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## It's your move : implementation report 5 - evaluation

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# It's Your Move!

East Geelong / Bellarine Youth Project

Promoting Healthy Eating and Physical Activity

**Implementation Report 5 – Evaluation**

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This report was produced for the **It's Your Move!** Project.

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## Introduction

*It's your Move!* was a 3-year community-based obesity prevention project conducted across the Barwon-South Western region of Victoria during 2002-2008. The background to the project is outlined in Implementation Report 1 – Project Design.

*It's Your Move!* involved several components;

- develop and implement the *It's Your Move!* intervention activities to promote healthy eating, physical activity and a healthy body shape and size among youth;
- evaluate *It's Your Move!* (process, costs, impacts, and outcomes);
- support economic, socio-cultural and policy sub-studies (as part of the Obesity Prevention in Communities (OPIC) project); and,
- build the community capacity to promote healthy eating and physical activity and build research and evaluation capacity in Australia.

The Sentinel Site for Obesity Prevention at Deakin University was responsible for the evaluation of the project. As a demonstration project, *It's Your Move!* had a strong evaluation component. It contributed to the body of evidence around which programs and interventions would be successful in combating obesity, that is, what is best practice?

## Objectives of the evaluation

The primary objectives of the evaluation component were as follows:

1. to determine the effectiveness and cost-effectiveness of a multi-setting, multi-strategy program of interventions aimed at improving the healthy eating and physical activity patterns of youth on changes in body mass index z-score over 3 years; and
2. to determine the feasibility and impacts of each of the key components of the intervention program.

The secondary objectives were:

1. to identify key obesogenic socio-cultural factors (attitudes, beliefs, perceptions and values) in relation to food and eating, physical activity and inactivity, and body size;
2. to identify key policies that influence eating patterns and physical activity and how they might be changed; and
3. to assess quality of life in relation to overweight and obesity in adolescents.



The purpose of this report is to outline the comprehensive evaluation framework for *It's Your Move!* This report does not include evaluation results but rather describes the design of the evaluation, the characteristics of the target population and its setting, the methodology and the tools used to undertake the evaluation of *It's Your Move!* A separate results report containing the results for *It's Your Move!* will be produced in due course, following these implementation reports.

## Design

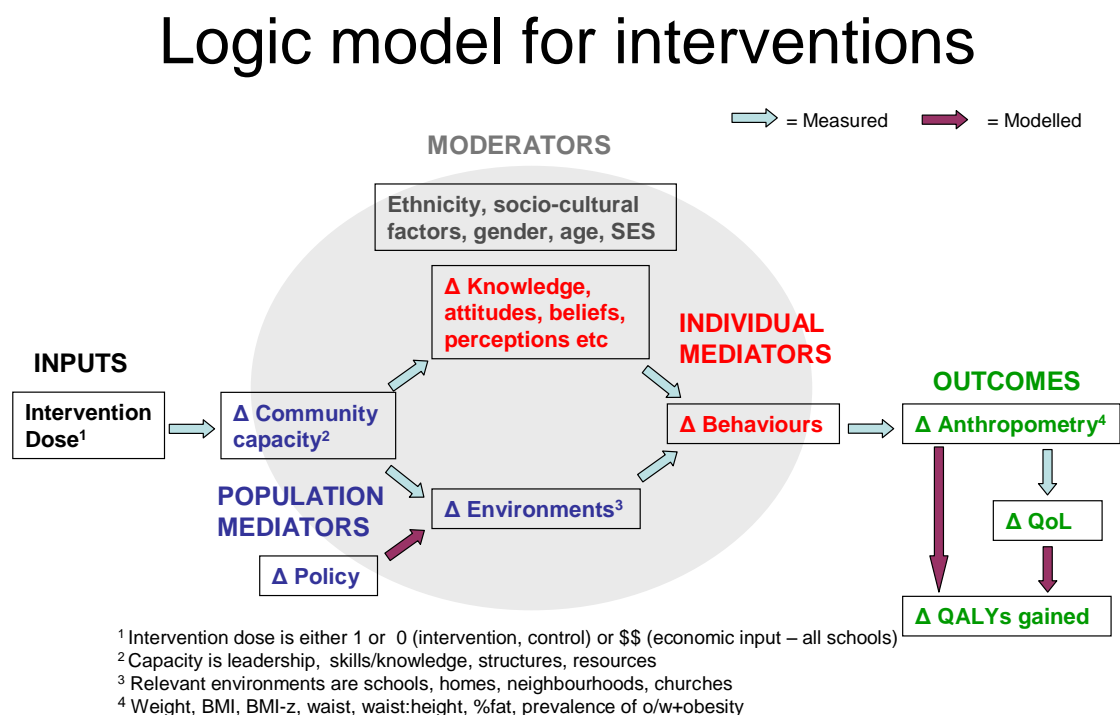
The design of the evaluation component for *It's Your Move!* was quasi-experimental using a longitudinal cohort follow up, rather than serial cross-sectional design so as to increase study power.

The Project had measurements in intervention and comparison (control) populations at baseline, in 2005 and after three years of intervention, in 2008.

## The Logic Model

The general logic model for *It's Your Move!* is shown in Figure 1. The input can be assessed as 0 (no intervention) or 1 (intervention) and as a graded input through the economic evaluation (i.e. amount of resource use including paid and volunteer time). The mediators of behavioural change at a population level are policy and environmental change and at the individual level are changes in attitudes, knowledge, beliefs, etc. The changes in behaviour then influence body size, quality of life and eventually disability-adjusted life years gained. The influences moderating these proposed direct links include age, gender, ethnicity and socio-economic factors.

**Figure 1: The logic model for *It's Your Move!***



## Sample

The intervention site for *It's Your Move!* was East Geelong/Bellarine and the comparison population was the rest of the Barwon-South Western region. All the intervention secondary schools were selected from the East Geelong and Bellarine Peninsula regions of Geelong. The five schools in the selected area (Newcomb Secondary College, Bellarine Secondary College, Geelong High School, St Ignatius College and Christian College [years 7-9 only]) had a total available enrolment of 3,075. The comparison sample was a stratified random sample of schools (n=8) from the Barwon-South Western Region.

The selection of the intervention community was based on a number of criteria. The community had to have sufficient numbers of youth to reach the sample sizes; sufficient numbers of settings (mainly schools, community organisations) to provide the structures for interventions; a degree of geographical cohesiveness to be able to define the sampling frame; and reasonable proximity to the intervention and evaluation teams.

Sample size estimates were determined for the principal quantitative outcome variable for the intervention and control cohorts; being change in BMI (which is closely related to changes in weight, BMI Z-score and prevalence of overweight/obesity). Weight (SD=16.8 kg) and BMI (SD=5.22kg/m<sup>2</sup>) from one of the OPIC intervention schools in New Zealand. A survey was used for sample size calculations. For a within-person correlation of 0.8, a sample of about 1000 in each arm of the study would detect a difference in weight of 1.3 kg and BMI of 0.41 kg/m<sup>2</sup> (equivalent to about 4 percentage points difference in overweight/obesity prevalence) with 80% power and alpha=0.05. The Auckland High School Survey showed no design effect associated with the clustered sampling for analyses restricted to a subset of Pacific Island students once other variables were accounted for. A target initial sample size of ~1500 in each arm was used to allow for drop-outs and loss to follow up.

The baseline sample of 3075 out of a potential 6327 participants represented a response rate of 48.6%. There was a 60% response rate for the school environmental audits.

## ***Sample characteristics***

Details of the baseline sample for *It's Your Move!* are summarised in Table 1.

**Table 1: Characteristics of the *It's Your Move!* sample**

<b>It's your Move!</b>	<b>n</b>	<b>Mean (years)</b>	<b>SD (years)</b>	<b>Range (years)</b>	<b>Female (%)</b>	<b>Lower SES (%)</b>	<b>Upper SES (%)</b>
Year 7-8	1475	13.5	0.7	11.4-15.4	43.0	39.3	60.7
Year 9-11	1551	15.7	0.8	12.6-18.3	44.9	41.9	58.1
ALL	3026	14.6	0.8	11.4-18.3	44.0	40.6	59.4

# **Components of the evaluation**

## **Formative Evaluation (Project Design)**

This aspect of the evaluation involved monitoring the establishment of the project, engagement of key stakeholders and formation of a steering committee. This has been written up as a separate report (Implementation Report 1 - Project Design)

## **Process Evaluation**

The processes and their outcomes were recorded by Project Staff using a standard template (Appendix A) which was also used to capture costs. It recorded the amount of time and costs associated with an objective, type of actions required to implement a strategy and it also recorded some of the lessons gained along the way.

## **Impact Evaluation**

The main sets of measurements were behaviours, attitudes and knowledge questionnaires, and settings environmental audits (impact variables).

The primary impact measures were;

- behaviour change;
- improvements in school setting; and,
- increase in capacity to promote physical activity and healthy eating.

The tools used were a Behaviours, Attitudes and Knowledge Questionnaire, which included an 84 question survey self-administered using Personal Digital Assistants (PDAs); School Environmental Audits which entailed a 3 part survey, completed within schools by the Principal, Canteen Manager and three teachers. Capacity was assessed using Community Readiness to Change interviews, the Community Capacity Index and group interviews with the Ambassadors.

## **Outcome Evaluation**

The outcome measures included change in Body Mass Index (BMI), change in BMI Z-score (BMI score which is standardised by age and sex) and change in percentage body fat. Overall, the outcome of the project will be determined by two main factors: the degree to which the intervention objectives have been achieved, including increasing the community's capacity to promote the healthy eating and physical activity; and the changes in BMI z-scores.



The primary outcome measures (variables) were;

- % body fat;
- weight;
- BMI;
- z-BMI scores; and
- change in community capacity

The secondary outcome measure was the relative decrease in the prevalence of overweight/obesity in the intervention group compared to the comparison group.

## Economic and Quality of Life Evaluation

The economics component was administered to ascertain outcomes of cost-effectiveness, quality of life and modelled disability-adjusted life years (DALYs) saved.

Two quality of life instruments were used for *It's Your Move!* First the AQoL (The Assessment of Quality of Life (AQoL2) Instrument, modified for use with adolescents, and second, the Paediatric Quality of Life Inventory (PedsQL), generic module for 13-18 year olds.

## Summary of evaluation

Table 2 summarises the tools used for each area of evaluation.

**Table 2: Summary of evaluation tools used for *It's Your Move!***

Type of Evaluation	Tools
Anthropometry	Height and Weight to calculate BMI Waist circumference Body composition (% body fat)
Behaviours	Adolescent Behaviours, Attitudes and Knowledge Questionnaire (ABAKQ)
Environments	School Environmental Audit
Community Capacity	Community Readiness to Change Community Capacity Index Ambassador Group Interviews
Quality of Life	PedsQoL AQoL



## **The Evaluation Plan**

The evaluation plan for *It's Your Move!* is presented in Appendix B.

## **Ethics**

Deakin University Human Research Committee approved the ethical aspects of the evaluation (Reference # EC 22-200)

The ethics process entailed the development of Plain Language Statements outlining the nature of the project and its research basis, and Consent Forms for Organisations signed by the Principals of the five intervention schools and the seven control schools. For the intervention schools, consent was also obtained from parents on behalf of students that opted to participate in the evaluation component of the project. The Consent Form covered baseline evaluation measures in 2005 and follow up in 2008.

Plain Language Statements and Consent Forms were distributed to students in the schools by project staff, collected by teachers, and returned to project staff in preparation for baseline data collection.

## **Procedures**

### **Process Evaluation**

Process evaluation information was collected throughout the project from the Project Coordinator and School Project Officers via a paper based or electronic template (Appendix A). Information was collected about various processes undertaken during the project for the uptake and penetration of program components into the schools. Process data was entered into Microsoft Access for further analysis.

### **Impact and Outcome Evaluation**

## **Anthropometry**

### **Protocols and body size calculations**

An explanation of the protocols for measuring height, waist circumference and obtaining body composition data and the body size calculations are in Appendix C.



**Height**

Height was measured using a portable stadiometer.

**Waist circumference**

A standard tape measure was used to measure waist circumference.

**Weight and Body Composition (%fat)**

A TANITA Body Composition Analyser (Model BC 418) was used to collect weight and bio-electrical impedance data, used to assess body composition.

Individual data was exported directly to a prepared Microsoft Excel spreadsheet file via connection interface between the TANITA device and a laptop PC. A customised program (provided by Wedderburn Australia) was used to derive the values and to facilitate data transfer between the TANITA and the PC. Specific equations to estimate lean mass and fat mass from the impedance data were developed for the project in a separate study based in Auckland. These have not been included in this report.

**Behaviours using the Adolescent Behaviour, Attitudes and Knowledge Questionnaire****Purpose**

The Adolescent Behaviour, Attitudes and Knowledge Questionnaire (ABAKQ) consisted of four sections;

1. Demographics survey;
2. Behaviours, attitudes and knowledge survey;
3. A quality of life scale (AQoL); and
4. A child quality of life measure (PedsQoL)

The ABAKQ is shown in Appendix D.

The QoL instruments are described in detail below. The final survey instrument was set-up using the e-STEPS Questionnaire Designer program<sup>1</sup>. The constructed questionnaire was then copied across to sixty Personal Digital Assistants (PDAs) for administration.

**Content**

The first section of the ABAKQ incorporated a short demographic survey that included questions about the adolescent's date of birth, gender, school, year level, and adults in the household. This was supplemented by a paper demographics survey which had more personal identifying data on it: ID number, date of birth, date of testing (all used to cross check with the data on the PDA and other data), student's full name, home address, including house number, street name, suburb and postcode (the latter collected for the purposes of area-level SES).



The behaviour, attitudes and knowledge questions were developed and used across the four sites of the Obesity Prevention in Communities (OPIC) Projects. The survey comprised of 87 questions which took approximately 15-20 minutes to complete and focused on key behaviours such as nutrition/dietary practices, amount of physical activity, the school environment (teachers, canteens, participation in sport), home (the role of parents/siblings), the neighbourhood, and perception and attitudinal questions.

Some of the questions were country/community specific such as the role of the church, various food practices, perceived food and physical activity practices within their culture.

### **Source and validation**

The ABAKQ included several questions from the 1995 Australian National Nutrition Survey<sup>2</sup>, New Zealand 2002 National Children's Survey<sup>3</sup> and National Health and Medical Research Council (NHMRC) Dietary Key Indicators Study<sup>4</sup>. Of these studies, some questions had good reliability data, some were from standard questionnaires and provided scope to develop questions to specifically measure the objectives of the *It's Your Move!* action plan.

The survey was initially piloted with 95 students in Australia. The feedback from the students about the wording and comprehensibility of the questions plus the range of responses were used to further modify the questionnaire. Upon using the survey for the baseline measures, students felt that the survey was easily understood, comprehensible, relevant and produced a reasonable spread of answers and was both age and ethnically appropriate.

The first section of the survey spanning questions 1-4 and questions 6-12 were standard demographic questions. Due to their widespread and common use, they didn't require validity or reliability testing. Question 5, which addresses the adolescent's ethnicity, was taken from the Australian Census data. The majority of the questions in the questionnaire have either been taken directly from or been adapted from existing larger surveys. Questions 15, 17 and 19 were taken from the 1995 National Nutrition Survey (NNS)<sup>2</sup>. The basis for these questions was related to how many days a week a certain food was eaten for breakfast. It was adapted to ask about the last 5 school days instead of in the last week and applied it to morning tea and lunch also. In the NNS, all respondents provided a useable answer with only <0.5% unable to recall their frequency of breakfast intake.

Questions 20 and 21 were directly from the NNS<sup>2</sup>. Of the sample, 99% provided useable answers for both questions. The results of these questions suggest that it is possible to derive a quantitative estimate of overall consumption based on a question that asks about consumption on a usual day. Question numbers 27, 33, 35, 36, 37, 38, 39, 40, 41, 46, 47, 48, 49 were either used directly or adapted slightly from the National Children's Nutrition Survey which was used in New Zealand in 2002<sup>3</sup>. Most of the adaptations revolved around giving specific time periods. Therefore, instead of saying 'on how many school days' it was modified to ask 'in the last 5 school days'. Instead of asking how much time do you



normally spend...?' it was modified to ask, 'on the last school day...' The basis of the questions are identical, and if anything, the modified way of asking allows for a more specific response and ensures a more user friendly way of recalling information.

Questions 28 – 32 were adapted from the 1996 NHMRC Dietary Key Indicators Study<sup>4</sup>. These used the same base questions used in the large survey but were changed to ask about 'after school' and different foods types were added to elicit improved qualitative information. The basic questions from the Dietary Key Indicators Study revealed a good spread of responses across the board.

The remainder of the questions developed for use in this survey were specifically designed for this project and were piloted amongst adolescents in the existing sample. Overall, very few of the questions were amenable to true validity testing but comprehensibility and repeatability were important and testable.

### **Administration**

The baseline questionnaire was administered to each student using a Personal Digital Assistant (PDA). This occurred from July to November 2005 with students in year 7-12 in the participating schools across the Barwon-South Western region. Students were given a class period (55 minutes) at school to complete the survey and anthropometry measures. The familiarisation process with the PDA was very rapid. As students completed the questionnaire on the PDA, research assistants would call up students individually to complete the anthropometry measures in a discrete/private area.

### **Notes**

The use of the PDA made filling out of the questionnaire rather novel for students and it kept up their concentration levels. Some of the adolescents in similar projects in Fiji and Tonga had never seen such an instrument but they very quickly understood how to use the PDA. It would have been a long and tedious paper questionnaire, and the PDA allowed a more complex questionnaire to be developed with multiple skips over 'not applicable' questions. However, there were some technical issues with using the PDA. Within the earlier programs, the skips sometimes were not activated, generation of new ID codes did not always occur and the stability of the PDA (hardware, software and battery life) also caused problems over the three years.

## **School Environmental Audit**

### **Purpose**

The aim of the School Environmental Audit (Appendix E) was to assess the schools as settings for promoting healthy eating and physical activity.

### **Content**

There were three parts to the Audit. Part 1 was filled out by the Principal or a senior administrator and focused on elements of policy, food service, physical



education / physical activity, facilities and staff professional development.

Part 2 was filled out by the Canteen Manager and centred on the food service operation, food preparation, pricing and promotion and external facilities such as vending machines and water fountains. Part 3 comprised of 24 questions and was completed by 3 teachers at the school. The questions examined food, nutrition, physical education/activity practices in the curriculum. It also assessed the awareness of policies within the school to support healthy eating and physical activity and whether teachers complied/ supported the policy.

Questions were also asked about parental support, adequacy of indoor/outdoor space (including bicycle storage) and the strength of community links.

### **Source and validation**

Questions for the Secondary School Environmental Audit primarily came from the Primary School Audit tool (used in the *Be Active Eat Well* Project). Here the audit tool was adapted from a similar tool developed by Carter and Swinburn<sup>5</sup> from a series of semi structured interviews with 11 primary and secondary Health and Physical Education teachers within the Auckland region. The questions were designed around the key elements of the physical, economic, policy and socio-cultural environments in schools for nutrition and physical activity. Food sold at the canteen/ food service was also included as an index of foods eaten.

Academic staff of the University of Auckland reviewed the questionnaire to ensure that the questions were free from bias and easily understood. The questionnaire was then pre-tested in three primary and three secondary schools with Health and Physical Education teachers to ensure that the questions were interpreted and answered by respondents as the researcher had intended.

For *It's Your Move!* additional questions were included from a Queensland audit tool titled Assessing your school the Active-Ate Way: a nutrition and physical activity needs assessment and planning guide<sup>6</sup> and the Centre for Disease Control's (CDC) School Health Index which is a school self-assessment and planning guide<sup>7</sup> developed by the CDC in partnership with school administrators and staff, school health experts, parents, and national non-governmental health and education agencies.

### **Administration**

The audit tool is divided into the three parts which can be sent to the key people in the school for self-administration or be administered. Each survey took approximately 10 minutes to fill out each part. All parts of the audit were self-administered.

### **Notes**

There is potential for this survey to be further developed so that it could be administered in a web based version. This would allow surveys to be sent to key informants within each school, monitored and collated electronically. This could allow a greater representation of the school population and less labour intensive way of administering the survey.



## Capacity Building using Community Readiness to Change

### Purpose

The aim of implementing the Community Readiness to Change assessment (Appendix F) was to score the community involved in *It's Your Move!* on six dimensions using Community Readiness Stages (how well equipped is the community to undertake the promotion of healthy eating and physical activity environments and behaviours?).

### Content

The six dimensions are community knowledge about the issue, existing community efforts, community knowledge of the efforts, leadership (includes appointed leaders & influential community members), community attitudes, and resources related to the issue (people, money, time, space, etc).

In theory, the Community Readiness assessment potentially offers an accurate way to measure readiness before, during and after interventions. The assessment also provides essential qualitative data to help guide the community and / or program toward development of effective prevention strategies. Based on information from the baseline Community Readiness assessment, interventions that are appropriate to the community's level of readiness can be implemented with a higher potential of success and in a more cost effective manner.

The 'readiness score' of the community served as a means for diagnosing the community's needs. It formed the basis of understanding the community's overall level of readiness to act. The Community Readiness assessment can give insight into key factors explaining success or failure of community based activities, for example, shifts in community norms and support of local leadership. This can be especially useful because evaluation of obesity prevention interventions representing a multi-component, community-wide effort can be challenging and certain aspects of change might not be captured by the baseline and follow-up evaluation.

The lessons learned from the baseline Community Readiness assessment should contribute to program development for the interventions. Together with the findings from the follow-up assessment the learnings can directly contribute to recommendations for ensuring sustainability of the obesity prevention efforts beyond the life-span of the projects.

The results allowed the community to determine which dimension(s) they should address as priorities and begin the development of appropriate strategies appropriate for moving them to the next level of readiness. At the completion of the projects, the Community Readiness assessment assisted in explaining changes in the outcome variables of the projects and contributed to recommendations for ensuring sustainability.





### **Source and validation**

The Community Readiness Model and methodology for applying it were developed at the Tri-Ethnic Centre for Prevention Research at Colorado State University, USA<sup>8</sup>. The Model was adapted with permission from the authors and changes in the accompanying handbook were made by the WHO Collaborating Centre staff. The Handbook provides an overview on the key concepts of the Community Readiness Model and shows the practical, step-by-step application to a specific issue/setting.

### **Administration**

The Community Readiness Model was administered at baseline and follow up for *It's Your Move!*. Key project personnel and stakeholders were identified to participate in a one-on-one interview taking between 45-60 minutes. Each interview was audio-taped and transcribed. The scoring process is outlined in detail in the CRC Handbook, but was modified to allow the scores to be determined from a written script rather than listening to a tape. Five interviews, with the Principal, two teachers, a parent, and a student, were completed at each of the intervention and control schools involved in *It's Your Move!*.

### **Notes**

In practice the Community Readiness to change instrument was time consuming to implement. The number of questions (n=39) meant that interviews took between 45 and 75 minutes. Some key stakeholders, Principals and teachers contributed well, taking up to 75 minutes to complete. Students and parents who were interviewed felt more intimidated by the process and hence the interviews were shorter in duration. Care needs to be taken not to over-burden respondents with evaluation tools. The prescribed analysis process, where two people independently score and meet to determine a consensus score was difficult to administer when working with a small evaluation team. A more efficient method was to have the interview tapes transcribed and to score from the written transcripts which made the process more manageable. The prolonged scoring process meant that results were not available in time for the communities to be of any significant value to inform the development of the action plans.

## **Capacity Building using the Community Capacity Index**

### **Purpose**

The Community Capacity Index was developed to assist communities or networks identify the extent of existing capacity available within a network of organisations and groups working together at a local level<sup>9</sup>. Its purpose was to gather evidence about the capacity of the network and to map that evidence against a set of indicators within four domains; network partnerships, knowledge transfer, problem solving and infrastructure.



## **Content**

Within the Community Capacity Index (CCI), community capacity is defined as 'a collection of characteristics and resources which, when combined, improve the ability of a community to recognise, evaluate and address key problems'.

The CCI examines capacity within four domains;

### **Network Partnerships**

- the relationships between groups and organisations within a community or network.

### **Knowledge Transfer**

- the development, exchange and use of information within and between the groups and organisations within a network or community

### **Problem Solving**

- the ability to use well-recognised methods to identify and solve problems arising in the development and implementation of an activity or program

### **Infrastructure**

- the level of investment in a network by the groups and organisations that make up the network. Infrastructure includes investment in the development of policy, social capital, human capital and financial capital.

For each of the first three domains, three levels of capacity are identified, with each level measured by a set of indicators. The fourth domain, infrastructure, is not constructed of three levels but rather four sub-domains and their indicators. The indicators within the CCI represent the abilities, behaviours or characteristics of the network.

For each level of each domain, a brief overview of supporting evidence from each respondent accompanies the capacity assessment. Upon completion of all of the indicators within the CCI, each member is required to summarise current capacity of the network to achieve its objectives and identify further plans to build capacity to achieve program objectives.

## **Source and validation**

The CCI<sup>9</sup> was developed by Robert Bush, Jo Dower and Allyson Mutch from the University of Queensland and the CCI Manual<sup>10</sup> outlines its development and validation process. It was not possible to pilot the CCI with key stakeholders due to the small finite sample. Learnings from implementation with another project (Be Active Eat Well) informed the implementation process for *It's Your Move!* The implementation method employed for *It's Your Move!* allowed for any difficulties to be addressed.

## **Administration**

Initially the CCI was not intended for administration with the *It's Your Move!* Project because a decision was made to utilise another tool, the Community Readiness to Change (CRTC) questionnaire (see above).





The prolonged scoring process meant that results were not available in time for the communities to be of any significant value to inform the development of the action plans.

An outcome measure of built capacity was deemed to be useful and was required for other work (Doctorate in Health Science, Annie Simmons) therefore the CCI was administered at the end of the implementation phase of the *It's Your Move!* Project. To utilise this tool, the judgments to obtain a score of capacity at baseline were then made retrospectively.

In obtaining this data, discussion were held with the Project Coordinator for *It's Your Move!* in May 2008 about the unexpected requirement to administer the CCI and potential scenarios for administering the CCI. Based on anecdotal feedback from a few key stakeholders after the administration of the CCI for the *Be Active Eat Well* Project, which were comments about the degree of difficulty in completing the Index, it was proposed that the key stakeholders complete the CCI while at their Project Management Meeting, so more support could be provided. Recent meetings had been one hour in duration. It was recognised that the administration of the Index (workshop plus completing the Index) would require more than one hour. Instead of asking the key stakeholders to spend additional time at the meeting, when at previous meetings various members have other commitments to get to after the meeting; it was proposed that the administration of the Index should be conducted over two consecutive meetings.

Approval was obtained from the Project Coordinator to itemise the CCI on the agenda for discussion at the next Project Management Meeting in May 2008. The aim was to seek agreement among the key stakeholders to participate in completing the CCI over the following two consecutive meetings.

During the regular Project Management Meeting in May 2008, all key stakeholders agreed to participate to complete the CCI. Consensus was also reached that the CCI could be administered over the next two consecutive Project Management Meetings. The next regular meeting, scheduled in two weeks time in May 2008 was dedicated to the CCI and the following in June 2008 at the same time.

Similar to *Be Active Eat Well*, a workshop approach was taken by the same facilitator (Annie Simmons) at the first meeting. Again, the purpose of the workshop was to introduce the CCI as a tool to measure capacity, introduce and discuss the key concepts to capacity building (including a definition) and to discuss the domains of capacity used within the CCI within the context of the *It's Your Move!* Project. This was to ensure each key stakeholder understood the terminology of each domain and its dimension, and its application to the project.

A facilitator's manual and workbook (Appendix G) were developed to aid in the delivery of the workshop and to allow the participants to complete the CCI. The facilitator's manual was a detailed version of the workbook. Both contain the CCI. These were modified from the *Be Active Eat Well* Project documents.



Only minor changes were required, i.e. reference to the project's name and use of different examples when referencing key settings and other key stakeholders. The workbook containing the CCI tool was handed out at the commencement of the workshop.

In addition, a *Microsoft PowerPoint* presentation was made to assist in guiding the workshop (Appendix H). The facilitator felt this may assist the key stakeholders focus on the process since the majority of key stakeholders join the meeting after a day's teaching at school. Also the use of a *PowerPoint* presentation contributed to one of three common delivery methods used in adult learning<sup>11</sup>, namely visual, discussion and the use of the workbook.

The whole meeting was then dedicated to the administration of the CCI (the workshop component and commencing the completion of the Index). At the end of the meeting the workbooks were collected and stored by the facilitator until the next scheduled meeting, in two weeks time, at which the Index was completed.

### **Notes**

The CCI can be administered in a variety of ways. Users of the Index can: 1) individually interview key informants, 2) conduct a focus group with members within a network, 3) conduct a network meeting or workshop with members, or 4) conduct the Index as a self-reflective tool based on experiences within a network. It was anticipated that the Index might produce some concerns so it was decided to opt for a workshop type approach. However respondents noted when completing the Index with this format, they still found it a difficult tool to use. In terms of analysis, the Index is quick and easy to collate and analyse providing both quantitative and qualitative measures. The qualitative items however lacked depth and those completing the CCI found it difficult to think of examples to qualify the corresponding level of capacity that was scored.

## **Capacity Building using Group Interviews with Ambassadors**

### **Purpose**

Group interviews were conducted with each set of Ambassadors in each school as they exited their role. The interview utilised an interview guide which included a series of open-ended standardised questions. The purpose of the interview was to obtain experiential feedback from each set about their role as Ambassadors to ascertain a sense of usefulness of the Student Ambassador Model and to assess what domains of capacity were built during the implementation of this model.

### **Content**

The interview guide allowed for a general introduction followed by eight open-ended standardised questions (Appendix I).

### **Source and Validation**

The questions were developed specifically for the purpose of the group interview. The first draft was shown to the Project Coordinator for feedback and approval, with minor adjustments made. The second draft was taken to a Project Management Meeting for scrutiny and approval by the five School Project Officers. Since all Ambassadors were required for interview, the questions were not pilot tested with them, instead the School Project Officers were the final source of validation. This was considered appropriate since the School Project Officers are teachers within the school hence it was accepted that they would be able to comment that level of comprehension or interpretation be appropriate for the Student Ambassadors.

The School Project Officers were employed by the project and hence had an intimate knowledge and having been briefed on the purpose of the group interview, it was considered that they would be able to make an informed judgement on the level and type of questioning posed. No issues were found with the format of the interviews or the type of questions.

### **Administration**

Five group interviews were conducted, one at each school, at two time points, i) when the first set of Ambassadors (n=25) departed their role at the end of 2006 which marked the half way point of the project (Group 1, G1) and ii) when the second set (n= 40) departed and the end of the implementation phase of the project in June 2008 (Group 2, G2).

The interview process involved an interview guide utilising a series of eight open-ended standardised questions. The questions were developed specifically for the purpose of the group interview. The first draft was shown to Project Coordinator for feedback and approval, with minor adjustments made. The second draft was taken to a Project Management Meeting for scrutiny and approval by the five SPOs. Since all Ambassadors were required for interview, the questions were not piloted with them. Instead the SPOs were the final source of validation. This was deemed appropriate since they were 1) employed by the project and had an intimate knowledge of the project; 2) briefed on the purpose of the group interview and 3) as teachers, it was considered they would be able to make an informed judgement on the level and type of questioning posed be appropriate for the Ambassadors.

The interviews were arranged by the SPOs (previously briefed) who informed their Ambassadors of the purpose of the interview and encouraged them to attend. The interviews were held during the lunch break at each school at a convenient date to the group. Lunch was provided as a reward i.e. as one way to formally thank them for their contribution to the *It's Your Move!* project. The size of each group varied from four to eight with the SPO present in each group.

The Ambassadors were made aware of the interview format (questions provided) and encouraged to offer their opinions in response to the questions. Assent was sought to audio-tape the interview. Participants were assured transcriptions would



remain anonymous and responses collated across schools. The main intentions of the results were disclosed. At the conclusion of the interview, the Student Ambassadors were thanked for their participation and the process of handling the data was reiterated i.e. anonymous transcription, analysis, feedback and use of the data.

Immediately following the interview, at a prioritised convenient time, the audio tape was checked and notes made about the context of the interview and any outstanding observations. The tape was played in its entirety as soon as possible and any additional thoughts/comments were added to the notes.

### **Notes**

The Ambassadors responded well to the interviews. Most were keen to tell of their experiences and spoke with enthusiasm. No one objected to having the interview taped. Providing lunch was valued and the Ambassadors appreciated the recognition of their role. Having the School Project Officers present allowed the Ambassadors to feel supported and the School Project Officers could also prompt the Ambassadors for detail.

## **Quality of Life (AQoL-2 and PedsQL)**

It is best practice to combine a utility-based instrument (i.e. one that can be used for economic analyses using quality-adjusted life-years [QALYs] or disability-adjusted life-years [DALYs]) with a condition-specific instrument. In the *It's Your Move!* study, it was decided to utilise the Australian Quality of Life instrument Mark-2 (AQoL-2, a utility-based instrument designed for Australian adults) coupled with the Pediatric Quality of Life Inventory (PedsQL), a paediatric general health profile instrument. The latter was chosen given the absence of readily available condition-specific instrument suitable for adolescents.

### **Content**

The AQoL2, is a multi-attribute utility instrument developed in Australia by a team led by Professor Jeff Richardson, Monash University<sup>10,11</sup>. The AQoL2 comprises 20 health state questions across six dimensions, namely physical ability, social and family relationships, mental health, coping, pain, sensory. With respect to the sensitivity of the AQoL-2, the developers of the instrument are firmly of the opinion that there is no other utility-based instrument available, suitable for economic evaluation, which will provide greater sensitivity.

The PedsQL is a paediatric general health profile instrument, specifically designed for use with adolescents and children. The generic module was used for 13-18 year olds. The PedsQL has been adapted for specific conditions (e.g. cancer, asthma, and diabetes), but not as yet for obesity. The questions, however, fitted neatly with obesity, and, in this study, were employed as a proxy condition specific instrument. The PedsQL is a brief (one page) instrument, comprising 23 questions. It covers four dimensions of physical functioning, emotional functioning, social and school functioning.



### Source and validation

The AQoL, a utility-based instrument suitable for economic evaluation, was originally developed for Australian adults using 'state of the art' psychometric procedures<sup>12,13,14</sup>. It was recalibrated for use with adolescents. It is acknowledged, however, that population-based interventions such as *It's Your Move!* may not produce a detectable effect on AQoL2 at a population level. The instrument is rated highly in terms of validity and reliability with internal consistency of  $\alpha = 0.81$ .

As the AQoL2 was developed for Australian adults, its use in *It's Your Move!* (and the wider OPIC study) required its adaptation for use with adolescents, and for use in cultural settings other than Australia. The questions were originally tested for cultural and language appropriateness in two focus groups of adolescents (in each of the countries). In order to preserve the psychometric qualities of the AQoL, adaptation meant that changes were kept to a minimum and preserved the original intent of the question. Given that the utility values reflected the preferences of Australian adults, the values were recalibrated to reflect those of Australian adolescents. This was done using the 'time-trade-off' method, the same method as employed in the original development of the instrument. Sixty-eight students participated in this exercise in a classroom setting, each completing a set of ten scenarios. The recalibration of the AQoL2 for Australian adolescents, means that there is now a utility-based quality of life instrument (AdQoL2) available suitable for use in other studies involving Australian adolescents.

The PedsQL is a paediatric general health profile instrument specifically designed for use with adolescents and children<sup>15</sup>, and which is shown to have high validity and reliability<sup>16,17</sup>. Whilst the PedsQL is not a preference based instrument, it still provides an index score which is obtained through simple arithmetic addition with all dimensions weighted equally (i.e. no utility trade-off weights are involved). The PedsQL index score can be compared to that produced by the AQoL-2. The comparability of the relationship in the study population between BMI and QoL as established by the two different instruments will increase the level of confidence with which the QoL results from the AQoL2 are viewed.

The two quality of life instruments were piloted with 95 students in the *It's Your Move!* schools, before being administered at baseline.

### Administration

The instruments were completed by students using PDAs as part of the baseline batch of surveys. The length of the AQoL questions and the response categories meant that a question and the associated response categories could not fit on a single screen. As a result, the students completed the questions by using the PDA in conjunction with a hard copy of the instrument. This process was piloted and found not to impact on the results.

The PedsQL added little to the cognitive burden of participants, was easily administered and lent itself to electronic administration using the PDAs. It is very easy to score. The items on the scale are reversed scored and linearly

transformed to a 0-100 scale, such that higher scores indicate better health-related quality of life, (never 0=100; almost never 1=75; sometimes 2 = 50; often 3 = 25; almost always 4 = 0). To create scale scores, the mean is computed as the sum of the items divided by the number of items answered (thereby taking into account missing data). Separate scores can also be calculated for each of the four scales (physical functioning, emotional functioning, social functioning and school functioning) using the same method.

### **Notes**

Both instruments are suitable for use with adolescents. The two surveys take approximately 10 to 15 minutes in total to administer (the PedsQL alone is only about two minutes),

## **Dissemination**

When the baseline data was completed, all schools (both intervention and comparison) were provided with their own local data in the form of a presentation (to staff) or as a report. This data was their school only and did not include anthropometry information due to it being unavailable at the time.

Further reports have been generated in line with the other countries participating in the OPIC study, with the most recent titled: Lifestyle and Obesity in South Pacific Youth: Baseline Results from the Pacific Obesity Prevention In Communities (OPIC) Project in New Zealand, Fiji, Tonga and Australia. Auckland: 2008.

Ongoing analysis, publications and dissemination of results will continue throughout 2009 and 2010.

## **Key Learnings and Recommendations**

At a school level, engaging with intervention and comparison schools was quite a challenge due to the project commencing in the second half of the year. This left term three and the first four weeks of term four to collect the baseline data. In term four, from week four, students in Years 10, 11 and 12 leave on a staggered basis, therefore collecting their data was problematic and required a highly coordinated approach by the research team and the school. This often required repeat visits to the school to collect the data of students who were absent on the first day. This emerged as an issue for the budget allocated to the baseline data phase (as there was no real 'contingency money' allocated in the first year of data collection). In all, the baseline data collection took approximately nine months to collect.



In working with schools, many issues emerged during the baseline data collection phase. Some difficulties involved some schools having a vertical curriculum (e.g. students from Years 8-10 in amalgamated classes), interruptions in the school programs (e.g. camps, excursions, sport days), distribution and collection of consent forms (e.g. designating a teacher to collect and collate) and timing of testing (e.g. duration of testing from start to finish, with the number of students that consented).

Some of the recommendations in relation to setting up the evaluation components of this study include: extensive planning by the research team before contacting schools, having a clear outline of the tools and instruments (e.g. survey, audits and other measurements) that are to be used and an estimated time it takes to administer, enter data and analyse. Additionally, the budget needs to be clearly defined by the research team to ensure that the costs of casual research assistants, hiring cars, equipment and accommodation are covered.

The research team needs to allow at least six to eight months lead time to work with schools. The process requires obtaining official sign on from the State and Regional Educational Managers, conducting the consultation phase and relevant workshops with local stakeholders (e.g. Principals) and the appointment of a key contact within the school to assist in the coordination of data collection requirements.

Once at the schools, the research team needs to have a system whereby they can administer and collect the required data within an approximate time of 55 minutes (1 period). This also includes recording the students ID numbers, checking that the surveys have been filled in correctly and ensuring that all of the students have completed the required tasks.

## Conclusion

*It's Your Move!*, like the other projects conducted by the Sentinel Site for Obesity Prevention, has used a comprehensive evaluation framework with formative evaluation, process evaluation, impact evaluation, outcome evaluation, economic evaluation and, capacity building evaluation. When working with schools, data collection has to be a highly organised and well timed exercise for the school and the research team. Having a process whereby the school Principal selects a key contact, e.g. teacher who can distribute and collect consent forms, organise rooms/students and teachers to supervise is paramount.



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## Appendix A: Process Evaluation Template

<b>A</b> Your name: _____ Your position: _____ Contact details: _____	<b>B</b> Project name: _____ School name: _____ Date of activity: _____
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<b>C</b> Activity / Event (brief description): _____ Purpose of activity/event: _____	<b>D</b> Location of activity: _____ Relevant objective/strategy: _____
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<b>E</b>	<b><u>Staff involved</u></b>	Category of staff	Number of staff	Time spent	Comments
	1.	_____			
	2.	_____			
	3.	_____			
	4.	_____			

<b>F</b>	<b><u>Students involved</u></b>	Number of students	Time spent		<b>G</b>	<b><u>Parents/volunteers involved</u></b>	No. parents
	1. Duration					1. Organising activity	_____
	2. Organising activity	_____				2. Attending activity	_____
	3. Attending activity	_____					

<b>H</b>	<b><u>Resources used</u></b>	Type of resource	Quantity	Nature of units	Cost (if available)	Comments
	1.	_____				
	2.	_____				
	3.	_____				
	4.	_____				
	5.	_____				

The following page asked about processes, lessons learnt and how would things be done differently Please turn over





## **It's Your Move! Project Evaluation Plan**

**February, 2008**

**Objective 1: To increase the capacity of families, schools and community organisations to promote healthy eating and physical activity**

Measure	Instrument	When
<b>Process:</b>		
• Project structures: stakeholders, Terms of Reference, Committees, meeting minutes	Process Evaluation	2005-2008
• Project Coordinator's/officer's work plans, diaries, time allocations etc	Process Evaluation	2005-2008
• Formation of Action Plan, project coordination, project brief	Action Plan	2005
• Versions of the action plans and other implementation documents	Process Evaluation Action Plan	2005-2008 2005-2008
• Training for project staff, teachers and students	Process Evaluation	2005-2008
<b>Impact:</b>		
• Development and implementation of resources and strategies in schools	Process Evaluation	2005-2008
• Implementation of policies in secondary schools	School Environmental Audit	2005 & 2008
• Successful funding proposals to support the direction of the project	Process Evaluation (attach copies of grants)	2005-2008
• Integration of health promotion strategies into the community/organisations	Process Evaluation Community Health Promotion Plans	2005-2008
• Presentations, publications, workforce development	Process Evaluation	2005-2008
<b>Outcome:</b>		
• Increased knowledge and skills of staff in secondary schools	School Environmental Audit	2005 & 2008
• Organisational changes-reorientation of existing staff and Integration of health promotion strategies into the organisation's activities	Key Informant Interviews, Community Capacity Index Community Readiness to Change	2005 & 2008
• Sustainable structure of the Student Ambassador Model	Process Evaluation Student Ambassador Interviews	2006 and 2008

**Objective 2: To achieve high awareness of the project's key messages**

Measure:	Instrument	When
<b>Process:</b>		
• Development of logo and branding	Process Evaluation Social Marketing Plan	2005-2009
• Design, develop and test key messages	Process Evaluation Social Marketing Plan	2005-2008
• Distribution of Social Marketing materials to students	From invoices for printing and resource inventories, press releases & Social Marketing Plan	2005-2008
• Presence of key messages and project at key events within secondary schools	Process Evaluation [& Photos] Social Marketing Plan	2005-2008
• Professional Development of students and teachers in secondary schools	Process Evaluation	2005-2008
<b>Impact:</b>		
• Awareness of the key messages by students and teachers	School Environmental Audit PDA Survey-PAN KSB	2005 & 2008
<b>Outcome:</b>		
• Recollection of key messages by students in secondary schools	PDA Survey-PAN KSB	2005 & 2008

### Objective 3: To evaluate the project

Measure:	Instrument	When
<b>Process:</b>		
• Formative processes recorded by project staff	Action Plan	2005
• Process Evaluation Forms recorded by project staff	Process Evaluation	2005-2008
• Evaluation of training programs	Individual Evaluation Forms of training	2005-2008
• Evaluation Plan	Evaluation Plan	2007-2008
<b>Impact:</b>		
• Project Progress reports	Project Progress Reports	2005, 2006, 2007, 2008, 2009
• Social Marketing Plan	Social Marketing Plan	2005-2008
• Communication Plan	Communication Plan	2005-2008
• Action Plan	Action Plan	2005-2008
<b>Outcome:</b>		
• Process Evaluation	Primary measure: Implementation of the action plan	2005-2008
• Impact Evaluation	Primary measures: Behaviour change, improvements in school setting, increased capacity of students	2005 & 2008
• Outcome Evaluation	Primary outcome measure(s): %body fat, weight, BMI, z-BMI Secondary outcome measure: relative decrease in the prevalence of overweight/ obesity in the intervention group compared to the comparison group	2005 & 2008



#### Objective 4: To significantly reduce high sugar drink consumption and to promote water intake

Measure:	Instrument	When
<b>Process:</b>		
• Distribution of water bottles for students and teachers	Water bottle [postcard] evaluation	2006
• Development of Curriculum Unit	Process Evaluation	2005-2008
<b>Impact:</b>		
• Increased awareness of the key message by school staff	Key Informant Interviews	2008
• Increased awareness of the key message by students	PDA Survey-PAN KSB	2005 & 2008
• Reduction in the types of sweet drinks sold through the school canteen	School Environmental Audit-canteen menu	2005 & 2008
• Reduction in the number of vending machines within the school	School Environmental Audit	2005 & 2008
• Adoption of drinks policies by schools	School Environmental Audit	2005 & 2008
• Installation of drinking fountains	School Environmental Audit	2005 & 2008
• Teaching of curriculum unit on this key message	Curriculum Audit	2008
<b>Outcome:</b>		
• Reduced proportion of youth that had sweet drinks 'yesterday'	PDA Survey-PAN KSB	2005 & 2008
• Reduced amount of sweet drinks consumed 'yesterday' by youth	PDA Survey-PAN KSB	2005 & 2008

## Objective 5: To significantly increase the proportion of young people eating breakfast

Measure	Instrument	When
<b>Process:</b>		
• Development of curriculum unit on the key message	Process Evaluation	2005-2008
• Development of breakfast menus for students	Process Evaluation	2005-2008
• Social Marketing for students [ <i>15 Minutes of Food Recipe Books</i> ]	Process Evaluation	2007
<b>Impact:</b>		
• Increased awareness of key message by students	PDA Survey-PAN KSB	2005 & 2008
• Teaching of curriculum unit on the key message	Curriculum Audit	2008
• Proportion of healthy breakfast options increased in the canteen	School Environmental Audit	2005 & 2008
<b>Outcome:</b>		
• Decreased proportion of youth not eating breakfast	PDA Survey-PAN KSB	2005 & 2008



## Objective 6: To significantly increase fruit and vegetable consumption

### Measure:

	Instrument	When
<b>Process:</b>		
• Development of key messages for students	Process Evaluation	2005-2008
	Social Marketing Plan	2005-2008
• Implementation of programs and activities	Process Evaluation	2005-2008
<b>Impact:</b>		
• Point-of-sale promotion of fruit and vegetables at the school canteen	Process Evaluation	2005-2008
• Increased awareness of the key message by students	PDA Survey-PAN KSB	2005 & 2008
• Changes to canteen menus -Decrease in price of fruit and vegetables sold at the school canteen	School Environmental Audit-canteen menus	2005 & 2008
<b>Outcome:</b>		
• Increased number of serves of fruit eaten per day	PDA Survey-PAN KSB	2005 & 2008
• Increased number of serves of vegetables eaten per day	PDA Survey-PAN KSB	2005 & 2008
• Increased number of days per week where fruit is eaten after school	PDA Survey-PAN KSB	2005 & 2008



## Objective 7: To significantly increase the healthiness of school food

### Measure

	Instrument	When
<b>Process:</b>		
• Colour coding of canteen menus	Process Evaluation	2005-2008
• Develop the strategies needed to fulfil the Food @ School Guidelines	Process Evaluation	2008
• Provide Professional Development to assist schools in the implementation/development of nutrition policies within their school	Process Evaluation	2005 - 2008
	Evaluation of Individual Professional Development Sessions	2005 - 2008
<b>Impact:</b>		
• Implement the Food @ School Guidelines	Process Evaluation	2005- 2008
• Policies in place about the foods provided through the school: Canteen, Vending Machines, Camps, excursions and sport days, Fundraising, Catering, & also about rewarding students	School Environmental Audit	2005 & 2008
• Increased promotion of healthy food choices throughout the school	Process Evaluation	2005-2008
• Increased proportion of students rating their teachers to be positive role models for healthy eating	PDA Survey-PAN KSB	2005 & 2008
<b>Outcome:</b>		
• Increase in healthy options sold at the school canteen	School Environmental Audit (canteen menus)	2005 & 2008
• Increase in rating of canteen foods by staff	School Environmental Audit	2005 & 2008
• Increase in rating of canteen foods by students	PDA Survey-PAN KSB	2005 & 2008
• Increased rating of school's support for healthy eating by students	PDA Survey-PAN KSB	2005 & 2008

**Objective 8: To significantly increase active transport (walking and cycling)**

Measure:	Instrument	When
<b>Process:</b>		
• Development of social marketing for students	Process Evaluation	2005-2008
	Social Marketing Plan	2005-2008
• Development of school strategies to increase active transport	Process Evaluation	2005-2008
• Implementation of existing programs (such as Travel Smart & Bicycle Victoria)	Process Evaluation	2005-2008
<b>Impact:</b>		
• Increased awareness of this Key Message by students	PDA Survey-PAN KSB	2005 & 2008
• Establishment of school drop off zones	School Environment Audit	2005 & 2008
<b>Outcome:</b>		
• Increased number of students walking to school who live within 15 minutes walking distance	PDA Survey-PAN KSB	2005 & 2008
• Increased number of students cycling to school who live within 30 minutes cycling distance	PDA Survey-PAN KSB	2005 & 2008

## Objective 9: To significantly increase participation in organised sports and other active recreation

Measure:	Instrument	When
<b>Process:</b>		
• Development of partnerships with sporting clubs	Process Evaluation	2008
• Development of PE Teachers Network	Process Evaluation	
• Development of social marketing materials for students	Process Evaluation	2005-2008
• Development of Policies on participation	Process Evaluation	2005-2008
<b>Impact:</b>		
• Professional development of PE Teachers through PE Teachers Network	Process Evaluation Leisure Networks Strategic Plan	2008
• Increase in number of lunchtime activities for students	Process Evaluation	2005-2008
• Increased proportion of students rating their teachers as positive role models for physical activity	PDA Survey-PAN KSB	2005 & 2008
<b>Outcome:</b>		
• Increased number of students being active at lunchtime	PDA Survey-PAN KSB	2005 & 2008
• Increased number of students being physically active after school	PDA Survey-PAN KSB	2005 & 2008
• Increased number of students participating in organised sport	PDA Survey-PAN KSB	2005 & 2008

**Objective 10: To create an acceptance of different healthy body sizes/ shapes and decrease episodes of inappropriate dieting**

Measure:	Instrument	When
<b>Process:</b>		
• Curriculum development around the key message	Process Evaluation	2005-2008
• Design, develop and test key messages in relation to body size/shapes & weight	Process Evaluation Social Marketing Plan	2005-2008
• Programs and events	Process Evaluation Event Evaluation	2005-2008
<b>Impact:</b>		
• Increased awareness of the key message by students	PDA Survey-PAN KSB	2005 & 2008
• Curriculum implementation	Curriculum Audit	2008
<b>Outcome:</b>		
• Decrease in the proportion of students that are 'unhappy' with their shape & size but are a healthy weight	PDA Survey-PAN KSB	2005 & 2008
• Decrease in the proportion of students that are trying to lose weight but are a healthy weight	PDA Survey-PAN KSB	2005 & 2008
• Decrease in prevalence of students classifying themselves as overweight or obese who are within a healthy weight category	Anthropometry	2005 & 2008





## Appendix C: Protocols for taking anthropometric measurements

In conducting the children's height, weight, waist circumference and body fat percentages measures, a team of Research Assistants (RA's) were trained in the administration process. Students moved through three stations: height measured using a stadiometer, weight (and relative body composition indicators) using a TANITA and their waist using an expandable tape measure.

In setting up the measurement process within a school context, measurements were conducted in areas that were deemed appropriate and available with screens dividing rooms where necessary and that matched gender RAs measured students (i.e. male research assistants were used for measurement of male students).

The process of obtaining the anthropometry measures involved a series of stations set up within an unused classroom or alternative room within the school.

### Height

The first station measured the students' height. This involved the research assistant asking the student to remove any bulky clothing including shoes and socks or any other items that could affect the measurements. Ideally, students should only have one thin layer of clothing only. Students were then asked to step on to the stadiometer with their back and heels against the stand (students were asked not to lean back on the stand). They were then asked to stand up straight (stretching upwards without heels leaving the ground and to look straight ahead). To measure the students, the research assistant checked the lower body is in proper position and that line of vision is at right angles to the body before taking measurement (to the nearest 0.1 cm). The desired position of the body and the head for height measurement are shown in figures 1 and 2. The research assistant rolled the tape measure down to the top of the students head. The measurement was then recorded onto the students Demographic Sheet.

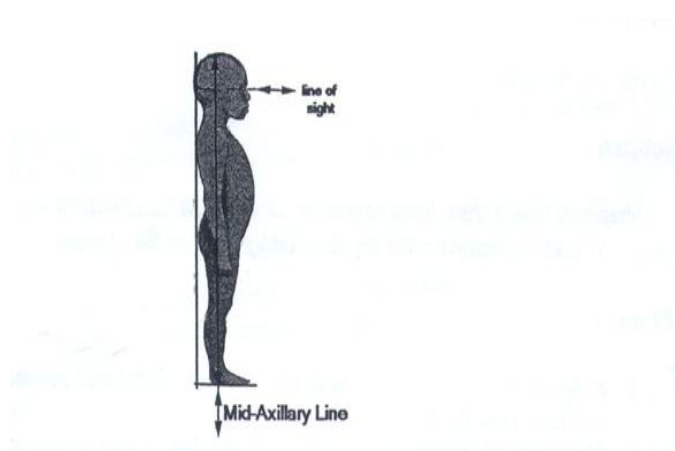


Figure 1: Position of body for measurement of height  
(Source: <http://www.state.me.us/education/sh/figure%201.doc>)



Figure 2: Position of head for measurement of height  
(Source: <http://www.state.me.us/education/sh/figure%202.doc>)

## Waist

Students transitioned to the waist measurement station. The research assistant explained to the student that the tape measure was going to go around their waist. The student was asked to point to their belly button, hold the end of the tape measure and spin around slowly on the spot so that the tape measure ended up around their waist with little intrusion from the research assistant. A mirror was located behind the student to ensure that the tape was not caught on the students clothing. The students were instructed to have their feet approximately 25-30cm apart and to look straight ahead while the measurement was taken. The tape measure was fitted firmly, but not so tight as to compress the underlying soft tissue. The student was then asked to normally inhale and exhale. The circumference was measured to the nearest 0.1cm at the end of normal expiration. As for height, the measurement was then recorded onto the students Demographic Sheet.

## Weight and Body Composition

The third measure was weight and body composition. This was calculated through the TANITA body composition analyser. The research assistant had to enter various variables before any measures could be made. These included date of identification number, date of birth, gender, height, and waist circumference. A standard entry for physical type and a clothing allowance of 1.5kg was set as default on the TANITA. Once entered, the student was then asked to step on to the TANITA platform aligning their feet to the metal plates (electrodes) and distributing their weight evenly. This alignment ensured inner thighs are not touching to ensure proper conductivity. The student was instructed to look straight ahead. Weight is calculated first and after a few seconds, the student was instructed to take the two handles and hold them firmly by their side but not touching clothing. Sufficient conduction is indicated by the TANITA through the visual screen and audibly with beeps. Once completed the student could step off completing the phase of anthropometric measurements. The data from the TANITA was then sent to an Excel spreadsheet. As back up, a printout was obtained from the TANITA after each student was completed and their ID number was recorded on the printout.

## Body size calculations

BMI (weight in kg/(height in m)<sup>2</sup>), waist/height ratio and BMI-z score (calculated against the 2000 CDC growth reference from the United States using the zanthro module in STATA) were calculated. The International Obesity Task Force (IOTF) age-specific BMI cut-offs were also used to classify children's weight status as either thinness grades 1-3, healthy weight, overweight or obese (1, 2) using the LMS Growth Microsoft Excel module (2).

1. Cole TJ, Bellizzi MC, Flegal KM, Dietz WH. Establishing a standard definition for child overweight and obesity worldwide: international survey. *BMJ*. 2000 May 6;320(7244):1240-3.
2. Cole TJ, Flegal KM, Nicholls D, Jackson AA. Body mass index cut offs to define thinness in children and adolescents: international survey. *BMJ*. 2007 Jun 25.



## Appendix D: Adolescent Behaviour, Attitudes and Knowledge Questionnaire

### Instructions:

Is this today's date? \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

What is the name of your school? \_\_\_\_\_

1. What year are you in?                      Year                      9

10

11

12

13

2. Which ethnic group do you most associate with?

European Australian

Indian

Chinese

Indigenous Australian

Other

3. Were you born in Australia?

Yes

No

4. I am

Male

Female

5. What is your date of birth?

Day

Month

Year

6. Do you live with your parents/step-parents during the school week?

Yes with two parents

Yes with one parent

Don't live with my parents

7. Do you live with other ADULT relatives during the school week?

(e.g. grandparents, uncle, aunt, cousin)

Yes

No

12. How many people usually live at your home including yourself during the school week?                      1-15                      \_\_\_\_\_

13. On school days, where do you usually get your breakfast from?

Home

School canteen or tuck shop

Shop (outside school)

From friends

I don't eat breakfast



14. In the last 5 school days, on how many days did you have something to eat for breakfast before school started?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days

15. Where do you usually get your morning tea for recess from?

- Home
- School canteen or tuckshop
- Shop (outside school)
- From friends
- I don't eat morning tea

16. In the last 5 school days, on how many days did you eat at morning recess/interval?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days

17. Where do you usually get your lunch from?

- Home
- School canteen or tuckshop
- Shop (outside school)
- From friends
- I don't eat lunch

18. In the last 5 school days, on how many days did you eat lunch at lunchtime?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days

19. How many serves of fruit do you usually eat each day? (a serve = 1 apple, 1 banana, 1 mandarin or 1 cup of diced fruit)

- 1 serve or less
- 2 to 3 serves
- 4 serves or more

20. How many serves of vegetables do you usually eat each day? (1 serve = ½ cup cooked vegetables or 1 cup of raw vegetables/salad)

- 1 serve or less
- 2 to 3 serves
- 4 serves or more



21. In the last 5 school days(including time spent at home), on how many days did you have regular (non diet) soft drinks? (Soft drinks = drinks like Coke, Sprite, Fanta)

0 days  
1 day  
2 days  
3 days  
4 days  
5 days

22. On the last school day, how many glasses or cans of non-diet soft drinks did you have?

0-More than 2 litres

23. In the last 5 school days, on how many days did you have fruit drinks or cordial? (Such as Ribena and Cottees)

0 days  
1 day  
2 days  
3 days  
4 days  
5 days

24. On the last school day, how many glasses of fruit drinks or cordial did you have?  
0-9 glasses \_\_\_\_

25. How often do you usually eat food from a takeaway? (e.g. McDonalds, KFC, Subway, fried chicken, fish and chips, hamburgers, Chinese takeaway)

Once a month or less  
2-3 times a month  
Once a week  
2-3 times a week  
Most days

26. In the last 5 school days, on how many days did you buy snack food from a shop or takeaway after school?

0 days  
1 day  
2 days  
3 days  
4 days  
5 days

27. How often do you usually eat fruit after school?

Everyday or almost everyday  
Most days  
Some days  
Hardly ever or never

28. How often do you usually eat bread, toast, buns or sandwiches after school?

Everyday or almost everyday  
Most days  
Some days  
Hardly ever or never



29. How often do you usually eat biscuits, potato chips or snacks such as instant noodles after school?

Everyday or almost everyday  
Most days  
Some days  
Hardly ever or never

30. How often do you usually eat pies, takeaways or fried foods such as French fries after school?

Everyday or almost everyday  
Most days  
Some days  
Hardly ever or never

31. How often do you usually eat chocolates, lollies, sweets or ice cream after school?

Everyday or almost everyday  
Most days  
Some days  
Hardly ever or never

32. In the last 5 school days, how many times did you walk or bike to or from school? (walking from home to school and back on 1 day is 2 times: walking to school and taking the bus home is 1 time)

0-more than 10 times

33. How long does it take you to walk from home to your school?

Less than 15 minutes  
15-30 minutes  
More than 30 minutes

34. Over the last 5 school days, what did you do most of the time at morning recess/interval (apart from eating)?

Mostly just sat down  
Mostly stood or walked around  
Mostly played active games

35. In the last 5 school days, what did you do most of the time at lunchtime (apart from eating)?

Mostly just sat down  
Mostly stood or walked around  
Mostly played active games

36. In the last 5 school days, on how many days after school did you do sports, dance, cultural performances or play games in which you were active?

0 days  
1 day  
2 days  
3 days  
4 days  
5 days





37. In the last 5 school days, how many days did you watch TV, videos or DVDs in your free time?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days

38. On the last school day that you watched TV, videos or DVDs, how long did you watch for?

Less than 1 hour – More than 4 hours

39. Last Saturday, how many hours did you spend watching TV, videos or DVDs?

0-more than 10 hours

40. Last Sunday, how many hours did you spend watching TV, videos or DVDs?

0-more than 10 hours

41. During the school week, do your parents (or caregivers) limit the amount of TV you are allowed to watch? (including videos and DVDs)

- No limits, I can watch anything
- Yes, but not very strict limits
- Yes, strict limits

42. In the last 5 school days, how many times did you watch TV while eating your evening meal?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days

43. Do you have a TV in your home?

- Yes
- No

44. Do you have a TV in your bedroom?

- Yes
- No

45. In the last 5 school days, how many days did you play video games, electronic games or use the computer (not for homework)?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days



46. On the last school day that you spent time playing video games or using the computer (not for homework), how long did you play for?

Have not played for ages  
Less than 1 hour  
1 hour  
2 hours  
3 hours  
4 hours  
More than 4 hours

47. Last Saturday, how many hours did you spend playing video games or using the computer (not for homework)?

0 – More than 5 hours

48. Last Sunday, how many hours did you spend playing video games or using the computer (not for homework)?

0 – More than 5 hours

49. Do you have video games, electronic games or a computer in your home?

Yes  
No

50. How would you describe your weight?

Very underweight  
Slightly underweight  
About the right weight  
Slightly overweight  
Very overweight

51. How happy or unhappy are you with your BODY WEIGHT?

Very happy  
Happy  
In between / OK  
Unhappy  
Very unhappy  
Never thought about my body weight

52. How happy or unhappy are you with your BODY SHAPE?

Very happy  
Happy  
In between / OK  
Unhappy  
Very unhappy  
Never thought about my shape

53. Which of these statements most closely applies to you?  
I am...

Trying to lose weight  
Trying to gain weight  
Trying to stay at my current weight  
Not doing anything about my weight



54. Which of the following statements most closely applies to you?

I am...

Trying to gain muscle size  
Trying to stay at the same muscle size  
Not doing anything about my muscles

55. How much does your mother (or female caregiver) encourage you to eat healthy foods?

A lot  
Some  
A little  
Not at all  
Don't live with my mother

56. How much does your father (or male caregiver) encourage you to eat healthy foods?

A lot  
Some  
A little  
Not at all  
Don't live with my father

57. How often do you have food from a takeaway shop for dinner?

More than once a week  
About once a week  
2-3 times a month  
Once a month or less

58. How often is fruit available at home for you to eat?

Everyday or almost everyday  
Most days  
Some days  
Hardly ever or never

59. How often are potato chips or similar snacks available at home for you to eat?

Everyday or almost everyday  
Most days  
Some days  
Hardly ever or never

60. How often are chocolates or sweets available at home for you to eat?

Everyday or almost everyday  
Most days  
Some days  
Hardly ever or never

61. How often are non-diet soft drinks available at home for you to drink? (soft drinks = drinks like Coke, Sprite, Fanta)

Everyday or almost everyday  
Most days  
Some days  
Hardly ever or never



62. In the last 5 school days, how much money did you spend in total on food or drinks for yourself at takeaway shops or milkbars (not at the school canteens)?

0 – 20 Dollars

63. How much does your mother (or female caregiver) encourage you to be physically active or play sports?

A lot  
Some  
A little  
Not at all  
Don't live with my mother

64. How much does your father (or male caregiver) encourage you to be physically active or play sports?

A lot  
Some  
A little  
Not at all  
Don't live with my father

65. How much do your older brothers or male cousins encourage you to be physically active or play sports?

A lot  
Some  
A little  
Not at all  
Don't have older  
Brother/cousin

66. How much does your older sister or female cousins encourage you to be physically active or play sports?

A lot  
Some  
A little  
Not at all  
Don't have older sister/cousin

67. How much do your best friends encourage you to be physically active or play sports?

A lot  
Some  
A little  
Not at all

68. In the last 5 school days, how many times did all or most of your family living in your house eat an evening meal together?

0 days  
1 day  
2 days  
3 days  
4 days  
5 days



69. How much does your school encourage ALL students play organised sport?

A lot  
Some  
A little  
Not at all

70. How much does your school encourage ALL students to be physically active at lunchtime?

A lot  
Some  
A little  
Not at all

71. How do you rate the teachers at your school as role models for being physically active?

Excellent  
Good  
OK  
Not very good  
Poor

72. How do you rate the teachers at your school as role models for healthy eating?

Excellent  
Good  
OK  
Not very good  
Poor

73. How do you rate the food and drink choices available at your school canteen?

Mostly healthy  
Half healthy/half unhealthy  
Mostly unhealthy

74. How much does your school encourage students to make healthy food choices?

A lot  
Some  
A little  
Not at all

75. How safe do you feel being out alone in your neighbourhood at night?

Very safe  
Safe  
Unsafe  
Very unsafe

76. How safe do your parents (or caregivers) think it is for you to be out alone in your neighbourhood at night?

Very safe  
Safe  
Unsafe  
Very unsafe  
Don't know



77. How much do dogs bother you when you are walking in your neighbourhood?

- A lot
- Somewhat
- A little
- Not at all

78. How much does traffic bother you when you are walking in your neighbourhood?

- A lot
- Somewhat
- A little
- Not at all

79. How much do other people bother you when you are walking in your neighbourhood?

- A lot
- Somewhat
- A little
- Not at all

*How strongly do you agree or disagree with the following statements*

80. Skipping breakfast or lunch is a good way to lose weight

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

81. Fruit drinks and cordials have less sugar than non-diet soft drinks like Coke and Sprite

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

82. Watching a lot of TV does not lead to weight gain

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

83. Eating a lot of fruit and vegetables is bad for your weight

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

This completes the questionnaire!!

Thank you for your participation!!...well done!



## Appendix E: School Environmental Audit

### Instructions

Schools can influence students' nutrition and physical activity behaviours in a lot of ways (policies, curriculum, role modelling, etc). The purpose of this audit is to attain a picture of your school's policies and practices relating to nutrition and physical activity.

There are three parts of this audit:

**Part 1** (this part) is to be filled out by the **Principal** or a **Senior Administrator**. It is expected as part of this audit to attach copies of relevant policies or documents (where defined).

**Part 2** is to be filled out by the **Canteen Manager** or food service operator; and **Part 3** is to be completed by at least 3 **Teachers** from your school.

It will take approximately 15 minutes to fill out each part. All parts of the audit are self-administered.

Answer the questions honestly; your answers will remain confidential. Where research related to this information is reported, your name and your school will not be identified.

Thank you for taking the time to complete this audit.

Please return completed audits to: \_\_\_\_\_



## Secondary School Environmental Audit - Part 1

**To be filled in by the Principal/Senior Administrator/or other senior person who has access to the school policies**

School Name: \_\_\_\_\_

Your Name: \_\_\_\_\_

Your phone number: \_\_\_\_\_

*(In case a member of the research team would like to contact you to clarify any of your responses).*

Date of Completion of the audit \_\_\_\_\_

What is your position?

- ☐ Principal
- ☐ Deputy Principal/ Senior Administrator
- ☐ Other \_\_\_\_\_

Initials of administrator of audit: \_\_\_\_\_





## Food Availability

1. In the 2008 school year, which students were allowed to leave school grounds during the school day? (Without special permission) **Choose all that apply**

- ☐ Year 7
- ☐ Year 8
- ☐ Year 9
- ☐ Year 10
- ☐ Year 11
- ☐ Year 12
- ☐ None of the students are permitted to leave (**go to question 3**)

2. At what times during the day were the students permitted to leave the school grounds? (Without special permission) **Choose all that apply**

- ☐ During lunch
- ☐ During morning and afternoon tea/intervals
- ☐ Other times

3. How close is the nearest milk bar/dairy to your school?

- ☐ Within 100 metres
- ☐ 100m to 500m
- ☐ 500m to 1000m
- ☐ More than 1000m

4. How close is the nearest takeaway/ fast food outlet to your school?

- ☐ Within 100 metres
- ☐ 100m to 500m
- ☐ 500m to 1000m
- ☐ More than 1000m

## School food service

5. In the 2008 school year, was there a food service (*food service means canteen, tuck-shop, or lunch order system, breakfast clubs etc*) operating at your school?

- ☐ Yes
- ☐ No (**go to question 9**)



6. Who operated the food service?

- ☐ Canteen manager employed by the school (**go to question 8**)
- ☐ Volunteers (students, parents, etc) coordinated by school staff (**go to question 8**)
- ☐ External food company (eg, local shop, food service organisation)
- ☐ Other \_\_\_\_\_

7. If an external food service company operated the school food service was it covered by a written contract?

- ☐ No
- ☐ Yes, and it is up for renewal within 2 years
- ☐ Yes, and it is **not** up for renewal within 2 years

8. In the 2008 school year, was the school food service an important source of funds for the school?

- ☐ Yes
- ☐ No

9. Did your school food service provider have a contract with a soft drink bottler or other food manufacturer giving the company exclusive rights or preference to sell soft drinks or other foods at your school in 2008?

- ☐ Yes
- ☐ No

### **Food and nutrition**

10. At the beginning of 2008, did your school have a written policy (or policies) relating to promoting and supporting nutrition and healthy eating at school?

- ☐ Yes (If yes, please attach a copy/ copies)
- ☐ No (If no, go to q12)



11. Did the policy (or policies) include:	Yes	No
What foods are available in the canteen?	<input type="checkbox"/>	<input type="checkbox"/>
The availability of drinking water for students?	<input type="checkbox"/>	<input type="checkbox"/>
Vending machines at school?	<input type="checkbox"/>	<input type="checkbox"/>
Foods used for fundraising?	<input type="checkbox"/>	<input type="checkbox"/>
Using food as a reward? (e.g. chocolate fish)	<input type="checkbox"/>	<input type="checkbox"/>
Food associated with school events? (eg sports days, parent evenings)	<input type="checkbox"/>	<input type="checkbox"/>
Teaching food and nutrition in the curriculum?	<input type="checkbox"/>	<input type="checkbox"/>
Staff acting as role models for healthy eating?	<input type="checkbox"/>	<input type="checkbox"/>

12. About how often in the 2008 school year did your school give information to parents about healthy food and eating (at school events, in newsletters, etc.) **(If possible, please attach some examples)?**

- ☐ 0 times
- ☐ 1-3 times
- ☐ 4-6 times
- ☐ 7-10 times
- ☐ More than 10 times
- ☐ I don't know

13. About how often in the 2008 school year, did you have sporting, social or cultural events in your school be sponsored by soft-drink, fast food or confectionary companies?

- ☐ 0 times
- ☐ 1-3 times
- ☐ 4-6 times
- ☐ 7-10 times
- ☐ More than 10 times

14. In 2008, were students allowed to drink water in the classroom during class time?

☐ Yes

☐ No

☐ Not sure

15. In 2008, were students allowed to eat in the classroom during class time?

☐ Yes

☐ No

☐ Not sure

16. In 2008, did your school have a school vegetable garden?

☐ Yes

☐ No

### Physical education, sports and physical activity

17. In 2008, did the school have a written policy / policies relating to promoting and supporting physical activity at school?

☐ Yes

**(If yes, please attach a copy / copies)**

☐ No

**(If no, go to q18)**

18. Did this policy include:

**Yes      No**

The use of school grounds 'out of school hours'?

☐

☐

Providing access to sports equipment outside of formal sport or P.E?

☐

☐

Promoting cycling and/or walking to school?

☐

☐

Encouraging participation in sports or other active programs (e.g. Dance, aerobics)

☐

☐



19. On average in 2008, how many periods a week were devoted to formal physical education (PE) for the following year levels? If PE was not compulsory for a year level, please tick the box for either 'Optional PE or equivalent' or 'No option for PE or equivalent'

	1 period / week	2 periods / week	3 periods / week	4 periods / week	5 periods / week	6 periods / week	7 periods / week	Optional PE or equivalent	No option for PE or equivalent
Year 7									
Year 8									
Year 9									
Year 10									
Year 11									
Year 12									

20. On average, how often are the school grounds utilised by external clubs and other groups for supervised sports?

- ☐ 0 days a week
- ☐ 1 day a week
- ☐ 2 days a week
- ☐ 3 days a week
- ☐ 4 days a week
- ☐ 5 days a week
- ☐ 6 days a week
- ☐ Every day of the week

21. In the 2008 school year, how many different clubs or community groups utilised the school grounds for sports and other recreational activities?

\_\_\_\_\_ Number of clubs/groups

22. In the 2008 school year, could students access the school's outdoor facilities at any time outside of school hours (i.e. Weekends and holidays)?

- ☐ Yes
- ☐ No



23. Were there indoor facilities for physical activity in 2008 (e.g. a gym, basketball court)?

☐ Yes

☐ No

24. Do most teachers participate in professional development / continuing education at least once a year?

☐ Yes

☐ No

25. Do staff have the opportunity for professional development training regarding the health benefits of nutrition and physical activity?

☐ Yes

☐ No

Thank you for taking the time to complete this audit.



## Secondary School Environmental Audit

### Instructions

Schools can influence students' nutrition and physical activity behaviours in a lot of ways (policies, curriculum, role modelling, etc). The purpose of this audit is to attain a picture of your school's policies and practices relating to nutrition and physical activity.

There are three parts of this audit:

Part 1 is to be filled out by the Principal or a senior administrator;

**Part 2 (this part)** is to be filled out by the canteen manager or food service operator; and

Part 3 is to be completed by teachers at the school.

It will take approximately 15 minutes to fill out this part. All parts of the audit are self-administered.

It is important to keep in mind that when filling out the audit to answer the questions honestly; your answers will remain confidential. Where research related to this information is reported, your name and your school will not be identified.

Thank you for taking the time to complete this audit.

Please return the completed audit together with a copy of your canteens current price list (including all items for sale)  
to\_\_\_\_\_.



## Secondary School Environmental Audit - Part 2

**This part of the audit is to be completed by someone who has a close working knowledge of the school food service.**

Thank you for taking the time to complete this audit. This should be answered by someone who has a close working knowledge of the school food service such as a canteen manager or food service operator. Please answer the questions as best as you can. The contents of this audit will remain confidential to the research team and to your school. Where research related to this information is reported, your school name will not be identified.

School Name \_\_\_\_\_

Your Name \_\_\_\_\_

Your phone number \_\_\_\_\_

*(In case a member of the research team would like to contact you to clarify any of your responses.)*

Date of Completion of the audit: \_\_\_\_\_

What is your position?

☐ Canteen manager

☐ Other: \_\_\_\_\_

Initials of administrator of audit: \_\_\_\_\_





## Food and nutrition

1. In the 2008 school year, how many days per week did the school food service operate?

- ☐ 0 days (go to question 8)
- ☐ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days

2. Which of the following times during the day was the school food service open to students? (**Check all that apply**)

- ☐ Before school starts
- ☐ Intervals/ breaks
- ☐ Lunch time
- ☐ After school
- ☐ It's open the entire school day

3. How adequate was the space at school for food preparation in 2008?

- ☐ Very adequate
- ☐ Adequate
- ☐ Inadequate
- ☐ Very inadequate
- ☐ Not applicable

4. In 2008, were the following foods and beverages usually (usually meaning most days of the week) available from the school food service?

	Yes	No
Fruit	<input type="checkbox"/>	<input type="checkbox"/>
Salad options	<input type="checkbox"/>	<input type="checkbox"/>
Milk (including flavoured milk)	<input type="checkbox"/>	<input type="checkbox"/>
Yoghurt	<input type="checkbox"/>	<input type="checkbox"/>
Filled rolls/ sandwiches	<input type="checkbox"/>	<input type="checkbox"/>
Lollies/ chocolate	<input type="checkbox"/>	<input type="checkbox"/>
Hot Chips	<input type="checkbox"/>	<input type="checkbox"/>
Crisps	<input type="checkbox"/>	<input type="checkbox"/>
Pies	<input type="checkbox"/>	<input type="checkbox"/>
Sausage rolls	<input type="checkbox"/>	<input type="checkbox"/>
100% fruit juice	<input type="checkbox"/>	<input type="checkbox"/>
Sugar drinks (soft drinks, sports drinks and fruit cordials)	<input type="checkbox"/>	<input type="checkbox"/>
Water	<input type="checkbox"/>	<input type="checkbox"/>
Ice blocks, ice poles, or ice creams	<input type="checkbox"/>	<input type="checkbox"/>

5. Did the school food service have a pricing policy that encouraged the sale of healthy food choices at a reduced cost in 2008?

- ☐ Yes
- ☐ No
- ☐ Don't know

6. In the 2008 school year, did the school food service routinely promote and advertise healthy food choices (e.g., highlight healthy foods on menu, offer taste testing opportunities for new food, have best position in food displays)?

- ☐ Yes
- ☐ No
- ☐ Don't know

7. How often did the schools food service review the food and drinks available in 2008?

- ☐ Never
- ☐ Less than once a year
- ☐ About once a year
- ☐ About once every 6 months
- ☐ About once a term
- ☐ Once a month or more

8. How many vending machines did your school have in 2008?

\_\_\_\_\_ (number of machines) (If none, answer 0 and go to qn 11)



9. How many of these vending machines sold drinks alone?

\_\_\_\_\_ (number of machines) **(if none, answer 0)**

10. How many vending machines were accessible for staff alone?

\_\_\_\_\_ (number of machines) **(if none, answer 0)**

11. How many water fountains or drinking taps were in your school in 2008?

☐

0

☐

1-3

☐

3-6

☐

7-10

☐

More than 10

12. Please attach a copy of your canteens current price list including all items for sale

Thank you for taking the time to complete this audit



## Secondary School Environmental Audit - Part 3

**This part of the audit is to be completed by a teacher**

Thank you for taking the time to complete this audit. This part of the audit contains a number of personal ratings and judgements about the effectiveness of policies at your school.

Please answer the questions as best as you can. The contents of this audit will remain confidential to the research team and to your school. Where research related to this information is reported, your name and the name of your school will not be identified.

School Name: \_\_\_\_\_

Your Name: \_\_\_\_\_

*(In case a member of the research team would like to contact you to clarify any of your responses)*

Date of Completion of the audit: \_\_\_\_\_

Person 1: What is your position?

☐

Teacher

☐

Nurse

☐

Other \_\_\_\_\_

☐

Tick box if you are a health or PE teacher

Initials of the administrator of the audit: \_\_\_\_\_



## Food and nutrition

1. Indicate your level of agreement/ disagreement with the following statement,

“In the **2008** school year, our school **canteen** (food service) mainly provided foods with high nutritional value”

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

**Questions 2, 3, 4 and 5 relate to a written policy that promotes healthy eating.**

**2. Does your school have a written school nutrition or healthy canteen policy?**

- ☐ Yes **(If Yes, go to Q 4)**
- ☐ No **(If no, go to Q 7)**
- ☐ Not sure

**3. What proportion of **teachers** do you think were aware of this policy in 2008?**

- ☐ All or almost all
- ☐ Most
- ☐ About half
- ☐ Some
- ☐ Very few or none
- ☐ School doesn't have a written policy

**4. What proportion of **parents** do you think were aware of this policy(ies)?**

- ☐ All or almost all
- ☐ Most
- ☐ About half
- ☐ Some
- ☐ Very few or none
- ☐ School doesn't have a written policy



5. How good was the School's compliance with the school nutrition/ healthy canteen policy(ies) in 2008?

- ☐ Very good
- ☐ Good
- ☐ OK
- ☐ Poor
- ☐ Very poor

6. How would you rate the level of support for healthy eating provided by parents at your school in 2008?

- ☐ Very high
- ☐ High
- ☐ Moderate
- ☐ Low
- ☐ Very low

7. What proportion of teachers at your school acted as good role models by eating healthy foods in the 2008 school year?

- ☐ All or almost all
- ☐ Most
- ☐ About half
- ☐ Some
- ☐ Very few or none

8. Overall, how effective was your **school** at **promoting** healthy eating among students in the 2008 school year?

- ☐ Very effective
- ☐ Moderately effective
- ☐ Not very effective
- ☐ Not effective at all



## Physical education, sports and physical activity

Questions 8, 9 and 10 relate to a written policy that promotes sport and other physical activity

9. Does your school have a written school sport or physical activity policy?

- ☐ Yes (If Yes, go to q.....)
- ☐ No (If no, go to q.....)
- ☐ Not sure

10. In 2008, what proportion of **teachers** do you think were aware of this policy?

- ☐ All or almost all
- ☐ Most
- ☐ About half
- ☐ Some
- ☐ Very few or none
- ☐ School doesn't have a written policy

11. What proportion of **parents** do you think were aware of this policy?

- ☐ All or almost all
- ☐ Most
- ☐ About half
- ☐ Some
- ☐ Very few or none
- ☐ School doesn't have a written policy

12. How good was the Schools' compliance with this policy in the 2008 school year?

- ☐ Very good
- ☐ Good
- ☐ OK
- ☐ Poor
- ☐ Very poor

13. How adequate was the area for outdoor play at your school in 2008?

- ☐ Very adequate
- ☐ Adequate
- ☐ Neither adequate nor inadequate
- ☐ Inadequate
- ☐ Very inadequate

14. How adequate was the area for indoor play at your school in 2008?

- ☐ Very adequate
- ☐ Adequate
- ☐ Neither adequate nor inadequate
- ☐ Inadequate
- ☐ Very inadequate

15. How adequate was the sporting and active play equipment (eg bats, balls) at your school in the 2008 school year?

- ☐ Very adequate
- ☐ Adequate
- ☐ Neither adequate nor inadequate
- ☐ Inadequate
- ☐ Very inadequate

16. How accessible was the sports equipment to all students outside of PE periods and sport in 2008?

- ☐ Almost unlimited access
- ☐ Moderate access
- ☐ Limited access
- ☐ Very limited access

17. Rate the strength of the links that the school had with community sporting and recreation organisations and facilities in 2008.

- ☐ Very strong
- ☐ Strong
- ☐ Moderate
- ☐ Weak
- ☐ Very weak





18. What proportion of teachers at your school acted as good role models by being physically active in the 2008 school year?

- ☐ All or almost all
- ☐ Most
- ☐ About half
- ☐ Some
- ☐ Very few

19. What proportion of parents at your school supported school-based physical activity programs in 2008 (i.e. by attendance at events, supervision, volunteering etc)?

- ☐ All or almost all
- ☐ Most
- ☐ About half
- ☐ Some
- ☐ Very few or none

20. To what degree had your school implemented programs or strategies to reduce traffic congestion around the school by the end of the 2008 school year?

- ☐ Strategies/Programs have been fully implemented
- ☐ Strategies/Programs have been partly implemented
- ☐ Strategies/Programs have not been implemented
- ☐ Not applicable as traffic congestion was not a problem

21. How adequate was the cycle storage facilities at your school in 2008?

- ☐ Very adequate
- ☐ Adequate
- ☐ Inadequate
- ☐ Very inadequate
- ☐ No students cycle to school



22. In the 2008 school year, how much did nutrition and physical activity classroom assignments encourage students to make changes at home?

- ☐ Strongly encouraged
- ☐ Somewhat encouraged
- ☐ Slightly encouraged
- ☐ Didn't encourage

23. In 2008, the school encouraged participation by ALL students in sports and other physical activities (e.g. not allow highly skilled students to dominate activities and games):

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

24. Overall, in 2008, how effective was your school at promoting physical activity among students?

- ☐ Very effective
- ☐ Moderately effective
- ☐ Not very effective
- ☐ Not effective at all

Thank you for taking the time to complete this audit.



## **Appendix F: Community Readiness to Change**

Community Readiness questions for interviews to key stakeholders - adolescents

### **Introduction**

1. What part of the xxx (insert community name) community can you report on?
2. Community knowledge about obesity
3. In general, what does your community know about obesity?
4. Is obesity in youth a concern in your community?
5. Is underweight in youth a concern in your community?
6. Is overweight or underweight a bigger problem in your community?
7. What type of information about obesity is available for your community?
8. What local data are available on obesity for your community?  
[if No data, skip to Q 9]
9. How do people from your community obtain this information?

### **Community efforts (programs, activities, policies, etc)**

10. What efforts are present in your community to promote physical activity and/or healthy eating, which were intended to address overweight or obesity?  
Please explain.  
[If no programs/activities or policies: skip to Q 16 and omit Q 19, 20]
11. How long have these efforts been going on in your community?
12. What works well out of these prevention efforts?
13. What could be improved of these prevention efforts?
14. Whom do these programs serve? (Prompt: For example, populations by ethnicity, religion, sex.)
15. Do these prevention efforts exclude or leave out some groups in the community?
16. Is there a need to expand these effort/services? If not, why not?
17. Is there any planning for new efforts/services going on in your community regarding promotion of physical activity and/or healthy eating? If yes, please explain
18. Are you aware of any efforts being made to evaluate the efforts or policies that are in place?
19. Are the evaluation results being used to make changes in programs, activities, or policies or to start new ones?

### **Community knowledge of efforts**

20. What does the community know about the efforts you described above?
21. How could the communities' knowledge about these efforts be improved?
22. What does the community know about future plans to promote physical activity and/or healthy eating?
23. How does the community view these programs, policies and practices?



## **Leadership**

24. What “leaders” in your community are involved in efforts regarding promotion of physical activity and/or healthy eating? Please list.
25. Can you identify any potential leaders? (Please list)
26. How are these leaders involved? If involved in a committee, task force, etc., how often do they meet?
27. Would the leaders support changing or improving current prevention efforts? Please explain.
28. Do other leaders in your community also see obesity in youth as a problem? Please explain.

## **Community attitude**

29. Are there circumstances in which members of your community might think that overweight/obesity is not a concern? Please explain.
30. Does the community support the efforts to promote physical activity and/or healthy eating in youth? If so, how?
31. What are the obstacles to promotion of physical activity and/or healthy eating in your community?
32. Does the community see physical activity and healthy eating as the answer to prevent obesity?
33. Based on the answers that you have provided so far, what do you think the attitude of community members is about overweight or obesity?

## **Resources for prevention efforts**

34. A person who was concerned about adolescents gaining too much weight – where would he turn to for help in your community?
35. Who provides resources or services dealing with promotion of physical activity and/or healthy eating?
36. What is the level of competence among those working on promotion of physical activity and/or healthy eating in your community?
37. Are organizations, schools, clubs or churches involved in promotion of physical activity and/or healthy eating in your community? Please list.
38. Do local businesses support promotion of physical activity and/or healthy eating?
39. Are you aware of any proposals or grants for funding that promote physical activity and/or healthy eating in your community? If yes, which?



**Scoring the Community Readiness Interviews – the anchored rating scale**  
**Dimension A. Community Knowledge about the Issue**

- 1 Overweight/obesity in youth is not viewed as an issue/ there is no awareness of it.
- 2 Vague awareness of overweight/obesity in youth – but no link is made to the community.
- 3 A few individuals recognize overweight/obesity in youth as a problem locally but other issues are seen as far more important
- 4 Some community members have recognized the issue as a problem and have begun a discussion of developing efforts to obtain local data/information.
- 5 Information and local data on overweight/obesity in youth are available.
- 6 Information and local data about overweight/obesity in youth are available and disseminated in an accessible format.
- 7 Efforts (programs/activities) to monitor the issue are in place.
- 8 Several different programs, activities and policies are in place, covering different age groups and reaching a wide range of people to quantify the burden of the issue. New efforts are being developed to obtain up-to-date data.
- 9 Data and information about the issue are routinely collected and the results disseminated to make changes and improvements.

**Dimension B. Existing Community Efforts**

- 1 No awareness of the need for efforts to address overweight/obesity in youth.
- 2 No efforts promoting physical activity and/or healthy eating to address overweight/obesity in youth.
- 3 A few individuals recognize the need to initiate some type of effort, but there is no immediate motivation to do anything.
- 4 Some community members have met and have begun a discussion of developing community efforts.
- 5 Some efforts (programs/activities) are being planned.
- 6 Some efforts (programs/activities) have been implemented.
- 7 Some efforts (programs/activities) have been running for several years.
- 8 Several different programs, activities and policies are in place, covering different age groups are reaching a wide range of people. New efforts are being developed based on evaluation data.
- 9 Evaluation plans are routinely used to test effectiveness of many different efforts, and the results are being used to make changes and improvements.

**Dimension C. Community Knowledge of the Efforts**

- 1 Community has no knowledge of the need for efforts addressing overweight/obesity in youth
- 2 Community has no knowledge about efforts promoting physical activity and/or healthy eating in youth.
- 3 A few members of the community have heard about efforts, but the extent of their knowledge is limited.
- 4 Some members of the community know about local efforts.
- 5 Members of the community have basic knowledge about local efforts (e.g., purpose).
- 6 An increasing number of community members have knowledge of local efforts and are trying to increase the knowledge of the general community about these efforts.
- 7 There is evidence that the community has specific knowledge of local efforts including contact persons, training of staff, clients involved, etc.
- 8 There is considerable community knowledge about different community efforts, as well as the level of program effectiveness.
- 9 Community has knowledge of program evaluation data on how well the different local efforts are working and their benefits and limitations.



#### **Dimension D Leadership (includes appointed leaders & influential community members)**

- 1 Leadership has no recognition of overweight/obesity in youth.
- 2 Leadership believes that overweight/obesity in youth is not an issue in their community.
- 3 Leader(s) recognize(s) the need to do something regarding overweight/obesity in youth.
- 4 Leader(s) is/are trying to get something started.
- 5 Leaders are part of a committee or group that promote physical activity and/or healthy eating in youth.
- 6 Leaders are active and supportive of the implementation of efforts.
- 7 Leaders are supportive of continuing basic efforts and are considering resources available for self-sufficiency.
- 8 Leaders are supportive of expanding/improving efforts through active participation in the expansion/improvement.
- 9 Leaders are continually reviewing evaluation results of the efforts and are modifying support accordingly.

#### **Dimension E. Community Attitudes**

- 1 The prevailing attitude is that overweight/obesity in youth is an accepted part of community life. "It's just the way things are."
- 2 The prevailing attitude is "There's nothing we can do," or "Only 'those' people do that."
- 3 Community climate is neutral, disinterested, or believes that overweight/obesity in youth does not affect the community as a whole.
- 4 The attitude in the community is now beginning to reflect interest in the issue. "We have to do something, but we don't know what to do."
- 5 The attitude in the community is "overweight/obesity in youth is our problem" and they are beginning to reflect modest support for efforts
- 6 The attitude in the community is "overweight/obesity in youth is our responsibility" and is now beginning to reflect modest involvement in efforts
- 7 The majority of the community generally supports programs, activities, or policies to promote physical activity and/or healthy eating in youth. "We have taken responsibility."
- 8 Some community members or groups may challenge specific programs, but the community in general is strongly supportive of the need for efforts. Participation level is high. "We need to keep up on this issue and make sure what we are doing is effective."
- 9 All major segments of the community are highly supportive; community members are actively involved in evaluating and improving efforts and demand accountability.

## **Dimension F. Resources Related to the Issue (people, money, time, space, etc.)**

- 1 There is no awareness of the need for resources to deal with overweight/obesity in youth.
- 2 There are no resources available for promoting physical activity and/or healthy eating in youth.
- 3 The community is not sure what it would take, or where the resources would come from, to initiate efforts.
- 4 The community has individuals, organizations and/or space available that could be used as resources.
- 5 Some members of the community are looking into the available resources.
- 6 Resources have been obtained and/or allocated for promotion of physical activity and/or healthy eating.
- 7 A considerable part of support of on-going efforts is from local sources that are expected to provide continuous support. Community members and leaders are beginning to look at continuing efforts by accessing additional resources.
- 8 Diversified resources and funds are secured and efforts are expected to be permanent. There is additional support for further efforts.
- 9 There is continuous and secure support for programs and activities, evaluation is routinely expected and completed, and there are substantial resources for trying new efforts.

### **Interpretation of scoring results**

#### **Score   Stage of Readiness**

- |   |                                   |
|---|-----------------------------------|
| 1 | No Awareness                      |
| 2 | Denial/Resistance                 |
| 3 | Vague Awareness                   |
| 4 | Preplanning                       |
| 5 | Preparation                       |
| 6 | Initiation                        |
| 7 | Stabilization                     |
| 8 | Confirmation / Expansion          |
| 9 | High Level of Community Ownership |



### Self-scoring of communities' stage of readiness by the key stakeholder

	Community STAGE	DESCRIPTION
1	No Awareness	Obesity is not generally recognized by the community or by its leaders as a problem (it may truly not be an issue).
2	Resistance	At least some community members recognize that obesity in youth is a problem, but there is little recognition that it might be a local problem.
3	Vague Awareness	Most feel that obesity in youth is a local problem, but there is no immediate motivation to do anything about it.
4	Preplanning	There is clear recognition that something must be done to prevent obesity, and there may even be a committee. However, efforts are not focused or detailed.
5	Preparation	Active leaders begin planning in earnest. The community offers modest support of prevention efforts.
6	Initiation	Enough information is available to justify efforts. Activities to promote physical activity and/or healthy eating are underway.
7	Stabilization	Activities are supported by administrators or community decision makers. Staff working in this area are trained and experienced.
8	Confirmation/ Expansion	Standard efforts on promoting physical activity and/or healthy eating are in place. Community members feel comfortable participating in activities, and they support expansions. Local data are regularly obtained.
9	High Level of Community Ownership	Detailed and sophisticated knowledge exists about prevalence, causes, and consequences of obesity. Effective evaluation guides new directions for prevention efforts. These efforts are applied to other issues/other communities as a model.



# COMMUNITY CAPACITY BUILDING



IT'S YOUR MOVE! PROJECT  
GEELONG/BELLARINE

# COMMUNITY CAPACITY BUILDING

## Definitions

### Community

- can be any existing or potential network of individuals, groups and organisations that share or have the potential to share common concerns, interests and goals<sup>1</sup>.

### Community Capacity

- the characteristics of communities that affect their ability to identify, mobilise and address social and public health problems



- the cultivation and use of transferable knowledge, skills, systems and resources that affect community and individual level changes consistent with public health-related goals and objectives<sup>2</sup>

- is a collection of characteristics and resources which, when combined, improve the ability of a community to recognise, evaluate and address key problems

### Community Capacity Building

- can be considered as the work that is done to develop the capacity of a network of groups and organisations
- development work that strengthens the ability of community organisations and groups to build their structures, systems, people and skills so that they are better able to define and achieve their objectives and engage in consultation and planning, manage community projects and take part in partnerships and community enterprises
- it includes aspects of training, organisational and personal development and resource building, organised in a planned and self-conscious manner, reflecting the principles of empowerment and equity



## Why CCB?

In the health field, CCB is the foundation for processes aimed at maintaining and promoting wellbeing. CCB is a multi-level, multi-organisational approach providing access to resources that would not otherwise be identified or used.

In essence, capacity is the ability to utilise and develop existing resources within a district. It requires an ongoing level of commitment and investment to ensure these resources are enhanced rather than depleted.

A capacity approach advocates the use of locally based skills, combined with the resources of a range of organisations and government to ensure the provision of services and programs that are broadly based and appropriately matched to the district.

The identification and utilisation of resources from an array of settings works to minimise duplication and maximise diversity.

A capacity approach aims to increase levels of sustainability in both implementation and health outcomes by extending the health development resource base.

Organisations and groups at a number of levels provide resources that can be used to maintain and support the community's health.

The use of these resources is important for the development and implementation of health-based interventions.

There is an emphasis on supporting and creating health by utilising the capacity of the community and its structures and organisations, wherever possible, rather than creating new structures and organisations.

## Why are people interested?

There are many important reasons for concentrating efforts on CCB...

### Participation and inclusion

- CCB seeks to engage all groups, including the marginalised, in decision-making, recognising that greater participation can lead to better solutions and outcomes

### Holistic

- CCB approaches take into account the interdependence that exists between groups within communities and, more broadly, between communities and the wider regional, national and global contexts

### Diversity

- CCB acknowledges and works with diversity within communities through the identification and utilisation of resources from an array of settings.

### Responsive

- Capacity building recognises that change is an integral aspect of community life and emphasises the value of working in an evolving and adaptive manner

### Sustainability

- Building community capacity has sustainable qualities because the groups and organisations develop the abilities and resources to maintain community 'owned' initiatives<sup>3</sup>. Much of the knowledge, skill and confidence accumulated through achievements by a network in one project are transferable to other initiatives.

# Community Capacity Index

## Aim

The aim of the Index is to gather evidence about the capacity of a network and to map that evidence against a set of indicators. The indicators are placed into four domains - network partnerships, knowledge transfer, problem solving and infrastructure.

## The Index

The Index is a practical tool designed to facilitate action. It is intended to be used in a developmental manner, such that application of the Index within a particular project or community will assist in the identification and selection of future directions for successful achievement of specific goals.

It is not designed as a numerical tool to rate or rank communities according to their capacity.

It is not designed to be used to examine organisational capacity.

## Use of The Index

Can be used for a variety of research and planning purposes including:

- To establish baseline indicators of the capacity of a network to introduce a program and later to determine improvements from this baseline;
- For strategic planning to identify the resources that a network has to carry out a program;
- To identify the capacity of an organisation to work with other organisations and groups to implement a program;
- To evaluate the capacity of a network to sustain the effects of a program over time; and
- For capacity building mapping and planning, that is, to identify what capacities have been achieved from time to time and to plan development of further capacities.

## Structure of The Index

**Domains of Capacity** - the index examines capacity within 4 domains namely Network Partnerships, Knowledge Transfer, Problem Solving and Infrastructure.

**Levels of Capacity** - for each of the first 3 domains there are three levels of capacity, for the final domain there are 4 levels of capacity. The presence of particular activities and abilities indicates the level of capacity achieved. As the activities and abilities of a network are accumulated, so the level of capacity increases.  
Note: a network may not have all of the elements of one level but may display some of the elements of the next level.

**Indicators of Capacity** - within each of the levels, a series of indicators are provided which highlight essential characteristics of capacity for that component of the Index. The indicators represent elements of capacity that are considered essential to functioning at that particular level of capacity. These progress across the levels from relatively straightforward indicators of capacity to indicators of more complex network processes. There are four different grades of achievement against each indicator: not at all/very limited; somewhat; substantial or almost entirely/entirely. To achieve a grade of almost entirely/entirely, there must be sufficient evidence to suggest that there is little room for improvement on this indicator.

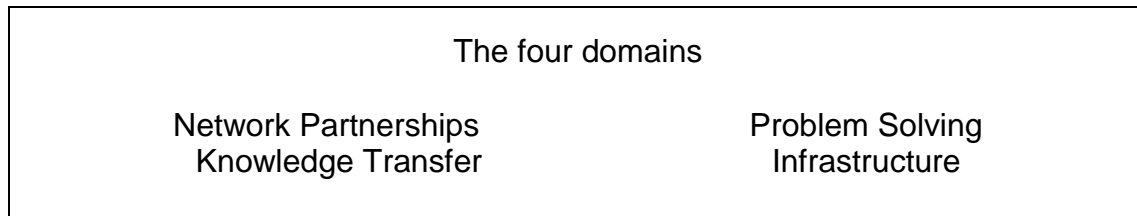
**Aggregate Indicators** - contain a summary indicator for each level of capacity

The Community Capacity Index is also concerned with the sustainability of networks and the structure of the Index assumes a progressive association between network capacities and sustainability. As a network's actions become increasingly consistent with a greater number of indicators at higher levels of capacity across the domains, greater sustainability of the network exists.



## Domains of Capacity

The Index is constructed as a set of four domains which when combined capture the main features of a network's capacity to implement and sustain a health development program.



### Network Partnerships

Network partnerships are the relationships between groups and organisations within a community or network. This includes both the comprehensiveness and the quality of the relationships, ie are all of the significant groups and organisations involved and what is the nature of their involvement?

The Index assumes that higher quality relationships between network partners are based on reciprocal relations of investment and exchange between members. The identification of mutual benefits of becoming network partners increases the sustainability of the network and helps to maximise the capacity to achieve health developments.

Our definition....

Network: the people in key settings that are in a position to implement the IYM Project eg: SPOs, schools,

i.e. the interim steering group DHS, Deakin, Schools, SPO's

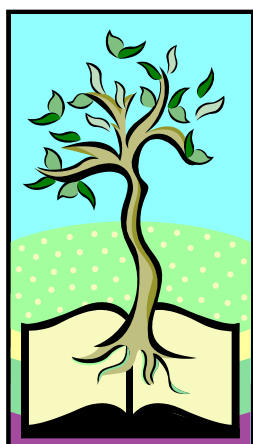
Network Partners = the relationship between these groups



## Knowledge Transfer

Knowledge transfer is the development, exchange and use of information within and between the groups and organisations within a network or community.

Usually knowledge development will incorporate both research based knowledge and locally based knowledge; knowledge exchange utilises the network partnerships; and knowledge use relies on a set of strategies that encourages the incorporation of new awareness and practices across the network and amongst the wider community who link to the network partners.



Our definition .....

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## Problem Solving

Problem solving is the ability of the groups and organisations within the network or community and of the network or community itself to use well recognised methods to identify and solve problems that arise in the development and implementation of an activity or program.

Our definition.....

Includes strategies of anticipation as well as actions; managing differences of opinion; flexibility

Method: discussion, majority consensus, review and voting

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## Infrastructure

Infrastructure refers to the level of investment in a network by the groups and organisations that make up the network. This includes both tangible and non-tangible investments, such as investment in policy and protocol development, social capital, human capital and financial capital.

Our definition...

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## Other Definitions

Resources: funding, personnel, skills, buildings and equipment

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Original Sponsoring group: DHS Central Office, Melbourne

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## Sustainability

The Community Capacity Index is concerned with the sustainability of networks and the structure of the Index assumes a progressive association between network capacities and sustainability.

Sustainability in community capacity is different to the common understanding of the term. It is common for the term 'sustainability' to refer to lasting improvements in health status of individuals as a result of an intervention or treatment. In public health terms, it may refer to the evidence for a lasting reduction in a risk factor in the environment. In both cases it is the lasting qualities of a specific health outcome that sustainability refers to.

Rather than referring to the health outcome specifically, sustainability in community capacity is concerned with the sustainable qualities of the network itself.

A sustainable network has certain qualities that make it more likely to maintain itself in a number of useful ways. Essentially these should ensure a program can be implemented through local groups and organisations and even re-implemented or changed over time as conditions change. Flexibility as well as durability are important to the sustainable qualities of community capacity. The capacity of an existing network must maintain flexibility through forms of investment to ensure sustainability.

The sustainability of a network is achieved when:

- The network is able to maintain a program over time or reintroduce a program using already established partnerships and problem solving abilities and processes (Durability)
- The network had enough investment in financial, human and social capital to continue a program using its own resources (Investment, self-reliance)
- The network has the flexibility to change a program, if necessary, to whatever is needed to maintain it over time (Flexibility, open to change)
- Investments in groups and organisations increases the capacity of the network to undertake other programs using already established partnerships, knowledge transfer and problem solving processes (Generalisation of capacity)

These qualities of sustainability are built into the Index in two ways:

First, as the user of the Index progresses down the list of indicators within each domain, the capacity indicators begin to include elements of sustainability described above. One of the ways this is achieved is by setting indicators that not only relate to the internal activities of a single organisation or group but also relate to that organisation's or group's concern about other partners in the network.

Second, the Infrastructure Domain is constructed to consider sustainability. This domain specifically provides indicators of the level of investment in the network by organisations and groups. The infrastructure domain is divided into four sub-domains. Each sub-domain contains indicators of investment by an organisation or group in the network and is therefore most significant to the sustainability of the network overall.

The four sub-domains of infrastructure are:

#### **Policy Investments**

- Refer to that collection of activities that achieves agreement about direction the network will take to achieve outcomes

#### **Financial Investments**

- Concern the funding of initiatives that maintain the network

#### **Human/Intellectual Investments**

- Seek to ensure the level of knowledge, skill and competence is maintained and developed by members of the network - often through training opportunities

#### **Social Investments**

- Concern the commitment to building trust and working relationships between the network partners.

The term investment is used to emphasise that capacity building is a form of investment in local community relations and structures that either directly or indirectly serves to improve the ability of a community overall to sustain its own health developments

## STRUCTURE OF THE COMMUNITY CAPACITY INDEX

I n c r e a s i n g  C a p a c i t y  ↓	Domain 1 Network Partnerships	Domain 2 Knowledge Transfer	Domain 3 Problem Solving	Domain 4 Infrastructure
	Levels of Capacity			Subdomains of Sustainability
	<u>First Level Capacity</u> The network has capacity to <b>identify</b> the organisations and groups with <b>resources</b> to implement/sustain a program	<u>First Level Capacity</u> The network has capacity to <b>develop</b> a program that meets <b>local needs</b>	<u>First Level Capacity</u> There is capacity within the network to <b>work together</b> to solve problems	<b>Policy Investments</b> The network has capacity to develop program related policy
	<u>Second Level Capacity</u> The network has capacity to <b>deliver</b> a program	<u>Second Level Capacity</u> The network has capacity to <b>transfer</b> knowledge in order to achieve the desired outcomes/implement a program within a network	<u>Second Level Capacity</u> There is the capacity to <b>identify</b> and <b>overcome</b> problems encountered in achieving the desired outcomes	<b>Financial Investments</b> The network has capacity to develop financial capital
	<u>Third Level Capacity</u> There is a sustainable network established to <b>maintain</b> and resource a program	<u>Third Level Capacity</u> The network has capacity to <b>integrate</b> a program into the <b>mainstream</b> practices of the network partners	<u>Third Level Capacity</u> There is capacity to <b>sustain</b> flexible problem solving	<b>Human/Intellectual Investments</b> The network has capacity to develop human/intellectual capital
	→			
	Increasing sustainability			



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# COMMUNITY CAPACITY BUILDING Results Sheet

## Network Partnerships

### First Level Capacity

1. There is a reservoir of potential leaders within the community who are available and interested in the community.  

Not at all/ very limited	Somewhat	Substantial	Almost entirely/ entirely
2. Members of the network can identify the outcomes the network desires to achieve  

Not at all/ very limited	Somewhat	Substantial	Almost entirely/ entirely
3. Members of the network can identify the resources needed to achieve the desired outcomes/implement a program.  

Not at all/ very limited	Somewhat	Substantial	Almost entirely/ entirely
4. Members of the network can identify the individuals, groups or organisations within the network with resources necessary to achieve the desired outcomes/implement a program.  

Not at all/ very limited	Somewhat	Substantial	Almost entirely/ entirely
5. Members of the network can identify the other individuals or groups outside the network with resources necessary to achieve the desired outcomes/implement a program.  

Not at all/ very limited	Somewhat	Substantial	Almost entirely/ entirely

### Aggregate of First Level

The network has capacity to **identify** the organisations and groups with **resources** to implement/sustain a program.

Not at all/ very limited	Somewhat	Substantial	Almost entirely/ entirely

### Network Partnerships Examples / Evidence - First Level Capacity



## Network Partnerships

### Second Level Capacity

6. There are community members who are already taking on a visible leadership role in community activities.

Not at all/ very limited	Somewhat	Substantial	Almost entirely/ entirely

7. Members of the network can state the benefits for themselves of their own involvement in the network.

Not at all/ very limited	Somewhat	Substantial	Almost entirely/ entirely

8. Members of the network can describe the benefits other members will gain from involvement in the network.

Not at all/ very limited	Somewhat	Substantial	Almost entirely/ entirely

9. Members of the network have formalised arrangements within their own group/organisation to implement/sustain a program.

Not at all/ very limited	Somewhat	Substantial	Almost entirely/ entirely

10. There is tangible evidence that resources have been allocated to a program by network members.

Not at all/ very limited	Somewhat	Substantial	Almost entirely/ entirely

### Aggregate of Second Level

The network has the capacity to deliver a program.

Not at all/ very limited	Somewhat	Substantial	Almost entirely/ entirely

### Network Partnerships Examples / Evidence - Second Level Capacity

### Third Level Capacity

11. Existing community leaders have experience, knowledge and skills in capacity building efforts.

Not at all/ very limited	Somewhat	Substantial	Almost entirely/ entirely

12. There is tangible evidence of investment in a program by groups and organisations beyond the original sponsoring group.

Not at all/ very limited	Somewhat	Substantial	Almost entirely/ entirely

13. There is tangible evidence that a program is now 'owned' by the participants of the network.

Not at all/ very limited	Somewhat	Substantial	Almost entirely/ entirely

14. There is tangible evidence that a program is being maintained by the network using its own resources.

Not at all/ very limited	Somewhat	Substantial	Almost entirely/ entirely

### Aggregate of third level

There is a sustainable network established to **maintain** and resource a program.

Not at all/ very limited	Somewhat	Substantial	Almost entirely/ entirely

### **Network Partnerships Examples / Evidence** - Third Level Capacity



## Knowledge Transfer

### First Level Capacity

1. Members of the network have identified what resources will be transferred to others within the network.

Not at all/ very limited	Somewhat	Substantial	Almost entirely/ entirely

2. Members of the network have identified what resources from outside the network will be transferred to them.

Not at all/ very limited	Somewhat	Substantial	Almost entirely/ entirely

3. Members of the network have reviewed and changed the activities/programs/initiative so that it meets local needs (ie target group needs).

Not at all/ very limited	Somewhat	Substantial	Almost entirely/ entirely

4. Members of the network have reviewed and modified the activities/program/initiative so that it meets the needs of the network.

Not at all/ very limited	Somewhat	Substantial	Almost entirely/ entirely

### Aggregate of first level

The network has the capacity to **develop** a program that meets **local needs**.

Not at all/ very limited	Somewhat	Substantial	Almost entirely/ entirely

### Knowledge Transfer Examples / Evidence - First Level Capacity

### Second Level Capacity

5. Members of the network have implemented some knowledge transfer activities.

Not at all/ very limited	Somewhat	Substantial	Almost entirely/ entirely

6. Members of the network have reviewed and changed the activities/program/initiative so that it is evidence based/reflects current good practices.

Not at all/ very limited	Somewhat	Substantial	Almost entirely/ entirely

7. Members of the network have made structural arrangements to support knowledge transfer.

Not at all/ very limited	Somewhat	Substantial	Almost entirely/ entirely

### Aggregate of second level

The network has the capacity to **transfer** knowledge in order to achieve the desired outcomes/implement a program within a network.

Not at all/ very limited	Somewhat	Substantial	Almost entirely/ entirely

### **Knowledge Transfer Examples / Evidence - Second Level Capacity**

### Third Level capacity

8. Members of the network have in place mechanisms to obtain feedback about progress towards achieving the desired outcomes/implementing a program.

Not at all/ very limited	Somewhat	Substantial	Almost entirely/ entirely

9. Members of the network have incorporated a program into the mainstream activities of each organisation and group in the network.

Not at all/ very limited	Somewhat	Substantial	Almost entirely/ entirely

### Aggregate of third level

The network has the capacity to **integrate** a program into the **mainstream** practices of the network partners.

Not at all/ very limited	Somewhat	Substantial	Almost entirely/ entirely

### **Knowledge Transfer Examples / Evidence - Third Level Capacity**

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## Problem Solving

### First Level Capacity

1. Members of the network have identified the key players within the network to problem solve difficulties encountered in achieving the desired outcomes.

Not at all/ very limited	Somewhat	Substantial	Almost entirely/ entirely

2. Members of the network have identified the key players outside the network to problem solve difficulties encountered in achieving the desired outcomes.

Not at all/ very limited	Somewhat	Substantial	Almost entirely/ entirely

3. There is evidence that members of the network recognise the strengths of key players within the network.

Not at all/ very limited	Somewhat	Substantial	Almost entirely/ entirely

4. Members of the network can gain agreement to work together to solve problems.

Not at all/ very limited	Somewhat	Substantial	Almost entirely/ entirely

### Aggregate of first level

There is capacity within the network to **work together** to solve problems.

Not at all/ very limited	Somewhat	Substantial	Almost entirely/ entirely

## Problem Solving Examples / Evidence - First Level Capacity

## Second Level Capacity

5. Members of the network can gain agreement to work with others outside the network to solve problems.

Not at all/ very limited	Somewhat	Substantial	Almost entirely/ entirely

6. There is evidence that members of the network recognise the strengths of those both within and outside the network.

Not at all/ very limited	Somewhat	Substantial	Almost entirely/ entirely

7. Members of the network have adopted a well-recognised problem solving process.

Not at all/ very limited	Somewhat	Substantial	Almost entirely/ entirely

8. Members of the network have moved from identifying problems to implementing activities designed to overcome problems within the network.

Not at all/ very limited	Somewhat	Substantial	Almost entirely/ entirely

## Aggregate of second level

There is the capacity to **identify** and **overcome** problems encountered in achieving the desired outcomes.

Not at all/ very limited	Somewhat	Substantial	Almost entirely/ entirely

## Problem Solving Examples / Evidence - Second Level Capacity

### Third Level Capacity

9. There have been demonstrations of problem solving across the network partners.

Not at all/ very limited	Somewhat	Substantial	Almost entirely/ entirely

10. There is evidence of flexibility in problem solving across the network.

Not at all/ very limited	Somewhat	Substantial	Almost entirely/ entirely

### Aggregate of third level

There is capacity to **sustain** flexible problem solving

Not at all/ very limited	Somewhat	Substantial	Almost entirely/ entirely

### **Problem Solving Examples / Evidence** - Third Level Capacity



## Infrastructure

### Policy Investment

1. Members of the network invest their own resources so that adequate program related policies and plans are developed for the whole network.

Not at all/ very limited	Somewhat	Substantial	Almost entirely/ entirely

2. Members of the network are able to identify the benefits from their investment in program related policy development.

Not at all/ very limited	Somewhat	Substantial	Almost entirely/ entirely

### Aggregate of policy Investment

The network has capacity to **develop** program related policy capital

Not at all/ very limited	Somewhat	Substantial	Almost entirely/ entirely

## Infrastructure Examples / Evidence - Policy Investment

### Financial Investments

3. Members of the network invest resources so that the network can determine the costs and benefits of participation in the network

Not at all/ very limited	Somewhat	Substantial	Almost entirely/ entirely

4. Members of the network invest financial resources in the network to maintain a partnership approach to program implementation.

Not at all/ very limited	Somewhat	Substantial	Almost entirely/ entirely

### Aggregate of financial investments

The network has capacity to **develop** financial capital.

Not at all/ very limited	Somewhat	Substantial	Almost entirely/ entirely



## Infrastructure Examples / Evidence - Financial Investments

### Human / Intellectual Investments

5. Members of the network invest in helping emerging leaders develop necessary expertise and skills.

Not at all/ very limited	Somewhat	Substantial	Almost entirely/ entirely

6. Members of the network invest in education and training of network members to facilitate the achievement of network objectives.

Not at all/ very limited	Somewhat	Substantial	Almost entirely/ entirely

7. Members of the network can identify returns on investment in education and training.

Not at all/ very limited	Somewhat	Substantial	Almost entirely/ entirely

### Aggregate of human/intellectual investment

The network has capacity to **develop** human/intellectual capital

Not at all/ very limited	Somewhat	Substantial	Almost entirely/ entirely

## Infrastructure Examples / Evidence - Human / Intellectual Investments



### Social Investments

8. Members of the network invest in developing and maintaining social relations between the members of the network.

Not at all/ very limited	Somewhat	Substantial	Almost entirely/ entirely

9. There is evidence of responsiveness to the concerns of other partners in the network.

Not at all/ very limited	Somewhat	Substantial	Almost entirely/ entirely

### Aggregate of social investment

The network has the capacity to **develop** social capital.

Not at all/ very limited	Somewhat	Substantial	Almost entirely/ entirely

### **Infrastructure Examples / Evidence - Social Investments**

## **Overall Network Capacity Summary**

Current capacity of the network to achieve its objectives

Network Partnerships

Knowledge Transfer

Problem Solving

Infrastructure

## **Future Capacity Building Plans**


Future plans to build capacity to achieve program objectives



## Appendix H: Capacity Building Index Microsoft Power Point Presentation

DEAKIN UNIVERSITY

Capacity Building Index



WHO Collaborating Centre for Obesity Prevention

DEAKIN UNIVERSITY


Overview

- Definitions
- Rationale for building capacity
- Capacity Building Index as a tool
- Structure of the Index
- Sustainability grid

DEAKIN UNIVERSITY

Definitions

- Community
- Community Capacity
- Community Capacity Building




WHO Collaborating Centre for Obesity Prevention

DEAKIN UNIVERSITY

Why Build Capacity?


- Maintain and promote well being
- Utilise and develop resources
- Sustainability
- Utilise capacity of the community and its structures



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**Capacity Building Index**


- Aim
- The Index as a tool
- Use of the tool



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**Structure of The Index**

- Domains
  - Network partnerships
  - Knowledge transfer
  - Problem solving
  - Infrastructure
- Levels of capacity
- Indicators of capacity
- Aggregate indicators



DEAKIN UNIVERSITY

**Sustainability**

	Domain 1 Network Partnerships	Domain 2 Knowledge Transfer	Domain 3 Problem Solving	Domain 4 Infrastructure
<b>Levels of Capacity</b>				
<b>Local Level Capacity</b> The network has capacity to identify the requirements and groups with resources to implement a programme	<b>Local Level Capacity</b> The network has capacity to develop a programme to address the needs of its members	<b>Local Level Capacity</b> The network has capacity to identify and address the needs of its members	<b>Local Level Capacity</b> The network has capacity to identify and address the needs of its members	<b>Local Level Capacity</b> The network has capacity to identify and address the needs of its members
<b>Regional Level Capacity</b> The network has capacity to deliver a programme	<b>Regional Level Capacity</b> The network has capacity to deliver a programme	<b>Regional Level Capacity</b> The network has capacity to deliver a programme	<b>Regional Level Capacity</b> The network has capacity to deliver a programme	<b>Regional Level Capacity</b> The network has capacity to deliver a programme
<b>National Level Capacity</b> The network has capacity to deliver a programme	<b>National Level Capacity</b> The network has capacity to deliver a programme	<b>National Level Capacity</b> The network has capacity to deliver a programme	<b>National Level Capacity</b> The network has capacity to deliver a programme	<b>National Level Capacity</b> The network has capacity to deliver a programme

Improving sustainability

## **Appendix I: Student Ambassador Group Interview Questions**

**IYM Ambassadors at <School>  
Focus Group <date>  
@ <venue><time>**

Did you enjoy your role as an Ambassador?

What sort of things did you do? /What were you able to achieve?

What opportunities arose for you because you were an Ambassador?

What sorts of things did you learn?/ What skills did you learn?

What were some of the challenges you faced over the year being an Ambassador?

What were some of the highlights?

What advice would you give to the new Ambassadors?

Overall, what did it mean to you to be an It's Your Move Ambassador?



