



CO-OPS Collaboration
*enabling best practice to create
healthier communities*

Case Studies in Community-based Obesity Prevention – Practice to Evidence

Dr Penny Love, Jill Whelan, Dr Tahna Pettman

The CO-OPS Collaboration, WHO CC, Population Health SRC, Deakin
University, Geelong, Australia





CO-OPS Collaboration
*enabling best practice to create
healthier communities*



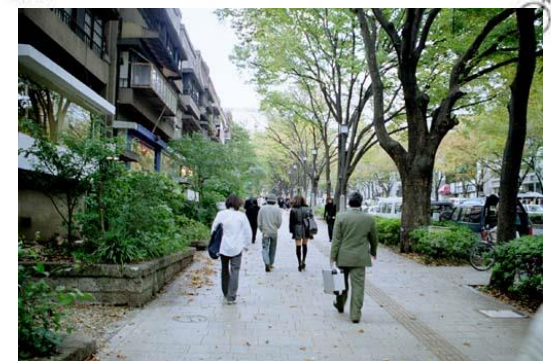
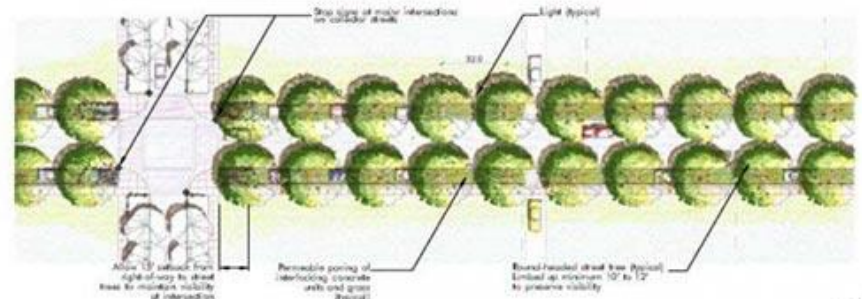
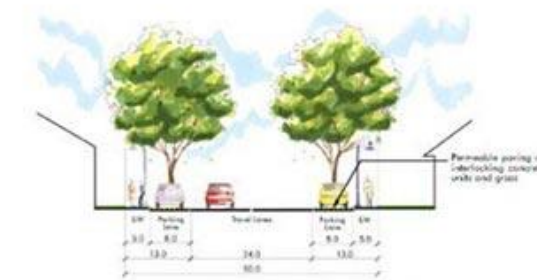


Like  @co_ops



CO-OPS Collaboration

enabling best practice to create healthier communities





CO-OPS Collaboration
*enabling best practice to create
healthier communities*

CONNECT WITH CO-OPS:



CO-OPS Collaboration
*enabling best practice to create
healthier communities*

SIGN IN TO YOUR CO-OPS ACCOUNT:

Email Address:

••••••••

SIGN IN

☐ Stay signed in.

HOME

ABOUT ▼

SERVICES ▼

RESOURCES ▼

CONTACT



Share your lessons learned, submit a case study

CO-OPS encourages all practitioners to publicise the details of their community-based obesity prevention initiative via our case study series. [Read more.](#)

Register with CO-OPS

If you are passionate about community-based obesity prevention, you are not alone. Join the CO-OPS network comprising health professionals, policy officers, researchers and clinicians. Registration is free and allows you to access CO-OPS resource library and forum.

REGISTER WITH CO-OPS ▶

CO-OPS is an initiative funded by the Australian Government.

CO-OPS is the link between research, policy and practice to ensure best practice and ongoing cooperation in the promotion of healthy eating, regular physical activity and healthy weight as key factors to help prevent obesity and other chronic diseases.

[Learn more.](#)



www.co-ops.net.au



Like



@co_ops



CO-OPS Collaboration
*enabling best practice to create
healthier communities*

1. Identify audience and purpose
2. Develop systematic process
3. Develop standardised tool
4. Collect stories
5. Collect evidence
6. Develop appraisal tool
7. Write appraisal
8. Organize stories
9. Design and print publication
10. Disseminate publication

1. Online Template
2. Appraisal Tool
3. Dissemination Process

**Practice
Appraisal Tool**

World Health
Organization



Leading progress on improving nutrition
preventing obesity in the European Union





CO-OPS Collaboration
*enabling best practice to create
healthier communities*

the **CO-OPS** collaboration
of COMMUNITY-BASED obesity prevention sites

Best Practice Principles for Community-based Obesity Prevention
Version 1.1 July 2009



Community engagement

- | | |
|------------------|------------------------|
| C1. Approach | C2. Analysis |
| C3. Partnerships | C4. Community capacity |

Program design and planning

- | | |
|----------------------|---------------------------|
| P1. Problem Analysis | P2. Problem framing |
| P3. Planning context | P4. Evidence & innovation |
| P5. Theory of change | P6. Feasibility |
| P7. Program plan | P8. Target groups |

Implementation and sustainability

- | | |
|------------------------------------|------------------------|
| I1. Consumer testing | I2. Quality monitoring |
| I3. Adaptations and responsiveness | |

Evaluation

- | | |
|----------------------------------|--------------------------|
| E1. Approach | E2. Plan |
| E3. Data collection & management | |
| E4. Context | E5. Active dissemination |

Governance and accountability

- | | |
|-------------|----------------|
| G1. Funding | G2. Management |
|-------------|----------------|

Case Study Template



CO-OPS Collaboration
*enabling best practice to create
healthier communities*

The screenshot shows the CO-OPS Collaboration website. At the top is the logo and tagline. Below is a navigation bar with links: HOME, ABOUT, SERVICES, RESOURCES, and CONTACT. The 'CASE STUDIES' section is highlighted. The main content area features a 'CO-OPS case studies' heading, followed by a paragraph about case studies and a list of four examples: Active Launceston, Bayswater North Primary School Fruit & Veggie Co-op, Metro South Hospital & Health Service, and a link to download the 2010 Book of case studies. A blue box on the right side of the page says 'Register with CO-OPS' and 'Submit your case study'. A blue arrow points from the 'Submit your case study' link to the submission form on the right.

CO-OPS Collaboration
*enabling best practice to create
healthier communities*

CONNECT WITH CO-OPS:

SIGN IN TO YOUR CO-OPS ACCOUNT:
Email Address: ☐ Stay signed in.

HOME ABOUT SERVICES **RESOURCES** CONTACT

CASE STUDIES

CO-OPS case studies

CO-OPS case studies provide a vehicle for sharing experiences and lessons learned in community-based obesity prevention activities across Australia.

The case studies feature a range of community-based obesity prevention initiatives around Australia and demonstrate how each used some of the CO-OPS Best Practice Principles in their program.

CO-OPS has done a minimal amount of editing to retain the essence of what each contributor brought to their case study, because of this there is a variety of styles and ways in which case studies are presented.

	Active Launceston A great example of thorough application of program design and planning to coordinate the promotion and delivery of inclusive physical activity opportunities for the Launceston community. See how Active Launceston has actively involved partners throughout the initiative.
	Bayswater North Primary School Fruit & Veggie Co-op A school community in a low socio-economic area implemented a Fruit & Veggie Co-op to facilitate access to fresh produce and increase consumption of fruit and vegetables for the school community.
	Metro South Hospital & Health Service See how Metro South Hospital & Health Service piloted a healthy canteen program for the football canteen of a South Brisbane high school.
	Download 2010 Book of case studies

Register with CO-OPS
If you are passionate about community-based obesity prevention, you are not alone. Join the CO-OPS network comprising health professionals, policy officers, researchers and clinicians. Registration is free and allows you to access CO-OPS resource library and forum.

Submit your case study
The CO-OPS case studies are a great opportunity to publicise your initiative and share lessons learned with other practitioners around the country. [Complete the case study submission form now.](#)

The form is titled 'CO-OPS Case Study Submission Form'. It contains several fields for user information and details about the case study. A blue arrow points from the 'Submit your case study' link in the website screenshot to this form.

CO-OPS Collaboration
*enabling best practice to create
healthier communities*

CO-OPS Case Study Submission Form

Organisation name *

Contact name *

Contact email address *

Website of the program/project/initiative (if applicable)

Name of the program/project/initiative *

What is the context in which the program/project/initiative is being delivered? *
e.g. organisational demand, new funding/grant, identified need, ministerial decision, good idea

What issue(s) is the program/project/initiative addressing? *
e.g. insufficient cycling infrastructure; access to fresh food; capacity building

What type(s) of information was used to understand the issue(s)? *
e.g. data, evidence reviews/ summaries, research articles

What are the aims and objectives of the program/project/initiative? *





CO-OPS Collaboration
*enabling best practice to create
healthier communities*

Case Study Appraisal Tool

A	B	H	I
Appraisal Tool ^{1,2,3}	Case Study Form	BPP	BPP score
	Organisation name		
	Contact name		
	Contact email address		
	Website of the pphi		

A	B	H	I	J
Main Characteristics	Implementation	ACTIVITIES:		
Aims of intervention described; Smart objectives; Intervention aligns to existing HE and PA guidelines; Needs assessment performed	Pilot study performed; Timetable of tasks, activities and responsibilities; Relevant stakeholders involved in implementation; Possible adverse effects considered/minimised; Planned activities address environmental factors (beyond individual control)	<i>Describe the process and activities that were undertaken as part of the pphi</i>		
	Activities carried out are relevant to objectives of intervention;	Evaluation process described fully; Intervention implemented as planned	E1: Evaluation framework and approach; E2: Evaluation planning;	
	Intervention designed for sustainability (eg. embedded into organisation/policy)	Planned target group reached; Were effects reported across the target population?; Minimum 70% of planned activities performed; Minimum 90% of objectives achieved; Process/outcome/impact indicators measured; Resource utilisation monitored	E3: Data collection, management and analysis	
Main stakeholders considered in planning phase; Involves professionals from different sectors	Resources described (funds, staff, materials); Proportion of budget allocated to evaluation		E4: Evaluation context	
			E5: Active dissemination	
			I2: Quality implementation and monitoring	
			I3: Adaptation and responsiveness	

A	B	H	I	J
Instructions for assessors	Score sheet	Questions & BPPs		



Case Study Dissemination

Healthy Food Connect CHPCP

Section	Page
Introduction	1
What we did and why?	2
How we did it?	3
What we learnt?	4
Comments from CO-OPS	5
CO-OPS Best Practice Principles	6

CO-OPS Best Practice Principles

Principle	Page
Community Engagement	1,3,4
Program Design & Planning	1,2,3,4,5,6,7,8
Evaluation	1,2,3,5
Implementation & Sustainability	1,2,3
Governance & Transparency	2

A	B	H	I	J
Evaluation	<i>Are you evaluating your p4pi?</i> If Yes, how and when? - surveys, interviews, focus groups / before, during, immediately after, follow up sometime later; If No, why not?	E1: Evaluation framework and approach; E2: Evaluation planning;		
Evaluation process described fully; Intervention implemented as planned	<i>What are you monitoring and/or measuring for your p4pi?</i> - policy development; infrastructure installed; partnership analysis; attendance rates; intakes of fruit/veg; BMI	E3: Data collection, management and analysis		
Planned target group reached; Were effects reported across the target population?; Minimum 70% of planned activities performed; Minimum 90% of objectives achieved; Process/outcome/impact indicators measured; Resource utilisation monitored	<i>What were the results from your p4pi?</i> eg: changes in behaviour/knowledge/attitude; environmental/structural changes; attendance rate, etc	E4: Evaluation context		
	<i>How have you shared the results of your p4pi?</i> eg: reports, peer-review publications, presentations to stakeholders, feedback to community	E5: Active dissemination		
	<i>What went well from your point of view?</i>	I2: Quality implementation and monitoring		
	<i>What did not go well from your point of view?</i>	I3: Adaptation and responsiveness		
Instructions for assessors Score sheet Questions & BPPS				

CO-OPS Best Practice Principles				
Community Engagement	Program Design & Planning	Evaluation	Implementation & Sustainability	Governance & Transparency
1,3,4	1,2,3,4,5,6,7,8	1,2,3,5	1,2,3	2



Like



@co_ops

Case Study Dissemination



CO-OPS Collaboration
enabling best practice to create
healthier communities

Healthy Food Connect CHPCP



CO-OPS Collaboration
enabling best practice to create
healthier communities



Organisation name	Central Hume Primary Care Partnership (CHPCP) member agencies: Alpine Health, Benalla Health, Gateway Health and Northeast Health Wangaratta
Program title	Healthy Food Connect
Geographic coverage	Central Hume Primary Care Partnership catchment - The Alpine Shire, Rural City of Wangaratta, Benalla Rural City and Mansfield Shire.
Funding available	Part of core business as part of the healthy eating plan through Integrated Health Promotion funding and Alpine Health through the Multi-purpose Service budget
Funding period	2012-2017
Staff	EFT and volunteer contribution has varied throughout the duration of the program and across the CHPCP agencies
More info	Contact Clare Schultz at clare.schultz@gatewayhealth.org.au

Food security — the availability of and assured access to sufficient food that is nutritionally adequate, culturally acceptable, safe, and which is obtained in socially acceptable ways (Gorton, Bullen, & Mhurchu, 2009).

What we did and why?

Healthy eating was identified as a health promotion priority during a collaborative brainstorming workshop with the health agencies from the Hume region.

We knew that almost half (46.7%) of the Central Hume region population do not meet the fruit and vegetable guidelines and over half of the population are overweight or obese (53.5%). The area also has a high proportion of low income families and 32% of residents say that some foods are just too expensive, and 7% run out of food and can not afford to buy more (2012 data).

Our objectives were to:

- Find out what impacts the residents' ability to access food that is safe, nutritious and culturally valued
- Engage community and organisations in creating supportive eating environments
- Influence policy and develop programs to strengthen community action

Figure 1: Overview of Healthy Food Connect model



We used the **Healthy Food Connect** model to look at localised food security issues, including the environmental influences to eating behaviours. We used localised health status information from the Department of Health and relevant tools from the Victorian Local Government Association. We also conducted key informant interviews and questionnaires to engage with community members in understanding their perspective on healthy eating and food security.

We devised an evaluation plan that will allow us to view changes over time and evaluate the success of the healthy food connect model in CHPCP.

How we did it?

A combination of methods were used including community engagement and observation. The Victorian Local Government Association Food Security Scanning Tool was used to collect environmental data (natural, built, economic and socio-cultural) around food security. Audits of local food outlets were undertaken to assess healthy options and fruit and vegetables available, and the Healthy Food Basket Survey was completed in all supermarkets and general stores.

The information gathered gave us a clear picture of availability and location of healthy food options. We translated this information on GIS (Geospatial Information Systems) maps which allowed us to clearly identify accessibility and food deserts in the region.

We also formed new or strengthened existing collaborations including the Healthy Eating Implementation Group (HEIG), the Community Food for All Forum and Steering Committee and the Benalla Food Security Network, amongst others. We also identified a need to 'market' this work and developed our 'food for all' logo.

What we learnt?

The GIS maps showed tangible evidence of accessibility as an issue for food security in our region. An example of a GIS map can be viewed on the next page.

The 'Healthy Food Basket' data provided evidence that affordability is an issue. For example on average, single parent families need to spend 25-30% of their total income to purchase the healthy food basket for their family. Single parents on the Single Parent Payment of \$683.50 per fortnight would spend 40.3% of their income on the healthy food basket and if a single parent was receiving the Newstart allowance of \$537.80 per fortnight, this would increase to 51.2% of their income.

[HOME](#)
[ABOUT](#)
[SERVICES](#)
[RESOURCES](#)
[CONTACT](#)

CASE STUDIES

CO-OPS case studies

CO-OPS case studies provide a vehicle for sharing experiences and lessons learned in community-based obesity prevention activities across Australia.

The case studies feature a range of community-based obesity prevention initiatives around Australia and demonstrate how each used some of the CO-OPS Best Practice Principles in their program.

CO-OPS has done a minimal amount of editing to retain the essence of what each contributor brought to their case study, because of this there is a variety of styles and ways in which case studies are presented.

Healthy Food Connect - Central Hume PCP

The Central Hume Primary Care Partnership used the *Healthy Food Connect* model to identify food security issues in their region. This is a great example of evidence-informed planning and partners engagement, and a good illustration of how GIS technology can be used to map food availability in a particular area.

Healthy Eating Activity & Lifestyle (HEAL™)

The Healthy Eating Activity and Lifestyle (HEAL™) program is a lifestyle modification program aiming to raise health literacy levels and improve behaviour change of participants in the areas of nutrition, physical activity and lifestyle choices.

Register with CO-OPS

If you are passionate about community-based obesity prevention, you are not alone. Join the CO-OPS network comprising health professionals, policy officers, researchers and clinicians. Registration is free and allows you to access CO-OPS resource library and forum.

[REGISTER WITH CO-OPS](#)

Submit your case study

The CO-OPS case studies are a great opportunity to publicise your initiative and share lessons learned with other practitioners around the country. [Complete the case study submission form now.](#)



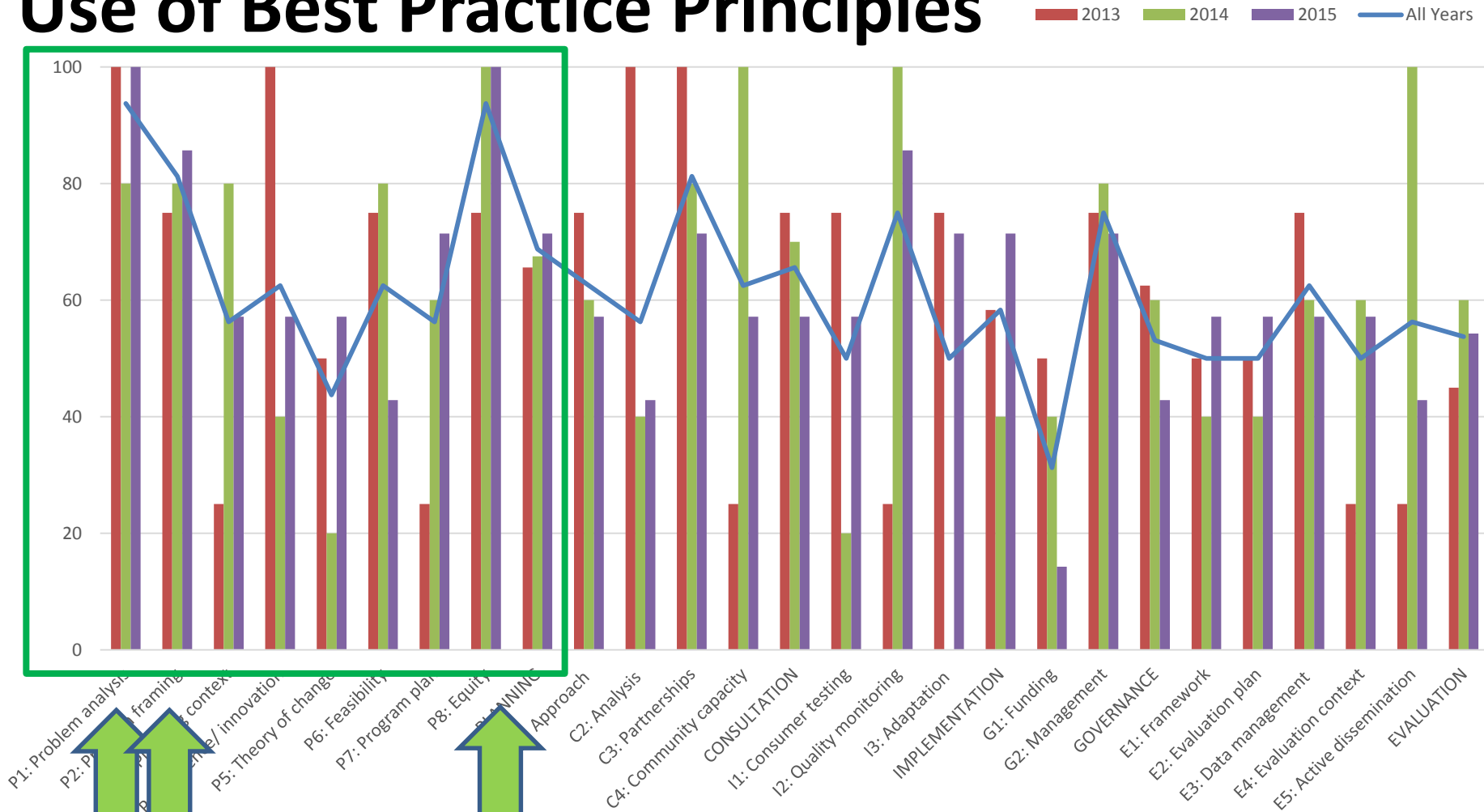
Like



@co_ops



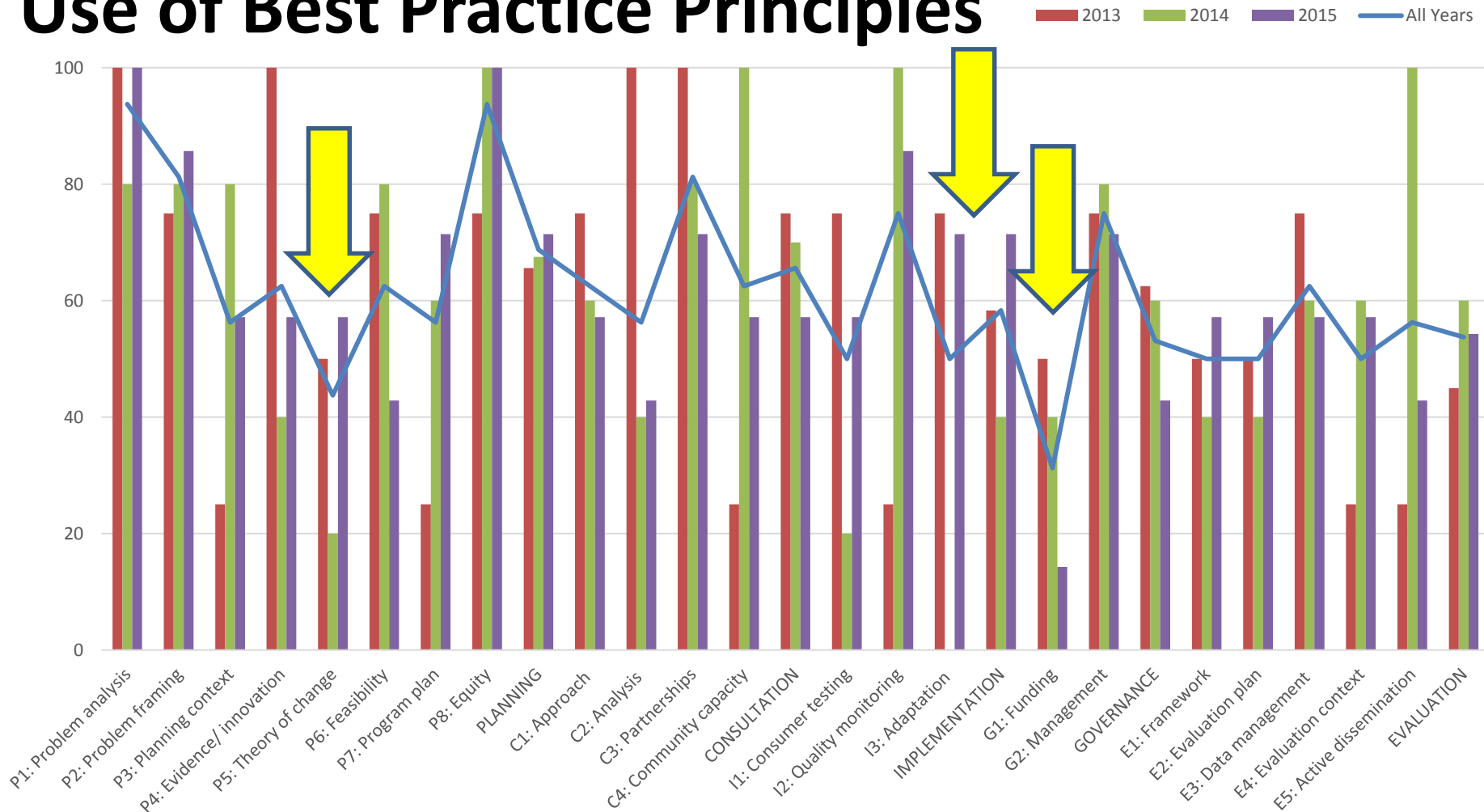
Use of Best Practice Principles





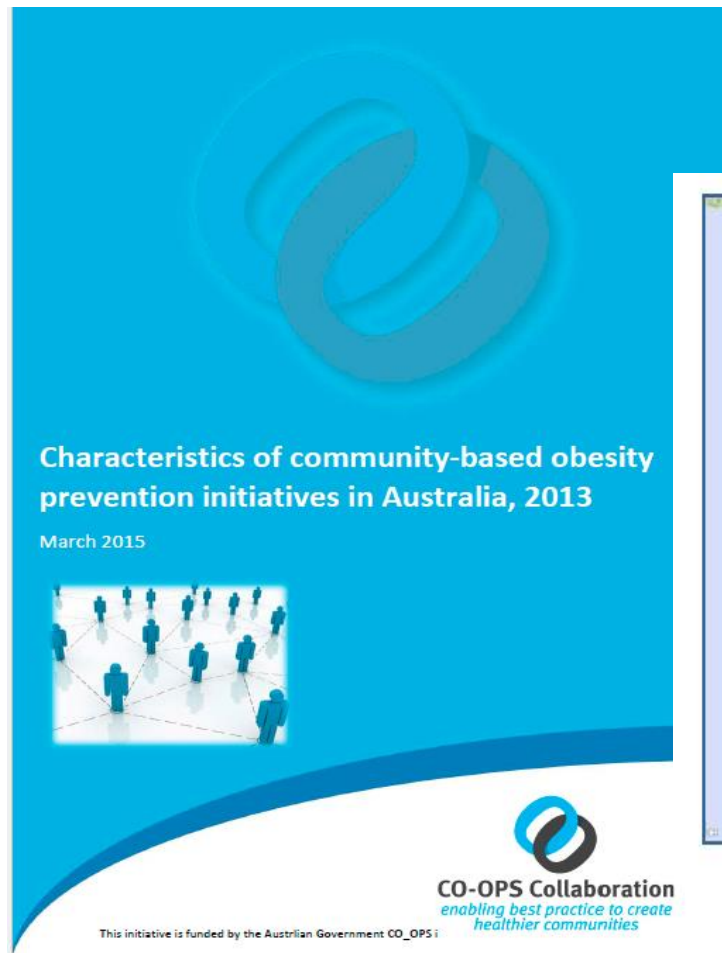
CO-OPS Collaboration
*enabling best practice to create
healthier communities*

Use of Best Practice Principles





CO-OPS Collaboration
*enabling best practice to create
healthier communities*



Pettman, Bolton, Love et al (2015). A snapshot of the scope of obesity prevention practice in Australia. Health Promotion International



Primary School Fruit and Veggie Co-op



Organisation
Program
Geographic
Funding
Staff

Active Launceston



Organisation name
Program title
Geographic coverage
Funding available
Funding period

Healthy School Football Canteen



OPAL—Playford: Creating a healthier Davoren Park IGA



Organisation name
Program title
Geographic coverage
Funding available



What we did & why?

Bayswa
econon
Report about t
our cor
to fresh to find
Throug
were in
lack of.

The Fr
access
consum

How

A whol
access
We cor
gather
help ci
project

We use

•
•
•
•

Our cor
passion
experie
commit

With a
design
Here is

•
•

Communities Latching on to Breastfeeding



Organisation name
Program title
Geographic coverage
Funding available
Funding period
Staff
More info

What we did and why?

Available data (from our Parents' Needs Survey and localised health status information) showed low breastfeeding rates and a need for additional support for breastfeeding mothers in the Central Hume Primary Care Partnership (CHPCP) area.

Our data suggested that there is a large drop off in breastfeeding rates at 3 months after birth and that the main reason for discontinuing breastfeeding is a lack of support. The World Health Organisation (WHO) states that breastfeeding is the best way to provide newborns with the nutrients they need, and encourages exclusive breastfeeding for the first six months of life. Research has also suggested that breastfeeding does not just benefit the infant, but has a number of positive health implications for mothers.

In an effort to provide additional supportive environments for breastfeeding mothers and increase the opportunity to and likelihood that women will breastfeed for longer periods, we started a social marketing campaign called "Communities Latching on to Breastfeeding" (CLOB).

How we did it?

The Health Promotion staff located at Gateway Health, Northeast Health Wangaratta and Women's Health Goulburn North East have worked collaboratively to increase breastfeeding duration rates, an objective under our broader work of increasing healthy eating for children. We undertook a developmental process to design a campaign that would raise community awareness and advocate for an increase in community support:

- We engaged with potential partners including various health services, the Australian Breastfeeding Association (ABA), Maternal and Child Health (MCH) services, the local lactation clinic, local businesses, council and the local media.
- We organised a social marketing workshop to develop the campaign brand and messages. MCH nurses, lactation consultants and other PCP members were invited to attend. We identified barriers and enablers that would support our work and goals and developed a clear vision for our campaign, which gave us direction to finalise our logo and tagline for the campaign.
- At the same time that our campaign was shaping up, Council was looking at the state of the baby change room

facilities in Wangaratta. We formed a working group with Council staff, members of the ABA, the lactation clinic and MCH staff. Together we created a survey that captured information, not only about the facilities, but local community perceptions of breastfeeding. The survey was distributed to parents in the Local Government Area. The major themes from the survey were that facilities were poor, families were limiting their shopping time and they were unsure where feeding a baby was acceptable.

- To encourage strong messages, we used existing resources as part of our campaign (WHO World Breastfeeding Week posters) and promoted existing programs (ABA Welcome Here Program - a program aimed at improving community acceptability of breastfeeding in public through the promotion of breastfeeding friendly premises).
- We launched an event with service providers and parents to introduce the campaign and contacted a local journalist to publicise the campaign and key messages. The strong relationship formed with the media allows us to sustain a public presence for the project.

What we learnt?

An evaluation plan has been developed and we are monitoring the following information:

- Quantitative data:** number of articles in the local newspaper, number of organisations utilising our resource kit, webpage visits and downloads, breastfeeding rates (through MCH service).
- Qualitative data:** anecdotes from service providers and health professionals as well as feedback from businesses regarding the ABA Breastfeeding Welcome Here sticker on their premises.
- Pre and Post surveys:** the initial survey investigating the needs of parents in the Wangaratta community and the cultural acceptability of breastfeeding was administered in 2013. The same study will be re-administered in May 2015, tracking changes over time and measuring changes in the needs of parents, facilities available, community family friendliness and cultural acceptability of breastfeeding. The May 2015 survey will also gain information on CLOB brand recognition and the needs of fathers when caring for their babies in the community.

Healthy Food Connect CHPCP



Organisation name
Program title
Geographic coverage
Funding available
Funding period
Staff
More info



The OPAL pro
ed and deliv
ments. OPAL
support child
eat well and l

What we

The Davoren
suburbs is use
for shopping,
larger superm
limited range
and lean mea
be comparabl
with retailers
foods.

How we c

A new owner
portunity for
healthy food
data collect
assessed aspe
vegetables in
Davoren Park
abeth and M
vealed that
variety were
proach target
store) and bi
store promoti

- New n
of lear
cuts of
fruits a
- The str
fy char
- Weekh
baked

Food security — the availability of and assured access to sufficient food that is nutritionally adequate, culturally acceptable, safe, and which is obtained in socially acceptable ways (Gorton, Bullen, & Murchu, 2009).

What we did and why?

Healthy eating was identified as a health promotion priority during a collaborative brainstorming workshop with the health agencies from the Hume region.

We knew that almost half (46.7%) of the Central Hume region population do not meet the fruit and vegetable guidelines and over half of the population are overweight or obese (53.5%). The area also has a high proportion of low income families and 32% of residents say that some foods are just too expensive, and 7% run out of food and can not afford to buy more (2012 data).

Our objectives were to:

- Find out what impacts the residents' ability to access food that is safe, nutritious and culturally valued
- Engage community and organisations in creating supportive eating environments
- Influence policy and develop programs to strengthen community action

Figure 1: Overview of Healthy Food Connect model



We used the [Healthy Food Connect](#) model to look at localised food security issues, including the environmental influences to eating behaviours. We used localised health status information from the Department of Health and relevant tools from the Victorian Local Government Association. We also conducted key informant interviews and questionnaires to engage with community members in understanding their perspective on healthy eating and food security.

We devised an evaluation plan that will allow us to view changes over time and evaluate the success of the healthy food connect model in CHPCP.

How we did it?

A combination of methods were used including community engagement and observation. The Victorian Local Government Association Food Security Scanning Tool was used to collect environmental data (natural, built, economic and socio-cultural) around food security. Audits of local food outlets were undertaken to assess healthy options and fruit and vegetables available, and the Healthy Food Basket Survey was completed in all supermarkets and general stores.

The information gathered gave us a clear picture of availability and location of healthy food options. We translated this information on GIS (Geospatial Information Systems) maps which allowed us to clearly identify accessibility and food deserts in the region.

We also formed new or strengthened existing collaborations including the Healthy Eating Implementation Group (HEIG), the Community Food for All Forum and Steering Committee and the Benalla Food Security Network, amongst others. We also identified a need to 'market' this work and developed our 'food for all' logo.

What we learnt?

The GIS maps showed tangible evidence of accessibility as an issue for food security in our region. An example of a GIS map can be viewed on the next page.

The 'Healthy Food Basket' data provided evidence that affordability is an issue. For example on average, single parent families need to spend 25-30% of their total income to purchase the healthy food basket for their family. Single parents on the Single Parent Payment of \$683.50 per fortnight would spend 40.3% of their income on the healthy food basket and if a single parent was receiving the Newstart allowance of \$537.80 per fortnight, this would increase to 51.2% of their income.



CO-OPS Collaboration
*enabling best practice to create
healthier communities*

CO-OPS is a collaboration between



Worldly



THE UNIVERSITY OF
SYDNEY



THE UNIVERSITY OF
MELBOURNE



Flinders
UNIVERSITY

www.co-ops.net.au

Email admin@co-ops.net.au

www.co-ops.net.au



Like



@co_ops