

Keeping Up to Date – the thirteenth edition

This summary of recent health promotion literature is intended to help:

- increase health promoters' access to the health promotion literature;
- increase health promoters' awareness of some of the current thinking and latest research findings in the field;
- increase health promoters' use of this information in practice.

Keeping Up to Date is produced four times a year. Assistance with accessing articles in journals/periodicals should be available through university, polytech, DHB or local libraries. However if you have difficulty accessing any of the papers, contact the Forum and we can point you in the right direction.

Contents

Food and nutrition policy at the local level: Key factors that influence the policy development process.....	1
Sustaining dietary changes for preventing obesity and diabetes: Lessons learned from the successes of other epidemic control programs	2
Budget auditing: A process to assist planning for health promotion services	2
The place of neighbourhood in social cohesion: Insights from Massey, West Auckland	3
Maori and evaluation: Some issues to consider	3
Evaluation of a New Zealand indigenous community injury prevention project	4
The process and impact of implementing injury prevention projects in smaller communities in New Zealand	4

Health Promotion Forum
PO Box 99 064
Newmarket
Auckland, New Zealand

Ph: 0-9-520 3714, fax: 0-9-520 4152
email: hpf@hpforum.org.nz
website: www.hpforum.org.nz

Title Food and nutrition policy at the local level: Key factors that influence the policy development process

Author(s) Heather R Yeatman, Graduate School of Public Health, University of Wollongong, Australia.

Context The paper looks at four case studies between 1995-96 that examined the process of developing food and nutrition policies within Australian local government.

Overview Local government involvement in the food and nutrition system can be in food production, food processing and distribution, food consumption and nutrition areas. Key informant interviews and documents were analysed for themes relating to individual and organisational influences on policy development. In all four case studies, public health professionals presented in-depth studies of local food and nutrition issues to local governments. Issues included limited access to food retail outlets, poor quality fruit and vegetables, high food prices in economically depressed areas and significant populations with high nutritional needs (such as older residents). Ideas were provided on how local government action could make a difference. Roles of health promotion professionals, internal organisational influences, the relationship between health service and local government staff, local level commitment to policies and internal council political environments were influential. Health professional advocacy skills such as presenting data to support policy change, strategic use of professional language, developing a common view of the need for a health policy, knowledge of organisational arrangements and ways to influence them and ability to work with a range of sectors within organizations are critically important tools for public health professionals.

Comments Comprehensive study. Helpful ideas for action around food issues. Good analysis of processes and skills involved to support local policy development. Fairly readable.

Source *Critical Public Health*, 2003, 13(2) pp 125-138.

ISSN 1174-6853

Title Sustaining dietary changes for preventing obesity and diabetes: lessons learned from the successes of other epidemic control programs

Author(s) Boyd Swinburn, School of Health Sciences, Deakin University, Melbourne

Context With the rising prevalence of obesity and type 2 diabetes, looks at what lessons can be learned from previous experiences in Australia and New Zealand in influencing population behaviours to reduce the risk of various diseases and injuries.

Overview Successful efforts relating to controlling epidemics associated with tobacco use, cardiovascular disease, road deaths, skin cancers, cervical cancer, HIV AIDs and sudden infant death syndrome are discussed, drawing on the 'epidemiological triad' - host, vector, environment – model for each. Reductions in mortality have been achieved by paying attention to all three components. Historically, food and nutrition intervention strategies have been dominated by the education-based approach. Current strategies to prevent obesity and diabetes are examined. A table shows the contrast between lessons learned from the successful strategies from other epidemics and current approaches in obesity/diabetes prevention that are mainly educational or host based. Main lessons to learn are the need for a more comprehensive approach (mainly policy based) initiatives; greater investment in programmes, influencing the energy density of manufactured foods, communicating specific action messages and developing a stronger advocacy voice so there is greater professional, public and political support for action.

Comments Very useful and comprehensive evidence-based overview. Two tables summarise the strategies. Fairly easy to read.

Source Asia Pacific Journal of Clinical Nutrition, 2002, Vol 11 (Suppl): S598-S606

Title Budget auditing: A process to assist planning for health promotion services

Author(s) Jo Mitchell, Monique Davidson, Jacqueline Hony and Susan Sullivan, South Eastern Sydney Area Health Promotion Service.

Context Using the concepts of programme budgeting and marginal analysis (PBMA) the South Eastern Sydney Health Promotion Service conducted a budget audit to inform planning.

Overview PBMA is an economic tool examining relationships between services, costs, outputs and outcomes for health. The service had five priority health issues (nutrition, physical activity, falls injury prevention, sun protection and tobacco) and two priority settings (schools and the health service). A project team undertook the audit over six months, identifying programme goals, objectives, strategies, process and intermediate outcomes. A matrix was drawn to show how human and financial resources were spent. Staff estimated the time they spent on activities and were invited to suggest anonymously what should change, given a 5% or 33% increase or decrease in funding. The exercise stimulated discussion on how the Service could better invest its resources, helping develop a shared commitment to change. In general staff welcomed involvement. The audit reinforced the need for developing a stronger and more explicit equity focus – Aboriginal health received the least resources. Funding was increased for tobacco and Aboriginal health and reduced for sun protection and capacity building. Strategies were developed to improve cross-team communication and collaboration. The audit was challenging and time consuming but a very useful planning tool with a practical impact.

Comments Short, practical article to help make planning, decision-making and resource allocation more transparent and explicit. Includes tables on budget and staff allocation to the Service's work.

Source Health Promotion Journal of Australia, 2003, 14(2), pp 86-89

Title	The Place of Neighbourhood in Social Cohesion: Insights from Massey, West Auckland	Title	Maori and evaluation: Some issues to consider
Author(s)	Karen Witten and Tim McCreanor, Centre for Social and Health Outcomes Research and Evaluation, Massey University, Auckland and Robin Kearns, School of Geography and Environmental Science, University of Auckland	Author(s)	Helen Moewaka Barnes, Te Roopu Whariki, Massey University, Auckland
Context	In public health there is growing interest in how social structures and ecology of neighbourhoods impact on health and well-being.	Context	All evaluation in this country raises obligations to be considered under the Treaty of Waitangi. The paper discusses issues around engagement, involvement, consultation, accountability and evaluation aims.
Overview	The paper explores the role of neighbourhoods in social cohesion and how urban design impacts on this. The study spatially mapped Massey's community resources such as shopping, educational, health care, social/cultural and sport and recreational facilities and public transport and communication. It showed the suburb is poorly provided with community resources and many are on its outskirts. Themes from discourse analysis of interviews with Pakeha parents of young children living in Massey include identity and reputation, changes in Massey, social descriptions, getting about, perceptions of children and young people, desired locality changes and locality of choice. Many respondents had roots in the area but Massey was portrayed as geographically ill-defined, without heart or hub. Many would not choose to live there. People used service and shopping destinations on its outskirts. This diminished opportunity for incidental meetings that help build familiarity and sense of belonging. Respondents were pessimistic about people and places in Massey. The insights into markers of poor social cohesion raise concern regarding the 'health' of Massey as a neighbourhood. Suggestions include clustering and siting community resources in the heart of such localities, hosting local events and drawing on the centrality of schools and preschools to strengthen neighbourhood social cohesion for parents of young children.	Overview	If an evaluation project impacts on the health of the general population or subgroups, it is also likely to impact on Maori. If it is Maori focused, of particular relevance to Maori or involves Maori participation, evaluators need to consider what this means for the evaluation process. The earlier Maori are engaged, the earlier they can make choices about whether it should be carried out at all, their level of involvement and control, who should carry out the evaluation and what they want from it. Involving Maori early in discussions and in good faith is important. Several questions on consultation are posed for evaluators. In discussing accountability, evaluators should consider implications of their work around active protection, power relationships, Maori aspirations and multi-accountabilities. Evaluators need to ask whose needs the evaluation is serving and how they might realistically and effectively meet those needs. Early discussions between stakeholders may help negotiate mutual understandings around aims and what role other views and concepts may play. For example, for Maori the evaluation may need to embrace kaupapa, identity and tikanga to help make visible the uniqueness and value of Maori initiatives. Capturing that depth of knowledge can only be done if Maori are actively involved.
Comments	Plenty of food for thought and action for local government planners and other agencies to help support healthy, socially vibrant neighbourhoods. Readable.	Comments	Short, easy to read paper, very relevant not only to evaluators but anyone thinking about funding, planning or implementing initiatives.
Source	Urban Policy and Research, 2003, Vol 21(4), pp 321-338	Source	Chapter in Lunt, N, Davidson, D and McKegg, K (eds), 2003, <i>Evaluating Policy and Practice: A New Zealand Reader</i> , Pearson Education Ltd, pp146-150. Contact l.r.morice@massey.ac.nz for further information.

Title Evaluation of a New Zealand indigenous community injury prevention project

Author(s) Marilyn Brewin and Carolyn Coggan, Injury Prevention Research Centre, University of Auckland

Context Maori suffer high rates of death and admission to hospitals from injury. The paper looks at the Turanganui-a-kiwa Community Injury Prevention Project on the East Coast.

Overview The World Health Organisation safe community model for injury prevention was drawn on. This is a community based, all age, all injury prevention programme, recognising those most able to solve community injury problems are its inhabitants. To develop within a holistic Maori framework, the Turanganui-a-kiwa CIPP worked across the lifespan. For children the focus was on road safety, for young people it was alcohol related harm, and for older adults it was fire safety. Community activities included a child car restraint loan scheme, cycle helmet and safe pedestrian crossing initiatives, a Drivewise campaign, safer alcohol use in sporting environments utilising the concept of manaaki tangata, and a Kaumatua Smoke Alarm Project. Process and impact evaluation used a kaupapa Maori framework and utilisation-focused evaluation so the information would help agencies and community. Results showed significant increases in awareness of injury prevention initiatives, a large increase in car restraint use amongst young Maori children, increased use of protective equipment for sports and in fire alarm installation. Outcome evaluation showed a significant decrease in hospitalisation injury rates across the lifespan. Limitations of the evaluation are noted. The project's success could be related to being perceived for Maori, operating within a Maori framework and addressing Maori aspirations.

Comments Fairly easy to read, noting importance of operating within Maori processes for success, as well as providing evidence of health outcome changes. Some statistics.

Source Injury Control and Safety Promotion, 2002, Vol 9 (2), pp 83-88

Title The process and impact of implementing injury prevention projects in smaller communities in New Zealand

Author(s) Jean Simpson, Luke Morrison, John Langley Injury Prevention Research Unit, University of Otago, and Ali Memon, Environment Management and Design Division, Lincoln University.

Context In 1993 the former Public Health Commission funded Plunket to establish two pilot Community Injury Prevention Projects, based on the WHO Safe Community model, on unintentional childhood injury in Kawerau and Rangiora.

Overview A three year evaluation looked at each pilot CIPP separately using a case study approach. Themes for the evaluation's conceptual framework were: community context, ownership and participation, focus and planning, injury data collection, sustainability, external links and leadership and management. Each of these is discussed in relation to the SKIP - Safe Kawerau Kids Injury Prevention Project and Safe Rangiora project. This includes looking at the projects' chronology from the initial externally driven development phase, to greater local ownership, to the CIPPs gaining autonomy. The initial aim to reduce childhood injury incidence was difficult to achieve, given the communities' size and associated data collection and analysis limitations. More useful outcome measures would be factors known to reduce risk of injury and policy and environmental changes required to address them. Issues around budget, community ownership, type of action each project developed, and expectations of community member involvement are considered. Projects need to be within a community's capacity to make a difference. In smaller communities especially, expectations and process required to reach identified outcomes need to be realistic. Greater recognition of the processes that enable a community to make a contribution is required.

Comments As the paper notes the lessons are relevant to initiatives in similar settings, irrespective of desired health outcomes. Fairly easy to read.

Source Health Promotion International, 2003, Vol 18(3), pp 237-245.