



CENTRE FOR HEALTH SERVICES
RESEARCH AND POLICY

Overview of the Let's Beat Diabetes Evaluation 2009

Final Report

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Let's Beat Diabetes

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1. Overview

1.1 LBD Overall

The overall status and function of LBD was primarily evaluated through the February 2008 Monitoring Report and the Organisational Development report from the same period. Key findings for LBD are identified at two levels, one being the individual Action Areas and the second level reflecting the strategic direction of LBD.

When evaluating LBD it is important to revisit the original programme logic. This logic suggests that change will occur over time and in fact some changes will be seen over a generational change in the short term, we should see changes in awareness and participation, and some trends towards physical change. On an organisational level it is expected to observe changes in infrastructure engagement and partnerships, subsequently a community mobilised and working together to bring about change.

There is little doubt that LBD has been established as an entity amongst health providers in Counties Manukau, in fact its model and marker is also well regarded nationally. The programme continues to make good progress and the pockets of success continue to grow. The catalyst for this growth appears to rest with the DHB. Subsequently, the partners still see an imbalance of power within the collaboration, with the power firmly in the hands of the DHB.

The original aim of the programme is to harness the power of community to bring about sustainable change. While there is clear evidence of growth in awareness and participation in healthy life styles in various parts of the community there is little evidence of sustainable change in the community's ability to produce change without the control power of the DHB.

1.2 Action Areas

Overall, great progress appears to have been made across the LBD Action Areas in terms of getting out there and getting things done. This has been supported by the development and maturation of some Action Areas, as well as the appointment of appropriate personnel. There were however some key strengths and key challenges which were identified for each Area, and these are highlighted for consideration below.

1.2.1 Community Action Fund

Key strengths within this Work Stream:

- Promotion of the fund is working well, and there is a high level of interest in the fund from the community

- The level of engagement with the community was noted to be high, as evidenced in the number of enquiries fielded each month

Key challenges within this Work Stream:

- Although the Work Streams focus is a collaborative one, collaboration and partnerships tended to be short-term and primarily of a funding nature
- The sustainability of the initiatives within the Action Area, and their associated outcomes, were noted to be dependent on receiving ongoing funding
- Limited evaluation readiness

1.2.2 Maori

Key strengths within this Work Stream:

- A significant amount of work had been undertaken to forge partnerships and build relationships both in the community, and with the various other LBD Action Areas and Work Streams
- There is a strong emphasis on empowering Maori to take ownership of their health concerns and issues, and a high level of engagement with the community across marae, Kura and Kohanga settings.
- The Maori Work Stream evidenced a strong commitment to using evaluation to enhance the work that is undertaken

Key challenges within this Work Stream:

- Capacity is a key challenge for this area; there were calls for more Maori staff within the Work Stream and LBD as an organisation, such that work undertaken to increase responsiveness across the organisation was not to the detriment of the work of the Action Area.
- The Action Area could benefit from more formal systems and structures to promote sustainability
- Greater autonomy was desired in terms of coordination and management, which was seen as a means of increasing momentum from conception of an initiative through to implementation

1.2.3 Pacific

Key strengths within this Work Stream:

- The project team has made great strides in establishing relationships with the Pacific community and in fostering collaboration and partnership within that community.
- The project team is working hard to build community capacity, and to improve the ability of the community to run initiatives on their own in an effort to enhance sustainability of the initiatives.
- The project team have indicated a willingness to engage in and learn from evaluation of their various initiatives.

Key challenges within this Work Stream:

- An increased focus on the management and coordination of the Work Stream would support the achievement of some tangible outcomes.
- There was a lack of cohesion as an Action Area, which was attributed to both capacity issues as well as a lack of integration of the project team with Pacific Health within the DHB
- There were calls for enhanced collaboration between the Pacific Work Stream and the other LBD Action Areas to support responsiveness to Pacific communities

1.2.4 South Asian

Key strengths within this Work Stream:

- Due to the early stage of the initiative, the nature of the work being carried out is different to other AA's in that it is foundational work and is focused on developing leadership structures, rather than initiatives. As such, leadership and governance in this area is functioning well, with a strong steering group, and a high level of strategic planning occurring within the Action Area
- There is a high level of stakeholder buy-in, with shared understandings of the visions and goals that have been established within this area
- There is a high level of consultation occurring with the South Asian community

Key challenges within this Work Stream:

- Although there is some linkages with certain Action Areas such as the Social Marketing Action Area, it is unclear how the Work Stream is engaged with the rest of LBD, and how the project team will work across the programme as a whole to ensure responsiveness to the needs of the South Asian community
- Although the development of relationships and partnerships is being prioritised, these are still in very early stages, and as such will require considerable effort to nurture and consolidate those relationships

1.2.5 Workplace

Key strengths within this Work Stream:

- A significant amount of work had been undertaken to forge partnerships and build relationships within this Action Area
- This Work Stream appears to have a culture of evaluation that could provide useful learnings for the other LBD Action Areas.
- Organisational development was a strength for this Work Stream; there appeared to be effective leadership in place, with good communication and information flow amongst the workplace team

Key challenges within this Work Stream:

- The limited identification of linkages and collaboration with other LBD Action Areas, particularly Maori and Pacific, may limit the potential impact and coverage of the Work Stream in relation to the Counties Manukau population

1.2.6 Social Marketing

Key strengths within this Action Area:

- Leadership and governance in this area is functioning well
- There was a high level of collaboration occurring at both an external and internal level
- There is strong commitment within this area to ongoing monitoring and evaluation of the campaign

Key challenges within this Action Area:

- The sustainability of the initiatives within the Action Area, and their associated outcomes, were noted to be dependent on receiving ongoing funding

- The level of adaptation occurring within this Action Area was fairly low, with little evidence to suggest that initiatives were responding constructively to setbacks in the achievement of these KPIs
- Greater connectivity with the other LBD Action Areas was desired.

1.2.7 Urban Design

Key strengths within this Action Area:

- Strong and enduring links had been established with certain organisations which were seen to greatly support the Action Area in achieving its mission
- A willingness to engage in and learn from evaluation was indicated, however limitations in terms of capacity have historically meant that this is not a priority for the Action Area
- There is a commitment to sharing information with respect to what is happening within the area, and trying to reduce the gap between this and the other LBD Action Areas

Key challenges within this Action Area:

- Organisational development within the area was a challenge, and there appears to be little or no structure to the Action Area, with all of the work falling to one individual. It appears that there is a need to develop stronger leadership structures and build capacity in this area to support the Action Area to achieve its set objectives and goals
- Despite receiving a low score for meeting KPIs, the level of adaptation occurring was fairly low, with little evidence to suggest that initiatives were responding constructively to setbacks in the achievement of their KPIs
- There appears to be a low level of buy-in from stakeholders who have been unable or unwilling thus far to commit to ongoing participation on a leadership hub

1.2.8 Food Industry

Key strengths within this Action Area:

- A significant amount of work had been undertaken to forge partnerships and build relationships with the Food Industry, a process which has been enabled by the project team's understanding of the Industry's needs, priorities and ways of working
- The Action Area has developed a good relationship with other LBD Action Areas despite the Food Industry being an area that is traditionally outside of the health sector
- Adaptation within this area was reasonably high, which reflects the flexible approach adopted by the Action Area, and a willingness to adjust plans based on changes in the environment to optimise uptake

Key challenges within this Action Area:

- Ongoing buy-in and commitment from the Food Industry has been identified as key to the success of the initiatives under this Action Area.
- There were calls for a greater level of community involvement in the development of initiatives under this Action Area

1.2.9 Health Promotion

Key strengths within this Action Area:

- The project team are collaborating well with the community
- The activities occurring within this Action Area were regarded as having a reasonable probability of sustainability
- A willingness to engage in and learn from evaluation was indicated, however there is limited internal capacity to conduct evaluations

Key challenges within this Action Area:

- The somewhat disparate nature of the initiatives makes it difficult to identify any cohesive strategic vision or goals guiding the Action Area as a whole, which influenced the cohesion of the team, and perpetuates the view of the Area as a 'holding pen' for initiatives
- Organisational development is a challenge; there was a call for organisational systems and structures to support and integrate the separate initiatives within this Action Area
- Securing leadership and oversight for the Action Area

1.2.10 Well Child

Key strengths within this Action Area:

- Strong relationships had been formed with providers and a considerable amount of work had been undertaken to work collaboratively with those in the sector to increase awareness and rates of breastfeeding in the community.
- The leadership structure for the Action Area was functioning well, although there was a desire to see a shift in focus away from the DHB and towards community/provider input in order to maximise the relevance and sustainability of the work undertaken
- The initiatives were seen as sustainable given the current level of resourcing provided the project team identify a clear focus moving forward

Key challenges within this Action Area:

- Little evidence of organisational systems and structures in place to support strategic thinking and communication across the Area as a whole
- Evaluation does not appear to be a priority, with few KPIs related to evaluation, and mixed opinions within this Action Area in relation to the value of evaluation

1.2.11 Education Settings

Key strengths within this Action Area:

- Good progress was made towards meeting KPIs and implementing programmes
- There was strong evidence that collaboration was occurring between organisations at both a grass-roots level (for example, with schools, ECEs and local community organisations) and at a more strategic level, resulting in alignment of visions and strategic planning across the Action Area
- There is a high level of engagement in the evaluation process, and willingness to learn from evaluation findings

Key challenges within this Action Area:

- There were calls for more information sharing and collaboration between the different education areas

- Limited capacity meant that project managers have little time to reflect on and be critical of the work that is undertaken, which is likely to impact on the quality and sustainability of outputs
- It was suggested that there is a need for increasing DHB support for early childhood initiatives

1.2.12 Primary Care

Key strengths within this Action Area:

- Good progress was made towards meeting KPIs and implementing programmes
- Organisational development within this area is a key strength; the project team have prioritised the establishment of integrated systems and structures to enhance communication and information sharing
- The likelihood of the initiatives within this Action Area, and their associated outcomes, being sustainable over time was perceived to be high, jointly due to the nature of the initiatives, the level of support from the primary care sector, and alignment with national directives

Key challenges within this Action Area:

- Connection of this Action Area to other Areas is limited due to its focus on the management and treatment of those with diabetes. The project team might benefit from working together with LBD management and the other Action Areas to identify potential linkages and opportunities for collaboration
- Securing confidence in the health sector for the implementation of self-management initiatives by those who are not health professionals. There were calls for the development of organisation-wide strategies to guide engagement with Primary Care
- Prioritising self-evaluation and monitoring of initiatives

1.2.13 Vulnerable Families

Key strengths within this Action Area:

- The Action Area was making good progress in promoting awareness of the relationship between health and social wellbeing to those within the social services sector
- There was a reasonable amount of evaluation occurring at a grass-roots level and a general willingness to engage in the evaluation process within the Action Area
- Strong partnerships have been established with several key organisations within the social service sector

Key challenges within this Action Area:

- Little evidence of organisational systems and structures to support the sustainability of the initiatives
- There is a clear need to identify a structure to provide leadership and governance for this Action Area, where progress has been delayed due to constant change and upheaval in previously identified leadership structures
- Given the work being done with evaluation, there were calls to build evaluation capacity within the Action Area

1.2.14 Integrated Care

Key strengths within this Work Stream:

- There was a reasonable level of collaboration occurring within this Action Area
- There is a willingness within the Action Area to engage in and learn from evaluation

Key challenges within this Action Area:

- Little evidence of organisational systems and structures in place to support strategic thinking and communication across the Action Area as a whole
- There was a call for greater oversight and higher level buy-in, to really drive the Action Area and help initiatives gain more momentum
- It was suggested that more leadership needs to come from the community to improve the appropriateness and sustainability of the initiatives

1.3 Organisational Development and Strategy

Organisational development and collaboration are integral to the success of LBD. Subsequently, understanding organisational development is critical to investigating the LBD strategy. Several key themes emerged from discussions with key stakeholders the following is a summary of the findings.

The LBD vision and aim have been maintained, and continue to be a source of encouragement to stakeholders. Expectations of LBD have changed to an achievable objective of building public awareness and discussion, with behaviour change being seen as a longer term goal. LBD is perceived as being successful due to the commitment and hard work of staff, and despite the difficulties of staff turnover. LBD was viewed as also benefiting from the relationship with HEHA, which was seen to help garner support from organisations that are not specifically within the health sector.

Collaboration within action areas was reported as a strength, whilst a lack of collaboration across action areas was a perceived barrier. Stakeholders also shared a desire that collaboration with community groups would be improved, and that they expected this would assist with building community independence and capacity. In the light of growing awareness that the hoped-for outcomes from LBD have shifted to awareness rather than a reduction of diabetes, stakeholders' appear to want the focus of sustainability for the coming year to be on safeguarding the future of programmes through building community capacity.

A theme regarding some dissatisfaction with communication was also apparent, in relation to the purposes and uses of both the PSG meetings and the evaluation of LBD. Disagreement was found amongst stakeholders, as to whether the information being received at the PSG meeting was sufficient or appropriate. Stakeholders desired that evaluation feedback would assist with funding, be disseminated in a more timely manner, and in a format that was easier for the PSG and management to use.

1.4 PSG

Following concerns relating to the role and function of the LBD Partnership Steering Group (PSG), an evaluation was completed in February 2008. From that evaluation, the key recommendations included:

- Revise the terms of reference.
- Change the actual structure of the PSG.
- Change the membership of the PSG.

The most common suggestions for improvement, as stated by stakeholder, involved:

- Change the PSG membership so that members were more governance-oriented and felt ownership and investment in the future direction of LBD.
- Revise the TOR of the PSG, particularly the objectives of the group as some members feel that they are not appropriate for a governance group.
- Form another, smaller, more governance-oriented group so that the current PSG could maintain its larger partnership and information-sharing role.

In addition, it was recommended that any changes to the PSG should be directed by the stakeholders involved in the group, and discussed and brought about in a collaborative manner.

While the PSG continued to function under this existing structure during the period between February 2008 and January 2009, there were a number of meetings and workshops held with stakeholders regarding the most appropriate way to modify this structure. It should be noted that at the time this report was written, a proposal for a revised PSG structure had been accepted by stakeholders and that these structural changes are generally aligned with the recommendations made by the evaluation team, and fit with the suggestions for improvement made by the key stakeholders.

Given this new structure, it is recommended that a review of the changes implemented in 2009 should be performed early 2010 in order to ascertain how these changes have been received, and the overall impact this has had on the work conducted by LBD.

1.5 Focussed studies

Seven focussed studies¹ were established during the reporting period (February 2008-January 2009), with two of these evaluation reports submitted, namely, *Learnings and Insights from a Sample of Projects Supported by the Nutrition Fund in Counties Manukau* (submitted August, 2008), and *An Evaluation of the Redevelopment of Templeton Park* (submitted February, 2009). The key findings from these two focussed studies are presented below. In addition to this, two additional focussed studies established in 2007, were delivered in 2008 and the key findings are presented below.

¹ The key findings from the five additional focussed studies will be reported in May 2009.

1.5.1 Learnings and Insights from a Sample of Projects Supported by the Nutrition Fund in Counties Manukau

The evaluation aimed to provide a snapshot of the implementation, progress, and outcomes of five initiatives supported by the Nutrition Fund in primary and secondary schools across Counties Manukau, to showcase as exemplar initiatives for other schools looking to apply for a grant from the Nutrition Fund.

The key findings of the evaluation across the five schools are presented below in the four key headings: Need for Nutrition Fund Supported Initiatives; Consultation and Whanau Engagement; Implementation; and Outcomes.

Need for Nutrition Fund Supported Initiatives

The evaluation highlighted the need within schools for Nutrition Fund supported initiatives such as those that have been profiled in this evaluation, as well as ongoing evaluation for students and parents. This was evident in:

- Surveys with the students which suggested that while the 5+ fruit and vegetables per day message appears to be getting through to students, this knowledge is not resulting in behavioural change.
- When identifying the need for nutrition-related initiatives within schools, it is important to prioritise as some schools were overly ambitious in what they set out to achieve given the level of internal support available regarding the development and implementation processes. Similarly, enthusiasm on behalf of the students needs to be balanced with realism as to what can be achieved given time frames, resources, and support within schools.
- It is also important to note that all of those schools considered in this evaluation are located in areas of high deprivation; given that cost is a big driver of food choice, this warrants further investigation into ways to ensure food is provided at a cost affordable to students.

Consultation and Whanau Engagement

The evaluation also highlighted the need for an extensive consultative process from the outset, with both students and parents/whanau, in order to support implementation of the initiatives.

- Excluding whanau, students and staff have embraced the various Nutrition Fund initiatives showing a demonstrably high level of ownership shown in more successful projects.
- Engagement of parents/whanau is challenging but vital for success, especially to ensure consistent message across both school and home.

Implementation

The evaluation highlighted following factors that either enabled or supported the implementation of Nutrition Fund supported initiatives, or hindered implementation:

- Key enablers:
 - Guidance and support from the DHB through Health Promoting Schools and public health nurses.

- A high level of student involvement in the project.
- Planning over time and setting goalposts for gradual change.
- Consultation with parents and whanau.
- Drive, commitment and enthusiasm from all those involved in the project.
- A whole-school approach.
- Key barriers:
 - Limited whanau engagement.
 - Difficulties in securing and financing adequate facilities/resources and supervisory support.

Outcomes

The evaluation highlighted the following key outcomes from the five Nutrition Fund supported initiatives in this evaluation. These initiatives have resulted in:

- Increased availability of healthy food choices in schools.
- A high level of student engagement, suggesting increased student knowledge and attitudes
- Schools continuing to develop their vision for a healthy school environment, therefore, emphasising student's opportunity to learn.
- Linking of funding application process and identifying need for an initiative to student projects, thus supporting the development student academic skills.
- Given the early stage of many of the initiatives presented in this report, further evaluation will be required to document:
 - The extent to which the learnings adopted by students and retained over time.
 - The extent to which these learnings are shared with whanau.
 - The extent to which these learnings affect attitudes and behaviours across settings.
- The sustainability of initiatives as the current evaluation is slightly limited due to lack of outcome data available from some schools.

1.5.2 An Evaluation of the Redevelopment of Templeton Park

The evaluation found that after the redevelopment in 2009:

- More people (both alone and in groups) are using the park.
- People are using the park for more purposes than using it as a walkthrough or shortcut. In particular, groups who went to the park engaged in organised activities.
- Noticeably, more teenagers visited the park.
- The mode of transport to the park remains the same for the two time points. Accessing the park by foot is still the most common mode of transport followed by bike.
- Accessing the park through the walkway is still the most common way to access the park.
- There was an increase in access to the park through Volta Place and Templeton Place.
- Activity on Volta Place and Templeton Place appears to be quiet during the observation period. There was no noticeable increase in usage of the two roads since the redevelopment.

Furthermore the evening observations suggested that large groups of people are still using the park and individuals are making use of the playground equipment that has been established. In addition to this, one of the key strengths of the redevelopment process has been the involvement of the community and the strong community ownership of the park.

1.5.3 An Evaluation of the Diabetes Self-Management Education Programme

The evaluation report explained in detail that the DSME programme implemented in Counties Manukau managed to:

- Show an improvement in participants' attitudes towards their own ability to manage their diabetes after participating in a DSME group, which was mostly sustained three months after the end of DSME participation.
- Show an improvement in participants' diet, physical activity and feet care after participating in a DSME group. There was not enough data to ascertain whether changes were sustained three months after the end of the intervention.
- Show an improvement in HbA1c levels three months after the end of DSME participation.

1.5.4 Schools Accord

The following is a summary of the key findings for the Schools Accord, as presented by themes in line with the evaluation objectives.

Membership and participation

- Schools Accord membership and participation is diverse, and relatively stable over time. Attendance at monthly meetings predominantly comprised community partners of the group.
- Schools Accord meetings serve as an information sharing forum and a platform from which future action is built on, by way of the formation of sub-working groups according to expertise, which take on projects designated a priority status by the group.
- A strong incentive for member's participation was the opportunities and benefits afforded by the Schools Accord for information sharing and networking.

Role and organisation

- Members' perceptions of the role of the Schools Accord varied from a focus on specific initiatives, driven by both local and national strategies, to a strategic approach designed to support schools with the increasing demands imposed by local and national strategies.
- The Schools Accord was also considered by some to have a role in co-ordinating service delivery; supporting the implementation of national strategies and local initiatives; and providing strategic direction.
- Organisation and management of the Schools Accord was seen as functioning well, and the group's inclusive, collaborative approach was highly valued by its members. This collaboration was recognised as a key achievement and reflected in its 10 year existence.

- Although well coordinated, it was suggested that greater clarity around the operational objectives, and member roles and responsibilities would be advantageous.
- Funding, reporting, and accountability relationships between the Schools Accord and LBD were also somewhat unclear; however reporting within the Schools Accord were seen as appropriate and well-established.

Schools Accord, LBD and HEHA

- Linkages were identified between the group and LBD; however there was some confusion as to the exact nature of this relationship. For many, LBD was the key driver behind the strategic direction of the Schools Accord, which was perceived as frustrating and disempowering for some partners.
- A key benefit from the relationship between the Schools Accord and LBD were the insights and guidance from the education sector. This allowed LBD to achieve its objectives in a manner that is suitable to schools.
- The introduction of some HEHA strategies to the role of the group created confusion regarding the role of the Schools Accord in relation to HEHA and subsequent links with LBD.

Schools Accord strategic direction

- A renewed focus to identify overall strategic direction was requested by members.
- Greater clarity regarding the Schools Accord's mandate was identified, with options of a more operationally or strategically-oriented approach. This should increase the impact of the Schools Accord.
- Although collaboration was successful, there was a need to increase links with the LBD programme and parts of the education sector to support its aim of supporting schools to create healthy school environments.
- A lack of equity in ownership and a lack of clarity about the group's role in relation to other local initiatives and national strategies were all seen as barriers to the sustainability of the group.

Member recommendations

- A number of recommendations were provided by the stakeholders to improve the current function of the Schools Accord. These included:
 - Clarification around roles, relationships and responsibilities;
 - Improving processes around the dissemination of the information and expertise that is represented within the group;
 - Refining the level of representation within the group;
 - Greater recognition of the Schools Accord partners, their expertise and the work that they undertake;
 - Developing a common vision for the Schools Accord, with shared ownership, responsibilities and actions;
 - Developing a more strategic approach.

2. Conclusions

The overall progress of LBD in 2008 was summarised using the analogy of the Templeton Park development. Specifically, it described the collaborative process by which community and agencies turned an unusable terrain into a development that provides its community with a pleasant and safe environment for neighbourhood activity. Although this development is complete, there is still an ongoing interaction required, albeit less structured, between community and agencies to guarantee the usability, viability, and long-term sustainability of this initiative. For example, community use and care of the facility is required to justify the ongoing investment required for maintaining the facility. Similarly this continuing commitment, collaboration, and partnership are required by the various stakeholders to ensure the ongoing sustainability and success of LBD.

2.1 Programme successes

Overall, LBD experienced significant success in developing initiatives from the well-developed structures and systems that were evolved and developed over 2007-08. In particular, the programme showed a strong level of commitment and support offered from senior management within LBD, which was coupled with the programme's established shared vision, funding and values system. The success of LBD's various initiatives over the previous year is testament to the continued commitment of the programme to support sustainable community based projects towards realistic and achievable outcomes. Specifically, focussed studies have demonstrated the success that the programme has had towards developing collaboration at a community-level, this has the added benefit of developing community champions for initiatives, and as a result increasing the probability of community-driven sustainability beyond LBD.

The four focussed studies that have been carried out between February 2008 and February 2009 provide evidence of specific work being done in a number of the Action Areas, namely Schools², Urban Design, and Primary Care Action Areas.

The Nutrition Fund evaluation showed that the food and nutrition environment of the five schools involved was improving, in part due to the support provided by the Nutrition Fund. Key enablers to the success of initiatives implemented in schools were around a whole-school, collaborative approach that involved parents, students and teachers alike. Furthermore, the support provided by the DHB was noted as a key strength.

The evaluation of the redevelopment of Templeton Park provided evidence of increased park use from the follow up observations carried out in 2009. This increase could be attributed to a number of factors including a general increase in the population of Clendon. However, the redevelopment of the park with its established facilities, has clearly lead to an increase in opportunities to take part in a variety of

² Two focussed studies were carried out under the Schools Action Area

activities within the park. Furthermore, a clear success of the redevelopment process has been the involvement of the Clendon Residents Group (CRG). Involvement and buy-in from the beginning of the initiative has resulted in the CRG taking ownership of the park and demonstrating a commitment and passion to the continued maintenance and development of the park and surrounding neighbourhoods. Essentially, the CRG have become the community based champions of the redevelopment, and this is likely to result in sustainable outcomes.

The Schools Accord evaluation emphasised that collaboration a key achievement of the group by its members and was seen, in part, as a result of 10 years of established activity. The collaborative relationship between LBD and the Schools Accord is highly successful in that the group provided insights from the education sector that assists LBD in achieving its objectives in a manner that is acceptable to schools. It was also recognised that the links between the Schools Accord and LBD could be further strengthened.

The evaluation carried out on the DSME group, operating under the Primary Care Action Area, showed that after participating in the DSME group there was an improvement in participants' attitudes towards their own ability to manage their diabetes, an improvement in participants' diet, physical activity and feet care and an improvement in HbA1c levels three months after the end of DSME participation. These initial outcomes provide evidence for the continued support of the DSME programme through its partnership with LBD.

Overall, there are some common keys to success across these focussed studies including:

- The importance of LBDs collaborative relationships with community based organisations, and other organisations across the health sector and beyond (e.g., education).
- The focus on community level collaborations which can result in long-term sustainable change as evidenced by the CRG taking ownership of Templeton Park.

It should also be noted that preliminary results from an external evaluation being conducted into the impact of the second social marketing campaign for LBD are very positive and it would seem that there is high community awareness and responsiveness towards the campaign³.

More generally, it is clear from the evidence collected that there is a high level of progress which indicates the maintenance of the overall level of activity across Action Areas of LBD. The level of organisational development across LBD has also been maintained with a few notable exceptions (see the Monitoring Report for more information). Collaboration with the community has continued, specifically this can be seen through the focussed studies mentioned above.

Overall, evaluation readiness across Action Areas has improved, particularly where there are strong links to the LBD staff at the DHB. This indicates that LBD are aiding in the facilitation of this process, along

³ Personal communication with the Social Marketing Action Area Leader supported by evidence from a presentation delivered on February 2nd by Phoenix Research.

with the assistance of the evaluation team at the School of Population Health. In addition, there has also been an increase in the documentation provided to the evaluation team, due in part to the increased collaboration between Action Areas and the evaluation team with regards to the information that is required to successfully carry out the evaluation.

A moderate degree of implementation can be seen across Action Areas. Where lower implementation levels are noted, this is often due to a specific focus on activities that have achieved a high level of success. A useful example is highlighted by the LotuMoui games which were facilitated by the Pacific work stream and Pacific team at the DHB. The games were highly successful, but to a certain extent this was at the expense of other activities in the Action Area.

Due to a high turnover of human resources at a number of different levels, there has been variability in team cohesion among the Action Areas. However, generally evidence suggested that teams are working reasonably well together, but in silos, and desire greater integration of the LBD Action Areas.

There is evidence that initiatives supported by LBD are beginning to become self-sustaining; for example, Templeton Park, where this will evolve towards less reliance on LBD for continued support and funding. This is an encouraging finding given the potential ramifications of future DHB funding.

It should also be noted that the revision of the PSG structure, while being a time-consuming process, has resulted in a proposal that is generally accepted by stakeholders and is a good fit with the recommendations and suggestions put forward in the 2008 evaluation.

2.1.1 Explanation of variable change

Even with the complex nature of LBD it is expected that there will be a great deal of variance in the pace at which change will occur. It is important to understand that when a multidimensional programme like LBD is collapsed for evaluation purpose into one entity there is considerable regression to the mean. As the monitoring reports illustrates in the overall perspective of the LBD considerable change is not seen. However the important question to consider is how much change could you expect given the enormity of the problem and the scarcity of resources and workforce. It is essential to consider what was expected to occur within the first five years of LBD and at what stage the programme might be at.

While we have highlighted the programme changes it is useful to consider the organizational stage that LBD may be at. By borrowing from organizational development theory it is feasible to use the model of change as suggested by Goodman, Streckler and Kegler, (1986) mobilisation, implementation and institutionalization. It would be fair to suggest at a global level LBD is at the implementation stage. Hamlin et al (2001) comments that there are specific stages of any generic change model that incorporate these elements; diagnose and plan; create the strategic vision; plan the strategy; secure ownership, commitment and involvement; manage the implementation, sustain momentum and finally stabilize, integrate and consolidate for perpetuation of change. The length of time that it takes to work through these stages depends on a number of factors, particularly the complexity of the issue and the

ensuing solution. It is also important to understand that some of these stages may run in parallel. In the case of LBD it seems to be hovering between Hamlin's stages four- Securing ownership and commitment and five - implementation and sustaining momentum.

A number of change theorists offer some insights that are critical to understanding change Fullan (1992 as cited in Clinton et al, 2007) in particular suggest that successful change projects require pressure and support from an outside agency as well as from inside, and most importantly a balance of pressure and support is critical to success. It may be the case that the DHB is the outside force, so finding the right balance may be critical. Fullan suggests that pressure without support leads to resistance and support without pressure leads to drift or waste of resources.

In terms of programme action, Fullan also suggests that learning by doing often makes change more manageable. Participation, initiative taking and empowerment are key however these principals might not be activated until change has actually begun. Parallel to this Fullan suggests that change in doing or behaviour is a necessary pathway to change in beliefs. Organisations often experience an implementation dip when things get worse before they get better.

Ownership is seen as critical to successful change, however in the case of organization change is a progressive process. Fullan identifies many difficulties with the early stages of determining programme ownership. Often people are in favour of the initiative or innovation but may not have a real conceptual understanding of it or have the workforce capacity and skill mix to participate fully. Overall, Fullan emphasises that there is a well established tenet that change takes patience persistence and time.

Many of the facets that Fullan discusses may help explain the variability of the programmes process and in particular high the risks and enablers identified by the evaluation.

2.2 Enablers and Barriers

There are a number of enablers and barriers to the success of LBD that have been identified, these are outlined and described in more detail below.

2.2.1 Key Enablers

Output from LBD activity

It is evident from the results of the Action Area monitoring that progress is being made across Action Areas and that activity is happening towards many innovative initiatives supported by LBD. This progress and the outcomes of this progress, acts as a motivator for the continued operation of LBD.

Continuation and maintenance of the vision and aims of LBD

The aim and vision set out in 2004 continues 4 years on and is greatly supported by all stakeholders. These goals are still seen to be relevant and this assists LBD with maintaining focus.

Committed staff and stakeholders

The commitment and hard work of LBD staff and stakeholders should be commended, and is recognised as a real strength of LBD. There is generally a shared passion and drive among those working with LBD.

Support from national strategies such as HEHA

The LBD/HEHA relationship, while still needing further clarification and identification, has provided not only additional funding for programmes supported by LBD due to their overall focus on improving nutrition and levels of physical activity, but also enhanced the support and networks for LBD from a wide range of organisations.

Collaboration between LBD and the community and within Action Areas

It is clear that collaboration within Action Areas of LBD and in pockets of the community is a key strength and enabler to the success of LBD. These collaborations are difficult to maintain, often due to differences in systems, overall goals and values of various organisations as well as the many different levels of collaboration. Persistence has proved to be the key for relationships in LBD and these strengthening, collaborative partnerships within Action Areas and with the community are more important than ever if the goals of LBD are to be achieved in the long term.

2.2.2 Key Barriers

Strain on human resources

It was evident from data collected that strains with human resources in the form of high turnover and heavy workload has been a barrier for LBD in achieving the level of success expected. Turnover is a particularly pertinent issue for most organisations, particularly in the current health sector, however, it is important to buffer the effects of changes in human resources. Heavy workloads while contributing to progress and increased activity also limits the work staff can do and forces prioritisation of vital activity, over other areas of work, for example, internal evaluation.

Collaboration within Action Areas

While collaborations within Action Areas of LBD and with community are generally seen to be fairly strong, a lack of collaborative efforts between Action Areas across LBD is a barrier to the success of LBD. With the exception of Action Areas such as Maori and Social Marketing, that tend to have representation among many Action Areas, most Action Areas continue to work in isolation of one another. This has an impact on the efficiency and effectiveness of the work being carried out by LBD.

Confusion of the role of LBD

It was recognised that there is some confusion within the community and amongst stakeholders about the role of LBD, both in terms of what support LBD as an organisation can offer, as well as the expectations they have of the various community organisations they partner with in return. There is a need to convey a clearer mandate to the community in order to achieve the desired level of engagement.

Current global economic situation

As for most areas of society, the current global economic situation is impacting on the success of LBD. Few Action Areas would be isolated from the pressures this causes, both in terms of the target populations being impacted particularly harder by a poor economic environment, but also in terms of the progress being made in some areas, for example, the food industry.

Evaluation readiness

While some improvements in evaluation readiness have been noted, the lack of capacity and sometimes willingness to engage either in self-evaluation, with the assistance of the SOPH, or engage in the SOPH evaluation itself, is a barrier to LBD's success. Activity across the board should be evaluated to ensure the progress and outcomes are not only occurring, but also occurring in an appropriate manner.

2.3 Challenges for the future

The balance between meeting KPIs and developing and maintaining collaborative relationships remains a challenge for LBD. There is a desire from partners that collaborative relationships with the community and between Action Areas are the focus, while also maintaining activity towards the KPIs.

There is recognition among stakeholders and Action Area leaders alike that apart from some notable exceptions, some Action Areas are functioning in isolation from one another, therefore, one of the challenges for the future is for LBD to facilitate the coordinated activities that are common throughout Action Areas (for example, work with Maori and Pacific work streams). This coordinated approach has the potential to increase the effective use of resources and information flow.

It was noted that while the relationship between LBD and HEHA is one of mutual benefit, it was recommended by key stakeholders that LBD need to ensure the distinct viability of LBD irrespective of the strategic direction of HEHA.

As well as examining the risks and enablers that mediate programme progress, the programme logic encourages an investigation of external factors that may influence the overall progress of the programme. These are factors that are in no way under the control of the program. For the first time since LBD's inception there are two external factors that need to be considered, the current economic down turn and the change in government at a national level. While both of these are recent events in the life of LBD they have already had a significant impact.

With changes in government, there are always different policies and funding regimes to be implemented. While the government change is recent, there has already been a substantive change in direction. Earlier this year, regulation of health policy in school was removed, when NAG5 was revoked. The relationship between schools and health has always been a tenuous one, and now it is critical to monitor the impact of this recent policy change – particularly with programs associated with Let's Beat Diabetes (for example, healthy tuck shops, and the work of schools support).

International evidence is clear, early intervention is the most successful process for bringing about generational change. Whether regulation is necessary is not so clear, however, there is little doubt that the major changes that have occurred will impact on the relationship between schools and health. In addition, given this symbiotic relationship of LBD and HEHA it will be important to watch which direction policy takes with programs associated with HEHA and Mission-On. These latter programs provide considerable funding for the LBD initiatives, and any change to these resources has the potential for considerable impact.

Of greater issue for Let's Beat Diabetes, its partners, and its community is the current economic climate. While the program has faced such cuts there has still been a considerable desire for program outputs, impacts, and an increase in change. It is essential that the DHB and the PSG understand that any reduction in funding will reduce the programs to achieve the programs KPIs. For the program and evaluation alike, reduced funding equates to a reduction in workforce, time and capacity. It is important to recognise our health sector is already overloaded and funding cuts will add to the stressors already present – especially if there is a refocus to place more resources on secondary rather than primary care. Expectations of the LBD workforce should be commensurate with funding decisions.

It is also important to note the effects of the current economic situation on the community of LBD, it is predicted that this situation may have great effects on NZ and maybe the most extreme in decades. If this becomes the case, the social, environmental, and physical effects will be profound. The priorities of the community are likely to change. History illustrates that diet, exercise and healthy lifestyle will become lower priorities as families struggle to find work and meet their regular financial requirements. While history cannot tell us what influence this recession will have on innovative programs like LBD, we know that it will affect is partners and environment.

Evaluation is often the last thing on providers agendas in tough times, although this is the very time when evaluation is needed to make optimal decisions. It is essential that providers are thinking critically about the effectiveness and efficiency of their efforts and outcomes. While increasing the use of evaluative thinking has always been a primary goal of LBD, now more than ever building capacity in evaluation, monitoring, and knowledge transfer is critical. Building evaluation capacity among the providers and partners should now be seen as fundamental.

The original goal of LBD has been to mobilize a community to bring about a sustained change. While change has certainly been occurring it has been at the direction of the DHB and not so much from the community. Within this new economic and political climate it will be essential that partners work together to continue a path towards sustainable change.

2.4 Recommendations

The recommendations outlined in the Monitoring Report in terms of the overall LBD programme include:

- Identify strategies to support the ongoing challenge of capacity and staff turnover.
- Provide increased opportunities for community engagement in LBD.
- Increase internal collaboration and integration across the Action Areas.
- Increase cross-sector links and connections both within the LBD Action Areas and its partner organisations.
- Support Action Areas to identify strategies and processes to support sustainability.
- Learn from the utilisation of evaluation within the individual Action Areas to support the utilisation of evaluation across LBD.
- Work with the evaluation team to develop a more useable format for the evaluation reports through increasing Action Area engagement in the evaluation.

The recommendations outlined in the Organisational Development Report include:

- There was a strong sense that the DHB should not be involved in implementing initiatives, with key stakeholders identifying that their perception of being dominated by the DHB led to decreases in partner involvement and engagement. It is important that the role of LBD and the support available through LBD is clarified with community partners.
- Continued clarification of the relationship between LBD and HEHA, and how this impacts on the implementation of initiatives being facilitated by LBD.
- Continued communication of the vision, values and mission of LBD, ways this is going to be achieved, and what adaptations might be required.
- Work with the evaluation team at the SOPH to ensure that the findings of the evaluations are shared in an efficient and effective manner and ensure that a clear process and support is given where learning and development has been proposed.
- While collaboration between LBD and community partners is perceived to be fairly strong in some areas, stakeholders suggested a need for improved connection with the partners, with a renewed focus on community capacity building. This is seen by key stakeholders as being essential for the future sustainability of LBD, and the achievement of the desired outcomes.
- Plans for a revised governance structure should continue as the planned changes are generally in line with needs of the key stakeholders. This will ensure clarity around key stakeholder participation in the decision-making process.
- Key stakeholders advised that the communication of information across the different levels of LBD remains somewhat fragmented and is a barrier to collaboration. However it was also expressed that responsibility for effective communication should lie equally among partners. Work being done to enhance effective and efficient communication should continue.
- Continued development of collaborative relationships within LBD and throughout the community. Work to date in this area, while difficult, is one of the key strengths of LBD.

- Based on statements from several key stakeholders; while there is significant work already being carried out with a focus on the cultural needs of Maori and Pacific peoples, this could be further integrated across all Action Areas.
- Apart from some notable exceptions, work across LBD was seen by many key stakeholders to be isolated, the strategic and co-ordinated focus of the Action Areas overall could be reviewed.

3. List of 2009 Reports

The following reports have been provided by the evaluation team in February 2009:

- Overview of Let's Beat Diabetes Evaluation 2009
- Let's Beat Diabetes Evaluation Technical Report: Reporting Period August 2008 to February 2009
- Let's Beat Diabetes Evaluation Monitoring Report: Reporting Period February 2008 to January 2009
- A Documentary Analysis of Let's Beat Diabetes Activity: The Monitoring Report Data Supplement
- Organisational Development of Let's Beat Diabetes: Key Stakeholder Perceptions of the Overall Plan
- An Evaluation of the Redevelopment of Templeton Park: An Initiative Supported by Let's Beat Diabetes

A description of the purpose, data sources and focus of these reports is available in the Let's Beat Diabetes Evaluation Interim Technical Report.