

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

**January 2007 - June 2007**

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**Prepared by Terri Lamoree,  
Manager, eat well be active Community Programs  
Southern Primary Health, Southern Adelaide Health Service**

**Acknowledgment to Project Coordinators Mel Triptree and Vanessa Gaston  
and Evaluation Coordinator Dr Michelle Jones**

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

30 June 2007

eat well be active Community Programs

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## 1. Project Update

Progress Report 3, covering the period January 2006 – January 2007, was a comprehensive 12 month report which included detailed information outlining the aims and objectives of the *eat well be active (ewba)* Community Programs, the International, National and State context in which this project sits and the theory and principles which are the foundation of the project. Progress Report 3 also highlighted much of the consultation process and the influence this had on the development of the Action Plans in both Morphett Vale and Murray Bridge.

This report aims to provide a 6 monthly update on developments within the project in the areas of project management, action implementation in each community and project evaluation and has not replicated the background information covered extensively in Progress Report 3.

### 1.1 Project Staffing

The first 6 months of 2007 has witnessed a variety of staffing changes within the *ewba* project.

**Project Manager** – In January 2007, Nadia Mastersson commenced 12 months maternity leave. Terri Lamoree commenced in the role in January following an extensive hand over process.

**Evaluation Coordinator** – The selection process for this position concluded in late 2006. The successful candidate, Dr Michelle Jones commenced in the project in February 2007.

**EWBA Murray Bridge** – Kendra Stephenson resigned from the position of .4 Admin Support in March 2007. Tahlia Love was the successful candidate appointed to this position and commenced with the project in March 2004. In June 2007, the Project Coordinator Vanessa Gaston requested to change to part time (.4) in this role as she had successfully been appointed to a .6 position within SAHS as a ABHI Healthy Weight Coordinator. This request has been approved through to the end of the current contract in December 2007. The selection process to fill this position is expected to be completed early in the new financial year.

**EWBA Morphett Vale** – Project Coordinator, Mel Trippree announced that she is pregnant and will be seeking 12 months maternity leave commencing in September 2007. The process for recruitment will commence early in the new financial year.

### 1.2 Project Management Committee

There are three **partner agencies** which comprise the Project Management Committee 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 committee has met bi-monthly since its inception and has representation from the three partner agencies plus project staff in attendance. Some individual membership has changed during the period of this report (asterisks below indicate new individuals as members).

#### Project Management Committee membership

*Health Promotion Branch, Department of Health:*

- \*Penny Thyer, Manager, Healthy Promotion Strategies (Committee Chairperson)
- \*Kirsty Hammet, Senior Project Officer, Healthy Weight

*Southern Primary Health:*

- \*Raven North, Manager Southern Primary Health, Noarlunga.
- Julie-Anne McWhinnie, Acting Chief Dietitian-Nutritionist

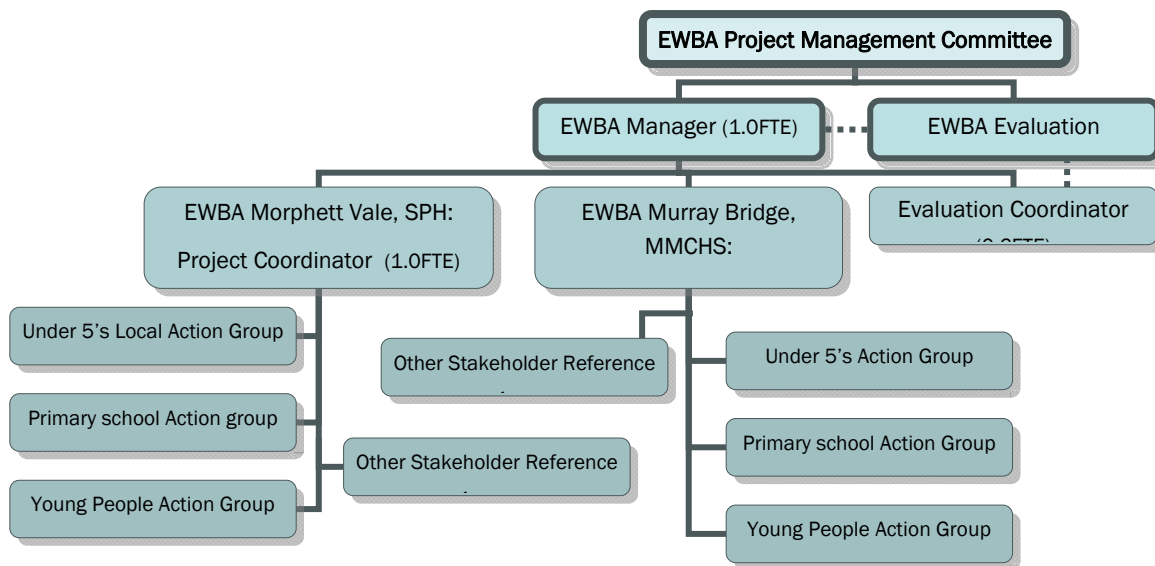
*Murray Mallee Community Health Service (MMCHS):*

- Vivien Hazel, Director
- Lesley Porter, Manager Health Equity for Life Team
- Fran McFaul, Senior Dietitian

*Committee Observers:*

- \*Terri Lamoree, ewba Manager (Committee Executive Officer)
- Mel Triptree, ewba Morphett Vale Project Coordinator
- Vanessa Gaston, ewba Murray Bridge Project Coordinator
- \*Dr Michelle Jones, Evaluation Coordinator
- Helma Hooper, Admin Officer (Minute Taker)

**Figure 1: EWBA Governance Structure**



**1.3 Project Budget**

The South Australian Government, Department of Health has allocated \$1.5 million over three years to the *eat well be active* Community Programs. The funding from the Department of Health is allocated to two *ewba* cost centres, in the Southern Adelaide Health Service and Murray Mallee Community Health Service. The *ewba* Manager, through the Project Management Committee, is responsible for each of these health services' budget allocations for implementation of *ewba* in their site. In addition, the SAHS cost centre hosts the funding for overarching project expenses such as *ewba* management and evaluation costs.

The EWBA budget expenditure for the 2006/2007 financial year has been;

- \$417,441.23 in the SAHS budget (NHS Statement of Income & Expenditure 2006/2007, Appendix 1)
- \$215,695.84 in the MMCHS budget (MMCHS Statement of Income & Expenditure 2006/2007, Appendix 2)

It is important to highlight:

- The SAHS Budget includes costs and revenue for Maternity Leave for Nadia Mastersson that was not originally budgeted for. SAHS contributed the funding for this from their own internal sources.
- The SAHS budget also reflects the costs of gathering the baseline data – employment of casual staff to gather baseline data in late 2006, data processing, printing and other costs associated with this process.

Total *ewba* expenditure across both sites for the 2006/2007 financial year at 30 June 2007 was \$633,137.07.

During 2006, the issue of extending the Project beyond its initial 3 year period to allow longer implementation time was tabled and discussed at several Project Management Committee meetings. In principle support was offered from all parties in late December 2006. This issue was further discussed in April 2007 at a special meeting which included senior representatives from MMCHS, SAHS and DH staff. The matter was again given in principle support and referred to the DH Healthy Weight Coordination Group who met in late May and agreed that *ewba* was an important initiative which provides a critical opportunity to build evidence in an area which is sorely lacking such information. In early June 2007, Michele Herriot, Director Health Promotion Branch, DH sent an email to all PMC parties proposing the following solution to meeting the costs of such a project extension:

“The DH Health Promotion Branch would fund the entire required budget for 07/08 as that is within the original term of the project and proposing to fund part of the extension years (2008-2010) as indicated in the table below in the hope that the regions can contribute to the funding extension by agreeing to fund proportions of the remainder.”

<b>Financial Year</b>	<b>2007/08</b>	<b>2008/09</b>	<b>2009-2010</b>
<b>Budget Required</b>	\$480,140	\$383,000	\$322,000
<b>HPB Contribution</b>	\$480,140	\$183,000	\$150,000
<b>Shortfall</b>	Nil	\$200,000	\$172,000

In response to the above proposal from DH, SAHS has agreed to fund one half of the shortfall amount. At the time of this report being produced MMCHS/Country Health SA has not been able to provide an answer to what contribution they are able to make to the extension of this project however, permission has been granted to fill the HR vacancy of Murray Bridge Project Coordinator until December 2009 which is the term proposed for the extension funding. A response from MMCHS/CHSA is expected early in the new financial year.

## 2. Project in Operation

### 2.1 Summary of Action Plan Development and Coordination

The detailed *ewba* consultation and Action Plan development process was previously documented in the *ewba* Second and Third Progress Reports. Progress Report 3 depicted the Action Plans in three different ways but has been most commonly and succinctly presented in Figure 2 below.



**Figure 2: EWBA Action Plan Framework**

The summarised *ewba* Action Plan framework (Fig 2) provides a simple pictorial version representing the four key *ewba* messages (behaviour change targets), the key strategy types used to address these, and the key settings in which these are occurring. In order to impact on *ewba*'s target population of children, young people (0-18 year olds) and their families in a sustainable manner the work in both communities has been achieved through the development and fostering of strategic partnerships within the many sectors that influence the target populations. These relationships continue to provide the foundation to the intervention work being undertaken in both communities.

In late 2006, the Federal Government 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 at promoting healthy lifestyles and healthy weight. In South Australia, regional health services have been funded to develop regional healthy weight action plans and Regional Healthy Weight Coordinators have been employed to develop and initiate this work at a regional level.

The importance of highlighting the ABHI initiative at this time is twofold. Firstly, ABHI's aims, objectives and target audience (0–18 yr olds) are both focused on healthy weight and a community intervention approach. Due to the learnings thus far within *ewba*, the ABHI coordinators and various working groups are interested in this project. This has required unexpected involvement by various *ewba* staff in one on one meetings, presentations, written work and attendance on various ABHI Reference Groups.

The second reason for highlighting the presence of ABHI is one of coordination. A Healthy Weight Coordinator has been appointed within SAHS and sits within the Noarlunga Health Village. A decision on where Healthy Weight Coordinators may be located in Country Health is still pending but may result in a coordinator being placed in Murray Bridge. Given the similarities between ABHI and *ewba* it is imperative that a collaborative and coordinated approach is taken to ensure that energy in the communities is strategically allocated and that stakeholders do not get confused or overburdened in an area that they can often regard as outside of their core business

## 2.2 Action Implementation

Implementation in each community in 2006 was summarised in Progress Report 3. This was outlined by highlighting the targeted populations and setting in which the project was operating and then outlined the interventions or strategies that were being undertaken in both communities. This progress report builds on Progress Report 3 and provides current information on the status in both Morphett Vale and Muray Bridge up to 30 June 2007 and in some cases flags upcoming interventions or events. Appendix 3 highlights the Populations and Setting. Appendix 4 outlines the interventions and strategies and also highlights the increasing role the project officers are playing in consulting with others with an interest in *ewba*.

## 2.3 Communication and Dissemination

The *ewba* Community Programs were launched in August 2006 and have over 12 months of intervention work in both communities. As such, much interest has been shown from a variety of organisations about the learning's thus far in the project.

Professional communication about the project has been disseminated through a series of presentations, newsletter articles, written reports and through attendance of *ewba* staff on various committees and reference groups. These presentations vary from presentations to local school councils through to national conferences. While much of this dissemination is included in Appendix 3 and 4 the following is a succinct list of presentations or communication forums at which *ewba* information has been presented:

### Conferences

ACHPER Conference – April 2007 Presentation – “Not the Biggest Loser – An Evidence Based Approach to Healthy Weight”

AHPA Conference – May 2007 1 Poster Presentation – Finding Equity – One Projects Journey” (See Appendix 5) Two presentations were given. “Partnerships – Building the Foundation for Change” and “Serving Multiple Masters – Evaluating Health Promotion Programs to Meet Both Policy Makers and Communities’ Needs”

Dieticians Association of Australia Conference – Annabelle Wilson presented her findings on the reliability and validity testing undertaken on the childrens Nutrition Survey.

### Presentations

TAFE SA Noarlunga Campus – March 2007 – Presented to the Women, Recreation, Sport and Lifestyle Course on physical activity barriers and opportunities.

Healthy Cities Meeting – March 2007 – presented an update on the project and highlighted the lessons learned thus far.

Australasian Evaluation Society Meeting – May 2007 “Program Evaluation for Healthier Communities”

Country Community Health Managers Presentation – June 2007 a presentation generally about *ewba* and its learnings to date.

Various School Presentations – Both Project Coordinators and the Project Manager have presented “All About *ewba*” presentations at school councils and at many staff meetings which is a contnued role due to staff turnovers and new requests from schools.

### New Resources/Workshops/Presentations in 2007

New in 2007 has been the development and delivery of several new resources. The following is a brief list

- Staff Wellbeing Presentations. The first round has focused on healthy eating with physical activity workshops scheduled for 2008.
- Peer Leadership Program – this project focuses on the Primary School setting with the aim of training upper primary school students as healthy eating peer leaders who would then be able to run nutrition education activities and act as positive role models within the school. This was piloted at Morphett Vale East Primary School with positive results likely to see it run in other primary schools.
- Youth Leadership Program. – this project focuses on the high schools setting and originated out of a need to develop and distribute the social marketing messages within the High School Sector. The Project aims to train *ewba* Youth Leaders within the school who are then responsible for developing social marketing messages and material;s and promoting these to their peers at school. This project was piloted in Morphett Vale in May/June 2007 and will run in Murray Bridge in late 2007 or early 2008.

The development of a local social marketing strategy for *ewba* commenced in 2006. 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. The initial work on this in 2006 has been further refined through extensive consultation with the Under 5 and Primary School Action Groups. At the time of this report this strategy is still being finalised but is expected to be completed and in action in the latter half of 2007.

Newsletter inserts continue to be distributed to the various stakeholders for inclusion in the various school newsletters. Nutrition inserts have been the focus of the first half of 2007. Physical Activity newsletter inserts are currently being developed for distribution in late 2007/ early 2008

### 3. Project Evaluation

#### 3.1 Evaluation Framework Development

The *ewba* Evaluation Framework includes both quantitative and qualitative methods. The *eat well be active* Community Programs Evaluation Framework was developed by the Evaluation Academic Team including project staff. The evaluation framework matches the aims of the *ewba* to indicators, evaluation questions and methods (see Figure 3 for pictorial representation and Appendix 6 for more detail). It provides an overview of the blend of both quantitative and qualitative methods used to determine both the process and outcomes of *ewba* Community Programs. The evaluation framework is a fluid and working document that provides guidance to the day-to-day work of the evaluation coordinator.

The evaluation is structured to ascertain macro and micro changes. It is multi-layered, measuring change at individual, family, organisational, environment and cultural levels. The blend of quantitative and qualitative methods reflects the coming together of nutrition, physical activity and community development knowledge. The evaluation framework details a comprehensive, responsive, rigorous and meaningful evaluation. The quantitative survey measures were developed specifically for *ewba* Community Programs being informed by interstate and international research. Reliability and validity testing of the nutrition components of the students' survey has been undertaken with publication pending (Wilson, Magarey & Mastersson tba). Reliability and validity testing of the physical activity students survey is in progress.

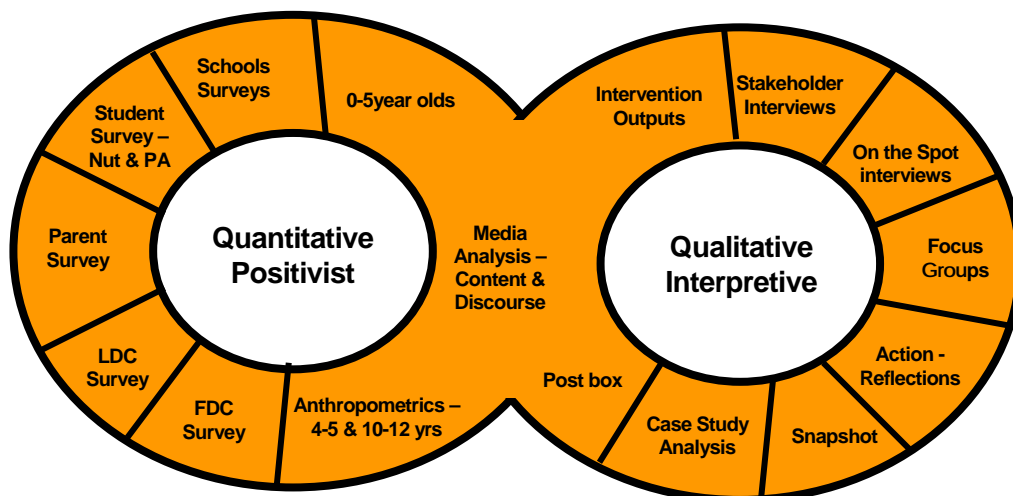


Figure 3: Evaluation Framework

### 3.2 Quantitative Evaluation Update

The cross-sectional quasi-experimental pre-post quantitative evaluation design with comparison groups compares the EWBA rural and metropolitan communities with one rural and one metropolitan community that do not receive the intervention<sup>1</sup>. Data collection and collation occurred within both intervention and comparison sites between September 2006 to January 2007. Analysis of the student nutrition and physical activity surveys and anthropometric data has been undertaken and will be presented in the Baseline Report: Part 1 (due for release end July 2007). Data entry has been completed for the other surveys (School Principals, Teachers, Canteens, Parents, Long Day Care, Family Day Care). Once this data has been analysed it will be presented in the Baseline Report: Part 2. The second round of data collection is due to occur in September – December 2009.

### 3.3 Qualitative Evaluation Update

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. The methods for the qualitative components have been selected including case study analysis of interventions, one-to-one and focus group interviews, structured and self-reflections content and thematic analysis of media and some innovative evaluation methods used with the school and community including: post-box, snap-shot and on-the-spot methods. The qualitative methods have received ethics approvals from both the DH Human Research Ethics Committee and DECS research review processes and are due to begin in August 2007.

### 3.4 Evaluation Academic Team

The Evaluation Academic Team met together in April and June to provide guidance and support to the work of the evaluation coordinator. Discussions have involved: options for PhD students, data collection, entry and analysis; content and structure of baseline report; qualitative methods and publications.

## 4. Appendices

(copies available on request)

<b>Appendix 1</b>	<b>Budget Expenditure - NHS</b>
<b>Appendix 2</b>	<b>Budget Expenditure - MMCHS</b>
<b>Appendix 3</b>	<b>Settings and Target Populations</b>
<b>Appendix 4</b>	<b>Action Implementation – (February 2006-June 2007)</b>
<b>Appendix 5</b>	<b>Australian Health Promotion Association Conference – Poster Presentation</b>
<b>Appendix 6</b>	<b>Evaluation Framework</b>

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<sup>1</sup> Cook TD and Campbell DT "Quasi Experimentation design and analysis issues for field settings" Rand McNally Chicago 1979