measures of both intervention and comparison sites. While in principle support has been committed by PMC, official approval is still being confirmed at the time of the production of this report.

2. Project Description & Management

2.1 Project Context

Overweight and obesity has been identified as an important public health problem and also has serious social and economic impacts. Between 1985 and 1995 the rates of overweight doubled and those of obesity trebled in Australian children and recent data indicate that approximately one in four Australian children are overweight or obese. South Australia, consistent with national and international trends, is experiencing a trend of increasing overweight and obesity across the whole population with data showing that the increase in weight is starting even before children begin school.

2.1.1 National framework

The Commonwealth of Australia's recommendations for action in this area are outlined in *Healthy Weight 2008, Australia's Future, The National Action Agenda for Children, Young People and their Families* ⁽³⁾. This Action Agenda highlights the importance of focusing prevention efforts first towards children, young people and their families and working to create sustainable living environments that support healthy eating and physical activity behaviours.

To support the implementation of this framework, the Federal Government has recently announced the Australian Better Health Initiative (ABHI) 2006-2010 to promote good health and reduce the burden of chronic disease. This initiative includes an integrated package of activities, which includes initiatives aimed towards promoting healthy lifestyles and healthy weight. In this area, initiatives implemented at a federal level plus those jointly implemented with State government will focus on social marketing, school and community-based activities.

2.1.2 State framework

The South Australian government has recognised the importance of this problem in its 2004 Strategic Plan and set an ambitious target to: reduce the percentage of South Australians who are overweight or obese by 10% within 10 years.

Consistent with the National Action Agenda, the South Australian (SA) Government has released the state strategy for action, *Eat Well Be Active Healthy Weight Strategy for South Australia 2006-10* ⁽⁴⁾. This state strategy focuses on a partnership approach using multiple strategies for change within environments and settings. The State government is implementing a range of ABHI and state funded action in the area of healthy weight including workforce development, school canteen guidelines and parents information.

2.1.3 Population health initiatives

Healthy eating and physical activity are key factors in promoting healthy weight. Evidence and government recommendations indicate that change at a number of levels and in various environments and sectors are needed in order to promote healthy weight. Specifically, a whole of community approach utilising a portfolio of strategies implemented in partnership with a range of stakeholders has been identified nationally and internationally as a potential mechanism to achieve this.

Australia has led the way in trialing such ‘whole of community’ approaches, with eight such initiatives currently underway across Victoria, South Australia, New South Wales and Queensland. Australia’s first whole of community initiative in Colac Victoria has recently reported on its findings. After a three year implementation period, this initiative has demonstrated a significantly lower rise in overweight status of children aged 5-12 years in comparison to children in non-intervention areas. Similar initiatives are being trialed internationally and countries including France and New Zealand have recently reported positive changes in weight status.

Successful changes in population weight status demonstrated by these recent whole of community initiatives provides further strength of evidence and confidence in the approach used for current initiatives such as the *eat well be active* Community Programs in South Australia.

2.2 Project Outline

The South Australian Government, 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 Southern Primary Health) and one in the Rural City of Murray Bridge (Hills Mallee country region population 17,000, through Murray Mallee Community Health Service). These aim to contribute to the healthy weight of children, young people and their families through increasing healthy eating and physical activity. EWBA will:

- work in partnership with a variety of settings (such as health, education, welfare, neighbourhoods) by addressing both environmental and individual barriers
- determine the key components of such a coordinated community approach 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.

2.3 Project Partners, Governance & Staffing

There are three **partner agencies** of the *eat well be active* Community Programs:

- Health Promotion Branch, Department of Health (partner and funding body)
- Southern Primary Health (SPH, previously called Noarlunga Health Services) of Southern Adelaide Health Service
- Murray Mallee Community Health Service (MMCHS) of Country Health

The programs are overseen by a Project Management Committee responsible for providing strategic direction in the development, implementation and evaluation of EWBA. The committee meets bi-monthly and has representation from the three partner agencies plus project staff in attendance. Some individual membership has changed over the past year (asterisks below indicate new individuals as members).

2.3.1 Project Management Committee membership

Health Promotion Branch, Department of Health:

- *Agnes Maddock, Senior Project Officer, Healthy Weight (Committee Chairperson) – *member Dec 2005-Nov 2006, replacement TBA*)

Southern Primary Health:

- Richard Hicks, Director of Community Health
- Julie-Anne McWhinnie, Acting Chief Dietitian-Nutritionist
- Health Promotion Development Coordinator – *replacement TBA*

Murray Mallee Community Health Service (MMCHS):

- Vivien Hazel, Director
- Lesley Porter, Manager Health Equity for Life Team

- Fran McFaul, Senior Dietitian

Committee Observers:

- Nadia Mastersson, EWBA Manager (Committee Executive Officer)
- Mel Triptree (nee Hawke), EWBA Morphett Vale Project Coordinator
- *Vanessa Gaston, EWBA Murray Bridge Project Coordinator
- *EWBA Evaluation Coordinator

EWBA governance is depicted in Figure 2

The EWBA Evaluation & Support Team is responsible for the development and implementation of all aspects of EWBA’s evaluation and provides support to ensure the programs operate according to the best available evidence. The Team communicates with the Project Management Committee through the EWBA Manager and Evaluation Coordinator. The Team comprises:

- Dr James Dollman, School of Health Sciences, University of South Australia
- Dr Anthea Magarey, Department of Nutrition and Dietetics, Flinders University
- Dr Fiona Verity, School of Social Work, Flinders University
- EWBA Evaluation Coordinator
- Associated research students

The EWBA Manager, employed through SPH, reports to the Project Management Committee and acts as the Committee’s Executive Officer. The EWBA Evaluation Coordinator reports to the EWBA Manager and coordinates the input of the EWBA Evaluation & Support Team. The Programs in each site are coordinated by a full-time Project Coordinator and supported by administrative officers. Some EWBA staffing movements have occurred over 2006, with a change in the Murray Bridge Project Coordinator position in January 2006 and two changes in the EWBA Evaluation Coordinator position.

Local stakeholder direction and support for EWBA is provided through three Local Action Groups in each site, namely (membership and role described in section 3.3.2 Action Implementation of this report).

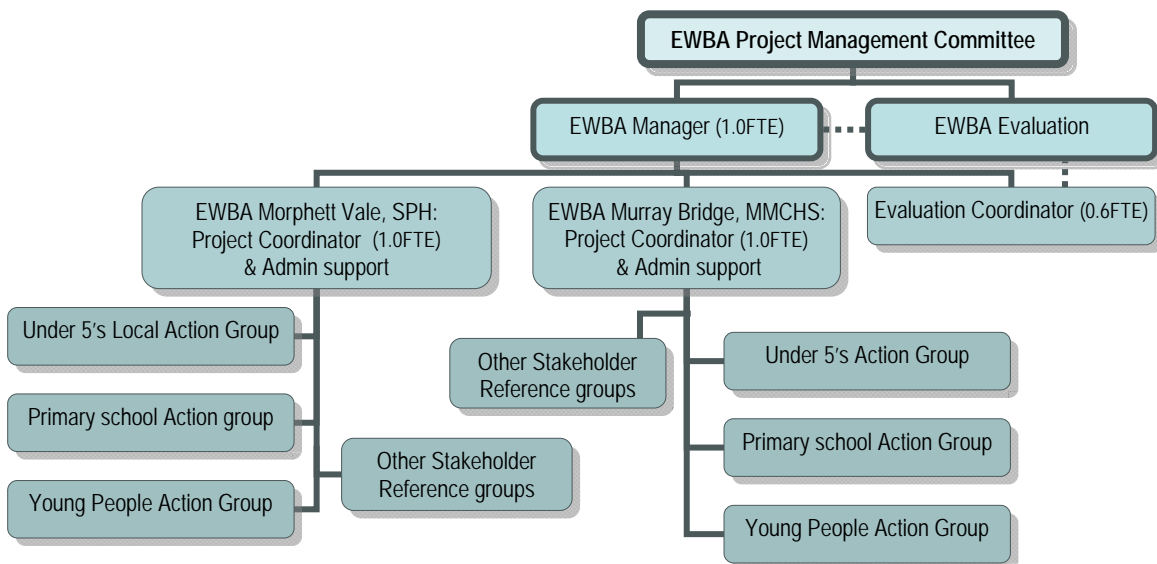


Fig 2: EWBA Organisational Chart

2.4 Project Timeline

The timeline of key milestones of the *eat well be active* Community Programs is indicated in Table 1 below. Baseline data collection was unavoidably delayed due to a change in project evaluation coordination structure and staffing. Although the project is officially due to be completed by March 2008, in principle support by some of the project partners supports the project to be extended through to at least March 2009 (indicated by asterisks in Table 1). This timeline extension will allow post-project data to be collected 2 years after baseline data collection (and after a 2½ year implementation period). Ideally EWBA will best be able to demonstrate positive changes to population level weight status after a three year follow-up period and thus further funding continues to be sought to extend the project for this purpose.

Key project milestones	Timeline
Project Planning:	
Project set-up & administration	Nov 2004-Feb 2005
Review of literature and evidence base	Feb 2005 onwards
Community and stakeholder mapping	March-July 2005
Community consultation	Aug-Nov 2005
Action Plan development	Dec 2005-Jan 2006
Project Implementation	
Action Plan implementation	Feb 2006 onwards
Ongoing adjustments to Action Plan (according to community need & evidence base)	Feb 2006 onwards
Evaluation	
Planning, piloting & ethics approval	March-Aug 2006
Baseline data collection	Sept-Dec 2006
Continuous process data collection	Feb 2006 onwards
Post project data collection	Aug-Dec 2008*
Final project report & results	March 2009*

Table 1. Timeline of key EWBA milestones

*Asterisks indicate the proposed timeline according to in principle agreement for a project extension.

2.5 Project Budget

The *eat well be active* Community Programs funding from the Department of Health is allocated to two EWBA cost centres, in the Southern Primary Health and Murray Mallee Community Health Service. The EWBA Manager, through the Project Management Committee, is responsible for each of these health services' budget allocation for implementation of EWBA in their site. In addition, the Southern Primary Health EWBA cost centre hosts the funding for overarching project expenses such as EWBA management and evaluation costs.

The EWBA budget expenditure for the 2005/2006 financial year has been;

- \$243,655 in the SPH budget (NHS Statement of Income & Expenditure 2005/2006, Appendix 1)
- \$88,761 in the MMCHS budget (MMCHS Statement of Income & Expenditure 2005/2006, Appendix 2)

Total EWBA expenditure from commencement of the project across both sites at June 2006 was \$437,087.

3. Project in Operation

3.1 Input

3.1.1 Project theory and principles

The *eat well be active* Community Programs are multi-faceted and work to address both individual and environmental barriers to change health behaviour in a community setting. This complexity therefore requires the use of more than a single health promotion theory. EWBA has been developed and implemented based on several health promotion theories including;

Community development and community capacity building approach

- Use of a community development and capacity building approach highlights the centrality of the community in problem definition, planning and action for change. Key elements include community participation and developing ownership, in addition to facilitating the development of skills in the community to be able to effectively problem solve and work towards change.
- These approaches form the foundation for all stages of EWBA's development, implementation and evaluation. They have also influenced the identification and implementation of EWBA's guiding principles of equity (including inclusivity of Aboriginal communities), sustainability, intersectoral approach and use of positive, non victim-blaming approaches.

Social ecological model

- Highlighting the interrelationships between individuals and their environment (in various dimensions) and the importance of influencing both in order to facilitate change.

Analysis Grid for Environments linked to Obesity (ANGELO) model ⁽⁵⁾

- The ANGELO model builds on from the social ecological theory and specifically identifies environments linked to healthy eating and physical activity behaviours leading to obesity. It highlights four environment types (physical, sociocultural, economic and political) that need to be addressed in order to support behaviour change and the macro (eg sector) and micro (eg setting) environments in which these exist.
- This planning tool was utilised by EWBA during the consultation and action plan development process to ensure relevant barriers were prioritised and addressed.

Social marketing

- Involving the application of commercial marketing techniques to programs designed to influence behaviour change of individuals in order to improve their personal welfare and that of society. This theory includes the importance of both increased individual awareness and change in social norms in order to precipitate behaviour change.
- As used by EWBA, this theory has been closely tempered with the environmental and community development theories such that the marketing does not focus solely on individuals and that the issue of equity is addressed. To this end, planning and implementation of social marketing strategies for EWBA have worked to access the more disadvantaged community groups to take ownership by being involved in the development and implementation of the messages.

To assist in putting these theories into the everyday practice of EWBA, several key elements were distilled and identified as EWBA's key guiding principles (or values). These principles are also consistent with key documents in the areas of key obesity prevention and primary health care ^(1-3, 6, 8-12). The EWBA principles have been enacted at all stages of the project including planning, development, implementation and evaluation. The key **EWBA guiding principles** include:

- Sustainable
- Intersectoral action
- Community development approach (ie strengthens the community through supporting community participation, building community capacity and strengthening social capital)
- Equitable (ie reaches all parts of the community where possible, especially the disadvantaged)

- Inclusive and respectful of Aboriginal communities
- Positive approaches that reduce stigmatisation and victim blaming
- Feasible (ie ease of implementation within resource and timeframe context)
- Focus on preventative strategies and those addressing environmental factors in a range of settings with sufficient overall intensity/dose
- Based on best available evidence
- Builds on existing initiatives where appropriate, or identifies opportunities to trial an innovative approach, and adds to evidence base of effective practice in contributing to healthy weight
- Considers impact of any potential side-effects (positive or negative)
- Consistent with existing National and State nutrition, physical activity and obesity guidelines.

3.1.2 Project Resources

Financial & Personnel

The project's \$1.5million budget is predominantly allocated to four expense areas: staffing salaries, action implementation funding, evaluation expenses and minimal goods and services. As shown in the EWBA Organisational Chart (Fig 2) the project has substantive staff positions including full-time EWBA Manager, a 3 day/week Evaluation Coordinator, a full-time Project Coordinator in each implementation site and a total of full-time administrative support across both sites.

Financial resources attributed to the action implementation (in addition to staffing) comprise a total of \$200,000 across both sites for the project's timeframe. The allocation of this funding between the two sites is slightly adjusted to account for a larger population size in the metropolitan site, however accounts for additional rural resource needs due to geographic isolation and higher indigenous population.

This action implementation budget covers the costs of implementing the local Action Plans (described in 3.2.2) including;

- Additional expert staff capacity to develop/implement key strategies such as dietetic expertise to support school's nutrition policy development
- Expert trainers to deliver professional development such as Fundamental Movement Skills instructors
- Staff backfill to attend training opportunities such as school teaching staff, child care staff
- Physical infrastructure such as limited drinking water facilities, physical activity equipment
- Information resources and materials
- Catering, creche and room hire for project events and training.

Partners

The project's funding body and partner, the Department of Health, Health Promotion Branch have contributed resources to EWBA beyond the specified funding allocation. This support has included leadership and direction to the project and specific staff time in key elements of the project's implementation such as graphic design.

The project's health service partners, Southern Primary Health and Murray Mallee Community Health Service, have provided much support for the *eat well be active* Community Programs. This has included leadership, in kind support (eg office accommodation) and organisational links to local stakeholder agencies and community networks. In addition, a small amount of health service staff time has supported implementation of specific *eat well be active* elements which link into their core business eg a rural Senior Dietitian and Primary Health Care Nurses. Annual planning of the health services has also taken into account local support for the project.

The project's evaluation and research partners, Dr Magarey and Dr Verity of Flinders University and Dr Dollman of University of SA, have also provided additional support beyond that allocated within the project budget. This support has been in the form of research networks and research students.

Stakeholders

Key local stakeholder agencies have also provided resources for EWBA, predominantly in the form of staff time in specific areas relating to their core business and/or related to providing project direction and advice through formal project committee structures and informal communication. These local stakeholder agencies are detailed in Appendix 6 *Settings and population target involvement* in this report.

At a state wide level, a range of stakeholders has supported EWBA thus far by providing project advice and direction (beyond the project consultation period) and/or contributing to implementation of key project strategies. These stakeholders include:

- Department of Education and Children's Services
- Office for Recreation and Sport of the Department for Administrative and Information Services
- SA Dental Service of Central Northern Adelaide Health Service
- SA Council Of Social Service
- Safety and Regulation Division of the Department for Transport, Energy and Infrastructure
- SA Water
- South Australian Fruit and Vegetable Coalition
- Adelaide Produce Markets Limited
- Gowrie Training Centre
- SA Division, National Heart Foundation of Australia

Existing projects and resources

The implementation of the EWBA Action Plan strategies builds on existing projects and resources in order to minimise additional resources required.

For example EWBA has supported the implementation of existing national and state initiatives in the project sites such as *Start Right Eat Right* a childcare nutrition accreditation scheme, *Kids Eat Fresh in the Canteen* a support program and the National *Active After-School Communities* program. EWBA has also made adaptations to other initiatives implemented by the project including *Community Foodies* a nutrition community peer education program and *Fit to Lead* a school physical activity peer education program.

The project has utilised the expertise and infrastructure of existing training providers and supported the uptake of existing relevant resources where appropriate. A small number of interstate programs and resources are also being adapted and piloted by EWBA in SA for example *Crunch and Sip* the school fruit and vegetable break and *Food Cent\$* the food budgeting program.

3.2 Processes

3.2.1 Summary of Consultation and Action Plan development

The detailed EWBA consultation and Action Plan development process has been previously documented in the EWBA Second Progress Report Dec 2005.

In summary, in order to develop relevant and acceptable Action Plans for the EWBA communities, a significant consultation process was implemented involving almost 500 individuals over a three month period. A wide range of local stakeholders with a potential interest in the project were involved including agencies across sectors (such as education, local government, welfare, health) and community members including parents, Indigenous members, children and youth. The consultations provided detailed data on key barriers to healthy eating and physical activity in each community and information on acceptable strategies to address these barriers.

A team of project staff and University Academics guided the development of the Action Plans based on this consultation data. The data were prioritised according to the best available evidence of effectiveness and the EWBA guiding principles. Four key behaviours (See Figure 1) were selected as

the focus of the Action Plans based on expressed community need and in line with the World Health Organisation's evidence of factors that might protect against weight gain and obesity⁽⁶⁾.

3.2.2 Action Plans: Intervention key messages, strategies and settings

The Action Plans resulting from the diverse community involvement, best available evidence and application of the project's guiding principles were finalised and accepted by the local communities in February 2006.

The Action Plans have been presented in three different ways in order to suit the needs of a range of audiences. The EWBA Action Plans for the communities of Morphett Vale and Murray Bridge are presented as:

- text based objectives and strategies (Appendices 3 & 4)
- key areas of action and key barriers addressed (Appendix 5) and
- summarised as a single EWBA Action Plan framework (refer Fig 1)

Reflecting the similarity of the consultation data in each community, the EWBA Action Plans for Morphett Vale and Murray Bridge are reasonably similar – however the networks and processes used to implement these strategies often differs between the sites. The key content differences in the Action Plans in each site reflect differences in the way each community functions. For example, the issue of public liability insurance is identified on the Action Plan for the rural community of Murray Bridge as they have limited recreational facilities and opportunities in comparison to the metropolitan community. Further, the issue of children's safety playing/travelling outdoors has been identified on the Action Plan for the metropolitan community of Morphett Vale and these parental concerns are heightened in comparison to the smaller rural community. The text-based EWBA Action Plans have recently been updated (Version 2) to reflect the changing focus and opportunities of the community.

The summarised EWBA Action Plan framework (Fig 1) represents the four key EWBA messages (behaviour change targets), the key strategy types used to address these, and the key settings in which these will occur. The project chose to use the term 'community development' as a strategy type to encompass a handful of strategies that more broadly work towards capacity building and social capital. It is worth noting however that community development is an underlying principle of effective practice that EWBA uses throughout all its strategy types and strategies. Although there is some overlap regarding where strategies best fit under these strategy types, the detailed EWBA Action Plan strategies have been allocated and described in this report under a single strategy type to avoid duplication.

3.3 Output In 2006

3.3.1 Settings and population target involvement

In order to access and influence EWBA's target population of children, young people (aged 0-18 year olds) and their families, it is necessary to work in partnership with the many settings in which these populations live and learn and across the various sectors in which these settings reside. Further, it is clear that effective health promotion practice needs to occur in partnership with a range of stakeholders in order to increase capacity and promote effective and sustainable change.

Following on from the coordinated involvement of a wide range of stakeholders in the project's consultation and development phase, the *eat well be active* Community Programs have continued to work in partnership with a range of stakeholders in order to implement the Action Plans. A description of more than 80 agencies and community groups across across a range of settings and sectors that have been engaged in the project communities in 2006 is shown in Appendix 6.

3.3.2 Action Implementation

Implementation of the comprehensive EWBA Action Plans has been timetabled over the project's lifespan. Implementation in each community from Feb-Dec 2006 is summarised in Appendix 7. Initial implementation has focussed on several key aspects. Much activity has occurred in the education

sector as a key setting in order to respond to community interest, spend time developing relationships and to gain early visible wins for schools, students and their families. Early interest from these education agencies has been in the area of healthy eating, and thus EWBA have worked to respond to this interest in 2006, with plans to increase the focus on physical activity over 2007. Other intervention activities within the Action Plans have also been prioritised according to current community interest and opportunity and those requiring longer lead in time for relationship development and trust. See Appendix 7 for detailed outline.

3.3.3 Communication and Dissemination

Dissemination and communication about EWBA is in its infancy and is expected to increase significantly in 2007 with the strengthening of action implementation in the communities and release of baseline evaluation data.

The *eat well be active* Community Programs were officially launched in August 2006 at a participating school by the Honourable Minister for Health John Hill. This was followed by a Murray Bridge specific launch of the project in October in conjunction with a large whole-of-community event (refer to Appendix 7 under 'Promotion & Marketing' for further details).

Media coverage in local and state newspapers and radio was achieved for EWBA on nine occasions and over 50% of all intervention schools included regular articles about the project in their school newsletters (described in Appendix 7 under 'Promotion & Marketing'). Information about EWBA was also communicated through sector specific publications such as the SA schools quarterly newsletter *Virtually Healthy* (Term 4 2006) and the Department of Education and Children's Services District annual reports. Numerous presentations by project staff to a range of state and regional agencies and groups also served to disseminate project information, such as Central Northern Area Health Service, local Council, regional intersectoral committees, school and early childhood agencies.

Professional communication about the project was disseminated through national association newsletters and Annual General Meetings (such as Public Health Association of Australia, Australian Health Promotion Association and the Dietitians Association of Australia) and through conference presentations. In 2006 EWBA presented at the following conferences:

- *International Congress on Obesity*, Sydney September 2006
 - 'Developing obesity prevention interventions in partnership with local communities and organisations', poster presentation (Appendix 8)
- *Community-based Obesity Prevention Conference*, Geelong Victoria, August 2006. Satellite conference to the International Congress on Obesity.
 - 'Developing community obesity prevention interventions informed by multiple information sources', oral presentation (appendix 9)
 - 'A primary health care approach to community-based obesity prevention', poster presentation (appendix 10)

The development of a local social marketing strategy for EWBA commenced in 2006. Social marketing strategies will be developed for two key groups – parents of 0-12 years olds and young people. The aim of this strategy is to utilise the principles of social marketing in combination with those of community development in order to develop messages that are appropriate to the local community, with a focus on those most disadvantaged groups. Focus groups have been held with several groups of parents and groups of young people (refer Appendix 7, under 'Promotion & Marketing') to identify and plan key messages and dissemination channels. These groups, in particular the young people, will then be supported to develop and disseminate these messages to their peers.

4. Project Evaluation

4.1 Evaluation Framework Development

The *eat well be active* Community Programs 'Evaluation Framework was developed by the EWBA Evaluation and Support Team including project staff and EWBA University Academics. The evaluation frameworks and measurement tools of similar interstate projects were also utilised to inform the Evaluation framework's development. Projects and tools used to inform the development of EWBA's evaluation framework included;

- *Sentinel Site Obesity Prevention Projects*, Deakin University, Dept of Human Services, Dept of Health and Ageing Victoria
- *Fun and Healthy in Moreland*, Deakin University, Moreland Community Health Service, Vichealth Victoria
- *NSW Schools Physical Activity and Nutrition Survey*, NSW Health, NSW Centre for Overweight and Obesity.

Survey tools developed for EWBA focussed on collecting only that information specifically relevant to the changes expected from implementation of the EWBA Action Plan. Feedback on draft tools was sought from other experts in the field and then pilot tested on relevant target groups outside the intervention areas. Test-retest reliability and relative validity of the EWBA nutrition questionnaire for Year 5-7 students has been measured and will be published in the Proceedings of the May 2007 Dietitians Association of Australia conference as a supplement to the *Nutrition & Dietetics* journal. Test-retest reliability and relative validity of the EWBA physical activity questionnaire for Year 5-7 students is in process.

Ethics approval for the EWBA Evaluation framework was successfully obtained from the Department of Health Human Research, the Aboriginal Health Research Ethics Committee of SA and the Department of Education and Children's Services Ethics Committees.

Development of the EWBA evaluation framework brought the challenge of producing scientifically valid quantitative data to serve the needs of policy makers and also combining this with measures congruent with a health promoting approach which valued and empowered the local community. Further, challenges specific to the quantitative evaluation development included matching 'comparison' communities, finding statistically significant sample sizes, short project funding timeframe, and comparison with National guidelines and existing available data.

The resources supporting the development, implementation and reporting of the EWBA Evaluation framework cost over \$250,000 and include:

- a Senior Evaluation Coordinator, 3 days/week (ie 0.6FTE)
- 3 University Academics providing advice and direction
- casual research, data entry and administration staff as required
- additional research expertise (eg statistician) as required
- research students including short and Honours projects and plans for PhD student attached to EWBA in 2007.

4.2 EWBA Evaluation Framework

The EWBA Evaluation uses a mixed quantitative and qualitative methodology framework. The cross-sectional quasi-experimental pre post design with comparison groups compares the EWBA rural and metropolitan communities with one rural and one metropolitan community that do not receive the intervention ⁽⁷⁾.

Comparison communities were chosen using the following criteria including a similar rural - urban mix, number and age distribution of children, socio-economic, educational, occupational and income distribution, family sizes and similar ethnic mix. The comparison communities selected are the Sea

and Vines Education District, a geographically separate area of the Onkaparinga LGA, and the Rural Municipality of Port Pirie.

The outcome, impact and process measures for EWBA and the tools used to collect these are described in Appendix 11. As described in the table, key outcome measures of children include anthropometric measures plus attitudes, knowledge, skills and behaviours related to eating and physical activity. The key age groups of 4-5 year olds and 10-12 year olds (school Year 5-7) were selected as 'litmus' groups for EWBA's outcome evaluation as the project's timeframe and budget did not allow for physical measurements across the entire project target audience of 0-18year olds. Anthropometric data routinely collected across South Australia by the Children, Youth and Women's Health Service (CYWHS) will be accessed for the 4-5year old child data pre and post in the EWBA intervention and comparison communities. Weight, height and waist measures of 10-12 year olds will be measured directly in the primary school setting by the EWBA project pre and post in the EWBA intervention and comparison communities.

In addition to outcomes at the child level, changes in attitudes, knowledge, skills and behaviours related to eating and physical activity of caregivers including parents, early childhood workers and teachers will be measured. Appendix 11 also shows that at the environmental level, a suite of measures will monitor changes in environment types (such as policy, infrastructure, social norms and costs) and in a range of settings including home, early childhood agencies, schools and community facilities.

Co-existing with quantitative data collection is a multi-method qualitative evaluation that seeks to capture what has been done, understand what contributed to changes and provide insights into practice. Evaluative processes include empowerment evaluation, audit enquiry, action research and stakeholder reflections. A key aspect of this process is ongoing participation of community and stakeholders.

4.3 Baseline Outcome & Impact Data Collection 2006

Data collection and collation occurred between September 2006 to January 2007. Data description and analysis has commenced and it is expected that the results of this comprehensive baseline data collection will be disseminated to policy makers and the community in the first part of 2007.

In short, 44 schools from Morphett Vale, Sea and Vines Area, Port Pirie and Murray Bridge were invited to be involved of which 39 schools accepted and took part. Appendix 12 gives an overview of participation in this component of the evaluation.

In summary, 1726 students from years 5-7 participated in the evaluation from a total of 3647 possible students who could have participated (47.3 %). Surveys were also sought from the principals, teachers, canteen managers and Out of School Hours Care (OSHC) providers within each of these schools. Return rates for these surveys are also contained within appendix 12. The consent form utilised in this phase of the evaluation also sought interest from parents in being surveyed. At the time of producing this report over 930 parent surveys have been received.

Family Day Care, Long Day Care, Preschools and High School Principals were also invited to contribute to the baseline phase of the evaluation. At the time of this report surveys have been submitted from 18 pre-schools, 15 Family Day Care Providers, 9 Long Day Care providers and 9 High School Principals.

5. References

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6. Appendices

(copies available on request)

- Appendix 1 Budget Expenditure - NHS**
- Appendix 2 Budget Expenditure 0 MMCHS**
- Appendix 3 Action Plan – Morphett Vale**
- Appendix 4 Action Plan – Murray Bridge**
- Appendix 5 Action Plan – Objectives and Barriers (MV & MB)**
- Appendix 6 Settings and Target Populations**
- Appendix 7 Action Implementation – (Feb – Dec 2006)**
- Appendix 8 International Congress on Obesity – Poster Presentation**
- Appendix 9 Community-based Obesity Prevention Conference – Oral presentation**
- Appendix 10 Community-based Obesity Prevention Conference – Poster presentation**
- Appendix 11 Evaluation Framework**
- Appendix 12 Data Collection - Summary**