

**HEALTH PROMOTION QUEENSLAND FUNDED PROJECT:**

***TO UNDERTAKE A COMPREHENSIVE RESEARCH PROJECT TO  
EVALUATE HOW FOOD AND NUTRITION STRATEGIES  
INFLUENCE DETERMINANT RISK BEHAVIOURS OF CHRONIC  
DISEASE AT A LOCAL LEVEL***

**EVALUATION REPORT 2**

**HEALTHIER BOWEN SHIRE PARTNERSHIP: HEALTHY  
EATING, HEALTHY SHIRE PROJECT**

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## **Healthier Bowen Shire Partnership: Healthy Eating, Healthy Shire Project**

### **SUMMARY**

#### **Background**

The Healthy Eating, Healthy Shire Project (HEHS) was one of four population-based community-development projects that received funding from Health Promotion Queensland (HPQ) in 2003-2004. The major purpose of the funding was to implement food and nutrition strategies to influence determinant risk behaviours of chronic disease at the local level. Simultaneously, HPQ provided separate funds for a research team from the University of Queensland (UQ) to carry out an independent Evaluation Research Project (ERP) of the four projects.

HEHS is managed by the Healthier Bowen Shire Partnership (HBSP) with support from the Bowen Shire Council. HBSP is a community health promotion organisation with strong links to the Queensland Health Tropical Population Health (QH/TPHU) and a wide cross section of community groups. A number of community groups in Bowen and Collinsville have participated in HBSP initiatives. These include: Bowen Shire Council, Bowen Neighbourhood Centre, , Collinsville Schools, Collinsville Lions Club, Collinsville Regional Health Service, Bowen State School, Bowen Flexi Care, Murroona Gardens, St Mary's School, , Bowen and Collinsville Aged Care Sector, Local Canteens and Tuckshops and the Zonta Club of Bowen

HBSP was originally a partnership between Bowen Shire Community, University of Queensland, Queensland University of Technology, University of the Sunshine Coast, Queensland Health (including the Bowen Health District Service and the Tropical Public Health Unit) and non-government organisations (including the National Heart Foundation of Australia, Queensland Branch). It was developed as a two-year, community capacity building project originally funded by Health Promotion Queensland in 2000. To achieve sustainability HBSP incorporated in 2002, with the aim of continuing its activities.

#### **The Healthy Eating, Healthy Shire Project**

Bowen Shire is classified as remote and is disadvantaged in terms of access to health services, health care providers and greater exposure to high risk-related health behaviours. Bowen township has a higher proportion of people on low incomes, low educational attainment and working in unskilled occupations compared to the rest of Queensland.

The aim of HEHS was to establish/strengthen HBSP partnerships, and support the food/nutrition and related lifestyle initiatives undertaken by government agencies and community groups. The specific objectives were

1. Encourage and support community based initiatives to increase opportunities to improve nutrition and physical activity levels in the local community.
2. Establish and strengthen local partnerships to improve access and availability of fruit and vegetables to residents of the Bowen Shire.

3. Establish and strengthen local partnerships to improve awareness of the benefits of healthy eating (including consumption of fruit and vegetables) to residents of the Bowen Shire.
4. Strengthen and support existing services and programs in the Bowen Shire, which promote and encourage healthy eating and physical activity.
5. Support the development of local projects, which promote the establishment of supportive environments for physical activity in the Bowen Shire.
6. Support the development of an effective evaluation framework by working in collaboration with the elected project evaluator.

The primary HEHS target groups were community organisations in Bowen Shire with a secondary focus on the whole population of Bowen shire. The emphasis on working with and through other organisations suggested that ‘success’ would be reflected by the following measures:

1. Maintaining or improving working relationships with partners
2. Extent to which the planned activities were implemented by partners and other organisations as planned
3. ‘Reach’ of the activities – location, overall participation/ attendance, and participation/ attendance by target groups
4. ‘Satisfaction’ with the activities – awareness of key aspects of the activities and impressions of the value of these amongst those implementing the activities and amongst key target groups

The requirements of the Health Promotion Queensland Terms of Reference for HEHS was on strategies which influence determinant risk behaviours of chronic disease and capacity building at the local level and were divided into four action areas.

1. Capacity building
2. Develop a local level population approach
3. Develop a long-term, sustainable approach
4. Demonstrate partnerships

The evaluation focussed on these factors providing a basis for measuring the effectiveness of the strategies. The evaluation of HEHS and the three other HPQ projects were used by UQ to identify a set of ‘tools’ that could be used to make a general and comparable assessment of community-based nutrition projects in schools. The aim is to identify a selection of methods that would be applicable to community assessment, monitoring and evaluation in a variety of settings. These overarching objectives are reflected in the approach to evaluation described in this report but discussed in detail in the Evaluation Research Project Report.

### **Assessments, evaluation patterns and planning framework**

A detailed evaluation framework and set of data collection activities was developed in consultation with HBSP. The information presented here is based principally on 1) reviews of project planning documents, quarterly reports, reports on small scale surveys and other assessments, and activity delivery information reported by HBSP, and 2) an extensive range of interviews undertaken by the UQ team with key informants in organisations involved with the HBSP and the project activities – initially in 2004, repeated in 2005.

Community capacity assessments were conducted in November 2004 and November 2005 among key HEHS participants and partners in Bowen Shire. These included individual interviews with key informants, members of partner and target groups and focus group discussions with the HEHS Project Management Committee. These data were jointly analysed by the UQ evaluation team followed by discussions with the HEHS Coordinator and Management Committee to clarify points that were uncertain and to correct factual errors.

The Community Capacity Index (CCI) was used in the evaluation to assess the information gathered against a set of indicators in four domains: Network Partnerships (relationships between groups in terms of magnitude and quality); Knowledge Transfer (use of information between groups); Problem Solving (use of well recognised problem-solving methods by groups), and Infrastructure (level of capital investment by community groups in terms of policy, financial, human and social capital).

The evaluation of the projects was also used to develop a set of theories regarding the way that the projects have an effect using the Context-Mechanism-Outcome-Configuration Model (CMOC). The CMOC is a theoretical framework that attempts to predict or explain the relationships between context, influencing factors and project outcomes. Additionally, the data and other information collected were used to test the theories and to identify a planning framework using the Precede-Proceed Model (PP) (reported in the Evaluation Research Project Report).

### **Overall evaluation**

The HESP was assessed against the 5 measures of success identified in the evaluation framework and factors listed in the original HPQ tender specifications laid out in Section 2. 'Purpose/Background' (p.8). They are as follows.

1. Maintaining or improving working relationships with partners. Working-relationships between community groups (including HBSP) and the HEHS Coordinator have greatly improved since commencement of the project. At the beginning of the project, there was little communication and cooperation between some groups and HBSP. Now relationships are strong, open and sustained. This is mainly due to undertaking joint HEHS activities and direct communication between the HEHS Coordinator and individual representatives of community groups. CCI assessments for 2005 concluded that the HEHS Coordinator is seen by most as the community focal point and responsible for achieving and sustaining cooperation and working relationships between community groups. This has been a key outcome of the project. The fact that the Coordinator is a local community member seems to have been an important contributor to this. Additionally, the contribution that QH/TPHU has provided seems to be partly a result of relationships established with the HEHS Coordinator.
2. Extent to which the activities are implemented by the project as planned. 34 community projects were developed and delivered. This more than satisfied objective 1 of the evaluation framework (Section 2.0). For 2004, results show increases in participation, attendance, knowledge transfer, access to resources, healthy catering, promotion of nutrition and physical activity and promoting fruit and vegetables. 30 pedometers were loaned to Bowen residents and 10

pedometers for Collinsville residents. Six community based *FoodCent\$* facilitators were trained to deliver the *FoodCent\$* program and 7 of the 21 classes who completed the Active-Ate challenge for North Qld came from Bowen Shire. 20 groups from across the Shire promoted fruit and vegetables as part of the Community Events Sponsorship Scheme. Exit surveys from these events showed that 68% noticed the “Go for 2 & 5 banner”, 55% interpreted the message to mean that they should eat more fruit and veg and 94% of events promoted more fruit and vegetables on their menu. In 2005 the projects, partnerships and activities continued. At the end of 2005, 16 of the 19 HEHS projects in Bowen Shire were sustained. Community groups have engaged in health promoting activities and community members have been exposed to repeated health promotion messages. Awareness and knowledge of health and nutrition have increased accordingly. However, changes in behaviour have not been determined.

3. ‘Reach’ of the activities – location, overall participation/attendance, and participation/attendance by target groups. A large number of community groups, government agencies and many businesses were involved in HEHS activities. All schools in Bowen Shire are involved in HEHS activities. The aged and those with disabilities were reached through aged care facilities, Cunningham Villas and Murroona Gardens and through Giradula HAAC, Flexicare Bowen Neighbourhood Centre and the Cook for one or two program. Indigenous and South Sea Islander communities were reached through cross-cultural groups. Low-income households occupy a large proportion of all households in Bowen Shire. Therefore, a community-wide approach was taken. The HEHS project is well known in Bowen Shire.
4. ‘Satisfaction’ with the activities – awareness of key aspects of the activities and impressions of the value of these amongst those implementing the activities and amongst key target groups. HEHS project activities have been carried out by many community groups in Bowen Shire. The results show that community groups and their members are fully aware of the focus of HEHS and the benefits to health that consumption of F&V and regular physical activity bring. Support services have been strengthened by the HEHS partnership activities and thus, partner agencies and community group members have expressed that they are better off due to the resource sharing, joint activities and information exchanges. Ownership of activities may be a determinant of value and/or satisfaction for those implementing the activities. The levels of satisfaction and value placed on activities by target groups is not known.
5. Capacity building Results show that the number of individual stakeholder community groups and schools participating in HEHS activities increased. At the end of 2005 most elements of the partnership seemed to be in a stronger position than a year before. Some community groups are represented on the HEHS management committee or over 14 other working groups and committees set up for management of specific HEHS projects. Infrastructure has been strengthened, including, working groups and committees, implementation of joint activities and resource sharing; and providing access to expertise, information, up-skilling and training. Community leaders have been identified. Existing partnerships have been strengthened and new partnerships formed and relationships with agencies outside Bowen Shire have been created and strengthened, especially those with

QH/TPHU. Results of assessments show that community groups in Bowen Shire have had a history of facing and overcoming problems. Existing groups are “survivors”. Continuing problems include constant shortages of funding, expertise, volunteers and resources. These issues still remain a threat but those partner groups involved in the HEHS project now share the problems and the solutions, thus making them more resilient. Access to health expertise has been improved and many groups are now engaged in QH health programs and activities. Whilst many groups are able to work independently of the HEHS project, many choose to communicate through the Management Committee and the HEHS Coordinator, who in turn, is seen by many as a source of supply or conduit for information and resources.

6. Develop a local level population approach. The HEHS project was designed and delivered as a community-wide development project for the whole of Bowen shire. However, the impact of the HEHS project on the whole population of Bowen shire is not fully known. Multicultural groups were partners and the project activities reached a wide audience. The results of the CCI assessments clearly show that the HEHS project improved community capacity to develop and deliver community development and health promotion programs. A common factor identified in the CCI assessments of 2004 and 2005 among members of community groups in Bowen Shire was that they had a strong sense of social and community responsibility. Many of the groups are non-governmental organisations, social support groups and schools. The partnerships formed were thus based on social duty and civic responsibility. Evidence was collected and presented during the previous HBSP and the strategies developed in the HEHS project stimulated collective community action. Community cohesion has been strengthened during the life of the HEHS and is the means by which it can be sustained. Leadership and management structures are in place to continue refining through research, innovations, evaluation and renewal. However, these structures must be ongoing to be effective. Community consciousness has been identified not only as a common link between participating community groups but as a determinant of commitment and participation in local level capacity building activities.
7. Develop a long-term sustainable approach. Sustainability is defined as the establishment and continued maintenance of infrastructure and/or mechanisms that would exist beyond the life of the project. The main focus of the HBSP and the HEHS is to create and strengthen existing infrastructure in terms of activities, partnerships and services. Many of these aspects have been achieved and were in part attributable to the support of the QH/TPHU who provided information on activities and supplied Health Promotion and Nutrition expertise for presentations counselling and workshops. The continuing existence of the HBSP and the HEHS provides an environment conducive to sustaining a program of health promotion activities. To be sustainable, the existence of HBSP and the HEHS Coordinator is essential as a community focal point and locus of activities and information.
8. Demonstrate partnerships with a range of organisations. The HEHS project has demonstrated that successful partnerships with all sectors at all levels can be made and sustained in a small remote community- as described above. The issue for Bowen and probably other communities in Queensland is that community capacity

building is, 1) a long-term process, 2) creates interdependency among independent community groups, and 3) requires coordination, leadership and direction. In this project it was dependent on the community facilitator and mechanisms for coordinated decision making.

The HEHS project has achieved most of its objectives. A key outcome feature of the project has been improving and sustaining cooperation and working relationships between community groups in Bowen shire. The leadership and coordination shown by the Management Committee and Coordinator has enabled most of the project's objectives to be met. Engaging a local community member as project Coordinator has been identified as a key critical success factor. Given appropriate support and time these outcomes may determine sustainability. Below is a checklist of issues and implications that may influence future directions.

### Future directions Check list

Issue	Y/N	Comments
Is the project sustainable without external support (expertise, funding, labour) beyond the life of the project?	<b>NO</b>	
What is required to sustain the project beyond the current funding?		The continued existence of a management committee and coordinator to facilitate community activities and partnerships with committed community groups.
Is the project transferable?	<b>YES</b>	To similar towns to Bowen.
What is required to enable the project to be transferred to other communities in Queensland?		The creation of a management committee and facilitator selected from among local community groups and members in towns similar to Bowen. Limited funding may be provided as part of support for the delivery of QH/TPHU and other government department programs and services in small rural and remote communities.
Critical elements for success identified?	<b>YES</b>	Management Committee and community Coordinator selected from the community. Committed support from government in terms of expertise and funding.
Is more needed?	<b>YES</b>	<ol style="list-style-type: none"> <li>1. Assessment mechanisms for community capacity programs should be put in place to determine changes in relationships, reach, value, satisfaction of people involved in program delivery and of target groups.</li> <li>2. Community capacity building is a long-term process. To be sustainable, time (at least 5 years) must be allowed for relationships, partnerships and resulting community activities to develop further.</li> </ol>



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## 1.0: INTRODUCTION

The Healthy Eating, Healthy Shire Project (HEHS) was one of four population-based community-development projects that received funding from Health Promotion Queensland (HPQ) in 2003-2004. The major purpose of the funding was to implement food and nutrition strategies to influence determinant risk behaviours of chronic disease at the local level. Simultaneously, HPQ provided separate funds for the University of Queensland (UQ) to carry out an independent Evaluation Research Project (ERP) of the five projects.

The HEHS project responsibilities involving UQ (as laid out by HPQ 00.01/008) were:

- “2.5.5 Contribute to the development of a monitoring and evaluation system that includes a range of outcome measures associated with determinant risk behaviours of chronic disease.
- 2.8 The proposed intervention should include monitoring systems with the capacity to identify:
  - 2.8.1 process and outcome measures associated with the intervention;
  - 2.8.2 organisational development, workforce development, resource allocation, leadership and partnerships (in the proposed communities);
  - 2.8.3 outcome measures associated with determinant risk behaviours.”
- “3.1.3 Prospective applicants must be willing to have their project independently evaluated by the provider chosen by HPQ for the evaluation and monitoring tender.”
- “4.1.4 [Develop] an evaluation framework (in consultation with UQ).”

Based on these requirements, UQ developed the following six guiding principles for developing the details of the evaluation for each project.

- 1 *A participatory approach* to the evaluation will be adopted. The HEHS project team will be engaged in designing the evaluations, ensuring that mechanisms established to ensure the process is also of value to the teams.
- 2 *Work closely with the HEHS project team* to strengthen develop their monitoring and evaluation system and their capacity to implement these through recommending measures and methods to use, providing training, and assisting with analyses where needed.
- 3 *Consider a range of possible outcome measures* including: organisational and workforce development; procedures developed; resources allocated; roles and responsibilities shifted; sanctions and incentives applied; healthy choices and opportunities created; changes in determinant risk behaviours.
- 4 *Include a core set of measures and methods for HEHS that are the same as those in all the other HPQ projects* so that the evaluation outcomes and experience can be compared across the projects, and to provide the capacity to evaluate the overall ‘cluster’ of projects.
- 5 *Undertake selected aspects of data collection where the HEHS project team does not have the capacity to do it*, or where the data quality would be compromised through being collected by a member of the HEHS project team.
- 6 *The overall evaluation will be ‘external’* through involvement in determining the methods and measures used by the HEHS project team, involvement in aspects of data collection, and through an independent assessment of the evidence.

The evaluation framework for each of the projects focussed on assessing implementation processes and outcomes. In addition, the evaluations included some elements of the 'realist' approach to evaluation, as described by Pawson and Tilly (1997). This posits that the outcomes of a community project will vary depending on the conditions in which the project is introduced and how and by what means (mechanisms) it is delivered. The outcomes also depend on how the context, mechanisms and outcomes are configured (a context-mechanism-outcome-configuration, CMOC model).

Accordingly the UQ team sought to work with the HEHS project team to:

- Develop a set of theories regarding the way that the program would have its effect in terms of the hypothesised Mechanism, the effect of Context, the Outcome patterns;
- Specify the methods, measures and other elements of study design required to test the theories;
- Work closely with the HEHS project team to strengthen/ develop their monitoring and evaluation system;
- Undertake selected aspects of data collection; and
- Use the data and other information collected to test the CMOC theories.

The HEHS proposal was discussed along with those of the other projects at a one-day workshop held in late 2003. This also involved preliminary discussions about implementation strategies and the development of an evaluation framework. This was followed up with individual discussions in Bowen in early 2004 where the overall evaluation strategy was agreed and the details of the evaluation framework developed. Measures against the evaluation framework provide an appropriate basis to determine the effectiveness of the strategies used in the HEHS project.

### **1.1: Project background**

Bowen Shire (population approximately 13,600) in North Queensland, includes the towns of Bowen, Collinsville, Scottville, Mount Coolan, Brisk Bay, Merinda, Gumlu and Guthalungra. It is classified as "remote". Health outcomes for Australians living in remote areas have been identified as worse than for those living in metropolitan areas. Influencing factors include poor access to health services, health care providers and greater exposure to high risk-related health behaviours. Bowen township has a higher proportion of people on low incomes, low educational attainment and working in unskilled occupations compared to the rest of Queensland.

The Healthier Bowen Shire Partnership (HBSP) was a partnership between Bowen Shire Community, University of Queensland, Queensland University of Technology, University of the Sunshine Coast, Queensland Health (including the Bowen Health District Service and the Tropical Public Health Unit) and non-government organisations (including the National Heart Foundation of Australia, Queensland Branch).

It was developed as a two-year, community capacity building project originally funded by Health Promotion Queensland in 2000. The HBSP proposed to develop local capacities to control and/or prevent chronic disease by:

- activating and enhancing community-capacity to identify health needs;
- operating an inclusive partnership for community action;
- stimulating activities to address health needs and to implement and sustain programs; and
- to monitor changes.

This initial project was evaluated in 2002. Conclusions of the final report in November 2002 highlighted that although there were some early signs of increased community capacity, there was minimal to no change in the expected outcomes. It went on to conclude that specific objectives are not likely to be achieved in under 5 years because of the enormous input required to build capacity and cooperation among groups in a small town such as Bowen and that the role of the Project Manager as a community-based facilitator cannot be overemphasised. It recommended that a professional be appointed who has community capacity building skills, is resilient and is able to work closely with community representatives to facilitate eventual local management of projects. Additionally, the Project Manager, among other principles, should explicitly focus on understanding and tolerance of differences, inclusiveness and transparency.

At the time there was strong evidence of local awareness of HBSP and awareness of HBSP activities. However, there were issues of community acceptance of “outsiders” as facilitators taking on the HBSP Coordinator role. The Project Coordinator position was occupied by two different (non-local) people with some time between. While relationships with community groups was cordial, there was insufficient time for trusting relationships to be built. The evaluation report concluded that to be more effective HBSP and the Coordinator position needed to be sustained. Therefore, HBSP was incorporated in 2002, with the aim of continuing its activities. HBSP applied for and received a further 12-month’s funding from HPQ. HBSP successfully tendered in 2003 for funding to support the project evaluated here, to implement food and nutrition strategies to influence determinant risk behaviours of chronic disease at the local level. The total proposed budget was \$150,000. This was reduced to \$140,000 after negotiations between HBSP and HPQ. The \$10,000 shortfall was made up through financial donations made mostly by local businesses and organisations throughout the two year life of the HEHS project.

The present HBSP is a consortium responsible for coordinating the development, implementation and evaluation of HEHS in collaboration with the Bowen Shire Council and community groups in Collinsville and Bowen. More importantly, the Coordinator is a local community member with professional experience in teaching and capacity building.

Potential stakeholders were identified as the groups that supported previous HBSP food and nutrition strategies. They included: Bowen Shire Council, Bowen Neighbourhood Centre, Bowen Family Support Centre, Collinsville Community Development Association, Bowen State School, Collinsville Youth Coalition, St Mary’s School, Cunningham Villas Aged Care Facility, Bowen and Collinsville Aged Care Sector, School Canteens and Tuckshops.

Other groups were also identified as potential partners. These were community based organisations willing to support further HBSP activities. They included: indigenous

groups, church groups, service clubs; Lions, Rotary, Pensioners and Superannuants, Returned Services League, Probus, Diabetes Support Group, Blue Care, Blue Care Respite, HACC Services, Education sector and Bowen Bushwalkers.

The aims of the HESP project as described in the project proposal were to establish and/or strengthen Healthier Bowen Shire Partnership Inc.(HBSP) partnerships, and strengthen and support the food/nutrition and related lifestyle initiatives undertaken by agencies and community groups. The specific objectives were

1. Encourage and support community based initiatives to increase opportunities to improve nutrition and physical activity levels in the local community.
2. Establish and strengthen local partnerships to improve access and availability of fruit and vegetables to residents of the Bowen Shire.
3. Establish and strengthen local partnerships to improve awareness of the benefits of healthy eating (including consumption of fruit and vegetables) to residents of the Bowen Shire.
4. Strengthen and support existing services and programs in the Bowen Shire, which promote and encourage healthy eating and physical activity.
5. Support the development of local projects, which promote the establishment of supportive environments for physical activity in the Bowen Shire.
6. Support the development of an effective evaluation framework by working in collaboration with elected project evaluator.

### **Roles and Responsibilities of Project Partners**

<b>Partner</b>	<b>Roles and responsibilities</b>
Healthier Bowen Shire Partnership (HBSP),	<ol style="list-style-type: none"> <li>1. Lead agency</li> <li>2. Responsible for coordination, implementation and evaluation of the project reporting (activity and final reports, including financial statements)</li> <li>3. Employment of project coordinator and support services</li> </ol>
Bowen Shire Council	<ol style="list-style-type: none"> <li>1. Provision of office space for the location of the Healthier Bowen Shire Partnership</li> <li>2. Provision of web pages about the Partnership on the Bowen Shire Council</li> <li>3. Provision of council land if a viable location for the development of a community garden is identified</li> <li>4. Provision of supportive environments through continued development of walking trails, bicycle paths, shade structure and lighting improvements</li> <li>5. Facilitate and subsidise food safety training courses</li> <li>6. Community newsletters and group presentations by environmental health staff to promote safe food handling</li> <li>7. Provide a pedometer loan scheme through the Bowen Shire library in partnership with the National Heart Foundation 'Just Walk It' program</li> <li>8. Provision of mutli-media equipment to allow the HBSP Inc. to conduct computer generated presentations</li> </ol>
HBSP is already a consortium of Bowen community organisations including:	<p>Bowen Health Service District, Bowen Lions Club, Bowen Rotary Club, Bowen Fruit and Vegetable Growers Association, Bowen Community Council, Bowen Youth Council, and Bowen Family Support Centre. A number of community groups in Bowen and Collinsville have supported HBSP initiatives. These include: Bowen Shire Council, Bowen Neighbourhood Centre, Bowen Family Support Centre, Collinsville Community Development Association, Bowen State School, Collinsville Youth Coalition, St Mary's School, Cunningham Villas Aged Care Facility, Bowen and Collinsville Aged Care Sector, Canteen and Tuckshops</p>

## **2.0: PROJECT EVALUATION – STRATEGY AND FRAMEWORK**

The major emphasis of the project was on establishing and/or strengthening partnerships, and supporting the food/ nutrition and related lifestyle initiatives undertaken by other agencies and community groups. The strategies adopted by the HEHS project were to:

- Raise awareness about food/ nutrition and related lifestyle issues
  - within key agencies and community groups in the Shire
  - to the community generally
- Provide targeted funding to support activities consistent with the project goals (second tier funding scheme)
- Act as a facilitator to provide linkage with outside expertise and resources (eg TPHU, recommending other sources of funding)
- Promote and supporting implementation of programs and resources developed elsewhere (eg Food Cents, Active-Ate)
- Support uptake of local initiatives (eg pedometer loan scheme, point of sale campaigns)
- Advocacy in support of new initiatives (eg home delivery service, walking tracks, edible food trail)

The project proposal included a range of project activities that focussed on specific groups in the community that are potentially at-risk as a result of poor diet or lack of exercise. These included school children, the aged, Indigenous and South Sea Islander communities and low-income households.

The emphasis in the project on working with and through other organisations suggests that ‘success’ would be reflected by the following measures:

1. Maintaining or improving working relationships with partners
2. Extent to which the planned activities are implemented by partners and other organisations as planned
3. ‘Reach’ of the activities – location, overall participation/ attendance, and participation/ attendance by target groups
4. ‘Satisfaction’ with the activities – awareness of key aspects of the activities and impressions of the value of these amongst those implementing the activities and amongst key target groups
5. Impact on knowledge, attitudes and practices related to food/ nutrition
6. Impact on levels of overweight and obesity, and the incidence of diet-related chronic disease.

The evaluation focussed on the first four of these. Because of the broad range of activities undertaken, their specific impact on knowledge, attitudes and practices related to food/ nutrition and the disease outcomes would be difficult to assess without a large-scale impact assessment, which was beyond the resources available for the evaluation. Many of the programs and resources developed elsewhere have been evaluated and shown to be effective interventions in other similar communities, and so might be expected to have a similar impact if properly implemented in the Bowen Shire. Consequently it was expected that a detailed assessment of the first four levels would provide an appropriate basis for judging the effectiveness of the strategies and guiding decisions around future investments in this area.

In consultation with HBSP these were mapped against the project objectives and activities, leading to agreement on the key indicators and evaluation methods/ tools described in the table in section 3 below. A schedule for these activities and division of responsibilities was also developed.

### **Schedule of Evaluation Activities**

<b>Approximate date</b>	<b>Evaluation activities</b>	<b>Responsibility</b>
April/ May 2004	Funding scheme data needs established - application form & follow-up questionnaires drafted;	HBSP with UQ support
August/ September 2004	Range and types of project contacts & partnerships recorded; Community Capacity Index assessment undertaken for key groups already involved with project activities.	UQ with HBSP support
November/ December 2004	Review of quarterly reports & other records of activities; Review of sponsorship applications & exit surveys to date;	UQ with HBSP support UQ in consultation with HBSP & selected agencies
June 2005	First monitoring / evaluation report	UQ in consultation with HBSP
June 2005	Review of quarterly reports & other records of activities. Range and types of project contacts & partnerships recorded	UQ
November/ December	Interview with selection of those funded. Community Capacity Index assessment undertaken for key groups already involved with project activities	UQ with HBSP support UQ with HBSP support
Jan/Feb 2006	Review of project documentation. Review of sponsorship applications & exit surveys to date;	UQ UQ with HBSP support
March 2006	Second monitoring / evaluation report	UQ

The evaluation framework has allowed the outcomes to be considered and expressed in several ways:

- 1) Achievement against the key indicators/ measures of success, selected to reflect extent of implementation, the ‘reach’ of and ‘satisfaction’ with the activities.
- 2) A detailed assessment of community capacity, how it changed over the course of the project, and how this affected project implementation.
- 3) Identification of context, mechanism and outcome patterns, as per the ‘realist’ approach to evaluation.

The results from these different approaches are described in the sections that follow.

### 3.0 ACHIEVEMENT AGAINST THE KEY INDICATORS/ MEASURES OF SUCCESS

Below is the HEHS Project evaluation framework. In the last column are the evaluation outcomes as measured against the key indicators and measures. The data were gathered from HEHS reports and documents as well as the CCI assessments. All other assessments were conducted and/or evaluated in-house by the HEHS project team. Annex 3 shows the report and evaluation of the HEHS Community Events Sponsorship Scheme for 2004. Results showed:

- 20 groups from across the Shire promoted fruit and vegetables
- 39% of event organisers reported that F&V were not available on previous menus
- 94% reported that more F&V were promoted on the 2004 menu than on previous menus
- 88% reported that F&V promotions conducted for this event will remain in the future
- In exit surveys 68% of participants noticed the “Go for 2 &5 banner”
- 55% interpreted the message to mean that they should eat more fruit and veg (more details are given in Annex 3). The HEHS project team also conducted focus group assessments of the QH Lighten Up program. Results are with HBSP and HEHS Coordinator.

Objective	Activities	Key indicators/measures	Evaluation methods/ tools	Outcomes
1. Encourage & support community based initiatives to increase opportunities to improve nutrition & physical activity levels in the local community.	<ol style="list-style-type: none"> <li>1. Establish a second tier funding scheme and promote the scheme to the community.</li> <li>2. Refer projects to other sources of funding when required.</li> <li>3. Evaluate applications for funding &amp; success of grants</li> </ol>	<ol style="list-style-type: none"> <li>1. Scheme established &amp; promoted; number &amp; types of applicants &amp; events; reach of activities; satisfaction of those sponsored; awareness of event &amp; sponsorship slogan amongst key target groups.</li> <li>2. Selected other projects referred to alternative sources of funding.</li> </ol>	<ol style="list-style-type: none"> <li>1. Review of sponsorship applications/brief questionnaires completed after events;</li> <li>2. Interview with selection of those funded;</li> <li>3. Exit survey for participants where feasible;</li> <li>4. Mini-survey in key target groups.</li> </ol>	<ol style="list-style-type: none"> <li>1. Scheme established. 34 community groups sponsored. Broad range/reach of groups and activities (Section 3.2). Awareness increased and scheme evaluated (Annex 3).</li> <li>2. Funding Guidelines established and funding workshops conducted. .</li> </ol>
2. Establish & strengthen local partnerships to improve access & availability of fruit & vegetables to residents of the Bowen Shire.	<ol style="list-style-type: none"> <li>1. Consult services &amp; local business sector about provision of home delivery service of fruit &amp; vegetables to older disadvantaged people.</li> <li>2. Conduct community consultation on ways to improve access to fruit &amp; veg.</li> <li>3. Encourage establishment of customer appreciation clubs for fruit &amp; veg purchases.</li> <li>4. Provide support to schools to promote</li> </ol>	<ol style="list-style-type: none"> <li>1. For services/ local businesses: number and types of consultations undertaken; strategies developed for improved access to fruit &amp; veg; strategies implemented; reach of strategies; satisfaction of businesses &amp; key target groups.</li> <li>2. For schools: number &amp; types of</li> </ol>	<ol style="list-style-type: none"> <li>1. Review of quarterly reports &amp; other records of activities; Interview with selection of groups involved (and possibly groups approached but choosing not to be involved); Mini-survey in key target groups.</li> <li>2. Review of quarterly reports &amp;</li> </ol>	<ol style="list-style-type: none"> <li>1. 9 focus groups conducted with 3 Indigenous groups. 11 key business stakeholder interviews undertaken (Section 3.0).</li> <li>2. All schools in Bowen Shire contacted. Agreements reached. Support and resources provided and activities implemented (Annexes 2 &amp; 3). Interviews</li> </ol>



Objective	Activities	Key indicators/measures	Evaluation methods/ tools	Outcomes
	<p>healthy eating, physical activity, TPHU program Active-Ate.</p> <p>5. Promote programs which can improve access to fruit &amp; veg in the school setting eg H2O &amp; Fruit to Go.</p> <p>6. Support canteens, tuckshops &amp; after school care centres to provide healthy choices menus &amp; to provide access to fruit &amp; veg selection &amp; food tasting opportunities.</p> <p>7. Conduct local fruit &amp; veg promotions to help promote accessibility of fruit &amp; veg.</p>	<p>school contacts; agreements reached on school based activities to be implemented; support or resources provided; extent of implementation; reach of activities; satisfaction amongst school-based partners.</p> <p>3. Number and type of local promotions conducted; support or resources provided; satisfaction amongst main partners; awareness amongst key target groups.</p>	<p>other records of activities; Interview with selection of school-based partners involved; Community Capacity Index.</p> <p>3. Review of quarterly reports &amp; other records of activities; Interview with selection of groups involved; Mini-survey in key target groups.</p>	<p>with school based partners and CCI undertaken (Section 3.0).</p> <p>3. Reports and records reviewed. 18 healthy eating /F&amp;V promotions conducted. Broad range of activities (Annexes 2 &amp; 3). Support and resources provided. Interviews with key partners undertaken (Section 3.0).</p>
<p>3. Establish &amp; strengthen local partnerships to improve awareness of the benefits of healthy eating (including consumption of fruit &amp; vegetables) to residents of the Bowen Shire.</p>	<p>1. Undertake an audit of the possible resources &amp; programs which can be utilised.</p> <p>2. Implement a selected range of awareness raising strategies, possible in-store promotions.</p> <p>3. Conduct point of sale campaigns to encourage the purchase of fruit &amp; veg.</p> <p>4. Seek support from possible local sponsors or other state organisations to contribute financially to media campaign.</p> <p>5. Conduct local media campaigns to raise awareness of the benefits of nutritious eating and moderate physical activity by using local newspaper, radio, web-site, local newsletter.</p> <p>6. Establish partnerships with local schools to improve awareness of the benefits of healthy eating.</p>	<p>1. Audit undertaken.</p> <p>2. Number and type of local promotions conducted; number and type of sponsorships and external support arranged; support or resources provided by HBSP Inc; satisfaction amongst main partners; awareness amongst key target groups.</p> <p>3. Number and type of local promotions conducted; support or resources provided; satisfaction amongst main partners; awareness amongst key target groups.</p> <p>4. Schools – as for schools in 2 above</p>	<p>1. Review of quarterly reports &amp; other records of activities;</p> <p>2. Interview with selection of groups involved;</p> <p>3. Community Capacity Index;</p> <p>4. Mini-survey in key target groups.</p>	<p>1 Extensive list of resources available for community use.</p> <p>2. Go for 2 and 5 promotional material was displayed for 2 weeks in all Bowen and Collinsville supermarkets.</p> <p>3. Newspaper, radio, web-site, local newsletter promotions and campaigns carried out. Promotions displayed at 18 community events. Fortnightly “Simply Fresh” column in newspaper. Interviews with school based partners and CCIs undertaken (Section 3.0).</p> <p>4. Schools – as for schools in 2 above</p>
<p>4. Strengthen &amp; support existing services &amp; programs in the Bowen Shire which promote &amp; encourage healthy eating &amp; physical activity.</p>	<p>1. Undertake an audit of the available healthy eating and physical activity programs or resources which can be utilised by local organisations.</p> <p>2. Support agencies in the Bowen and Collinsville communities to market and</p>	<p>1. Audit undertaken.</p> <p>2. Number &amp; types of agency contacts; agreements reached on activities to be implemented; support or resources provided; extent of implementation; reach of</p>	<p>Review of quarterly reports &amp; other records of activities; Interview with selection of groups involved (and possibly groups approached but choosing</p>	<p>1. Extensive list of resources available for community use.</p> <p>2. 6 Food\$ents program promoted and 6 facilitators trained. Cooking for One or Two program established</p>

Objective	Activities	Key indicators/measures	Evaluation methods/ tools	Outcomes
	<p>promote the 'Food Cents' program.</p> <p>3. Train Food Cents facilitators if demand present.</p> <p>4. Establish Cooking for One or Two program</p> <p>5. Provide ongoing support to Just Walk It by linking pedometer loan schemes in Bowen and Collinsville.</p> <p>6. Encourage the development of a GP referral system to community programs supporting physical activity and nutrition.</p> <p>7. Liaise with Collinsville Regional Health Service to promote pedometer loan schemes and walking programs.</p>	<p>activities; satisfaction amongst agency-based partners.</p>	<p>not be to be involved);</p> <p>Community Capacity Index;</p> <p>Mini-survey in key target groups.</p>	<p>(Annexes 2 &amp; 3). Just Walk It supported. 30 pedometers loaned in Bowen and 10 in Collinsville. Reach and satisfaction described in CCI (Section 3.0). 10 registered walk organisers in Bowen Shire.</p> <p>Area manager for North West Queensland Primary Health Care consulted GP's and they were not supportive of this initiative</p>
<p>5. Support the development of local projects, which promote the establishment of supportive environments for physical activity in the Bowen Shire.</p>	<p>1. Consult with the local Collinsville community, Bowen Shire Council and other possible partners about the development of a suitable walking trail to Collinsville.</p> <p>2. Support other community activities which will lead to greater participation in physical activity eg lighting projects, development of directories, walking maps etc.</p> <p>3. Encourage the local council to review the current Sport and Recreation Plan.</p> <p>4. Support the development of an edible food trail in consultation with Giradula Elders and Bowen Shire Council.</p>	<p>1. Number and types of consultations undertaken; agreements reached on activities to be implemented; support or resources provided; extent of implementation; reach of activities; satisfaction amongst partners.</p>	<p>Review of quarterly reports &amp; other records of activities;</p> <p>Interview with selection of groups involved;</p> <p>Community Capacity Index;</p> <p>Mini-survey in key target groups.</p>	<p>1. Consultations undertaken. No evidence of number. Broad range and number (15) physical activity promotions conducted. Walking trial developed at Mullers Lagoon. No evidence of resources provided or of walking trail to Collinsville. Reach and satisfaction of partners described in CCI (Section 3.0).</p>
<p>6. Support development of an effective evaluation framework by collaborating with the elected evaluator.</p>		<p>1. Evaluation framework developed; implemented as planned.</p>	<p>Framework and reports approved by HBSP Inc and HPQ.</p>	<p>1. Evaluation framework developed and implemented.</p>

#### 4.0: COMMUNITY CAPACITY ASSESSMENT

Assessments of community capacity were undertaken by UQ using the Community Capacity Index (CCI). Community capacity is defined as:

*“...a collection of characteristics and resources which, when combined, improve the ability of a community to recognise, evaluate and address key problems.”* (Bush, Dower and Mutch 2002)

The CCI was developed at the UQ Centre for Primary Health Care, School of Population Health and was designed to determine the level of capacity within a network of organisations and groups at the local level. It involves gathering evidence through interviews and document reviews about the capacity of a network measured against a set of indicators. The indicators are placed into four domains:

1. Network partnerships – the relationships between groups and organisations within a community in terms of magnitude and quality;
2. Knowledge transfer – the development, exchange and use of information between groups in the community;
3. Problem solving – the ability of groups and/or the community to use well recognised problem-solving methods that arise during the project; and
4. Infrastructure – refers to the level of capital investment in a network or project by community groups in terms of policy capital, financial capital, human capital and social capital.

The CCI has been used in this project to:

- Establish baseline indicators of the capacity of a network to introduce a program;
- Identify the capacity of an organisation to work with other organisations and groups to implement a program;
- Evaluate the capacity of a network to sustain a program; and
- Measure changes in capacity over time.

Within each domain there are 3 levels of capacity with individual and aggregate indicators for each level. These are measured against the indicator on a scale from “not at all” to “entirely”. The Index is constructed as an aggregate of each the four domains which, when combined, capture the main features of a network’s capacity to implement and sustain a health development program. Table 3.1 shows the aggregate levels of increasing capacity and increasing sustainability within each domain.

Community capacity assessments were conducted in November 2004 and November 2005 among key HEHS participants and partners in Bowen Shire. These included individual interviews with key informants, members of partner and target groups and focus group discussions with the HEHS Project Management Committee. These data were analysed by the UQ evaluation team and then discussed with the HEHS Coordinator and Management Committee.

Sections 3.1-3.4 describe the results from the CCI according to the four domains, while section 3.5 provides a summary of the changes and conclusions.

**Table 4.1: Structure of the Community Capacity Index**

<b>Domain 1</b> <b>Network Partnerships</b>	<b>Domain 2</b> <b>Knowledge Transfer</b>	<b>Domain 3</b> <b>Problem Solving</b>	<b>Domain 4</b> <b>Infrastructure</b>
Levels of capacity			Subdomains of sustainability
<b>First Level Capacity</b>  The network has the capacity to identify the organisations and groups with resources to implement/sustain a program	<b>First Level Capacity</b>  The network has capacity to develop a program that meets local needs	<b>First Level Capacity</b>  There is capacity within the network to work together to solve problems	<b>Policy investments</b>  The network has the capacity to develop program-related policy
<b>Second Level Capacity</b>  The network has the capacity to deliver a program	<b>Second Level Capacity</b>  The network has the capacity to transfer knowledge in order to achieve the desired outcomes/implement a program within a network	<b>Second Level Capacity</b>  There is the capacity to identify and overcome problems encountered in achieving the desired outcomes	<b>Financial investments</b>  The network has the capacity to develop financial capital <hr/> <b>Human/intellectual investments</b>  The network has the capacity to develop human/intellectual capital
<b>Third Level Capacity</b>  There is a sustainable network established to maintain and resource a program	<b>Third Level Capacity</b>  The network has the capacity to integrate a program into the mainstream practices of the network partners	<b>Third Level Capacity</b>  There is capacity to sustain flexible problem solving	<b>Social investments</b>  The network has the capacity to develop social capital

## 4.1: Network Partnerships

<b>First level capacity</b>	
<p><i>Nov 2004</i></p> <ol style="list-style-type: none"> <li>1. There are a small number of community members involved in community committees by virtue of their role/position.</li> <li>2. The majority of members of the network were aware of the HEHS project.</li> <li>3. The project coordinator is the main resource for the network.</li> <li>4. The coordinator is resourceful and effective in accessing local and outside resources, but not other members of the network.</li> <li>5. Seniors week was the only example in which a number of members from the network worked within its resources, otherwise the coordinator is the resource.</li> </ol>	<p><i>Oct 2005</i></p> <ol style="list-style-type: none"> <li>1. The HSHB project consists of a network of networks. Each individual partner organisation has its own leader and its own network.</li> <li>2. Each individual organisation has similar expected outcomes to the HBSP that provide common ground for agreement.</li> <li>3. The many leaders and members can clearly identify the resources required to achieve desired outcomes.</li> <li>4. Partner organisations have shared resources and are efficient in what they do. There is mutual recognition of the strengths and specialties of each.</li> <li>5. Each partner has links outside Bowen. Some organisations outside Bowen rely on more effective delivery of their services by their Bowen partners.</li> </ol>
<b>Second level capacity</b>	
<ol style="list-style-type: none"> <li>6. Individuals are taking positive leadership roles in relation to their own organization/work setting but not for the whole network.</li> <li>7. Some of the schools and Blue Care are able to state the benefits for their own organizations however they are not able to describe the benefits in the broader picture of the network partnership.</li> <li>8. Sharing of resources between organizations is inconsistent. For example, one Collinsville school chose to adapt and implement Active-ATE and review of tuckshop menu whereas the other school opted out.</li> <li>9. The Active-ATE, review and Food Cents was adopted, and became policy for some network members. Other organizations opted out.</li> <li>10. Within organizations, those members that were able to state the benefits for their own organization have allocated both human resource and time to the program/activities offered to them by the HBSP.</li> </ol>	<ol style="list-style-type: none"> <li>6. Each partner has its own leader. Some of these leaders are represented on the HBSP committee.</li> <li>7. Members state the benefits of their involvement in the network as improving their professional and personal ability and the quality and performance of the community service they deliver.</li> <li>8. Members have identified and reinforced the messages of the HEHS partnership in terms of greater knowledge, awareness and skills and/or community responsibility.</li> <li>9. Formalised arrangements between network partners include schedules of joint activities to undertake state programs (Active-ATE, 10,000 Steps, Food Cents and Smart Choices. Some network partners have become extensions for the delivery of government services</li> <li>10. Resource sharing across the network is common. Resources are reciprocally allocated. Demos, workshops and seminars are shared reinforcing and supporting the same messages.</li> </ol>
<b>Third level capacity</b>	
<ol style="list-style-type: none"> <li>11. There is more interest in projects and activities than in developing capacity <i>per se</i>.</li> <li>12. Some local businesses are supporting the project with sponsorships, vouchers and in-kind support.</li> <li>13. Food Cents and Active-ATE are owned by the implementers, but ownership is limited to activities and not the Partnership.</li> <li>14. The partnership is primarily dependent on outside resources, especially QH/TPHU expertise.</li> <li>15. There are a number of different networks within the partnership: coordinator; core network (coordinator + management committee); professional network (THPU Townsville and Mackay, Ayr HPO); program/activity network (schools, aged care, service clubs, sporting clubs, P &amp; C); support network (council, radio, newspaper, retailers, management committee, Bowen District Growers Association)</li> </ol>	<ol style="list-style-type: none"> <li>11. Most network partners have been a part of the Bowen community for many years and leaders have experience, knowledge and skills to build the capacity of their clients.</li> <li>12. Evidence of investment beyond the original HPQ funding include sponsorships by BCC, QCCU, Radio JEM FM, Bowen F&amp;V Growers and 32 other Bowen and the 29 teams involved in the Bowen 10,000 steps Challenge.</li> <li>13. There is a general consensus that all activities are now community owned. Network partners continually refer to the Coordinator and committee and the hub or “focal point”.</li> <li>14. The program is maintained by the network using its own resources. There is no “hub and spoke” communication structure but some dependence on the existing Coordinator.</li> </ol>

## 4.2: Knowledge Transfer

<b>First level capacity</b>	
<p><i>Nov 2004</i></p> <ol style="list-style-type: none"> <li>1. Each member tends to identify resources in terms of their own needs.</li> <li>2. The core network is able to identify resources from outside, with the coordinator playing the pivotal role, but not the broader network.</li> <li>3. Network members tend to opt in /out of programs offered by the Partnership rather than adapt collaboratively developed programs/activities.</li> <li>4. Programs/activities do not cover the whole network.</li> </ol>	<p><i>Oct 2005</i></p> <ol style="list-style-type: none"> <li>1. Transfer and sharing of resources within the network is now common. Community networks and reliance on others within the community is strong.</li> <li>2. Actual resource transfer from outside to the community is quite rare due to competition with other communities for state and federal resources. However, network partners are well informed about various government “tailor-made” initiatives available.</li> <li>3. State and Commonwealth governments programs have been adapted to suit the Bowen and Collinsville communities. An example is the QH 10,000 steps Program promoted by QH/TPHU.</li> <li>4. For Bowen, the needs of the community are also the needs of the network. This is because the activities if the groups and organisations involved are social by nature.</li> </ol>
<b>Second level capacity</b>	
<ol style="list-style-type: none"> <li>5. A one-way information flow, generated by the coordinator through newsletter, emails, radio talks, newspaper articles, has been effective and efficient in transferring knowledge across the network.</li> <li>6. The Coordinator is trying to promulgate best practice from the professional network (TPHU &amp; outside resources). The broader network members accept advice given.</li> <li>7. BING (Bowen inter-agency group) is the only example of structural arrangements made, although it involves a selected group of the network. Knowledge transfer is dependent on the coordinator and there is limited opportunity to share between network members.</li> </ol>	<ol style="list-style-type: none"> <li>5. Output of information using radio, e-newsletters, meetings, workshops are examples of knowledge transfer methods used. However, members stated that face-to-face as the most effective. A “human face” that is local and many repeats and reminders seems to be requirements.</li> <li>6. Many of the presentations, meetings and workshops held in Bowen have been based on best evidence and practice as endorsed by government.</li> <li>7. Structural arrangements are now in place as a result of the combined efforts of the Coordinator, QH/TPHU officers and Bowen network partners to present a “combined front” in the transfer of information and knowledge at seminars, meetings and workshops. This method is does not depend on any one group or individual.</li> </ol>
<b>Third level capacity</b>	
<ol style="list-style-type: none"> <li>8. There are many informal opportunities to provide feedback on most of the activities between individual organizations and the coordinator. A formal feedback mechanism for organisers and attendees of the Small Grant Funding Scheme activities is conducted at the end of each event.</li> <li>9. Select number of activities/programs (Active-ATE, <i>FoodCent\$</i>, tuckshop menu review) has been incorporated into individual network members’ organization.</li> </ol>	<ol style="list-style-type: none"> <li>8. Formal and informal feedback mechanisms monitor and report implementation of activities and progress. The face-to-face marketing method adopted by the Coordinator and committee together with reinforcement of messages through a variety of media has created visible avenues of feedback and reporting.</li> <li>9. Each member group of the network has its own core business and mainstream activities. As a result program activities have now been incorporated into the mainstream activities of several member groups. For example, Flexicare and several schools have incorporated the project gardening program activities to promote and encourage healthy eating into their own programs on building social and intellectual capacity, skills and self-esteem of their clients.</li> </ol>

### 4.3: Problem solving

<b>First level capacity</b>	
<p><i>Nov 2004</i></p> <ol style="list-style-type: none"> <li>1. The coordinator consults with the professional network (TPHU and HPO) but the broader network depends on the coordinator.</li> <li>2. Outside network is only accessed by the coordinator.</li> <li>3. There is not a broad recognition of who is involved in the project by the network membership hence recognition of strengths within the network is very limited, although there is recognition of the influential people.</li> <li>4. Collaboration in BING to hold a coordinated senior's week was the only example in which a number of network members worked together.</li> </ol>	<p><i>Oct 2005</i></p> <ol style="list-style-type: none"> <li>1. All the key players in the network and their respective problem-solving skills have now been identified.</li> <li>2. Many key players outside the network have been identified. Links within the network to government agencies and strong links with QH/TPHU have provided an effective internal problem-solving mechanism.</li> <li>3. All network members have their own strengths and these are known and recognised by other network partners. Expertise in nutrition, health promotion, gardening, F&amp;V production, tuckshop management, counselling, fund-raising, media promotions, marketing, have been identified and shared across the network.</li> <li>4. The majority of network members have agreed to work together to overcome the challenges and problems within their community.</li> </ol>
<b>Second level capacity</b>	
<ol style="list-style-type: none"> <li>5. The coordinator consults with a professional network outside the network to solve problems.</li> <li>6. Members of the network identified few problems.</li> <li>7. A well recognised problem solving process has not been observed.</li> <li>8. A tendency of the Partnership was to offer members the opportunity to opt in or opt out of programs/activities.</li> </ol>	<ol style="list-style-type: none"> <li>5. Only outside government agencies have agreed to work with the network to overcome problems.</li> <li>6. The strengths of those inside and outside the network are known to network members. Problems and challenges seem to be addressed in an <i>ad hoc</i> fashion.</li> <li>7. It is debatable whether a small community network should follow a predetermined problem solving process since many the challenges faced by network members have been experienced by other network members that can be overcome through the sharing of information. Many existing organisations have inbuilt "survival techniques" since many have experienced and survived times of extreme difficulties in the past.</li> <li>8. The Community Events Sponsorship Scheme is an activity that is designed to overcome problems as well as being a demonstration of how community cohesion can be engendered. Many of the activities implemented are designed to raise funds for specific community needs. In assisting community groups to raise funds, the partnership generates reciprocal (social and intellectual) income.</li> </ol>
<b>Third level capacity</b>	
<ol style="list-style-type: none"> <li>9. The Partnership is in its initial phase of implementation. Although there is history to the Partnership it still seems that problem solving processes are not well developed. There is no documentation of problem solving by the management committee.</li> <li>10. There is no evidence of flexibility in problem solving across the network. .</li> </ol>	<ol style="list-style-type: none"> <li>9. The Community Events Sponsorship Scheme and the establishment of a local contact person for the network in Collinsville are demonstrations of problem solving for the network partners.</li> <li>10. There is flexibility in problem solving across the network. A remaining issue is that some clients and target groups and possibly network members have become dependent on the existence of the network. There is some fear that after the current round of HPQ funding for the HBSP and Coordinator, the focus of network will diverge and some disadvantaged groups will be left out.</li> </ol>

## 4.4: Infrastructure

<b>Policy investments</b>	
<p><i>Nov 2004</i></p> <ol style="list-style-type: none"> <li>1. Clusters of network members have invested own organizational resources for their own policies and plans, e.g. Active-ATE and review of tuckshop menu with a few schools and Food Cents at the Bowen Neighbourhood Centre but this investment is not for the whole network.</li> <li>2. Where organizations have invested own resources, they can identify organizational benefits, e.g. review of tuckshop menu is being integrated into some of the schools policy.</li> </ol>	<p><i>Oct 2005</i></p> <ol style="list-style-type: none"> <li>1. Each network member organisation has invested organisational resources and defined roles and responsibilities. There are defined methods of support and joint planning. Activity programs and plans have been developed and embedded into the network.</li> <li>2. Members can identify benefits for their organisations, clients and community. Examples are: 1) the piggy-backing of activities; 2) the transfer of activity packages; and 3) embedding garden activities and healthy tuckshop menus into school curricula and policy.</li> </ol>
<b>Financial investments</b>	
<ol style="list-style-type: none"> <li>3. There is in-kind and opportunity cost invested by network members into programs/activities undertaken by their respective organizations.</li> <li>4. There is no evidence that partners are prepared to contribute financially to the whole network/Partnership.</li> </ol>	<ol style="list-style-type: none"> <li>3. There have been financial investments made by network members as they have access to a wide range of resources that if accessed individually would have to be paid for. Dollar values for these would be beyond the reach of most members. An example is the radio time given for the promotion of activities and member organisations on Radio JEM FM at no cost.</li> <li>4. Members do invest financially into the network. Small contributions are made by many. Local business sponsor teams. The Community Events Sponsorship Scheme raises financial investment. Small contributions provide continued income but do not over-commit those who donate.</li> </ol>
<b>Human/intellectual investments</b>	
<ol style="list-style-type: none"> <li>5. Informal mentoring for coordinator through the professional network (TPHU and HPO) and linking with appropriate training and resources exist.</li> <li>6. In support of specific activities, members of the network do invest in training and education to achieve organizational goals.</li> <li>7. Returns on investment are recognized in relation to organizational needs and not for the broader network.</li> </ol>	<ol style="list-style-type: none"> <li>5. Up-skilling and training of network members is a deliberate effort of the partnership. Each member organisation recruits members who are already skilled and experienced.</li> <li>6. Most members have their own in-service training regimen. Network members stated that being part of each other's business provides them with extra knowledge and multi-skilling necessary to do their job much better. Learning by doing has been expressed as the best way to engage others.</li> <li>7. There is a strong sense of reciprocal obligation between network members. Attendance at one network member's activity infers reciprocation with an invitation to the holders to attend other member's presentations.</li> </ol>
<b>Social investments</b>	
<ol style="list-style-type: none"> <li>8. Any social interaction occurs on a personal level between individual organization and the coordinator.</li> <li>9. There is no evidence that the project <i>per se</i> is influencing responsiveness to concerns of other partners in the network.</li> </ol>	<ol style="list-style-type: none"> <li>8. Most of the activities carried out within the network are social activities. The member groups involved in the project are social groups that respond to the needs of others in the community</li> <li>9. Member groups now consistently respond to client member needs due to the existence of the project and the efforts of the Coordinator. Joint activities between member groups are now common as is the sharing of resources. However, the sustainability relies on a community focal point that acts as a conduit for activity and information exchanges.</li> </ol>



#### 4.5: Summary of Key Changes and Conclusions

Nov 2004	Oct 2005
<b><i>Network partnerships</i></b>	
<p>There are many local, social, commercial and professional networks linked to the HEHS project. Gaining agreement to work together is difficult between some partners. Not all members feel that the HEHS can facilitate resource sharing and support or maintain the network. Local businesses sponsor two activities but the project is dependent on expert support, especially QH/TPHU. Specific activities are owned by specific groups. Therefore ownership seems to be limited to the activity implementers rather than the community.</p>	<p>The HEHS project consists of a network of networks but most members have similar goals providing common ground for agreement. Resource sharing is common and there is mutual recognition of the strengths and specialties of each member. There is agreement that all activities are now community owned. Network partners refer to the Coordinator and committee as “focal point”. The program is now maintained by the network using its own resources but still depends on the project Coordinator and management group to facilitate and coordinate activities.</p>
<b><i>Knowledge Transfer</i></b>	
<p>Members are able to identify resources outside and within the network and can state the benefits for their own organisations. A one-way information flow (hub and spoke), dependent on the Coordinator has been effective and efficient in transferring knowledge across the network. As a response, some members have made structural changes to support the project. Other members have incorporated programs into their mainstream activities.</p>	<p>Government programs have been adapted and implemented by the project with the QH/TPHU being instrumental in providing support. Structural arrangements that do not depend on any one group or individual, present a “combined front” in information sharing. The face-to-face marketing method used by the Coordinator has created visible avenues of feedback and reporting. Project activities have now been incorporated into the mainstream activities of several members.</p>
<b><i>Problem solving</i></b>	
<p>The Coordinator consults widely, socially and professionally and some members are now working together on joint activities. However, there is a lack of recognition of who is involved in the project and how best to agree on overcoming problems.</p>	<p>Most members have agreed to work together to overcome problems. There is flexibility in problem solving across the network. However, this depends on the existence of the network and support provided by QH/TPHU.</p>
<b><i>Infrastructure</i></b>	
<p>Some members have invested resources for the development of activities, policies and plans and can identify the benefits of their investment in the project. Financial investments in HEHS are few. Other members have invested in up-skilling and training but have not shared this with community-groups. Social relationships are strong within each organisation but the social links are weak between network partners and there are few joint activities. Partners recognise the efforts made by the HEHS Coordinator but do not entirely give the project their full support.</p>	<p>Activities and plans are now embedded across the network and there are defined methods of support and joint planning. Small financial contributions are made by many people. Up-skilling and training of members is a deliberate effort of the project. Members stated that being part of each other’s business helps them do their job much better. There is a strong sense of reciprocal obligation between members and they now consistently respond to client member needs. Sustainability of the network relies on a focal point that acts as a conduit for activity and information exchanges.</p>

Extensive network partnerships were developed and knowledge transfer and resource sharing is common. There is agreement that all activities are now community owned. However, the key role played by the HEHS Coordinator in building relationships with community groups is a feature of the capacity building process that included “face-to-face” marketing and creation of highly visible avenues of feedback and reporting. Infrastructure has been created or strengthened. The project is now maintained by the network using its own resources but still depends on the HEHS Coordinator and management group together with the strong relationship and support of the QH/TPHU. Sustainability of the network relies on a focal point that acts as coordinator and conduit for activities and information exchange.

## **5.0: IDENTIFICATION OF EVALUATION PATTERNS**

Pawson and Tilly (1997) have argued that evaluations frequently overlook the effect of the ‘ecology’ of a community, and that the effectiveness of community interventions frequently vary by context. Accordingly, it is expected that outcomes of this project would vary depending on the conditions in which the project was introduced and how and by what means (mechanisms) it was delivered. They make a case that the outcomes also depend on how the context, mechanisms and outcomes are configured (the CMOC model). They recommend that CMOC theories be identified at the beginning of a project and tested against the evidence gathered during the evaluation.

The CMOC model address questions related to:

1. Context: what conditions are needed for the intervention to trigger mechanisms to produce particular outcome patterns?
2. Mechanism: what is it about an intervention that may lead it to have a particular outcome pattern in a particular context?
3. Outcome pattern: what are the practical effects produced by causal mechanisms being triggered in a particular context?, and
4. CMOCs: how are changes in regularity (outcomes) produced by measures introduced to modify the context and balance of mechanisms triggered?

In light of the difficulty in developing simple CMOC theories for this multi-strategy project, the approach recommended by Pawson and Tilley was modified so that CMOC theories were identified over the course of the project, tested against the accumulating evidence and modified as appropriate. Evidence includes that related to the overall evaluation framework, the Community Capacity Assessment, reports and observations. As the CMOC models were not developed a priori this is best regarded as hypothesis generating for this type of multi-strategy food and nutrition project.

### **5.1: Context**

Several key elements were identified from the background and environment in which the HEHS project was conceived and conducted that stimulated project implementation.

#### *1. A well-established infrastructure*

An established infrastructure that enabled the delivery of community development health programs/activities provided a receptive environment in which the HEHS Project was able to develop, strengthen and sustain activities. The origins of the HEHS project were in the formation of the HBSP in 2000 after winning a HPQ tender. The two-year project established community infrastructure foundations and resources to undertake future projects such as the HEHS project. After the HBSP finished in 2002 the infrastructure and mechanisms remained and were set up for the project to continue. Then the HBSP was formally incorporated with the aim of continuing its activities beyond the life of the first funding period. The HEHS project is a continuation of the HBSP and has a similar goal; to increase community capacity. While the administrative procedures evolved and there was a shift to less reliance on

the project coordinator, the extent of organisational and administrative infrastructure at commencement of the HESP project was critical to its success.

## 2. *Established alliances*

Established and trusting partnerships between community groups provided an advantage for implementing the HEHS Project. The HBSP is a co-operative initiative of the Bowen Shire Community with Queensland Health (including the Bowen Health District Service and the Tropical Public Health Unit), Education Queensland (schools) and non-government organisations (including the National Heart Foundation of Australia, Queensland Branch). Additionally, there are many small community organisations in Bowen and Collinsville that have some relationship with HBSP in some way. These include: Bowen Health Service District, Bowen Lions Club, Bowen Rotary Club, Bowen Fruit and Vegetable Growers Association, Bowen Community Council, Bowen Youth Council, and Bowen Family Support Centre. A number of community groups in Bowen and Collinsville have supported HBSP initiatives. These include: Bowen Shire Council, Bowen Neighbourhood Centre, Bowen Family Support Centre, Collinsville Community Development Association, Bowen State School, Collinsville Youth Coalition, St Mary's School, Cunningham Villas Aged Care Facility, Bowen and Collinsville Aged Care Sector, School Canteens and Tuckshops.

## 3. *Existing activities that required strengthening*

Partner participation, coordination, implementation and delivery of existing health promotion initiatives gave the HEHS Project an existing core set of activities to adopt, promote and strengthen further. The HBSP initiated community involvement in a number of projects between 2000-2002. Some of these were:

- *Active-Ate*: is a QH program to promote healthy eating and increased physical activity in North Queensland primary schools.
- *Cooking for One or Two*: A basic cooking program designed by the Department of Veterans Affairs and Nutrition Australia has a group leader manual which is now located with HBSP. This program addresses social isolation, cooking skills and nutrition education and has been successfully implemented in other areas in North Queensland.
- *Food Cents*: an existing QH project that is supported by agencies in the Bowen and Collinsville community and HEHS and maintained by Bowen Neighbourhood Centre.
- *Just Walk It*: is a project coordinated by the Bowen Neighbourhood Centre. The HBSP provides this program with ongoing support and the opportunity to link with pedometer loan schemes in the Bowen and Collinsville community. The HBSP funded 29 local projects that have the potential to continued, strengthened or revived by the HEHS.

## 4. *Many community groups in Bowen*

There are many potential HEHS Project partners in Bowen Shire. Coordination and sharing of activities information and resources among these partners allow more effective and efficient program delivery. As shown in 1) above, there are as many as 50 community groups in Bowen and Collinsville. Before HBSP and HEHS each community groups worked independently (but with knowledge) of the other groups. Each with its own agenda but in many ways duplicating and/or competing for resources and with the activities of other groups. The creation of HEHS would

enable all community groups to contribute and benefit from a cooperative and coordinated approach to community development. Through HEHS an alliance of community groups would strengthen each group by improving their efficiency and effectiveness making the services each group provides more effective and sustainable.

## **5.2: Mechanisms**

The context described above may have influenced and/or defined the processes and instruments used to implement HEHS activities. These have been identified and described and are listed below.

### *1. Multiple projects – multiple program delivery mechanisms*

The adoption of existing activities and different delivery mechanisms plus the development of new activities and methods provided the wide range of health promotion activities necessary to facilitate behavioural and environmental change. The HBSP previously established relevant structures and processes to support the HEHS project and, in turn, locally generated initiatives. These were:

- The Health Promotion Advisory Group (Brisbane)
- The Evaluation Group (Brisbane)
- The Bowen Secretariat (Bowen Shire)
- The Health Promotion Committee (Bowen Shire)
- The ‘Think Healthy’ Grants Scheme Committee (Bowen Shire)

In 2004, 15 separate community projects were implemented by partners of the HEHS project. Some of these existed before 2004 and were strengthened and sustained. Others have been newly developed by HEHS partners either as ongoing or “one-off” activities. Projects increased to 19 in 2005. Listed below are all 27 HEHS projects undertaken.

1. Cross Cultural Cooking Demonstrations, Cross Cultural Group
2. Keeping kids healthy Working Group
3. Queens Beach State School Community Garden
4. Zonta Club of Bowen – Healthy Bones
5. Fruity Frizzle Vegie Sizzle
6. 10,000 Steps Bowen
7. 10,000 Steps Collinsville
8. FlexiCare Quick and Easy Cooking
9. Life Steps Resistance Exercises, Tropical Public Health Unit
10. Water Follies – seniors activity program
11. Cooking for One or Two, DVA 2004 and 2005
12. Active Ageing – seniors activity program
13. Super Size Me, HBSP Inc. Summer garden Twin Cinema
14. Check It Out and Step It Out, Bowen Shire Council
15. Healthy Tuckshops, Tropical Public Health Unit 2004 and 2005
16. Food Cents Collinsville, Collinsville Regional Health Service 2004 and 2005
17. Seniors Week: Back to the Bush, Cunningham Villas 2004 and 2005
18. Simply Fresh, HBSP Inc.
19. Mullers Lagoon Walking Trail, Bowen Shire Council
20. Bowen Shire Active-Ate Challenge, Tropical Public Health Unit 2004 and 2005
21. Green Fingers Garden Project, Bowen Flexi-Care 2004 and 2005
22. Health-e-waves, HBSP Inc. 2004 and 2005
23. Gem FM Community Catch Up

24. Just Walk It, Bowen Neighbourhood Centre
25. Go for 2 and 5 Activity Working Group Network
26. Bowen Shire Council Web Page 2004 and 2005
27. Community Events Sponsorship Scheme, HBSP Inc. 2004 and 2005

More details of these projects and those of 2004 are given in Annexes 1 and 2.

One of the key projects for HEHS was the Community Events Sponsorship Scheme. It promoted one of the key HEHS project goals of the; to build community networks and partnerships to work together to increase the consumption of fruit and vegetables. Funding in the form of small grants (about \$250-\$300) was provided by HEHS for community members or groups for projects that promote fruit and vegetable consumption in some way. The Community Events Sponsorship Scheme was launched in April, 2004. During the rest of 2004, 20 events were sponsored that promoted the “Go for 2 and 5” banner, 18 included F&V on their menu. In 2005, 14 community groups received funding. These included, Bowen Squash Club, Collinsville Lions Club, Bowen Show Society, Merinda State School P & C, Collinsville Scottville Community Health Challenge, Bowen Lions Festival Queen Entrant, Queens Beach State School, Bowen Netball Assc, Collinsville Lions Club, Bowen Flexi Care, BSCAT, Mental Health Week Action Days, Walk to Work Day and St Mary's Bush Dance. The scheme provided valuable access to funds for groups who otherwise would not be able to make the change or be prepared to risk the change from their ‘proven’ money raising activities. The scheme was evaluated for 2004 and participants surveyed. Results show that 68% noticed the “Go for 2 &5 banner”, 55% interpreted the message to mean that they should eat more fruit and veg and 94% of events promoted more fruit and vegetables on their menu.

Some of the programs were ‘one off’ and others are continuous. The better known is the QH initiated 10,000 Steps which was modified to become the Bowen Shire 10,000 Steps Challenge for community group teams to walk the equivalent of the perimeter of Bowen shire. There were also school programs for healthy breakfasts, school gardens and healthy tuckshops, tuckshop management, swimathons, sports and dances, picnics, exercise programs (walk-to-work, exercise rehydration points on walking tracks, shade structures), and policy workshops. Having many different community projects promoting healthy lifestyles may benefit community capacity by maximising community exposure to health messages. Each activity may appeal to different community sectors thus, increasing community coverage. Through multiple activities there may be greater access to community members. Multiple activities also allow multiple learning mechanisms through which the same messages can be delivered albeit in different ways. The activities that remain popular are more sustainable.

## *2. Infrastructure creation/strengthening – through recognising common goals*

The identification of common goals among HEHS Project partners allowed relationships to be strengthened, information and resources to be shared and policy and support mechanisms to be set in place. Although the HBSP created infrastructure mechanisms for the HEHS, more was needed in terms of policy and support mechanisms. The HEHS developed guidelines, awareness and information packages such as:

- Community initiatives funding guidelines

- F&V Toolkit
- CES guidelines and toolkit
- Simply fresh partnership with Bowen Growers
- Regular fortnightly newspaper column
- Queensland Country Credit Union grant for 'keeping kids healthy'

Key issues for creating an infrastructure for community development in Bowen were:

- The creation of a focal-point that community groups could identify and access for resources and information. The HEHS project strategy achieved this as the CCI assessments show that during 2005 most partners and community members regarded the HEHS Coordinator as the focal point.
- Encourage community groups to pool and/or share valuable resources. This too has been achieved by the HEHS project. The CCI assessment showed that many HEHS activities were joint activities and were supported by government.
- Take on and deliver "Taylor-made" QH initiatives such as Active ATE, Food Cents and 10,000 steps. Partner groups demonstrated that community groups can and do undertake government initiatives and/or be an extension of government service provision. Government officers have reported that the existence of the HEHS project has improved the reach and efficiency of their service delivery.

### 3. *Project activity promotion – creation of a high community profile*

The "saturation" of local media with messages, activities and information from HEHS Project partners maximised community awareness of health issues and potential participation in HEHS activities. The HEHS has engaged in an extensive media campaign to inform the community about HEHS activities. This has involved

- HEHS representatives talking on the ABC radio breakfast programme
- Ongoing activities and F&V promotions going to air on local community radio 95.1 Gem FM.
- Regular inserts in the local newspapers
- Production of HBSP newsletter
- Inclusion on the Bowen Shire Website  
[Http://www.bowen.qld.gov.au/community/index.shtml](http://www.bowen.qld.gov.au/community/index.shtml)
- 'Health-e-waves', an electronic newsletter for children

By promoting the HEHS project activities, use of the media has also reinforced state and national health promotion messages and promotions.

### 4. *Explicit delegation of responsibilities*

Coordination of activities based on the strengths, skills and expertise of partners defines and allocates roles and responsibilities and avoids duplication. The basis of forming partnerships is that each partner makes a contribution in terms of resources they can supply. For the HEHS project tasks were allotted for each contributor and they were made responsible for that contribution. Outside of the local community network, QH/TPHU was instrumental in providing support, especially expertise to support health promotion initiatives. Additionally, management groups controlled many activities. For example:

- Collinsville Interagency Working group
- Bowen Interagency Working group
- Seniors Week Working Group

- 10,000 Steps working Group
- Bowen Health Service District Health Promotion Group
- HBSP Health Promotion Network
- Keeping Kids Healthy Working Group
- Collinsville Food Cents working Group

Each management group is responsible for a specific activity and delegation of work. This instils activity ownership and builds capacity, which may develop into or transfer to community ownership.

### **5.3: Outcome patterns**

Outcome patterns were identified that appear dependent on the specific context and mechanisms of the HEHS project, described above. These are listed below and are not in any order of priority.

#### *1. Common health messages – providing a basis for action*

The coordinated approach used by HEHS, including a wide range of health promotion activities and “saturation” of local media with information, has reinforced and reiterated common health promotion messages to facilitate community participation. Results of the CCI assessments clearly show that the majority of HEHS activities reinforced Queensland government health messages promoting healthy lifestyles. The continuing reiteration of these messages throughout 2004 and 2005 made most partners and community group members aware and able to understand the health issues facing Bowen Shire. This agreement enabled the partners to present a united front whether working solo or in joint activities. There appeared to be no misunderstandings, no mixed messages or ambiguities. Community groups with a non-health focus, once informed, followed the same policy. There is no doubt that the strategy of holding joint activities such as presentations, workshops and seminars was a key influencing factor. However, the continuous use of the media and individual efforts of the Coordinator provided the “background noise” and information necessary to convince individuals, partners and community groups.

#### *2. Common joint activities – provides information, access and opportunities*

The coordinated approach used by HEHS, including joint health promotion activities, strong relationships with QH/TPHU and resource and information sharing has increased community awareness, access to expertise and opportunities to make behavioural and environmental changes. Two of the strategies in the HEHS project were to raise awareness about food and nutrition and related lifestyle issues with community groups in Bowen Shire and act as a facilitator with outside expertise and resources (Section 2.1). Joint activities were initially organised by the HEHS team in order to share scarce resources and to facilitate access to expertise. Health and nutrition expertise was invited to present simultaneously to more than one community group in one location. A number of these joint activities have been held throughout 2004. In 2005 joint activities seemed to become the norm or the accepted way of presentation. This not only allowed groups to pool and/or share resources, but to have the opportunity to implement or become part of state-wide health promotion programs not otherwise available in Bowen Shire. As recorded above, the strategy of holding joint activities, presentations, workshops and seminars was a also key influencing factor in gaining agreement and community action.

#### *3. Interdependent service and outreach*

Interdependent community groups coordinated by HEHS undertake a mix of activities and services that include extensions of recognised government health promotion programs. Most partners in the HEHS project are community groups that provide a particular service in Bowen shire. The mix of partners can be seen in Annexes 1 and 2. Most of these groups are non-governmental and non-profit making and rely mostly on volunteers. The CCI assessments identified that there was a mutual recognition of the individual strengths and weaknesses of each community group involved in HEHS. Time, labour and expertise are reciprocally allocated. Organisations “piggy-back” their activities on other community groups activities. In many ways groups rely on one another to provide a better service. Individual group members have reported that joint activities have improved their professional relationships and quality and performance of the services they deliver.

Apart from strategies to raise awareness about food and nutrition and act as a facilitator with outside expertise and resources, another HEHS strategy is to promote and support implementation of programs and resources developed elsewhere (eg Food Cents, Active-Ate) (Section 2.1). Most of these programs are “Tailor made” Queensland government initiatives. Delivery of these programs in Bowen shire is particularly difficult due to the remoteness and the small population base. QH/TPHU Health Promotion and Nutrition Officers are based in Ayr and Townsville and are responsible for the entire sub-region. They are few and cannot allocate the time necessary to implement individual community projects. Therefore, effective delivery of QH/TPHU programs in Bowen Shire relies on joint activities. HEHS partners and community groups have been implementing QH programs for some time and in effect, are extensions of government service provision or “outreach”. QH/TPHU Officers have applauded their actions and provide support, direction and management where required.

#### *4. Raised awareness*

The high profile of the HEHS Project was created to raise community awareness of HEHS activities and health promotion issues. The activities of the HEHS project has informed and demonstrated to the local community and children about the function and benefits of a healthy diet and increased physical activity. The continued media coverage and activities by HEHS and partners over two years has covered the majority of the population of Bowen Shire. CCI results show that participating community group members now know a lot more about health and nutrition than they did before HEHS began.

#### *5. Common policy and responsibilities*

The HBSP and the HEHS Coordinator are recognised as the community focal-points for health promotion activities in Bowen Shire. This has allowed for the development and implementation of common and agreed policies and recognition of roles and responsibilities of partners. Most HEHS partner groups now observe the common policy of working together resource sharing and mutual assistance for better health in Bowen shire. It seems that most individual community groups have similar objectives to the HEHS project and CCI assessment results show that HEHS activities are now part of the mainstream activities of many partner community groups. Formalised arrangements have been made between partner groups and there are schedules of joint activities to undertake specific programs. The ownership of many activities and programs has been transferred to HEHS and/or partner groups, although the HEHS



Coordinator is seen as the focal point. In turn, the HEHS project is now seen to be maintained by network partners using their own resources. However, this may not be able to be sustained as it is possible that partners have become dependent on the existence of the network. When asked members of the network almost always state that the single repeated challenge for them is keeping financially viable. Funding issues remain the reasons for not doing more for the community but despite this, network members remain viable and do continue to do more. In reality, the reliance on volunteers and strong social and supporting networks of the various organisations appear to be a far more important factor in determining the survival of a community group than funding. Even recipients of the HEHS Small grants consistently feed back more resources into the community than they receive. Most of the activities carried out within the network are social activities. The member groups involved in the project are social groups that respond to the needs of others in the community. Community group members have a strong sense of community responsibility and government partners such as schools, Bowen Shire Council and Queensland government officers are also obligated. The HEHS project has reinforced these responsibilities through the joint activities that identify the wider implications of their actions.

#### **5.4: Configurations**

Two context-mechanism-outcome patterns have been identified from the analysis. Firstly, HEHS has identified *common ground for a united approach* for the many groups in Bowen Shire in resource sharing, health messages, activities, policy and responsibilities. Secondly, the project has highlighted *efficient and effective methods of service delivery* for small or dispersed or remote communities, especially for extension of government initiatives.

The contextual mix of many existing community groups and activities that require strengthening and support plus the identification of existing organisational relationships provide the entry points for an intervention. These were identified in the project infrastructure along with recognition of the common goals of community groups. These were further developed into project activities that included the creation of a high profile for the project. The HEHS Project Officer was identified by many people as the focal point and the face-to-face marketing method and follow-up used by the Coordinator and use of the media created community awareness of health issues. Community groups delegated responsibilities. In late 2005, people involved in HEHS thought that HEHS project activities were become community-owned since many resources and expertise were shared and groups seemed to rely on each other in some way.

The HEHS marketing campaign, resource and activity sharing was intended to, and has created awareness of the key health issues for Bowen Shire and project strategies focussed on joint activities, resource sharing and access to expertise allowed groups to actively implement government sponsored programs so becoming extensions of government services. The joint activities also provided the means for groups to work together thus strengthening social obligations of group members. HEHS activities and policy are now part of mainstream for most groups. However, the network seems to depend on continued similar leadership through a focal point for activities and information to be sustainable.

## 5.5: Summary

Context	Mechanisms	Outcome patterns	Identifiers
<p>The background and environment in which the SCHP project was conceived and conducted.</p>	<p>Identifiable elements on which outcomes seem to have depended.</p>	<p>Given the specific context and mechanisms of the SCHP project, dependent outcome patterns emerge.</p>	<p>Arrangement of how outcomes are produced</p>
<p><b>1. Established infrastructure</b> A previous two-year project (HBSP) established a strong community infrastructure. Mechanisms were set up for the activities to continue.</p> <p><b>2. Established alliances</b> Partnerships were made for the HBSP that have remained and grown stronger. These and other existing local partnerships have been strengthened through the HEHS project.</p> <p><b>3. Existing activities that require strengthening</b> The HBSP initiated community involvement in many projects between 2000-2002 that were also available to the HEHS project. Some of these were ‘one-off’ and some were continued or strengthened.</p> <p><b>4. Many community groups in Bowen</b> Most voluntary staffed by people with a community conscience. Few resources and little resource sharing and communication between groups before project was developed.</p>	<p><b>1. Multiple projects</b> Supported and strengthened existing local activities and government initiatives whilst simultaneously generating new activities and initiatives.</p> <p><b>2. Infrastructure creation</b> By recognising common goals and resource sharing. Developed information sharing activities, information packages and support mechanisms. Created a focal point of community activities and community groups.</p> <p><b>3. Creation of a high profile</b> Improved communication within the community and between community groups. Used extensive range of media. Used face-to-face marketing and message reinforcement.</p> <p><b>4. Delegation</b> HEHS gives clear and explicit delegation of work roles and responsibilities for partners that develops sustainable ownership and capacity.</p>	<p><b>1. Common health messages</b> Reinforced QH initiatives and activities. Joint activities. Reiteration and presentation of evidence by HEHS Coordinator and media.</p> <p><b>2. Common activities</b> Shares resources and facilitates expertise. Gives opportunities to implement “Tailor-made” initiatives and programs. Know each others business.</p> <p><b>3. Interdependent service and outreach</b> Most groups are non-governmental, non-profit making. Rely mostly on volunteers. Improved relationships and service. Extensions of government program delivery.</p> <p><b>4. Raised awareness</b> Continued media cover over two years for majority of population. Group members now know a lot more about health and nutrition than they did before HEHS began.</p> <p><b>5. Common policy and responsibilities</b> Working together, resource sharing and mutual assistance has embedded HEHS into mainstream activities of groups and formalised arrangements. Transfer to community ownership. Requires leadership and a focal point. Members have a strong sense of community responsibility</p>	<p>A context of many existing community groups, activities, and relationships that require support, organisation and strengthening provide the entry points.</p> <p>Project mechanisms have created a high profile focal point and delegated and marketed multiple community activities that were consistently sustained by media coverage supported with health messages.</p> <p>Project activities seem to have become community owned. Resources and expertise are shared. Groups seem to be interdependent and some activities are extensions of government services.</p> <p>Raised community awareness in health has provided the means for groups to work together and strengthen social obligations of group members.</p> <p>HEHS activities are part of mainstream for most groups. Sustainability depends on continued leadership and/or the existence of a recognised community focal point.</p>

## 6.0: OVERALL EVALUATION

The overall evaluation is measured against the 5 determining factors identified in the evaluation framework and the original HPQ tender specifications laid out in Section 2. 'Purpose/Background' (p.8). Agreements between different evaluation assessment components provide the most accurate evaluation assessment.

### 6.1: Measures against the evaluation framework

The HEHS project team originally stated that the success of the project will be reflected by a total of 6 measures. Measures 5 and 6 (Section 2.1) aim to describe health and nutrition effects of the HEHS project. However, no instruments were put in place to measure these effects. Therefore, the following four measures were used. The overall evaluation focussed on these factors whilst the evaluation framework provided an appropriate basis for measuring the effectiveness of the strategies.

#### 1. *Maintaining or improving working relationships with partners*

Working relationships between community groups (including HBSP) and the HEHS Coordinator have greatly improved since commencement of the project. The CCI assessment identified that at the beginning of the project, there was little communication and cooperation between some groups and HBSP. Now relationships are strong, open and sustained. This is mainly due to undertaking joint HEHS activities and direct communication between the HEHS Coordinator and individual representatives of community groups. CCI assessments for 2005 concluded that the HEHS Coordinator is seen by most as the community focal point. Achieving and sustaining cooperation and working relationships between community groups in a small town such as Bowen seems to have been a key outcome of the project and is a result of the efforts of the HEHS Coordinator and Management Committee and that the Coordinator is a local community member. These appointments were among the recommendations of the HBHS final report in 2002.

#### 2. *Extent to which the planned activities are implemented by the project as planned*

During the two years 2004-2005, 34 community projects that promote health were developed and delivered (Annexes 1 and 2). This more than satisfied objective 1 of the evaluation framework (Section 2.0).

For 2004, results show increases in participation, attendance of cross cultural group, knowledge transfer, access to resources, health information and newsletters, innovative healthy catering, promotion of nutrition and physical activity and promoting fruit and vegetables. 30 pedometers were loaned to Bowen and 10 pedometers for Collinsville. Six community based *FoodCent\$* facilitators trained to deliver the *FoodCent\$* program and 7 of the 21 classes who completed the Active-Ate challenge for North Qld came from Bowen Shire. 20 groups from across the Shire promoted fruit and vegetables as part of the Community Events Sponsorship Scheme: 68% noticed the "Go for 2 & 5 banner", 55% interpreted the message to mean that they should eat more fruit and veg and 94% of events promoted more fruit and vegetables on their menu. Table 6.1 shows group

partnerships that were formed between and/or with HBSP in HEHS activities in 2004.

**Table 6.1: Partnerships formed in 2004**

Bingalie CDEP
Blue Care Respite
Bowen District Growers Association
Bowen Flexi Care
Bowen Neighbourhood Centre
Bowen Shire Council
Bowen Shire Youth Program
Collinsville Regional Health Service
Collinsville/Scottville Health Challenge
Community gardens
Community groups from Bowen, Collinsville, Gumlu
Cross Cultural Group
Cunningham Villas
Department of Safe Communities
DVA
Education
Fandvforme
Giradula HAAC
Growcom
Hillside Haven
Horseshoe Bay Café
Just Walk It
Local media
Local schools
Local walk organisers
Magees Supermarket
Muroona Gardens
National Heart Foundation
NW QPHC
Oral Health
Rotary
RSL, Bowen
Senior Orientated support worker
Summergarden Twin Cinema
Tropical Public Health Unit
Woolworth's Bowen

In 2005 the projects, partnerships and activities continued. At the end of 2005, 16 of the 19 HEHS projects in Bowen Shire were determined to be sustainable (see Annex 2).

3. *'Reach' of the activities – location, overall participation/attendance, and participation/attendance by target groups.*

The reach of the HEHS activities were originally intended to cover Bowen Shire only but the project methods and implementation may be transferable to similar communities or shires in Queensland or Australia. Table 6.1 above shows that a broad range of community groups, government agencies and many businesses were involved in HEHS activities.

Target groups identified in the evaluation framework included school children, the aged, Indigenous and South Sea Islander communities and low-income households. All schools in Bowen Shire are involved in HEHS activities. The aged and those with disabilities were reached through aged care facilities, Cunningham Villas and Muroona Gardens and through Giradula HAAC, Flexicare Bowen Neighbourhood Centre and the Cook for one or two program. Indigenous and South Sea Islander communities were reached through cross-cultural groups. Low-income households occupy a large proportion of all households in Bowen Shire. Therefore, a community-wide approach was taken.

4. *'Satisfaction' with the activities – awareness of key aspects of the activities and impressions of the value of these amongst those implementing the activities and amongst key target groups.*

HEHS project activities have been carried out by many community groups in Bowen Shire. The results of the CCI assessments and internal assessment undertaken by HEHS show that community groups and their members are fully aware of the focus of HEHS was and the benefits to health that consumption of F&V and regular physical activity bring. Support services have been strengthened by the HEHS partnership activities and thus, community group members have expressed that they are better off due to the resource sharing, joint activities and information exchanges.

## **6.2: Measures against the HPQ terms of reference (TOR)**

The emphasis of the HPQ TOR is on strategies which influence determinant risk behaviours of chronic disease and capacity building at the local level and can be divided into four action areas.

5. Capacity building: measured by how much HEHS project:
  - Improved stakeholder and community members' participation and control over program management;
  - Developed local leadership, strengthened partnerships and created equitable relationships with outside agencies;
  - Increased problem assessment capacities and strengthened critical analysis skills; and
  - Built empowering organisational structures and improved resource mobilisation.
6. Develop a local level population approach that is consistent with the following guiding principles:
  - Make an impact on the whole of the population whilst recognising and value the diversity of the Queensland population (including Indigenous

peoples) and provide for the capacity required to achieve success, protect and acknowledge public and consumer interests;

- Facilitate partnerships based on clear ethics and protocols and enhance the efforts of all relevant sectors and strategies in a partnership environment; and
- Base initiatives on available scientific evidence whilst helping develop needed evidence and recognise that a living, sustainable strategy requires continuing research, innovations, evaluation and renewal.

7. Develop a long-term, sustainable approach

8. Demonstrate partnerships

5. Capacity building

- *Improved stakeholder and community members' participation and control over program management*

Results of CCIs carried out in 2004 and 2005 show that individual stakeholder community groups and schools participation in HEHS activities increased. At the end of 2005 most groups seemed to be in a stronger position than a year before. Some community groups are represented on the many committees set up for management of specific projects including:

Healthier Bowen Shire Partnership Management Committee – meets monthly and consists of Bowen shires Council, HEHS Coordinator and community group representatives responsible for the overall management of the project - to plan and manage HEHS activities.

Collinsville Interagency Networking Group - high level of community interest in the Collinsville/Scottville challenge project and permanent staff appointed to the Collinsville Regional Health Service.

Bowen Interagency Networking Group – meets monthly to network, information share, address community issues and access funding.

Seniors Week working group - met regularly in the lead up to organisation of a funding application and implementation of a combined seniors week event for 2004 and 2005.

Bowen Health Service District Health promotion group - meet to discuss health promotion projects and services and includes the Directors of Nursing, the Bowen Health Service District Health Promotion officer and HBSP Coordinator.

HBSP Inc. health promotion network - meets monthly via teleconference. Members include TPHU Health Promotion Director and Nutritionist Health Promotion Officer from Bowen Health Service District and Coordinator Collinsville Regional Health Service.

Keeping Kids Healthy Working group - members include representatives of schools, P & C, Community Health, Bowen Neighbourhood Centre, Anglicare and Day Care Centres.

10,000 Steps working group - includes: TPHU Physical Activity officer, Bowen Health Service District, Collinsville Regional Health Service.

Collinsville Food Cents working group – monitors HEHS activities in Collinsville.

Bowen Church leaders- meet monthly

Bowen District School Principals – meet regularly

## Bowen Shire Council – meet fortnightly

- *Developed local leadership, strengthened partnerships and created equitable relationships with outside agencies*

HEHS project activities have strengthened the infrastructure that community groups operate in. Part of this was the allocation of roles and delegation of responsibilities for specific activities. These included: creation of working groups and committees as reported above; implementation of joint activities and resource sharing; and providing access to expertise, information, up-skilling and training. This process has identified community group leaders and further developed their leadership skills. Existing partnerships have been strengthened and new partnerships formed and relationships with agencies outside Bowen Shire have been created and strengthened, especially those with QH/TPHU.

- *Increased problem assessment capacities and strengthened critical analysis skills*

Results of the CCI assessments show that community groups in Bowen Shire have had a history of facing and overcoming problems. As reported in the CCI, existing groups are “survivors”. Continuing problems include constant shortages of funding, expertise, volunteers and resources. These issues still remain a threat but those partner groups involved in the HEHS project now share the problems and the solutions, thus making them more resilient. Past experiences of partners and common problems have been identified and made known across the network making working together more purposeful.

- *Built empowering organisational structures and improved resource mobilisation.*

The objectives laid out in the evaluation framework show that the major thrust of the project is to create and implement community activities by strengthening and/or establishing partnerships and supportive environments. Supportive environments are those that enable community access to healthy foods, physical activity and resources such as information, expertise and community support. The HEHS project has improved access to resources for most groups. Access to health expertise has been improved and many groups are now engaged in QH health programs and activities. Whilst many groups are able to work independently of the HEHS project, many groups choose to communicate through the HEHS Coordinator, who in turn, is seen by many as a source of supply or conduit for information and resources.

### 6. Develop a local level population approach -

- *Make an impact on the whole of the population whilst recognising and valuing the diversity of the Queensland population (including Indigenous peoples) and provide for the capacity required to achieve success, protect and acknowledge public and consumer interests*

The impact of the HEHS project on the whole population of Bowen Shire is not fully known. However, multicultural groups were partners and the project activities reached a wide audience. The partnerships formed were made by community service groups that acknowledge community interests. The results of the CCI assessments clearly show that the HEHS project improved community capacity to develop and deliver community development and health promotion programs.

- *Facilitate partnerships based on clear ethics and protocols and enhance the efforts of all relevant sectors and strategies in a partnership environment*

A common factor identified in the CCI assessments of 2004 and 2005 among members of community groups in Bowen Shire was that they had a strong sense of social and community responsibility. Many of the groups are non-governmental organisations, social support groups and schools. The partnerships formed were thus based on social duty and civic responsibility.

- *Base initiatives on available scientific evidence whilst helping develop needed evidence and recognise that a living, sustainable strategy requires continuing research, innovations, evaluation and renewal.*

Evidence was collected and presented during the previous HBSP and the strategies developed in the HEHS project stimulated collective community action. Community cohesion has been strengthened during the life of the HEHS and is the means by which it can be sustained. Leadership and management structures are in place to continue refining through research, innovations, evaluation and renewal. However, these structures must be permanent to be effective.

7. Develop a long-term sustainable approach that has application in other communities which outlines critical success factors and includes an evaluation framework

The HEHS project was designed and delivered as a community-wide development project for the whole of Bowen shire. Multicultural groups were partners. Bowen is classified as “remote” and with a population approximately 13,600. Before the HEHS, the population of Bowen Shire had been disadvantaged by distance, poor access to health services, higher proportion of people on low incomes and greater exposure to high risk-related health behaviours. The continuing success of the HBSP and the HEHS may provide a model other similar small remote communities elsewhere in Queensland.

8. Demonstrate partnerships with a range of organisations including government, not for profit agencies, the private sector (including retail agencies, fruit and vegetables suppliers, and food manufacturers, marketing agencies etc), communities and Local Government.

The HEHS project has demonstrated that successful partnerships with all sectors at all levels can be made and sustained in a small remote community- as described above. The issue for Bowen and probably other communities in Queensland is that community capacity building is, 1) a long-term process, 2) creates interdependency among independent community groups, and 3) requires coordination, leadership and direction.

### **6.3: Conclusions**

The HEHS project has achieved most of its objectives. A key outcome feature of the project has been improving and sustaining cooperation and working relationships between community groups in Bowen shire. The leadership and coordination shown by the Management Committee and Coordinator has enabled most of the project’s objectives to be met. Engaging a local community member as project Coordinator has been identified as a key critical success factor. Given appropriate support and time



these outcomes may determine sustainability. Below is a checklist of issues influencing future directions with possible solutions.

### Future directions Check list

Issue	Y/N	Comments
Is the project sustainable without external support (expertise, funding, labour) beyond the life of the project?	<b>NO</b>	
What is required to sustain the project beyond the current funding?		The continued existence of a management committee and coordinator to facilitate community activities and partnerships with committed community groups.
Is the project transferable?	<b>YES</b>	To similar towns such as Bowen.
What is required to enable the project to be transferred to other communities in Queensland?		The creation of a management committee and facilitator selected from among local community groups and members in towns similar to Bowen. Limited funding may be available as part of support for the delivery of QH/TPHU and other government department programs and services in small rural and remote communities.
Critical elements for success identified?	<b>YES</b>	Management Committee and community Coordinator selected from the community. Committed support from government in terms of expertise and funding.
Is more needed?	<b>YES</b>	<p>1. Assessment mechanisms for community capacity programs should be put in place to determine changes in relationships, reach, value, satisfaction of people involved in program delivery and target groups.</p> <p>2. Community capacity building is a long-term process. To be sustainable, time (at least 5 years) must be allowed for relationships, partnerships and resulting community activities to develop further.</p>

### ANNEX 1: HEHS: SUMMARY OF COMMUNITY PROJECTS 2004

Project	Lead Agency	Description	Target Group	Outcomes	Partnerships Developed
Cross Cultural Cooking Demonstrations	Cross Cultural Group	Cooking Demonstrations	Multi-cultural groups	Increased participation in attendance of cross cultural group. Information sharing and interaction of different cultures. Innovative cooking demonstrations were conducted by members of the Cross cultural group.	Cross Cultural Group Bowen Neighbourhood Centre HBSP Inc.
Life Steps Resistance Exercises	Tropical Public Health Unit	Physical activity for prevention of falls in older people	Older persons	Knowledge transfer Training Access to resources Implementation of a physical activity program incorporating resistance exercise for older people, Muroona Gardens and Hillside Haven	Muroona Gardens Hillside Haven Collinsville/Scottville Health Challenge Tropical Public Health Unit HBSP Inc.
Cooking for One or Two1	DVA	Cooking and nutrition program designed by DVA and Nutrition Australia.	DVA clients Older isolated people	Access to resources Knowledge transfer Social isolation reduced Muroona Gardens Day Therapy Centre coordinate the cooking program 2x6 week programs completed in 2004. Total participants = 14 Christmas cooking and get together conducted in November, 2004	DVA Muroona Gardens RSL, Bowen HBSP Inc.
Super Size Me	HBSP Inc. Summergarden Twin Cinema	Obesity and overweight Awareness raising event	Whole community	<ul style="list-style-type: none"> <li>• Knowledge transfer</li> <li>• Access to resources, health information and newsletters</li> <li>• Innovative healthy catering, promoting fruit and vegetables</li> </ul>	HBSP Inc. Summergarden Twin Cinema Woolworth's Bowen Horseshoe Bay Café Mages Supermarket
Check It Out and Step It Out	Bowen Shire Council	Pedometer loan scheme from the local shire libraries	Whole community	Provision of a pedometer loan scheme Bowen Shire library – April 2004. 30 pedometers for loan Bowen 10 pedometers for loan Collinsville Check It Out and Step It Out kit includes pedometers and physical activity goal	Bowen Shire Council NWPHC HBSP Inc. National Heart Foundation Just Walk It Collinsville Regional Health Service

Project	Lead Agency	Description	Target Group	Outcomes	Partnerships Developed
				<ul style="list-style-type: none"> <li>setting booklet.</li> <li>Opportunity to disseminate program under the state roll out of the 10,000 steps project</li> <li>Identified need to establish a physical activity task force</li> </ul>	Tropical Public Health Unit
Healthy Tuckshops	Tropical Public Health Unit	To provide education and training for healthy school tuckshop menus	Schools P & C Tuckshop Convenors	<ul style="list-style-type: none"> <li>Knowledge transfer</li> <li>Enhancing networking</li> <li>Sharing information and resources</li> <li>Access to professional support</li> <li>Improvements to school tuckshop menus</li> </ul>	Tropical Public Health Unit HBSP Inc. Collinsville Regional Health Service Education Oral Health
Food Cents Collinsville	Collinsville Regional Health Service	Food Cents training for local staff	Youth to Aged	<ul style="list-style-type: none"> <li>Six community based <i>FoodCent\$</i> facilitators trained to deliver the <i>FoodCent\$</i> program</li> <li>Assist people to make healthier food choices, improve their budgeting and shopping skills, and improve their nutritional status overall.</li> </ul>	Collinsville Regional Health Service Tropical Public Health Unit Collinsville/Scottville Health Challenge HBSP Inc. Bowen Shire Youth Program Department of Safe Communities
Seniors Week: Back to the Bush	Cunningham Villas	Collaborative Seniors Week Event	Older people	<ul style="list-style-type: none"> <li>Back to the Bush: a collaboration of agencies presenting a social event for seniors</li> <li>Seniors week planning increased collaboration and cohesion between aged care services, health and community services</li> </ul>	Bowen Neighbourhood Centre Blue Care Respite Senior Orientated support worker HBSP Inc. Muroona Gardens Rotary Cunningham Villas Giradula HAAC

<b>Project</b>	<b>Lead Agency</b>	<b>Description</b>	<b>Target Group</b>	<b>Outcomes</b>	<b>Partnerships Developed</b>
Simply Fresh	HBSP Inc.	A fortnightly media promotion of local fruit and vegetables in the Bowen Independent	Whole Community	<ul style="list-style-type: none"> <li>• Knowledge transfer</li> <li>• Increased promotion of locally produced fruit and vegetables</li> <li>• Provision of recipes utilising local produce</li> </ul>	HBSP Inc. Bowen District Growers Association Fandvforme Growcom
Bowen Shire Active-Ate Challenge	Tropical Public Health Unit	Physical activity and nutrition program for primary schools	Primary Schools in Bowen Shire	<ul style="list-style-type: none"> <li>• Knowledge transfer, teachers and students</li> <li>• Access to resources and web site</li> <li>• Promotion of nutrition and physical activities</li> <li>• 7/21 classes who completed the Active-Ate challenge for North Qld came from Bowen Shire</li> </ul>	Tropical Public Health Unit HBSP Inc. Local schools Local media
Mullers Lagoon Walking Trail	Bowen Shire Council	To establish a walking trail at Mullers Lagoon linking educational material about local fauna.	Whole community	<ul style="list-style-type: none"> <li>• Provision of supportive environment for walking</li> <li>• Knowledge transfer about the bird population at the lagoon</li> </ul>	Bowen Shire Council Bingalie CDEP HBSP Inc.
Green Fingers Garden Project	Bowen Flexi-Care	To establish a centre based garden as a nutrition education tool	Disability clients Carers Support workers	<ul style="list-style-type: none"> <li>• Funding acquired to set up a centre based garden</li> <li>• Visits to existing gardens in the community</li> <li>• Reduced social isolation</li> <li>• Increased physical activity</li> <li>• Increased exposure to plant based foods</li> <li>• Knowledge transfer</li> </ul>	Bowen Flexi Care HBSP Inc. Community gardens
Health-e-waves	HBSP Inc.	Establish monthly electronic news to increase community knowledge, information sharing	Community Stakeholders	<ul style="list-style-type: none"> <li>• Knowledge transfer</li> <li>• Information sharing</li> </ul>	HBSP Inc. Local networks

<b>Project</b>	<b>Lead Agency</b>	<b>Description</b>	<b>Target Group</b>	<b>Outcomes</b>	<b>Partnerships Developed</b>
Just Walk It	Bowen Neighbourhood Centre	Promote the JWI program and healthy heart initiatives	Whole community	<ul style="list-style-type: none"> <li>• Heart week walk</li> <li>• Healthy heart breakfast</li> <li>• CBD walk and trial of pedometers</li> <li>• Ten registered walk organisers Bowen</li> </ul>	Bowen Neighbourhood Centre Local walk organisers Bowen Shire Council
Community Events Sponsorship Scheme	HBSP Inc.	Actively promote fruit and vegetables at community events in the Bowen Shire	Whole Community	<ul style="list-style-type: none"> <li>• 20 groups from across the Shire promoted fruit and vegetables</li> <li>• 68% noticed the “Go for 2 &amp; 5 banner”</li> <li>• 55% interpreted the message to mean that they should eat more fruit and veg</li> <li>• 94% of events promoted more fruit and vegetables on their menu</li> </ul>	HBSP Inc. Community groups from Bowen, Collinsville, Gumlu

## ANNEX 2: HEHS: SUMMARY OF COMMUNITY PROJECTS 2005

Project	Network	Description	Support provided	Target group	Problems	Sustainability
Bowen Shire Active Ate Challenge	<b>Bowen/Collinsville Primary Schools</b> Education Queensland Queensland Health Tropical Public Health Unit HBSP Inc.	To provide classes with the opportunity to participate in a school nutrition and physical activity challenge across one term of the school year	Financial support Professional support Networking	School teachers P & C Primary students	High level of interest at start of challenge. Participation rates could be improved.	Yes. This program is supported on the EQ website. Schools can conduct a school based or interschool based challenge. EQ may further conduct a state wide challenge.
Keeping Kids Healthy	<b>Keeping Kids Healthy Working group</b> HBSP Inc, Bowen State School, Merinda State School, Queens Beach State School, Bowen Community Health, Bowen Collinsville Family Day Care, Bowen Youth Services, P & C groups, Queensland Country Credit Union, Tropical Public Health Nutrition James Cook University	To raise awareness of the importance of nutrition for children with their parents, carers and sporting groups.	Professional support and development Financial support Networking	Parents Schools Carers Sports groups	Limited availability of professional services eg dietician to present talks and conduct supermarket tours	Yes  Food Cents sustained by Bowen Neighbourhood Centre  Schools including P & C groups sustaining activities involving parents, including lunch box promotions, nutrition talks and parent education.
Queens Beach State School Community Based Vegetable Garden	<b>Queens Beach State School P &amp; C</b> QBSS Year 6/7 Koorelah Farms Noel Meurant retired adviser from DPI	Establishment of a community based vegetable garden to engage students and the wider community in gardening activities to support classroom activities and curriculum promoting healthy eating.	Financial Networking	Students from classes at QBSS	Water access  Watering during holidays  Pests including rabbits	Yes School based activity
Bowen Flexi Care Inc. <b>Green-fingers</b>	<b>Bowen Flexi Care Inc.</b> Bowen DPI station, Ultrastack Jamie Hillery Earthmoving Clients, HBSP Inc.	Establish a vegetable garden to give clients the opportunity to learn productive independent	Financial Networking Professional support	Flexi Care social group clients and young	Safety aspects for disability clients	Yes Flexi Care progressing project with funding grant from another source for Stage

<b>Project</b>	<b>Network</b>	<b>Description</b>	<b>Support provided</b>	<b>Target group</b>	<b>Problems</b>	<b>Sustainability</b>
		living skills to improve their nutrition, health and well-being		peoples group		2.
Zonta Club of Bowen	<b>Zonta Club of Bowen</b> Physiotherapist Phillip Sweeney School Based Youth Health Nurse HBSP Inc. Hortense Ingram and Tania Ellis Tropical Public Health Unit – Melissa James Sponsors Dairy Farmers, Men Do clothing, Dodds Agency, Browns Milk Supply, Sean Kelly Gym	To increase knowledge about the importance of building strong healthy bones	Financial Networking Professional support	Young women aged 15-17		Yes Zonta Club of Bowen developed resources to continue projects in future years
Working Towards a Healthier Tuckshop	<b>Tropical Public Health Unit</b> Bowen Health Service District Collinsville Regional Health Service HBSP Inc. Bowen/Collinsville Schools School P & C's	To provide training and ongoing support for tuckshop staff and school committees on implementing a healthy tuckshop menu	Financial Professional support Networking	Schools in Bowen and Collinsville	Clarification of Smart Choices in school setting	Yes Education Queensland and Queensland Health joint agreement Ongoing support from TPHU and Health Promoting Schools
Community Events Sponsorship Scheme	<b>Healthier Bowen Shire Partnership</b> TPHU Local community groups in Bowen Shire	To provide sponsorship for the active promotion of fruit and vegetables on event menus and promotion of the Go for 2 fruit and 5 vegetables message	Financial Networking	Community organizations	Quality of promotions	Yes Individual community groups sustain promotions
Fruity Frizzle Vegie Sizzle	<b>Healthier Bowen Shire Partnership</b> CRHS	To encourage community groups to promote fruit and vegetable alternatives to the	Financial	Community groups in Bowen and	Low participation rate by	Yes Individual community groups to support more fruit and

<b>Project</b>	<b>Network</b>	<b>Description</b>	<b>Support provided</b>	<b>Target group</b>	<b>Problems</b>	<b>Sustainability</b>
	BHSD Community organizations Bowen Retravision Bowen Flexi Care Murroona Gardens Day Therapy Collinsville Scottville Health Challenge Schools	traditional sausage sizzle.		Collinsville	community groups.	vegetable promotions
10,000 Steps Bowen	<b>Bowen Shire Council</b> HBSP Inc. TPHU Relationships Australia Bowen Neighbourhood Centre Bowen Community Health Bowen State High School Bowen Centacare Sport and Recreation Queensland Collinsville Regional Health Service Bowen Health Service District	To increase participation in physical activity in the Bowen Shire through community interventions	Financial Professional support Management support Networking	Bowen Shire residents		Yes Bowen Physical Activity Taskforce
10,000 Steps Collinsville	<b>Collinsville Regional Health Service</b> Bowen Health Service District Collinsville Scottville Health Challenge Collinsville Community Ass Collinsville Lions Club HBSP Inc.	To increase participation in physical activity in Collinsville	Professional support	Collinsville residents	Limited networking opportunities with Bowen Shire Council	Yes Collinsville Regional Health Service
Bowen Flexi Care Quick and Easy	<b>Bowen Flexi Care</b> NWQPHC Dietitian	To increase awareness of nutrition and health through consumption of fruit and	Networking Financial support	Flexi Care Clients and Support		Yes



Project	Network	Description	Support provided	Target group	Problems	Sustainability
Cooking		vegetables in diets of Flexi Care clients		workers		
Bowen Seniors Week 2005	<b>Blue Care Social Isolation project</b> Bowen Neighbourhood Centre Murroona Gardens Cunningham Villas Bowen Flexi Care Bowen Shire Council HBSP Inc. Bowen Blue Care Respite Bowen Lions Club	To conduct a combined seniors week event to increase social opportunities for older people in Bowen.	In Kind Networking	Older residents	Low budget  Large attendance required BSC to purchase more morning tea	Yes
Water Follies	<b>Murroona Gardens Day Therapy</b> Bowen Shire Swimming Pool Aqua Aerobic instructor Murroona Gardens Red Belles society	To provide older people with an opportunity to experience a low impact exercise in a new environment	Financial Networking Professional Support	Older residents of Bowen		
Cooking for One or Two	<b>Murroona Gardens</b> Department of Veterans Affairs Bowen Flexi Care Inc. HBSP Inc.	Providing cooking classes for socially isolated people to increase awareness and interest in nutrition	Networking Management support Marketing and Promotion	Socially isolated people	Maintaining classes for 6 weeks  Sourcing new recipes	Yes
Active Ageing	<b>Tropical Public Health Unit</b> BHSD CRHS HBSP Inc. Murroona Gardens Hillside Haven Bowen Blue Care	To increase participation in physical activity which help reduce the number of falls in the elderly	Networking	Over 50's		Yes Life Steps integrated into Aged Care programs

<b>Project</b>	<b>Network</b>	<b>Description</b>	<b>Support provided</b>	<b>Target group</b>	<b>Problems</b>	<b>Sustainability</b>
Health –E-Waves	<b>Healthier Bowen Shire Partnership</b>	A monthly electronic newsletter distributed to health networks and project partners to inform on the progress and activities of Healthy Eating Healthy Shire	Networking Information sharing	Health networks Community agencies and services Sporting groups	Limited to one page of information  No measure of who reads newsletter	Yes
Gem FM Community Catch Up	<b>95.1 GEM FM HBSP Inc.</b>	To provide updates on the progress and activities of Healthy Eating Healthy Shire on community radio	Financial membership Networking	Radio listeners	Changes to radio staff  Time allocation	
Bowen Shire Council Web page	<b>Bowen Shire Council HBSP Inc.</b>	To inform the community and broader health networks of the activities of the Healthy Eating Healthy Shire. To increase access opportunities to information about Healthier Bowen Shire Partnership		Residents of Bowen Shire Health networks	Maintaining current information	Yes Bowen Shire Council
Go for 2 and 5 Local Activity Working group	<b>Tropical Public Health Unit Nutritionists from across the Tropical Zone HBSP Inc.</b>	To information share, plan and evaluate activities to promote the Go for 2 fruit and 5 vegetables campaign	Networking	Nutritionists Health promotion networks		

## **ANNEX 3: COMMUNITY EVENTS SPONSORSHIP SCHEME EVALUATION 2004**

### **Executive Summary**

There is very good epidemiological evidence that people who regularly eat diets high in fruit and vegetables, including legumes have substantially lower risks of coronary heart disease, stroke, several major cancers and possibly hypertension, type 2 diabetes, cataract and macular degeneration of the eye (Baghurst et al., 1999; NHRMC 2002a).

Increased consumption of vegetables and fruit contributes to reducing the energy density of foods consumed and thereby contributes to prevention and management of obesity (Epstein et al. 2001)

Results from a survey conducted by the Healthier Bowen Shire Partnership in 2002 found that only 30% of men and women in the Bowen Shire consumed four or more serves of vegetables per day and 50% consumed the recommended serves of fruit per day.

As a result of these findings, the Healthier Bowen Shire Partnership is undertaking a two-year multi strategy food and nutrition project: Healthy Eating, Healthy Shire, to build the capacity of the local community to reduce the incidence of chronic disease.

One of the key goals of the Healthy Eating, Healthy Shire project is to build community networks and partnerships to work together to increase the consumption of fruit and vegetables.

The Healthier Bowen Shire Partnership Inc. elected to pilot, an innovative sponsorship scheme to encourage community event organisers to support the promotion of fruit and vegetables. The Community Events Sponsorship Scheme was launched in April, 2004.

The objectives of the Community Events Sponsorship scheme are to:

1. Expose people attending community events to the "Go for 2 and 5" message.
2. Encourage and support groups hosting community events to promote fruit and vegetables through sponsorship funding.
3. Increase the awareness of event organisers of the need to promote fruit and vegetables.

Community groups are eligible to apply for two levels of sponsorship

- \$100 to display the Go for 2 and 5 banner in a prominent position
- \$250 to display the banner and include fruit and vegetables on the event menu

The key aim of the Community Events Sponsorship Scheme is to expose people to the Go for 2 and 5 message that has been part of a very successful

Western Australian campaign. The “Go for 2 and 5” message is based on the Australian Guide to Healthy Eating which recommends adults eat five serves of vegetables and two serves of fruit per day. The WA campaign achieved outstanding results lifting the consumption of fruit by half a serve and lifting the consumption of vegetables by one serve per person per day according to the latest market research. (Rural Leader, October 1, 2004).

***Illustration 1***

Go for 2 and 5 logo as displayed on the Community Events Sponsorship banner.



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Priority is given to community events that are:

- Accessible to the whole community
- Promoted extensively in the community
- Not limited by cost on entry to participate or attend
- Promote healthy physical, social and productive activity

In 2004, HBSP Inc. provided sponsorship of \$5030 to a total of 20 different events from across the Bowen Shire.

Evaluation measures included surveys of the event participants and surveys of the event organisers. A total of 285 community event participants were surveyed. 70% of those surveyed could either recall the exact message or a close variant of the message.

Participants were also surveyed to see if they interpreted the message correctly. When asked about the interpretation of the message, 36% of those recalling a message said that it told them to eat 2 serves of fruit and 5 serves of vegetables per day. A further 55% said that they interpreted the message to mean that they should eat more fruit and vegetables or that they should generally eat more healthily.

Feedback provided by community event organisers shows that 94% of the events promoted more fruit and vegetables on the menu, than on previous menus. Of those respondents, 88% agreed that fruit and vegetable promotions would be conducted at future events.

These results show the Community Event Sponsorship scheme has met its objectives and achieved successful outcomes in 2004.

## **Description of the Community Events Sponsorship Scheme**

In May 2004 the Healthier Bowen Shire Partnership Inc. launched a community based sponsorship scheme to promote fruit and vegetables. The Community Events Sponsorship scheme aims to:

- expose people attending the event to the healthy lifestyle message, “Go for 2 fruit and 5 veg”, displayed on a banner and posters
- increase the awareness of people running community events of the need to promote fruit and vegetables
- provide community groups organising an event with financial support for initiatives to actively promote the consumption of fruit and vegetables
- raise awareness and understanding of the recommended minimum daily fruit and vegetable intake to local residents in the Bowen Shire.

To launch the event and set a community wide agenda for promoting fruit and vegetables, 104 community groups throughout the shire were posted a copy of the Community Events Sponsorship guidelines and the accompanying Fruit and Vegetable Toolkit.

Community groups are provided with \$100 sponsorship to display the “Go for 2 and 5” banner and an additional \$150 sponsorship to actively promote the consumption of fruit and vegetables: on their menu, as a taste testing event or as a sausage sizzle replacement..

Groups are encouraged to display the banner in conjunction with fruit and vegetables, near their canteen or some other form of display to reinforce the healthy eating message.

To date a variety of community groups from across different locations throughout the Bowen shire have participated in the scheme.

### **Distribution of events sponsored throughout the shire**

Location	Number of events sponsored
Gumlu	One
Bowen	Twelve
Collinsville	Seven

Evaluation of the scheme includes: an event organiser feedback evaluation and an event participant feedback evaluation.

Event organisers provide the HBSP Inc. with feedback about the CES Scheme by completing an organisers survey during a telephone or face-to-face interview with the HBSP Inc. coordinator several days after the event conclusion. The feedback from event organisers has been summarised in the following report.

In addition to the feedback provided by event organisers, individual participants were interviewed at a cross section of sponsored events to determine if they had seen any healthy lifestyle messages and what their understanding of the message means. The results of the participant surveys will be included in Attachment 1. In some cases, groups were sponsored an additional fee to administer the opinion feedback responses.

Comments from event organisers provide the partnership with valuable information about how the sponsorship scheme positively encourages event organisers to trial promotions of food choices, which include fruit and vegetables. Event organisers are also given the opportunity to make suggestions about additional resources and ideas to support the scheme and any changes to the scheme they would like to see implemented.

Event organisers surveyed:

Number of Total Events Sponsored	Number of surveys	Percent who provided feedback
20	18	90

Event organisers were asked which statements were applicable to their event:

- Fruit and vegetables were already available before this event
- More Fruit and vegetables were promoted on this menu than on previous menus
- Fruit and vegetable promotions conducted for this event will remain in the future

**Community Event Organisers Feedback**

Fruit and vegetables were already available before this event	Number	Percent
Yes they were available	6	33
No they were not already available	7	39
Not sure or this is a new event	5	28

In excess of 30% of groups sponsored recorded that fruit **and** vegetables were **not** readily available on previous menus.

More Fruit and vegetables were promoted on this menu than on previous menus	Number	Percent
Yes	17	94
No		
Not sure or new event	1	6

The clear majority of event organisers agreed with the survey statement that more fruit and vegetables were promoted on this menu than on previous menus.

Fruit and vegetable promotions conducted for this event will remain in the future	Number	Percent
Yes	16	88
No	1	6
Not sure	1	6

The majority of event organisers agreed that fruit and vegetable promotions would be conducted at future events.

Name of group	Event	Estimated Number of Attendees	more or less than expected
Bowen Rugby Union	Last Home Game	90	More
Merinda P&C	Sports Day	100	Same
Bowen State School P&C	Monster Garage Sale	1000-1500	More
Coral Community Market	QB Markets	300-400	More
Collinsville Lions	Golf Ambrose	40-50	Less
Bowen Little Athletics	Bowen Athletics Carnival	700-800	Same
Qld Cancer Fundraising Challenge Entrant	Australia's Biggest Morning Tea	1000	Same
Gumlu Capsicum Festival	Gumlu Capiscum	500-600	Less
QB SS Under 8's Week	Big Day Out	500	Same
QB SS P&C	Paddy's Market	3000	Same
BSHS	Bowen Rodeo	500	Less
St John Bosco's	Bowen River Rodeo	3000	Same
Collinsville SS P&C	Fete	1000	Less
St Marys School	Bush Dance	350	Less
Collinsville/Scottville Health Challenge	Rural Health Week Expo	60	less
Bowen Lions Club	Lions Festival	2500	Same
Collinsville Junior League	Reunion Weekend	1500	More
Moongunya Festival	Moongunya festival	300	less

Event organisers were surveyed about whether their event was promoted in the local newspaper, on radio, on local TV or TV community announcement or in local newsletters. Many groups actively promoted their event.

organisation	Total who agreed	Percentage of types of media promotion
Event was included in the media	18	100
Event was included on radio	7	39
Event was included on TV	4	22
Event was included in the newspaper	16	88
Events was included in newsletters	13	72

Feedback was sought from event organisers to determine if they found the banner useful to help promote fruit and vegetables. 15 out of 18 event organisers reported the banner as helpful. The event organisers were also asked if there were any changes they would like to be made to the sponsorship program, 13 of the 18 organisers requested no changes.

Survey results	Number	Percentage
Number who found the banner useful for promoting fruit and vegetables	15	83
Number who suggested no changes to the grants scheme	13	72

The suggested changes included; doing the project in stages, increased sponsorship for harder criteria, eg. only healthy foods sold, application form, set out a paragraph to be read over microphone. The latter two suggestions were provided earlier in the year and these changes have been adopted.

Event organisers also provided feedback about the types of resources they felt would assist their promotions. The suggestions are outlined in the table below and suggestions repeated several times include posters, pamphlets and fruit and vegetable costumes.

organisation	Other resource 1	Other resource 2	Other resource 3
Bowen Rugby Union	Promotions table		
Merinda P&C	Giant Vegetable Costumes	Vegie Stamp	
Bowen State School P&C	Hired Costumes	Tattoo	Ideas to become ambassador or active promotor of message
Coral Community Market	Brochures		
Collinsville Lions	None		
Bowen Little Athletics	Posters	Flyers	
Qld Cancer Fundraising Challenge Entrant	More Volunteers to help		
Gumlu Capsicum Festival	Leaflets of recipes	Pamphlets to appeal to children	Vegie Cosumes - vegie tales
organisation	Other resource 1	Other resource 2	Other resource 3
QB SS Under 8's Week	Stickers	Stamp with 2-5 logos	Used resources from QFVG



QB SS P&C	More Banners	dodgers	More Media Promotions
BSHS	People		
St John Bosco's	More to do fruit salad cups and desert add		
Collinsville SS P&C	None		
St Marys School	Postcard size posters (fat/sugar0	Coasters	
Collinsville/Scottville Health Challenge	None		
Bowen Lions Club	More brochures about the banner		
Collinsville Junior League	Mascot/costumes		posters to keep
Moongunya Festival	Poster are good		

**Some examples of the behaviour changes demonstrated by event organisers.**

St John Bosco's School P & C at the Bowen River Rodeo

This group set the the scene right from the start when they catered for the Bowen River Rodeo. This group made an enormous effort in positively promoting fruit and vegetables, firstly they completely decorated their canteen which is a tin shed converted to a dining hall by giving it a huge facelift with a few rolls of hessian. On the hessian walls they promoted and displayed healthy eating messages and thanked their sponsors. On the display counter they had a huge basket of fresh fruit and vegetables on display which were later sold for consumption. Anecdotal feedback from the organisers admitted that was there was quite a bit of scepticism about the fruit selling, when in fact they could have sold more. The fruit was attractively displayed, of good quality and moderately priced, which made it very appealing.

Australia's Biggest Morning Tea

The Qld Cancer Fund Challenge entrant, Tina Richards with support from the local supermarket and other industries provided a Biggest Morning Tea promoting fruit and vegetables, in conjunction with the opening of the new IGA supermarket.

An attractive array of foods on display which included fruit and vegies were:

- ❑ Mini fruit kebabs
- ❑ Semi dried tomatoes
- ❑ Pumpkin scones
- ❑ Dips with vegetable sticks

Under 8's Week Big Day Out

Parents, and teaching staff from a class organising the Under 8's expo conducted an innovative taste testing event, using recyclable or edible packaging. This activity demonstrated students loved being involved in designing innovative and fun recipes. This event included the students designing an evaluation feedback to assess the level of interest in their creations and if people would like the recipes for their innovative taste testing stall. Records indicated they gave away 60 copies of their recipe page.

- ❑ Fresh orange juice
- ❑ Fruit salad served in orange cups
- ❑ Mango Tango flummery served in ice-cream cones
- ❑ Green Dream or broccoli cheesecake without the traditional base was served on a thin water cracker biscuit
- ❑ Sun Scones with sweet potato
- ❑ Crunchy Munchies – avocado dip in a squeeze bottle to accompany crunchy celery sticks.
- ❑ Carrot bread

Other items included on menus that were reported as successful selling items and may be promoted again include:

- ❑ Pre-packaged Caesar salad ( pre-made by volunteers ) sales of this were also assisted by placing this item in the fast service lane.
- ❑ Pumpkin soup in a cup \$1
- ❑ Corn on a stick \$1
- ❑ Egg in a ring served on a muffin burger (capsicum rings cooked on the BBQ with an egg grilled in the middle)
- ❑ Grilled capsicum strips added to steak burgers
- ❑ Hot corn meat, served with four vegies
- ❑ Roast pig on the spit accompanied by vegetables
- ❑ Whole watermelons for \$2
- ❑ Meat and vegetable kebabs
- ❑ Baked potatoes with vegetable fillings
- ❑ Fruit salad
- ❑ Vegetarian lasagne

Other promotions included at the sponsored events included:

- ❑ Fruit and vegetables stalls with boxed produce for sale
- ❑ Free taste testing of fruit produce at the Sunday markets
- ❑ A traditional chocolate wheel becoming a fruit and vegetable wheel, there is scope to add variations to this idea with other recipe packs eg. vegetables, noodles, sauce bases.

Of the groups accessing funding in 2004 there were two groups who elected to display the banner only, for \$100: Bowen Show Society and Bowen Family Fishing Classic.

Bowen Show Society supported the banner with a terrific display of locally produced fruit and vegetables from local growers. It is recommended that the banner be displayed in conjunction with a fruit and vegetable display or promotion.

Events used a variety of ways to promote fruit and vegetables, although the 2 and 5 message was displayed feedback indicates the message could be reinforced more broadly by the sponsored group in a number of other strategies.

- PA system
- event menu board
- newsletters prior to the event
- local newspaper

When asked about possible resources to promote the scheme the responses included:

- A promotions table or display set up for community groups to use
- Giant vegetable costumes ( this was repeatedly heard from at least 3 groups)
- Tattoos
- Fruit and vegetable logo or stamp to place on packaging/tuckshop bags
- Ideas on how groups could become greater ambassadors or active promoters of the message, wear T Shirts or hats
- Posters to keep
- Brochures to give out
- Guidelines for event organisers to read out , what the promotion is about, what the message means and why we are doing it.
- An event could print off numbered lucky dodgers about fruit and vegetables and the lucky winner could win an open order of fruit and vegetables or a prize. People purchasing items from the fruit and veg stall could win a prize.

#### **Financial costs of the Community Events Sponsorship scheme**

Number of events	Amount of Sponsorship	Total Sponsorship
1. Bowen Family Fishing Classic 2. Bowen Show Society	\$100	\$200
3. St John Boscoss Bowen River Rodeo 4. Gumlu Capsicum Festival 5. Bowen State School Monster Garage Sale	\$270	\$1080
6. Bowen Athletics Carnival 20 years 7. Bowen State High School Rodeo 8. Moongunya Festival 9. Collinsville Lions 10. Collinsville Junior League Reunion weekend 11. Mudcrabs home game 12. Queens Beach Under 8's	\$250	\$3750

13. Queens Beach Paddy's Market 14. St Mary's Bush Dance 15. Collinsville Local Ambulance 16. Merinda State School P & C Sports Day 17. Collinsville State School P & C Fete 18. Coral Coast Community Markets 19. Australia's Biggest Morning Tea 20. Collinsville/Scottville Health Challenge		
Total Sponsorship		\$5030.00
Materials to support scheme: Banner Laminating for posters Postage/handling, printing costs		\$375.00 \$ 50.60 \$ 200.00
<b>Total Cost</b>		<b>\$5655.60</b>

### Participant surveys

#### *Description of respondents.*

In all 285 individuals were surveyed at 9 events. The number of surveys returned from each event is shown in Table 1. As can be seen from the table the number of surveyed individuals per event ranged from 9 to 56.

Event name	Number of surveys	Percent of final sample
Bowen River	56	19.6
Bush Dance	47	16.5
FFC	9	3.2
Garage sale	21	7.4
Gumlu Capsicum Festival	42	14.7
Kids at the beach	24	8.4
Merinda Sports Day	25	8.8
Paddy's Market	41	14.4
Queen's Beach markets	20	7.0
<b>Total</b>	<b>285</b>	<b>100.0</b>

Table 1: Number of surveys returned per event and percent of sample represented.

The majority of those surveyed were female (70%) and were attending the event in the capacity of spectator. Table 2 shows the number and percentage of respondents falling into each attendance category.

<b>Capacity in which event was attended</b>	<b>Number</b>	<b>Percent</b>
Participant	21	7.4
Spectator	165	57.9
Coach	2	.7
Organiser	9	3.2
Helper	67	23.5
Caterer	4	1.4
Other	17	6
<b>Total</b>	<b>285</b>	<b>100</b>

Table 2: Number and percentage of respondents in each attendance category.

The age distribution of the sample is shown in Table 3. It can be seen that the majority of the sample was aged 26 years and older. Over half the sample was 36 years and above. Three people did not give their age to the interviewers.

<b>Age category (years)</b>	<b>Number</b>	<b>Percent</b>
12 years and under	17	6
13-17	15	5.3
18-25	28	9.9
26-35	66	23.4
36-45	80	28.4
46+	76	27.0
<b>Total</b>	<b>282</b>	<b>100</b>

Table 3: Frequency distribution for age

### ***Impact of the message.***

#### *Was the message noticed?*

Around 80% of those surveyed stated that they remembered a message being presented at the event. Individuals were asked to recall the exact message they saw and the responses were classified as shown in Table 4 below. Of those recalling the presentation of a message, around 70% recalled either the exact message or a close variant of the message.

Message recalled	Number	Percent
Exact message or close variant	150	68.8
Eat healthy/eat more F&V	36	16.5
Something about food	21	9.6
Other	11	5.0
<b>Total</b>	<b>218</b>	<b>100</b>

Table 4: Percent and number of those recalling a message.

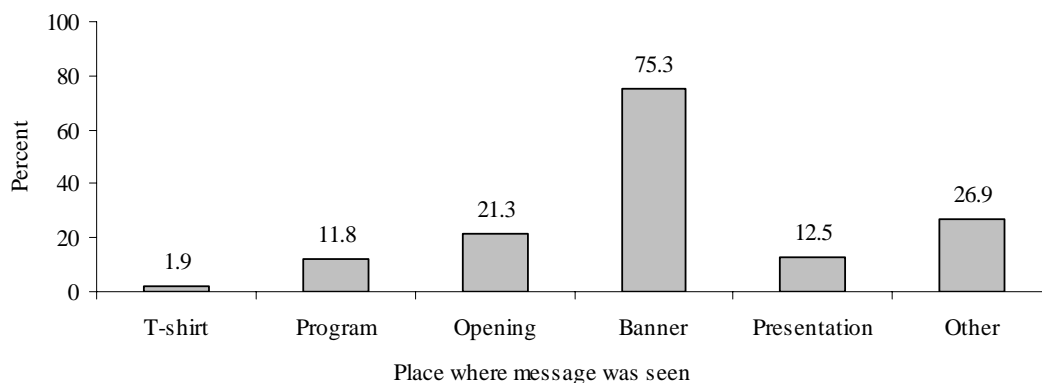
*Was the message interpreted correctly?*

When asked about their interpretation of the message, 36% of those recalling a message said that the message told them to eat 2 serves of fruit and 5 serves of vegetables per day. A further 55% said that they interpreted the message to mean that they should eat more fruit and vegetables or that they should generally eat more healthily. The message was also received very well with 95% of those noticing the message stating that they agreed with it.

*Where was the message noticed?*

The data obtained on these questions contained a lot of missing values therefore Figure 1 below is based upon incomplete data. Despite this it can be seen that around three-quarters of the individuals surveyed stated that they saw the message on the banners displayed at the event.

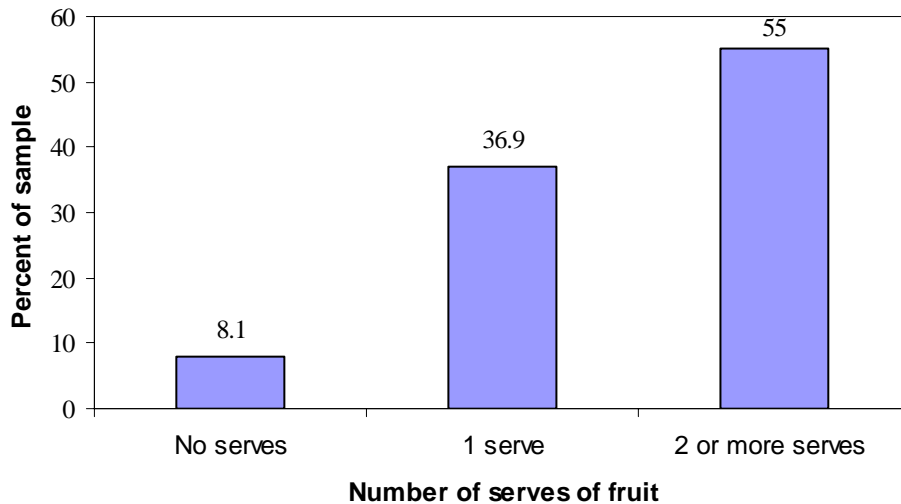
Figure 1: Places where the message was seen



*Fruit and Vegetable intake.*

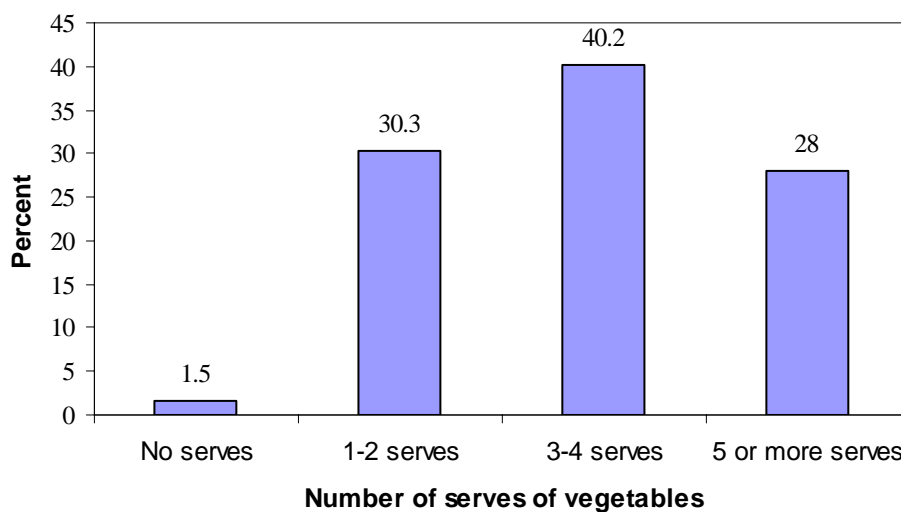
Respondents were asked to report their typical daily fruit intake over the last week. The pattern of responses is shown in Figure 2. . Most frequently respondents stated that they consumed 2 or more serves of fruit a day.

Figure 2: Responses to typical daily fruit intake



In terms of typical daily vegetable intake, nearly 30% of individuals stated that they ate the recommended 5 serves of vegetables on a typical day in the last week. The full pattern of responses is given in Figure 3.

Figure 3: Pattern of typical daily vegetable intake for the sample



Those individuals who reported consuming higher levels of fruit also tended to be the ones who reported eating high levels of vegetables. Older individuals tended to eat more fruit and vegetables than did younger respondents. There was no relationship between gender and fruit and vegetable consumption. In other words, males and females tended to report eating the same levels of fruit and vegetables.

*Description of own fruit and vegetable consumption.*

Respondents were read a number of statements and asked to endorse the one that best fitted their own behaviour and beliefs. The distribution of responses is shown in Table 5. Most commonly, respondents stated that they were happy with the amount of fruit and vegetables they ate. Respondents who were happy with their intake tended to be those eating more number of serves daily. Individuals who ate low amounts of fruit and vegetables tended to either not think at all about their intake or want to make an effort to eat more.

<b>Description of own consumption</b>	<b>Number</b>	<b>Percent</b>
I don't really think about how much fruit and veg I eat	36	13.6
While I don't think I eat enough F&V it doesn't worry me	1	.4
I don't eat enough F&V and would like to eat more but haven't done much about it	44	16.7
In last 6 months I've made an effort to eat more F&V but it hasn't lasted	20	7.6
In the last 6 months I've made an effort to eat more F&V and it has worked	30	11.4
I am happy with the amount of F&V I eat	133	50.4
<b>Total</b>	<b>264</b>	<b>100</b>

Table 5: Descriptions of own consumption of fruit and vegetables.