

Healthy Lifestyle Program for Women (HeLP her)

Pilot Project 2014 Evaluation Report



Healthy Together Geelong funded by the Victorian Government is improving the health of our community

Table of Contents

Acknowledgements	3
1. Executive Summary	4
2. Introduction	
2.1 Background.....	7
2.2 Women’s Health: Obesity and Chronic Disease.....	7
2.2 Department of Health Victoria Healthy Living Programs.....	8
2.4 Greater Geelong Needs Analysis and Priority Setting Process.....	9
2.5 The HeLP her Program.....	10
2.6 Greater Geelong HeLP her Implementation.....	10
3. Evaluation Design	12
4. Key Findings	
4.1 Objective 1: Reach and participation.....	15
4.2 Objective 2: Health related knowledge and understanding.....	33
4.3 Objective 3: Health behaviour.....	36
4.4 Objective 4: Participants report no increase in weight.....	42
4.5 Objective 5: Greater Geelong Local Government Area Prevention System.....	43
5. Discussion	
5.1 HeLP her: A Multi Strategy Health Promotion Intervention.....	49
5.2 Objectives.....	49
6. Recommendations and Conclusion	
6.1 Recommendations.....	53
6.2 Conclusion.....	54
7. Bibliography	55
8. Appendices	
Appendix A: Marketing and recruitment distribution.....	57
Appendix B: Participant suburb data.....	60

Acknowledgements

Implementation of the HeLP her program in the Greater Geelong Local Government Area would not have been possible without the following key partners:

Healthy Together Geelong Governance Group

City of Greater Geelong, Barwon Health and Bellarine Community Health

Monash University

Dr Cate Lombard

The Monash Centre for Health Research and Implementation (MCHRI)

HeLP her Project Steering Group

City of Greater Geelong, Barwon Health, Bellarine Community Health and Barwon Health Dietetics Department

Needs Assessment Project Group

City of Greater Geelong, Barwon Health, Bellarine Community Health and Geelong Region Alliance (G21)

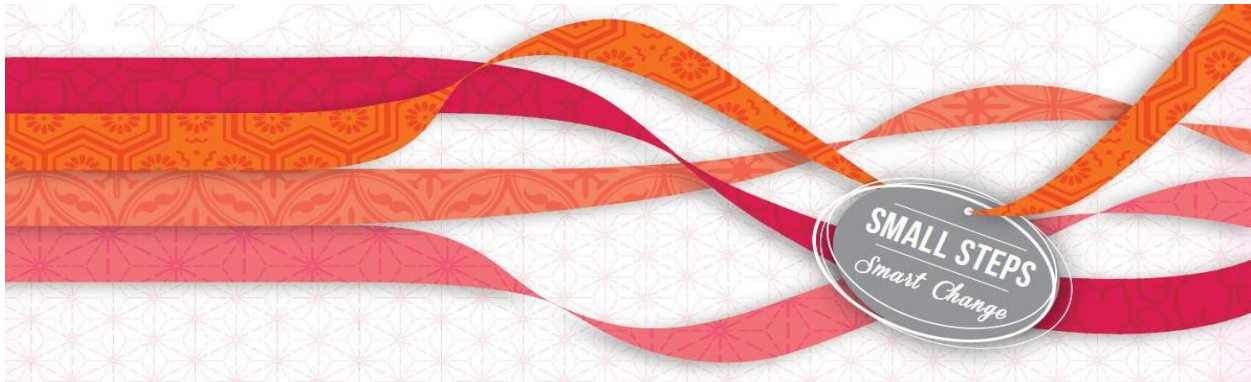
Bellarine Community Health Service facilitators

Barwon Health facilitators

Geelong community organisations

Geelong community women

Report prepared by: Barwon Health, Health Promotion Unit



1. Executive Summary

Background

During 2013 - 2014 City of Greater Geelong (COGG), Barwon Health and Bellarine Community Health worked in partnership to pilot a Department of Health (Victoria) endorsed healthy living program in the Greater Geelong Local Government Area (LGA).

The program was selected through a needs assessment process undertaken by City of Greater Geelong (COGG), Barwon Health, Bellarine Community Health and Geelong Region Alliance (G21). Delivery of the program aligned with current healthy eating and physical activity health promotion priorities of the partner agencies.

The selected healthy living program (HeLP her) was developed by Monash University and is designed to support a healthy lifestyle, promote health and wellness and prevent excess weight gain in women. HeLP her has a specific focus on improving physical activity and healthy eating through a group based program delivered in partnership with community agencies.

Barwon Health accepted the role as pilot project co-ordinator for the delivery of the program. Implementation was supported by a Project Steering Group and Governance Group with representatives from City of Greater Geelong (COGG), Barwon Health and Bellarine Community Health. The program was delivered by Barwon Health (8 programs) and Bellarine Community Health (2 programs) during June –December 2014.

Program Goals and Objectives

Goal:

To improve the health and wellbeing of women living in the Geelong Region through increased physical activity, healthy eating, social connection and prevention of excess weight gain.

Target Population:

Women living in the Geelong Region who have caring responsibilities for young children (0-4 years)

Women (18 – 50 years) living in the Geelong Region

Geographical Cluster Areas:

- Corio/Norlane/North Shore
- Bell Post Hill/Bell Park/Herne Hill
- Newcomb/Moolap/Thompson/Whittington/St Albans Park/Breakwater
- Grovedale/Marshall
- Portarlington/Indented Head/St Leonards

Objectives:

1. 150 women will be recruited from the 5 identified cluster areas and complete 1 year of the HeLP her Healthy Lifestyle Program
2. Participants increase health related knowledge and understanding of physical activity, healthy eating, social connection and self-monitoring health indicators.
3. Participants improve physical activity levels, healthy eating and social connection
4. Participants report no increase in weight
5. The Prevention System in the Greater Geelong Local Government Area is realigned to support HeLP-her program delivery and evaluation

KPI (Pilot Project):

Deliver two HeLP-her programs per five identified geographical cluster areas (10 programs, 150 participants/families) during June 2014-December 2014

Participant Outcomes**Reach**

- Ten (10) programs per five (5) identified cluster areas were run during June- December 2014.
- 84 women registered for the program with 66 women attending at least one session.

Post program surveys revealed the most frequent changes made by participants were:

- Increased planned and incidental physical activity
- Increased healthy eating
- Increased vegetable consumption
- Joining a community program and increasing community connections

Prevention System

Evidence exists which demonstrates that the prevention system in the Greater Geelong LGA has been realigned to support HeLP-her program delivery and evaluation.

Key achievements:**1. Leadership**

- The implementation of HeLP her demonstrated partnership and collaboration between City of Greater Geelong (COGG), Barwon Health and Bellarine Community Health within a defined governance structure.
- Delivery of the Healthy Living Program was aligned with local planning and regional priorities.
- Implementing the evidence based program contributed to health promotion knowledge and research translation relating to implementation of community based healthy living programs.

2. Information

- A formalised Needs Assessment Project Group (NAPG) and population health data informed the decision to implement HeLP her in the Greater Geelong LGA.

3. Financing

- Barwon Health and Bellarine Community Health IHP priorities are aligned with the objectives of the program. Key agencies shifted resources into delivering the program.

4. Partnerships

- Implementing the Healthy Living Program provided an opportunity for City of Greater Geelong (COGG), Barwon Health and Bellarine Community Health to deliver a defined, on the ground project.
- New links were established with the community agencies and community women who have provided insight into challenges and enablers for community women to achieving better health.

5. Workforce

- Up skilled workforce who are experienced in delivering community based obesity, health eating and physical activity prevention strategies.

Recommendations of where to from here

- Continue roll out of the HeLP her program across the region with a review of how targets and objectives are set for future programs.
- Barwon Health continues in the role as Regional HeLP her Program Co coordinator in partnership with Greater Geelong (COGG) and Bellarine Community Health.
- Implementation of HeLP her across the Region will align with existing community based women's programs as well as some program targeted to broader community locations.
- The program will continue to be evaluated and reported as per the domains of the Prevention System Building Blocks.

Summary

Implementation of the HeLP her Healthy Lifestyle Program was a multi strategy health promotion intervention. Delivery of the program was supported by a spectrum of individual and population wide health promotion interventions that contributed to achieving the goal and objectives of the program.

The project was delivered on time, within budget and achieved the KPI of delivering ten (10) programs per five (5) identified geographical cluster areas.

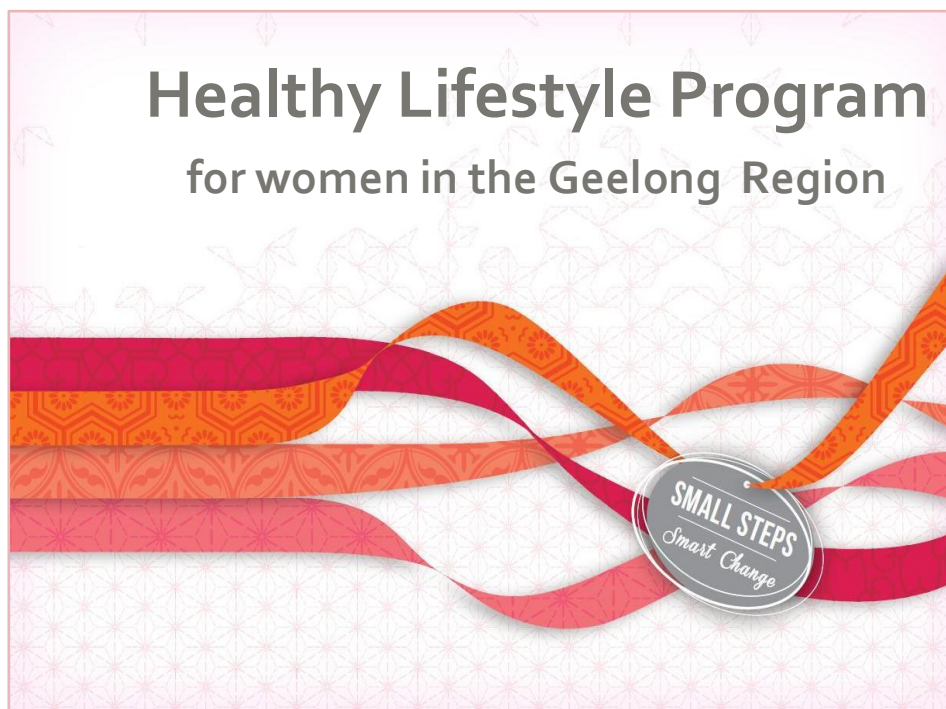
Recruitment is always the most challenging aspect of delivering a healthy lifestyle program and the focus on recruiting women from traditionally hard to engage communities created additional challenges. To increase accessibility for participants all programs were delivered in venues in the identified geographical locations. All participants presented with identified health needs regardless of their age and geographical location.

The women who attended the program gave positive feedback about the program and the majority of participants had made meaningful lifestyle changes as a result of attending the program. 98% of women reported that they had a more positive attitude to their health after attending the program.

Delivering the program in community venues was significant in the program success. Community engagement was beginning to increase towards the end of the program and there is potential to build on this should the program continue in the future.

Facilitators and staff involved in delivering HeLP her were very positive about the program and they reported a sense of pride in what they had achieved through their involvement.

The realignment of the prevention system to deliver and evaluate the HeLP her program was a major achievement and represented the first time partner agencies had collaborated to deliver a defined project at the operational level.



2. Introduction

2.1 Background

During 2013 - 2014 City of Greater Geelong (COGG), Barwon Health and Bellarine Community Health worked in partnership to pilot a Department of Health (Victoria) endorsed healthy living program in the Greater Geelong Local Government Area (LGA).

The program was selected through a needs assessment process undertaken by City of Greater Geelong (COGG), Barwon Health, Bellarine Community Health and Geelong Region Alliance (G21). Delivery of the program aligned with current healthy eating and physical activity health promotion priorities of the partner agencies.

The selected healthy living program (HeLP her) was developed by Monash University and is designed to support a healthy lifestyle, promote health and wellness and prevent excess weight gain in women. The program has a specific focus on improving physical activity and healthy eating.

Barwon Health accepted the role as project co-ordinator for the delivery of the program. Implementation was supported by a Project Steering Group and Governance Group with representatives from City of Greater Geelong (COGG), Barwon Health and Bellarine Community Health. The program was delivered by Barwon Health (8 programs) and Bellarine Community Health (2 programs) during June –December 2014.

2.2 Women's Health: Obesity and Chronic Disease

Obesity is a growing epidemic that affects many Australians. The promotion of healthy food behaviours and increase in physical activity is seen as one way in which individuals and whole communities can reduce their risk of becoming obese and developing chronic disease. However, the relationship between obesity, body image and mental health, and its impact on physical activity and eating behaviours for women is complex. (Women's Health Victoria, Gender Food and Physical Activity: Risks in Health Promotion Messages, 2014).

Women today are gaining, on average, 7-10 kilos a decade more than their parents did at the same age. Rapid social changes have resulted in high energy foods becoming easily available as daily physical demands have decreased (Jean Hailes for Women's Health, 2014). Women are an important target group as they are at high risk of ongoing weight gain. Longitudinal population studies report that adult women are increasing weight at a mean rate of 600g/year. Small increases in body mass index (BMI) even within the normal weight range have been associated with increased risk of chronic disease such as diabetes.

Women with young children are particularly at risk. Starting a family is associated with changes in women's diets that are mainly unhealthy (Australian Longitudinal Study on Women's Health). Women also make many of the daily food and activity decisions for families, influencing their partner's and children's eating and physical activity levels. Targeting women with children to prevent weight gain has the potential to achieve significant health benefits for themselves and their families.

Most Victorians are familiar with the health messages encouraging them to eat less, choose healthier foods and be more active. Yet despite the prevalence of such advice, Victorians and Australians generally are becoming heavier and sicker (VicHealth Letter Issue 39). Obesity and other weight-related paradigms are complex. They are shaped by an obesogenic environment and the broader social, cultural, economic, political

and environmental contexts in which we live learn, work and play – that is the sum of influences that living conditions have on promoting obesity in populations and individuals . These influences include for example, sedentary work, transport, food production, food marketing, opportunities for physical activity and recreation.

2.1.1 The Situation at an International and National Level

Overweight and obesity are the fifth leading risk for global deaths. At least 2.8 million adults die each year as a result of being overweight or obese. In addition, 44% of the diabetes burden, 23% of the ischaemic heart disease burden and between 7% and 41% of certain cancer burdens are attributable to overweight and obesity. In 2008, more than 1.4 billion adults, 20 and older, were overweight. Of these over 200 million men and nearly 300 million women were obese (WHO, 2013).

55.7% of Australian women are obese/overweight. Between 1995 and 2011-12, there were significant increases in the rate of overweight/obesity for a number of female age groups. This included 18-24 year olds (up 9%), 35-44 year olds (up 10%) and 45-54 year olds (up 7%) (ABS, 2013). The VicHealth report *Past Trends and Future Projections of Overweight and Obesity* has found that by 2025 around 75% of females living in Australia aged 20 years and above will be overweight or obese.

2.1.2 The Situation at a Victorian and Local level

The total proportion of adults who are overweight/obese in Victoria is 49.8%. The proportion of adults in the Greater Geelong Local Government area is 56.0% which is above the Victorian state average (Victorian Population Health Survey, 2011-2012).

The combined proportion of overweight/obese females in Greater Geelong (48.4%) is also above the Victorian state average (41.8%). Refer Table 1.

Table 1. Percentage of Overweight/Obese Adult Females in Greater Geelong with Victorian comparison 2008* and 2011-12**

	Overweight		Obese		Combined	
	2008	2011-12	2008	2011-12	2008	2011-12
Geelong	31.4	26.4	17.1	22.0	48.5	48.4
Victoria	24.3	24.6	16.1	17.2	40.4	41.8

*** Victorian Health Information Surveillance System (VHISS) 2008 (Revised and updated 2012) **Department of Health Victoria (DH) 2013**

The Geelong Osteoporosis Study demonstrated that there has been a measurable increase in the prevalence of obesity over one decade amongst women in the Geelong region. The body mass index (BMI) was measured for 1494 women in 1993-7 and for 1076 women in 2004-7. The prevalence of Obesity (BMI>30.0 kg/m²) was 23.2% in 1993-7 and 29.1% for 2004-7. Increases in mean BMI and prevalence of morbid obesity were observed for all ages and across the socioeconomic spectrum.

2.3 Department of Health Victoria Healthy Living Programs

During 2010 the Department of Health Victoria completed a project to identify potential Healthy Living Programs for Victorians. The Department selected a range of healthy lifestyle programs and strategies for consideration by Healthy Together Victoria Prevention Areas. This list was utilised by City of Greater Geelong (COGG), Barwon Health and Bellarine Community Health during the needs analysis and priority setting process for selection of locally relevant healthy living programs.

Healthy Living Programs and Strategies (HLPS) are chronic disease prevention activities tailored to meet the needs of local communities. They include a broad range of intervention approaches and models available to address locally defined need. Their aim is to strengthen individual and community action to increase opportunities for healthy living. As part of this, they aim to increase the capacity in communities for promoting healthy eating and physical activity beyond health professionals.

The Healthy Living Programs are interventions for individuals and groups with a primary focus on individual behavioural change through information or education, practical skills development and/or participation opportunities. Programs will assist people to enhance their knowledge and skills to adopt and maintain healthy lifestyles.

Department of Health Victoria. (2010). Healthy Living Programs Project. Final Report October 2010.

[http://docs.health.vic.gov.au/docs/doc/46F762BDFEF9338ECA25788F000638CE/\\$FILE/Healthy%20Living%20Programs%20Project%20Report%20-%20Executive%20summary.pdf](http://docs.health.vic.gov.au/docs/doc/46F762BDFEF9338ECA25788F000638CE/$FILE/Healthy%20Living%20Programs%20Project%20Report%20-%20Executive%20summary.pdf)

2.4 Greater Geelong Needs Analysis and Priority Setting Process

The priority setting process was informed by population health data and input from key stakeholders, including;

- Healthy Together Geelong Needs Assessment Project Group and Governance Group (Bellarine Community Health, Barwon Health, City of Greater Geelong (COGG), Geelong Region Alliance (G21)
- Barwon Health and Bellarine Community Health Integrated Health Promotion Plans.
- Local Government Area Municipal Public Health & Wellbeing Plans
- Department of Health, Community Health Integrated Health Promotion Program Planning Guidelines 2013-17
- G21 Health & Wellbeing Pillar Planning Project
- Local population health data

2.4.1 Recommended Healthy Living Program for the Geelong region

The Healthy Lifestyle Program for Women (HeLP her) is one of the Department of Health Victoria recommended Healthy Lifestyle Programs. It has been developed by women's health experts at Monash University and is designed to support a healthy lifestyle, promote health and wellness and prevent excess weight gain in women. The HeLP her program is deliberately designed to be low cost and easily delivered. Women attend an interactive education session delivered by trained health professionals. In many cases the program will be delivered at a local primary school, a social group, kindergarten, sporting club, workplace or similar supportive environment. The program teaches women core skills in changing behaviour, self-monitoring and has a number of high quality resources including a self-management manual and website which is regularly updated. Ongoing support is provided throughout the program by mobile phone, website and mail.

2.4.2 Geographical approach to addressing physical activity, healthy eating

Rationale: Suburbs below the 2011 Greater Geelong SEIFA averages were compared against obesity prevalence data. There was a clear correlation between suburbs of higher disadvantage and obesity prevalence.

The following suburb clusters have been recommended based on low SEIFA averages and above state average obesity levels:

- Corio/Norlane/North Shore
- Bell Post Hill/Bell Park/Herne Hill
- Newcomb/Moolap/Thompson/Whittington/St Albans Park/Breakwater
- Portarlington/Indented Head/St Leonards

Due to additional local population health data Grovedale/Marshall was also recommended as an additional suburb cluster.

2.5 The HeLP her Program

2.5.1 The Program

The program is designed to increase awareness of the significance of consistent increases in weight over many years in Victorian women. It is designed to be adaptable, easily delivered and low cost. The program is based on compelling evidence that small changes in behaviour will modify risk factors for a range of diseases including heart disease, diabetes, arthritis, and cancer as well as the promotion of general wellbeing.

2.5.2 Implementation

The program uses simple messages on healthy eating and physical activity consistent with national guidelines, a combination of face to face delivery of three (3) one (1) hour sessions and written and electronic resources based on building confidence, skill development and making small consistent changes to behaviour. The sessions are non-prescriptive, provide evidence based general nutrition and physical activity messages. An important element is a social context and group delivery where women support each other.

On-going support is provided by SMS mobile phone, phone coaching, email or mail. The program integrates well with other local activities and strategies such as in schools and workplaces. Ultimately, the goal of the HeLP her in Victoria is to support Victorian women to improve health behaviours in order to prevent excess weight gain.

2.5.3 Training

The program is designed to be delivered by trained health professionals. The content of the program does not require specialist nutrition or physical activity knowledge rather a professional with a health background. The Healthy Lifestyle Team has developed a training module to support the delivery of the program in local government areas and organisations throughout Australia.

Retrieved from <http://www.healthylifestyleprogram.org.au/>

2.6 Greater Geelong HeLP her Implementation

Goal:

To improve the health and wellbeing of women living in the Geelong Region through increased physical activity, healthy eating, social connection and prevention of excess weight gain.

Target Population:

Women living in the Geelong Region who have caring responsibilities for young children (0-4 years)
Women (18 – 50 years) living in the Geelong Region

Geographical Cluster Areas:

- Corio/Norlane/North Shore
- Bell Post Hill/Bell Park/Herne Hill
- Newcomb/Moolap/Thompson/Whittington/St Albans Park/Breakwater
- Grovedale/Marshall
- Portarlinton/Indented Head/St Leonards

Objectives

1. 150 women will be recruited from the 5 identified cluster areas and complete 1 year of the HeLP-her Healthy Lifestyle Program
2. Participants increase health related knowledge and understanding of physical activity, healthy eating, social connection and self-monitoring health indicators.
3. Participants improve physical activity levels, healthy eating and social connection
4. Participants report no increase in weight
5. The Prevention System in the Greater Geelong Local Government Area is realigned to support HeLP-her program delivery and evaluation

KPI (Pilot Project):

Deliver two HeLP her programs per five identified geographical cluster areas (10 programs, 150 participants/families) during June 2014-December 2014.

3. Evaluation Design

Evaluation of the HeLP her Pilot was undertaken by Barwon Health on behalf of the HeLP her Pilot Steering Group. Bellarine Community Health and City of Greater Geelong (COGG) provided input into the development of the evaluation plan during June 2014. Bellarine Community Health and Barwon Health were directly involved in collecting data for the HeLP-her programs they ran in their respective regions.

The evaluation framework is based on the Department of Health (Victoria) Community Health Integrated Health Promotion (IHP) Planning Guidelines 2013-2017.

Qualitative and quantitative methods were used to collect data. Including: pre and post participant lifestyle surveys; key information interviews with facilitators and members of the project steering group; facilitator session feedback and end of pilot surveys; and document audit.

Surveys were developed by Barwon Health on behalf of the Project Steering Group with input from Bellarine Community Health and City of Greater Geelong (COGG). There were no existing survey tools available which would collect the information required to report project outcomes.

There are three key areas which are the focus of the overall evaluation:

1. Pilot project outcomes

Key outcomes of interest were:

- Program reach: Participant attendance and demographic information
- Participant, facilitator and project steering group attitudes to the program
- Economic assessment of costs of program delivery, including staffing, resources, venues
- Realignment of the Greater Geelong Prevention System to support program implementation
- Participant impacts relating to changes in personal skills and healthy lifestyles.

These outcomes are the focus of this evaluation report with another report to be completed in 2015 relating to follow up and longitudinal outcomes.

2. Quality improvement recommendations

Quality improvement for program delivery will be the focus of a separate evaluation. This will specifically report on quality improvement recommendations for course delivery and course content and will be undertaken with Monash University who hold the intellectual property for the program.

3. Research translation and dissemination

In addition to the specific outcomes of the pilot project the findings relating to research translation to practice of evidence based healthy lifestyle program are of particular interest. These findings will contribute to the knowledge base of community obesity prevention strategies.

Pilot Project Outcomes

There are two phases of the evaluation which focus on outcomes of the pilot project.

Phase 1: Planning and program delivery of the HeLP-her Pilot (April 2014 – December 2014)

Phase 1 will comprise the significant portion of the evaluation and is primarily focused on;

Process Evaluation

- Participant attendance and demographic information

- Participant, facilitator and project co-ordinator attitudes to the program
- Economic assessment of costs of program delivery, including staffing, resources, venues
- Realignment of the Greater Geelong Prevention System to support program implementation

Impact Evaluation

- Participant impacts relating to changes in personal skills and healthy lifestyles.

Phase 2: Follow Up (February – December 2015)

Phase 2 will focus on 6 month post program lifestyle follow up and reporting on the number of participants who complete a full 12months of the program.

4. Key Findings

Key findings will be reported against the five project objectives.

Objectives

1. 150 women will be recruited from the 5 identified cluster areas and complete 1 year of the HeLP-her Healthy Lifestyle Program
2. Participants increase health related knowledge and understanding of physical activity, healthy eating, social connection and self-monitoring health indicators.
3. Participants improve physical activity levels, healthy eating and social connection
4. Participants report no increase in weight
5. The Prevention System in the Greater Geelong Local Government Area is realigned to support HeLP-her program delivery and evaluation

KPI (Pilot Project)

Deliver two HeLP her her programs per five identified geographical cluster areas (10 programs, 150 participants/families) during June – December 2014)

4.1 Objective 1: Reach and Participation

150 women will be recruited from the 5 identified cluster areas and complete 1 year of the HeLP-her Healthy Lifestyle Program

Overview of Interventions/Strategies:

1. Community group mapping and engagement
2. Venue mapping and engagement
3. Marketing and recruitment strategy
4. Program registrations and attendance
5. Course resources, content and delivery
6. Catering
7. Follow up messages
8. Add on Events

4.1.1 Community group mapping and engagement

Existing programs/groups were identified that would pair well with HeLP-her including;

- Maternal and Child Health
- Childcare and Kindergartens
- Playgroups
- Primary Schools
- Secondary Schools
- Neighbourhood Centres
- Community Kitchens
- Barwon Health Volunteer Services
- Community Health Services
- Carer groups
- Sporting Clubs and Leisure Centres

4.1.2 Venue mapping and engagement

Based on geographical cluster areas and access for the local community, ten (10) programs were run from the following locations:

- Newcomb Library, Newcomb
- Vines Road Community Centre, Herne Hill/Hamlyn Heights (2 programs)
- Grovedale Neighbourhood House, Grovedale (2 programs)
- Northern Bay Family Centre, Corio
- Whittington Primary School, Whittington
- Cloverdale Neighbourhood House, Corio
- Clifton Springs Maternal Child Health Centre
- Bellarine Community Health Service -Portarlington

4.1.3 Marketing and recruitment strategy

The marketing and recruitment strategy had two components:

1. Broad marketing strategy
2. Targeted recruitment

Refer Appendix A for further information about specific points of distribution for marketing and recruitment.

Broad marketing

- Articles in the local media: Geelong Advertiser, Bellarine Times, Ruby Magazine and local newsletters (including Whittington Voice, Northerly Aspects, The Port Report)
- Social Media: HeLP her Facebook page (June – December 2014: 181 likes). Barwon Health and Healthy Together Geelong Facebook pages.
- Broad Networks: Sending information through community networks
- Displaying flyers in community centres, neighbourhood houses, libraries, local shopping centres, leisure and sporting clubs

Targeted recruitment

- Through HeLP her facilitators' professional networks: including Maternal and Child Health, family centres, playgroups, kindergartens, women's health services, medical centres, community health services, secondary school nurses, primary schools, primary care teams, community kitchens and volunteer services.
- Direct contact with health service providers and GPs.
- Social networks and "word of mouth"



Where did women hear about the program?

Barwon Health Facebook
Barwon Health Volunteer Services
Case management organisations
Community Kitchens
Direct referrals from Barwon Health or Bellarine Community Health Service providers
Flyers at City of Greater Geelong Libraries
Flyers at medical clinics
Friends and neighbours
Kindergartens via personal mail outs
Local newspaper and newsletter articles
Local shopping centre notice board
Mother's Group
Neighbourhood and Community Centres
Playgroup and Family Centre

Why did women want to attend the program?

Wanting to live a healthier lifestyle
Up to date information about diet, exercise and women's health
Better health so I can care for my family
Motivation, a kick start
Like the idea of identifying goals and obstacles
Help and support for weight loss
Need to put myself and my health first
Sounded interesting
Continue contact with an existing social group

4.1.4 Program registrations and attendance

Intended Reach: Target Registrations, Populations and Geographical Areas

Target Registrations:

150 women will be recruited from the 5 identified cluster areas and complete 1 year of the HeLP-her Healthy Lifestyle Program.

Target Population:

Women living in the Geelong Region who have caring responsibilities for young children (0-4 years)

Women (18 – 50 years) living in the Geelong Region

Target Geographical Cluster Areas:

- Corio/Norlane/North Shore
- Bell Post Hill/Bell Park/Herne Hill
- Newcomb/Moolap/Thompson/Whittington/St Albans Park/Breakwater
- Grovedale/Marshall
- Portarlington/Indented Head/St Leonards

KPI:

Run ten (10) programs per five identified cluster areas during June- December 2014.

Actual Reach: Summary of Demographic Information of Program Participants

- 10 programs per five identified cluster areas were run during June- December 2014.
- 84 women registered for the program with 66 women attending at least one session.
- 21.2% of women who attended permanently cared for children aged 0-4 years.
- 25.8% of women who attended permanently cared for children aged 5-17 years.
- 72.7% of women who registered were aged 18-50 years. All women regardless of age presented with identified health needs.
- 45.2% of women who registered were from the specific target suburbs with the remainder from neighbouring suburbs. Women from all suburbs presented with identified health needs regardless of their geographical location.

Refer Appendix B for specific participant suburb data

- 100% of programs were delivered in venues in the identified cluster areas to ensure programs were accessible to women living in these geographical locations.

Summary of Program Registrations

- 84 women registered for the program with 66 women attending at least one session.
- 41 women (62%) attended all three sessions.
- 79% of registered participants attended at least one session.
- 83% of women who attended the program attended session two.
- 70% of women who attended the program attended session three.

Program Registrations Overview

PROGRAM	REGISTRATIONS	ATTENDED AT LEAST 1 SESSION	WEEK 1	WEEK 2	WEEK 3
Newcomb Library, Bellarine Hwy cnr Wilsons Rd, Newcomb, 3219 Wednesday August 6 th , 13 th & 20 th 10-11am	13	12	12	11	9
Vines Rd Community Centre, 37-61 Vines Road, Hamlyn Heights, 3215 Tuesday August 12 th , 19 th , 26 th 10-11am	8	7	6	6	6
Clifton Springs Maternal Child Health Thursday August 14 th , 21 st , September 4 th 1.30-2.30pm	9	9	9	8	5
Grovedale Neighbourhood House, 45 Heyers Rd, Grovedale, VIC, 3216 Wednesday August 27 th , September 3 rd & 10 th 10-11am	9	9	8	8	8
Portarlington, Bellarine Community Health Services Tuesday October 7 th , 14 th , 21 st 5.30-6.30pm	3	3	3	2	2
Northern Bay Family Centre, 3-25 Goldsworthy Road, Corio, 3214 Wednesday October 8 th , 15 th , 29 th 10-11am	5	5	5	4	5
Barwon Soccer Club (c/-Grovedale Neighbourhood House) Reserve Rd, Grovedale, VIC, 3216 Tuesday October 14 th , 21 st , 28 th 5.30-6.30pm	15	9	9	9	7
Whittington Primary School, 1-11 Worden Court, Whittington, 3219 Thursday October 30 th , November 6 th , 13 th 2-3pm	1	1	1	1	1
Cloverdale Neighbourhood Centre, 167-169 Purnell Road, Corio, 3214 Tuesday November 11 th , 18 th , 25 th 2-3pm	9	3	3	2	1
Vines Rd Community Centre, 37-61 Vines Road, Hamlyn Heights, 3215 Thursday November 20 th , 27 th , Dec 4 th 2-3pm	12	8	8	4	3
TOTAL	84	66	64	55	47

Key Reasons for Non Attendance and Drop Out

Work commitments and roster changes	18.4%
Registered very early and didn't respond to reminders	15.8%
Unwell, illness	10.5%
Unknown	10.5%
Overcommitted themselves/ double booked	10.5%
Family and carer responsibilities/commitments	7.9%
Venue changed and was no longer accessible for some women	7.9%
Transport issues	5.3%
End of year (leading up to Christmas) is a busy time for people	5.3%
Study commitments	5.3%
Volunteering commitments	2.6%

Stakeholder Satisfaction with Recruitment Strategy

Stakeholders (including community partners, and facilitators) provided feedback about challenges of the recruitment strategy. Comments are provided below;

- **Theme 1: Time constraints**

"Reaching that number in the timeframe was unrealistic.....90-100 participants would have been a realistic vision or ideal maximum."

"Could do better with marketing the program both in timeframe and strategies.....more time needed for social networking/word of mouth."

"Building rapport and trust and takes time. Time was too short to develop relationships."

"Tight time frames for pilot recruitment and marketing. Need to have 8 exposures to marketing messages to get people engaged."

- **Theme 2: Pressure to deliver 10 groups**

"Due to the expectation to deliver 10 groups in 5 areas, the focus early in the planning stage was to schedule 10 groups and ensure that we could deliver the 3 sessions taking into consideration school holidays, public holidays and not overscheduling during particular weeks. Due to available resources we could run a maximum of 2 sessions in 1 week. The amount of available time was 4 months to run 10 groups (August, September, October, and November)."

- **Theme 3: It is traditionally hard to engage people in the geographic areas being targeted.**

"Hard to engage people in this area..... Lots of people are overweight here....but they don't like being told what to do..."

"The marketing approach needs to be sensitive to the area and the population."

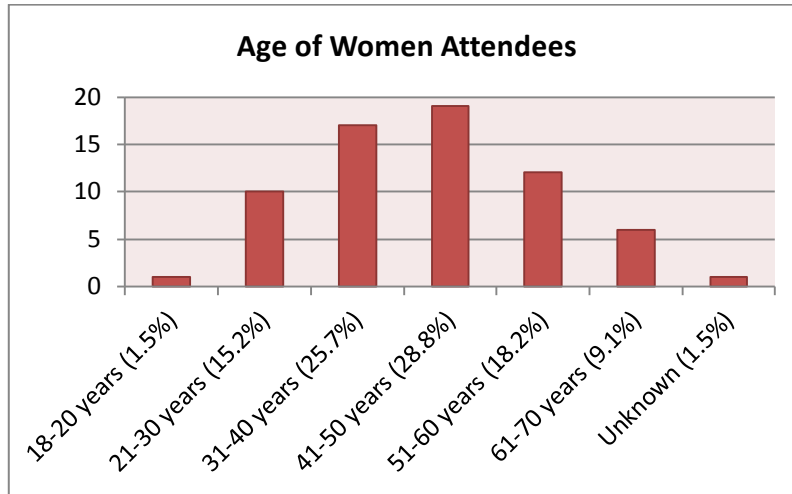
Theme 4: Defining how much time to invest in recruitment

"Knowing how to invest in the recruitment and marketing. Didn't want to be dragging people in.....wanted the recruitment to take its natural course."

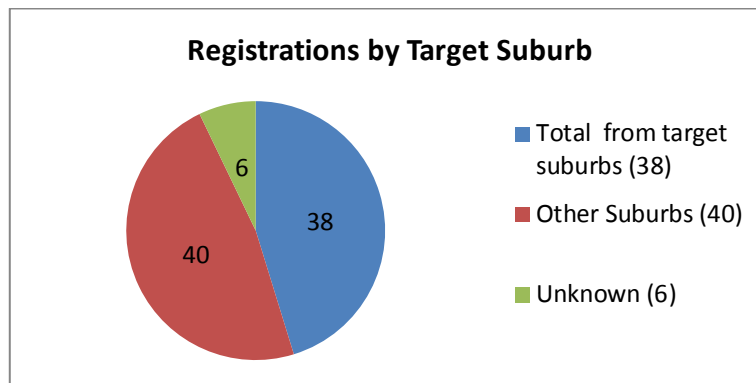
"Wanted a captive audience not a captured audience."

Snap shot of Women who attended the program

Age of Attendees (n=63)



Registration by Suburb (n=84)

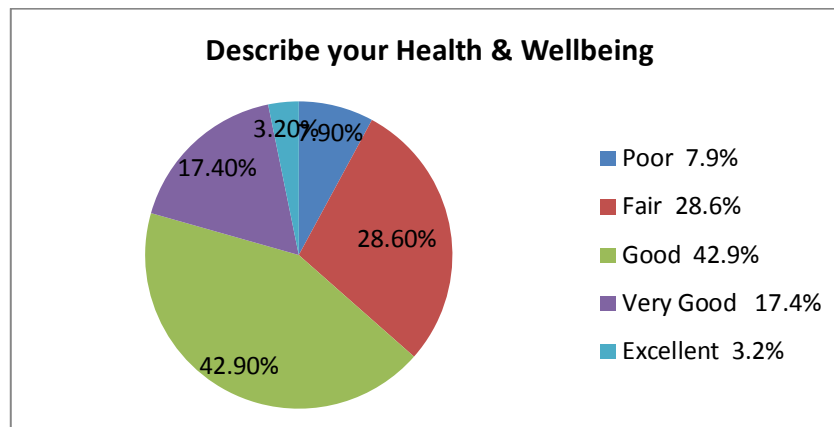


Please note: Target Suburbs include;

- Corio/Norlane/North Shore
- Bell Post Hill/Bell Park/Herne Hill
- Newcomb/Moolap/Thompson/Whittington/St Albans Park/Breakwater
- Grovedale/Marshall
- Portarlington/Indented Head/St Leonards

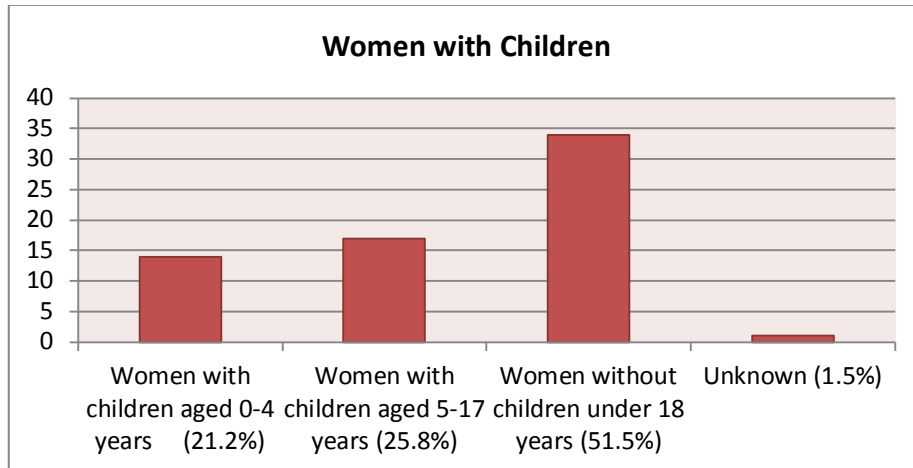
Self-rating of Health

How would you describe your health and wellbeing? (n=63)



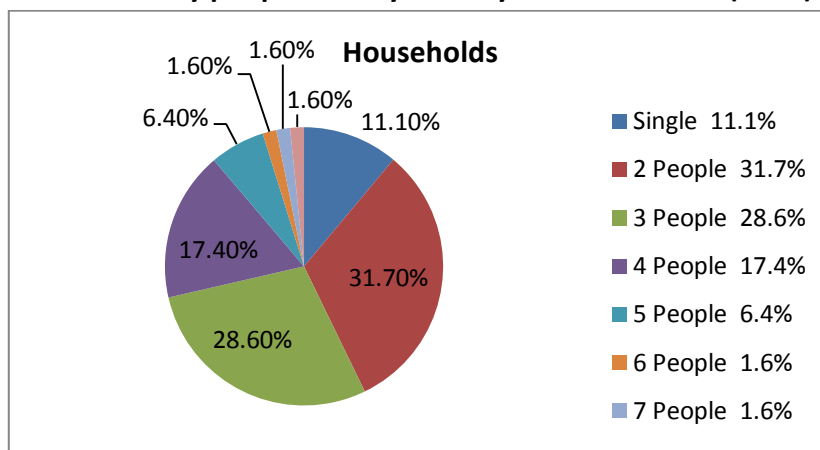
Women with Children

If you have children less than 18 years living with you, what are their ages? (n=63)



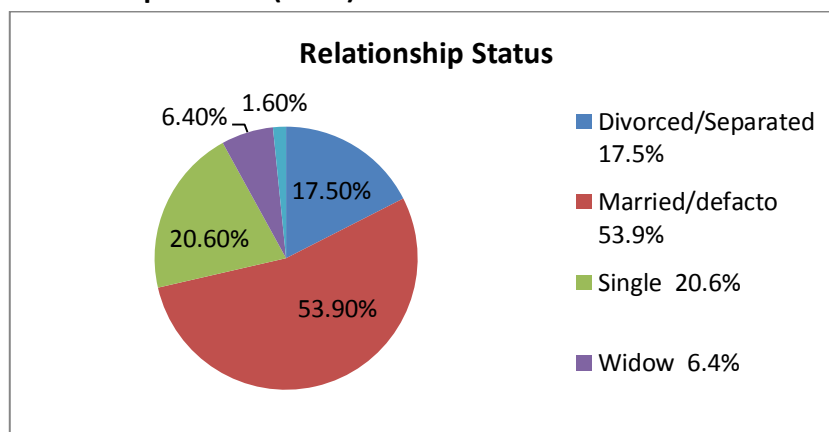
Household

Including yourself how many people usually live in your household? (n=63)



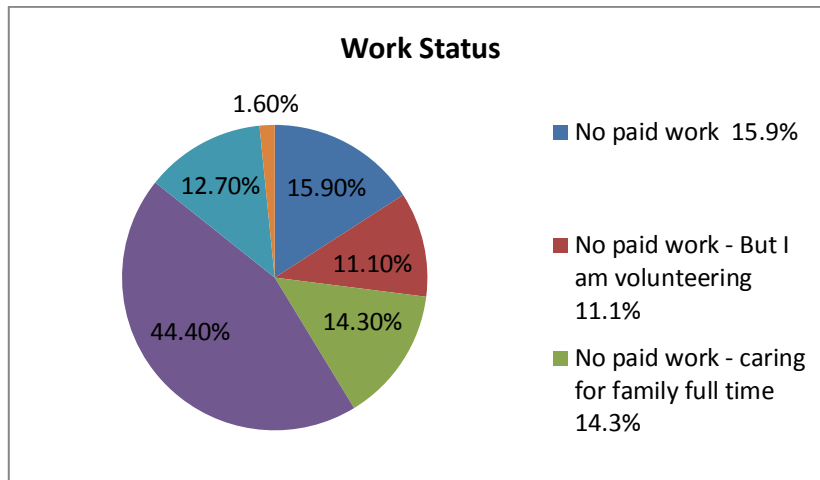
Relationship Status

What is your relationship status? (n=63)



Occupation

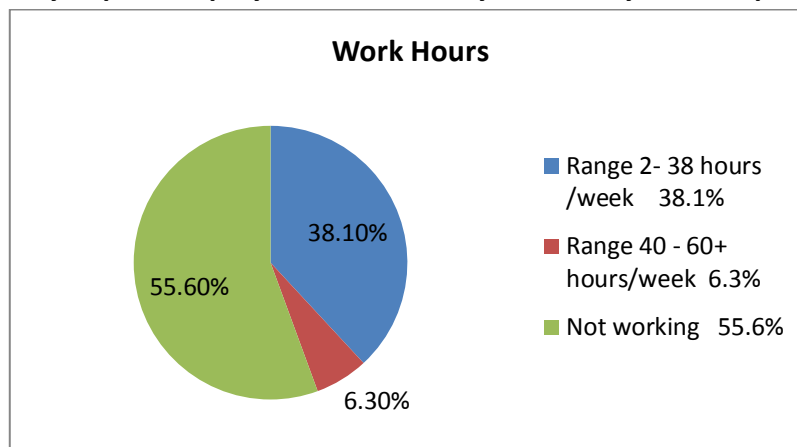
Do you currently work? (n=63)



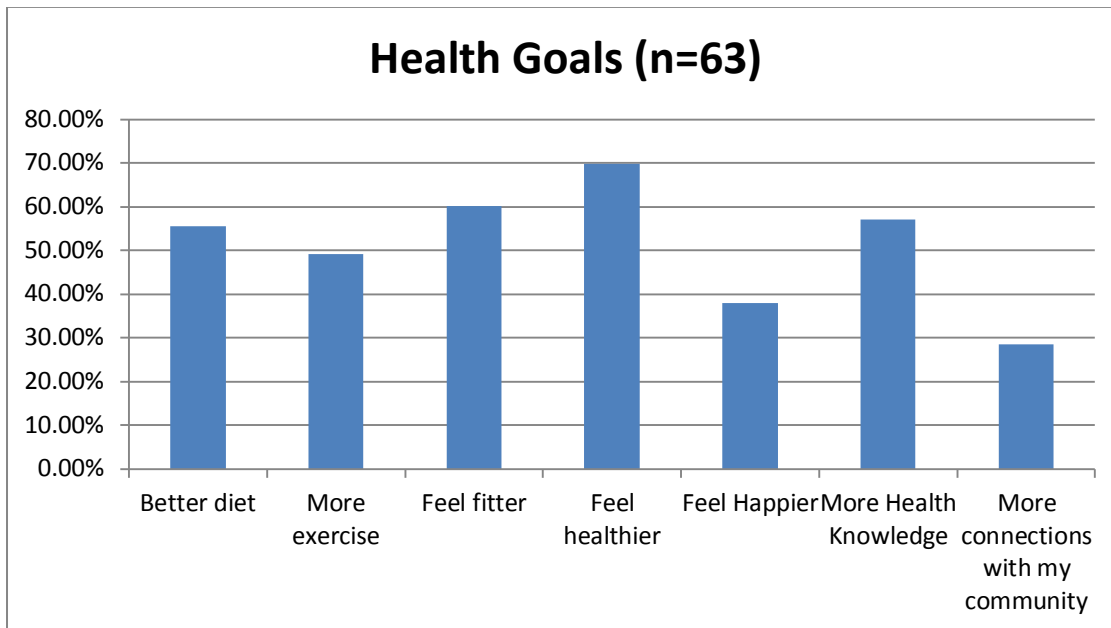
Most commonly reported occupations were: Administration Officer, Carer/Support Worker, Childcare Worker, Hospitality, Nursing & Allied Health, Retail, and Education/Teaching.

Work Hours

If you are currently in paid employment, how many hours do you work per week? (n=63)



What health gains do you hope to get from participating in the Health Lifestyle program for women?



Other comments:

"Confidence in my own health"

"Better diet to ultimately lose weight and the flow on effect to educate myself and my family with healthy food choices."

"Review healthy eating, exercise and fine tune any tips and handy hints. Get kick started."

"I really need a boost and to get organised and look after myself."

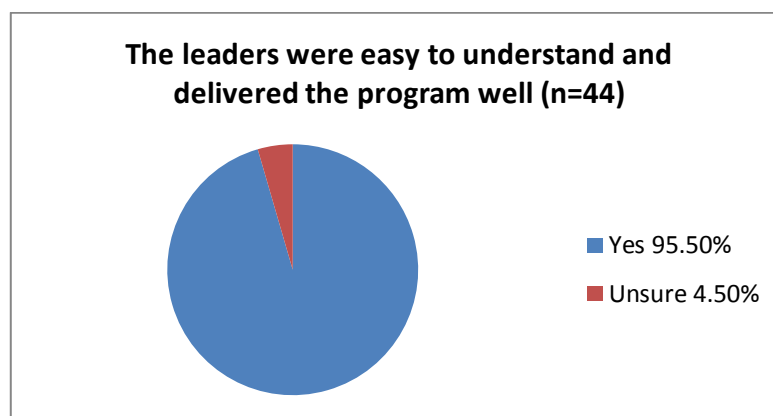
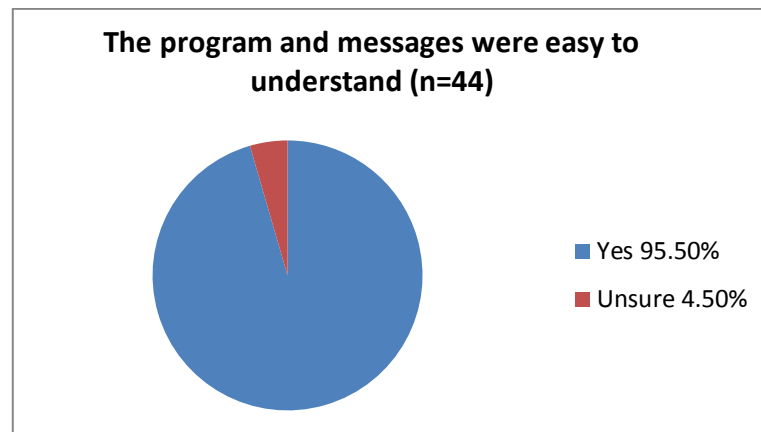
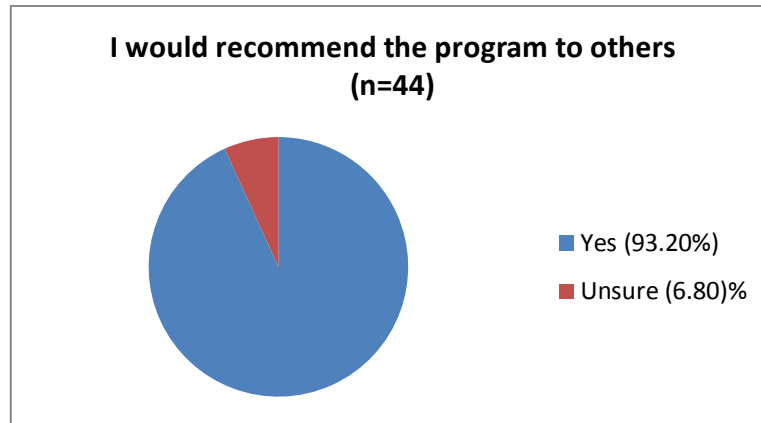
"Self-Confidence in mind & body. Feel like I can do things and change for the better."

"Just knowing how to cook healthier and have that knowledge."

4.1.5 Course resources, content and delivery

Participant Satisfaction and Quality Improvement

Data Source: Post Program Participant Survey (n=44)



Thirty-four (34) participants gave qualitative feedback about their satisfaction with the program or ways to improve the program.

Can you suggest ways to improve the program?

Theme 1: Increase the length and number of sessions (14 participants)

Comments included:

"Increase program from 3 to 4 weeks and allow more group discussion."

"Maybe run for 1.5 hours to facilitate group discussion a little more."

"Loved it..... Wished I could attend it for more weeks!"

"I wish it went for longer."

Theme 2: More information about food and nutrition (5 Participants)

Comments included:

"Healthier ways to cook."

"Healthy recipes."

Theme 3: Health literacy of participants and existing level of health knowledge (2 participants)

Comments included:

"Be aware of who is in the group and the backgrounds they come from..."

"More complexity. The program was a bit too simple."

Theme 4: Resources (2 participants)

Comments included:

"Have more information about activities available and if it went longer maybe the participants might start some activities together."

Theme 5: Ongoing contact and support(3 participants)

Comments included:

"Perhaps a follow up meeting in 6 months to check on participants' progress."

"After doing an Intro or basic program (longer than 3 times) if we could meet, even with others from nearby who also have done the program, on a semi-regular basis to strengthen all we have learnt and better able to support the ongoing implementation of the information into our lives for a long term change. Need to catch up regularly, not just dip our toes into it and then gone!"

"Even more support so that we as a group could all encourage each other, perhaps more meetings or an online group to keep contact."

Theme 6: Tailored for specific target populations (1 participant)

Comments included:

"Different programs to suit different ages, physical disabilities."

Theme 7: Advertise to a broader age range (1 participant)

Comments included:

"Advertise this program as not only open to 18-50 age group. I'm [over 50] and found program very worthwhile."

Theme 8: Time of day (1 participant)

Comments included:

"Just changing the time to 6pm for those that work late."

Theme 9: Satisfied (positive feedback). 34 (80%) participants provided unprompted, written comments about their satisfaction with the program in their post program feedback surveys.

Comments included:

"The focus on preventing weight gain is good. Goal setting is useful."

"I enjoyed the presentations and the gentle persuasion rather than "dictation"!"

"Thank you for your time in presenting. I am recommending it to women."

"It was great. I honestly have learned so much. Now it is totally up to me to get on with it. I am grateful for the opportunity to attend these classes. Thank you."

"Very helpful in making me think about my lifestyle."

"Presenters were very knowledgeable and presented the issues well in a manner that was easy to understand."

"Loved the programme - simple, easy to understand and apply to everyday living. Logical suggestions that made you think of your lifestyle choices and how to make better ones. The ripple effect to family will be great."

Facilitator Satisfaction and Quality Improvement

Course resources, content and delivery

Data source: Facilitator end of session surveys, facilitator end of program surveys and facilitator key informant interviews.

Highlights

Theme 1: Positive engagement with the program

"Women seemed to really engage with the messages of the program."

"It was great to see how they reflected on the goals they set from the previous weeks."

"Participants' enthusiasm, was a highlight especially in our groups where participants were in the right stage of change."

"Everyone left feeling positive, changing something, learning something and wanting more."

"Getting positive feedback from women throughout the sessions."

Theme 2: Changes women made to their lifestyles

"Seeing participants make realistic, small achievable changes."

"Positive changes women made to their lifestyle from coming to the group and how proud they were about that change."

Theme 3: Peer support aspect of the program.

"Great to see women offering solutions to each other."

"Program is not prescriptive. Everyone is on same level and problem solving together."

"Nice to be delivering a program that wasn't focused on telling people what to do. Women generated the solutions."

Theme 4: Philosophy and messages of the program

"Implementing a goal focused approach was very positive."

"I really like the program.....the philosophy of the program and messages."

"[I] believed in the program...this was a real enabler. Gave the energy to deliver the program under quite challenging time frames."

"Liked that the program gave or focused on basic, simple information and messages."

Theme 5: Co-facilitation was a highlight

All facilitators mentioned that presenting with another facilitator was a highlight. Having a mix of expertise and experience was very beneficial for program delivery. One facilitator commented that working with a facilitator with a dietetics background was beneficial as *"participants came away immediately with answers to their nutrition questions."*

Theme 6: High quality participant manual

"The manual was theirs to keep and they could complete "homework" between sessions."

"The printed quality of the manual was great – looks professional, participants wouldn't lose it."

"Women placed value on the manual. Everyone brought their manual every week."

Challenges

Theme 1: Lack of time and the number of programs being run concurrently

"Running so many programs at once was physically and mentally draining."

"Fitting in sessions – spacing apart sessions was very challenging."

"No time for research, recruitment or reflection."

"No time to establish a community of practice around women's health, physical activity and healthy eating."

Theme 2: Length of the sessions

"Needed a running sheet to keep on time. Had to constantly check time."

"75- 90 minutes would allow more time for discussion and conversation around the topics."

"Content could not be covered in one hour. Meant there wasn't enough time for activities and had to limit discussion. Extra 15mins would have made a difference."

"An hour and half would be perfect to allow for surveys and discussion. Want to allow discussion during the session."

"Lots of people would have come for longer sessions and more sessions."

Theme 3: Focus on food and nutrition

"Food and nutrition is a big focus for participants. Women want information about food, meal planning and healthy recipes. Need some good information and strategies to manage this."

Theme 4: Participant backgrounds and reasons for attending

"Varied reasons why people are coming along."

"Varied base level of knowledge and varied expectations."

Theme 5: Weight is a sensitive and emotional issue

"Emotional feelings around women and weight."

"This area (women & weight gain) is full of misinformation, myths & guilt. Need to be able to immediately respond to these issues as they arise."

Theme 6: PowerPoint and course content

"We need the slides to get through the content. Need slides to keep on track and keep session within time limits."

"Became reliant on PowerPoint to keep to time. Facilitators need the structure to stick to time limits."

"There is so much information and possible discussion in the sessions. Need to make sure that the key information is delivered."

"There is a lot of content. Need to review the content/messages we want to get across."

"The presentation is copyright so couldn't change the presentation and content to improve delivery."

Please note: Specific review of course resources, content and delivery will be the focus of a separate enquiry and will involve direct discussions with Monash University who hold the intellectual property for the HeLP-her Program. This report will focus on participant and facilitator satisfaction and suggested improvements for program implementation.

Improvements and recommendations

- Extend session time to 75-90 minutes.
- Extend the program to four sessions for interested women.
- Establish a community of practice around women's health, healthy eating & physical activity to support professional development and knowledge sharing.
- Review and rewrite PowerPoint presentation and program resources.
- Implement a strategy to ensure that participants' questions about food and nutrition are adequately managed taking into consideration that the aims of the program are broader than food and nutrition.
- Review the content and delivery in terms of the social connection impact of the program.
- Review marketing campaign and promotional messages of the program in terms of the demographics of targeted women
- Make more resources about local services and groups available for participants.
- 10 women in each group works well.

Comment from facilitator:

"I think the program was a great success. I feel like we all worked really hard to deliver something we had faith and pride in. I think we developed as facilitators and our confidence in delivering the program improved each time we ran it. I feel that although we didn't reach target numbers, the women who attended our groups will go on to make permanent changes as a result of attending. I think given more time, we would have had more participants, but we have built a great foundation for future use of the program and that is great. I feel very privileged to have been involved in this."

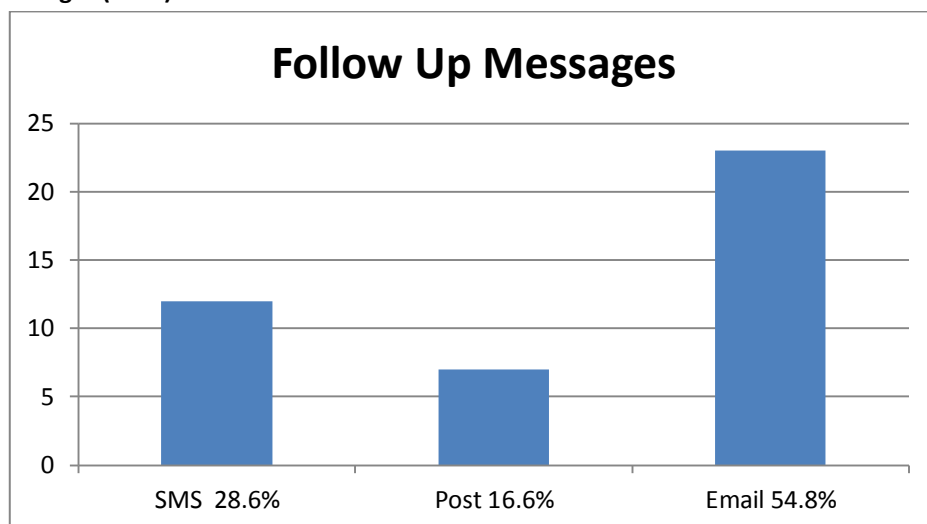
4.1.6 Catering

Simple refreshments were offered which consisted of whole apples, tea, coffee and water. Facilitators and participants were satisfied with the catering offered for a one hour program. The catering was low cost, not labour intensive to organise and was consistent with program messages.

4.1.7 Follow up messages

At session three participants were given the option to receive ongoing follow up messages. 42 of the 47 participants requested to receive ongoing follow up messages. Of the five participants who did not opt in, four did not receive the paperwork prior to leaving the session and one person did not return their paperwork. Participants had the option to receive messages via post, email or SMS. Messages are sent one week after the last session of the program and then monthly for twelve months.

Follow up messages (n=42)



Participants were able to reply to messages. Some of the comments received included;

"Thanks for the reminder. I'm mindful of what I am eating and going to bed earlier."

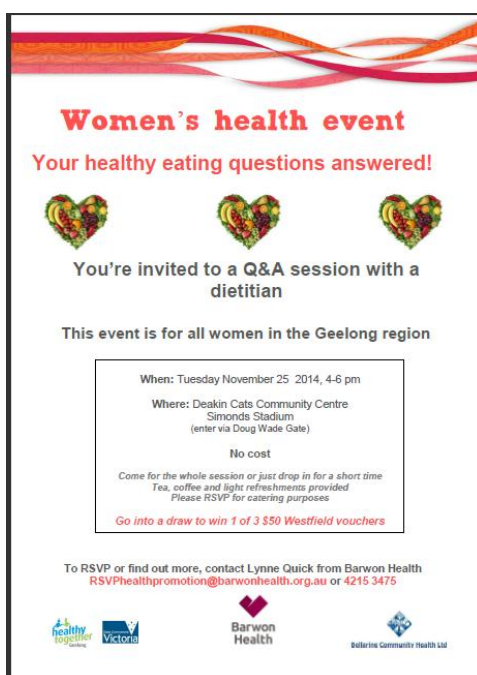
"Continuing gym.....lost 3kg"

"Hi, In 3 weeks I've lost 3.5kgs"

"Hi, Thank you for your advice"

"I have really stuck to healthy options along with exercise. I have now lost 8kg. Thanks to you all, this has given me the kick start I needed."

4.1.8 Add on Events



Participant feedback from the program resulted in the organisation of a nutrition session being offered to community women. Women were requesting more food and nutrition information during the HeLP her sessions. Rather than making nutrition the focus of the session the solution was to offer a specific session so that women could ask nutrition questions to a community dietitian.

15 women attended the session at the Deakin Cats Community Centre on November 25th 2014. Facilitators found the question and answer format worked very well and are keen to investigate using this format with future education sessions. The format created lots of positive and informative interaction.

At this session participants were asked "What do you think needs to be improved for women to live a healthier life in the Geelong Region?"

Comments included:

"We need more health seminars as we attended today. It was so informative."

"Affordable classes."

"Healthy cooking classes with recipes that are simple and easy to make. This will also create interaction around health for women."

"More courses and talks that encourage women to get fit. Different ways of cooking and getting fit."

"More groups like what Barwon Health are offering with a health professional to get the right information."

"More information and education....groups to exercise with."

4.2 Objective 2: Health related knowledge and understanding

Participants increase health related knowledge and understanding of physical activity, healthy eating, social connection and self-monitoring health indicators.

Impacts:

Personal Skills:

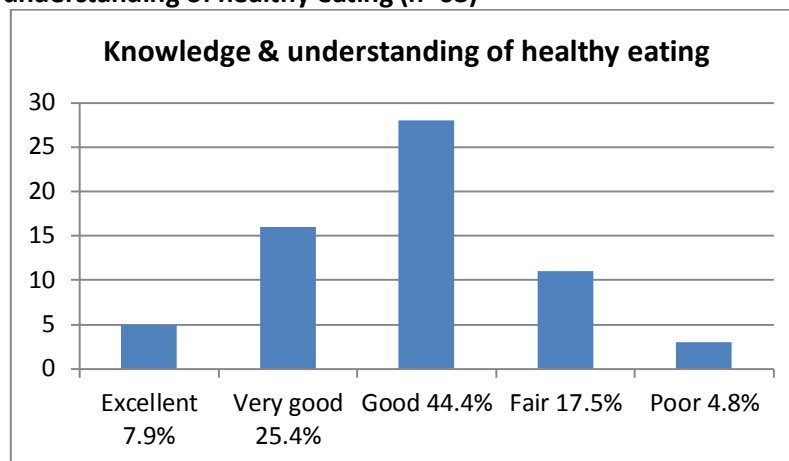
Increased health related knowledge;

- physical activity
- healthy eating
- social connection
- self-monitoring health indicators.

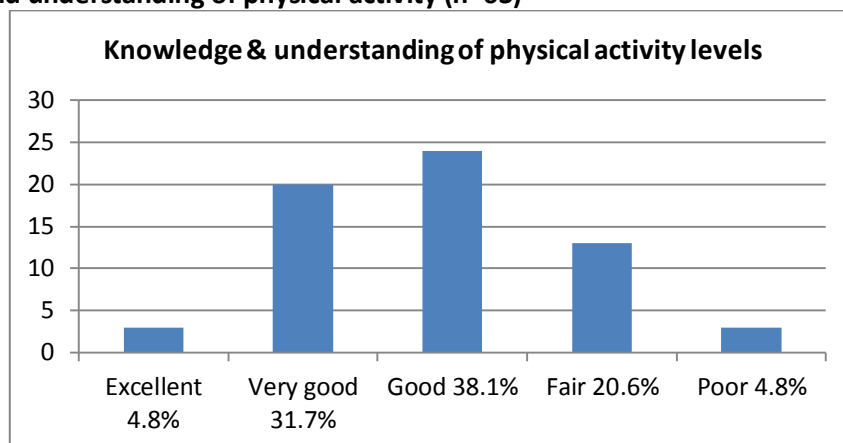
Data source: Pre (session 1) and post program (session 3) participant surveys, facilitator end of session survey, facilitator end of program survey and facilitator key informant interviews. Direct pre and post comparisons cannot be made from this data.

Pre-program survey self-reported knowledge and understanding of healthy eating and physical activity (n= 63)

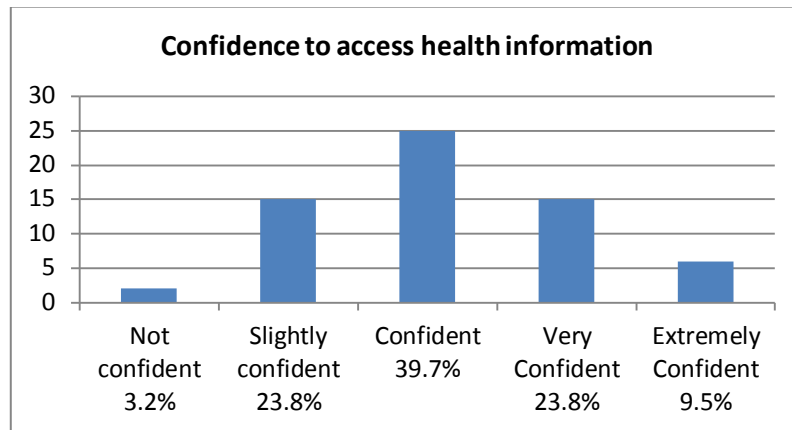
Knowledge and understanding of healthy eating (n=63)



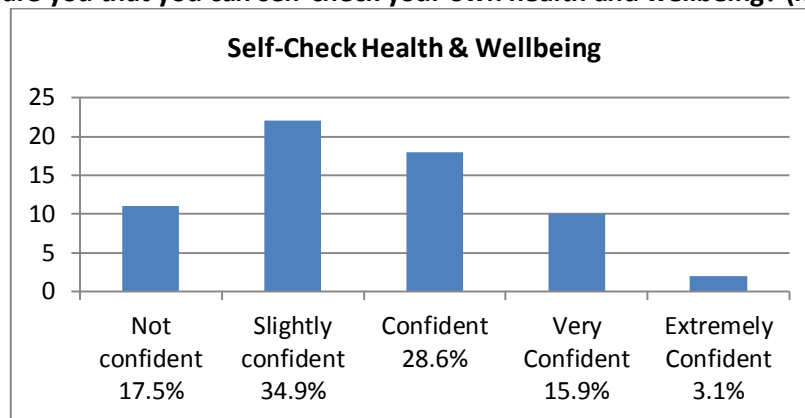
Knowledge and understanding of physical activity (n=63)



How confident are you that you could access information about ways to improve your health? (n=63)



How confident are you that you can self-check your own health and wellbeing? (n=63)



Post-program survey

37 (84%) of participants provided written feedback to the question, Can you recall anything new you learned by participating in the program?

Setting SMART goals	27%
Healthy eating	24%
6 key messages (of the HeLP her Program)	22%
Positive self- talk and motivation	19%
Small realistic changes work and are important	14%
Local health programs	14%
“Kilo creep”	11%
Self-monitoring weight	8%
Women's Health Information	8%
Healthy snacks and reducing snacking	8%
Overcoming obstacles	5%
Portion sizes	5%
Physical activity	5%
Community connections	3%

Note: Some participants reported more than one learning from participating in the program.

Participant comments about their learnings:

“How little changes can make such a difference and these little changes are easy with a little help with motivation and planning and support from this group.”

“Activity messages - start with small steps. 6 Key messages - simple to understand. Balance positive thoughts.”

“Kilo creep. How important it is to prevent weight gain, not just trying to lose it.”

“I loved the 'balanced plate' as a handout. Is on my fridge for inspiration.”

“The action plan (SMART) was very useful and I will use this in the future.”

Lots! Better and updated food and nutrition info. Better goal setting skills, that small increments do matter and do achieve goals.”

“The gradual weight gain over 20yrs - the ladder -rang home the truth. Importance of eating breakfast daily - the 6 healthy lifestyle messages. Even if you have bad day don't despair just get back on track the next day.”

“Better dietary habits, positive messages about health. Making commitments to living healthy.”

Facilitators reported that they felt that every participant gained some knowledge. For some women it was the key messages, or healthy eating or kilo creep. Different areas resonated with different people and it did depend on women's ability to obtain and retain knowledge.

Facilitators felt that participants' knowledge around physical activity and healthy eating had increased. However, facilitators were not able to determine whether knowledge around self-monitoring health indicators and social connection had changed during course delivery.

4.3 Objective 3: Health Behaviour

Participants improve physical activity levels, healthy eating and social connection

Impacts:

Healthy Lifestyles :

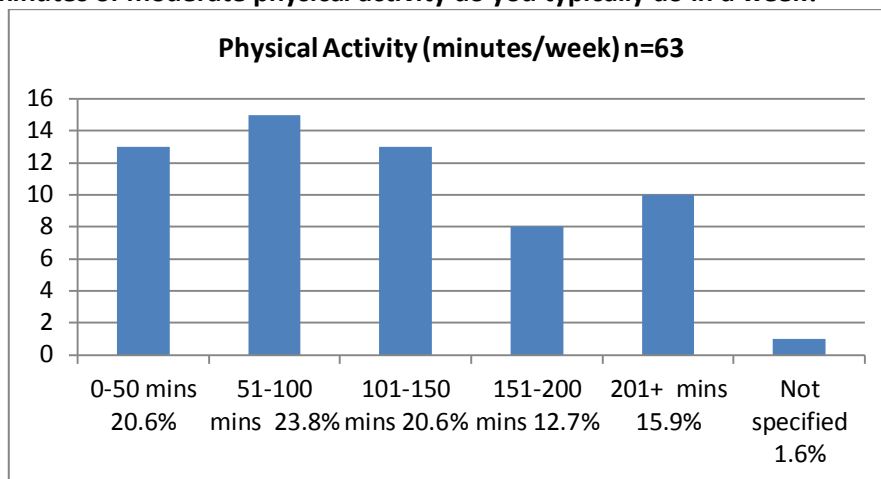
Change in health related behaviours: physical activity

- healthy eating
- social connection
- self-monitoring health indicators.

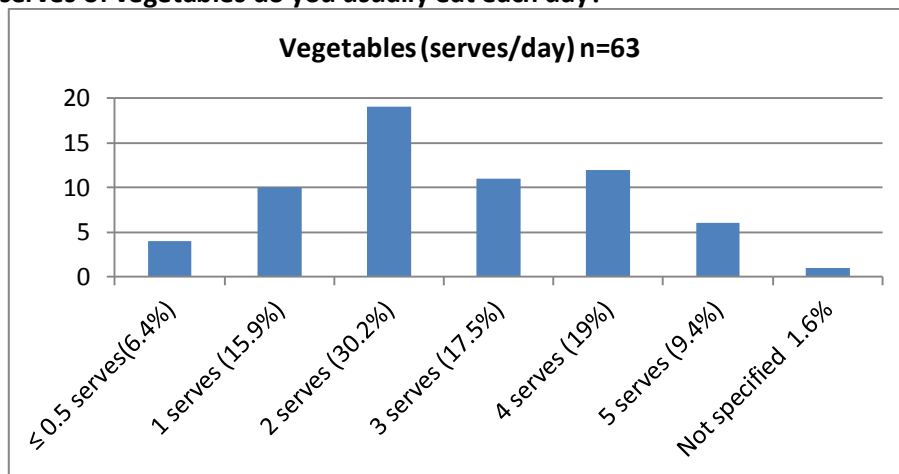
Data source: Pre (session 1) and post program (session 3) participant surveys, facilitator end of session survey, facilitator end of program survey and facilitator key informant interviews. Direct pre and post comparisons cannot be made from this data.

Pre Program Survey

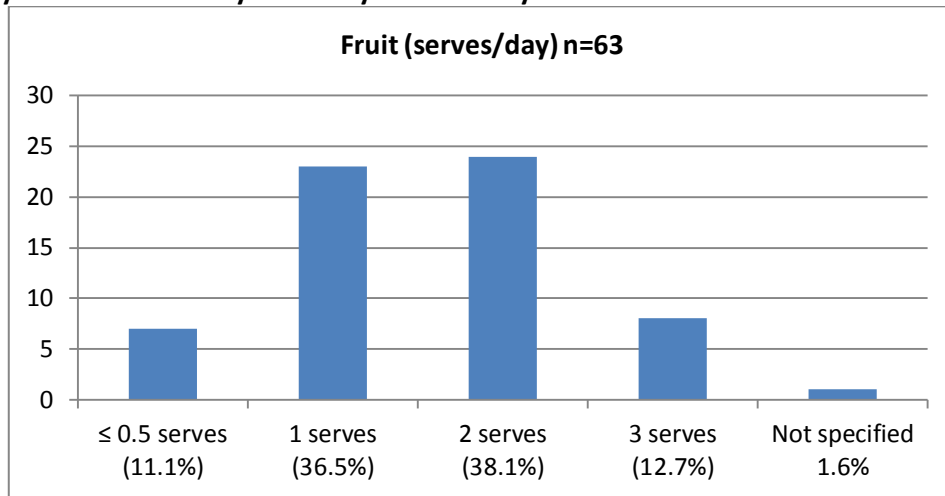
How many minutes of moderate physical activity do you typically do in a week?



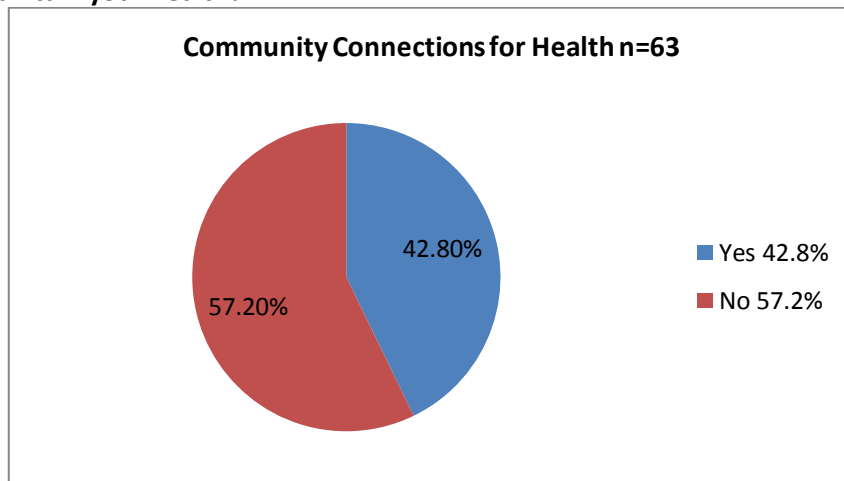
How many serves of vegetables do you usually eat each day?



How many serves of fruit do you usually eat each day?

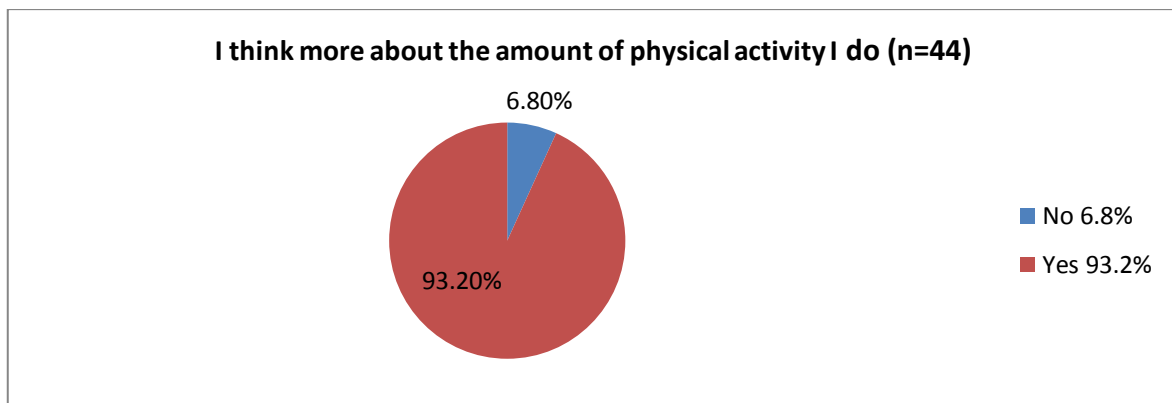
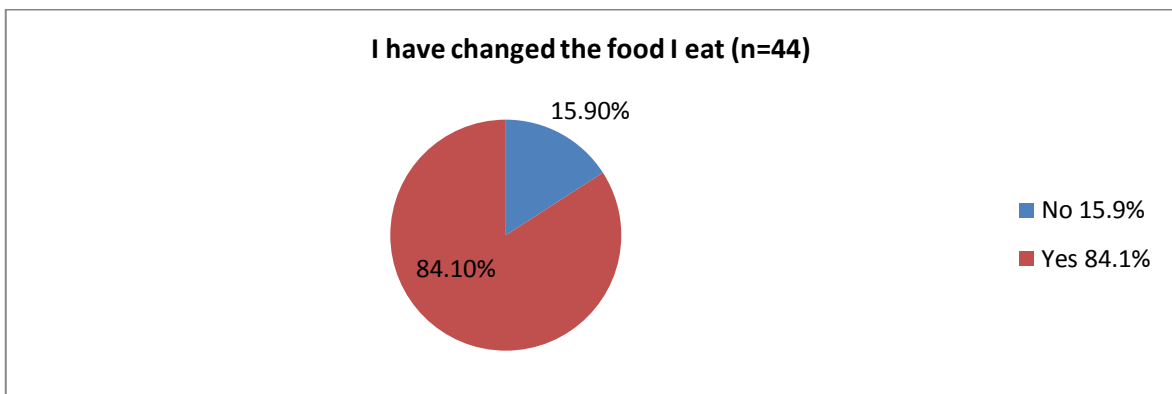
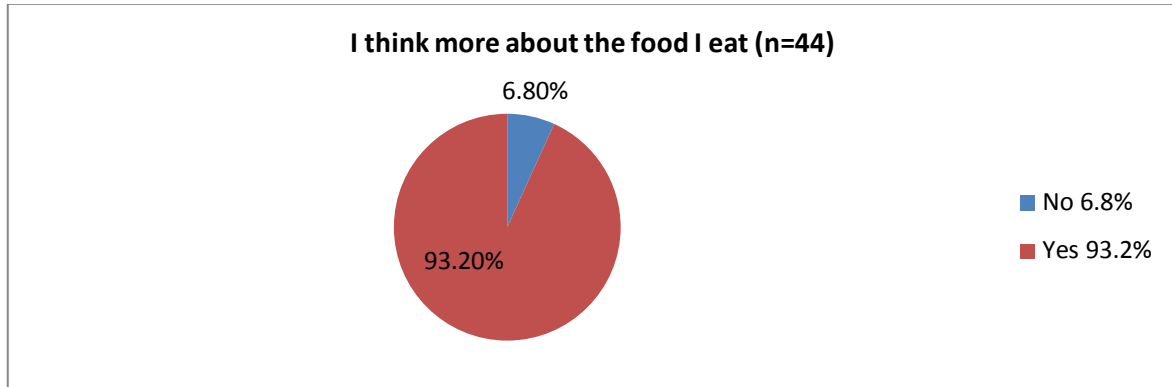


Are you currently involved in any programs, groups or clubs in your community that help you improve or maintain your health?



Post Program Survey

Since participating in the program I



I have changed the amount of physical activity I do (n=44)



I have thought about joining a program, group or making new connections in my community (n=44)

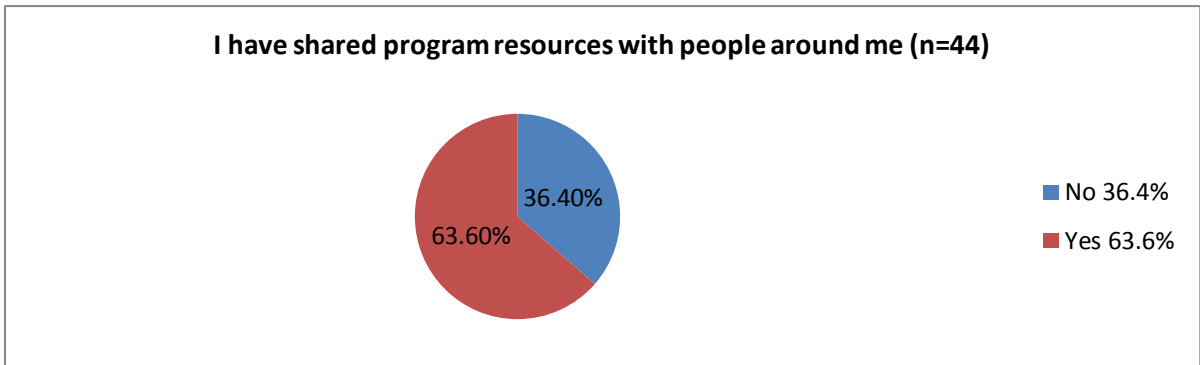
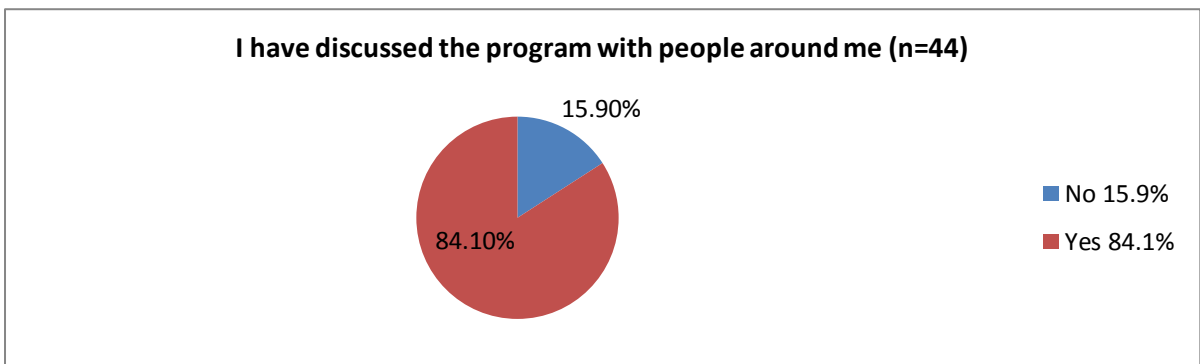
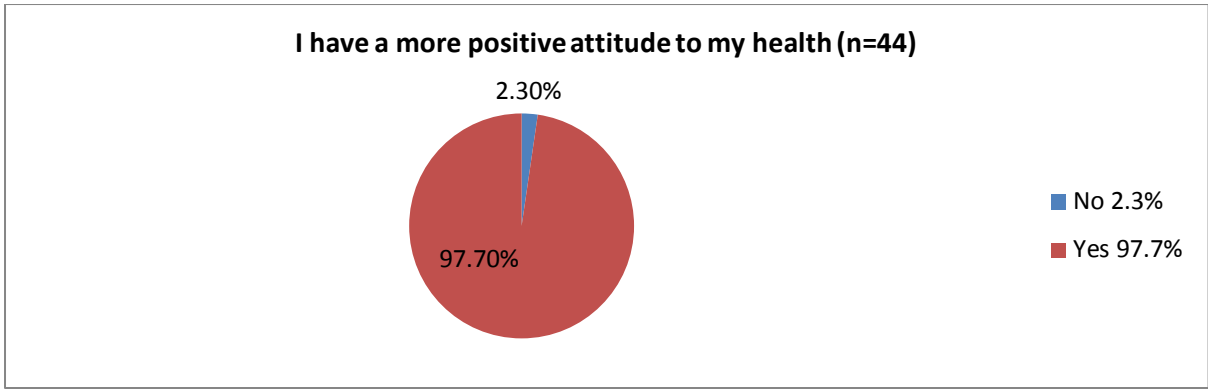


I have joined a program, or made new connections in my community (n=44)



I take the time to self-check my health and wellbeing (n=44)





Are there any lifestyle changes that you have made since participating in the program?

87% of participants provided written responses that they had made lifestyle changes since participating in the program. Facilitators also collected information during each of the sessions about changes that participants reported they had made during the previous week. The facilitators' feedback reinforced the below themes.

Increased planned and incidental physical activity	44.70%
Healthy eating and trying new healthy recipes	28.90%
Increased vegetables	21.10%
Joined community program and increased community connections	15.80%
Limit sugary, junk and discretionary foods	13.20%
Drink more water	7.90%
Planning (exercise & meals)	7.90%

Using Foodswitch App when shopping	7.90%
Reducing snacks	7.90%
Seeking support from family and friends	7.90%
Increased fruit	5.30%
Eating breakfast	5.30%
Portion control	5.30%
More motivated	5.30%
Seeking help from health professional	5.30%
Monitoring my eating and exercise	5.30%
Better work life balance	2.60%
Cut down smoking	2.60%

Note: Some participants reported more than one healthy lifestyle change from participating in the program.

Six (6) participants who had not made changes reported the following barriers or reasons for not making change.

Have already been following a healthy lifestyle. This program has reinforced everything and has encouraged me to continue (2 participants)
Family staying and out of routine (1 participant)
Health challenges that have impacted on my ability to make changes (2 participants)
Motivation, emotional problems (1 participant)

Facilitator comments

“Always a positive change expressed about healthy eating and physical activity. Women fed back that they had made a change or were taking steps closer. From them joining a gym to decreasing the amount of take away.”

“Social connection aspect was less evident. Time limit with the group session impacted on this. Some women did join community groups but the social connection between participants who didn’t already know each other was not evident”

“Saw evidence of increased physical activity and healthy eating. The evaluation will show this too. But no evidence of social connection.....content didn’t make the women in the group more connected.”

4.4 Objective 4: Participants report no increase in weight

Participants report no increase in weight

Impacts:

Healthy Lifestyles

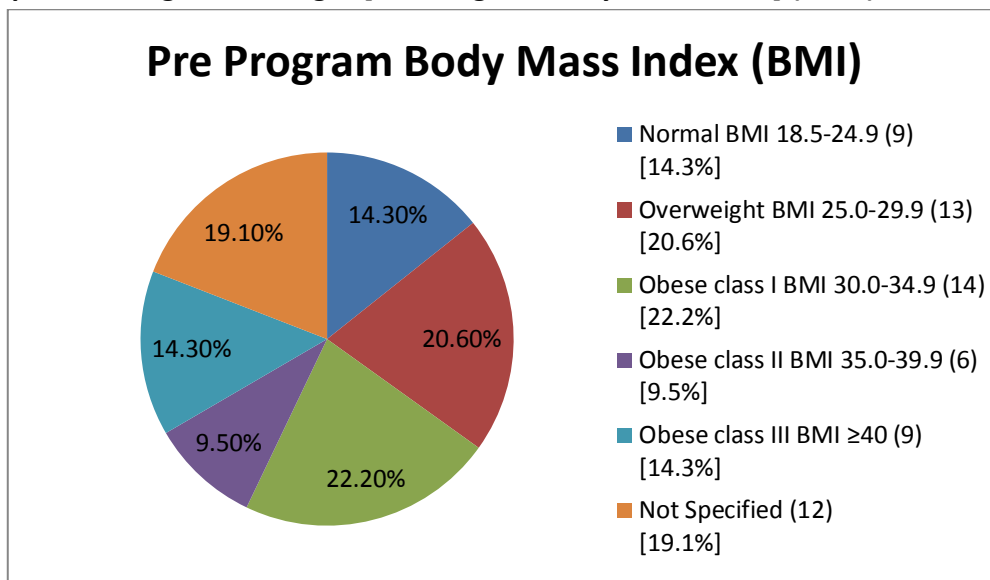
No change or improvement in participants' weight or BMI

Interventions/Strategies:

Collect self-reported weight and height data at week 1 of the program and 6 months post program.

Data source: Pre program participant survey. Longitudinal and comparison data collection will be completed in June 2015.

Self - Reported Weight and Height [Pre Program Body Mass Index] (n=63)



BMI = weight (kg)/height squared(m²) (kg/m²).

Based on World Health Organization classification of adult body weight status.

<http://www.euro.who.int/en/health-topics/disease-prevention/nutrition/a-healthy-lifestyle/body-mass-index-bmi>

4.5 Objective 5: Greater Geelong LGA Prevention System

The Prevention System in the Greater Geelong Local Government Area is realigned to support HeLP-her program delivery and evaluation.

This objective will report against the five Prevention System Building Blocks;

1. Leadership
2. Information
3. Financing
4. Partnerships
5. Workforce

Key Evaluation Question: Does evidence exist to demonstrate that the prevention system in the Greater Geelong LGA has been realigned to support HeLP-her program delivery and evaluation?

Data source: Key informant interviews with Project Steering Group, Bellarine Community Health Representative, Barwon Health- Health Promotion Manager, Project Coordinator, and Facilitators.

1 Leadership

Does the Healthy Living Program align with local planning and regional priorities?

HeLP her is a Healthy Living program which has been endorsed for roll out across Victoria by Healthy Together Victoria and Department of Health (Victoria). Delivery of HeLP her aligns with Barwon Health (BH) and Bellarine Community Health (BCH) physical activity and healthy eating priorities in their respective Integrated Health Promotion (IHP) Plans. It aligns with City of Greater Geelong (COGG) objectives and the Municipal Public Health Plan. Also aligns with the physical activity priority in the G21 Health and Wellbeing plan.

Does an advisory and governance structure exist which supports delivery of the HLP?

A governance structure exists at executive level through the Healthy Together Geelong Governance Group. A Project Steering Group exists at the operational level with representatives from Barwon Health, Bellarine Community Health and City of Greater Geelong (COGG). Barwon Health has the role as lead agency role for delivery of the Help her pilot

The Project Steering Group is supported by the Barwon Health and Bellarine Community Health Dietetics Departments who act as expert consultants relating to nutrition components of the program. A Barwon Health Dietitian sits on the HeLP her Project Steering Group and a Bellarine Community Health Dietitian co-facilitates the program in the Bellarine Region.

Does a practice and research partnership exist?

A practice and research partnership exists between Barwon Health (project lead) and Dr Cate Lombard (Monash University). Monash University are interested in the research to practice findings being reported during the pilot.

Are learnings being shared and sought after by others beyond the Geelong Region?

Learnings have already been shared with other local government areas, Victorian health services and Monash University. Preliminary findings have been presented at the NHMRC 2014 Research Translation Conference. Dissemination of findings will occur through broad dissemination to interested stakeholders and through Healthy Together Geelong reports within their structure to Healthy Together Victoria (HTV).

Key achievements and highlights

- Implementing an evidence based program and contributing to Health Promotion knowledge relating to implementation of community based healthy living programs.
- Partnership and collaboration with City of Greater Geelong (COGG), Barwon Health and Bellarine Community Health within a defined governance structure.
- The Project Steering Group's leadership in adhering to the philosophy of the program through development of program surveys and promotional material.

Improvements- what could we do better?

- Service delivery agreement required at an operational level

2 Information

Does population intelligence exist to support delivery of the HLP (i.e. local population health data)?

During 2010 the Department of Health (Victoria) completed a project to identify potential Healthy Living Programs for Victorians. The Department selected a range of healthy living programs and strategies for consideration by Prevention Areas. This list was utilised by City of Greater Geelong (COGG), Barwon Health and Bellarine Community Health during the needs analysis and priority setting process for selection of locally relevant healthy living programs.

Local Greater Geelong population health data (Victorian Population Health Survey 2011/2012) relating to obesity/overweight, physical activity, and fruit/vegetable consumption revealed a significant issue for women living in particular Geelong LGA suburbs. Barwon Health and Bellarine Community Health had both identified healthy eating and physical activity as priorities in their IHP plans. With Barwon Health also identifying women as a priority population in respect to healthy eating and physical activity.

What process informed the decision to implement the HLP at a local level?

The program was selected through a needs assessment process undertaken by City of Greater Geelong (COGG), Barwon Health and Bellarine Community Health. Healthy Together Geelong synthesised population health data to inform choice of target population including age, gender and geographical location. Population health data and best suited healthy living program was informed through the Needs Assessment Project Group.

Does a practice and research partnership exist?

Yes (Refer to Leadership)

Will the evaluation framework and data be able to demonstrate impact and effectiveness of the HLP?

An evaluation framework exists which was developed by the Project Steering Group led by Barwon Health. Project milestones and key performance indicators were identified during the early stages of project implementation. Completing the evaluation framework was a priority at the start of the project. Planning and setting objectives early in project implementation enabled us to collect data and report against the outcomes. The evaluation is focused on translation of research to practice, resourcing, sustainability, integrity of delivery and participant outcomes.

Key achievements and highlights

- Drawing on existing evidence based models and programs
- Continuing to learn about community responses and program suitability.
- Evaluation plan completed early with clear objectives.
- Existing population health data gave evidence that we were responding to a significant issues and community needs.
- Each partner organisation came to the project with a wealth of existing knowledge regarding healthy eating and physical activity. Information already collected by City of Greater Geelong (COGG), Barwon Health and Bellarine Community Health identified the need for the program.

3 Financing

Where have funds been allocated from to deliver the HLP?

Barwon Health allocated funds to deliver 8 of the 10 programs and Bellarine Community Health allocated funds to deliver 2 of the 10 programs (including staffing hours, venues, program resources, catering).

Barwon Health contributed funds for program licensing fee, training, project co-ordination, follow up messages and evaluation of the pilot.

What were the costs associated with delivering the pilot? (Staff Time, Resources, Recruitment & Marketing, Administration Time and Delivery Costs.)

Pilot Expenditure

Expenditure (6 month pilot: June –December 2015)	Projected Expenditure	Actual Expenditure
Administration Costs (including License Fee)	\$16,000.00	\$14,000.00
Staffing	\$45,500.00	\$50,000.00
Training and Professional Development	\$2,250.00	\$1,250.00
Project Delivery (Venue/ equipment hire; Catering; Course resources; and Events)	\$4,000.00	\$1,197.80
Marketing and Promotion	\$8,000.00	\$1,128.00
Total costs incurred by Barwon Health and Bellarine Community Health for delivery of 6 month pilot	\$75,750.00	\$67,500.00

The pilot was delivered within budget. Project staff took on extra responsibility around marketing, promotion, project delivery and evaluation therefore staffing costs were higher than projected.

Projected Expenditure for Ongoing Delivery

Projected expenditure for ongoing delivery (6 programs/year)	\$
Staffing	\$ 8,000.00
Project Delivery (Venue/ equipment hire; Catering; Course resources; and Events)	\$ 2,000.00
Marketing and Promotion	\$ 1,500.00
	\$11,500.00
(Based on 10 participants per program, cost per participant = \$192.00)	

The costs incurred during the pilot and set up phase do not reflect expenditure for ongoing delivery. Ongoing implementation will require less investment in establishment costs, including building local area capacity for program delivery.

Are key partners prepared to continue to support, increase support or withdraw support for the program?

In principle Barwon Health - Health Promotion Unit will continue delivering the program but this decision is pending evaluation results and decision making at executive level. Bellarine Community Health would in principle continue to support delivery of the program. However, facilitation of the program would become the responsibility of their Child Health and Development Team rather than their Integrated Health Promotion funded Healthy Communities Team.

Key achievements and highlights

- Barwon Health and Bellarine Community Health IHP priorities are aligned with the program
- In-kind support from agencies; Key agencies shifted their own resources into delivering the program.
- Using pre-existing skills; In terms of financing, Barwon Health and Bellarine Community Health were positioned well to tap into existing health professionals. Utilising existing key staff from Barwon Health and Bellarine Community Health and their skill set meant there was less cost in training new staff members and recruitment

Improvements- what could we do better?

- Reassess and streamline staffing resources for future delivery of the program.
- The funding and allocation of resources was not clear, this could have been clarified by a service delivery agreement.

4 Partnerships

Are partner policies, priorities and perspectives aligned?

There was overall alignment of partner priorities. IHP plans and agency KPIs aligned with the delivery of the Health Living Program and the focus on prevention of weight gain. However, the importance of shared understanding of measures of success was highlighted. Achieving agreement about outcomes to be measured was a challenge in the planning stage of project delivery. The Project Steering Group initially had to work through some differences in perspectives about participant outcome measures.

What is the common understanding of roles and responsibilities of key partners?

There was a high level of complexity in the partnerships established to support the implementation of HeLP. There was common understanding of roles and responsibilities at the Project Steering Group level. However due to the short timeframes and staff changes during the pilot reallocation of roles to complete the required actions was required e.g. the role to complete the evaluation plan, framework, data collection tools and evaluation report in order to meet project deadlines.

Would the formal partnership exist without the shared HLP?

An executive level partnership and consortium exists at governance level around the Healthy Together Victoria KPIs with representatives from City of Greater Geelong (COGG), Barwon Health and Bellarine Community Health. However, implementing the Healthy Living Program provided an opportunity for all organisations to collaborate to deliver a discrete on the ground project which was a new level to the partnership.

Community sector partnerships and participation

- Maternal and Child Health
- Playgroups
- Neighbourhood Centres
- Community Kitchens
- Volunteer Services
- Community Health Services
- Carer groups
- Sporting Clubs and Leisure Centres

Have any opportunities for building partnerships beyond the pilot been identified?

Several potential partners have been identified which will be pursued after the decision has been made about whether the program will be continued beyond the pilot. These include; Barwon Health Cancer Survivorship Service, Mental Health Services, and Playgroups.

Key achievements and highlights

- Previously City of Greater Geelong (COGG), Barwon Health and Bellarine Community Health partnerships have been strategic. It is the first time all three organisations have collaborated to implement a discrete project as a team.
- Partnership was able to discuss and negotiate difficult issues and decisions around evaluation of the program.
- Strengthening of partnership between City of Greater Geelong (COGG), Barwon Health and Bellarine Community Health.
- New links with the community
- Partnership with Monash University

Improvements- what could we do better?

- More time needed to develop community partnerships.
- Service delivery agreement between project partners required at an operational level.

5 Workforce

Is the program delivered by facilitators from a mix of disciplines and with appropriate expertise?

Facilitators came from a mix of disciplines and experience. Six (6) people (2 BCH and 4 BH) undertook appropriate training run by Monash University. Facilitators were from a range of backgrounds including; Health Promotion, Dietetics, Community and Women's Health Nursing, Occupational Therapy. Facilitators felt that having a professional health background was essential for delivering the program

Describe the recruitment process.

The recruitment strategy followed appropriate organisational processes. Barwon Health followed an open and transparent recruitment process through internal and external advertisement for two 4hour/week facilitator positions for a 6 month employment contract. 48 applications were received for the two facilitator positions. Bellarine Community Health identified existing staff with dietetics and health promotion backgrounds.

Did facilitators receive enough training to deliver the program?

Facilitators received appropriate training, support and ongoing professional development to deliver the program. Training was delivered by Monash University with ongoing support from Dr Cate Lombard. Facilitators also had to do some additional self-directed learning around physical activity, healthy eating and local resources. Five of the six facilitators felt that they had gained new skills, developed their own knowledge in understating nutrition and physical activity specifics and additional experience in group facilitation, and women's health.

Facilitators felt confident to deliver the program however it was important to have an appropriate health background and expertise. This was clearly sufficient considering the professional backgrounds of the Geelong Region facilitators. The facilitators who were not from a specific nutrient/ dietetics background felt that at times this was a challenge as participants often had very specific diet related questions.

Do clear lines of accountability exist?

Clear lines of accountability existed however, there are challenges when people are working through two direct line managers. There is a need to ensure clear lines of communication esp. when people are working within competing demands and additional roles.

Are responsibilities and function aligned with allocation of time and expertise?

The responsibilities were aligned with the expertise of facilitators but not with allocation of time to fulfil the role. There were issues were around scheduling a number of programs within a tight timeframe. Expectations to recruit, promote and deliver were not achievable and the project coordinator took on additional roles. More time was required to complete facilitator tasks. The project coordinator took on some additional responsibility in terms of targeted recruitment, managing venues, managing and setting up resources for the sessions so the facilitator's could focus time on delivery of programs.

Does a community of practice exist to support knowledge sharing?

A community of practice was forming and developing through project steering group. However, there was not an opportunity to formalise a community of practice with facilitators. This would be essential for future implementation of the program.

Key achievements and highlights

- Highly skilled workforce who come from diverse backgrounds
- Having a Barwon Health dietitian on the Project Steering Group and BCH Dietitian facilitating the Bellarine Region sessions contributed to the success of the program.

Improvements- what could we do better?

- Establish clear lines of communication and expectations. Especially if staff are combing HeLP her facilitation with other work roles.
- KPIs need to be achievable within existing workload.
- Establish Community of Practice

Describe success factors for program implementation.

- Continuous commitment by organisations
- Aligned approach with partner organisations
- Strong leadership and planning and evaluation structures
- Broad marketing strategy, Facebook, media etc.
- Facilitator training was accessible (location and time)
- Establishing open communication with Monash University and Dr Cate Lombard
- Success dependent on the central project coordination role
- Strengthening links with partners
- Resource commitment from Barwon Health and Bellarine Community Health.

Describe success factors for community participation.

- Delivering program at community sites and venues with strong links with community and participants
- Variety of media used to promote the program
- Range of venues location and times
- No cost to participants to attend the program

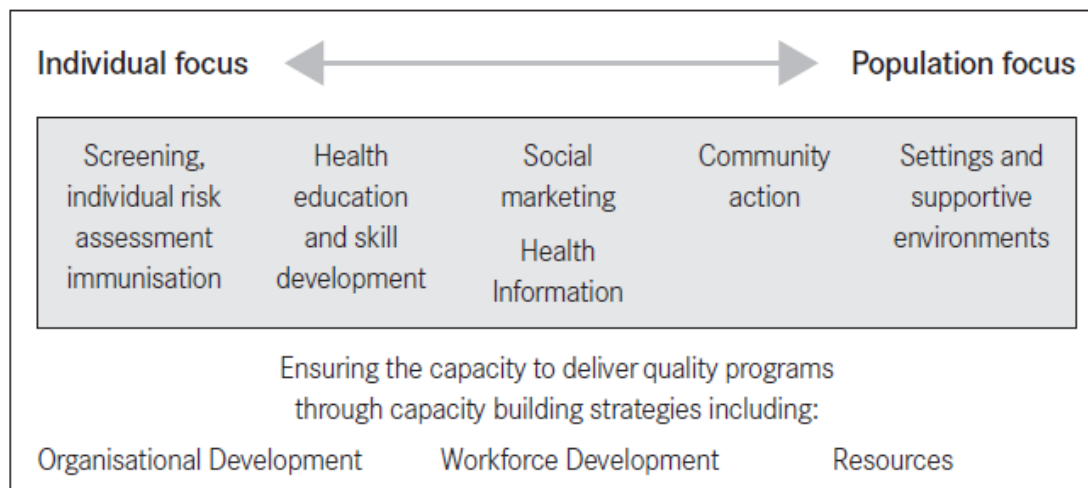
What have we learned and what are the implications for the future?

- Now have lots of learnings we can contribute to the health promotion knowledge base in relation to translation to practice
- Need adequate time to recruit and build relationships.
- Need to get the marketing messages right
- Expectations and KPIs were not realistic to implement a new program
- Potential to extend workforce capacity through experienced facilitators providing a mentoring role.

5. Discussion

5.1 HeLP her: A Multi Strategy Health Promotion Intervention

Health promotion interventions and capacity building strategies



Department Health (Vic) Integrated health promotion resource kit: A practice guide for service providers

[Dhttp://docs.health.vic.gov.au/docs/doc/8196B97B654C907BCA257A7F001DF6E4/\\$FILE/integrated_health_promo.pdf](http://docs.health.vic.gov.au/docs/doc/8196B97B654C907BCA257A7F001DF6E4/$FILE/integrated_health_promo.pdf)

The pilot enabled organisations to deliver a defined program with objectives around health education and skill development. Successful delivery of the Healthy Lifestyle program also required a mix of health promotion interventions including;

- Social marketing
- Community action by encouraging and empowering communities to build their capacity to develop improvements in their social and physical environments.
- Creation of supportive environments for integrated health promotion activities within local community organisations
- Capacity building strategies through realignment of the Prevention System in terms of organisational development, workforce development, resources, information and partnerships.

5.2 Objectives

Objective 1: 150 women will be recruited from the 5 identified cluster areas and complete 1 year of the HeLP-her Healthy Lifestyle Program

The KPI of running ten (10) programs per five identified cluster areas during June- December 2014 was delivered on time and within budget. While the target of 150 women was not reached those involved in running the programs believe that given the short time frame of the pilot this number was difficult to achieve.

A broad marketing strategy included the creation of a specific HeLP her Facebook page, engagement with local community agencies and support from local media. Utilising a broad and targeted marketing strategy resulted in women hearing about the program in many different ways, from local newspapers to friends to health services.

93% of participants reported that they would recommend the program to others. Women who were less engaged with the program were those who found the information “*too simple*” or those who had chronic health problems and felt they weren’t able to implement healthy lifestyle changes. Women who were attending because members of their social group were attending rather than them having health goals were also less engaged. Women who had health goals and were at the right stage of change were the most engaged and had the best health outcomes.

Facilitators also had a high satisfaction with the philosophy of the program and found the positive engagement by women with the program to be a highlight.

The demographics of participants and consistent positive feedback about the program demonstrated that the program is relevant for a broad demographic of women.

Objective 2: Participants increase health related knowledge and understanding of physical activity, healthy eating, social connection and self-monitoring health indicators.

Before attending the program on a scale of excellent, very good, good, fair, poor;

- Most women rated their knowledge and understanding of healthy eating (n=63) as good at 44%. 33% felt their knowledge was very good or excellent.
- Most women rated their knowledge and understanding of physical activity levels (n=63) as good at 38%. 37% felt their knowledge was very good or excellent

After attending the program 84% of women (n=44) completed the question on the post program survey and reported that they had learned something new from attending the program. The most frequently reported learnings were:

- Setting SMART goals,
- Healthy eating,
- Six (6) key lifestyle messages of the HeLP her Program
- Positive self- talk and motivation
- Small realistic changes work and are important
- The impact of “kilo creep” and the significance of consistent increases in weight over many years in women.

Objective 3: Participants improve physical activity levels, healthy eating and social connection

Results from the pre program participant survey (n=63) revealed that:

- 91% women were not meeting daily recommendations for vegetable consumption
- 57% were not meeting recommended physical activity levels
- 48% were not meeting recommended fruit consumption per day
- 57% were not involved with a community group which helped them maintain their health and wellbeing

Post program surveys revealed the most frequent changes made by participants were:

- Increased planned and incidental physical activity
- Healthy eating and trying new healthy recipes

- Increased vegetable consumption
- Joining a community program and increasing community connections
- Limiting sugary, junk and discretionary foods

After participating in the program;

98% of women had a more positive attitude to their health

93% of women thought more about the food they ate

84% of women changed the food they ate

93% of women thought more about the amount of physical activity they did

75% of women changed the amount of physical activity they did

71% of women thought about joining a program, group or making new connections in my community

27% of women joined a program, or made new connections in my community

During group discussions facilitators collected evidence of healthy lifestyle changes reported by participants. Facilitators reported evidence of increased physical activity and healthy eating by participants and to a lesser extent changes in social connection. This was supported by findings in the post program survey completed by participants.

Objective 4: Participants report no increase in weight

Longitudinal data collection relating to participants' weight (BMI) will be completed in June 2015.

At the beginning of the program 14.3% of women (n=63) were in a healthy weight range [BMI= 18.5 – 24.5]. Based on self-reported weight and height.

Objective 5: The Prevention System in the Greater Geelong Local Government Area is realigned to support HeLP-her program delivery and evaluation

Evidence exists which demonstrates that the prevention system in the Greater Geelong LGA has been realigned to support HeLP-her program delivery and evaluation.

Key achievements:

1. Leadership

- The implementation of HeLP her demonstrated partnership and collaboration between City of Greater Geelong (COGG), Barwon Health and Bellarine Community Health within a defined governance structure.
- Delivery of the Healthy Living Program was aligned with local planning and regional priorities.
- Implementing the evidence based program contributed to health promotion knowledge and research translation relating to implementation of community based healthy living programs.
- A practice and research partnership exists between Barwon Health (project lead) and Dr Cate Lombard (Monash University).

2. Information

- A formalised Needs Assessment Project Group (NAPG) and population health data informed the decision to implement HeLP her in the Greater Geelong LGA.

3. Financing

- Barwon Health and Bellarine Community Health IHP priorities are aligned with the objectives of the program.
- Key agencies shifted their own resources into delivering the program.
- Barwon Health and Bellarine Community Health were well positioned to utilise existing resources and workforce which meant there was less cost in training new staff members, recruitment and purchasing additional equipment for delivery.
- Venues were provided at low cost or free by community partners.

4. Partnerships

- Implementing the Healthy Living Program provided an opportunity for City of Greater Geelong (COGG), Barwon Health and Bellarine Community Health to collaborate to deliver a defined, on the ground project which was a new level to the partnership.
- New links were established with the community agencies and community women who have provided insight into challenges and enablers for community women to achieving better health.

5. Workforce

- Upskilled workforce who are experienced in delivering community based obesity, health eating and physical activity prevention strategies.

6. Recommendations and Conclusion

6.1 Recommendations

Strategic

- Establish a community of practice around women's health, healthy eating & physical activity to support professional development and knowledge sharing.
- Review how targets and KPIs are set for future healthy living programs.
- Ensure evaluation findings are disseminated and contribute to the knowledge around healthy living program research translation to practice.
- Decision making around continuation of the program is based on consideration that the program is part of a multi strategy health promotion intervention.

Program Delivery

- Ensure facilitators' time allocation and role responsibilities are aligned.
- Extend session time to 75 -90 minutes.
- Extend the program to four sessions for interested women.
- Review PowerPoint presentation and program resources.
- Investigate using an online registration system.
- Implement a strategy to ensure that participants' questions about food and nutrition are adequately managed taking into consideration that the aims of the program are broader than food and nutrition.
- Review the content and delivery in terms of the social connection impact of the program.
- Make more resources about local services and groups available for participants.
- Review marketing campaign and promotional messages of the program in terms of the demographics of targeted women.

Recommendations of where to from here

- Continue roll out of the HeLP her program across the Region with a review of how targets and objectives are set for future programs.
- Barwon Health continues in the role as Regional HeLP her Program Co coordinator in partnership with Greater Geelong (COGG) and Bellarine Community Health.
- Implementation of HeLP her across the Region will align with existing community based women's programs as well as some program targeted to broader community locations.
- The program will continue to be evaluated and reported as per the domains of the Prevention System Building Blocks.

6.2 Conclusion

Implementation of the HeLP her Healthy Lifestyle Program was a multi strategy health promotion intervention. Delivery of the program was supported by a spectrum of individual and population wide health promotion interventions that contributed to achieving the goal and objectives of the program.

The project was delivered on time, within budget and achieved the KPI of delivering ten (10) programs per five (5) identified geographical cluster areas.

Recruitment is always the most challenging aspect of delivering a healthy lifestyle program and the focus on recruiting women from traditionally hard to engage communities created additional challenges. To increase accessibility for participants all programs were delivered in venues in the identified geographical locations. All participants presented with identified health needs regardless of their age and geographical location.

The women who attended the program gave positive feedback about the program and the majority of participants had made meaningful lifestyle changes as a result of attending the program. 98% of women reported that they had a more positive attitude to their health after attending the program.

Delivering the program in community venues was significant in the program success. Community engagement was beginning to increase towards the end of the program and there is potential to build on this should the program continue in the future.

Facilitators and staff involved in delivering HeLP her were very positive about the program and they reported a sense of pride in what they had achieved through their involvement.

The realignment of the prevention system to deliver and evaluate the HeLP her program was a major achievement and represented the first time partner agencies had collaborated to deliver a defined project at the operational level.

7. Bibliography

Department of Health Victoria. (2010). Healthy Living Programs Project. Final Report October 2010. [http://docs.health.vic.gov.au/docs/doc/46F762BDFEF9338ECA25788F000638CE/\\$FILE/Healthy%20Living%20Programs%20Project%20Report%20-%20Executive%20summary.pdf](http://docs.health.vic.gov.au/docs/doc/46F762BDFEF9338ECA25788F000638CE/$FILE/Healthy%20Living%20Programs%20Project%20Report%20-%20Executive%20summary.pdf)

Department of Health Victoria. (2013). Healthy Together Victoria. Healthy Living Programs and Strategies.

Department of Health Victoria. (2014). Integrated health promotion resource kit: A practice guide for service providers. [http://docs.health.vic.gov.au/docs/doc/8196B97B654C907BCA257A7F001DF6E4/\\$FILE/integrated_health_promo.pdf](http://docs.health.vic.gov.au/docs/doc/8196B97B654C907BCA257A7F001DF6E4/$FILE/integrated_health_promo.pdf)

Health Lifestyle Program (2013). Retrieved from <http://www.healthylifestyleprogram.org.au/>

Lombard, Catherine, Deeks, Amanda, Jolley, Damien, Ball, Kylie and Teede, Helena (2010). A low intensity, community based lifestyle programme to prevent weight gain in women with young children : cluster randomised controlled trial, *BMJ*, vol. 341, no. c3215, pp. 1-12.

Lombard , Cate (2013). Personal communication Catherine.lombard@monash.edu

Monash University (2013). Implementing HeLP – her in the Community. Monash Applied Research Stream. School of Public Health and Preventive Medicine. , Monash University.

Healthy Together Geelong. (2013) Healthy Living Programs Recommendations October. Needs Assessment Project Group

Lombard et.al (2009). Weight, physical activity and dietary behaviour change in young mothers: short term results of the HeLP-her cluster randomised controlled trail. *Nutrition Journal* 8:17

Pascoe, J. Brennan, S & Kotowicz. (2013). Morbid Obesity on the Rise: an observational population-based study. *Public Health*. 13:290

Provincial Health Services Authority (PHSA) 2013. Summary: from weight to wellbeing: Time for a shift in Paradigms

VicHealth (2014) Letter Issue 39

VicHealth (2014) Past Trends and future projections of overweight and obesity Australian Longitudinal Study on Women's Health

Victorian Health Information Surveillance System (VHISS) 2008 (Revised and updated 2012) Department of Health Victoria (DH) 2013

WHO Overweight and Obesity Fact Sheet No 311 <http://www.who.int/mediacentre/factsheets/fs311/en/>

Women's Health Victoria (2010) Women and Physical Activity. Gender Impact Assessment No.12

Women's Health Victoria (2012) Women and Food. Gender Impact Assessment No.8

Victorian Population Health Survey retrieved from
<http://www.health.vic.gov.au/healthstatus/survey/vphs.htm>

APPENDIX A: MARKETING AND RECRUITMENT DISTRIBUTION

The marketing and recruitment strategy had two components:

1. Broad marketing strategy
2. Targeted recruitment

Broad marketing

- Articles in the local media: Geelong Advertiser, Bellarine Times, Ruby Magazine and local newsletters (including Whittington Voice, Northerly Aspects, The Port Report)
- Social Media: HeLP her Facebook page (June – December 2014: 181 likes). Barwon Health and Healthy Together Geelong Facebook pages.
- Broad Networks: Sending information through community networks
- Displaying flyers in community centres, neighbourhood houses, libraries, local shopping centres, leisure and sporting clubs

Networks and locations with broad reach		
Network	Method	Reach
Geelong Kindergarten Association	Electronic mail out	Broad
Via Healthy Together Geelong Early Years Network	Electronic mail out	Broad
G21	Electronic mail out	Broad
Maternal and Child Health	Electronic mail out	Broad
CAOS	Electronic mail out	Broad
Geelong Regional Libraries	Electronic mail out	Broad (16 branches)
Secondary School nurses	Electronic mail out	Broad
Neighbourhood House Network	Electronic mail out and Facebook	Broad (12 Neighbourhood Houses in Greater Geelong LGA)
Shopping Centres (Vines Road, Hamlyn Heights, Newcomb Village, Newcomb, Bell Park Shopping Centre, and Post Offices/shopping centres/General Stores/Supermarkets on Bellarine Peninsula)	Flyer on community notice board Personal communication	Broad
Leisure and sporting clubs (via COGG network)	Electronic mail out	Broad
Barwon Adolescent Taskforce	Electronic mail out	Broad

Targeted recruitment

- Through HeLP her facilitators' professional networks: including Maternal and Child Health, family centres, playgroups, kindergartens, women's health services, medical centres, community health services, secondary school nurses, primary schools, primary care teams, community kitchens and volunteer services.
- Direct contact with health service providers and GPs.
- Social networks and "word of mouth"

Personal communication, postal and electronic mail outs to specific services and organisations

Service/Organisation	Method	Reach
Medical Clinics: Corio, Newcomb, Bell Post/Hamlyn Heights, Grovedale & Bellarine Peninsula medical practices	Mail out flyers and letters Personal communication	Local area and service users 15 medical practices
Community Centres/ and Neighbourhood Houses: (Vines Rd Community Centre, Cloverdale Community Centre, Grovedale Neighbourhood House, Bellarine Living and Learning Centre, Rosewall Community Centre, Drysdale Neighbourhood House)	Mail out flyers and posters Personal communication	Local area and service users 6 Community Centres/ and Neighbourhood Houses
Barwon Health Community Health Services: Primary Care Teams, Women's Health Services, Staff Care/Work Wellness	Email Personal communication Flyers on noticeboards	Staff and service users 6000+ employees
Bellarine Community Health Services	Email Personal communication Flyers on noticeboards	Staff and service users
Glastonbury	Postal and electronic mail outs Personal communication	Staff and service users
Bethany	Postal and electronic mail outs Personal communication	Staff and service users
Salvation Army	Personal communication	Staff and service users
Maternal and Child health Nurses (Clifton Springs, Newcomb and Corio)	Postal and electronic mail outs Personal communication	Service users
YWCA	Postal and electronic mail outs Personal communication	Staff and service users
Northern Bay Futures	Personal communication	Staff and service users
Corio Leisuretime	Personal communication	Staff and service users
The Arena	Via Healthy Together Geelong	Staff and service users
Swimming pools and gyms: Bellarine Peninsula, Splashdown, Waterworld, Leisure link.	Personal communication	Staff and service users
Community Kitchen Network	Personal communication	Community Kitchen facilitators and participants
Bunnings North Geelong	Postal mail outs Personal communication	Bunnings Walking Group, Staff, Consumers
Wautharong	Personal communication	Staff and service users
Alcoa	Personal communication	Work force
Secondary Schools (Newcomb Secondary and Western Heights)	Postal and electronic mail outs Personal communication	Staff, students, parents
Early Childhood centres and Kindergartens Northern Bay Family Centre, Corio, Herne Hill Early Learning Centre Rix St Kindergarten, North Shore William Hovell preschool, Flinders/Lara Kindergarten, Thomson Kindergarten, Grovedale	Postal and electronic mail outs Personal communication	Staff, parents

Primary Schools (Bellarine x 2, Grovedale x2, Corio/Norlane via Northern Bay College, Bell PostHill/Bell Park/Herne Hill x 8 Primary Schools, Whittington/Newcomb x8)	Postal and electronic mail outs Personal communication	Staff, parents
Barwon Health Volunteer Services	Personal communication Electronic mail outs	1000 registered Barwon Health Volunteers
Mental Health Carers Group	Personal communication	Service users
Barwon Health Cancer Survivorship Service	Personal communication	Staff and service users
City of Greater Geelong Geelong Playgroups	Personal communication Electronic mail outs	Staff and service users
Mental Illness Fellowship	Personal communication	Staff and service users
NDIS	Personal communication	Staff and service users
Social networks and “word of mouth”	Personal communication	Facilitators’ contacts, Steering Group Contacts, Barwon Health and Bellarine Community Health contacts, participants.

APPENDIX B: PARTICIPANT SUBURB DATA

TARGET POPULATION (SUBURB)	ATTENDED	TOTAL	DNA	TOTAL	TOTAL
Corio (3214)/Norlane(3214)/North Shore (3214)	Corio (3214)=2 Norlane(3214)=3 North Shore (3214) =0	5	Corio (3214)=5 Norlane(3214)=1 North Shore (3214)=0	6	11
Bell Post Hill (3215)/Bell Park (3215)/Herne Hill (3218)	Bell Post Hill (3215)=2 Bell Park (3215)=2 Herne Hill (3218)=1	5	Bell Post Hill (3215)=2 Bell Park (3215) =0 Herne Hill (3218)=0	2	7
Newcomb (3219)/Moolap (3219)/Thompson (3219)/Whittington (3219)/St Albans Park (3219)/Breakwater (3219)	Newcomb (3219)=2 Moolap (3219)=1 Thompson (3219) =0 Whittington (3219)=5 St Albans Park (3219)=1 Breakwater (3219)=0	9	Newcomb (3219)=0 Moolap (3219)=0 Thompson (3219)=0 Whittington (3219)=0 St Albans Park (3219)=0 Breakwater (3219)=0	0	9
Grovedale (3216)/Marshall (3216)	Grovedale (3216)=6 Marshall (3216)=1	7	Grovedale (3216)=0 Marshall (3216)=0	0	7
Portarlington (3223)/Indented Head (3223)/St Leonards (3223)	Portarlington (3223)=2 Indented Head (3223)=0 St Leonards (3223)=1	3	Portarlington (3223)=1 Indented Head (3223)=0 St Leonards (3223)=0	1	4
Unknown		0		6	6
OTHER SUBURBS					
Angelsea 3230		1		0	1
Armstrong Creek 3217		1		0	1
Batesford 3213		1		0	1
Belmont 3216		3		0	3
Clifton Springs 3222		4		0	4
Curlewis 3222		3		0	3
Drysdale 3222		2		0	2
East Geelong 3219		1		0	1
Geelong 3220		3		1	4
Hamlyn Heights 3218		1		0	1
Highton 3216		3		0	3
Lara 3212		2		1	3
Leopold 3224		3		1	4
Manifold Heights 3218		1		0	1
Newtown 3220		4		0	4
Torquay 3228		1		0	1
Wallington 3222		1		0	1
Waurm Ponds 3216		1		0	1
Winchelsea 3241		1		0	1
		66		18	84

.....**END**.....