



# Let's Beat Diabetes Evaluation Interim Technical Report: Reporting Period August 2008 to February 2009

## Final Report

June 2009

Dr Janet Clinton, Dr Rob McNeill, Rebecca Broadbent,  
Sarah Appleton-Dyer, Dr Heidi Leeson, and Dr Paul Brown

**Prepared by:**

Rebecca Broadbent, Theresa Riley

**Prepared for:**

Let's Beat Diabetes

## **Disclaimer**

Reports from Auckland UniServices Limited should only be used for the purposes for which they were commissioned. If it is proposed to use a report prepared by Auckland UniServices Limited for a different purpose or in a different context from that intended at the time of commissioning the work, then UniServices should be consulted to verify whether the report is being correctly interpreted. In particular it is requested that, where quoted, conclusions given in UniServices reports should be stated in full.

# Table of Contents

<b>Acknowledgments</b> .....	<b>1</b>
<b>Table of Contents</b> .....	<b>3</b>
<b>1. Introduction</b> .....	<b>4</b>
1.1 The Let's Beat Diabetes Evaluation.....	4
1.2 Aims and objectives of the evaluation.....	5
<b>2. Evaluation Tasks: August 2008 to February 2009</b> .....	<b>6</b>
2.1 Population Level Monitoring .....	6
2.2 Generic Evaluation.....	6
2.3 Focussed Studies.....	6
<b>3. Reporting Requirements and Adherence to Service Specifications</b> .....	<b>8</b>
<b>4. 2008/2009 Focussed Studies</b> .....	<b>11</b>
4.1 Key Findings: Learnings and Insights from a Sample of Projects Supported by the Nutrition Fund in Counties Manukau .....	11
4.2 An Evaluation of the Redevelopment of Templeton Park: An Initiative Supported by Let's Beat Diabetes	12
4.3 Focussed Study Progress .....	13
<b>5. Key Evaluation Tasks for the period March 2009 – June 2009</b> .....	<b>16</b>
5.1 Population level monitoring .....	16
5.2 Generic Evaluation.....	16
5.2.1 <i>Dissemination of February 2009 reports</i> .....	16
5.2.2 <i>Monitoring LBD Activity</i> .....	16
5.2.3 <i>Evaluation Technical Assistance</i> .....	16
5.2.4 <i>Evaluation Website</i> .....	17
5.2.5 <i>SOPH Discussion Forum</i> .....	17
5.3 Focussed Studies.....	17
5.4 LBD Evaluation Contract 09/10.....	17
5.5 Evaluation Reports 2009.....	17
<b>Appendices: Focussed Study Evaluation Plans</b> .....	<b>20</b>
Appendix A: Diabetes in Pregnancy Work Stream Evaluation .....	20
Appendix B: ASB Polyfest Healthy Food Policy Initiative Evaluation.....	26
Appendix C: Gardening for Health and Sustainability Initiative Evaluation .....	31
<b>References</b> .....	<b>39</b>

# 1. Introduction

This report presents an outline of the work that has been carried out by the evaluation team at the School of Population Health in accordance with the agreed service specifications. This is an interim report covering the work carried out between August 2008 and February 2009. A final technical report will be delivered in July 2009 covering work carried out between March and June 2009.

Counties Manukau District Health Board (CMDHB) developed a five year plan to address the rise of diabetes and its associated health risks in its region. 'Let's Beat Diabetes' (LBD) sets out a comprehensive approach to meeting this challenge. Given that the risk for developing diabetes is growing, the plan recognises that the focus should not just be on those with diabetes, but the entire population. This includes healthy populations, people at risk of developing diabetes, those with diabetes that are currently being managed or not managed, and people currently experiencing complications from diabetes.

During the development of LBD an evaluation framework was developed to be flexible enough to encompass all the aspects of the programme as well as understand the contribution of each setting. The LBD evaluation is being undertaken by the School of Population Health (SOPH) at the University of Auckland. This report identifies the progress of the evaluation between August 2008 and February 2009. The report begins by identifying the aims and objectives of the evaluation, along with the key evaluation tasks for this reporting period. Each component of the evaluation is reported on individually, including the population level monitoring, the generic evaluation and the 2008 focussed studies. Further information on the evaluation framework and theory can be found in the Operational Plan (Clinton, McNeill, Brown, Perkins and Mahony 2006). This report concludes by describing the evaluation outputs expected for the period March -June 2009.

## 1.1 The Let's Beat Diabetes Evaluation

The conceptual framework for the LBD evaluation plan is characterized by a continuous learning model, including participation and collaboration with providers and the community. The framework is based on the Centers for Disease Control and Prevention (CDC) framework for evaluation of public health (Centers for Disease Control and Prevention, 1999) and is outlined in the operational plan (Clinton, et al. 2006). This framework has been adapted to suit the cultural context of Counties Manukau, as well as to incorporate the continuous learning model, which suggests a constant flow of feedback throughout the evaluation cycle. For the LBD evaluation, the steps include:

- Engagement with stakeholders
- Programme description
- Focussing of evaluation design
- Gathering evidence
- Justifying conclusions
- Sharing lessons learned

The evaluation of the Action Areas falls into three sections. The first uses population-level key performance indicators to evaluate the LBD programme. The second component is the generic form of evaluation that provides an overview of the process and outcomes from all initiatives within the ten Action Areas, and the third encompasses a number of Focussed Studies that provide an in-depth focus on particular initiatives within the LBD programme.

## **1.2 Aims and objectives of the evaluation**

The aims of the evaluation are to:

- Develop a baseline evaluation of the population of Counties Manukau.
- Identify a set of population level Key Performance Indicators.
- Evaluate the success of LBD at the population-level by measuring change in each of these indicators.
- Provide an overview of the outputs and immediate outcomes from all the Action Areas.
- Evaluate a number of specific programmes or interventions through focused studies.
- Evaluate the processes involved in the implementation of LBD including the enablers.

In order to achieve these objectives, data is collected from numerous sources using a variety of methods.

## **2. Evaluation Tasks: August 2008 to February 2009**

In line with the service specifications and the evaluation goals, progress of LBD evaluation is divided into three key components; population level monitoring, generic evaluation and the focused studies. The specific evaluation tasks completed for each of these components between August 2008 and February 2009 are summarised below.

### **2.1 Population Level Monitoring**

In line with the contractual agreement for the period July 2008 – June 2009, no population level monitoring work occurred between August 2008 and February 2009.

### **2.2 Generic Evaluation**

A full report on the generic evaluation is provided in the Monitoring Report (February 2009). The Monitoring Report provides a description of the progress made by each Action Area each financial year. In keeping with the aims and objectives of this report and the evaluation, information is continually being collected from each Action Area through requests for meeting minutes, programme resources and data, as well as regular attendance at Partnership Steering Group meetings and Action Area Leader meetings as required. Annual evaluation interviews with 36 of the Action Area Leaders, LBD partners and management were conducted between October 2008 and January 2009 to inform the evaluation of the Action Areas and the organisational development of LBD.

### **2.3 Focussed Studies**

The focussed studies are designed to oversee the process and product of a particular LBD initiative. Each focused study has an individual proposal that covers the nature and purpose of the study, along with the specific methods and evaluation questions. These studies are used to add depth and understanding to the generic evaluation and the activities of other LBD initiatives and Action Areas. The LBD management team and SOPH evaluation team collectively decide which initiatives to evaluate, and the scope of that evaluation.

Seven focussed studies were established during the reporting period August 2008 to February 2009 including evaluations in the following areas:

- **Redevelopment of Templeton Park**

This focussed study was initiated in 2006 and remained a focussed study for 2008 for monitoring purposes. The final report was delivered in February 2009 and a summary of the key findings can be found on Page 12.

- **Diabetes in Pregnancy Work Stream**

The work on this focussed study was re-established in August 2008. The final report will be delivered in May 2009. The evaluation proposal for this focussed study can be found in Appendix A of this report.

- **ASB Polyfest Healthy Food Policy Initiative**

This is a new focussed study and was established in August 2008. The final report will be delivered in May 2009. The evaluation proposal for this focussed study can be found in Appendix B of this report.

- **Gardening for Health and Sustainability Initiative**

This is a new focussed study and was established in August 2008. The final report will be delivered in May 2009. The evaluation proposal for this focussed study can be found in Appendix C of this report.

- **Maori Work Stream**

This focussed study is currently being scoped.

- **Food Industry Action Area**

This focussed study is currently being scoped.

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

This focussed study was contracted by Let's Beat Diabetes during 2008 to evaluate a selection of initiatives supported by the Nutrition Fund. The final report was delivered in August 2008 and a summary of the key findings can be found in Section 4.1 of this report.

### 3. Reporting Requirements and Adherence to Service Specifications

In line with the service specifications, the SOPH produces monthly reports to share the progress of the evaluation with CMDHB and the LBD management team. These reports provide an accurate account of the progress on the population level monitoring, generic evaluation and the LBD focussed studies. The SOPH monthly documents were analysed to identify key evaluation outputs for August 2008 to February 2009 (Table 1).

**Table 1: Key evaluation outputs for August 2008 to February 2009**

<p><b>Population Level Monitoring</b></p> <p>In line with the contractual agreement for the period July 2008 – June 2009, no population level monitoring work occurred between August 2008 and February 2009.</p> <p><b>Generic Evaluation</b></p> <ul style="list-style-type: none"><li>• Attended PSG meetings.</li><li>• Contact made with all Action Area leaders, and scheduled meetings with most to update them on the evaluation and answer any questions.</li><li>• Presentation of written monthly progress updates to CMDHB to identify any emergent issues or recommendations.</li><li>• A document analysis of all Action Areas and initiatives based on information provided to the evaluation team by LBD to inform the monitoring report.</li><li>• All Action Area leaders were provided a list of documents received by the evaluation team relating to their Action Area; upon receiving this list many Action Areas were able to identify further documents that could assist the evaluation team.</li><li>• Face to face interviews conducted with 36 key stakeholders including LBD Management Team, Action Area/initiative leaders, LBD partners and PSG members.</li><li>• Development of updated organisational development survey.</li><li>• Provided technical support to three Action Areas as required (Maori, Schools Accord and Vulnerable Families), and offered continued technical assistance to all Action Areas.</li></ul> <p><b>Focussed Studies</b></p> <p>Consulted with and collaboratively developed an evaluation methodology for focussed studies including:</p> <ul style="list-style-type: none"><li>• <i>ASB Polyfest Healthy Food Policy</i></li><li>• <i>Gardening for Health &amp; Sustainability</i></li><li>• <i>Diabetes in Pregnancy Work Stream</i></li></ul> <p>Currently consulting with and collaboratively developing an evaluation for focussed studies including:</p>
---

- *Maori Work Stream*
- *Food Industry Action Area*

The evaluation team also continued to work on:

- *An Evaluation of the Redevelopment of Templeton Park: An Initiative Supported by Let's Beat Diabetes*

The final report was delivered for:

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

This required:

- Meetings with initiative leaders and other key stakeholders to confirm scope of evaluation.
- Attending the launch day of the Mangere Community Health Trust garden.
- A literature review of previous interventions, their evaluation and outcomes.
- The development of programme logics based on the literature and information provided by LBD.
- Development of measures/indicators to measure uptake of intervention (products) and behaviour change (outcomes), in partnership with initiative leaders and other key stakeholders.
- The development of data storing and analysis procedures to ensure the sustainability of the evaluation methods.
- The development of applications to the ethical review panel.
- Implementation of the evaluation plans, in partnership with initiative leaders and key stakeholders.
- Data collection and analysis of previously-collected data and existing resources.
- Conducting interviews with key stakeholders and carrying out analysis of that information.
- The development of appropriate feedback and presentation timelines and formats with the initiative leaders and key stakeholders.

## **Evaluation Reports**

The following reports were submitted to the LBD Management Team between August 2008 and February 2009:

- *Learnings and Insights from a Sample of Projects Supported by the Nutrition Fund in Counties Manukau: August 2008.*
- *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

### **Other Activity**

The evaluation team produced a summary evaluation report for CPHAC in November of 2008. This was coupled with a joint presentation with LBD where the evaluation provided key information to the committee in terms of the progress of LBD over the last 4 years.

### **Key issues/risks**

- There has been significant delay in the scoping of the Maori Work Stream and Food Industry focussed evaluations. It is critical that these focussed studies are scoped in a timely manner and that expectations are realistic in terms of the timeline, breadth and depth of these focussed studies.
- Progress reports from Action Areas that inform the Monitoring Report have increased in number, but the level of detail and accuracy of the detail remains an issue for the evaluation team.

## 4. 2008/2009 Focussed Studies

This section presents the progress of the focussed studies. First, the key findings of the completed focussed studies will be outlined (*Learnings and Insights from a Sample of Projects Supported by the Nutrition Fund in Counties Manukau and An Evaluation of the Redevelopment of Templeton Park*), this is followed by a summary of the progress of the remaining focussed studies including:

- Diabetes in Pregnancy Work Stream
- ASB Polyfest Healthy Food Policy Initiative
- Gardening for Health and Sustainability Initiative
- Maori Work Stream
- Food Industry Action Area

### 4.1 Key Findings: 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.

## **4.2 An Evaluation of the Redevelopment of Templeton Park: An Initiative Supported by Let's Beat Diabetes**

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.

### **4.3 Focussed Study Progress**

The following table presents the progress of the remainder of the focussed studies contracted for the 2008/2009 period.

**Table 2: Focussed Studies 2008/2009**

Focussed study	Aims and objectives	Methods	Progress Update	Future Tasks
<p><b>Diabetes in Pregnancy Work Stream</b></p>	<p>The evaluation aims to promote a learning environment, whereby a process of review and reflection is encouraged in order to facilitate the development of the initiative. Particularly, the evaluation will focus on the process of collaboration and the outputs of the work stream.</p>	<ul style="list-style-type: none"> <li>• Documentary Analysis</li> <li>• Key Stakeholder interviews</li> </ul>	<ul style="list-style-type: none"> <li>• Documents have been received from the work stream and are being analysed.</li> <li>• Key stakeholder interviews are currently being carried out.</li> </ul>	<ul style="list-style-type: none"> <li>• Data collection will continue in March.</li> <li>• Analysis and write up to take place in April.</li> <li>• The draft report will be delivered to LBD Management on 15<sup>th</sup> May 2009.</li> <li>• Conclusions to be confirmed in collaboration with key stakeholders during a workshop where the results will be presented.</li> </ul>
<p><b>ASB Polyfest Healthy Food Policy Initiative</b></p>	<p>The evaluation aims to understand the process and outcomes of introducing the healthy food policy at the ASB Polyfest and to support the work stream to incorporate the lessons learned.</p>	<ul style="list-style-type: none"> <li>• Documentary Analysis</li> <li>• Key Stakeholder interviews</li> <li>• Telephone interviews</li> <li>• Observations</li> </ul>	<ul style="list-style-type: none"> <li>• Evaluation proposal finalised and feedback from key stakeholders incorporated.</li> <li>• Evaluation tools developed (interview schedule, telephone survey, observation sheets).</li> <li>• Evaluation protocol confirmed with key stakeholders.</li> </ul>	<ul style="list-style-type: none"> <li>• Data collection to take place March-April.</li> <li>• Analysis and write up to take place April-May.</li> <li>• The draft report will be delivered to LBD Management on 15<sup>th</sup> May 2009.</li> <li>• Conclusions to be confirmed in collaboration with key stakeholders during a workshop where the results will be presented.</li> </ul>

<b>Gardening for Health and Sustainability Initiative (Phase 1)</b>	The evaluation aims to understand the development and implementation of the Gardening for Health and Sustainability Initiative (Phase 1).	<ul style="list-style-type: none"> <li>• Documentary Analysis</li> <li>• Key Stakeholder interviews</li> </ul>	<ul style="list-style-type: none"> <li>• Evaluation proposal developed and finalised.</li> <li>• Evaluation tools developed (interview schedule).</li> <li>• Scheduled meetings with all garden leaders.</li> </ul>	<ul style="list-style-type: none"> <li>• Evaluation workshop to be scheduled with key stakeholders to confirm the evaluation approach and questions.</li> <li>• Data collection to take place in March.</li> <li>• Analysis and write up to take place in April.</li> <li>• Phase 2 to be developed during Phase 1.</li> <li>• The draft report will be delivered to LBD, Management on 15<sup>th</sup> May 2009.</li> </ul>
<b>Maori Work Stream</b>	TBC	TBC	<ul style="list-style-type: none"> <li>• A scoping workshop is being scheduled.</li> </ul>	<ul style="list-style-type: none"> <li>• Schedule workshop.</li> <li>• Develop evaluation proposal.</li> </ul>
<b>Food Industry Action Area</b>	TBC	TBC	<ul style="list-style-type: none"> <li>• Discussions are being held around the specifics of this evaluation.</li> <li>• Milk is likely to be the focus.</li> </ul>	<ul style="list-style-type: none"> <li>• Schedule time to discuss the scope of the focussed study.</li> <li>• Develop the evaluation proposal.</li> </ul>

## **5. Key Evaluation Tasks for the period March 2009 – June 2009**

This section outlines the key evaluation tasks planned for the period March – June 2009. In accordance with the service specifications this section is presented in three parts: Population level monitoring, Generic evaluation and Focussed Studies

In addition to adhering to the service specifications, over the next four months the key objectives for the evaluation of the Action Areas are to ensure that the February 2009 evaluation reports are appropriately disseminated.

### **5.1 Population level monitoring**

In line with the contractual agreement for the period July 2008 – June 2009, no population level monitoring work will occur between March and June 2009.

### **5.2 Generic Evaluation**

The Generic Evaluation will continue during the period March-June 2009 and will include key components such as ensuring the dissemination of the February 2009 reports, continued monitoring of LBD activity, the provision of evaluation technical assistance, the development of the LBD Evaluation website and the facilitation of a second SOPH discussion forum.

#### **5.2.1 Dissemination of February 2009 reports**

The dissemination of key findings and learnings continues to be a key focus for the evaluation team for 2009. The evaluation team will continue working with the LBD Management Team to support and facilitate this process. A sign-off process has been formalised and it is envisaged that this will facilitate the dissemination of key findings.

To support this process a workshop will be scheduled for April 2009 to discuss and explore the Monitoring Report with the Action Areas, as this is crucial to the collaborative nature of the evaluation and the flow of information.

#### **5.2.2 Monitoring LBD Activity**

The collection of monitoring and organisational development information will continue during the period March-June 2009. Documentation, including monthly reports from Action Areas and minutes from PSG meetings, will be collected and analysed. The evaluation team will continue to attend PSG meetings and Action Area leader meetings where appropriate.

#### **5.2.3 Evaluation Technical Assistance**

Technical assistance will continue to be provided to Action Areas within LBD as and when it is required. This is a key component of evaluation capacity building within LBD, and will ensure that all activity being carried out through LBD is reviewed.

#### **5.2.4 Evaluation Website**

The LBD Evaluation website continues to be developed. Progress on the LBD Evaluation website has been delayed as the Centre of Health Services Research and Policy website is being redeveloped in order to accommodate the LBD Evaluation web page. The LBD Evaluation website along with the item-bank of questions and other key evaluation information is estimated to be fully operational by April 2009. The content and scope of the website will be discussed with LBD to ensure that it is consistent with the other publicly available information.

#### **5.2.5 SOPH Discussion Forum**

A discussion forum was held at the SOPH in early 2008 to discuss the key issues that LBD are facing. The links with SOPH is an important one as it is part of the knowledge brokering process that facilitates the continued development and learning of LBD.

It is anticipated that a second SOPH discussion forum will be organised in 2009 to further facilitate discussion around key topics related to LBD.

### **5.3 Focussed Studies**

Work will continue on the focussed studies and the draft reports will be delivered on May 15<sup>th</sup> to the LBD Management Team. This includes the following focussed studies:

- Diabetes in Pregnancy Work Stream
- ASB Polyfest Healthy Food Policy Initiative
- Gardening for Health and Sustainability Initiative

Collaborative scoping work will continue for the remaining focussed studies. It is anticipated that the draft reports will not be delivered within the agreed contractual timeline due to the slow progression of the scoping work. This includes the following focussed studies:

- Maori Work Stream
- Food Industry Action Area

### **5.4 LBD Evaluation Contract 09/10**

Discussions are underway regarding the LBD evaluation contract for the period July 2009 to June 2010. As per the agreed service specifications in the 2008/09 contract between SOPH and LBD, it is anticipated that the service specifications for this contract will be confirmed by 31 May 2009.

### **5.5 Evaluation Reports 2009**

The following table summarises the reports that have been provided by the evaluation team during the period August 2008-February 2009 along with their purpose and respective data sources.

**Table 3: Evaluation Reports August 2008 - February 2009**

2009 Evaluation Report	Focus	Purpose	Data source	Due date
<b>Overview of Let's Beat Diabetes Evaluation 2009</b>	All of Let's Beat Diabetes	Pulls together the findings of the entire LBD evaluation and identifies key issues for consideration by the LBD. This report is useful for sharing with key stakeholders to summarise the evaluation of the strategic direction of LBD, the implementation of the operational plan and focussed studies, as well as any population level monitoring data.	Executive summaries of all LBD Evaluation reports	27-Feb-09
<b>Let's Beat Diabetes Evaluation Technical Report: Reporting Period August 2008 to February 2009</b>	Service Specifications	This report identifies the work undertaken to meet the service specifications set out in the contract between UniServices and LBD. This report is useful for identifying if the evaluation was implemented as intended, as well as any areas of challenge that may need to be explored by the evaluation team and LBD.	Monthly Evaluation Reports	27-Feb-09
<b>Let's Beat Diabetes Evaluation Monitoring Report: Reporting Period February 2008 to January 2009</b>	Generic	This report monitors the progress of LBD against its operational plan. This report is useful for identifying areas of success and challenge that can be used to inform the direction and focus of LBD. The report identifies progress against KPIs, as well as progress with organisational development, collaboration, evaluation readiness and other organisational variables identified as important for strategies like the LBD in the literature and in consultation with stakeholders.	Documentary analysis of all LBD action area activity and interviews with those managing and implementing key initiatives within each action area.	27-Feb-09
<b>A Documentary Analysis of Let's Beat Diabetes Activity: The Monitoring Report Data Supplement</b>	Generic	This report describes the action undertaken for each KPI identified in the operational plan. This is a useful record for the programme and is used as evidence to inform the monitoring report.	Minutes from meetings, monthly reports to LBD, programme resources and anything that describes progress towards the LBD operational plan.	27-Feb-09

<b>Organisational Development of Let's Beat Diabetes: Key Stakeholder Perceptions of the Overall Plan</b>	Generic Evaluation	Evaluates the organisational development, collaboration, sustainability of LBD. This is based on interviews and with key stakeholders involved in LBD.	Interviews with key stakeholders. These stakeholders are higher level strategic players including PSG members, partners of LBD and the LBD Management Team.	27-Feb-09
<b>An Evaluation of the Redevelopment of Templeton Park: An Initiative Supported by Let's Beat Diabetes</b>	Focussed study	This is the final update report on the redevelopment of Templeton Park. The report will provide an update on progress over the last year and will also provide a summary of the evaluation work done in previous years. Follow-up observation data in Templeton Park will be presented to provide an indication on the use of the park.	Follow-up observations, literature review and a documentary analysis.	27-Feb-09
<b>Learnings and Insights from a Sample of Projects Supported by the Nutrition Fund in Counties Manukau: August 2008.</b>	Additional contracted focussed study	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 in Counties Manukau, to showcase as exemplar initiatives for other schools looking to apply for a grant from the Nutrition Fund.	Collection of existing data from schools, collection of baseline data, documentary analysis.	August-08

## **Appendices: Focussed Study Evaluation Plans**

### **Appendix A: Diabetes in Pregnancy Work Stream Evaluation**

#### **Overview**

This document presents a proposal for an evaluation of the Diabetes in Pregnancy work stream which is part of the Service Integration action area in the Counties Manukau District Health Board (CMDHB) Let's Beat Diabetes (LBD) 5 year plan, as described in the Evaluation Operational plan (Centre for Health Services Research and Policy, 2006).

#### **Let's Beat Diabetes**

Let's Beat Diabetes (LBD) aims to make long-term sustainable change to prevent or delay the onset of Type II diabetes, slow disease progression and increase the quality of life for people with Type II diabetes in Counties Manukau. Fundamental to the plan is its 'whole society, whole life course, whole family/whanau' approach to preventing and managing diabetes. Within the LBD programme are 10 distinct but inter-related Action Areas for activity. One of these Action Areas focuses on 'improving service integration and care for advanced disease' (Action Area 10), which works on a number of levels to support the LBD strategy within CMDHB. One work stream is designed to develop service integration for the comprehensive care of women with diabetes in pregnancy and enable CMDHB to respond effectively to a continued increase in demand for care [LBD Operational Plan 2008/2009].

#### **Background to Diabetes in Pregnancy work stream**

The Diabetes in Pregnancy work stream is part of the Service Integration action area of the Let's Beat Diabetes plan. Action Area 10 focuses on improving service integration and care for advanced disease. There are a number of negative health outcomes as a result of diabetes in pregnancy. For women with diabetes who then become pregnant there can be negative health outcomes for the child; for women who are pregnant and are then diagnosed with gestational diabetes there can be negative health outcomes for both the child and the mother. Due to the complex nature of diabetes in pregnancy, women require comprehensive and cohesive delivery of care from a range of health services.

In a review of Diabetes in Pregnancy in the Counties Manukau region in 2006, a number of key issues were identified including: An increasing diagnosis of diabetes in pregnancy, lack of co-ordination between other diabetes and/or pregnancy care providers, barriers to the care delivery model, high risk patients disengaged from recommended services and care provided during pregnancy generally not leading to effective long-term management of diabetes.

In April of 2007 a multidisciplinary group was organised; the meeting consisted of a presentation of the review of diabetes in pregnancy in CMDHB, discussion around clinical quality and risk, as well as communication exercises. From this meeting, a vision for comprehensive care for Diabetes in Pregnancy was developed and four working groups were established. After a lapse in work in the Diabetes in Pregnancy work stream due to staff turnover, the working groups have reconvened in 2008. The working groups include a:

- Multidisciplinary steering group
- Information Systems working group
- Models of Care working group
- Workforce Development working group

Due to the complex nature of diabetes in pregnancy and the health services required, the current focus of the work stream is to establish a collaborative framework to identify best practice and to secure a pathway for women with diabetes in pregnancy. Of particular importance is establishing a means of collaboration between primary and secondary care.

Due to the importance of collaboration between key stakeholders across primary and secondary care in ensuring a comprehensive and cohesive delivery of care, the key theme of this evaluation will be the collaboration between the key stakeholders.

### **Collaboration: A review of the literature**

Definitions of collaboration vary according to discipline and the term collaboration can be used interchangeably with other words such as ‘networking’ and ‘cooperation’. For the purposes of this proposal, collaboration can be defined as:

*“a process in which autonomous or semi-autonomous actors interact through formal and informal negotiation, jointly creating rules and structures governing their relationships and ways to act or decide on the issues that brought them together, it is a process involving shared norms and mutually beneficial interactions”.*

*(Thomson, Perry and Miller, 2007)*

This definition of the collaboration process takes into consideration five dimensions:

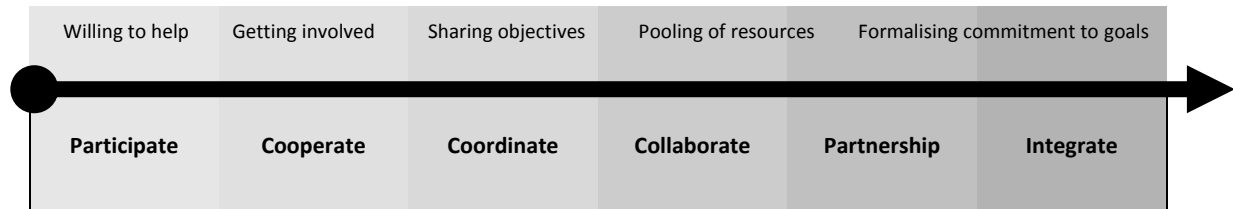
- Governance (understanding how to jointly make decisions about rules that will govern their behaviour and relationships).
- Administration (administrative structures that moves from governance to action).
- Organisational autonomy (partners share a dual identify; distinct identities and collaborative identities).
- Mutuality (experiencing mutually beneficial interdependencies based either on differing interests or on shared interests).
- Norms (moving from reciprocity to a mutual trust).

Because of the novelty of the LBD programme, research into organisational processes is important for the success of the programme, and in learning for the benefit of similar initiatives.

Contemporary management discourse includes ‘networking’, ‘cooperation’, ‘collaboration’, and similar terms. While these words are often used interchangeably, it is useful to distinguish between them. These dimensions can be seen on a collaboration continuum where there is networking on the one hand, and integration on the other.

Collaboration in Health can be seen within a continuum of working together. At one extreme, people are willing to help one another while at the other, they formally commit to doing so. See Figure 1 below;

**Figure 1: Collaboration within a continuum**



Source: McKee, K.- Unpublished MPH thesis

This continuum will be used to help explain the level of collaboration experienced within each of the working groups for the Diabetes in Pregnancy initiative. Furthermore, it is critical to understand the factors that are essential for successful collaboration, these include:

- **Environmental:** including a political favourable and cooperative community.
- **Membership Characteristics:** including mutual respect, cross section of skilled members.
- **Process/Structure:** flexibility, clear policy goals.
- **Communication:** open, frequent, formal and informal.
- **Purpose:** clearly defined and agreed on.
- **Resources:** consistently sufficient.

(Mattessich and Monsey, 1992)

### Evaluation aims and objectives

The evaluation aims to promote a learning environment, whereby a process of review and reflection is encouraged in order to facilitate the development of the initiative.

To achieve this aim, the specific objectives are to:

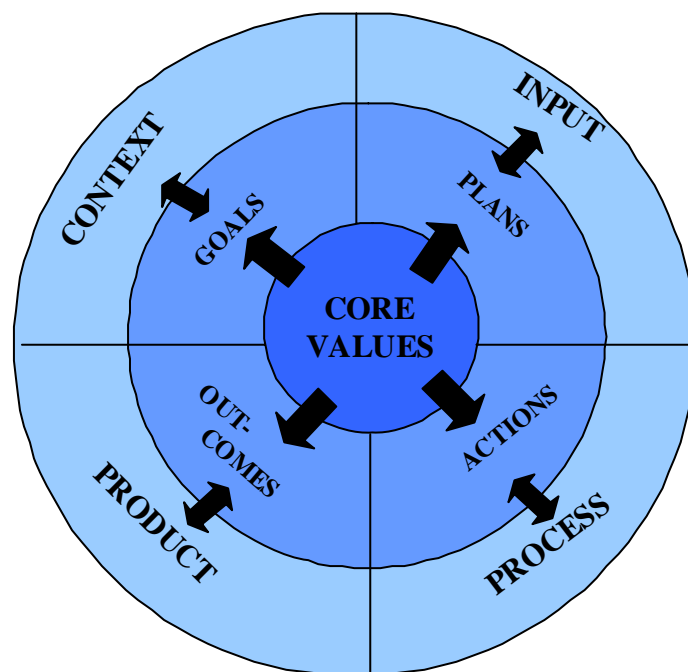
- **To collaborate with the Diabetes in Pregnancy work stream to develop and conduct a process evaluation** that meets the needs of the programme providers and key stakeholders, as well as the overall LBD programme (identifying the goals, priorities and objectives of the Diabetes in pregnancy work stream).
- **To describe and evaluate the implementation of the Diabetes in Pregnancy works stream** (who is involved, what has been achieved to date, key stakeholder perceptions of strengths, risks, areas for growth/development).
- **To describe the outputs of the Diabetes in Pregnancy work stream.**
- **To support the Diabetes in Pregnancy work stream and incorporate lessons learned.**

## Evaluation Methods

The methods and evaluation questions to be used in this evaluation will be finalised with the key stakeholders of the Diabetes in Pregnancy initiative.

Guiding the evaluation will be the CIPP Evaluation model (Stufflebeam, 1983) which will provide a valuable structure for the evaluation. The core parts of the CIPP model are context, input, process, and product evaluation of the programme (see Figure 1) which assists the decision making process within the programme.

**Figure 1 The CIPP Model**



*(The CIPP model is adapted from Stufflebeam, 2003)*

The four parts of the model assist decision-makers in answering these four general questions:

1. What needs to be done? [Context]
2. How should it be done? [Input]
3. Is it being done? [Process]
4. Did it succeed? [Product]

### ***Evaluation questions***

The evaluation questions will be finalised in collaboration with the key stakeholders. The evaluation questions, corresponding methods and stage of the CIPP model are identified in the evaluation crosswalk below.

Data Source	Document Analysis	Stakeholder Interviews
<b>Context Evaluation</b>		
<b>1. Determine the key purpose of the Diabetes in Pregnancy initiative including target group, key goals and resources. Identify the Diabetes in Pregnancy programme logic.</b>		
a) How is the initiative being developed?	X	X
b) What are the key goals and target groups and how were these determined?	X	X
c) What was the intended programme logic?	X	
<b>Input</b>		
<b>2. Determine what the key programme resources are and how they were intended to be used.</b>	X	X
<b>Process</b>		
<b>3. Determine whether initiative strategies were effective in engaging stakeholders.</b>		
a) What are the factors that influence stakeholder engagement?		X
b) What are the barriers and enablers to stakeholder engagement?		X
<b>4. Determine the process and level of collaboration among stakeholders.</b>		
a) What is the process and level of collaboration for stakeholders within each of the working groups?	X	X
b) What is the process and level of collaboration for stakeholders in the steering group?	X	X
<b>5. Describe the activities that are a result of the Diabetes in Pregnancy initiative.</b>	X	X
<b>6. Investigate what factors of the organisational process are likely to help or interfere with the initiative's progress.</b>	X	X
<b>Outputs</b>		
<b>7. Describe stakeholders' perceptions of results obtained thus far.</b>	X	X

### **Data collection**

#### **Document Analysis**

An analysis of initiative resources and documentation will inform the evaluation. It is anticipated that any Diabetes in Pregnancy meeting minutes and other documents that provide evidence on the development and current activity of the initiative will be provided by the action area/ initiative leaders. These will be analysed to identify:

- Who is involved in the initiative.
- Key achievements to date.
- The implementation and adaptation of the initiative.
- Programme inputs and resources.

## **Key Stakeholder Interviews**

Key stakeholder interviews will provide an indication of the experiences of those involved in the Diabetes in Pregnancy initiative working groups. This information is important to understanding current process, as well as the engagement and experiences of different stakeholders. Approximately 15 interviews will be carried out and the interview will be designed to last no more than 40 minutes. The interviews will identify key stakeholder perceptions of collaboration, strengths, risks and areas for growth or development, along with any noted effects of the initiative.

## **Appendix B: ASB Polyfest Healthy Food Policy Initiative Evaluation**

### **Overview**

This document presents a proposal for an evaluation of the ASB Polyfest food policy initiative which is part of the Health Promotion action area in the Counties Manukau District Health Board (CMDHB) Let's Beat Diabetes (LBD) 5 year plan, as described in the Evaluation Operational plan (Centre for Health Services Research and Policy, 2006).

### **Let's Beat Diabetes**

Let's Beat Diabetes (LBD) aims to make long-term sustainable change to prevent or delay the onset of Type II diabetes, slow disease progression and increase the quality of life for people with Type II diabetes in Counties Manukau. Fundamental to the plan is its 'whole society, whole life course, whole family/whanau' approach to preventing and managing diabetes. Within the LBD programme are 10 distinct but inter-related Action Areas for activity. One of these Action Areas focuses on 'strengthening health promotion co-ordination and activity' (Action Area 5), which works on a number of levels to support the LBD strategy within CMDHB. One work stream is designed to improve the nutrition environment at the ASB Polyfest by working with key partners to establish a healthy food policy [LBD Operational Plan 2008/2009].

### **Background to ASB Polyfest healthy food policy**

The work being done with the healthy food policy for the ASB Polyfest is part of the Health Promotion action area of the Let's Beat Diabetes plan. Action Area 5 focuses on strengthening health promotion co-ordination and activity.

The ASB Polyfest is the largest secondary school's festival of its kind in the world and show cases the best of secondary school cultural talent in Auckland. The event is held over four days and attracts over 90,000 people with an additional 8,500 students who perform on one of the many stages.

Food stalls and market places add to the vibrant atmosphere where arts, crafts and many different types of foods are sold. However, many of the food and beverages sold at the event are not consistent with the recommendations of the Food and Beverage Classification System for schools, and are high in fat, salt and sugar.

CMDHB is a major sponsor of the event and along with some other key sponsors, there is support for a food and nutrition policy to be developed. The aim of the initiative is *to work with key stakeholders of the ASB Polyfest to ensure an introduction of the healthy food and beverages policy at the ASB Polyfest and once achieved, to plan the roll-out of similar policies and processes for other large-scale public events*<sup>1</sup>.

---

<sup>1</sup> From the ASB Polyfest PAN Auckland HEHA Funding and Planning Group Funding Proposal.

The recommendations to stallholders in 2009 will focus on three specific areas:

- No deep-fried non-cultural food (e.g. hot dogs, chips, pies, donuts)
- No non-cultural sweets (e.g. candy floss, packets of lollies)
- No full-sugar drinks

It is recommended that these items are substituted for other food items, for example substituting chips with baked potatoes with a range of fillings.

### **Evaluation aims and objectives**

The evaluation aims to understand the process and outcomes of introducing the healthy food policy at the ASB Polyfest and to support the work stream to incorporate the lessons learned. To achieve this aim, the specific objectives are to:

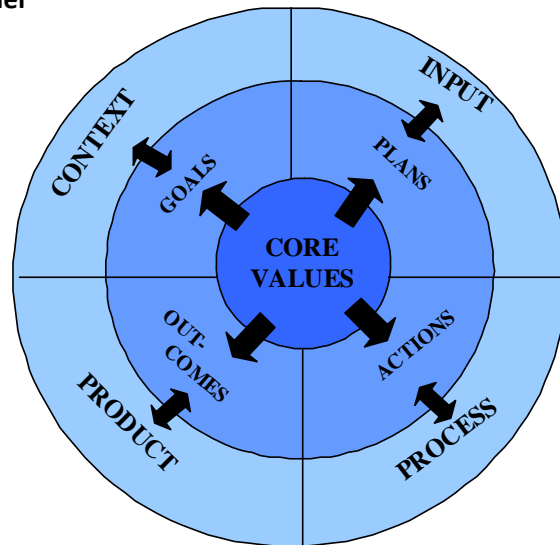
- **To collaborate with the ASB Polyfest Healthy Food policy initiative work stream to develop and conduct an evaluation** that meets the needs of the programme providers and key stakeholders, as well as the overall LBD programme (identifying the goals, priorities and objectives of the ASB Polyfest Healthy Food Policy initiative work stream).
- **To describe and evaluate the implementation of the ASB Polyfest Healthy Food Policy initiative work stream** (who is involved, what has been achieved to date, key stakeholder perceptions of strengths, risks, areas for growth/development).
- **To describe the outputs of the ASB Polyfest Healthy Food Policy initiative work stream.**
- **To support the ASB Polyfest Healthy Food Policy initiative work stream and incorporate lessons learned.**

### **Evaluation Methods**

The methods and evaluation questions to be used in this evaluation will be finalised with the key stakeholders of the ASB Polyfest Healthy Food Policy initiative work stream.

Guiding the evaluation will be the CIPP Evaluation model (Stufflebeam, 1983) which will provide a valuable structure for the evaluation. The core parts of the CIPP model are context, input, process, and product evaluation of the programme (see Figure 1) which assists the decision making process within the programme.

**Figure 2: The CIPP Model**



*(The CIPP model is adapted from Stufflebeam, 2003)*

The four parts of the model assist decision-makers in answering these four general questions:

1. What needs to be done? [Context]
2. How should it be done? [Input]
3. Is it being done? [Process]
4. Did it succeed? [Product]

***Evaluation questions***

The evaluation questions will be finalised in collaboration with the Action Area leaders. The evaluation questions, corresponding methods and stage of the CIPP model are identified in the evaluation crosswalk below.

Evaluation Questions and Data Sources	Document Analysis	Observations	Telephone Survey	Stakeholder Interviews
<b>Context</b>				
<b>1. Determine the key purpose of the work stream initiative including target group, key goals and resources. Identify the programme logic.</b>				
a) How was the initiative developed?	X			
b) What are the key goals and target groups and how were these determined?	X			
c) What was the intended programme logic?	X			

<b>Evaluation Questions and Data Sources</b>	<b>Document Analysis</b>	<b>Observations</b>	<b>Telephone Survey</b>	<b>Stakeholder Interviews</b>
<b>Input</b>				
<b>2. Determine what the key programme resources are and how they were intended to be used.</b>				
a) What are the key programme resources?	X		X	X
b) Were the resources appropriate?	X	X	X	X
c) Were the resources used as intended?	X	X	X	X
<b>Process</b>				
<b>3. Determine whether initiative strategies were effective in engaging stallholders.</b>				
a) What are the barriers and enablers to stallholder engagement?	X		X	X
<b>4. Determine the process of collaboration among stakeholders.</b>				
a) What is the process and level of collaboration for stakeholders involved in the work stream?	X			X
<b>Outputs</b>				
<b>5. Determine whether the initiative was successful in preventing the sale of deep-fried non cultural foods, sweets and full-sugar drinks?</b>				
a) To what degree did the stallholders comply with the recommendations made?	X	X	X	
b) What factors lead to the compliance or non-compliance of the recommendations?			X	X

### ***Data collection***

#### **Document Analysis**

An analysis of the work stream documentation will inform the evaluation. It is anticipated that any ASB Polyfest Healthy Food Policy meeting minutes and other documents that provide evidence on the development and current activity of the initiative will be provided by the action area/ initiative leaders. These will be analysed to identify:

- Who is involved.
- The development, implementation and adaptation of the initiative.
- Key achievements to date.
- Programme inputs and resources.

#### **Observations**

During the ASB Polyfest (18-21 March 2009) it is planned that observations will be conducted to record the food and beverages being sold by food stall holders. These

observations will be carried out in collaboration with LBD and the Health Promotion Action Area.

### **Telephone surveys with stall holders**

Telephone surveys will be conducted with a random sample of food stall holders and will identify perceptions of the ASB Polyfest Healthy Food Policy process facilitated by LBD. The information collected will provide information around factors that enabled and hindered the process, as well as whether any changes had been made and key reasons for this. At least 30 telephone surveys will be conducted and each survey will last approximately five minutes.

### **Key stakeholder interviews**

Interviews will be held with key stakeholders and will provide an indication of the experiences of those involved in the ASB Polyfest Healthy Food Policy initiative. This information is important to understanding current process and implementation, as well as the engagement and experiences of different stakeholders. In-depth interviews will be held with no more than five stakeholders and will last approximately one hour each. The interviews will identify key stakeholder perceptions of strengths, risks and areas for growth or development, along with any noted effects of the initiative.

## **Appendix C: Gardening for Health and Sustainability Initiative Evaluation**

### **Overview**

This document presents a proposal for a two-phase evaluation of the Gardening for Health and Sustainability Initiative which is part of the Health Promotion action area in the Counties Manukau District Health Board (CMDHB) Let's Beat Diabetes (LBD) 5 year plan, as described in the Evaluation Operational plan (Centre for Health Services Research and Policy, 2006).

### **Let's Beat Diabetes**

Let's Beat Diabetes (LBD) aims to make long-term sustainable change to prevent or delay the onset of Type II diabetes, slow disease progression and increase the quality of life for people with Type II diabetes in Counties Manukau. Fundamental to the plan is its 'whole society, whole life course, whole family/whanau' approach to preventing and managing diabetes. Within the LBD programme are 10 distinct but inter-related action areas for activity. One of these action areas focuses on 'Strengthening Health Promotion Co-ordination and Activity' (Action Area 5), which works on a number of levels to support the LBD strategy within CMDHB. One work stream is designed to develop multi-agency collaboration in support of increasing gardening and food gardens throughout the Counties Manukau area, and to contribute towards the goal of improved nutrition leading to a reduction in diabetes and obesity [LBD Operational Plan 2008/2009].

### **Background to Gardening for Health and Sustainability Initiative**

The Gardening for Health and Sustainability Initiative is part of the Health Promotion action area of the Let's Beat Diabetes plan. Action Area 5 focuses on improving collaboration within the health sector and strengthening health promotion for community settings. The promotion of food gardening is seen as addressing and promoting the LBD's goals of improving nutrition and physical activity, and requires multi-agency collaboration to provide the necessary resources. Health promotion initiatives are typically targeted at communities within lower socio-economic locales. In lower socio-economic communities, there can be limited affordability of, access to, and knowledge of how to grow and prepare fresh, nutritious fruits and vegetables. The aim of this initiative is to increase knowledge about gardening and preparing food from the garden. In addition to this, the initiative aims to encourage the uptake of gardening at home to improve family relationships, encourage cross generational learning, save money in household food budgets, increase environmental awareness and improve school-community relationships.

As part of their efforts to tackle the epidemic of obesity and diabetes in the community, LBD seek to be a part of the multi-agency gardening initiative because of the multi-ranging benefits of food gardening. Community consultation by LBD in early 2008, indicated that there was a desire amongst people to learn to grow their own food-gardens. In June 2008, the LBD Partnership Steering Group Chairman convened a multi-agency cross-sector group, with the aim of further exploring potential interest for and objectives of a proposed food-gardening programme. The multi-agency advisory group includes over 16 agencies, but has been primarily driven by:

- CMDHB's LBD Partnership Steering Group
- Manukau Parks, Manukau City Council
- Manukau Institute of Technology (MIT), Dept. Of Horticulture
- Mangere Community Health Trust
- General Mills company

The initiative plan developed by the multi-agency advisory group centres around the use of community food gardens as a hub for resources and training of neighbouring households, with links to school and Early Childhood Education Centre (ECE) gardens. The models include:

- Marae gardens with training through Manukau Institute of Technology (MIT)
- Community gardens (both council-run & community-run)
- School gardens (Primary and ECE)

Due to the many different resources required in order for the initiative to be both successful and sustainable, collaboration between key stakeholders is vital, and therefore, is a theme in Phase 1 of this evaluation.

### **Programme Logic**

Below is a diagram of the draft programme logic, showing the links between programme inputs, activities, expected outputs (products) and outcomes. When finalised, this diagram will represent a common understanding of what the programme intends to achieve, the means by which it will achieve it will also dictate the appropriate measures of change.

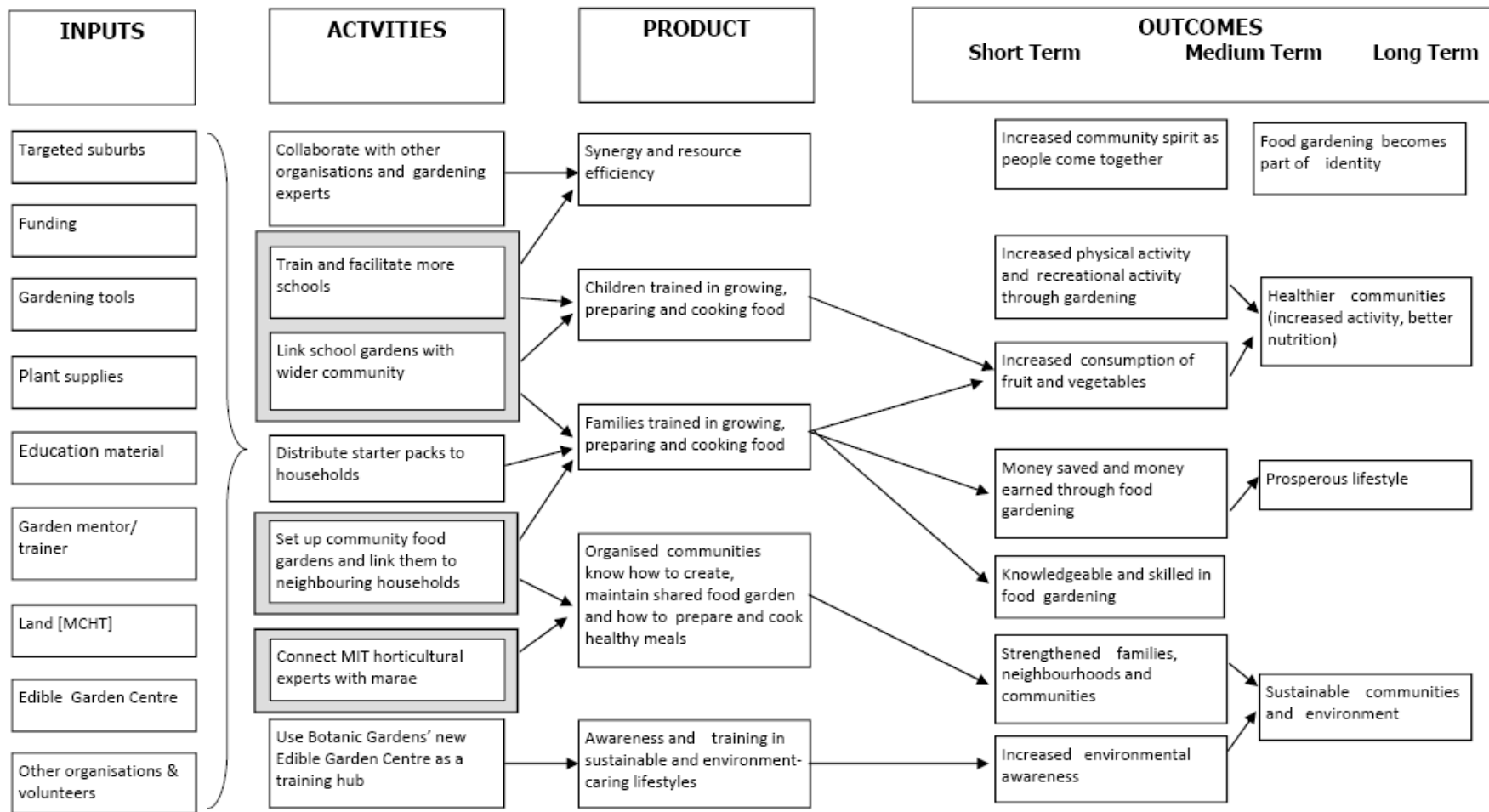
Inputs associated with the Gardening for Health and Sustainability Initiative include targeted suburbs, funding, equipment such as gardening tools and plant supplies, educational material, human resources in the form of garden mentors/ trainers, land for the gardens to be developed, the Edible Garden Centre (Auckland Botanic Gardens) and other organisations that support the work of the gardening initiative. The activities that are to be undertaken include collaboration with other organisations and gardening experts, training and facilitating more schools and linking school gardens with the wider community, distributing garden starter packs to households, set up community food gardens and link them to neighbouring households, connect with MIT horticultural experts with marae and using the Edible Garden Centre (Auckland Botanic Gardens) as a training hub.

The expected programme outputs include: synergy and resource efficiency, children trained in growing, preparing and cooking food, families trained in growing preparing and cooking food, organised communities knowing how to create and maintain shared food gardens and how to prepare and cook healthy meals, and awareness and training in sustainable and environment-caring lifestyles.

Expected outcomes are: increased community spirit as people come together, increased physical activity and recreational activity through gardening, increased consumption of fruit and vegetables, money saved and money earned through food gardening, people who are knowledgeable and skilled in food gardening, increased environmental awareness,

strengthened families, neighbourhoods and communities. The combination of these outcomes is expected to lead to healthier communities including increased physical activity and better nutrition, prosperous lifestyles, food gardening becoming part of the community's identity and sustainable communities and environment.

While validating the programme logic, it is important to notice the arrows in the diagram, which indicate causal relationships between factors identified. During the evaluation process, if outputs or outcomes are not as expected, it will be important to assess whether the assumptions made while constructing the programme logic are flawed or incomplete.



## **Community Food Gardening: A review of the literature**

The benefits associated with food gardening are wide-ranging, such as:

- Promotion of physical and mental health (Groenewegen, Berg, Vries and Verheij, 2006)
- Community-building, financial savings for gardening households, improved access to fresh produce, environmental benefits, increase in knowledge and skill areas (gardening, ecology, nutrition, food preparation, and waste management) (Wakefield, Yeudall, Taron, Reynolds and Skinner, 2007)
- Increasing self-esteem of participants (Hoffman, Morales Knight and Wallach, 2007).

Of importance to the goals of LBD, food gardening has been attributed with increasing participants' consumption of vegetables (Flanigan and Varma, 2006; Nanney, Johnson, Elliott and Haire-Joshu, 2007), and the improved access to fruit and vegetables has been cited as a key reason for participation in gardening initiatives (Armstrong, 2000). However, as explained by Jamison (1985), despite the use of apparently identical motives, different stakeholders can have very different intentions and experiences of gardening initiatives.

Research by Wakefield et al. (2007) and Schmelzkopf (1995) reveals how insecurity of the permanence of the community garden was a concern of participants. Whilst the Gardening for Health and Sustainability initiative is intended to teach participants in order for them to develop and grow their own food garden at home, Wakefield (2007) study found that the participants not only formed a strong attachment to the garden area, but also that the social elements of communal gardening were seen as important benefits by the participants. The experiences and outcomes of the initiative according to participants will be important to discover whether the gardens are meeting the objectives set, to understand the meaning, as well as the outcomes of the initiative for the participants, and to inform the development of the initiative. As the initiative encompasses three different models, evaluation of the outcomes will allow some comparisons to be made, which could also guide the initiative's development.

### **Evaluation aims and objectives**

Due to the pioneering nature of this initiative, there are two complimentary focuses for this evaluation, being the implementation processes, and the outcomes. These are separated into two phases of evaluation, as they cannot be undertaken simultaneously. The evaluation aims to promote a learning environment, whereby a process of review and reflection is encouraged in order to facilitate the development of the initiative, and to identify the outcomes of the initiative.

To achieve this aim, the specific objectives of **Phase 1** are to:

- **To collaborate with the Gardening for Health and Sustainability initiative to develop and conduct a process evaluation** that meets the needs of the

programme providers and key stakeholders, as well as the overall LBD programme (identifying the goals, priorities and objectives of the Gardening for Health and Sustainability initiative).

- **To describe and evaluate the implementation of the Gardening for Health and Sustainability initiative** (who is involved, what has been achieved to date, key stakeholder perceptions of strengths, risks, areas for growth/development).
- **To support the Gardening for Health and Sustainability initiative and incorporate lessons learned.**

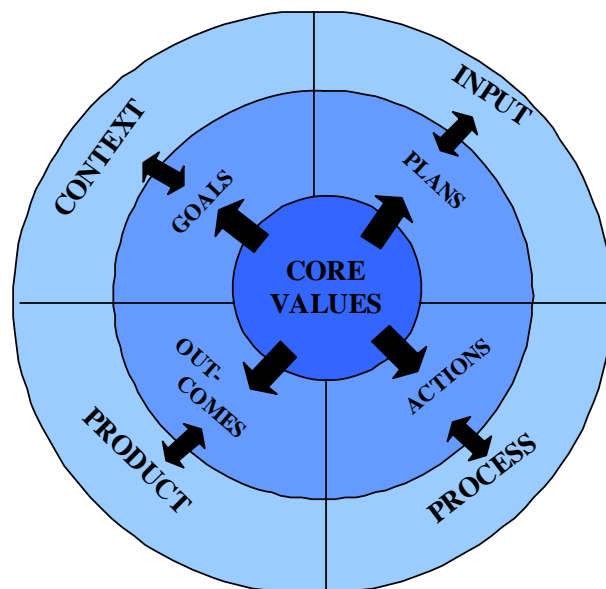
The specific objectives of **Phase 2** will be confirmed with the stakeholders and LBD Management.

### Evaluation Methods

The methods and evaluation questions to be used in this evaluation will be finalised with the key stakeholders of the Gardening for Health and Sustainability initiative.

Guiding the evaluation will be the CIPP Evaluation model (Stufflebeam, 1983) which will provide a valuable structure for the evaluation. The core parts of the CIPP model are context, input, process, and product evaluation of the programme (see Figure 1) which assists the decision-making process within the programme.

**Figure 3 The CIPP Model**



*(The CIPP model is adapted from Stufflebeam, 2003)*

The four parts of the model assist decision-makers in answering these four general questions:

1. What needs to be done? [Context]
2. How should it be done? [Input]
3. Is it being done? [Process]
4. Did it succeed? [Product]

## Evaluation (Phase 1)

### Evaluation questions

The evaluation questions will be finalised in collaboration with the key stakeholders. The evaluation questions, corresponding methods and stage of the CIPP model are identified in the evaluation crosswalk below.

Data Source	Document Analysis	Stakeholder Interviews
<b>PHASE 1: Process Evaluation</b>		
<b>Context</b>		
<b>1. Determine the key purpose of the Gardening initiative including target group, key goals and resources. Identify the Gardening programme logic.</b>		
a) How are the three models within the initiative being developed?	X	X
b) What are the key goals and target groups and how were these determined?	X	X
c) What was the intended programme logic?	X	X
d) What are the resources/inputs of each model?		X
<b>Input</b>		
<b>2. Determine what the key programme resources are and how they were intended to be used.</b>		
a) Are the resources appropriate?	X	X
b) Have the resources been used as they were intended?	X	X
<b>Process</b>		
<b>3. Determine whether initiative strategies were effective in stakeholder engagement &amp; collaboration.</b>		
a) What are the factors that influence stakeholder engagement?		X
b) What are the barriers and enablers to stakeholder engagement?		X
<b>4. Determine the processes/activities occurring.</b>		
a) How are the processes/activities achieving (or intended to achieve) the key goals?	X	X
b) What evaluative processes are occurring/planned?	X	
<b>5. Investigate what factors are likely to help or interfere with the initiative's progress.</b>		
a) Describe stakeholders' perceptions of barriers and enablers to community participation.		X

### ***Data collection***

#### **Document Analysis**

An analysis of initiative resources and documentation will inform the evaluation. It is anticipated that any Gardening for Health and Sustainability meeting minutes and other documents that provide evidence on the development and current activity of the initiative will be provided by the action area/ initiative leaders. These will be analysed to identify:

- Who is involved in the initiative.
- Key achievements to date.
- The implementation and adaptation of the initiative.
- Programme inputs and resources.

#### **Key Stakeholder Interviews**

Key stakeholder interviews will provide an indication of the experiences of those involved in the Gardening for Health and Sustainability Initiative. This information is important to understanding current process, as well as the engagement and experiences of different stakeholders. Approximately 10 interviews will be carried out and the interview will be designed to last no more than 40 minutes. The interviews will identify key stakeholder perceptions of strengths, risks and areas for growth or development; along with any noted effects of the initiative.

## References

- Armstrong, D. (2000). "A survey of community gardens in upstate New York: Implications for health promotion and community development." Health & Place 6: 319-327.
- Centre for Health Services Research and Policy (2006). Operational Plan: Evaluation of Let's Beat Diabetes (Draft Report). Auckland, UniServices.
- Flanigan, S. and R. Varma (2006). "Promoting community gardening to low-income urban participants in the women, infants and children programme (WIC) in New Mexico." Community, Work & Family 9(1): 69-74.
- Groenewegen, P. P., A. E. v. d. Berg, et al. (2006). "Vitamin G: effects of green space on health, well-being, and social safety." BMC Public Health 6: 148-156.
- Hoffman, A. J., L. F. Morales Knight, et al. (2007). "Gardening Activities, Education, and Self-Esteem: Learning Outside the Classroom." Urban Education 42(5): 403-411.
- Jamison, M. S. (1985). "The joys of gardening: Collectivist and bureaucratic cultures in conflict." The Sociological Quarterly 26(4): 473-490.
- Mattessich, P. W. and B. R. Monsey (1992). Collaboration: What makes it work? A review of research literature on factors influencing successful collaboration, Amherst H. Wilder Foundation.
- Nanney, M. S., S. Johnson, et al. (2007). "Frequency of Eating Homegrown Produce Is Associated with Higher Intake among Parents and Their Preschool-Aged Children in Rural Missouri." Journal of the American Dietetic Association 107(4): 577-584.
- Schmelzkopf, K. (1995). "Urban Community Gardens as Contested Space." Geographical Review 85(3): 364-381.
- Stufflebeam, D. (1983). The CIPP model for program evaluation. Evaluation Models: Viewpoints on Educational and Human Service Evaluation. G. Madaus, M. Scriven and D. Stufflebeam. Boston, Kluwer-Nijhoff: 117-142.
- Thomson, A., J. Perry, et al. (2007). "Conceptualizing and measuring collaboration." Journal of Public Administration Research and Theory.
- Wakefield, S., F. Yeudall, et al. (2007). "Growing urban health: Community gardening in South-East Toronto." Health Promot. Int. 22(2): 92-101.