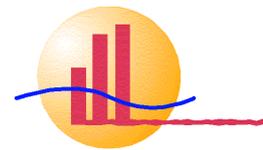




Department of Health
East Metropolitan Health Service



Population Health Unit

The East Metropolitan Population Health Unit Healthy Lifestyles Audit: an analysis of the process

September 2003

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EXECUTIVE SUMMARY

The Health Lifestyle Audit conducted by staff of the East Metropolitan Population Health Unit posed challenges, created opportunities and provides a framework for better practice in the future. The data gathered from the region will provide a solid base for constructive debate on the pathways the Unit will take in promoting physical activity and nutrition to its community. Community audits have the capacity to allow health professionals to identify the areas of need within their communities and subsequently plan and undertake appropriate action to meet these needs, when they are conducted as one part of the cycle of program planning.

The necessary steps to conduct a successful community audit originate in thorough planning. Although a community audit sounds a simple process, in reality it can be a complex task that requires appropriate consultation with partners and experts to ensure its progress. As the first step is to seek a picture of the extent of programs in a region, it is important that the time frame from receipt to action on this information is as short as possible to ensure its relevance. Moreover, the triangulation of multiple methods is recommended to produce a thorough picture. These issues need to be discussed and balanced within the organisation.

The audit tool used in this project has been refined in light of difficulties in managing and analysing the data. Categorisation and coding of responses has been included along with a reordering of questions to enhance the ease of completion. Valuable lessons have been learnt about the importance of thorough piloting of any questionnaire.

The discussions and interactions between staff within the Unit that will be undertaken to action the results are likely to be the most valuable stage of the audit. The audit tool has provided a means of gathering together information, but the consultation that will occur on how this information is used will see the true impact of the audit process.

Postscript: Further to the development of this discussion paper, the EMPHU Audit was renamed "Initiatives supporting healthy eating and physical activity in East Metropolitan Perth"¹. Within this report the process was described as a survey to reflect the true methodological nature of this project.

¹ DiFrancesco, A., Williams, K., Welch, A. (2003). Initiative supporting healthy eating and physical activity in East Metropolitan Perth. East Metropolitan Population Health Unit, East Metropolitan Health Service, Perth.

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We acknowledge the work of Jenni Campbell-Watt, EMPHU Information Resource Officer in trawling the literature on our behalf.

We acknowledge Ilse O'Ferrall and Charles Douglas in their roles as Editors.

Finally we acknowledge the audit team and audit participants - the people who created and then completed the audit.

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INTRODUCTION

The *Healthy Lifestyles Audit*, conducted by East Metropolitan Population Health Unit was envisaged to identify key nutrition and physical activity initiatives and programs conducted in the community of the East Metropolitan Health Service (EMHS). An audit was chosen, as there existed no systematic identification or review of programs and facilities supporting healthy lifestyles in the region at the time. This was perceived as limiting the capacity of EMPHU to development partnerships and comprehensive regional health improvement plans tackling preventable chronic disease.

This report critiques the methodology of this community audit.

BACKGROUND on AUDIT PROCESS

The first objective of the Healthy Lifestyles strategic framework is to “generate an information base for action” (Department of Health, 2002 pg12). The Healthy Lifestyles strategic framework promotes an evidence-based approach. It encourages appropriate evaluation of interventions and dissemination of the results to allow others to learn from experience. Community audits have been recommended as a means of establishing “gaps in local facilities and programs that support healthy lifestyles” (Department of Health, 2002 pg 14). The results from audits can then be analysed “to identify opportunities for collaboration between health and other sectors and develop formal alliances to implement agreed joint projects” (Department of Health, 2002 pg19). Conducting a community audit is also a Key Performance Indicator of the EMPHU Diabetes Program.

Within the field of population health ‘healthy lifestyles’ can encompass all potential health promoting behaviours – regular physical activity, healthy eating, safe alcohol consumption, use of preventive health care, absence of addictive behaviours such as smoking – combined with good mental health and psychosocial support. In essence a comprehensive Healthy Lifestyles Audit should therefore cover all these areas. However, due to a range of factors including time constraints, state and national priorities and existing complementary reports EMPHU chose to focus on physical activity and nutrition in this audit.

Audit goal

The goal of the EMPHU Healthy Lifestyles Audit is to identify existing facilities and programs within the EMHS region that support healthy lifestyles, ascertain the gaps and highlight opportunities for collaboration to:

- inform comprehensive regional health improvement plans tackling preventable chronic disease; and
- strengthen collaboration and foster partnerships within and beyond the health sector.

Audit objectives

1. Raise awareness and knowledge within EMPHU staff, of current nutrition and physical activity programs/initiatives available to EMHS populations.
2. Identify gaps and opportunities in nutrition and physical activity programs/ initiatives for EMHS populations.
3. Raise awareness of suitable partners to improve nutrition and physical activity in EMHS populations.

Audit target group

Primary: EMPHU staff

Secondary: Health sector and other agencies supporting healthy eating and physical activity in the EMHS community.

Project Plan

The Healthy Lifestyles Audit project was divided into three phases:

1. Consultation and Planning Phase
 - Assess needs of EMPHU - staff consultation through one-on-one exploratory interviews with staff identified as potential Working Group members to: explore auditing processes; inform project direction, procedures and overall plan; and identify existing data.
 - Explore auditing processes - literature search, identify existing data.
 - Establish Working Group.
 - Establish database of interviewees - identify key health sector agencies and organisations.
 - Design audit tool and methodology.
 - Establish a data collection and analysis system.

2. Implementation Phase

- Prepare for data collection - disseminate introductory letter and fax-back form to contacts. Schedule interviews via telephone.
- Collect data from key contacts on interviewees' database.
- Enter data - check data.
- Analyse data to identify gaps and opportunities.
- Compile reports

3. Dissemination Phase

- Design project dissemination plan.
- Submit summary report for publishing.
- Advocate for systematic reviews of audits.

The time-line for the project was set at 7 months.

AUDIT TOOL

The Healthy Lifestyles Audit tool was a 26 question postal, telephone or electronic questionnaire that combined open and closed questions (Appendix A). It was estimated to take 30 minutes to complete.

STUDY COHORT

Two hundred and twenty-two individuals within fifty-six government and non-government organisations were invited to respond to the questionnaire. All returned questionnaires were scanned for suggestions on other organisations or key individuals to survey. Telephone or e-mail contact was made with relevant organisations that had been missed in the original mail out, and they were invited to participate.

LIMITATIONS of AUDIT METHODOLOGY

An audit has a range of definitions, but it can be essentially defined as a methodology to 'check' or 'verify' (Delbridge and Bernard, 1988 pg55) (Wadsworth, 1997 pg45) against an identified measure. An examination of published and unpublished literature reveals that there are a wide range of applications for the audit methodology, and a wide range of methods that

can be employed to achieve this (Caraher, 1994; Schuermann, 2000; Wood, 1999a; Wood, 1999b; Cox, 2002; Bullen and Onyx, 1998). However, no published *definition* of a 'community audit' in the context of health could be found. There are however, references to 'health equity audits' (Hamer, Jacobson, Flowers and Johnstone, 2003), 'health development structure audits' (Baum, Modra, Murray, Potter, Bush and Palner, 1999) and needs assessments (South Australian Community Health Research Unit, 1991). In reality, it appears that a 'community audit' refers to a combination of these methodologies.

Past 'audits' conducted in the health setting of Australia have used a variety of methods to determine the gaps in services, measure the successes of programs and identify the potential for collaboration. Table 1 provides a summary of some of the key published audits in the literature.

From Table 1 it can be seen that in many instances a variety of methods are used to achieve a comprehensive audit. In only one instance, by Bullen and Onyx was a single questionnaire used to audit a community (Bullen and Onyx, 1998), in all other examples there were usually three methods used. Cox refers to the application of triangulation as an important factor in ensuring validity of audit results (Cox, 2002).

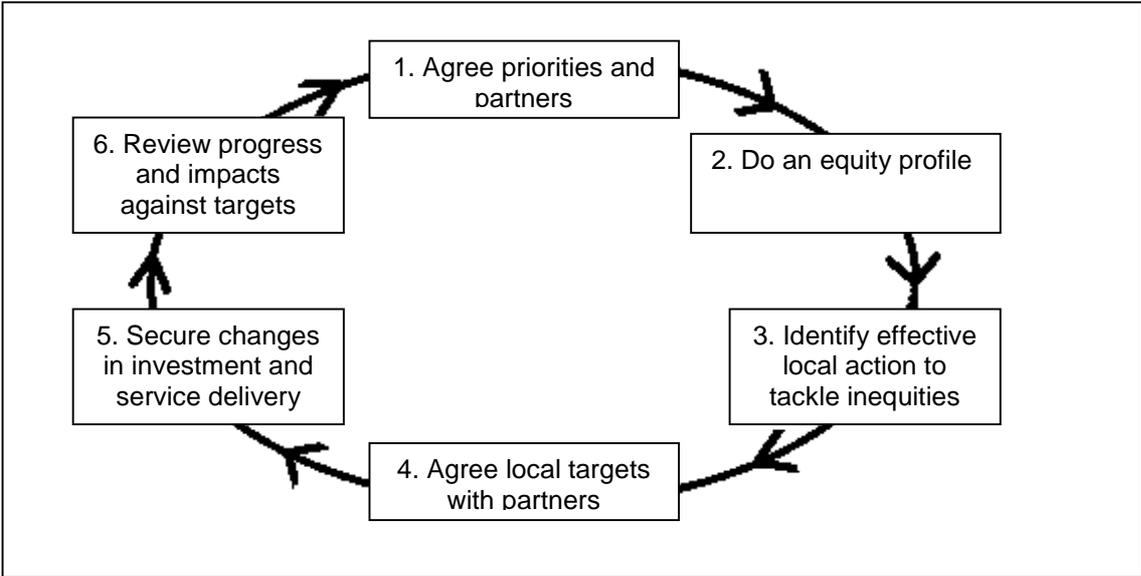
TABLE 1: EXAMPLES OF PUBLISHED AUDITS FROM AUSTRALIAN LITERATURE

Author / Principal investigator	Title	Aim	Methods
Baum <i>et al.</i> 1999	Health Development and Social Capital Project	Investigating links between health and social capital. Considering the role that community groups and organisations play in fostering social capital	<ul style="list-style-type: none"> • In-depth interviews with residents • Inventory of health development structures • Case-studies of good practice of health development structure audits
Kreuter, Young and Lezin, 1998	Measuring Social Capital in Small Communities	Explore whether social capital can be measured	<ul style="list-style-type: none"> • Telephone questionnaire of residents • Semi-structured interview with community stakeholders • Newspaper content analysis
Bullen and Onyx, 1998	Measuring Social Capital in Five Communities in NSW	Is there such a thing as social capital, and can it be measured empirically.	<ul style="list-style-type: none"> • Community questionnaire (valid scale)
Cox, 2002	The Social Audit Cookbook	A guide for community researchers and organisations	<ul style="list-style-type: none"> • Questionnaire • Observation • Reports/data

In this audit, only one method (questionnaire) was used to obtain information on the occurrence of physical activity and nutrition programs and activities in the East Metropolitan Region. During the planning process, the audit team was concerned by this - suggesting that key informant interviews also be considered within the audit. This was thought to be a valuable addition to the questionnaire as the staff were aware that there existed a range of 'experts' in the field who would be able to comment not only on activities that were occurring, but their relative success in promoting healthy eating and physical activity. However, due to the constraints of time, the key informant interviews were not pursued.

It is worth noting that from the Australian literature, it appears that an 'audit' is complete when the gaps in services and potential partnerships have been identified (Baum *et al.*, 1999; Cox, 2002; Kreuter *et al.*, 1998). In contrast, in the United Kingdom, an audit is more than defining a pattern of health or health care. It is a dynamic process, which involves reviewing of the local position (services/programs/initiative) and securing of resources to tackle the gaps identified. This important step is known as 'closing the loop' (Hamer *et al.*, 2003). There are 6 stages to a health equity audit shown in Figure 1. These steps require a combination of technical ability (to analyse the range of public health data sets) and negotiating and influencing skills (to ensure changes in resource allocations and local services) (Hamer *et al.*, 2003; Hussey and Johnstone, 2001). The full audit cycle may take up to three years (Hamer *et al.*, 2003).

FIGURE 1: THE CYCLE OF THE HEALTH EQUITY AUDIT (HUSSEY AND JOHNSTONE, 2001)



The methodology of the EMPHU audit was designed to be completed in a seven-month time frame. In reality it has taken 15 months to date, and the team is only now into the

dissemination phase. Restrictions in staffing has hindered the process, but in essence seven months was a gross underestimation of the time required to plan, implement, disseminate and apply the results of this audit.

LIMITATIONS OF THE AUDIT

Recognising that it is beyond the health sector alone to improve nutrition and physical activity in the population, individuals within the private sector, non government sector, corporate sector and community sector were included in the audit. The audit team made a conscious decision to source potential respondents as widely as possible. This proved to be a limitation to the audit, as certain sectors did not identify themselves as providing programs or activities in the health promotion domain and consequently did not respond to the questionnaire. Response rate was lowest amongst unions and professional organisations, along with organisations categorised as 'miscellaneous'.

It is difficult to quantify what is an acceptable response rate for an audit of programs. Completion rates on mail surveys to the general public are usually around 40 to 60 percent (de Vaus, 1990; Warick and Andrew, 1975). However, this audit was designed to provide a clear picture of gaps and needs, from service providers. Hence a response rate of more than 60% would be ideal. On reflection, the process of approach to potential respondents in this audit has restricted the response rate.

As can be seen in Table 2, within any one organisation, multiple audit questionnaires were sent to key organisational contacts. In some instances this lead to a reduction in the response rate from individuals, and in other instances it lead to duplication of entries for one organisation.

In retrospect, the audit team acknowledges that greater involvement of key organisations (eg. Department of Health's Nutrition & Physical Activity program) during the planning of the audit may have broadened EMPHU's networks and, in turn, enabled a more comprehensive study cohort. Furthermore it became apparent during the follow up courtesy calls that the introductory letter sent out to managers inviting their participation in the audit was not always passed on to relevant staff to complete. It is thus recommended that in the future surveys be sent to the most appropriate staff member from an organisation as well as their respective management.

TABLE 2: RESPONSE RATES FROM DIFFERENT SECTORS

Sectors	Individuals			Organisations		
	contacted	responded	%	contacted	responded	%
Health	64	40	62.5	28	19	67.9
Govt		(27)		(8)	(7)	
Non-Govt		(13)		(20)	(12)	
Education, Training & Research	46	19	41.3	19	11	57.9
Local Government	36	13	36.1	16	9	56.3
Other Government	17	3	17.6	10	3	30.0
Miscellaneous	18	1	5.6	8	1	12.5
Sport & Recreation	14	7	50.0	11	5	45.5
Union/Professions	9	0	0.0	9	0	0.0
Food	8	3	37.5	8	3	37.5
Corporate	6	4	66.7	6	4	66.7
Disabilities	4	3	75.0	1	1	100.0
TOTAL	222	93	41.9	116	56	48.3

An introductory letter and fax back form were sent out initially inviting organisations' participation in the audit. On receipt of a completed fax back form, the questionnaire was distributed. This process may have been streamlined by sending out the questionnaires (and reply paid envelope) with the original letter. Given the wide use of e-mails, it is further suggested that future surveys be forwarded electronically to the key contact within an organisation and a hard copy to their management.

The 'health promotion' language used in the audit is thought to have limited responses from some individuals. The main indicator of this is in regard to Question 18 that asked respondents to list collaborators or partners. When examining the responses to this question there are many who do not nominate any partners, even though the audit team is aware of the particular program they are referring to, and aware that there are several partners involved in this activity. It seems likely, that some respondents have not interpreted the same meaning of 'partnerships' as the audit team.

The original tool was designed so that the majority of questions were open-ended and required free-text responses. This provides the advantage of allowing respondents to

elaborate or expand on answers to questions as they chose. However, it also had the disadvantage of being time-consuming to complete and making data difficult to manage and analyse. The tool was also planned to be used in either a postal or telephone survey format. In reality, only 8.7% of respondents used the telephone method. As research design recommends that telephone surveys are designed with different fundamental approaches to postal surveys, it was an asset that only a few chose to use the telephone approach, as the tool was not designed with this completion method in mind.

Time consuming questionnaires:

The potential adverse consequences of time-consuming questionnaires can include non-response to questions or failure to complete questionnaires all together (de Vaus, 1990). In this instance, it is unknown whether the length of time taken to complete the questionnaire contributed to the low response rate or to the number of missing values for certain questions. Although the audit was estimated to take 30 minutes to complete, in reality it was reported to take more than an hour if the organisation was reporting several initiatives.

The Healthy Lifestyles Audit requested a large volume of information in total. And in reality, several questions asked in the questionnaire have not been analysed at all by the audit team. This raises the issue of whether these questions were relevant or necessary to include.

Data management and analysis:

On return of the questionnaires the decision of how to manage and analyse the data collected had to be made. It was unfortunate that the piloting of the questionnaire, that had been undertaken, had not included processing the pilot data. Had it done so, the difficulties that the audit team faced at this juncture may have been anticipated and potentially avoided. However, faced with a plethora of free-text data the team chose to enter the data free-text into an excel worksheet. In reality, this hindered their ability to manage and analyse the data. Moreover, considerable time and resources were spent in the data entry process.

This problematic situation may have been alleviated had research advice been available to the audit team. Unfortunately, the research positions at EMPHU (then EPPCHU) were unoccupied at that time. The key action the audit team could have taken at this point was to identify categories from the free-text questions using a sample of the returned questionnaires. In this way, it could have been possible for them to devise a coding sheet (data dictionary) which could then have been applied to all the returned questionnaires. This would have

translated the free-text responses into categorical variables in many cases. The coded questionnaires would then have been entered onto a database and manipulated and analysed with ease. The processes of analysing a subset of questionnaires, developing a coding frame and applying it to all of the returned questionnaires would have proved a time-consuming exercise for the team. However, it may have saved them considerable time and effort down the line.

In practice, the audit team worked hard to improve the spreadsheet by cutting and pasting sections and analysing the information by scanning the contents and categorising responses. In essence they developed a coding frame once all the data had been entered free-text onto the spreadsheet and analysing the data by hand.

The original tool was designed so that up to five programs/initiatives could be listed in response to questions. This format required that respondents kept answers to the same program/initiative on the same row in a number of successive questions. This proved difficult for both respondents to complete and for the audit team to analyse. Consequently, the revised tool features sections that deal with each program/initiative independently.

The main improvement that the revised questionnaire has over the original questionnaire is that most questions have been categorised. Some new items have been added to achieve this. In particular, questions on the organisational sector (Sect I, Q1) and the target groups, strategies and settings (Sect II, Q 4,5,6) have been added. It would be necessary for an organisation other than EMPHU to devise their own appropriate categories for questions 1, 4, 5 and 6. In addition, a couple of questions that appeared in the original questionnaire have been excluded from the revised questionnaire. These included questions that were either ambiguous in their meaning or added little to the audit.

Evaluation of the initiative is one aspect that was lacking from this audit questionnaire. Although question 20 requested copies of any reports available of the stated initiative, there was no measure of effectiveness of the programs sought through the questionnaire itself. As a critical step in identifying the gaps in services is to assess not only what is missing, but also whether what is available is working, the inclusion of a measure of effectiveness of the programs is recommended. It would be difficult to validate this assessment, but a beginning would be to include a question as to whether or not the organisation has conducted any evaluation of the effectiveness of their program and the results of this evaluation.

RECOMMENDATIONS

Methodology:

- Seek a definition of a 'community audit' from the Department of Health within the context of funded outputs
- Use multiple methods to achieve audit aims and objectives.
- Pilot comprehensively including data entry and analysis
- Seek research advice/collaboration early in the audit planning process

Audit Tool (Method):

- Send one audit tool to each organisation only
- Send questionnaire with cover letter as first contact, removing fax back form requirement
- Include only those questions that are critical to the analysis (ie to meet the aims and objectives), there by ensuring the shortest possible questionnaire and being ethically responsible
- Ensure the language is appropriate to all users (or include a glossary of terms)
- Use postal rather than telephone approach
- List questions regarding each program/initiative together
- Pre-code data

TABLE 3: RECOMMENDED CHANGES TO AUDIT TOOL

Original audit tool		Revised audit tool	
Q1 - 9	Numbers removed	Front page demographics	
Q10	Deleted		
		Sect 1	
		Q1	New item, categorisation of organisation
Q11	Amended	Q2	Amended
Q12	Slight amendment	Q3	Slight amendment
		Sect II	
Q13	Amended	Q1	Amended
Q13	Amended	Q2	Amended
		Q3	New item
Q14	Amended - categorised	Q4	Amended - categorised
		Q5	New item
		Q6	New item
		Q7	New item
Q12	Amended	Q8	Amended
Q15	Amended - categorised	Q9	Amended - categorised
Q16	Amended	Q10	Amended
		Q11	New item
		Q12	New item
Q18	Amended	Q13	Amended
Q19	Amended	Q14	Amended
Q17	Deleted	replaced with Q11 & 12	
Q20	Deleted		
Q21	Deleted		
Q22	Deleted		
Q23	Deleted		
Q24	Deleted		
Q25	Moved	Front page	
Q26	Deleted		

Conclusion

The EMPHU Healthy Lifestyles Audit was a lengthy process that required considerable time and effort from a variety of staff. The cost of this time to the organisation will need to be weighed against the benefits reaped from applying the information to foster new partnerships and opportunities to support healthy lifestyle initiatives in the East Metropolitan Region. These benefits are yet to be seen.

Overall, the audit team has found the process rewarding, if at times tedious. All agree that with earlier consultation with research expertise in the planning stages, the process could have been quicker, easier and available for use sooner in the annual planning process for the Physical Activity, Nutrition and Diabetes program areas.

The major aspect lacking from the audit, was the capture of the prior knowledge of the audit team. Members of the audit team held between them a vast number of years of experience and knowledge in the area in question. Including key informant interviews with like individuals would have added a wealth of information to not only the list of activities that were occurring, but more importantly to identifying the opportunities for collaboration and development. It is likely that the audit team will workshop the results of the audit to pool their combined knowledge to allow easier identification of opportunities from this point forward.

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Appendix 1: Original Questionnaire

SURVEY OF INITIATIVES SUPPORTING HEALTHY LIFESTYLES

ID _ _ _

The East Metropolitan Population Health Unit is conducting a survey of initiatives and activities that various organisations are involved in that support healthy eating and/or physical activity in east metropolitan Perth populations.

Your organisation has been identified as one that influences the health behaviours of people living and working in east metropolitan Perth. The Director of the East Metropolitan Population Health Unit recently sent you a letter inviting your participation in the survey. The survey will help guide priority setting and partnerships to help improve the health of the east metro population. We plan to disseminate summary data to all participating organisations, which may assist your own planning and development. The survey takes about 30 minutes to complete.

To complete this survey electronically go to <http://www.rph.wa.gov.au/hpnetwork/> → Click on News & Events → Click on Healthy Lifestyles Survey

To complete this survey by hand:

- 1. Print this document**
- 2. Write your responses (clearly) in the spaces provided**
- 3. Return via Fax or Post (details at end of survey) by 2 December 2002**

1. Name	
2. Position	
3. Organisation	
4. Address	
5. Postcode	
6. Telephone	
7. Fax	
8. E-mail	
9. Website	

10. Do you, or your organisation/group, have any influence on the eating habits and/or physical activity levels of populations in Perth?

(cross inappropriate answer)

Yes→ continue

No→ continue

11. Do you, or your organisation, currently have any initiatives or programs that support healthy eating and/or physical activity? E.g. awareness raising activities, education or skill development activities, research initiatives, environments and policies promoting walking, partnerships and committee membership.

(cross inappropriate answer)

Yes→ go to Q13

No→ go to Q12

12. Do you have any initiatives or programs that support healthy eating and/or physical activity planned for the next year or two?

(cross inappropriate answer)

Yes→ go to Q13

No→ go to Q21

13. Please describe existing and planned healthy eating and/or physical activity initiatives and programs you have for the 'well' population. Please provide the title and a brief description of each initiative and program.
 (please complete the table below)

ID	Title	Description
	e.g. Food Cent\$	Food budgeting program that shows that healthy eating is affordable. Consists of three sessions – budgeting, cooking and shopping – to increase knowledge and skills. Health professionals and community volunteers are trained by Nutritionists to conduct small group sessions. Resource materials are supplied.
a.		
b.		
c.		
d.		
e.		

14. For each initiative and program, who is your target group? Please provide all details.

(please complete the table below listing each program/initiative in the same order as you did in the table above)

ID	Target Group
	e.g. year 6 primary school students in Kalamunda, their parents and school staff
a.	
b.	
c.	
d.	
e.	

15. How much does it cost the target group to participate in each initiative/ program?

(please complete the table below using the same order as you did in the table above. If Nil please state 'Nil')

ID	Cost
a.	
b.	
c.	
d.	
e.	

16. What is the geographical area covered by each initiative/program?

(place an X in the appropriate box/es using the same order as you did in the table above)

Area	Initiative/ Program				
	a	b	c	d	e
Statewide					
Metropolitan Perth					
East Metro Health Service					
Inner City Health District					
Bentley Health District					
Swan Health District					
Kalamunda Health District					
Other (specify)					

Continue...

17. For each initiative/program, what has been achieved to date? What have been the lessons learnt/recommendations for the future?

(please complete table below using the same order as you did in the table above)

ID	Achievements	Lessons Learnt/Recommendations
	e.g. developed brochures promoting pram walking groups; child health nurses distribute brochures to new Mums; pram walking group established	e.g. ensure adequate facilities like shade, drinking fountains and toilets are on the walking routes
a.		
b.		
c.		
d.		
e.		

18. Do any of these initiatives/programs involve working collaboratively with other individuals or organisations?

(please complete the table below using the same order as you did in the table above. If Nil please state 'Nil')

ID	Other individuals or organisation involved	Coordinating (Key) Organisation	Other organisations you would like to see become partners
a.			
b.			
c.			
d.			
e.			

19. For each initiative/program, please state if it is ongoing, a one-off, or limited to a specific time. If limited to a specific time, please provide details. (place an X in the appropriate box/es using the same order as you did in the table above)

ID	Ongoing	One-off	Specific Time*	*If limited to a specific time, please provide details
a.				
b.				
c.				
d.				
e.				

20. Have any reports or documents been produced on your initiatives/programs that I could obtain a copy of at a later date?

(cross inappropriate answer)

- Yes→ continue
- No→ continue

21. Are you aware of other initiatives/programs that support healthy eating and/or physical activity in Perth populations?

(cross inappropriate answer)

Yes→ Please list in the box below
No→ go to Q22

22. In your opinion, what additional programs and facilities are needed to support healthy eating and physical activity in Perth?

(please list in the box below)

23. Can you provide us with contacts for other healthy eating and/or physical activity initiatives/ programs for Perth populations?
(please list below)

Name	
Organisation	
Position	
Initiative/ Program	
Telephone	

Name	
Organisation	
Position	
Initiative/ Program	
Telephone	

Name	
Organisation	
Position	
Initiative/ Program	
Telephone	

Name	
Organisation	
Position	
Initiative/ Program	
Telephone	

24. Does your organisation have any initiatives or programs that support healthy lifestyles that are NOT focussed on eating habits or physical activity?

(cross inappropriate answer)

Yes → Please describe in the box below

No → go to Q25

25. Do you give us permission to share the information about your initiatives and programs with other organisations that support healthy lifestyles?

(cross inappropriate answer)

Yes, including all contact details supplied → Continue

Yes, including contact details for the organisation → Continue

No → Continue

26. Are we able to contact you again should we need further clarification about your initiatives/programs?

(cross inappropriate answer)

Yes → Continue

No → Continue

END: That completes the survey. Thank you for your assistance with this project, it is much appreciated.

Please return the completed survey to:

**Krista Williams, Public Health Officer
East Metropolitan Population Health Unit,
PO Box S1296, PERTH WA 6845
Fax: 9224 1612**

BY MONDAY 2 DECEMBER 2002

draft

SURVEY OF INITIATIVES SUPPORTING HEALTHY LIFESTYLES

ID _ _ _

The East Metropolitan Population Health Unit is conducting a survey of initiatives and activities that various organisations are involved in that support healthy eating and/or physical activity in east metropolitan Perth populations.

Your organisation has been identified as one that influences the health behaviours of people living and working in east metropolitan Perth. The survey will help guide priority setting and partnerships to help improve the health of the east metro population. We plan to disseminate summary data to all participating organisations, which may assist your own planning and development.

To complete this survey:

- 1. Write your responses (clearly) in the spaces provided**
- 2. Return via Fax or Post (details at end of survey) by (Due Date)**

1. Name	
2. Position	
3. Organisation	
4. Address	
5. Postcode	
6. Telephone	
7. Fax	
8. E-mail	
9. Website	

Please indicate if you are willing for us to share the information you have provided about your initiatives and programs with other individuals/organisations?

- Yes
 No

Please indicate the sector that most closely describes your organisation
(Please tick one only)

- Health – Government
- Health – Non Government
- Local Government
- Other Government (please state)_____
- Sports & Recreation
- Education, Training & Research
- Disabilities
- Corporate
- Unions/Professional Associations
- Other (please state)_____

2. Does your organisation currently have any initiatives or programs that support healthy eating and/or physical activity?
(please tick one)

- Yes
- No
- Don't know

3. Is your organisation planning any initiatives or programs that support healthy eating and/or physical activity for the next year or two?
(please tick one)

- Yes
- No
- Don't know

If you answered NO or DON'T KNOW to question 2 and 3 you do not need to answer any further questions. Thank you for completing and returning the questionnaire.

In the following sections, please list all the programs/initiatives for healthy eating and/or physical activity for the 'well' population that your organisation is currently involved with or plans to be involved with.

There is sufficient space to record two (2) programs/initiatives only. If your organisation conducts or is planning to conduct more than two (2) programs/initiatives - you will need to photocopy the next 3 pages for each additional program.

SECTION 2
PROJECT/INITIATIVE
Draft

PHOTOCOPY BLANK FORM if >2 programs to report

PROJECT/INITIATIVE Number [] (please number each initiative)

1. Name of title of initiative/program

2. Please provide a brief description of initiative/program

3. Please indicate the scope of the program/initiative (tick one only)

- Healthy Eating
- Physical Activity
- Both Healthy Eating and Physical Activity

4. Who is the target group for this program/initiative? (please tick all that apply)

- Early years (0-4 years)
- Children (5-12 years)
- Adolescents (13-17 years)
- Adults (18-64 years)
- Seniors (65 years and over)
- Culturally and Linguistically Diverse Community
- Aboriginal and Torres Strait Islander Community
- People with disabilities
- General Population (ie. 3 or more of the above groups)

5. Please indicate the setting for this program/initiative (please tick one only)

- Community (eg. shopping centre, recreation centre, park)
- Educational Institute (eg. school, university)
- Food outlets (eg. restaurants, cafes excluding school canteens)
- Home (eg. retirement village, residential accommodation for disabled)
- Health service (eg. hospital, GP practice, non-gov't health provider)
- Workplace (ie. occurs in the workplace and is targeted at employees)
- Unknown

Draft

6. **What strategies are used in this program/initiative?** (please tick all that apply)

- Community organisation (eg. community organised meeting or event)
- Education
- Media or mass media (eg. information sheets, TV campaign)
- Physical activity opportunity (eg. walking group, yoga class)
- Capacity Building (eg. partnership/policy development, consultancy, research projects, provision of financial or human resources)
- Unknown

7. **Please indicate whether this is a primary and/or secondary prevention initiative** (please tick one only)

- Primary
- Secondary
- Both primary and secondary
- Don't know

8. **Please indicate whether this initiative/program is currently in progress or is planned** (Please tick one only)

- In progress
- Planned

If planned, please give expected date of commencement of program

9. **How much does it cost the target group to participate in this initiative/program?** (Please tick one only)

- Nil
- Less than \$5
- \$5 to less than \$10
- \$10 to less than \$20
- \$20 to less than \$50
- \$50 to less than \$100
- \$100 or more
- Don't know

10. **What is the geographical area covered by this initiative/program?**

(Please tick one only)

- East Metro Health Region or part of East Metro Health Region only
- Metropolitan area
- State wide
- Other (please describe) _____

draft

11. Has any evaluation of this program/initiative been undertaken?

- Yes, completed
- Yes, in progress
- No
- Don't know

12. If an evaluation of this program/initiative has been completed please describe what was found. In particular, please describe any evidence for the effectiveness for the program/initiative.

13. Did your organisation work in collaboration with other individuals or organisations on this program/initiative?

- Yes
- No
- Don't know

If yes, please list the names of any individuals or organisation you worked with on this program/initiative

14. Is this initiative/program ongoing or limited to a specific time frame?

- Ongoing
- Limited to a specific time frame
- Don't know

If limited to a specific time frame please indicate the duration of program/initiative and the date of completion

Draft

PROGRAM/INITIATIVE Number [] (please number each initiative)

Name of title of initiative/program

2. Please provide a brief description of initiative/program

3. Please indicate the scope of the program/initiative (tick one only)

- Healthy Eating
- Physical Activity
- Both Healthy Eating and Physical Activity

4. Who is the target group for this program/initiative? (please tick all that apply)

- Early years (0-4 years)
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Draft

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- Both primary and secondary
- Don't know

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- In progress
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- \$5 to less than \$10
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- \$20 to less than \$50
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- State wide
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Draft

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- Don't know

If limited to a specific time frame please indicate the duration of program/initiative and the date of completion

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE
PLEASE RETURN ALL PAGES IN THE REPLY PAID ENVELOPE PROVIDED