

Grab A Bite That's Right Evaluation Report

June 2008.

Evaluation Report to Ministry of Health
Whakauae Research Services – Gill Pirikahu

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List of Acronyms

CHW	Community Health Worker
ECE	Early Childhood Education Centres
GABTR	Grab A Bite That's Right
HEHA	Healthy Eating Healthy Action
HR	Human Resources
MOH	Ministry of Health
NZTC	New Zealand Tree Crops Central Districts
PhD	Doctor of Philosophy
PHU	Public Health Unit
RFP	Request for Proposal
TOR	Terms of Reference
WDC	Wanganui District Council
WDHB	Whanganui District Health Board
WRS	Whakauae Research Services
WRPHO	Whanganui Regional Primary Health Organisation

Executive Summary

Whakauae Research Services (WRS) was commissioned in August 2007 to conduct an evaluation of the Grab A Bite That's Right (GABTR) programme, a partnership between Whanganui Regional Primary Health Organisation (WRPHO) and Whanganui District Health Board (WDHB). The programme which commenced in May 2006 had not been formally evaluated until that time. The one off funding from the HEHA Innovations fund was due to cease in June 2008 however further 12 month funding was approved from that date.

The programme objectives are as follows:

- supporting urban and rural communities to develop nutrition and physical activity programmes in key settings of significance to Maori, Pacific and high needs communities, with a focus on gardening in the Whanganui region;
- supporting Kohanga Reo, early childhood centres, and schools to develop nutrition and physical activity programmes with a focus on gardening in the Whanganui region; and,
- to increase awareness of the benefits of gardening and healthy food choices in the Whanganui region.

The programme evaluation methodology comprised the following elements:

- face-to-face and phone interviews with key stakeholders associated with three selected interventions and with the programme overall;
- focus group interviews with the Steering Group members;
- review of background documentation provided by WRPHO and WDHB; and,
- an email survey to intervention participants in order to gain feedback regarding the effectiveness of the programme.

The research was conducted from August 2007 to June 2008 with the focus group and individual interviews being the principal data source.

Findings

Overall the evaluation of the programme showed that there were a number of successes including:

- successful intersectoral collaboration that resulted in two tree distributions and one plant distribution in both rural and urban areas and two knowledge building workshops;
- an increase in community participation of the community garden through different activities which ensures the community is working towards ownership of the garden; and,
- valuable lessons learnt by all stakeholders regarding community development that can inform similar programmes.

There were a number of challenges to developing and implementing the GABTR programme. A recurrent theme was that some members of the Steering Group and some other stakeholders were unaware of their roles and responsibilities and had limited understanding of programme objectives and outcomes. This in turn impacted on other parts of the programme such as intersectoral collaboration, communication, governance, programme organisation and capacity building. Another challenge was the ‘isolation’ felt by the coordinator which was caused by lack of experience in health promotion and community development and lack of established networks. Management restructure and training was influential in increasing communication and understanding of the programme however both occurred too far into the contract period. Despite the challenges the majority of the participants expressed belief in the programme in improving health eating and healthy action however did not consider interventions such as the community garden would become sustainable without further funding.

Recommendations

- Steering Group membership is reviewed both to ensure the target population is being represented and that the group has the right skill mix.
- All relevant stakeholders meet together to define the roles and the responsibilities of the Steering Group so that it can move forward with clear expectations and knowledge of expected outcomes. This is particularly important now funding has been extended for 12 months.
- The relationship between the GABTR Coordinator, WRPHO management and the GABTR Steering Group is examined and roles are defined with clear lines of communication.

- The provider continues to ensure that training, mentoring and support are provided to employees on the programme.
- Other options for funding and guardianship of the community garden are investigated to ensure the sustainability of the gardens in the long-term.
- An evaluation component in the GABTR project to continue to monitor longer term outcomes of the various interventions.
- As community development is a relatively new area for the Primary Health Organisations, training in this area would be advantageous to all staff.
- Ethnicity data is collected on programmes where there is a need to analyse impacts on a target population.

1.0 Introduction

Whakauae Research Services was commissioned in August 2007 to conduct an evaluation of GABTR programme, a partnership between WRPHO and WDHB. The programme which commenced in July 2006 had not been subjected to a formal evaluation until that time. The main intention of the evaluation was to ascertain the extent to which the GABTR programme is meeting its objectives, to make recommendations as to how the programme could be improved and to inform the development of similar programmes.

1.1 Structure of Report

The report is divided into the following sections:

- **Executive Summary**

This section summarises the main points of the evaluation, the findings and summary of the key recommendations.

- **Introduction**

This section introduces the GABTR programme evaluation describing the context in which evaluation occurred.

- **Methodology**

This section describes evaluation methods, who took part in the evaluation, limitations and resulting data analysis.

- **Programme overview**

This section describes the history of the programmes development and changes in the programme since its initial implementation.

- **Process Evaluation Findings**

This section describes the process evaluation activities for the GABTR programme including reviewing of documentation; ascertaining perceptions stakeholders and participants towards the intervention and the data analysis.

- **Outcome Evaluation Findings**

This section describes outcomes evaluation and looks at impacts/benefits/changes to participants as a result of a programme(s) efforts during and/or after their participation in programmes and examines these changes in the short-term, intermediate term and long-term.

- **Summary**

This section outlines a summary of the methodology and findings.

- **Recommendations**

This section lists the recommendations that will help the programme in the future to improve its ability to meet its objectives and increase its success.

2.0 Methodology

2.1 Evaluation Method

Evaluation design included both process and outcome measures and was carried out to determine, firstly, effectiveness of the programme development and secondly, outcomes as a result of participation in the programme. Data was collected using qualitative data collection techniques such as observations, interviews and focus groups.

Process evaluation was used as it primarily describes what happens during a programme while outcome evaluation looks at impacts to clients as a result of programme efforts during and after their participation in a programme. Outcomes evaluation uses the programme logic to observe the changes in the short, intermediate and long-term.

A GABTR programme logic¹ was considered important for the evaluation process but was not formally developed during programme development. Programme logic models which come in a variety of forms (Wren, 2006) describe how a programme works and the rationale used to achieve intended outcomes. The Advisory Group created a logic model for those activities being evaluated and from that planned the research process.

An Advisory Group was formed to oversee the evaluation project and was made up of GABTR programme stakeholders and WRS. Members were Dr Heather Gifford (WRS) who provided academic advice; Gill Pirikahu (WRS), Researcher; Janice Handley (WRPHO), Research Facilitator; Leanne Hiroti² (WRPHO) GABTR programme coordinator; Sharon Duff³ (WRPHO) Health Promoter; Lauren Tamehana (WDHB), Planning & Funding; Anne Kauika, (WDHB) HEHA Manager; and Lesley Batten (PhD Student – Massey University). The advisory group collaborated on the research plan, negotiated the evaluation terms of reference and defined the case study parameters. Three out of the fourteen GABTR programme interventions were chosen to be evaluated as they would describe short, intermediate and long term outcomes:

2.1.1 Plant distribution comprising two interventions: The Heritage Tomato Seedlings and Monty's Surprise Apple Trees.

The Plant Distribution intervention was initially developed to increase the availability and affordability of fresh fruit and vegetables within the community. The plants distributed included tomato seedlings and apple tree. The trees and seedlings were intended to create a supportive and sustainable environment for healthy eating in settings such as marae, kohanga reo, and kura. The Advisory Group in choosing this intervention to be evaluated noted that the tomatoes, being

¹ Attached as Appendix One

² Employed from September 2006 to March 2008.

³ Took over programme 30 April 2008.

available within a six-month growing season would create an opportunity for demonstration of short to intermediate term outcomes while the apple trees would demonstrate long term outcomes. Access to data from the WRPHO distribution databases was made available to the evaluators.

2.1.2 Knowledge building workshops

The workshops were conducted with communities of interest such as community health workers, practice nurses and community members to increase knowledge of the MOH food and nutrition guidelines. This intervention was chosen because data was easily accessible through attendance sheets and reports. Furthermore participant feedback would indicate how knowledge was applied to practice or influence change.

2.1.3 Community Garden

The garden was established to provide an opportunity for community involvement and relationship building on an ongoing basis. It was intended that the garden would become a focal point for the community where ideally children could play, gardens could be tended, and community meetings could be held. This intervention was chosen because of the potential for long term outcomes and community development.

2.2 Participants

The Advisory Group initially identified the potential participants for the evaluation from their knowledge of the GABTR programme and the evaluation priorities⁴. Other participants were identified as the programme progressed. Some of the participants such as the Steering Group focus group were able to contribute across all the components of the evaluation while others were interviewed solely for their knowledge on a specific intervention. Data for the process evaluation was collected by four approaches.

2.2.1 Process Evaluation Participants

Eight participants representing funders, governance, management, coordination, collaborative partnerships and the target population were selected for the formal interviews. Because the GABTR programme was small many of these participants had multiple roles on the programme. An example of this were two participants who were with the programme from the beginning and had roles in WDHB Funding and Planning section; one of those was still a member of the Steering Group so was able to offer responses from several perspectives. An open-ended interview schedule⁵ was developed for these interviews to enable participants to talk about their judgments, perceptions and experiences of the programme. The schedule was then tested on a key stakeholder and fine-tuned to ensure a better flow. All participants were interviewed using

⁴ See page 2 of the Evaluation Plan attached as Appendix Two

⁵ Attached as Appendix Three

the same set of core questions so perspectives could be compared. In addition informal questions and prompts using a conversational approach were used to allow the participants to explore all aspects of the project. The formal interviews were recorded and transcribed with each transcription returned to interviewees so amendments and changes could be made.

Eleven Steering Group members (including the GABTR coordinator who resigned in March 2008) were contacted to participate in a focus group where they were asked to rate their degree of participation in the GABTR programme using a lickert scale. The participation scale was developed and then sent out to all participants prior to the focus group by email. Four out of the eleven current Steering Group members attended the focus group while four responded by email. One of these responses could not be used as it was rated incorrectly. The focus group was facilitated by the researcher and PhD student and the discussion recorded, transcribed, inputted into a radar⁶ graph and analysed.

A further three phone interviews were completed with key groups of interest to find out if communication met their information needs. They were the Te Kahui Whai Ora coordinator (Te Oranganui Iwi Health Authority – Maori health provider), Active Living Manager (Sport Wanganui) and Fruit in Schools coordinator (PHC). These participants were asked to talk about their relationship with the GABTR programme and how they worked together. Notes were taken from these interviews to facilitate data analysis.

Documentation was then reviewed and analysis carried out to determine answers to the process evaluation questions. Key stakeholders from WRPHO and WDHB provided access to documentation⁷ relevant to the programme development and interventions. Documents reviewed included the original Request for Proposal (RFP), provider contract, service plans, coordinator reports to the GABTR Steering Group and Ministry of Health (MOH) six monthly reports. Other documents such as minutes, terms of reference, planning documents and project plans were also examined.

2.2.2 Outcome Evaluation Participants.

Participants for the outcome evaluation of the interventions were engaged according to the four evaluation criteria of the evaluation plan:

- 1. Ability to grow vegetables; and,**
- 2. Ability to grow and care for fruit trees.**

Data for these two evaluation criteria were collected from:

⁶ Also called star or spider web graphs

⁷ List attached as Appendix Four

- plant distribution registration lists (500 individuals and 43 educational institutions who included an email address and /or permission to be contacted further);
- community groups and rural providers whose clients were part of the targeted distribution; and,
- marae who participated in the distribution.

Five hundred individuals⁸, two community groups, five rural Maori health providers, twelve primary schools, eight early childhood centres, twenty three kohanga and three marae who received the tomato seedlings or apple tree plants were selected to participate in the data collection. Data was collected in three ways:

- email survey through distribution lists;
- phone survey⁹; and,
- face to face.

The individuals, schools and ECE were contacted primarily by email although some data was collected by the researcher from people she knew had received a plant or people who approached her in public. This mode of recruitment was possible because the researcher been involved in the coordination and established community networks. Twenty three kohanga reo were contacted via the PHU Maori health promoter who had links with the Kohanga Reo National Trust and was also a member of the GABTR Steering Group. Community health workers from community groups and rural providers as well as key people from the marae who had participated in the targeted distribution were contacted for feedback. Two Warehouse voucher draws were offered as incentives for all those who answered all the survey questions. The survey¹⁰ included the census ethnicity question to aid analysis of impacts on the target population.

Responses were received from:

- 152 individuals (117 by email, 7 phone, 28 face to face);
- two schools (email), nine Kohanga Reo (email), one Montessorri playgroup (email), one Pasifika ECE (phone);
- three marae (email); and,
- five health providers (email).

3. Community moving towards leadership and ownership.

The evaluation plan outlined three methods of data collection:

- A focus group interview of the garden group which did not occur as the group stopped meeting however one garden group member, the PhD student (attended garden group

⁸ 472 were emailed and 18 were phoned.

⁹ See Appendix Five

¹⁰ See Appendix Five

meetings) and GABTR coordinator (facilitated the garden group) were also interviewed as part of the formal interviews.

- Phone or face to face interviews with rural providers. Four rural Maori health providers, one city Maori health provider and two community groups (same groups as for evaluation criteria 1 & 2) were interviewed by phone or face to face regarding the methods they used to distribute trees and seedlings to their whanau and clients.
- Documentation review such as minutes of meetings and evaluation reports.

4. Translating knowledge into practice.

Two diabetes and nutrition workshops occurred in March 2007, one in a city location and one in a rural location. Each workshop was delivered slightly differently. Twenty three participants, three facilitators with specific skills and the GABTR coordinator and PhD student took part in the two knowledge building workshops.

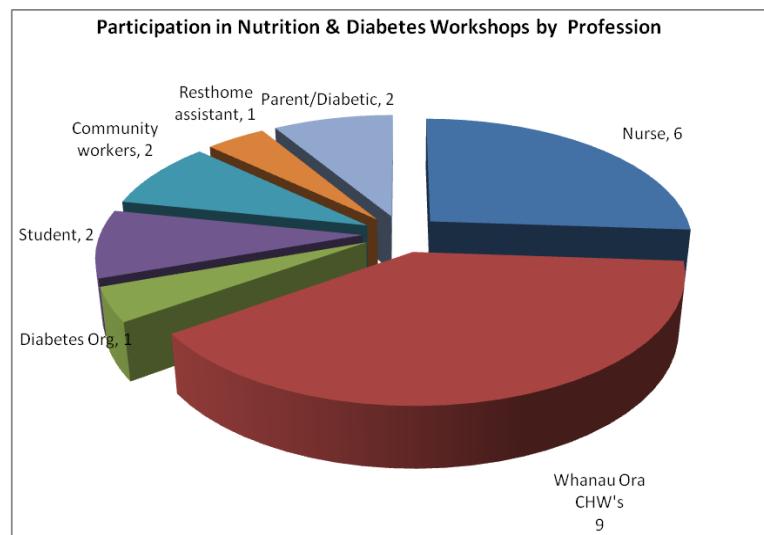


Figure 1: Participation in Workshops by profession.

The evaluation criterion was to determine if knowledge was translated into practice. Therefore an interview schedule of five questions¹¹ was developed to find out what participants thought of the workshops and if they had begun to demonstrate application of knowledge. All participants were surveyed either by phone, email, or through the formal interviews. Responses regarding the workshops were received from:

- three people who were involved in organising the workshops;

¹¹ See Appendix Five.

- two course facilitators; and,
- six workshop participants

Course documentation such as attendance lists; workshops evaluations and March 2007 Workshop report were also reviewed.

2.3 Data Analysis

The eight formal interviews, survey data, focus group interview and documentation review all contributed to the data analysis. All data was analysed so common themes could be identified. Responses to the email surveys were used to analyse the impacts of the distributions. Data were triangulated to ensure that information collected from primary data sources were robust.

STAGES OF THE EVALUATION	METHOD	NUMBER OF PARTICIPANTS
Process Evaluation Criteria		
Plant Distribution	Eight Formal Interviews	8
Knowledge Building	Focus Group	11
Workshops	Three Phone Interviews	3
Community Gardens	Document Review	28
Outcome Evaluation Criteria		
Ability to grow vegetables	Email survey through distribution lists	152 individuals (117 by email, 7 phone, 28 face to face)
Ability to grow and care for fruit trees	Phone survey	Eighteen Individuals (phone)
	Face to face interviews	Two schools (email),
Community moving towards leadership and ownership	Documentation Review	Nine Te Kohanga Reo (email) One Montesorri playgroup (email)

Translating knowledge into practice.		<p>One Pasifika ECE (phone)</p> <p>Three marae (email)</p> <p>Five health providers (email & phone)</p> <p>Three workshop organisers (formal interviews)</p> <p>Two course facilitators (one face to face and one through formal interview)</p> <p>Six workshop participants (phone and email)</p> <p>Garden Group member (through formal interview)</p> <p>GABTR coordinator (formal interview)</p> <p>Minutes of meetings, reports evaluated at the same time as process evaluation.</p>
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2.4 Researchers

An Advisory Group made up of programme stakeholders was formed to oversee the evaluation project. Gill Pirikahu of WRS led the data collection and wrote the report with oversight from the Advisory Group.

2.5 Ethics

This evaluation did not require external ethics approval as the evaluation meets the requirements of an audit and is low risk according to guidelines from the Observational Studies and Ethics

Committee Review outlined by the Health and Disability Commissioner¹². To ensure that participants were fully informed, consent¹³ was sought from each of the participants and an information sheet¹⁴ was provided about the evaluation. Participants' rights were discussed before each interview and transcripts of interviews were returned to respondents. Respondents were advised they were free to withdraw from the evaluation at any point during the the research.

2.6 Conflicts of Interest

Members of the research team whakapapa into the area where this work was carried out and have developed collegial relationships with health and social service providers and funders. A potential conflict of interest was that the researcher who collected the data was employed as the .2 FTE interim coordinator for 3 months while the GABTR was on maternity leave. Whakauae has a good understanding of conflicts of interest and is very professional about identifying conflicts, declaring these immediately they arise and dealing with them according to best practice and policy. This conflict was discussed at the evaluation Advisory Group meetings ensuring the researcher final judgments were not influenced by insider information.

2.7 Limitations

A number of limitations have been identified which impacted on the evaluation and the breadth of the data collected. These include:

- difficulties faced by researchers in obtaining feedback from the twenty three Kohanga Reo who received apple trees as part of the plant distribution intervention;
- gaps in data associated with participants who could not be contacted or who did not consent to being interviewed;
- only one respondent from the garden group available to be interviewed;
- only three of fourteen potential interventions were evaluated; and,
- a difficulty in measuring community development as it takes time to develop.

¹² <http://www.hdc.org.nz/>

¹³ Attached as Appendix Six

¹⁴ Attached as Appendix Seven

3.0 Programme Overview

3.1 Background

This section outlines the timing of the programme from planning of the MOH Innovations Fund RFP till the end of the first funded period¹⁵.

In 2005 the Healthy Eating – Healthy Action (HEHA) Innovations Fund was established to support community action and; to improve nutrition, increase physical activity and reduce obesity. The HEHA Innovations Fund criteria required DHB's and Primary Health organisations to collaborate and develop innovative initiatives with their communities. It is important to note that due to funding delays at a DHB level, funding for the HEHA innovation fund was initially provided by the Cancer Control Strategy DHB fund and all RFP's were required to link to the objectives, outcomes and actions of the Cancer Control Action Plan. The GABTR programme linked to two of these objectives and five outcomes however it was the research by NZ Tree Crops Central Districts (NZTC) into the Monty Surprise apples that was of particular interest to funders.

In September 2005 the WDHB and WRPHO jointly developed the Grab a Bite That's Right RFP (GABTR) that included the NZ Tree Crops Central Districts (NZTC) proposal to give away free Monty Surprise Apple trees to the community. There was a natural fit between the NZTC's proposal and HEHA Innovations Fund criteria and the initiative provided an opportunity for the required collaboration. The MOH approved the RFP in January 2006 for a period of 30 months. The programme aimed to increase the consumption of fruit and vegetables by improving their affordability, availability and accessibility. Maori, Pacific and high needs communities were to be the target group in response to health needs identified in the WDHB region. Of particular concern were the high rates of obesity, poor oral health and diabetes. The RFP planned to achieve an increase in the consumption of fruit and vegetables through a number of strategies including: development of a local community-based initiative focused on the growth and distribution of fruit trees to the community; the development of community gardens; capacity building; and modeling a collaborative and strategic approach towards the continued development and implementation of programme interventions.

The theory underpinning the GABTR programme was derived from the Primary Health Care Strategy, HEHA Implementation Plan and Cancer Control Strategy. A literature review supported the programme using evidence from four examples of New Zealand community

¹⁵ Timeline attached as Appendix Eight.

gardens. The programme was specifically aimed at reducing inequalities and improving Maori health outcomes through the following objectives:

- supporting urban and rural communities to develop nutrition and physical activity programmes in key settings of significance to Maori, Pacific and high needs communities, with a focus on gardening in the Whanganui region;
- support Kohanga Reo, Early Childhood Education Centres (ECE), and schools to develop nutrition and physical activity programmes with a focus on gardening in the Whanganui region; and,
- increasing the awareness of the benefits of gardening and healthy food choices in the Whanganui region.

The WRPHO was selected as the lead service provider and was responsible for the contract. The WRPHO is governed by a board¹⁶ responsible for strategic level decision making including policy decisions regarding the GABTR programme. In addition a Steering Group was set up in October 2006, charged with providing advice, leadership, direction, advocacy and community linkages for the programme.

The GABTR programme, due to start in January 2006 was delayed as the WRPHO was unable to access funding until May 2006. Once funding was available the WRPHO health promotion advisor wrote the initial service plan, supported the first apple tree distribution and started an employment process to get staff appointed to the programme. A GABTR Coordinator and support worker¹⁷ were employed in September 2006 with the health promotion advisor providing mentorship and continuity of knowledge. When the health promotion advisor left WRPHO three months later in December 2006 support was provided informally by the WDHB health promoter.

In October 2006 the GABTR Steering Group was established, terms of reference developed and the coordinator and support worker commenced developing networks and implementing activities from the service plan.

In August 2007 Whakauae Research Services was engaged to complete an evaluation of the GABTR programme. An application for further evaluation funding was submitted to the Ministry of Health and following the success of this application, a research plan was written and evaluation commenced.

¹⁶ The board is made up of representatives from the urban community, rural community, Iwi and General Practitioners

¹⁷ Support worker was employed for six months to help get the programme up and running following delay of the funding.

In October 2007 the GABTR coordinator commenced maternity leave and was replaced by a part time interim coordinator¹⁸. The part-time coordinator continued to implement activities in the service plan¹⁹ including the distribution of the of heritage tomato plants; publication of a quarterly newsletter and the maintenance of the community garden. At the same time a further two personnel were engaged to work on community development and sustainability of the GABTR programme. The original GABTR coordinator returned from maternity leave on a part time basis in January 2008 then resigned in March 2008. The programme continued in a limited capacity until a newly employed health promoter was able to take over the program in May 2008. In June 2008 funding was rolled over for a further 12 months.

It is important to note that HEHA activities have increased at a national, regional and local level since the inception of Grab A Bite That's Right, including the appointment of a Project Manager Healthy Eating Healthy Action (appointed October 2007 to work collaboratively to facilitate the development of a Wanganui District HEHA strategy) and a HEHA District Coordinator (to work with Kohanga Reo, Early Childhood Centres and schools to change their nutrition environments to support HEHA).

¹⁸ Gill Pirikahu was employed .2 FTE for the period. She was also data collector for the evaluation.

¹⁹ Service Plan 1 July 2007 – 30 June 2008.

4.0 Process Evaluation Findings

Process evaluation primarily describes what happens during a programme or intervention. Process evaluation activities for the GABTR programme included reviewing of documentation such as reports and minutes; ascertaining the perceptions stakeholders and participants hold about the intervention; analysing the use and efficiency of resources; ensuring data collected, and their analysis, available to others who may be running similar interventions; and ensuring the programme or intervention is reaching the target group. The process evaluation question categories are listed below and outlined in the following sections:

- Capacity building across interventions;
- Intersectoral collaboration;
- Governance model;
- Communication; and,
- Organisation of programme.

4.1 Capacity building across interventions

Capacity building can be described as an increase in a community's or groups ability to define, assess, analyse and act on concerns of importance to their members (Labonte & Laverack, 2001). Capacity building is outlined in the current service plan under increasing knowledge and skills and is described in two points:

- facilitate capacity building of primary health sector workforce on nutrition; and,
- facilitate gardening workshops for community.

For this section capacity building is described by the impacts on the individual, the organisation and the community.

The GABTR programme offered a number of opportunities for personal growth to those involved with the programme. Opportunities included access to training, attendance and presenting at conferences, increasing one's organisational knowledge and participation in governance positions. Interviews revealed however that much of the personal growth was gained by 'on the job training' which meant that programme coordination in particular operated reactively rather than proactively. In addition

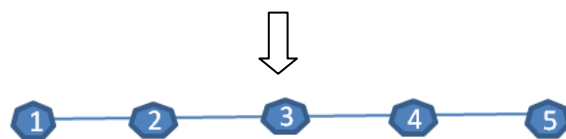
- workshops targeted at community health workers increased knowledge or reinforced what they already knew so the information could be delivered to their clients; and,
- the plant distribution increased basic knowledge about planting, watering and caring for plants amongst participants.

Organisational capacity refers to all parts of the organisation including those involved with programme coordination, management and governance. Capacity building has been increased for the organisation through learning by “doing community development”. This is a new area of learning for most PHOs and the community garden by virtue of its slow progression increased knowledge and awareness regarding community participation to inform similar programmes. The provider organisation processes have also benefitted and stakeholders now have a better understanding of how to run similar programmes.

Community capacity is difficult to measure; the plant distribution for instance was simply evaluated by the number of plants that were planted, harvested, still growing and actively saving seeds from their plants. Similarly the success of the knowledge building workshops was determined by assessing the degree of knowledge transfer from participants to their respective communities. Increasing community capacity through the community garden was even more difficult to measure as the community was only just starting to understand the concept and had only begun to participate in activities during the latter part of the GABTR evaluation. Results from the intervention evaluation are discussed in the outcomes section.

The Steering Group through a focus group process were asked to rate their performance with regards to organisation of the programme using the following capacity building statements.

- 1 = Considerations of capacity building have had minimal influence on the development of GABTR
- 3 = Between the ranges
- 5 = The Steering Group understanding of capacity building has been a driver in the development of initiatives within the programme



This score was based on an average of email replies and the rating agreed by the focus group. The focus group scored this category a ‘4’ however the final score was lowered by the average of the three email replies, one of which was from a participant who had only been involved in the programme two months while the other two had been on the programme since its inception.

Focus group participants believed that they had a good understanding of capacity building however outcomes were compromised by a number of factors such as lack of participation.

Key Learning:

Capacity building was difficult to measure with any reliability as the programme was still in developmental phase however information from this evaluation provides valuable information to enhance future community development projects within WRPHO.

4.2 Intersectoral collaboration

Intersectoral collaboration can be described from a health perspective as the joint action among health and other groups to improve health outcomes. It is a key element of population health²⁰ which recognises that improving health is a shared responsibility and may include groups not normally linked with health but whose activities may have an effect on it. Successful intersectoral collaboration relies on partners recognising common goals creating a coordinated approach to programme planning, development and implementation ("Health is Everyone's Business," 2002) and is an important component of the GABTR programme.

The GABTR programme was unique as it joined health and other non-health groups on a health led project at both a governance and operational level. The governance stakeholders came from different sectors and were fully formed as the GABTR Steering Group²¹ by the second meeting. They provided valuable input into the programme as follows:

- Representatives from the Public Health Unit provided health promotion support, guidance and mentorship to the coordinator;
- NZ Tree Crop Association – Central Districts provided passion for the ideas behind many of the horticulture initiatives and established relationships to ensure the plant distribution was successful;
- Whanganui District Council (WDC) provided an opportunity to collaborate at a local government level and to offer advice as part of the community development, cultural and environmental portfolio;
- Te Oranganui Iwi Health provider ensured the target population's needs were being met;

²⁰ The population health approach recognises that health is a capacity or resource rather than a state, a definition which corresponds more to the notion of being able to pursue one's goals, to acquire skills and education, and to grow.

²¹ There have been changes in the Steering Group due to changes of roles and lack of attendance e.g. Sustainable Whanganui have not attended for 9 months and Whanganui Community Foundation stopped attending as it did not believe it had a role to play in the GABTR programme.

- WRPFO provided human resource and organisational systems to operate the programme; representation from the Community Advisory Group, health promotion support and a Pacific perspective;
- Sustainable Whanganui offered advocacy on matters relating to environmental sustainability, social equity, cultural richness and community participation;
- Whanganui Community Foundation provided advice on community development activities;
- PHD student who attended the Steering Group in a voluntary capacity as she was using the programme as research for her thesis, provided valuable research assistance; and
- Cancer Society because of their interest regarding the link of nutrition and cancer.²²Potentially they could have provided valuable advice information and expertise regarding the link between nutrition and cancer however due to lack of capacity never took up the opportunity.

Undoubtedly one of the key aspects of the success of the GABTR programme was effective intersectoral collaboration with a diverse range of partners. Wakerman and Mitchell, 2005 have articulated a series of which are critical to achieving successful intersectoral collaboration including: clear goals and objectives; robust stakeholder relationships; community involvement; sharing of power; good leadership; commitment to effect change; clear agreement on outcomes; an adequately resourced evaluation; evidence of cost effectiveness of collaboration. These have been aligned to the GABTR programme as follows:

Clear Goals and Objectives

Interview data indicated some participants did not fully understand their roles or responsibilities on the GABTR programme and this resulted in intersectoral collaboration not being as successful as it could have been. Good intersectoral collaboration requires partners to have a shared vision and joint understanding of issues (Wakerman & Mitchell, 2005). This often did not occur and was illustrated by the lack of understanding by some stakeholders regarding the principles of health promotion and community development, key elements of the GABTR programme.

One member summed it up

...as a Steering Group member I felt that most of the Steering Group did not understand their role on the group.

The GABTR programme had potential to link with like programmes and form relationships with other sectors however participants cited a number of barriers that prevented this. One participant stated that the aim was in “health speak” and needed to be translated into something non-health

²² Never attended a meeting but received the minutes and whose absence was noted in the minutes.

stakeholders and the community could understand. For example was the term ‘inequalities’²³ was difficult for some non-health stakeholders to understand. One participant remembers there was a lot of discussion at the beginning of the programme typified by comments such as:

They (target population) don’t want to get out and garden...why are we working with those people, there’s enough people out there that want to garden

The same participant observed difficulties at a coordination level with a new practitioner with no health promotion background who had to work with a group who had different expectations and limited health understanding. This combination made it very challenging to make a community development health promotion programme work well.

Robust stakeholder relationships

Good management of stakeholder interactions is required for successful intersectoral collaboration (Wakerman & Mitchell, 2005). The GABTR programme received a one-off 3 year²⁴ contract which meant that the programme had virtually finished before the stakeholder relationships had developed sufficiently to ensure success of the programme. One participant stated

...you need at least 18 months for relationships to develop...we all work for different organisations so we’ve all got a different hat on when we come here.

Good management of intersectoral collaboration includes following up the reasons why stakeholders stopped attending meetings or attended irregularly. The GABTR programme did follow up absences from meetings however irregularity in attendance meant valuable input from those stakeholders was lost. One participant believes that a lack of programme momentum and understanding of individual roles contributed to the abstentions:

..those practical people dropped by the wayside whereas it is my feeling that we really needed those groups around the table

Another participant said

If I hadn’t felt I had a duty to go I would have fallen by the wayside

On the other hand there were examples of successful interactions such as Steering Group sub-groups who were effective in organising the plant distribution and knowledge building workshops. This was because the groups were smaller, focused on definite tasks and timeframes and driven by individuals with established networks and knowledge of the community.

²³ Health inequalities can be defined as differences in health status or in the distribution of health determinants between different population groups that are avoidable or unjust (www.moh.govt.nz)

²⁴ GABTR programme was funded for 3 years but the funding delay reduced it to 30 months.

Community involvement

Intersectoral collaboration requires shared ownership and participation of stakeholders who are accountable to their respective communities and able to represent them effectively. Community ownership and participation was not evident in the community garden as the community was not consulted regarding its placement. Stakeholders must also have sufficient skills, knowledge and capability to engage in the collaboration but this did not always occur. For example the Cancer Society was on the programme in name only as it had insufficient capacity to attend Steering Group meetings, and the Maori provider who was attending as a representative of the target group did not fully understand how they could influence the programme.

Sharing of power

Intersectoral collaboration requires that stakeholders understand the dynamics of the partnership and how they can work together sharing influence and resources. Whilst not all stakeholders understood their roles they did attempt to work together by sharing resources across the interventions. People from stakeholder organisations assisted on all the interventions and chairing of the Steering Group meetings was shared.

Good leadership

Good leadership is critical to programme success. Leadership for the GABTR programme was regarded as weak by the majority of the participants. The WRPHO Health Promotion Advisor led the GABTR programme during the first six months. When she left in December 2006 valuable knowledge and leadership was also lost and an inexperienced GABTR coordinator became responsible for maintaining the continuity of the programme. One participant believed the GABTR programme was in fact driven by the PhD student during the time of her involvement as was knowledgeable and had some experience of health promotion and community development. Her research required she have involvement and awareness of all areas of the programme which often meant she provided knowledge transfer and programme support. Some participants believed weak leadership contributed to the situation where the Steering Group focused on operational matters. Participants agreed the situation could have been allayed by having a representative from WRPHO management sitting on the Steering Group. While there have been attempts by stakeholders to resolve the leadership issue by sharing the chair position, in effect different leadership styles and different levels of knowledge about the programme only served to dilute leadership further.

Commitment to effect change

Commitment to affect change hinges on belief by stakeholders that change is needed and they are able to achieve it. The majority of the stakeholders professed unwavering belief in the programme despite perceived programme failings and expressed a desire to see it continue. The passion of individual stakeholders contributed greatly to GABTR programme intervention success.

Clear agreement on outcomes

Stakeholders must agree on programme outcomes early on in the collaboration otherwise the programme may fail to progress and stakeholders may not participate fully. An example of where this outcome was not met was when key stakeholders were unable to attend the first Steering Group meeting and by the second meeting processes (and to a certain extent decisions) had been established, TOR started and the GABTR coordinator was appointed as chairperson for the Steering Group. On reflection stakeholders agreed that making the GABTR coordinator the Steering Group chair was not only unfair due to her inexperience but also unsafe. Some focus group participants indicated that the coordination role should have been a reporting one only as having the coordinator also act in the role of Steering Group chair presented difficulties when members wanted to discuss performance issues. One participant said

if the Steering Group had issues with the coordinator...there was no recourse because the chair of the group was the coordinator

It was clear that Steering Group members were not fully aware of programme outcomes from the beginning as valuable meeting time was often taken up with discussion and explanation of them.

There was no real introduction to the Ministry of Health's expectations from the beginning; maybe a workshop on the requirements may have been helpful. This is a MOH funded project, they required us to deliver on some clear outcomes and Maori health is a priority yet some Steering Group members struggled with the reducing inequalities concept and working with communities that are disenfranchised

Evaluation adequately resourced

Evaluation is important so participants, community and funders receive feedback regarding the programme. Some intervention evaluation was completed internally by the GABTR coordinator however in order to do a more comprehensive evaluation; further funding was applied for and subsequently approved by the MOH. Whakauae Research Services was then engaged to complete the external evaluation.

Evidence of cost effectiveness of collaboration

Evidence of cost effectiveness is essential for stakeholders to determine the programmes success. Confusion about the role of the Steering Group, i.e. whether it was a governance group or an advisory group, contributed to confusion regarding access to budgets. Some participants noted that not having access to budgets made the planning process difficult and they were constantly referring back to the coordinator who would then seek feedback from management which made some planning an excessively long and drawn out process. The WRPFO, as lead contractor, did

however provide financials through their six monthly reports to WDHB and MOH but it is understood that the Steering Group did not see these reports.

The focus group were asked to rate their performance with regards to intersectoral collaboration using the following range of statements.

1 = The development of the programme has been controlled by the WRPHO

3 = Between the ranges

5 = Intersectoral Collaboration within the Steering Group with other groups and including the community has strengthened the programme.



This score was based on an average of email replies and the figure agreed on by the focus group. Their discussion revealed that while there had been some good examples of intersectoral collaboration such as the plant distribution and knowledge building workshops; lack of progress around the community garden frustrated some stakeholders causing them to end participation.

Key Learning

Good intersectoral collaboration is an important tool to ensuring success of a programme but requires long term commitment from members, clear explanation of roles, responsibilities and outcomes from the onset. Strong leadership is critical to intersectoral collaboration.

4.3 Governance Model

Governance describes the process of decision-making and the process by which decisions are implemented (or not). Good governance contains a number of principles including participation, transparency, strategic vision, responsiveness, consensus orientation, equity and rule of law, effectiveness and efficiency and accountability (Graham, Amos, & Plumptre, 2003).

These characteristics assure that corruption is minimized, the views of minorities are taken into account and that the voices of the most vulnerable in society are heard in decision-making. For the GABTR programme intersectoral collaboration and governance go hand in hand as the RFP states:

...governance for this will be a collaborative relationship between key stakeholders and the community. A Steering Group to guide development, implementation and evaluation of the initiative will be formed

From the inception there was confusion regarding the governance model which had been based on the Te Kahui Whai Ora programme model²⁵ and modified to meet the needs of the GABTR programme. Wording in the RFP contributed to the confusion as it inferred that the governance for the GABTR programme was the GABTR Steering Group however WRPHO Board and Management believed the Steering Group were operating in an advisory capacity only as WRPHO already had a governance group that could fulfill a strategic governance role. The uncertainty regarding roles and responsibilities permeated throughout the Steering Group meetings for the duration of the programme and are reflected in the many changes to the GABTR Terms of Reference (TOR).

The first TOR was developed from the initial Steering Group meeting in October 2006. The document search disclosed a further ten different TOR drafts of which seven were submitted to the Steering Group for approval. The many changes were driven by the Steering Group and who expressed concern around the definition of roles and responsibilities, financial reporting, liability around media articles, leadership and the WRPHO's attempts to clarify the Steering Groups role as an advisory one. One participant noted that

Setting up of the Steering Group was poor, poor explanation of roles, the expectation, the scope

A lack of cohesion within the Steering Group was also seen as a challenge, many of the partners came to the table with their own agendas that could on one hand optimise the programme potential or on the other hand add to the confusion. The plant distribution and knowledge building workshops benefitted from these differences as individual knowledge and passion helped drive the interventions, whilst interventions such as the community garden suffered due to a lack of understanding by the group of the principles important to its success. The lack of cohesiveness led to feelings of disempowerment and to the perception by the Steering Group members themselves that they were not working to their full potential:

I should have said I don't really understand what's going on

We should have been more assertive together

...we were largely too polite to say why hasn't it happened and put the pressure on, probably because we didn't know whether we could or not or should or not

²⁵ An existing HEHA project that some of the partners had been involved in.

A lack of understanding about the target population also created some challenges within the group. Those members who had a background in health promotion and/or community development often had to clarify the purpose and philosophy of the programme to other members. Some participants believed there should have been fuller representation of the target population on the Steering Group and wondered if all of the current representatives fully understood their roles. If they did they would have

... felt they operated as a group, knew why they were there, could add to project, knew purpose and what they did made a difference

The Steering Group focus group were asked to rate their performance with regards to the organisation of the programme using the following range of statements.

- 1 = As a result of uncertainty about its role the Steering Group has had minimal impact on the GABTR programme meeting its goals and aims
- 3 = Between the ranges
- 5 = Based on a clear understanding of its role the Steering Group has provided excellent leadership & programme support to enable GABTR to meet its goals & aims.



This score was based on an average of email replies and the figure agreed on by the focus group. Focus group discussion revealed that they believed there was still confusion about roles and responsibilities which had impacted negatively on the success of the Steering Group however despite this they believed they had contributed positively to other parts of the programme such as the interventions. For example one participant felt that the community garden intervention had “stalled” however, this intervention could have been even slower if the Steering Group had not been pushing it. The participant noted:

...the Steering Group could have had a greater impact had the programme been set up to allow the information that was coming to the Steering Group to be used appropriately

Key Learning:

Governance members need to understand their roles and responsibilities and who and what they are accountable for. This needs to be explained as soon as the group established with regular reflection and monitoring.

4.4 Communication

Communication can be defined as the exchange of thoughts, messages or information as by speaking, signals, writing or behaviour ("The American Heritage Dictionary of the English Language," 2000). The primary form of communication available to the evaluation team was written communication which, in addition to the feedback from evaluation participants, was analysed to assess programme effectiveness.

Participants and stakeholders opinions varied on whether communication on the GABTR programme was effective. The majority of stakeholders stated that written communication such as reports and minutes were excellent however the process fell down when it came to acting on tasks from those reports. Frustration would occur from Steering Group members because these tasks would appear month after month

...the biggest frustration is that during the meeting I genuinely got the feeling that we were being heard and that things were going to happen. I didn't know that that hadn't happened until the next month and then again felt reassured that it would happen

Some participants stated that reporting was a double edged sword. Communication improved when the coordinator was asked to provide monthly reports to the Steering Group however meetings became bogged down as each part of the report was discussed. One participant felt they received so much information that they mistakenly believed they were being productive but in fact it was an ineffective use of their time with discussion becoming operational with no useful conclusion.

There were a huge of excellent media articles promoting the GABTR programme however this also caused concern for some stakeholders because the Steering Group as the governance entity were responsible for these reports. Some participants had expressed concern about information provided to the community that the Monty's Surprise apples could cure cancer. It was believed that coordination inexperience and the stakeholders not being clear about roles and responsibilities contributed to this situation. As a result of this publicity the TOR were tightened up so all media had to be sanctioned by the Steering Group.

There was inexperience at the Steering Group level as well as the coordination level which resulted in blurred communication lines. One participant reported that there were lots of individual conversations with the coordinator that should have happened in the group while another participant advised the group did not realise they could communicate with each other outside the meeting process.

The focus group were asked to rate their performance with regards to organisation of the programme using the following range of statements.

1= Communication is limited and unproductive

3= Between the ranges

5= Communication within and between the Steering Group and the programme has been timely, engaging & productive in enabling GABTR to meet its goals & aims.



This score was based on an average of email replies and the figure agreed on by the focus group. Participants found it difficult to rate this category. Communication such as reports and minutes were prolific making stakeholders feel that they were being communicated with. While some of the communication was very good overall it failed the programme as it was not a two way process. This made some participants feel unengaged whereas a clear understanding of expectations would have enabled stakeholders to be more proactive.

Key Learning:

Effective communication requires stakeholders to be clear about roles and responsibilities and sometimes requires training and mentoring.

4.5 Organisation of Programme

To organise can be defined as “cause to be structured or ordered or operating according to some principle or idea”(Collins, 2008). This section refers to organisation of the GABTR programme; the successes and challenges and the responses to these.

All participants expressed frustration at how slowly programme processes were established. They noted that the establishment of processes was delayed due to the delay in contract funding coming through which in turn impacted on programme development. The establishment of the governance group, staff recruitment and programme commencement were all affected.

Programme progression improved when, in the early months of the programme, the WRPFO management underwent a restructure; strengthening reporting relationships between WRPFO management and the GABTR coordination. However this process took time and meant initially there was limited internal supervision for the coordinator who reported at times feeling overwhelmed with the heavy workload.

Health promotion and community development knowledge varied amongst the stakeholders with some stakeholders having limited knowledge. This resulted in a lack of understanding of the GABTR programme intervention logic and impacted on programme development and progress. It was envisaged that WRPHO staff members and other stakeholders experienced in health promotion and community development could mentor and guide the programme through the initial stages. Unfortunately a key WRPHO staff member left three months into the programme and while there was an informal arrangement with the other health promoters from the WRPHO and WDH B Public Health to continue with support it adversely affected continuity of the programme as knowledge of early programme development was lost from the programme. The coordinator, who had no health promotion training, completed the short course in Health Promotion²⁶ training towards the end of 2007 advising

I think the training highlighted areas that I didn't have experience in, which would have helped with the delivery of the programmes

Another challenge was the complexity of the programme; while the WRPHO received funding²⁷ for health promotion, the GABTR programme had little connection with other WRPHO programmes except for limited integration in areas such as diabetes. This led to a feeling of isolation of both the GABTR programme and coordinator.

There were however, a number of successes reported on the programme. Tasks with specific outputs such as reports, intervention milestones and timelines were consistently met. The coordinator had excellent written communication and it was noted that reports were well written and received in a timely manner. The programme benefitted from collaboration with other WRPHO staff members to the extent that the programme was able to produce newspaper articles and the quarterly GABTR newsletter. Contributions were also made to other newsletters such as the PHOCUS²⁸ and Com.Chat²⁹ newsletters.

The GABTR programme also achieved intervention milestones. This was largely due to the programme benefitting from the support of a wide varied network of people. Examples of this support include:

- the collaborative effort of the Steering Group sub-group ensured milestones were met;
- support from WRPHO staff as their workload permitted;
- support from other stakeholders with historical knowledge of the programme, health promotion and community development;

²⁶ Training consists of 2 four day blocks.

²⁷ Health promotion is an important aspect of implementing the Primary Health Care Strategy and contributes to a population-based health approach in primary care. PHOs are funded to develop health promotion programmes for their enrolled populations.

²⁸ WRPHO quarterly newsletter

²⁹ Monthly Community newsletter circulated to community groups and organisations in the Whanganui region.

- volunteers who assisted with organisation and hands on work of the plant distributions;
- volunteers who assisted with organisation, facilitation and resource preparation for the knowledge building workshops; and,
- volunteers such as the community garden group who assisted with the community garden initiative.

There were a large number of volunteers who contributed to the success of the programme. Because there were a number of interventions being undertaken simultaneously with distinct demands it was very difficult to allocate dedicated time across each of the interventions. Volunteers were crucial to ensuring the interventions continued.

It must be noted that the GABTR programme is based on outcomes measures, rather than how many FTE's (Full-time Equivalents) are employed on the programme. In order to inform similar programmes it is helpful that we discuss staffing and human resource required to run the GABTR programme³⁰. A full time coordinator was employed from September 2006 to March 2008 (except for 3 months maternity leave) and a full time administrator for the first six months. The WRPHO then provided administration support and other short term support for the duration of the programme. There were also a large number of volunteers that contributed to the success of the programme.

The focus group were asked to rate their performance with regards to organisation of the programme using the following range of statements.

- 1 = The programme coordinator and Steering Group have worked in isolation of each other
 3 = Between the ranges
 5 = The programme organisation of the Steering Group and the programme coordinator has worked well to meet the goals and aims



This score was based on an average of email replies and the figure agreed on by the consensus group. Participants observed that specific tasks that worked well included the coordination of the programme, organisation of the plant distribution and workshops. It was the slow progress of garden objectives such as finalising the lease, procuring resources and developing community participation that prevented a higher score.

³⁰ Attached as Appendix Nine

Key Learnings:

Any programme that involves community participation and development takes time to develop and this must be allowed for in funding and programme development.

Successful community development requires a lot of human resource whether it is paid or unpaid.

All stakeholders including the community must be clear about roles and responsibilities of the programme they are participating in.

Organisational support such as mentoring and supervision is essential for inexperienced employees to prevent isolation.

Training for inexperienced staff should occur early on in their employment.

Summary

Data for the process evaluation was collected from formal interviews and a focus group. The focus group consisted of Steering Group members and was facilitated by the researcher and PhD student. Responses from Steering Group members by group participation or email response were collected using a Lickert³¹ Scale and summarised in a radar graph³² below. The higher data set is the consensus arrived at by the focus group while the smaller dataset is the average of scores returned by email. It is interesting to note that the scores received by email are significantly lower; researchers observed that throughout discussion in the focus group members would tend to agree to a consensus in the middle of the scale. The constant theme throughout the domains is that stakeholders need to understand their roles and responsibilities for such a programme to succeed.

³¹ Attached as Appendix Ten

³² Also known as star or spiderweb graphs

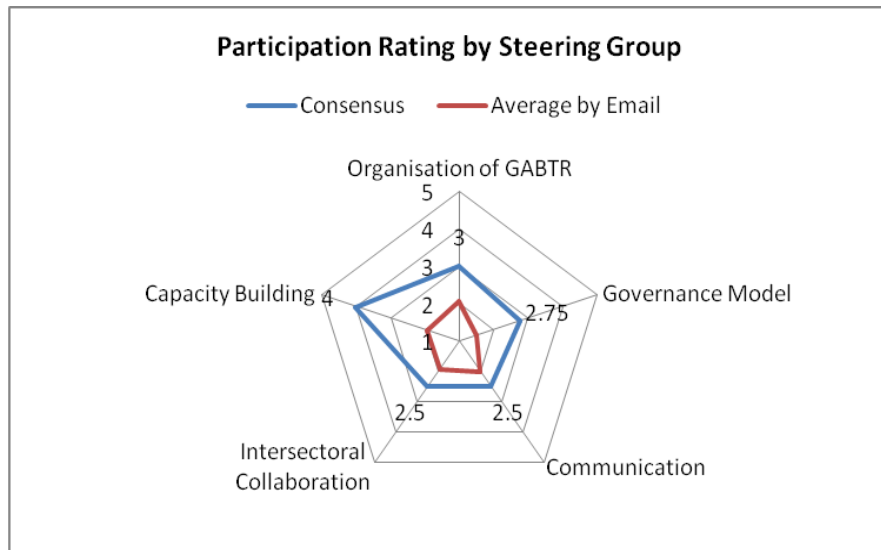


Figure 2: Participation by Steering Group

5.0 Outcome Evaluation Findings

Outcome evaluation looks at impacts/benefits/changes to participants as a result of a programme(s) efforts during and/or after their participation in programmes and can examine these changes in the short-term, intermediate term and long-term. Three interventions were selected based on access to information³³ and influence on the programme. The outcome evaluation questions were then developed so impacts could be measured. They are

- Have participants demonstrated the ability to grow vegetables (tomatoes)?
- Have participants demonstrated the ability to grow and care for fruit trees?
- Have community health workers and practice nurses translated knowledge from the workshops into practice?
- Is the community moving towards leadership and ownership of the interventions?

The following sections outline the process taken for each intervention and the ensuing results.

5.1 Heritage Tomato Plant Distribution

5.1.1 Background

The tomato distribution is a result of NZTC research into the benefits of fruit and vegetables that contain high amounts of antioxidants. Antioxidants can help to combat degenerative diseases such as heart disease and studies have shown that high consumption of antioxidant-rich vegetables maybe associated with a lower risk of certain types of cancer. Collaboration between NZTC and the GABTR Steering Group resulted in the distribution of 4000 Heritage Tomato seedlings free³⁴ to individuals in the WDHB region. The distribution was completed in December 2007 by the interim coordinator with help from Steering Group and individuals from community groups and organisations. Participants were followed up during the evaluation with a survey to ascertain success of the GABTR programme meeting short term outcomes and objectives of the programme.

The Steering Group sub-committee decided there needed to be effective methods of distribution to enable plants to reach the target population. The distribution had to occur in a two week timeframe so plants were in good health when received by recipients. Two methods of distribution were decided on; distribution to the general population through three garden centres and a Saturday market and targeted distribution through community groups and organisations associated with the target population such as Maori health providers, Pasifika Groups and the

³³ The WRPHO had databases, distribution lists, and attendance sheets that made data collection readily accessible

³⁴ Plants were funded by GABTR programme

Food Bank. The first distribution was completed in one weekend with each participant signing a registration sheet with their name, address, phone number, email address and whether they would agree to be contacted in the future. The second distribution was coordinated by the interim GABTR coordinator who used her networks to distribute the plants to organisations and community groups³⁵ involved with the target population. These groups determined the best way to distribute the plants in a way that would benefit their members. One rural Maori health provider distributed some of the plants and used the rest to grow in their marae garden. Whanau were encouraged to participate in the garden and tomatoes were harvested and distributed to whanau members.

5.1.2 Results

Of the 152 respondents who replied to the email survey 49% were Maori, 43% were European while the balance³⁶ was made up of number of ethnic groups. When asked about growing tomato plants, the majority of comments were positive with the only negative responses referring to matters such as flavor (8), size/shape (1) or that their plants died (6). From the 146 people who grew tomatoes 47% of them had saved the seeds for future planting.

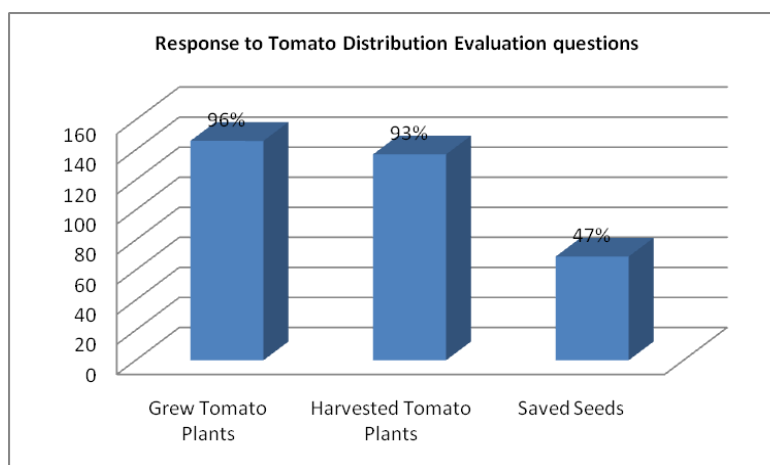


Figure 3: Response to Evaluation Questions

Of those who saved their seeds:

- 23% were Maori;
- 21% were European;

³⁵ Maori & Iwi Health providers (Whanau Ora, Tamariki Ora, Family Start, Child Obesity and Rongoa contract holders); SPARC (Active Families contract); Pasifika Group; 2 Marae; Rural Community; City Mission; Mental Health provider; Rural Youth group; Community garden and Public Health Unit (distributed to Early Childhood Centres including Kohanga Reo, Primary schools and kura).

- 3% were other³⁷ nationalities; and,
- No Pacific Islanders saved their seeds.

Schools and Early Childhood Centres

Two primary schools, three kohanga reo, a Montesorri playgroup and a Pacific early childhood centre responded. All but one centre received tomato plants and those respondents advised the tomato plants had been planted and harvested and knowledge of tomato plant care had been included in their respective curriculums.

We have a school garden so plants fit in very well with what we are trying to achieve. Some parents have seen tomatoes and keen to get plants for next year”.

*it has enhanced our maara kai (food garden) by extending on what we have
children learning about growing food tending plants etc*

Marae

Two marae received tomato plants and both responded to the survey. Both marae stated the plants were planted at whanau homes so they could be tended every day³⁸ and the resulting crop were distributed to whanau or used for marae functions.

5.1.4 Summary

Data analysis showed that the majority of participants demonstrated the ability to grow tomatoes therefore meeting the short term outcomes of the programme. The intermediate outcomes occurred in a limited way as data could only be analysed for the tomato growing season. It was difficult to measure the impacts to the target population as ethnicity data was not requested from distribution participants however data collected for the survey indicates that there were positive impacts for the target population. An unintended outcome for this intervention was that more people understood what lycopene (one of the antioxidant in tomatoes) was and could talk about its benefits in a limited capacity.

5.2 Monty’s Surprise Apple Distribution

5.2.1 Background

The Monty Surprise apple was discovered by members of NZTC in the 1990’s. Research³⁹ showed that the Monty Surprise apple had potential for inhibiting cancer. As a result the distribution linked of this particular species of tree linked to objectives of the HEHA

³⁷ Maori Chinese, NZ Chinese, Italian, Sri Lankan Tamil from Malaysia, NZr

³⁸ Both marae did not have people living there who could tend them everyday.

³⁹ www.treecrops.org.nz

Implementation Plan, Primary Health Strategy and Cancer Control Action Plan. Five thousand Monty's Surprise apple trees were propagated and distributed free⁴⁰ by Grab A Bite That's Right in July 2006 and July 2007. The distribution, led by NZTC and coordinated by the GABTR coordinator was assisted by the Steering Group and individuals from community groups such as health promoters and members of NZTC. Participants were followed up during the evaluation with a survey to ascertain the success of the GABTR programme in meeting its long term outcomes and the objectives of the programme.

5.2.2 Results

Individuals

Sixteen⁴¹ people responded to an information request regarding the apple tree distribution with all sixteen advising their trees were still growing.

The apple trees have taken well, seem hardy and sturdy and are growing well

My Monty Surprise apple tree is fantastic. It is only a last Autumn tree and already has shot out three good branches

Thanks for allowing us to be part of your "experiment", we have had a lot of enjoyment

One participant noted that an unintended outcome was that people had begun to link apples with the prevention of cancer.

Schools and Early Childhood Centres

Two schools, eight kohanga reo, a Montessori playgroup and a Pacific early childhood centre replied the survey stating their apple trees were still growing and had provided a learning opportunity for their students.

We used it as a learning opportunity checking the growth each week

The tamariki through planting and caring for our tree will see the growth of an apple and where it came from

Marae

Three marae reported that their trees were alive; one marae planted six during their 2007 Matariki/Puanga⁴² celebrations along with other fruit trees donated by whanau members.

⁴⁰ NZ Tree Crops Central Districts received funding from Whanganui Community Foundation to pay for the trees.

⁴¹ Information regarding apple trees was attached to the 472 emails sent out regarding the tomato distribution on the off chance they had received one also.

⁴² Celebration of Maori New Year

Another marae planted four in 2007 in an area where the marae plans to develop other fruit trees and these were flourishing. The last marae received four in 2006 and another four in 2007 which were being nurtured by a whanau member to be planted at a later date.

5.2.3 Summary

Data analysis showed that the majority of apple trees were still alive and that some had even fruited. Some educational institutions reported that they had used the growing of trees in their curriculum. Outcomes for this intervention are long term and may not be seen for some years.

5.3 Knowledge Building Workshops

5.3.1 Background

The main purpose of this intervention was to build capacity within both the primary health sector workforce and in community members by running gardening and nutrition workshops by December 2008. At the time of the evaluation two nutrition workshops had been completed and gardening workshops were being developed in conjunction with the employment of the community garden coordinator.

5.3.2 Results

Two facilitators, six participants⁴³ and the two organisers responded to the survey questions and reported that the workshops met the needs of their individual role at the time and they were able to use the course content with their client base. The two participants were nurses who advised the workshops were useful as a refresher. Pre and post-evaluations⁴⁴ completed by the GABTR coordinator after each workshop found that:

- most participants had a reasonable baseline knowledge of health and nutrition prior to attending the workshops;
- the greatest improvement in knowledge was in relation to the green prescription referral process;
- other areas of knowledge improvement included; food labels and nutrition and food groups;
- participants valued the opportunity to meet others with interests in diabetes and nutrition; and,
- workshops were enjoyable and appreciated.

All the respondents to the survey reported what they remembered most about the workshops was the sushi making exercise at the end of the workshops. The reasons for this were that they had

⁴³ 2 nurses & 5 community health workers

⁴⁴ Diabetes and Nutrition Workshop Report March 2007

never made it before; it demonstrated making healthy cost-effective food; and it involved active participation. The intended three month follow up by the GABTR programme with participants to see how they were using information learnt in their practice did not occur due to time restraints. In 2008 HEHA activities had increased locally, regionally and nationally and the WRPFO became conscious that there was duplication of training opportunities. Therefore it was decided the objective could be met in other ways and the WRPFO funded four community members to attend Te Hotu Manawa Maori nutrition training.

5.3.4 Summary

It is inconclusive if, as a result of attending the workshops the Community health workers and practice nurses better able to deliver key nutrition messages to their communities. Participants reported that they did use the knowledge learnt from the workshops in their practice however there were no follow up workshops to measure this and their clients were not surveyed. Gardening workshops did not occur during the time of the evaluation but are in development for implementation in 2008.

5.4 Community Garden

A community garden can be described as any space where plants are grown and maintained by a community to meet the needs of that community. Community gardens provide an opportunity to build community capital (Hancock, 2001) however because outcomes are long term, impacts may not be seen for many years. The development of community gardens was included as an intervention in GABTR as the outcomes fitted the philosophy of the programme. Hancock notes that gardens contribute to the capital of a society in a number of ways:

- social capital – sharing of ideas, building networks, created and managed by the community;
- human capital – increase in knowledge and skills;
- ecological capital – reducing environmental impacts e.g. composting; and,
- economic capital – cheap source of food for low-income families.

In the past there have been community and settings based gardens in Whanganui using varying models. Currently the City Mission coordinates gardens that provide food for the elderly owners as well as for the Food Bank. Evidence from other examples of gardens informed the development and implementation of the GABTR initiative.

5.4.1 Background

One of the objectives of the GABTR programme was to work with communities and develop settings-based gardens. In mid 2006 the GABTR partners⁴⁵ met with the Wanganui Mayor Michael Laws, to inform him about the programme and to ask in what ways the council could provide support. Mr Laws advised the council had land suitable for gardens and requested that the partners write a proposal to the Community Development Committee. This provided an opportunity for the programme on two levels:

- land was made available for a community garden; and,
- council representation and support was assured on the Steering Group.

The proposal was signed off by council and GABTR programme and stakeholders were taken to look at the available pieces of land. The preferred piece of land was not an option as local community objected to a community garden being in the neighborhood. The next option was a piece of land in the suburb of Aramoho. The land appeared ideal as it was adjacent to a school, Pacific Island ECE and a park and the target population was predominant in the area. Stakeholders decided to negotiate a lease on the site which was secured for no rent and planning was started on the community garden.

A garden plan was developed and the GABTR coordinator established the garden group. This group was made up of people interested in the concept of community gardens and those concerned with the practical elements of the community garden. Meetings were held on a monthly basis to liaise with the GABTR coordinator and plan activities. The garden was opened by a Whanganui kaumatua in a dawn ceremony in April 2007 and followed by the ploughing and tilling of the land⁴⁶. Many comments were made about the momentum the garden gained once agreement to it was signed off; some wanted to slow down to build the infrastructure and foster community awareness and participation while others wanted to get the garden planted as soon as possible.

Planting occurred with plants paid for by the GABTR programme and the garden group arranged monthly working bees to maintain the garden. Simultaneously activities were organised to inform and engage the local community in the garden. Approaches to engage the community included:

- door knocking to inform residents about community garden activities;
- a scarecrow competition;
- meetings with key community members; and,

⁴⁵ WRPFO Health Promotion Advisor and Public Health Health Promoter

⁴⁶ Garden plan attached as appendix eleven

- media articles.

In October 2007 coordination hours were reduced when the GABTR coordinator commenced maternity leave. Over the winter months of 2007 the gardens became overgrown and in combination with the vandalism of the garden shed, took on an unkempt and uncared for appearance. The garden had attracted due to being located in a secluded position. As a consequence a survey was sent out to 1400 Aramoho residents asking how the problem of vandalism of the community garden could be solved. Eight people responded to this with suggestions such as CCTV and fencing off the garden. Around the same time participation at garden group meetings had dwindled and the group eventually stopped meeting. Concerned with the progress of the gardens, WRPFO put strategies in place to increase community participation and awareness. Operational tasks such as water access, maintenance of the garden and organisation of garden activities continued as part of the interim coordination. In the following March (2008) the GABTR coordinator resigned and responsibility for the project was taken over by a newly employed health promoter.

5.4.2 Results

Literature suggests that developing a sustainable community garden can take up to 18 months from initial planning to physical reality("Community Greening Program Evaluation - Final Report," 2004) while anecdotal evidence suggests six to ten years. Both suggest however that development of a sustainable community garden does require rigorous planning, community commitment and a robust infrastructure. Te Mana Park Community Garden is only in its first year therefore the evaluation can only take into account early developments. There are two ways to start a community garden; bottom up or the top down (Grayson & Campbell, 2002). The bottom up approach starts with a group of interested people working together to develop the garden and build community 'ownership' of it. The top down approach occurs when health professionals see gardens as an opportunity for community development⁴⁷ or a way of removing barriers to issues that may affect their lives.

The combination of a funded HEHA programme, the availability of suitable land and a core group of health professionals passionate about community development resulted in the Te Mana Park Community Garden being established. The garden was finalised in early 2007 and the stakeholders recognised that it was important to build community support for the garden. Stakeholders also realised that as the funding period was only for 30 months they would need a

⁴⁷ Community development is a broad term applied to the practices and academic disciplines of civic leaders, activists, involved citizens and professionals to improve various aspects of local communities and seeks to empower individuals and groups of people by providing these groups with the skills they need to effect change in their own communities.

plan to make the garden sustainable. This presented two challenges; how to increase community awareness and participation to build community ownership and how to develop the garden infrastructure⁴⁸ that would lead to sustainability.

There were many Steering Group meetings about how to develop the intervention to achieve the best outcomes for the GABTR programme and the community. Despite these discussions there were many challenges which resulted in the intervention progressing at a slower than anticipated rate.

Programme Principles

Data analysis shows that stakeholders had difficulty in understanding the principles of health promotion and community development, yet these principles are essential to ensuring GABTR programme success. Training on these principles at the beginning of the programme would have resulted in less time spent in subsequent meetings, educating stakeholders about these principles and their importance.

Assumptions

The GABTR programme made two assumptions that contributed to the slow progress of the intervention. While a large percentage of the target population live in the Housing NZ estate in the vicinity of the garden; Aramoho is a complex suburb consisting of a variety of families including white middle class Pakeha families, young families of many ethnicities and elderly people who also identify with arrange of ethnic groups. Furthermore an assumption was made that the target population did not have access to fresh fruit and vegetables however there is both a local fruit and vegetable market and a large whanau garden that sells cheap food. Some families even have their own gardens.

Roles and Responsibilities

One of the challenges hindering the outright success of this intervention was confusion regarding roles and responsibilities. This occurred at several levels:

- there was confusion as to whether the Steering Group had a governance role or an advisory role and meetings often became bogged down with operational matters such as what and when to plant;
- WRPFO management did not attend Steering Group meetings and therefore missed opportunities both to link management, co-ordination and Steering Group activities and to facilitate people to understand their individual roles;

⁴⁸ An underlying base or foundation especially for an organization or system; The basic facilities, services and installations needed for the functioning of a community or society (Wiktionary)

- the GABTR coordinator did not fully understand her role and how it related to other roles in the GABTR programme which led to the isolation of the programme;
- there was confusion from garden group members as the Steering Group or coordinator would both make decisions about operational matters thus causing them to be ineffective; and,
- the community did not understand that they would be expected to take over “ownership” of the garden so that, in the long-term it would become sustainable.

Community Consultation

Due to the top down approach taken with the establishment of this garden, consultation was limited to door knocking and media articles after the gardens establishment, to inform the community of its existence. Interviews revealed that some key stakeholders felt as though they had not been consulted and yet others did not want to participate. The Pacific early childhood centre enjoyed a good relationship with the coordinator who provided them with information and resources. They were located adjacent to the community garden however they had their own gardens that they tended. The local primary school chose not to participate in the survey but had previously advised stakeholders that the garden encouraged vandalism; a situation which was later proved correct when in January 2008 the garden shed was so badly vandalised it had to be demolished. There were other stakeholders that were key to the community garden success however one participant felt as though he had been told about the garden rather than having been “consulted”, while others such as the local gang were not engaged until a nearly year after the garden was established. One participant believed that community consultation did not happen because it was simply too hard; encouraging community participation requires extensive consultation.

Timeframes

The funding period for this intervention created significant challenges for the garden project. As previously stated community gardens may take up to ten years to develop and the funding period was for only 30 months. The community garden was also intended to be a collaborative effort, and building up a solid intersectoral collaboration would take at least 18 months to develop.

Towards the end of 2007 the WRPFO was aware that the programme funding would cease in June 2008. Of all the GABTR interventions, the Te Mana Park Community Garden was not progressing as well as it should. There were tasks such as erecting a sign that had not been completed despite being discussed at Steering Group meetings for the last 12 months and the garden was very untidy. The WRPFO responded by:

- seconding a staff member for a limited period time with health promotion experience to concentrate on community development of the garden;
- contracting an external consultant to concentrate on social marketing of the garden;

- employing a part time garden coordinator charged with the tasks further developing the gardens, increasing awareness of the gardens, engaging the community and developing gardening workshops; and,
- agreeing to fund a proposal for gardening workshops.

These actions have resulted in positive outcomes. The garden coordinator has tidied and replanted part of the garden; organised garden workshops and with the assistance of the Public Health Maori health promoter engaged the local gang so they are now participating on a number of levels. Other activities were organised to increase awareness and community participation, such as a fun day with fun gardening and cooking activities. In addition a shipping container was purchased to replace the garden shed. Once on site, local youth were encouraged to paint the container with graffiti art.

5.4.3 Summary

The community garden intervention has provided all stakeholders with valuable lessons regarding community development and participation. This intervention was difficult to evaluate within the evaluation timeframe as outcomes take many years to be seen. Using a top down approach to developing a community garden requires that time is dedicated to community consultation so community participation is ensured. Despite the many challenges stakeholders believe there is a place for community gardens in Whanganui.

6.0 Summary

This evaluation report has outlined the development and implementation of the Grab A Bite That's Right programme in the city of Whanganui and outlying rural areas serviced by Whanganui District Health Board. The main intention of the evaluation carried out by Whakauae Research services was to ascertain the extent to which the GABTR programme is meeting its objectives, to make recommendations as to how the programme could be improved and to inform the development of similar programmes.

Evaluation design included both process and outcome measures and was carried out to determine, firstly, effectiveness of the programme development and secondly, outcomes as a result of participation in the programme. Data were collected using a range of methods including document searches, face to face interviews (formal and semi formal), focus group interviews, and surveys.

The process evaluation highlighted that intersectoral collaboration was critical to the success of the GABTR programme. Intersectoral collaboration however takes a significant investment of time to enable partnerships to be formed effectively. In addition expectations of participation roles and responsibilities need to be agreed at the outset of the programme establishment. It is noted that some of the intersectoral partners are no longer involved or are participating in a limited capacity and valuable membership has been lost to the programme. The remaining partners however continue to support and guide the GABTR programme.

Some of the challenges to the success of the programme were:

- the confusion on the part of the stakeholders as to whether the Steering Group had a governance role or an advisory role;
- not all stakeholders having a clear understanding of their roles and responsibilities; and,
- not all stakeholders understanding the programme objectives and outcomes.

The outcomes evaluation showed that the programme had achieved a number of outcomes but it was still too early to measure other longer term outcomes such as changes to dietary intake. Short term outcomes such as the ability to grow vegetables and grow and care for fruit trees had been achieved although it was difficult to see if this had impacted specifically on the target population as ethnicity data was not collected.

The outcomes regarding knowledge building workshops were inconclusive as there had been no follow up of participants to see how knowledge was being implemented. Participants in the evaluation had advised they were using the knowledge in their practice. The gardening

workshops were not evaluated as they were still in a developmental stage at the time of the evaluation.

The third intervention of Te Mana Park Community Garden was difficult to evaluate because community garden outcomes are long term so results may not be seen for many years. However the process of developing the gardens had created a number of challenges not helped by the top down approach. Progress on the garden has been slow as stakeholders struggle to understand community development and community participation. The garden has been time consuming for the coordinator as well as other stakeholders such as the Steering Group and volunteers have maintained the garden.

Momentum has increased since the provider put strategies in place to combat delays including:

- secondment of a staff member with health promotion experience to concentrate on community development of the community garden;
- contracting an external consultant to concentrate on social marketing of the garden; and
- employing a part time garden coordinator to develop the gardens, increase awareness of the gardens, engage the community and develop gardening workshops.

It must be noted that despite the challenges this programme has generated, the majority of stakeholders still have an unwavering belief in the programme and the benefits it can supply.

7.0 Recommendations

- Steering Group membership is reviewed both to ensure the target population is being represented and that the group has the right skill mix.
- All relevant stakeholders meet together to define the roles and the responsibilities of the Steering Group so that it can move forward with clear expectations and knowledge of expected outcomes. This is particularly important now funding has been extended for 12 months.
- The relationship between the GABTR Coordinator, WRPFO management and the GABTR Steering Group is examined and roles are defined with clear lines of communication.
- The provider continues to ensure that training, mentoring and support are provided to employees on the programme.
- Other options for funding and guardianship of the community garden are investigated to ensure the sustainability of the gardens in the long-term.
- An evaluation component in the GABTR project to continue to monitor longer term outcomes of the various interventions.
- As community development is a relatively new area for the Primary Health Organisations, training in this area would be advantageous to all staff.
- Ethnicity data is collected on programmes where there is a need to analyse impacts on a target population.

7.1 Evaluation Observations

A number of lessons were learnt from the GABTR evaluation. Health promotion programmes are new territory for Primary Health Care Organisations. Previously their main concerns were the management of Doctors and general practices therefore managing such programmes is a new skill and one which is continually developing. Training, advice and support for PHOs in the management of such programmes would be useful.

A further observation concerns the timing around developing programme logic for such interventions. We recommend the programme logic be developed early on so that it can be used for programme planning, management and evaluation.

There were also observations regarding the interventions themselves. Ethnicity data was not collected as part of the overall project therefore we are unable comment on the reach of the programme into targeted populations. Interventions such as the community garden would have benefitted from a needs assessment in regards to the location of that garden. Other interventions such as the plant distribution were carried out by, and indeed relied upon, individuals and volunteers who had passion and belief in such projects.

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