

EVALUATION OF SUPPORTIVE AND SUSTAINABLE PHYSICAL ACTIVITY ENVIRONMENTS



Acknowledgements

Pathway 2 Health Team

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SPARC

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Ministry of Health



- Pathway 2 Health
- Evaluation plan
 - Formative evaluation
 - Process evaluation
- What have we learnt?
- Where to from here?
- Implications for other programmes?



Pathway 2 Health

- Active Eastern Bay
- Pathway 2 Health aim
*More People, More Active, More Often,
lifelong in the Eastern BOP*

- Target groups
Maori, youth and families

- Project partners

SPARC, BOP DHB, Whakatane District Council, Opotiki District Council, Kawerau District Council, Mataatua Sports Trust and Toi Te Ora Public Health



Formative evaluation

- What has already happened in this area?
- What is the need?
 - What is the issue here?
 - What are the contributing factors?
 - What are some of the possible solutions?
- Who is the target group?
- Develop a programme and evaluation plan.....

Programme Planning

If you don't know where you are going, any road will take you there.

Lewis Carroll



Programme plan

- Workshop with Pathway 2 Health Steering Group
- Identified the contributing factors to lack of physical activity
- Developed a working logic model
- Developed a programme plan

Barriers to physical activity

- Barriers can be seen as ‘influences’ to physical inactivity (population specific)
- Some examples:
 - Lack of knowledge
 - Lack of facilities
 - Cost of activities
 - Work / family commitments

French, S.A., Story, M., Jeffery, R.W. 2001. *Environmental influences on eating and physical activity*. Annual reviews of Public Health, 22:309-35.

Ministry of Health, New Zealand (MOH) (2003). *Healthy Eating, Healthy Action. Oranga Kai – Oranga Pumau. A Background*. Ministry of Health, Wellington, New Zealand.

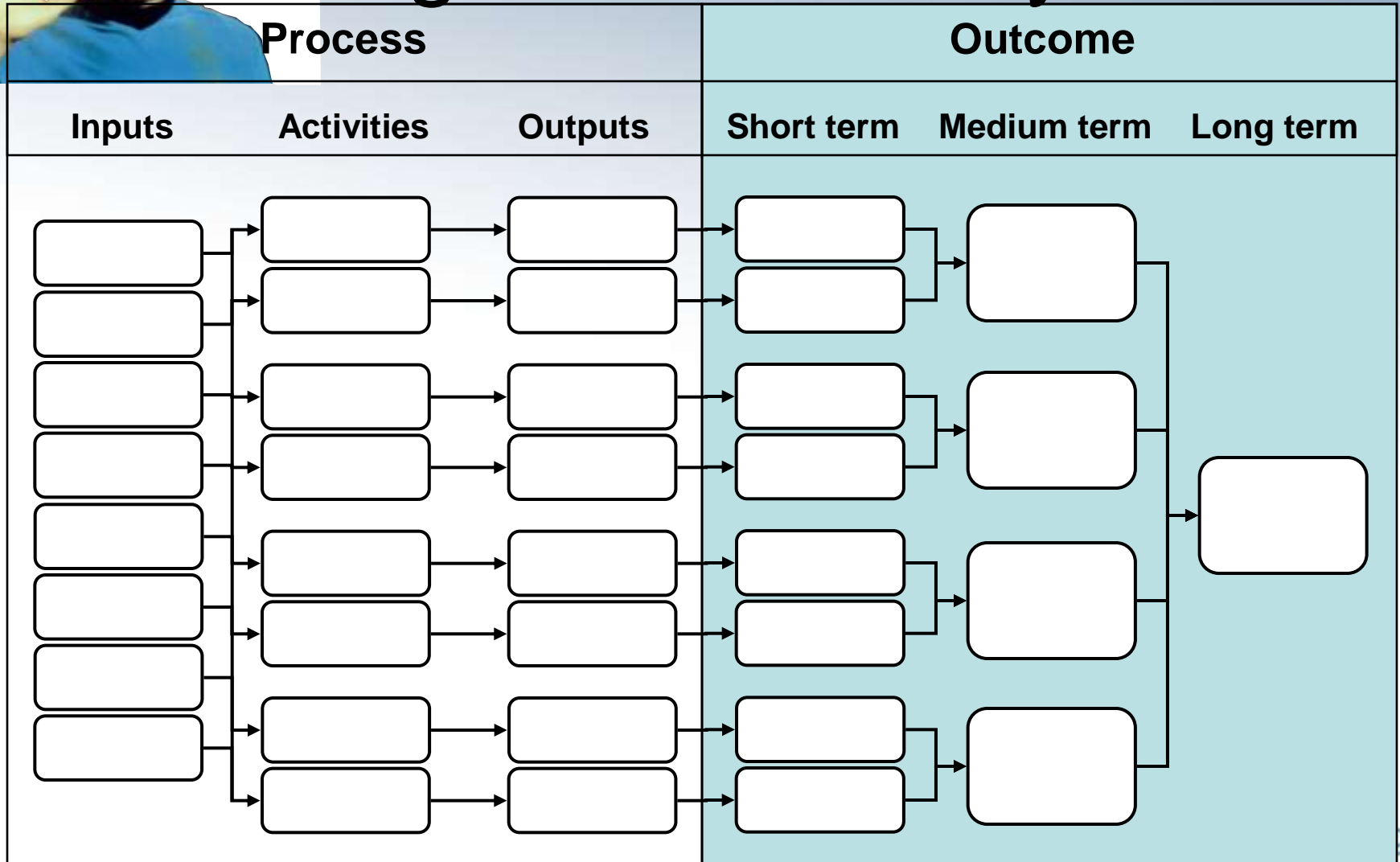
Sullivan, C., Oakden, J., Young, J., Butcher, H., Lawson, R. 2003. *Obstacles to Action. A Study of New Zealanders' Physical Activity and Nutrition. Overview Report 2003*. ACNielsen, Sport and Recreation New Zealand (SPARC). Wellington, New Zealand. Ref No. 1401720.

Summary of influences

Categories	Physical inactivity risk factors
Personal	<ul style="list-style-type: none">• Lack of knowledge (How, where etc)• Lack of confidence• Lack of motivation
Social environment	<ul style="list-style-type: none">• Lack of encouragement and support (family, peers, employers)• Unsupportive social norms• Unsupportive cultural norms• Competitive recreational options (TV, play station...)• Lifestyle demands (work, study, family)
Physical environment (Structured and unstructured)	<ul style="list-style-type: none">• Access to facilities and opportunities difficult (location)• Perceptions of unsafe environments• Lack of appropriate activity opportunities (structured & unstructured)
Institutional environment	<ul style="list-style-type: none">• Cost of activities and opportunities• Lack of appropriate club options• Lack of relevant events or sports

It's just a question of logic Scotty

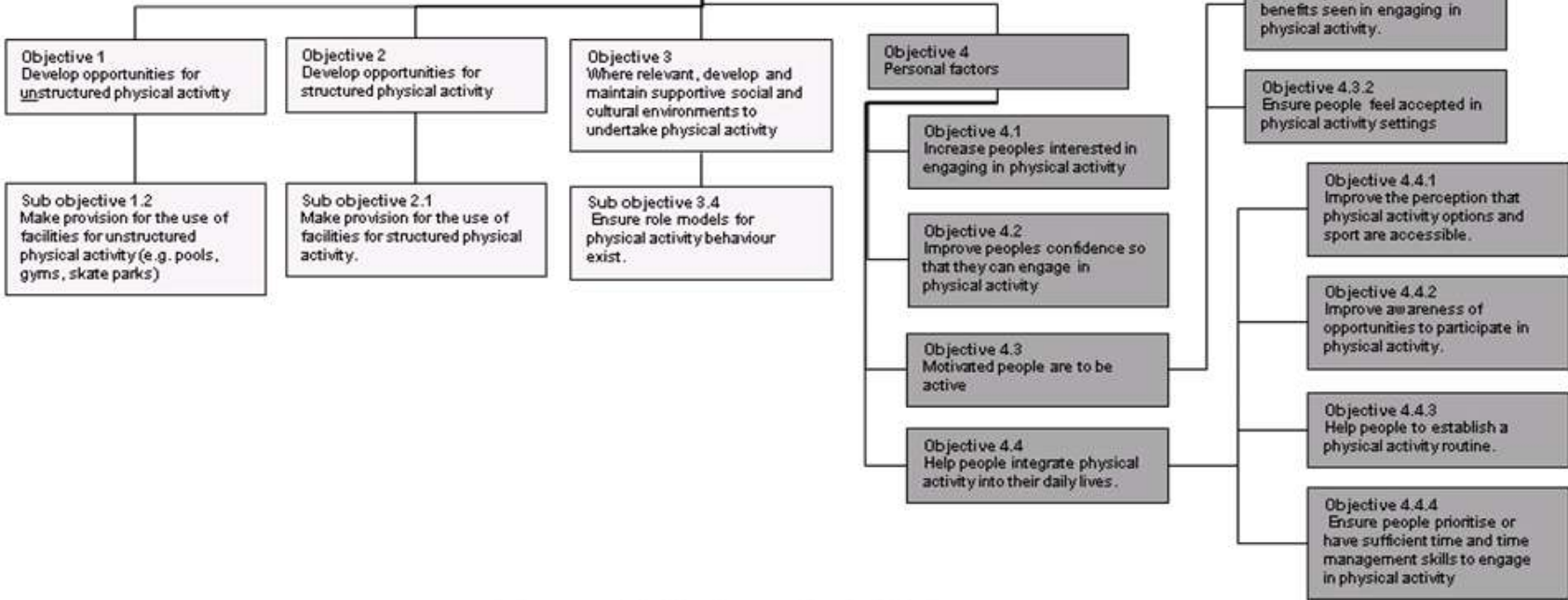
Logic models: Key terms



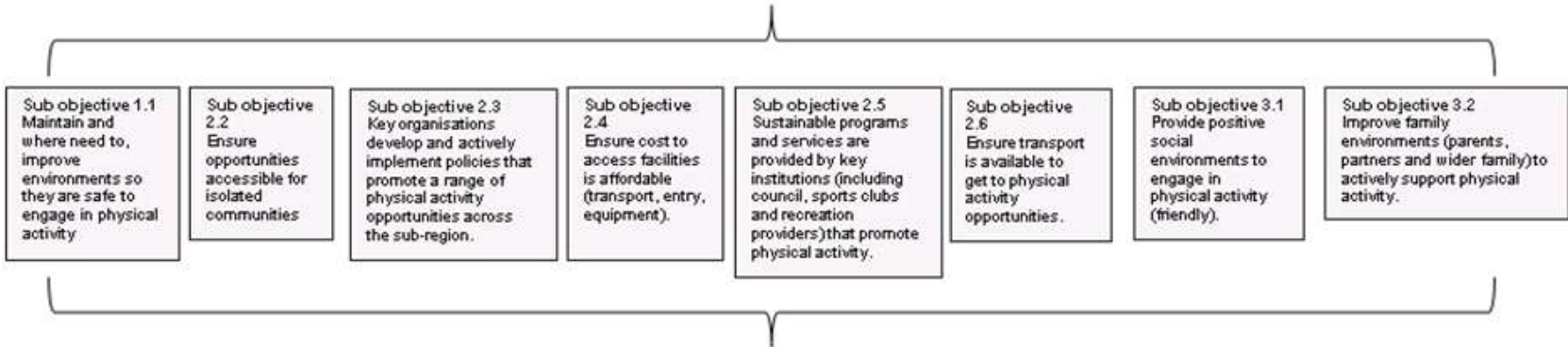
Outcomes

Short term	Medium term	Long term
<p>Physical environment (home, schools, community settings)</p> <ul style="list-style-type: none"> •Environments are safe to engage in physical activity •Facilities available for structured and unstructured physical activity (e.g. pools, gyms, skate parks) •Opportunities accessible for isolated communities •Range of activity options are relevant and available to cater for various groups and cultures <p>Institutional (local, regional and central government, non-government and private sector)</p> <ul style="list-style-type: none"> •Key stakeholders participate in decision making process to ensure that policies and actions are relevant and culturally appropriate •A framework for promoting physical activity for health is available and 'owned by the stakeholders' and specifies actions, responsibilities and timeframes for key stakeholders exist •Policy. Key organisations develop and actively implement policies that promote a range of physical activity opportunities across the sub-region •Institutional support for physical activity: <ul style="list-style-type: none"> ○Sustainable programs and services are provided by key institutions that promote physical activity •Transport is available to get to physical activity opportunities •Cost to access facilities is affordable (transport, entry, equipment) <p>Physical activity is seen as normal within a social environment</p> <ul style="list-style-type: none"> •Positive social environments exist to engage in physical activity (friendly) •Family environments (parents, partners and wider family) actively support physical activity •Role models for physical activity behaviour exist 	<p>Opportunities exist for <u>un</u>structured physical activity</p> <p>Opportunities exist for structured physical activity</p> <p>Supportive social and cultural environments exist to undertake physical activity</p>	<p><i>The target groups of Pathway 2 Health engage in <u>at least</u> the minimum amount of physical activity to benefit their health.</i></p> <p>(Pathway 2 Health goal)</p>

1. Goal
Increase access to opportunities that enable people to reach and maintain minimum levels of physical activity to be healthy



Relevant to all objectives and sub objectives



Evaluation plan

- Formative evaluation
 - Baseline data collection for key outcomes
- Process evaluation
 - Document analysis
 - Key informant interviews
- Outcome evaluation
 - Follow up data collection for key outcomes

- Process evaluation
 - investigate how the programme is implemented in practice
 - critique actual practice against the programme plans and the logic model
 - assess perceptions of the interventions among key stakeholders
 - assess the programme reach

Process evaluation

Document analysis

Supportive policies

Sub objective 2.3 Key organisations develop and actively implement policies that promote a range of physical activity opportunities across the sub-region.

A large amount of work has been undertaken to help enhance council, club and SPARC policy to support physical activity opportunities and environments. Integrating policy into these core institutional organisations will help develop the sustainability of physical activity in the Eastern Bay of Plenty.

Examples of the policy work undertaken to date include:

- Changing the grazing policy of the stop bank walkways in Opotiki to encourage walkers
- Developing a walking school bus with Woodlands school and Whakatane Police
- Developing a smoke free policy at the Kawerau pool
- Reviewing and reporting on proposed walking and cycling strategies
- Reviewing and reporting on proposed council walking and cycling routes with CAW in Whakatane
- Providing input into SPARCs policy for providing sport development by contributing to a SPARC forum
- Assisting clubs to develop strategic plans

Areas that are well supported

- Structured activities and club support are the two largest investments made by the Pathway 2 Health Coordinators over the last seven months. In summary:
 - Four out of the five planned structured physical activity opportunities have been completed. An additional 31 other structured activities have also been supported or developed.
 - 20 areas of support and sport development have been undertaken with local clubs and organisations.
 - Ten areas of professional development including train the trainer workshops for clubs have been undertaken. In addition a further ten areas of support to clubs, workplaces and other organisations has been provided.
- Unstructured activities are also well catered for and include Bikewise and Walk 2 Health programmes.

What have we learnt?

- Prioritise work that supports already existing clubs and community groups to ensure they are sustainable beyond the term of Pathway 2 Health, rather than developing new opportunities.
- Consider shifting the focus from establishing new one-off annual events to supporting regular activity opportunities with sports clubs and physical activity providers. While annual events do provide an opportunity to highlight one particular activity or sport, regular activity opportunities provide the community with a better chance to be active on a weekly basis.
- Special attention needs to be paid to the target group young people aged 12-18 years. There is a variety of work which may be targeting children below this age group.
- Begin developing exit strategies for the Pathway 2 Health coordinators to hand-over the work they do directly with the community. A train-the-trainer approach will help develop community skills and create sustainable opportunities.
- Prioritise the support of opportunities which align with physical activity recommendations, specifically around providing the right intensity and type of activity.
- Consider the recommendations made in the revised intervention logic for the development of the 2009-2010 Pathway 2 Health annual plan.

Where to from here

- Formative evaluation
 - Continues as information from the evaluation is fed back to Pathway 2 Health team
- Process evaluation
 - Key informant interviews
 - Write up process evaluation
- Outcome evaluation
 - Collect follow-up data on key outcomes
 - Survey of organisations providing physical activity
 - Document analysis

Implications for other programmes

- Invest time in programme plans – once done evaluation is easy!
- Feedback between evaluators and programme teams is vital
- Community programmes are complex and outcomes require time to occur
- Evaluation is part of a successful programme at every stage