



CENTRE FOR HEALTH SERVICES
RESEARCH AND POLICY

An Evaluation of Healthy Kai: A collaborative partnership initiative

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Prepared for:
Let's Beat Diabetes, Healthy Kai stakeholders
and Partners



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1 Executive Summary

This report presents an evaluation of the Healthy Kai (HK) programme in Mangere and Otara town centres. The programme adopts a collaborative and community focused approach to promoting healthy nutrition, and is designed to support the local Let's Beat Diabetes strategy and the national Healthy Eating Health Action – Oranga Kai – Oranga Pumau strategy. Evaluation objectives were identified in collaboration with HK key stakeholders and include an analysis of: the role of the key stakeholders in HK; the current status of HK and any differences between the Otara and Mangere programmes; retailers experiences with, and perceived impacts of, HK; the local community's awareness of HK and their recommendations for increasing community engagement; and barriers to community and/or retailer engagement with HK. The findings would allow for the identification of future directions for the HK programme, particularly with a view to increasing community engagement.

Method

A variety of methods were used to address the evaluation objectives, including: in-depth interviews with key stakeholders; face-to-face surveys with retailers; and focus groups with existing community groups.

Results

Key Stakeholder Interviews

The stakeholder interviews provided some valuable insights into various aspects of the HK programme. The interviewees were representative of a wide range of skill sets, roles, and levels of involvement with HK. Some were involved primarily with one town centre (Otara or Mangere), whilst others worked across the two settings.

The key goals of the HK programme, as identified by the interviewees, were to raise awareness and create an environment that supports healthy choices, by increasing the accessibility and availability of healthier food choices in Otara and Mangere town centres. Little adaptation was perceived to have occurred in relation to these objectives.

The stakeholders described a range of resources that were designed to support the programme objectives (e.g. pamphlets, posters, brochures and promotional events such as stir-fry demonstrations and soup days). In particular, the HK Hook logo was seen as especially effective, due to the ease of its recognition. Financial and human resources, particularly the retailers, were identified as crucial to building on the impacts of HK in the future. Stakeholders identified a number of suggestions for improving the programme resources, including: increasing their visibility; translating resources; and evaluating specific interventions or promotional events to understand their impacts in and of themselves.

The stakeholders highlighted collaboration as a key success of the programme, and collaboration appeared to be involved at every step of programme planning and implementation. While funding was not highlighted as an issue, high staff turnover was seen as a threat to successful collaboration and a sense of partnership.

The majority of stakeholders tended to suggest that HK was struggling more in Otago than Mangere. One of the key challenges to implementing HK in Otago was the retailers' difficulty in maintaining the required food grading to participate. Stakeholders were also noted to be less engaged in Otago, in part due to the high turnover of key personnel, and a lack of clarity around stakeholder roles and responsibilities. The longer implementation of Mangere HK also meant that it had been better able to forge successful links with local retailers and the town centre manager. Stakeholders suggested that Mangere had achieved a greater level of engagement with the community than Otago, although it was clear that there was room for improvement within both programmes. The retailers in Otago were also seen as less inclined to engage in HK by stakeholders, as Otago had higher rates of retailer drop-out. Further, in Mangere, all stakeholders were considered to play an equal role, whereas stakeholder engagement appeared to be less balanced in Otago

A number of barriers to the implementation of HK were identified by the stakeholders. The perceived impact on retailers' profit was seen as the key barrier to retailer participation. Language barriers and a lack of community identification were also potential barriers to the implementation of HK. The value for money or cost of healthier choices was identified as the key barrier to community participation in the HK programme. Community engagement was also identified as a current challenge.

Cohesiveness and commitment of the key stakeholders was identified as one of the most significant facilitators to the project. Overall, promoting the local business' supporting HK was considered to be a key facilitator to retailer participation. Similarly, a system for recognising the support of the retailers was also felt to be important by stakeholders, as was the capacity for HK to maintain and even support retailers' profits. With respect to facilitating community participation, the food tasting events were considered key facilitators.

The stakeholders identified a number of impacts or achievements for the HK programmes, including increasing communities' awareness of HK and healthy nutrition. Importantly, HK was also identified as increasing the availability and purchasing of healthier food choices.

The key area for avenue for improvement was identified as increasing community engagement, particularly within Mangere HK. Increasing communication with the community and utilising existing community groups or influential members of the community were identified as key strategies for achieving this. A number of other specific strategies were also suggested including increasing support and follow-up for retailers. It was suggested that Otara should continue to address its current key challenges before moving on to address community engagement.

Retailer Surveys

Overall, the survey findings suggested that retailers had a good awareness of the aims and objectives of HK. The most commonly cited reasons for participation were because others were taking part, or to support the health of the local community. Interestingly most retailers in Otara did not have concerns about joining the programme and there did not appear to be the high level of resistance to HK as was described by the stakeholders. When concerns were raised impact on profit was identified as the key concern in both Otara and Mangere.

Having more educational and promotional work as part of the programme was identified as a strategy to encourage retailer participation. The retailers also suggested that regular feedback on HK would sustain participation. Promotional resources such as caps, aprons, POP signage and the free advertising were identified as the two most effective HK strategies by the retailers. In contrast, support with food safety ratings

and the Flea Market day were considered to be less useful. Only those Mangere retailers taking part in the retailer award scheme were able to answer questions related to this scheme.

Retailers reported an increase in the sale of healthier food choices as a result of HK, although the programme appeared to have little impact on the sale of unhealthier choices. Healthier choices were reportedly acceptable to the consumers and generally sold well. Providing healthier food choices was only considered to be more expensive by the retailers not taking part in the programme; HK had not reduced any retailer profits and in fact profits were increased in some food outlets. Increased media coverage and HK promotional events were the retailers' key recommendations.

Focus Groups with the Community

The focus groups with local community members highlighted some interesting points. The majority of the participants who had heard about HK had found out about it through a family member or a friend. Interestingly no participants within the Mangere focus group indicated awareness of the programme. It was noted that this group did not purchase food from the local retail outlets, which may go some way towards explaining their lack of awareness.

Barriers to community participation that were identified included low retailer hygiene ratings and perceptions of HK food options as being of poor quality. More generic barriers to making healthier food options that were identified included pricing considerations and the fuller feeling that can be achieved through fattier options. Several suggestions were made as to how to facilitate community engagement in the programme, including: clearer HK signage; cabinets dedicated specifically for the food products that are supported by the HK programme; a HK sponsored Market Day; and recognition of cultural differences in cuisines.

Nutritional education, particularly that focused on children and young people, was seen as being a key enabler to encouraging healthier food choices. Those aware of the programme noted that the level of support and encouragement they had received had supported them to make changes.

Future Recommendations

Based on the evaluation findings the following recommendations are made:

- HK is to maintain the collaborative and partnership approach, as this was critical to success in Mangere.
- Roles and responsibilities will need to be clarified to support successful collaboration in Otara, although the stakeholder comments suggest progress is already being made here.
- Strategies to facilitate community engagement need to be explored by the programme. It is noted that while desirable this approach is likely to involve significant programme resources to ensure appropriate support for community members. The motivation for community participation must also be considered.
- HK can increase community engagement through increasing links with churches, workplaces and influential community leaders.
- Feedback and follow-up for retailers should be increased. It is important to engage the retailers in the status of the programme and ideally in its development.
- The cost of the healthier options needs to be reviewed, as this appeared to be a key barrier to community participation in the programme.
- HK should continue to increase community awareness of the programme, as some focus group participants had never heard of HK.
- The HK signage needs to be clearer, as it is not clear which options are healthy. The programme should consider using a fridge or special stickers for HK food items.

2 Introduction

In New Zealand poor nutrition contributes to the loss of 11,000 lives each year and has significant public health implications (Ministry of Health, 2003). Imbalanced nutrition can lead to poorer health and place people at risk of nutrition related conditions including heart disease, hypertension, Type II diabetes, stroke and cancer. Currently in New Zealand almost a third of the population are considered to be overweight and/or obese (Ministry of Health, 2006). These conditions are also more likely to be found among certain population groups. For example, Pacific people have a significantly higher prevalence of diabetes than other ethnic groups. Maori have a significantly higher prevalence of heart disease than other ethnic groups, followed closely by our Pacific communities (Ministry of Health, 2006; Counties Manukau District Health Board, 2006). Lower socio-economic groups are also at greater risk. These concerning statistics represent complex bio-psycho-social causes of health, as a range of environmental, social and economic barriers increases the risk of poorer diet and greater inactivity that ultimately leads to a higher prevalence of chronic conditions in these groups.

Given the recent rise of chronic conditions in New Zealand, improving nutrition, especially in more vulnerable population groups, is one of the key actions taken towards improving the health status of New Zealanders. This has resulted in the development of a number of strategies and initiatives, both at a local and national level. Many of these interventions are targeted through local health providers, General Practitioners, schools, churches and other vehicles designed to reach a specific target group. While these approaches are important, some of our more vulnerable community members are unlikely to benefit, as they are less likely to be involved with local services. This has resulted in a number of innovative interventions designed to reach more vulnerable or 'harder-to-reach' groups.

A variety of strategies and interventions are used to target the general population. The most common of which include social marketing campaigns, point of purchase signage and targeted price reductions. Increasingly, interventions are also being designed specifically to increase the accessibility of healthy nutrition and physical activity through environmental changes. The Healthy Kai programme in Counties

Manukau represents such an initiative. Healthy Kai is a multi-level health promotion programme that is designed to increase and promote the accessibility of healthy eating options in Otara and Mangere town centres. The initiative was designed in response to the high needs of the local population, as more than 12,000 people are known to be suffering from Type II diabetes (Counties Manukau District Health Board, 2006) and even more communities are experiencing high levels of overweight and/or obesity, as well as its related chronic conditions.

The Healthy Kai programme is designed to support the local Let's Beat Diabetes (LBD; Counties Manukau District Health Board, 2006) strategy and national Healthy Eating Health Action – Oranga Kai – Oranga Pumau (HEHA; Ministry of Health, 2004) strategy to improve the health of New Zealanders, and especially those more vulnerable to nutrition related chronic conditions. The approach of Healthy Kai is quite innovative and is described in greater detail in section two of this report. Overall, the programme adopts a combination of strategies including those that are designed to create an environment that supports and promotes healthier nutrition.

Given the innovative nature of interventions like Healthy Kai, this report presents an evaluation of the Healthy Kai programme in Mangere and Otara town centres. To do this, the report begins by identifying the context of the Counties Manukau Healthy Kai programme through describing local population and the links between Healthy Kai, LBD and HEHA. A rapid review of the current evidence on nutrition focused health promotion interventions is also presented to identify the critical success factors for interventions such as Healthy Kai. Section 2 presents a summary of the Healthy Kai intervention. Section 3 identifies the evaluation aims and objectives, with the evaluation methods presented in Section 4. This is followed by the results in Section 5. Section 6 provides the discussion and Section 7 identifies the conclusions and key recommendations from the evaluation. It is also important to note that this report is currently in draft form and is to be interpreted and finalised in collaboration with the key stakeholders.

2.1 Healthy Eating Healthy Action – Oranga Kai – Oranga Pumau (HEHA) and Let’s Beat Diabetes (LBD) in Counties Manukau

HEHA reflects the Government’s plans to improve nutrition, increase physical activity and reduce obesity throughout New Zealand (Ministry of Health, 2004). Improved Maori health and reducing inequalities in health is also a key focus of HEHA. LBD shares these HEHA aims and objectives and acts as a vehicle for supporting and implementing the HEHA strategy in Counties Manukau (CMDHB, 2006). The linkages between the two strategies are clear given the underlying risk factors for Type II diabetes. Subsequently, a number of LBD and LBD partner initiatives are designed to promote healthy nutrition and increase physical activity, as LBD is designed to protect those who are at risk of developing Type II diabetes, as well as supporting those who are currently diagnosed.

Healthy Kai is aligned to both LBD and HEHA in its outcomes and approach. For example, HK represents a collaborative and community focused approach to promoting healthy nutrition. This type of approach is identified as a desired outcome of the current HEHA and LBD strategies (Ministry of Health, 2004). Importantly, Healthy Kai not only links to agencies and services throughout the community such as General Practice, churches and Primary Healthcare Organisations; Healthy Kai collaborates with local food retail outlets to promote and facilitate access to healthier choices. HEHA also promotes the use of interventions that are designed to develop environments that support and facilitate healthy nutrition. This is one of the key objectives of the Healthy Kai programme (see section two).

2.2 Addressing Nutrition Related Disease: A rapid review

The effectiveness of health promotion interventions is often difficult to measure, although generally the outcomes which interventions are judged upon are separated into short-term (immediate changes in knowledge and skills) and long-term (changes in individual behaviour and environmental determinants; Nutbeam, 1999). It is important to understand what comprises successful health promotion and how it can be achieved. Within the context of this Healthy Kai evaluation it is especially useful to consider the impact of similar interventions to establish realistic expectations in

which to frame the evaluation. This section will therefore look at the literature available on successful nutritional interventions and what factors have contributed to that success.

2.2.1 Why Use an Environmental Intervention?

A population perspective of health examines the relationships and interactions among a range of individual, behavioural and environmental (for example, social, physical and global) determinants of health. To date, strategies addressing nutrition-related diseases can be classified by their focus at the following ecological levels: the first level is individual or intrapersonal, such as family and peers (McLeroy, Bibeau, Steckler & Glanz, 1988). The second level is environmental, which means the environment we live in, such as schools, worksites and community (McLeroy et al., 1988). The third level is population (McLeroy et al., 1988).

Research suggests that prevention and treatment of obesity focusing on pharmacological, educational and behavioural intervention have had some success in reducing obesity (HCHCO 2004). In isolation however, these approaches only target one aspect of the factors that contribute to being overweight and obese, and ignore the complexity of how social and built environments influence people's eating and exercise behaviours. The social ecological model of health (Centre for Disease Control and Prevention, 2007) suggests that multi-level population health strategies are needed to promote healthy lifestyles, and reduce the number of people who are overweight or obese and/or suffer from other related chronic conditions (McLeroy et al. 1988; HCHCO, 2004). A number of researchers have voiced similar opinions on this topic; they suggest that the solution to overweight and obesity lies in shaping the environment to better support healthier decisions/life style choices (Hill et al. 2003 and Lake 2006). The environmental intervention is one of the population-based interventions. The main advantage of population-based interventions is that it has the potential to reach 'harder-to-reach' groups. These interventions can also be more cost effective and have more lasting effects on behaviour (Swinburn et al., 1999). However, environmental interventions should be regarded as complementary to other more individual approaches rather than a replacement for them (Swinburn et al, 1999).

Action plans/nutritional strategies from several developed countries such as the United States, United Kingdom and Canada have all highlighted the importance of creating supportive and healthier environments as one of the priority action areas to tackle nutrition-related diseases. Some of these interventions are outlined below and common factors that have contributed to positive outcomes are identified.

2.2.2 Previous Interventions

This section presents a review of the evidence for interventions designed to create environments that support individuals to make healthy living choices.

Food Outlet Interventions

As many people eat out as their part of daily routine, restaurant and takeaway food has made an increasing contribution to our nutrition. In response, there has been an increase in interventions that aim to create a supportive environment that increases the opportunities for behaviour change. There are six distinct types of restaurant/retailer-based interventions: (1) increasing the availability of healthier choices, (2) increasing the accessibility to healthier choices, (3) reducing the price of healthier choices, (4) catering policies, (5) point of purchase (POP) information, and (6) promotion and communication (Glanz & Hoelscher, 2004). Most interventions use a combination of these strategies through combining community-driven health promotion with increasing the availability of healthy food choices and promoting their purchase through point-of-purchase signage. The Heart Beat Award in England represents such an initiative, as does the Healthy Kai programme in New Zealand. The international literature suggests that a number of environmental interventions have been successful; factors contributing to this success are discussed through case examples below.

The Healthy Dining Programme (HDP) was initiated in 1997 as a partnership between local restaurants and the university health care system in the United States (Fitzgerald *et al* 2004). The programme suggested that the point-of-purchase messages produced positive results. However, Fitzgerald *et al* (2004) also concluded that a long-running promotion is required to sustain the observed positive changes in eating patterns.

The Heartbeat Award (HBA) scheme was launched in England in 1990. The goal of this scheme was to improve access to healthier choices and reduce the incidence of coronary heart disease. This scheme was a national strategy that encouraged behaviour change through point-of-purchase nutrition labelling information to promote healthier choices in workplaces. Holdsworth et al. (2004) conducted a longitudinal survey of employees in six workplaces using a structured questionnaire before and after a HBA intervention. Overall, the intervention had a significant impact on consumption for four of the 20 foods assessed. It resulted in a significant increase in fruit consumption and low fat milk, and a significant reduction in the consumption of sweet puddings and fried foods. The research suggested that the HBA scheme might be more effective if it was part of a wider comprehensive programme that combined point-of-purchase signage with price incentives.

The Eat Smart! Ontario's Healthy Restaurant Program is a health promotion programme in Canada. The public health unit grants an award of excellence to restaurants that meet the required standards in nutrition, hygiene (food safety) and smoke-free seating. The programme was implemented in 1999 and after one year in operation, 434 restaurants signed up. Consumers found out about the programme through local dining guides, the Eat Smart Website, door decals and point-of-purchase materials in the restaurants. Macaskill (2003) conducted a study to evaluate whether the programme achieved its objectives and to identify whether subsequent improvements could be made. High participation rates in the survey revealed that the increased promotion was the critical success factor for restaurant participation. Those surveys recommended increasing promotion through window posters/banners; discounts or redeemable coupons; more promotion to customers outside of restaurants such as posters displayed in schools, doctors' offices and hospital clinics and ongoing promotion through mass media. Communication between the restaurants and the programme providers was also important, as it was suggested that communication could be increased through newsletters on health issues and dining trends, recipe suggestions, food safety; on-site training in food safety and healthy eating; and continuing to update and upgrade the programme standards.

Overall, these programmes employed a number of interventions to increase the consumption of healthier food choices from different food outlets and it is difficult to

isolate the effect of individual interventions. The literature does suggest that programmes need to have an appropriate degree of implementation if they are to have a sustainable effect and that any environmental intervention must consider the restaurant/retailers motivation for engagement. One common intervention across all the programmes was the use of point-of-purchase signage. Subsequently, this intervention is explored in more detail below.

Point-of-Purchase (POP) Signage

Point-of-purchase signage is designed to use nutrition information to guide food selection in supermarkets, cafeterias/restaurants and vending machines (Glanz & Mullis 1988). The theory being that providing information at the point of decision-making will increase awareness and/or act as a reminder to promote the selection of healthier foods (Glanz & Mullis 1988). The approach is often favoured by programmes, as it has the potential to change consumers' eating behaviour and reach many people at minimal cost. There is no clear consensus in terms of the effectiveness of POP signage in generating sustainable behaviour change. While some studies have demonstrated change, there has been some criticism of the validity of the research design (Seymour et al 2004). A recent review however, does suggest that POP signage is more effective in workplaces and universities than restaurants. There may be a variety of reasons for this and further research is needed to look at differences between the type of restaurants and the success of POP signage. For example, restaurants or outlets used for everyday work lunches may be more likely to have success than those restaurants that are used less often by consumers.

Providing nutrition and health information at point of purchase, however, still requires individuals to make a "healthy choice". A model of the influences of food purchase developed by Glanz *et al* (1998) can possibly answer why the point of purchase information does not affect many people's eating behaviour. Glanz *et al* (1998) explained that food choices are made on the basis of taste, cost and convenience, and, to a lesser extent, health and variety. Therefore, it is common that people put the cost, taste and convenience of foods as the first priority when making food choices. When comparing the success of POP interventions combined with incentives to those POP interventions without incentives, the literature indicates that POP interventions combined with incentives are more effective. Perlmutter and Gregorie (1997) also

suggested that price is the most influential factor on employees' food choices, followed by the quality of the food.

To summarise, the literature suggests that POP interventions have the potential to influence people's food choices. However, the findings are mixed and it is difficult to draw conclusions on effectiveness. Factors such as cost, taste and convenience are likely to have a greater impact on people's food choices than nutritional value. Therefore, the influence of food hygiene ratings, affordability of healthier choices and their appearance must be considered by programmes seeking to create sustainable behaviour change.

2.2.3 Critical Success Factors for Environmental Interventions

Overall, the literature indicates a number of factors that are commonly attributed to the success of environmental interventions seeking to improve nutrition. These are summarised below:

- The duration and intensity of an intervention is critical to success (Fitzgerald et al, 2004). Positive outcomes/results are more likely to be obtained from a long-term intervention where enough resources and time is spent to create behaviour change.
- The intervention design is also critical for success. Interventions are found to be more successful if they concentrate on food hygiene, price and point-of-purchase information simultaneously (Perlmutter & Gregorie, 1997).
- Buy-in or perceived benefit for restaurants/food retailers participating in the programme is equally critical. The literature suggests that increasing promotion and ultimately business for the retail outlets is a key incentive for participation (Macaskill, 2003).

3 The Healthy Kai Programme

Healthy Kai (HK) is designed to support other national and local initiatives to reduce obesity, cardio-vascular disease and Type II diabetes. The project was developed in response to the needs of the Counties Manukau population and specifically sought to target communities with the greatest need. The programme represents a collaborative effort to promote and facilitate the provision of healthier food choices in local food retail outlets in Otarā and Mangere. The promotion of the programme's key messages are also supported through local Primary Healthcare Organisations and their related services and General Practice.

HK was launched in Mangere Town Centre in September 2003 and Otarā Town Centre in November 2004. Both town centres are located in Manukau City, South Auckland and are under the care of Counties Manukau District Health Board. The local population comprises of 17% Māori, 20% Pacific Islanders, 15% Asian and 48% European and other (CMDHB 2005).

3.1 Healthy Kai Objectives

The programme seeks to improve nutrition and the availability of choices in Mangere and Otarā town centres. To achieve this, the programme works with local health service providers and local food retailers. Key aims include:

- Assisting independent retailers to provide healthier 'ready to eat' food choices in town centres.
- Positively encouraging shoppers buying 'ready to eat' food in town centres to swap less healthy options for healthier options.
- Promoting key messages through local service providers including programme stakeholders, General Practice and other health promotion programmes.
- Ensuring strong programme management and regular reporting of progress to all stakeholders.

Overall, HK aims to develop a synergy between environments that support healthy eating and the promotion of healthier choices to local people through local food

retailers, Primary Health Organisations (PHO), General Practitioners and other programme partners. Key project partners include Auckland Regional Public Health Service, Health Pacifica, Mangere Health Resources Trust, Turuki Healthcare, the National Heart Foundation, Total Healthcare Otara, Otara Mainstreet Business Association, Diabetes Projects Trust, Procure Network Manukau, and Manukau City Council (MCC).

3.2 The Healthy Kai Programme Activities

The activities of Mangere HK are identified in a programme logic (Figure 2); similarly the activities of Otara HK are identified in a similar programme logic (Figure 3). The programme logics were developed in collaboration with the HK key stakeholders and were designed to reflect the HK objectives, outputs (activities and participation) and desired outcomes. HK has a number of generic strategies or activities including:

- Collaborating with local retailers, suppliers, key stakeholders and health providers.
- Collaborating and communication with HEHA steering group, church ministers, OPIC, LBD and Lotu Moui.
- Increase the availability and range of healthier choices in the town centre.
- Supporting retailers to provide healthier choices through providing workshops and recipes for preparing healthier choices.
- Promoting ready to eat healthier choices through tasting demonstrations, free healthy food vouchers at special promotion events, role modelling, advertisements and point of purchase signage.
- Improving awareness of healthy nutrition through providing resources to local health providers.

3.2.1 Differences between Mangere and Otara HK Activities

In reflection of the shared objectives of both HK programmes the activities of each town centre are quite similar, although there were some differences. For example, Otara HK identified collaboration with other health providers as one of its key goals. The inclusion of this goal for Otara is likely to reflect the differences in the status of the programmes, as Mangere started a year earlier (See Section 5). Otara also included an activity relating to securing food hygiene ratings for local retailers. The Otara HK programme logic can be seen in Figure 1. Mangere was fortunate, as the local retailers had appropriate food ratings. Subsequently, Mangere has also been able to develop a retailer award to recognise the hard work and participation of local retail outlets. This is reflected in the Mangere programme logic (Figure 2).

Programme Logic: Otara Healthy Kai (OHK)

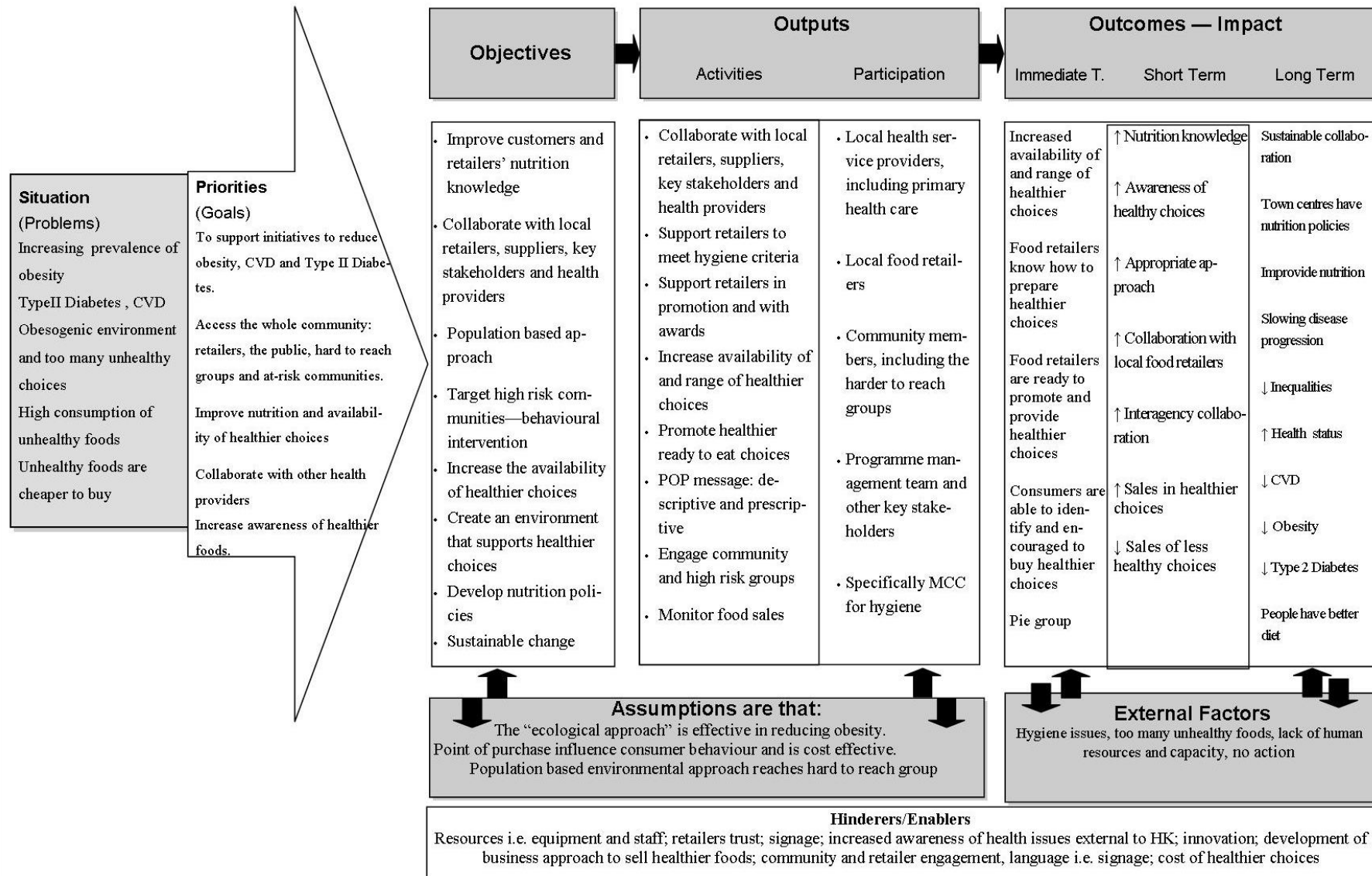


Figure 1: Otara HK Programme Logic

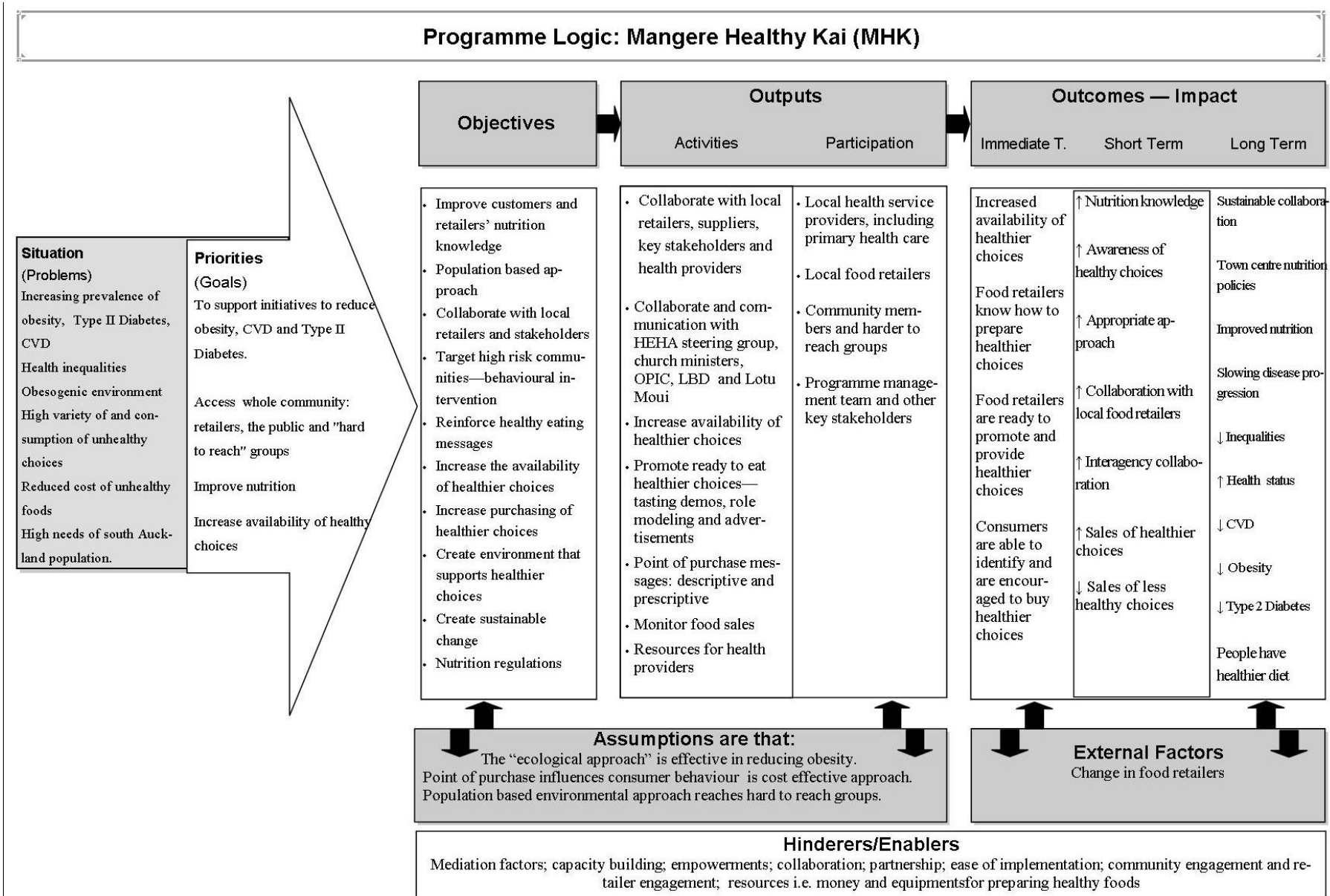


Figure 2: Mangere HK Programme Logic

4 Aims and Objectives of the Healthy Kai Evaluation

The evaluation was developed in collaboration with the HK key stakeholders. Given the status of the programme, a process evaluation was identified as a priority by key stakeholders for both Otara and Mangere. Mangere retailers and HK key stakeholders were also asked to describe the impact of the HK programme.

Process evaluation focuses on how a program was implemented and operates (Dignan et al 1992). It also identifies the procedures undertaken and the decisions made in developing the program. It describes how the program operates, the services it delivers, and the functions it carries out. In summary, process evaluation addresses whether the program was implemented and is providing services as intended (CDC 2005).

Specifically, the evaluation aimed to:

- Identify the key stakeholders and their perceptions of their role;
- Identify the current status of Healthy Kai and any differences between the Otara and Mangere programmes;
- Evaluate the implementation of Healthy Kai through:
 - Evaluating the retailers experiences with- and perceived impacts of- Healthy Kai;
 - Evaluating the local communities awareness of Healthy Kai and their recommendations for increasing community engagement;
- Identify the barriers or gaps that hinder the retailers and/or the local community from engaging with Healthy Kai;
- Identify recommendations for programme development and specifically recommendations to increase community engagement.

4.1 The Evaluation Framework

The CDC framework was used to guide this evaluation study. The framework is characterised by a continuous learning model, including participation and collaboration with providers and the community. The framework (see Figure 4) is based on the Centers for Disease Control and Prevention framework for evaluation of

public health programmes (CDC, 1999). This framework has been adapted to suit the cultural context of Counties Manukau, as well as to incorporate the continuous learning model, which suggests a constant flow of feedback throughout the evaluation cycle. Subsequently, this report was initially submitted in draft on the 17th of March 2008 for interpretation and refinement with key stakeholders.

4.1.1 Cultural Appropriateness

The evaluation framework needed to be culturally appropriate and responsive to the needs of the programme providers, the retailers and the local communities. As a result all evaluation questions and methods were developed in consultation with the stakeholders. The evaluation team also included a member fluent in Mandarin to support the engagement of the local retailers in the evaluation.

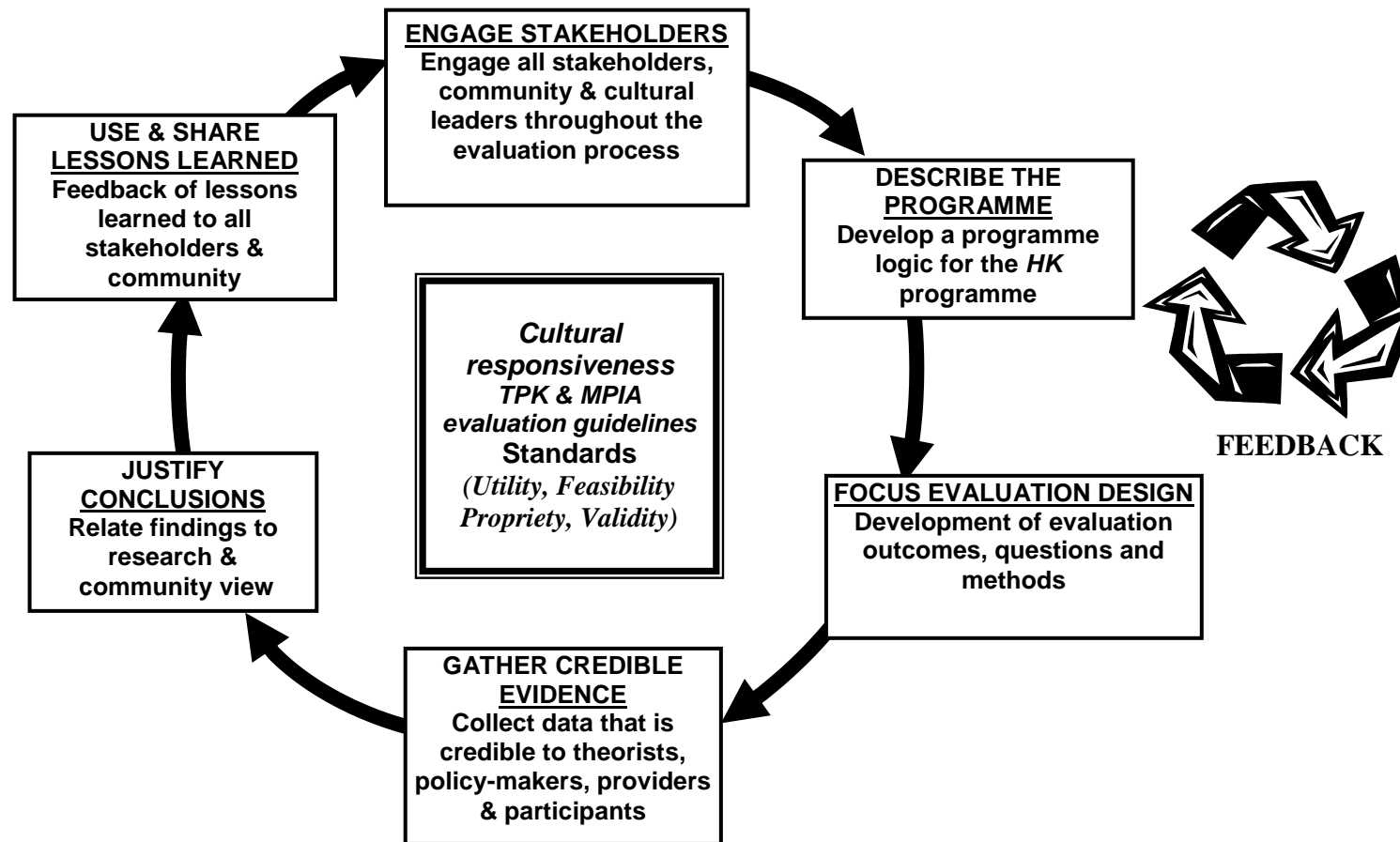


Figure 3: The Evaluation Framework; Adapted from the Centers for Disease Control and Prevention (1999)

5 Methods

This section describes the methods used to address the evaluation objectives.

5.1 Collaborative Development Phase

The collaborative development phase began with a workshop with key stakeholders to identify the Mangere and Otara programme logics. Further workshops were used to identify methods appropriate and acceptable for the local communities, as well as the objectives of the evaluation.

The following methods were selected:

1. In-depth interviews with key stakeholders;
2. Face-to-face surveys with participating retailers;
3. Focus groups with existing community groups.

5.2 In-depth interviews with key stakeholders

In-depth interviews are useful for understanding people's perceptions, attitudes and experiences of certain events or issues (Green and Britten, 1998). A semi-structured interview schedule gave the participants an opportunity to share their personal views and experiences, while keeping the findings relevant to the original purpose of the evaluation (Green and Britten, 1998).

5.2.1 Interview Procedure and Participants

The key stakeholders to be interviewed were identified by a list of key personnel provided by the key stakeholders. All interviews were involved in either the Mangere or Otara HK programmes and some were involved in both. Stakeholders came from a variety of working backgrounds; the interviewees included members of various PHOs and NGOs, dieticians, council members and community health workers. In total, eleven stakeholders were invited to participate and no declines meant that eleven interviews were completed. The exact number of interviewees from each HK programme is not highlighted to preserve the stakeholders' anonymity.

The interviewees were invited to participate via e-mail, later followed-up by a phone call, resulting in a face-to-face interview. The interviews were conducted at the location and time chosen by the key stakeholders. With permission all interviews were digitally recorded and transcribed for analysis. The interviewers were all conducted by suitably trained professionals.

5.2.2 Interview Schedule

The interview schedule was written by the evaluation team in collaboration with key stakeholders and included open ended questions enquiring about programme development and implementation, as well as barriers and facilitators for both Mangere and Otara HK. Key stakeholders were also invited to discuss future recommendations and areas for improvement for HK and specifically community engagement.

5.2.3 Interview Analysis

The interviews were thematically analysed to identify key themes in the data. Thematic analysis identified comments or sub themes relating to key themes based on the interview schedule (Appendix A); additional themes were added as appropriate.

5.3 Face-to-Face Surveys with Retailers

Face-to-face surveys with the participating retailers were identified as an appropriate approach due to the time constraints of interviewing retailers and the difficulties in ensuring the completion of a written questionnaire if it was not in the retailers' first language. The face-to-face survey allowed the retailers to participate while continuing with their 'business as usual' activities. The availability of a translator also meant that the survey could be completed in the participants' first language.

5.3.1 Survey Procedure and Participants

Twenty-eight food retailers participating in Otara or Mangere HK were invited to complete a face-to-face survey by the evaluation team. The HK team informed the retailers that the survey would be taking place through face-to-face contact and a newsletter. The evaluation team then visited each town centre on up to three occasions

to complete the survey with local retailers. In total, 22 surveys were filled out, representing 79% of the participating retailers (n=28). Ten retailers were from Otara and twelve were from Mangere. These retailers were specifically those with ownership of the premises; other staff members were not invited to participate in the survey.

The eligible food retailers were interviewed between 2 and 3pm, as this was considered to be one of the least busy times of day. Due to the fact that most of the food retailers spoke either Cantonese or Mandarin, interviewers who were fluent in both languages were employed to assist the completion of the survey. Interviewers asked the retailers each question on the survey and the responses were recorded on paper. The duration of the survey was approximately ten to fifteen minutes.

5.3.2 Survey Development

All the questions on the survey were developed to incorporate the evaluation objectives. A combination of open- and close-ended questions was employed; open-ended questions were chosen to allow the food retailers to express their views on HK, and the structured closed-ended question minimised completion time. The survey was designed to identify retailers' knowledge of HK, as well as their perceptions of the barriers and enablers to participation, the impact of HK on food sales and the most successful HK intervention.

5.3.3 Survey Analysis

The survey data was analysed using Microsoft Excel (MS Office 2006) and a Statistical Package for the Social Sciences (SPSS; Chicago 2007). This software was used to provide a descriptive analysis of the survey data, as well as any key trends emerging in the retailers' responses. The open ended questions were analysed to identify key themes emerging in the data. A full thematic analysis was not necessary as the retailers' responses to these questions were so brief.

5.4 Focus Groups with Local Consumers

Local Otara and Mangere community members were invited to take part in focus groups to identify their awareness of Healthy Kai, as well as their suggestions for improving the programme and increasing community engagement. The local community were invited to take part by the programme providers.

5.4.1 Focus Group Procedure and Participants

In total, two focus groups were conducted, one in Otara (n=4) and one in Mangere (n=13; total n=17). Participants in the Otara focus group were taking part in a health promotion programme in the local community. In Mangere the focus group participants were invited to take part through the local Primary Healthcare Organisation. The focus groups were conducted by an appropriately trained facilitator and a note taker was also present. The groups were recorded for convenience and data accuracy following permission from participants.

5.4.2 Focus Group Schedule

A focus group schedule was developed by the evaluation team and the key stakeholders. The semi-structured schedule developed is useful for providing the flexibility to pursue the participants' responses while also providing a structure that ensures the discussions are relevant to the evaluation purpose. The schedule was designed to identify participants' awareness of the Healthy Kai programme, their perceptions of the programme and recommendations for future development. To inform the development of HK the participants were also asked about the challenges and enablers that people might face when trying to make healthy food choices.

5.4.3 Focus Group Analysis

Qualitative data gathered from consumer focus groups was thematically analysed using the interview schedule to identify key themes. The key themes included awareness of HK, perceptions of HK, barriers and enablers to adopting healthy food choices and recommendations for improving HK.

5.5 Ethical Approval

The evaluation has ethical approval and adheres to the guidelines provided by the Northern X Regional Ethics Committee, as well as International Evaluation Standards.

6 Results

This section presents the results from each data collection phase including key stakeholder interviews, food retailer surveys and community focus groups.

6.1 Key Stakeholder Interviews

The interviewees were selected to represent the wide range of stakeholders involved in HK including funders, programme providers and those involved in a more advisory capacity.

The stakeholder's comments made it clear that some stakeholders were more involved in Otara or Mangere town centre, whereas others worked across both:

I have a lot to do with Otara than Mangere. For Mangere, I generally go to the meeting and help out whenever I can and also help the innovation award that Mangere is going through at the moment.

Diverse Skill Base

The diversity of the stakeholders' background highlighted the range of skills and expertise that are available to inform different aspects of the HK programme:

I'm a health promotion practitioner, and my role is basically to enhance the health promotion aspect of the Healthy Kai Programme.

My role is, I am a dietician, so I have been involved in giving nutritional input and advice. From that point of view I am seeing patients as well as doing health promotion work.

Degree of involvement

The length of stakeholder involvement in the programme ranged widely; a few key stakeholders indicated involvement right from the start:

I have been involved with the Mangere and Otara Healthy Kai right from the beginning when it got started.

While the majority had been involved for shorter periods of time; others stated that they were very new to the project:

It's a new role for me, I only been in with the Otara Healthy Kai working group for a couple of months.

6.1.1 Programme Development

The majority of key stakeholders indicated that they were not involved in development of the programme, as it was developed prior to their involvement:

When I became involved the programme had already been developed, I wasn't involved from the outset. So it was really well on its way by the time I became involved.

Those stakeholders involved in the development of the programme noted the collaborative approach of the programme and a desire to establish an intervention for high need communities as a shared focus for getting started.

Programme Goals

The key stakeholders identified a range of goals for the HK programme, including the provision of healthier food choices in the community:

The key goals for the programme I think it is about providing healthy [food] choices for the community.

The notion of raising awareness and creating an environment that supports healthy choices was also noted:

So really raising awareness of healthy food choices if they're in the town centre.

Trying to create supportive environments that encourage people to eat healthily.

One key stakeholder also identified specific target audiences for the programme:

I think the key goal is to improve the health status of Pacific people and Maori people in South Auckland.

Interestingly, those stakeholders involved at a more senior level in some of the partner organisations expressed some uncertainty about the aims of HK, although those involved in the implementation were clear about its goals. They stated that HK was designed to increase the accessibility and availability of healthier food choices in Otara and Mangere town centres.

6.1.2 Programme Adaptation

The majority of the key stakeholders did not feel that there were any major changes to the objectives of the programme. Although minor changes have occurred, these were not perceived as changes in objectives, rather as natural progression in the adaptation of the programme to its environment:

No, I don't think so. We still keep those three main objectives. But I think we have changed the strategies slightly. Things like improvements that we need to do. I think this is normal isn't it? Improvements are needed as the programme carries on. Different tools for different stages of development I would say.

Adapting to Suit Location

The stakeholders noted that the programme had adapted to suit its location, for example, different activities have been undertaken in Otara and Mangere due to the different needs of the communities:

Although there are some minor changes, each town centre is a bit different though, Mangere has a different focus compared with Otara. Otara is more focused on food hygiene, because the food hygiene impacts a lot on the food programme, and Mangere doesn't have to worry about it.

In general, the programme objectives had remained constant throughout the implementation of HK. The flexibility of the programme however, had enabled adaptations to suit the different town centre locations.

6.1.3 Programme Resources and Promotions

The stakeholders described a range of resources that were designed to support the programme objectives. These included pamphlets, posters and brochures used to promote healthier nutrition through the local health and community services and the local food outlets supporting the programme:

The key programme resources I would say are the brochure, the Healthy Kai brochure which I think is a really good resource, resource for members of the public as well as for general practice

The wide use of the resources was also noted by stakeholders; they suggested that the resources enabled the key messages of HK to be reinforced throughout the community and even in local homes:

From my perspective having the posters on the walls of GPs and the pamphlets as the key resources where we can show them this is the swap type. And I know that they are all taking it home and put it up on the fridge or on the cabin door. So, that is the key to reinforcing the healthy choices when they are coming to the town centre.

The Healthy Kai Hook

One of the most positive aspects of the HK resources that the key stakeholders described was the HK hook. It was suggested that the logo was easily recognised by the community and its association with Healthy Kai is increasing:

The hook logo is on its own I think because it is giving the message, saying look for the hook. People will be able to link Healthy Kai with the hook.

Every time we do a shopper survey more people know about Healthy Kai – so that is really positive; yeah, the hook is really popular.

Promotional Events

The resources were used to share the key messages of the programme at a range of specific HK and other existing community events, the stir-fry demonstrations and soup days were often cited by stakeholders:

The resources have been used for promotional events i.e. stir-fry demo and the soup day. It is very hard to evaluate the effects of it i.e. seasonal effects: sell more soups during winter time.

Supporting Food Hygiene

The food tasting events were mostly spoken about by the Mangere stakeholders, whereas Otara stakeholders were more likely to cite the A grade food standards resource, along with other resources developed specifically to support the implementation of HK in Otara:

We've got a swap chart, we've got Otara specific pamphlet, we've got the A grade brochure, and recently since we had some funds we've developed Healthy Kai choices awareness pamphlet for the public, and some posters.

Financial Resources

Interestingly, financial resources were not seen as a key barrier to implementation. A number of stakeholders pointed out that there were funds awaiting allocation at the time of the evaluation. It was suggested that this funding was going to be crucial to building on the impacts of HK:

All the money is sitting there and no one has done anything with it. Everyone is so used to operating on a shoe string budget. No one spend any money, we trying to be cheap, but we don't need to be now, we can lift it up a bit and do more things.

Human Resources

A number of key stakeholders recognised the importance of human resources to the programme and pointed out some individual staff members who have been highly valuable to Healthy Kai. One key stakeholder extended the recognition of human resources to the retailers, pointing out that the retailers played an important role in promoting and distributing the healthy food:

And people are great resources as well. Retailers are great resources as well, because they can promote Healthy Kai and introduce the healthy choices to customers.

Overall, HK had a range of resources that were practical and accessible enough to facilitate the promotion of the HK key messages through the local retailers and health services. The HK Hook was identified as a successful 'face' of the programme that facilitated community recognition. Financial resources were not considered to be a barrier to programme implementation, and the human resources and the retailers were identified as critical to the success of HK.

6.1.4 Improving Resources

The key stakeholders suggested that improving the visibility of the resources in the town centre, particularly in Otara, would increase the impact of HK and the dissemination of its key messages:

Getting more visibility, putting it all over Otara...when they keep on seeing that where they go, at some point it would impact. Its human mentality, if you see four times, five times, six times... curiosity, you

want to read it. So it's basically the visibility I think, that's the best thing that we can do to improve it.

Evaluating Resources

Evaluating the impact of the different resources and events was identified as the key to improving the programme resources by some stakeholders, although issues in evaluation capacity were noted:

We need to follow up all these activities (i.e. vouchers and promotional events). But the problem is we do not have enough time and people to help us.

Cultural Appropriateness

The HK resources are written in English; most of the key stakeholders did not think translation of the resources into other languages was necessary as the pamphlets and posters were very visual. Others suggested that translating the resources is important for recognising local cultures in the community, although the cost was seen as a potential barrier:

I guess if you translate pamphlets it shows that you recognise people's other cultures, and that is a good thing to be doing, so it says to people that they are important. But we get very limited resources so that is sort of – you have to make balance don't you.

Stakeholders identified a number of suggestions for improving the programme resources including increasing their availability, particularly in Otara; translating resources to support cultural appropriateness and engagement with different community groups, as well as evaluating specific interventions or promotional events to understand their impacts.

6.1.5 Collaboration

The HK programme was continually described in terms of its collaborative and partnership approach. When describing the key successes of the programme many of the stakeholders also pointed to collaboration. Subsequently, collaboration was identified as a key theme through the interview analysis. Collaboration appeared to be involved at every step of programme planning and implementation:

I guess that collaboration, so much of that happens around the table when we have our meetings and we're discussing plans and events and special initiatives and new resources for the year ahead...we all contribute to the planning of Healthy Kai. There's all that discussion that goes on around that table. It's a really important meeting and yeah I think it's very collaborative in nature.

Representation of Maori and Pacific Island communities and providers was also identified as crucial to the collaborative approach of the programme:

I think it is working now, it's fantastic – we are seeing a lot of improvement on collaboration there with the Primary Health Organisations: with the Pacific Islanders in there and with Maori coming onboard.

Keys to Successful Collaboration

Key to successful collaboration included regular meetings and open communication across the network of stakeholders:

Regular meetings and open communications, making sure that communication is transparent and so on. So that is how we collaborate with the other key stakeholders. Yeah...I feel it is working well.

Equality of inputs during the meetings and programme decision-making was also important to the collaborative process and sense of partnership:

And I think it was a real partnership. The strength came from the many heads at the meetings. Like say we would develop the ideas at the meetings. And I think people felt they had equal input in to that.

Challenges to Successful Collaboration

High turnover of staff in different organisations was seen as a challenge to collaboration. This was seen as having disrupted progress, however, rather than a cause of major disruption to the programme as such:

I guess there has been some changes in personnel overtime and in a way it created some difficulties, but we always got over those.

Staff turnover was most often linked to the Otara HK programme and some stakeholders also suggested that the high staff turnover made it difficult to sustain relationships across different stakeholders, as historical relationships or tensions were inherited by new personnel:

What I basically walked into was a bit of tension in the relationships with some of the key stakeholders and I was having to work through some of those little issues.

Funding and Collaboration

Funding was not highlighted as an issue when talking about collaboration, and when funding was discussed it was clear that funding was also a collaborative effort with different organisations providing what they can:

Yeah, people have been prepared to put funding in it when it's been needed, some more than others – but that is what people have, so that's ok.

Overall, collaboration was critical to the success of the HK programme. Given the different starting points of Mangere and Otara, Mangere appeared to have developed stronger relationships that endured over time. In contrast, Otara had struggled due to high staff turnover that affected the sustainability of relationships over time. Open communication and sense of partnership were identified as critical to the successful collaboration achieved in HK.

6.1.6 Improving Collaboration

While the stakeholders felt that the programme had sufficient organisational support, a number of stakeholders suggested that engaging the local skills and knowledge of the town managers would benefit the programme:

[The town centre manager] will probably be quite good, because they know how to book the town centres for events and have access to tables and PA systems and knows what we can put up and can't put up in terms of posters in the town centre.

Increasing Community Engagement and Collaboration

The majority of the stakeholders suggested that increasing the engagement of the local community would benefit the programme:

I think we have enough agencies. We have all the agencies we need; and if anything we need to get those agencies to engage with their communities to bring them in, it is important to involve the community.

Engaging a range of community organisations in the dissemination of the programmes key messages was considered crucial for the future of the HK programme, as the stakeholders wanted to expand the reach of the key HK messages:

Community, local community i.e. churches and work places. They do not have to join our programme but at least the messages of HK should reach them.

Community engagement was also identified as a means of community development; it was suggested that the programme could develop local skills to support a more community driven approach:

They (the community) should be giving direction to the project and we should be working to develop their skills so that eventually this becomes community driven – not that I think it ever will totally, but I mean they could be the boss of the project.

For HK the future of collaboration lies within the community. The stakeholders wanted to secure increased engagement from town centre manager and other locals to try and adopt a more community driven approach. While the stakeholders noted that HK is unlikely to be completely driven by the community, the stakeholders are seeking to increase current levels of community engagement. HK is also seeking to extend the target audience of its key messages through using churches, workplaces and other local organisations to disseminate key messages.

6.1.7 Understanding the Differences between Otara and Mangere

During the interviews the stakeholders tended to identify different challenges and successes for the Otara and Mangere HK programmes. Subsequently, this section will explore the differences between the status of the Otara and Mangere programmes from the perspectives of stakeholders.

Hygiene Issues

Overall, the majority of stakeholders tended to suggest that HK was struggling more in Otara than Mangere. One of the key challenges to implementing HK in Otara was the hygiene standards, both in the shops and the general community:

Otara that's another story...it seems to me like they are pushing it uphill; the shops are disgusting and they can't get A or B ratings for their food, and without that they can't be part of Healthy Kai.

Also with the environmental issues, we have got rodent problems out there in Otara and they're really huge – huge problems.

Retailer Engagement

Many of the stakeholders noted that HK was very dependant on the local retailers and the fact that the retailers were struggling to maintain acceptable food ratings hindered the progress of HK in Otara. The retailers in Otara also found it difficult to upgrade their businesses due to financial struggles, which prevented them from obtaining the required food grading to participate in Healthy Kai:

It is very difficult to get them [Otara] spend money for their business or invest their own business. Maybe they are on tight budget or something. Whereas Mangere do care about their food premises and ratings.

In contrast, the key stakeholders believed that the retailers' dedication and engagement with HK was a critical success factor in Mangere HK:

In Mangere we are seeing commitment from the operators, from the outlet operators.

Stakeholder Engagement

Other key stakeholders attributed the slower progress of Otara HK to the commitment of key stakeholders. This was often linked to the high turnover of key personnel who were supporting the Otara programme:

Well Otara has gone down, I don't know what had happened over there, I think it is because one of the key resource persons had moved on.

It became weakened because the other groups left, you know other health agencies and so on left

Some of the stakeholders also suggested that a lack of clarity in stakeholder roles and responsibilities meant that the ongoing support and follow-up for retailers on Otara slipped and hindered the implementation of HK:

In Otara it was said that this particular person would go around and talk to the retailers on a weekly basis to encourage them; that never happened. So you know, a lack of follow up, a lack of putting your money where your mouth is, actually delivering the action.

Unsurprisingly, stakeholders felt that the commitment of stakeholders contributed to the success of Mangere HK. It was suggested that the reliability of staff and their dedication was a major strength of the programme:

I think they've got some very good dedicated people out there with Mangere Health and stuff like that who are constantly on top of things

In the Mangere Healthy Kai group if somebody says they'll do something, they'll do it.

The longer implementation of the Mangere HK also meant that it had been able to forge successful links with local retailers and the town centre manager. These relationships bolstered the work of the HK stakeholders:

It's got its own life, it's got a very committed group of people involved with it, it's got shopkeepers committed, and it's got the centre management committed, so it is great.

Community Engagement

Lack of community engagement in the programme was an area of future development shared by both Otara and Mangere HK. While the stakeholders suggested that Mangere had greater engagement in the community than Otara, the descriptions given would suggest that there is perhaps more awareness on health issues or HK in Mangere rather than actual differences in community engagement in HK:

A bit more engaged. They know a bit more. They do care about their health. They do the health dance and green prescription. Tend to be more positive than Otara. They are a bit more engaged.

Increasing community engagement was identified as a future direction by both the Mangere and Otara HK stakeholders:

It would be great if we could entice some of the community and let it spread its wings a bit more.

Health Innovation Awards

Another point of difference that should be acknowledged in this report is the nomination of Mangere HK for the Health Innovation Awards in 2007. This was seen as a great achievement and the stakeholders were very proud of their nomination:

Mangere healthy Kai has done really well this year in that it was a finalist in the Health Innovation Award and the Science Festival.

It is also worth noting that since the interviews were conducted, the awards ceremony has taken place and Mangere Healthy Kai has won in two categories – Supreme Award and Excellence in Prevention Award. This is indicative of the excellence with which the programme has been implemented (see <http://www.healthinnovationawards.co.nz/2007winners.html>).

Overall, key differences between the Otago and Mangere programmes included hygiene ratings, retailer engagement, stakeholder commitment and turnover, as well as some perceived differences in community readiness to engage in such an initiative. It is important that these differences are considered within the context of the two programmes; therefore stakeholder explanations for these differences are now explored.

6.1.8 Explaining the Differences between Mangere and Otago HK

The Mangere HK was running for approximately one year before the Otago programme got started. The stakeholders often cited this as the key reason for the different status of the two programmes:

Mangere Healthy Kai, as I said before, it has been established longer, so the progress forward is further along than the Otago Healthy Kai.

Retailer Drop-Out Rates

Unsurprisingly, the differences in the hygiene status of the Mangere and Otago retailer outlets were often used to explain the differences between the two programmes. It is interesting to note however, that the difficulties in securing appropriate ratings also increased retailer drop-out rates posing even more challenges for the Otago programme:

Otara does have problems with food safety say, whereas Mangere it wasn't ever such a problem, there was the odd one that dropped out, but Otara it's persistent.

Retailer Attitude and Turnover

Interestingly, a few of the stakeholders suggested that the retailers in Otara were less inclined to engage in HK, as they had less involvement or connection to the local community. This was also linked to the high turnover of local retailers, as it was suggested that Otara experienced exceptionally high turnover rates in comparison to Mangere:

But I don't think retailers in Otara have that, they don't care. I don't think they care about the local population.

I think one of the challenges that we have is really coping with the high turnover in the retailers in the town centres. As soon as you introduce the programme and get them trained up, they move on especially in Otara.

In Mangere the retailers were also found to be more responsive and less resistant than their Otara counterparts. It was suggested that while they were nervous about taking part they were more willing to trial the programme:

The Mangere retailer's were amazing. I did the initial communication and even with my, obviously it was only English, but they were a bit anxious about it but they still participated, whereas Otara there was always more resistance.

Stakeholder Engagement

The theme of community involvement was also reflected in the key stakeholders of Healthy Kai, with some of the key stakeholders believing that the people involved with Mangere were more connected to their community and this facilitated the implementation of HK:

Mangere key stakeholders, I mean I wouldn't say more active, but they're more out there and they involve the community.

An interesting difference described by some of the stakeholders was the difference in the partnership or collaboration. In Mangere, all stakeholders were considered to play an equal role, whereas, some stakeholders appeared to be frustrated at the minimal engagement of some Otara stakeholders:

The input from some is very limited, and this really restricts the implementation of Otara Healthy Kai i.e. setting up directions and plans. It becomes quite difficult to unite the Otara Healthy Kai team and split up the work.

When examining the differences between Otara and Mangere HK, the stakeholders note the importance of considering the different start dates of the programmes. Mangere should be further along in terms of implementation, although Otara appears to have faced a number of challenges that Mangere was fortunate enough to escape. Resistance from retailers, hygiene ratings and the high turnover of both key personnel and local retailers posed significant challenges for Otara HK. Therefore, while the programmes are in different places it is important to consider their different paths and communities in this evaluation.

6.1.9 Barriers to Implementing Healthy Kai

A number of barriers were identified when describing the differences between Mangere and Otara HK. Therefore, while this section will recognise the barriers of retailer attitude, retailer turnover, stakeholder commitment and turnover, quotes will not be used to explore these themes again. Rather this section will focus on generic barriers that were described for both the Mangere and Otara programmes.

Differences between Otara and Mangere

Interestingly, the differences between Otara and Mangere were identified as a potential barrier implementation and engagement across stakeholders. It was suggested that comparisons between the two town centres were not always helpful:

Otara is still very positive about itself but when it comes to the meeting with Mangere, it gets depressed. It's like Mangere is a big brother and Otara is a little naughty brother, it got put down. That is a key barrier.

6.1.9.1 Barriers to Retailer Engagement

A number of key stakeholders felt the perceived cost to retailers or potential loss of income was the main barrier to retailer engagement:

Key barriers for retailers is it is always going to be around bottom line figures, is it going to help them make money or will they lose money.

Limited budgets and tight margins on which the retailers operate were suggested to limit the opportunities to trial healthier alternatives:

So the barriers for the retailer are definitely financial; for them making a change for a week and it doesn't sell is a loss of profit. So you have a small window of opportunity to do something [and] to make it work, so there is a timing issue as well.

Language Barriers

Language was identified as a key barrier for the retailers. The interviewees noted that the majority of the retailers were from overseas and had some problems with communicating in English. While this was perceived as a potential barrier, this was less of an issue due to the appointment of personnel with the appropriate language skills:

Barriers are often around language because so many of the retailers don't use English as a first language. But we're lucky because we have staff who do speak the language.

Community Identification

Interestingly, a couple of stakeholders felt that a major barrier for the development of HK is the lack of identification of some retailers with the local community:

They might come from outside the community, work here and then go home. So they don't care about the local community and what is happening.

Overall, the perceived impact on retailers' profit was the perceived as the key barrier to the participation of local retailers. The stakeholders also suggested that language barriers and a lack of community identification were potential barriers to the implementation of HK.

6.1.9.2 Barriers to Community Participation

One of the main barriers for community participation was the stakeholders' perception that the community demands unhealthy foods. One of the key stakeholders

suggested that price or perceived value for money was a key driver for the unhealthier choices:

Well, it is a really poor community and old habits die hard. So buying \$10 worth of fried chicken wings and chips will probably fill the family up, but if you buy \$5 worth of healthier food it probably wouldn't perhaps get the same outcome for the family.

Some of the stakeholders also suggested that Maori and Pacific peoples were also more likely to be making these kinds of food choices.

Confusion with the Healthy Kai Signage

A number of key stakeholders indicated that there was confusion amongst the consumers in regards to what is healthy and what is not. The presence of the HK logos was considered to indicate that everything in the store was healthy to some consumers:

One of the downsides is that the signposting within the store- there is still a bit of disconnect where some think that everything in the store is healthy.

Some of the key stakeholders also noted that the consumers felt confused as to why HK shops were still offering unhealthy choices:

There was a little bit of confusion as to why does this place have Healthy Kai up when it's selling chicken and chips so we had to sort of try and say these are the healthy choices and they're not.

Community engagement

Lack of community engagement was found to be a key barrier to the programme by the majority of the key stakeholders:

It's not necessarily an easy thing to get that representation across the community. But I think that's a weakness for the programme.

Some of the key stakeholders also recognised the complexity and difficulty behind increasing community engagement, acknowledging the need for multiple approaches:

Access to the community is a barrier as well – how do we reach, how can we reach those people. Just talking to them – like it's a one-off when we meet them at the shopping centre, but there needs to be more work – like how they can be followed up.

The value for money or cost of unhealthier choices was identified as the key barrier to participation in the HK programme. It was suggested that the ability for the fried foods to fill up families at a cheaper cost would always pose a challenge to community participation in the programme. There also appeared to be some confusion over the HK message with some consumers perceiving all foods to be healthy in supporting stores. Again, community engagement was identified as a current challenge to the level of community participation desired by the stakeholders.

6.1.10 Facilitators to Implementing Healthy Kai

Cohesiveness and commitment of the key stakeholders was identified as one of the most significant facilitators to the project. Again, some of these facilitators were identified when exploring the differences between Mangere and Otara HK so quotes are not always used. An additional facilitator identified by the stakeholders however, was the ability for HK to secure a number of outcomes that helped to anchor support for the programme:

For the stakeholders I think it's been the fact that they groups has been very stable and very cohesive, and the organisation can see some outcomes.

6.1.10.1 Facilitators to Retailer Participation

The stakeholders believed that increasing the publicity of the retailers was a major facilitator to their engagement in the programme:

It's engaging and incentivising it from the retailers' point of view, they love the publicity.

The key stakeholders also held that demonstrating the importance of the retailers' engagement on the health of the community would be a facilitator:

...promoting healthy choices and prove it is doing good for the population.

Rewarding Retailer Participation

The majority of stakeholders suggested that systems for recognising and rewarding the engagement of retailers were also important for sustaining their support of the programme. The most commonly cited example was the Mangere Retailer Award:

For positives for the retailer I just think it creates healthy competition, in retailers... ..with the awards system.

Maintaining Existing Profits

In reflection of the key barrier, one of the key stakeholders highlighted the importance of maintaining retailers existing profits to sustain their engagement in the programme. Ultimately, the stakeholder wanted HK to promote healthier choices and support local business:

The best thing is that if we can help them make money and we also promoting healthy choices and prove it is doing good for the population. At the end of the day, it all comes down to money that is the economic reality.

Overall, promoting the local business' supporting HK was considered to be a key facilitator to retailer participation. Similarly, a system for rewarding and recognising the support of the retailers was also felt to be important by stakeholders, as was the capacity for HK to maintain and even support retailers' profits.

6.1.10.2 Facilitators to Community Participation

Raising awareness of HK within the community was identified as the key to facilitating community participation. The stakeholders described a number of events designed to promote HK and its key messages, the most commonly cited of which were the food tasting events:

We just had a stir fry event. More events like that lift their awareness of Otara Healthy Kai.

The stakeholders also suggested that these events were important for engaging key people within the community:

I think it is important to have events in Otara town centre and inform key people in the community.

Programme Resources

The programme resources were also acknowledged in raising the communities' awareness of the programme and the benefits of healthier food choices:

And for the community I think it has also to do with the resources that are starting to help increase awareness that if they buy all these healthy foods then they won't get sick or it will help to keep them healthy. So the resources, they helped.

While community engagement was commonly cited as a key future direction for the programme, the stakeholders did describe a number of strategies that helped to facilitate community participation in HK. The food tasting events were considered to be key facilitators for engaging the community, as were the programme resources. It was suggested that these events had increased awareness of HK and healthier food choices.

6.1.11 Perceived Achievements of Healthy Kai

The stakeholders identified a number of impacts for the HK programmes. One of the most commonly cited achievements was the increase in the awareness of HK and healthier food choices, both in Mangere and Otara:

People are actually becoming aware, their knowledge is improving – of the programme. People know to look for the yellow sign and the grading system.

I can see the improvement of the food environment, and the shoppers' awareness and knowledge of healthy foods has increased as well. Although shoppers might not buy those 'healthy choices', but at least they know which food is good for their health

However, one stakeholder commented that “sometimes when I go out there people have no idea what Healthy Kai is”, implying that the raising awareness of HK is an ongoing task.

Community Support

Several respondents noted that securing support from the retailers on board and local town centres was a key achievement of HK:

I think they have achieved something like getting the retailers on board. They have good buy in from the retailer, town centre and community.

Increased the Availability of Healthier Food Choices

The key stakeholders stated that the programme had increased the availability of healthy choices, particularly in Mangere:

So the key achievements are that there are more healthy choices available, we've improved the quality of the food, the sodium is lower, the fat is lower.

Increased the Sale of Healthier Food Choices

The programme had also positively impacted on the sale of healthier food choices in the community. While it was acknowledged that this did not happen every time, there had certainly been some changes in food purchasing behaviour:

People are making healthier choices, that they are aware of what the healthy choices are, and they might not do it all of the time but they do do it some of the time.

Increased Retailers Awareness of the Need for Healthier Food Choices

A few stakeholders also suggested that the programme had increased retailers awareness of healthier food choices and their importance to the local community. The satisfaction of the retailers was also linked to the sale of the healthier choices; again, supporting the notion that HK has changed food purchasing behaviour:

And we've created awareness amongst the shopkeepers about the need for healthy choices and they are happy too because they are actually selling more healthy choices.

Health Innovation Awards

Nomination of Mangere HK for Health Innovation Awards was seen as a major achievement of the programme:

In Mangere Healthy Kai the achievement is the HI award, the Health Innovation Award. That can be one of our key achievements where we've got a national, this level of exposure.

Overall, the HK programme was described as increasing communities' awareness of the HK programme and healthy nutrition. Importantly, the programme was also described as increasing the availability and purchasing of healthier food choices. The satisfaction and ongoing engagement of the retailers also provided support for the

impact of HK on local food sales, as without sales the retailers would not be able to support the programme.

6.1.12 Improvements and Future Directions

As stated previously, increasing community engagement in the programme was the most commonly suggested improvement. It was suggested that existing community groups should be utilised to build community engagement:

I think by working and communicating a lot better with community. There are community groups that are well established in both areas that could be used.

A few of the key stakeholders proposed recruiting influential leaders from the community, such as church group leaders or representatives in order to influence a specific population groups:

It is difficult to put everyone in I guess. So, I think we need the representatives from big groups like churches groups, or people who have the ability to engage with the community. We hope that they can influence a bigger population.

Increasing Communication with Community

One stakeholder also expressed an idea that the community could be engaged through increased media communication and maintaining current signage, although it was suggested that additional funding would be required:

Also by using the other medians of communications such as radio. So it could be improved by making sure there's adequate funding I suppose for maintaining the signage, maintaining the media coverage.

Increasing Resources to Support Community Engagement

Improving community engagement in the programme through increasing the human resources available to the programme was suggested by one of the key stakeholders:

I think it is money to do the promotion work. If we can have money – that would be great... .. So maybe resources – we don't have the human resources to do it.

However, another key stakeholder has contradicted the previous suggestion by stating that extra funding is not essential at this time:

We have shown that giving us money – well we are not very good with that. Because we are used to operating on the smell of an oily rag, and we have debated over this enhancement money – we have got \$40,000 sitting in our bank account and we have not done anything with it yet.

Increasing the Number of Participating Retailers

Increasing the number of retailers taking part in the HK programme was also identified as a future direction for the programme:

Maybe looking at more healthy choices in the retailers, increase the quantity of healthy choices in the retailers who are currently in the programme and then increasing the number of retailers that we have.

Increasing Follow-up and Support for Retailers

The stakeholders suggested that the programme would benefit from developing strategies to increase feedback and follow-up to the food retailers. It was suggested that while support was satisfactory, the programme should consider increasing their links and communication with retailers:

We go and tell them it's free, you get more exposure, you get free advertisement, and that was it, after that they've not had a frequent development or information... They're not getting the constant feedback, what the programme is doing, what's happening. So there's an ignorance level and that should change.

Improving the programme through continuing and increasing retailer events was also a popular idea with the key stakeholders:

I think they just need to continuously have more retailer events, you know just reaching out to the Pacific target group areas and promoting Healthy Kai.

Strategies for Otara and Mangere

Interestingly, some of the key stakeholders suggested different strategies for improving HK in Otara and Mangere. Despite admitting that Otara Healthy Kai was not entirely successful, the majority of the key stakeholders held strongly positive views that improvements are happening and the programme is moving forwards:

It has improved, we got a lot more people coming to the meeting, and we have also got new representation from Otara on HEHA steering group which is good, I didn't have it before.

In its present condition right now, it has come to life, definitely been re-energized. A lot of us key stakeholders have actually worked behind the scenes to lift the programme and get more retailers onboard.

It was suggested that Otara needed to continue to focus on developing the programme and responding to its key challenges:

Otara needs to start right from the beginning again and build up that platform. And I think it is the matter of focusing on key issues at hand really, for Otara.

Whereas for Mangere, it was suggested that the programme is ready to start developing strategies to increase community engagement:

Mangere has a sustainable base, but they need to pull in some community and I think that one of our strategies coming up is to do that.

Another interesting improvement recommended for Mangere was opening up the programme to the community through employing a full time Mangere facilitator to develop a more community focused approach:

Getting a full-time person in Mangere that facilitated all of the programme into one, so it is more of a community programme, as opposed to being a health agency programme; which is really what it is, a top-down health agency programme.

Programme Sustainability

When discussing sustainability the stakeholders tended to identify Mangere as the example of how HK interventions can be sustainable:

So I think Mangere is in a good space, and I think it is quite sustainable.

It was noted however, that while community engagement would increase the sustainability of HK it is important for the programme to have ongoing support from its stakeholders.

Unsurprisingly, increasing community engagement was identified as the next step for HK and particularly Mangere HK. Increasing communication with the community

and utilising existing community groups or influential members of the community were identified as key strategies for community engagement. A number of other specific strategies were also suggested including increasing support and follow-up for retailers. Interestingly, it was suggested that increasing community engagement is probably more appropriate for Mangere HK at the time of this evaluation. For Otara, a positive change was noted the stakeholder working group. There was a sense that the current stakeholders were starting to make in-roads to support programme implementation. Subsequently, it was suggested that Otara should continue to address its key challenges and then consider community engagement.

6.2 Retailer Surveys

Overall, 22 retailers were surveyed, 10 in Otara town centre and 12 in Mangere. Mangere retailers tended to address more questions than Otara retailers due to their higher level of participation in the programme.

6.2.1 Retailer Engagement

The survey participants were asked whether they were involved with Healthy Kai. In Otara Town centre three interviewees (30%) reported that they were not taking part in Healthy Kai, while one respondent (10%) did not know¹. In Mangere Town Centre all twelve (100%) of the food retailers surveyed reported that they were currently participating in Healthy Kai.

The participants were asked whether they had heard about Healthy Kai and to describe what they understood the fundamental meaning of the programme to be. In Otara 80% of all food retailers interviewed (i.e. eight retailers) had heard of Healthy Kai previously. In the Mangere town centre ten of the twelve retailers that were surveyed (83%) responded to this question. They all reported that they were aware of the Healthy Kai programme. The respondents from the Otara region suggested the

¹ There was a discrepancy observed between the perceptions of the Otara retailers and the stakeholders as to which stores were participating in HK. Participation in the programme fluctuated over the course of the evaluation due to some stores being dropped and then picked back up again by the programme as a function of their food hygiene ratings. The participation rates that are reported are based on the perceptions of the retailers only.

campaign was about healthy food, healthy eating, reducing diabetes and improving health:

Healthy food, increase people's awareness of healthy food.

Respondents from the Mangere setting indicated that they predominantly believed the programme to be related to healthy food and healthy eating:

Promoting healthier substitutes for things we sell.

Motivation to Participate

In Otara seven interviewees (70%) responded when questioned as to why they participated in Healthy Kai. The majority of survey respondents suggested that they were participating in HK because they wanted to help improve health by promoting healthy food. Others suggested that they were partaking because other food outlets were doing it. Interestingly, in some of the retailer comments suggested that the HK programme was no longer running in Otara:

Used to but it's gone now - still want to take part now. It was healthy, it's something everyone should do.

The responses of the twelve Mangere survey participants (100%) revealed that, similarly to Otara, the majority of respondents were taking part because they wanted to help improve health outcomes by promoting healthy food. Other comments suggested that they were unsure why they were taking part, they were involved because other retailers were or because they were eligible to join the programme:

Have all the 'qualified' products here. Be eligible to join in. Want to help people to be healthy.

Concerns Regarding Participation in Healthy Kai

The participants were also asked what concerns they may have had for their business when deciding to take part in HK. Of the five interviewees from Otara that responded to this question (50%), three expressed no concerns, while those remaining expressed concerns in regards to the effects on cost and profit:

If they did join, would be concerned about profits due to customers demand.

In Mangere eleven interviewees (92%) responded to this question. The responses indicated that a moderate proportion of participants had no concerns while others had issues surrounding the effect it would have in terms of profits and losses, and the lack of interest from the public in buying healthy food products.

Are the people really health and aware of buying healthy products

Main profit comes from junk food some profits might go down. Most people buy fruit and vegetables at market because cheaper

Overcoming Concerns to Participate

Five of those Otara retailers (50%) interviewed responded to this question. Factors that enabled the Otara survey participants to be less concerned with the identified issues were the fact that the programme participation was at no cost to the business, and the notion that it is good to provide healthy food to help people also motivated the retailers to participate:

Not scared to take part. The food that you can have, good to have.

Only 6 interviewees from Mangere (50%) gave a response to this question; these responses tended to be variable but similar to those comments from Otara, and as a result no emerging themes are identified.

Reasons for Declining to Take Part

Those who decided not to partake in Healthy Kai were questioned on their reasoning for this and if there was anything that could be done now to encourage them to participate. In Otara two participants (20%) answered this question; they replied that they were unsure what Healthy Kai was and what it involved. When queried as to what forms of encouragement could be provided for them to partake, they suggested having more educational and promotional work as part of the programme along with more information so they had a better understanding of what was happening throughout the campaign.

Provide detailed information so we know exactly what's going on.

There was only one response (8%) to this question from the Mangere retailers. This respondent suggested that their reluctance to get involved was due to the press coverage associated with the programme.

6.2.2 Healthy Kai Interventions (Mangere Town Centre Only)

The food retailers were asked which Healthy Kai activity they found to be the most useful for their business. The results from this question are depicted below in Table 1. Due to the confusion, or lack of awareness, on the part of Otara retailers as to their involvement with Healthy Kai, there were no respondents from Otara and the responses typify only those of nine retailers from Mangere (75%). The retailers suggested that the POP signage and the free advertising were the most useful HK interventions for their business. In contrast, vouchers, support with food safety ratings and the Flea Market day were considered to be less useful. Support from Healthy Kai was defined as communication from HK personnel with the retailers (e.g., keeping them up-to-date with new developments in the programme via telephone contact or written correspondence) however this did not necessarily entail a face-to-face meeting, whereas a visit from HK was defined as a site visit from HK personnel.

Table 1: Table illustrating the percentage of participants who viewed the Healthy Kai interventions as being useful.

	Percentage who agreed interventions were useful
Stir Fry Demonstration	33.3%
Soup Day	33.3%
Flea Market Day	16.7%
Healthy Kai Signage	58.3%
Newsletters	33.3%
Free Advertising	50%
Vouchers	8%
Support from Healthy Kai	25%
Visits from Healthy Kai	25%
Food Safety Rating Support	17%
Other Promotional Materials	25%

6.2.3 Retailers Award (Mangere Town Centre Only)

Due to the confusion, or lack of awareness, on the part of Otara retailers as to their involvement with Healthy Kai, there were no respondents from Otara and the responses typify only those of retailers from Mangere. The participants were asked whether they knew about the Healthy Kai retailers awards and if they could provide a description of these. Eight (66.7%) of the food retailers knew about the retailer's award, and suggested that it was a way in which places could be recognised for selling healthy food. The participants were asked whether they were taking part in the award

scheme. Only six interviewees (50%) answered this question, of which three retailers (25%) reported that they were taking part in the award scheme. The participants were asked whether there was anything that they find difficult in relation to taking part in the retailer's award. There were only two responses (17%) to this question, both of which suggested that there were no difficulties:

It is not difficult to take part in the award.

Food retailers were asked whether they had ever thought about trying to get a Healthy Kai award. There were three responses (25%) to this question, only one of which indicated they had the retailer had thought about getting an award. They suggested that the reason why they would try for an award was because it would be good for business.

Suggesting it is good image for a business to have the award.

The respondents were asked if they were aware of what you have to do to get the award. There were three responses (25%) to this question; these retailers were in agreement that they knew what was required to win an award. Respondents were also questioned as to whether they thought the criteria were reasonable. Of the four food retailers (33%) that answered this question, three considered the criteria of the Healthy Kai award to be reasonable.

The criteria are reasonable.

6.2.4 Perceived Impact of Healthy Kai (Mangere Town Centre Only)

Due to the confusion, or lack of awareness, on the part of Otara retailers as to their involvement with Healthy Kai, there were no respondents from Otara and the responses typify only those of retailers from Mangere. These food retailers were asked to rate the impact of Healthy Kai interventions on food sales, and these results are illustrated in Table 2 below. When questioned on what intervention had the most impact on food sales the most frequently given response was other promotions such as caps and aprons, the HK POP signage and the media coverage. The stir fry demonstrations and the vouchers were considered to have the least impact on food sales. This is likely to reflect the differences in the business of some of the retailers,

for example, for the bakeries and grocery shops the stir fry demonstration was described as having little value.

Table 2: Percentage of food retailers who reported having experienced increased food sales in relation to Healthy Kai interventions.

	% reporting increased sales
Stir-Fry Demonstration	20.0%
Healthy Kai POP	70.0%
Soup Day	30.0%
Flea Market Day	33.3%
Newsletters	40.0%
Vouchers	20.0%
Advertising/ Media Coverage	60.0%
Other Promotions: caps, aprons	71.4%

Impact on Food Sales and Profit

The food retailers were asked whether the Healthy Kai programme had increased sales of healthier foods. There were no responses to this question from the Otago retailers surveyed. It was found that nine (81.8%) of the eleven Mangere retailers surveyed reported increased sales. In contrast, the respondents were also asked whether the Healthy Kai programme affected sales of less healthy foods. Six (54.5%) suggested there was no impact on sales while two (18.2%) suggested that Healthy Kai had impacted on unhealthier food sales and three (27.3%) were unsure. When asked whether profits were affected by the programme, seven (63.6%) reported no impact on profits while the remainder reported an increase in profits.

6.2.5 Providing Healthier Choices

The question was raised whether providing healthy food is more expensive. In Otago six of the retailers answered this question, of which four (66.7%) supported the notion that providing healthy choices is more expensive. In contrast only two (20%) of the ten participants from Mangere that responded to this question thought that providing healthy foods is more costly.

Customer Acceptance of Healthier Food Choices

The survey participants were asked whether customers tried the healthy choices in their stores. In Otago, two (33.3%) of the six retailers that responded to this question

suggested that customers try the healthy choices. Alternatively, ten (90.9%) of the eleven Mangere retailers that responded to this question reported that customers try the healthy choices.

The next question that was raised was whether or not the customers liked the healthier choices that they tried; two (33.3%) of the food retailers in Otara that responded to this question reported that customers like the healthy food options. Conversely, nine (81.8%) of the participating food retailers in Mangere that answered this question reported that customers like the healthy choices available.

Cost of Providing Healthier Food Choices

There were six food retailers in Otara and 10 food retailers in Mangere that answered this question. In terms of price, three (50%) of the food retailers in Otara suggested that healthy choices are not more expensive for customers, while seven (70%) of food retailers in Mangere reported that healthy choices are not more expensive for customers to buy.

Sale of Healthier Food Choices

There were five food retailers in Otara and 11 food retailers in Mangere that answered this question. Food retailers were asked whether there were any healthy options that did not sell well. All of the food retailers in Otara reported that healthy food choices had sold well. In Mangere eight (72.7%) of the retailers reported that healthy choices had sold well, while two (18.2%) suggested that these options didn't sell well, and one (9.1%) reported that healthy choice sales is affected by seasonal variation and weather. In Mangere some of the food retailers indicated that some of the healthy options didn't sell well because the community they serve are not used to light options, for example, light coconut milk.

The food retailers were questioned on what their most popular selling food item was. In Otara it was apparent that fried chicken and lamb were the most popular, followed by seafood. In Mangere the most popular food items being sold were fruits, vegetables, salads and food that is particular to Pacific cuisine such as taro.

When the food retailers were asked what their least popular food item is, the Otara participants indicated that Chinese takeaways were less popular, while others said things were the same as before the programme was introduced. In Mangere it was suggested that sweets, fizzy drinks and fried food were less popular, while others couldn't give an answer. It is suggested that these comments are viewed with some caution as the majority of the retailers suggested that HK did not affect the sale of unhealthier choices.

6.2.6 Programme Implementation

In response to being asked what the most supportive part of the campaign was respondents mentioned the promotion of the programme with particular emphasis on the visitations and promotions ran by Healthy Kai staff.

The visits from HK personnel team were most appreciated.

The respondents were questioned on the support that they would like in the future. The general trend was one of satisfaction; reports were given indicating respondents felt happy, pleased and content with the Healthy Kai support that was provided.

The survey participants were asked what Healthy Kai could do to support their businesses better in the future and how Healthy Kai could be improved. A common response to both of these questions was having more promotions, advertising and media coverage. It was also suggested that having more frequent and longer visits from the Healthy Kai team would contribute to the improvement of the programme.

6.2.6.1 Key Benefits of Joining Healthy Kai

Next, retailers were asked to identify from a list the key benefits of joining Healthy Kai. There were five food retailers in Otara and 11 food retailers in Mangere who responded to this question. The results can be seen in Table 3.

Table 3: Percentages of retailers from Otara Town Centre and Mangere Town centre who identified each of the following as key benefits of joining Healthy Kai

	Otara	Mangere	Total
Free promotion	3 (60%)	8 (72.7%)	11 (68.8%)
Improved cooking skills	1 (20%)	4 (36.4%)	5 (31.3%)
Increased knowledge of healthy food	3 (60%)	11 (100%)	14 (87.5%)
Media Coverage	1 (20%)	3 (27.3%)	4 (25.0%)
Other	1 (20%)	2 (18.2%)	3 (18.8%)

As seen in Table 3, the most commonly identified benefits of joining Healthy Kai were increased knowledge of healthy food and free promotion.

6.2.7 Summary of Retailer Survey Results

The retailer survey findings provide a useful insight into the retailers' perceptions of the Healthy Kai interventions. Overall, the findings suggest that:

- Retailers had a good awareness of the aims and objectives of HK.
- Retailers tended to take part because others were taking part or to support the health of the local community.
- Interestingly, most retailers in Otara did not have concerns about joining the programme and there did not appear to be the high level of resistance to HK described by the stakeholders. When concerns were raised, the impact on profit was the key concern in both Otara and Mangere.
- Having more educational and promotional work as part of the programme was identified as a strategy to encourage retailer participation. The retailers also suggested that regular feedback on HK would sustain participation.
- Promotional resources, such as caps, aprons, POP signage, and the free advertising were identified as the two most effective HK strategies by the retailers. Vouchers, support with food safety ratings and the Flea Market day were considered to be less useful.
- Only those Mangere retailers taking part in the retailer award were able to answer questions on the scheme. This suggests that it would be useful to increase awareness of the retailer award scheme and how to take part.
- Retailers reported an increase in the sale of healthier food choices as a result of HK. The programme appeared to have little impact on the sale of unhealthier choices.

- Healthier choices were acceptable to the consumers and generally sold well.
- Providing healthier food choices was only considered to be more expensive by the retailers not taking part in the programme.
- Importantly, HK had not reduced any retailer profits and in fact profits were increased in almost a third of the food outlets.
- Increasing media coverage and HK promotions were the retailers' key recommendations for programme development.

6.3 Focus Group Results

The focus groups were set up by the key stakeholders and involved local community members to identify their awareness of HK. Interestingly, the group in Mangere were unaware of the HK programme and this posed some challenges to completing the group. Subsequently, this section tends to focus on the comments from Otago community members and Mangere where possible.

Awareness of Healthy Kai

The majority of the participants have found out about HK through a family member or a friend:

I found out through friend.

I have got a cousin; she was on the programme.

None of the participants suggested that they heard about the programme through the HK resources and no one in the Mangere focus group had heard of HK.

6.3.1 Barriers to Community Participation in Healthy Kai

One of the focus group participants suggested that there was some confusion regarding the key messages of the HK signage. They suggested that having the healthier choices next to the unhealthy items was sometimes confusing:

You know you have lovely filled rolls here...right next to it in the hot food tray, its lamb flaps

Retailers Hygiene Ratings

The local community groups were aware of the low food grading of the local retailers and suggested that this was a potential barrier to promoting healthier food choices.

They suggested that they were unlikely to eat in Otara for this reason:

But you got Healthy Kai posters and a little bit down further you got a E sticker. Majority of the food shops in Otara are D grade and below...yeah...you got a Healthy Kai poster and an E grading?

The Mangere group also suggested that they did not purchase food from the local retail outlets, which may explain their lack of awareness of HK.

Perceptions of Food Quality

The community made some useful comments about the perceptions of the quality of some of the healthier food choices provided in Otara. It was suggested that the sandwiches were not fresh or appealing in appearance:

And few brown sandwiches they have made from yesterday at the back of the cabinet.

There was also the perception that the food sold in the town centre was fatty and that fresher and healthier options had to be produced outside of Otara:

It is all fatty foods around there.

Have to pay to go out of the town to get fresher and better.

Interestingly, in Mangere it was suggested that the food sold in the town centre was also more likely to be unhealthy and less likely to meet the needs of the Pacific Island participants taking part in the focus group. Instead it was suggested that their children and/or other young people were more likely to be purchasing food in the town centre.

6.3.2 Generic Barriers to Making Healthier Food Choices

The Mangere and Otara community focus groups identified a number of barriers to making healthier food choices. The most commonly cited was money and the feeling of being full that can be achieved through fattier food options:

People go for what they afford; pies...people love it, no sushi. If there is a choice between brown bread sandwiches and lamb flaps, you know

the lamb flap is going to give you a bit more, it is going to make you feel full up because it is full of fat.

The issue of financial barriers was particularly apparent when trying to purchase food for a family in the town centre:

Especially you have 5 children in your family; you might want to buy 5 pies because they cost 1 dollar. They cannot afford to buy a \$2.50 sandwich.

The limited number of food outlets and supermarkets was also identified as a barrier to making healthier food choices in Otara. One participant did not have their own transportation and struggled to make healthier food choices without compromising on food quality in Otara:

Have to pay to go out of the town to get fresher and better [foods].

In Mangere comments also tended to focus on cost, although the role of the food industry in developing healthier options for foods such as corned beef was also noted. It was even suggested that the Government should restrict the number of food retailers in the town centre and the food that they can provide:

There only used to be a few shops here and now there are loads. There should be legislation to stop them providing whatever they want and shut some of them down.

Overall, the key barrier to making healthier food choices was the cost and fulfilment that unhealthier foods can provide. It was suggested that it was particularly difficult for families to purchase healthier choices that would fill up their children in the local town centres.

6.3.3 Facilitating Engagement in the Healthy Kai Programme

The community focus groups suggested that the placement of the HK signage would benefit from being clearer as to which choices are healthier. It was suggested that the posters should be put directly over the appropriate food items rather than simply in the store:

The Healthy Kai poster is on the wall, you look up and then when you look down, it is not there, it is a bit confusing, look down are the pies. At the back are the sandwiches. It is not catch you in the place. So if

they can put the posters with the healthy foods, then it will be clear to me that these foods are healthy.

One participant went on to suggest that the retailers should have a cabinet that is specifically for the food products that are supported by the HK programme, as this would make healthier choices easier:

If they can have cabinet just for the healthy foods...everything you choose it is going to be healthy and good.

A Healthy Kai sponsored Market Day within the town centres of Mangere and Otara with affordable and fresh produce, meat and fish would perhaps encourage these communities to make changes to their eating habits without putting a strain on already stretched food budgets:

Put a fish market here on a Saturday morning, they'll clean out, but make the fish very reasonable.

...when to buy fruits and vegetables, they are fresh...they are beautiful on Saturdays.

Differences in the cuisines of Pacific / Maori and European people were also identified as a barrier to the targeted community's engagement with the HK programme:

...to introduce healthy food, you're going to have to look at the percentage of people that you've got in your area and then target the type of food but design it in such a way that those foods are there but it's made more palatable... you gotta tailor make it according to the people that you have.

It was suggested that educating the community and providing incentives for participating retailers to tailor the healthy food choices that are offered so that they incorporate those traditional flavours, but use products that are lower in fat and salt and a process that allows the maximum nutritional benefit to be derived from the food:

...[it's] the 'how' and that's what people need to be educated in, not it what they should go and buy, tell those people how to cook those kinds of foods and present it to the people.

...[the community needs to be educated in terms of] this is how you can modify the way you cook these things, it's still interesting, it's still nice, it's still your food that your used to but done different.

Increasing Awareness of Healthy Nutrition

Nutritional education was perceived as the key to creating a sufficient level of knowledge among the community to enable healthier food choices. Children and young people were often cited as a key target group, as they were perceived to be more likely to make sustainable changes to their eating behaviour. Those involved in the programme noted that the level of support and encouragement they had received has also been key in supporting them to make change:

Education is the only way man...So when you educate them at home, when they come out to the shops like this...they see this and they will know what they need to buy.

It should start with the younger generation; we have already got our habits.

I feel supported from the programme you know... I am not just a participant, it is like a family you know...we are like a family...this is the magic part of this programme [the HK programme].

In particular, it was suggested that education with respect to the more immediate benefits of healthy eating (e.g., increased energy levels), as well as the long-term benefits for health status, would provide further incentive to make healthier food choices:

But this is good you know, it gives you more energy and you can do more, we were always drowsy, fat make us sleepy and feel heavy...now it is really good, we can just get up and play.

While the HK messages were perceived as having had measurable impact on awareness of the importance of healthy nutrition, it was suggested that keeping the messages relevant to their community and as simple and clear as possible would maximise the programme's impacts:

Be simple from our point of view [to enhance community engagement and involvement].

Several suggestions were made as to how to facilitate community engagement in the programme, including: clearer HK signage; cabinets dedicated specifically for the food products that are supported by the HK programme; a HK sponsored Market Day; and recognition of cultural differences in cuisines.

Nutritional education, particularly that focused on children and young people, was seen as being a key enabler to encouraging healthier food choices. Those aware of the programme noted that the level of support and encouragement they had received had supported them to make changes.

7 Discussion of Findings and Recommendations

This section presents an overview of the key findings identified in this evaluation, followed by a summary discussion and a set of collaboratively agreed upon key recommendations for the continued development and implementation of the Healthy Kai programme.

7.1 Overview of Key Findings

The key findings suggested that:

Programme design and resources

- HK was designed in response to the needs of its communities and aligns to HEHA and LBD in terms of its aims, objectives and collaborative approach.
- HK is a multi-level programme that incorporates environmental interventions alongside more traditional approaches to health promotion.
- HK involves a wide range of personnel with diverse skills designed to support the programme. Retailer support is also crucial.
- The programme has a number of resources and it was suggested that increasing the visibility of resources would be beneficial. Translating the resources was also recommended.

Collaboration

- Collaboration was a critical success factor for HK, although Otara had struggled due to its high level of staff turnover.
- Future collaboration was considered to lie within the community and organisations such as churches and workplaces.

Differences between Mangere and Otara

- Key differences between Mangere and Otara included hygiene ratings, retailer and stakeholder engagement. These differences were often associated with the different start dates of the programmes, as well as the high level of retailer and staff turnover in Otara.

Programme Implementation and Participation

- In terms of participation, profit was the key barrier for retailers; whereas, value for money and confusion over the HK message were key barriers for the community.
- Key facilitators to participation were increased promotion and media coverage for the retailers, and the food tasting demonstrations for the community.
- HK had increased the nutrition awareness of both retailers and the local community. Importantly, the programme had also increased the availability and purchase of healthier food choices in Otara and Mangere.
- The focus groups with the community however, suggest that many were still put off from buying food in their town centre due to their perceptions of food quality or increased cost.

Retailers' Perceptions of Programme Impacts

- HK did not reduce retailer profits and even increased profit for some.
- Promotional resources including caps, aprons, POP signage and free advertising were considered to be the most effective HK interventions.
- While the retailers were aware of the aims of HK, many were less clear about the awards scheme.

Community Awareness of Healthy Kai

- The community had a moderate awareness of HK and it appeared that cost was a key barrier to make healthier choices, particularly when buying food for a family.

Future Direction

- Future recommendations for HK included increasing community engagement through existing organisations and influential leaders; increasing feedback and follow-up for retailers; increasing promotion and HK events; increasing awareness of healthy nutrition and creating greater clarity with the HK signage.

7.2 Discussion of Key Findings

It is evident that the Healthy Kai programme has had measurable success in engaging with its target group to achieve its overarching objective of improving nutrition and

the availability of healthy choices in Mangere and Otara town centres. The key findings of the evaluation, as summarised above, are testament to the programme's achievements with respect to the following specific objectives: assisting independent retailers to provide healthier 'ready to eat' food choices in town centres; positively encouraging shoppers buying 'ready to eat' food in town centres to swap less healthy options for healthier options; promoting key messages through local service providers including programme stakeholders, General Practice and other health promotion programmes; and ensuring strong programme management and regular reporting of progress to all stakeholders.

Despite these successes, however, the evaluation identified some areas for improvement which the programme should address to support its sustainability. A need for increased community engagement was identified as one of the key barriers to the continued implementation of Healthy Kai. The community only had a moderate awareness of HK and it is important for the programme to identify strategies to increase community awareness of the programme and improve perceptions of the healthier food choices. Increasing support for the retailers was also considered important.

Upon consultation with the stakeholders, it was suggested that a dedicated, collaborative retail team to facilitate and co-ordinate community-based working groups could represent an appropriate pathway for increasing community participation and support for the retailers. In this way, community volunteers would serve as the eyes and ears of the HK programme within the town centres, lifting the profile of the programme, providing support to local businesses and increasing retailer motivation to participate.

It would also appear that there needs to be more clarity in communicating to retailers precisely what "taking part" in HK entails. A number of the retailers perceived to be participating by the stakeholders were actually unaware or unclear about their participation in the programme. The provision of clear guidelines in terms of what is expected from participating retailers will serve to clarify their understanding of the programme. This should also ensure that each HK outlet conveys consistent messages

to enhance brand fidelity and enhance uptake of the key messages of the programme within the target communities.

Overall, the retailers did report an increase in the availability and sale of healthier food choices, as a result of the HK programme. It is useful to note however, that the retailers did not report a reduction in the sale of some of the less healthier food choices. While this supports the notion that HK does not affect retailers profits and can actually increase profits, the sale of the less healthier choices warrants further attention by the programme and may be an area that could be further explored with greater engagement within the community.

7.2.1 Issues for Consideration

There were some limitations inherent in the present evaluation related to the differences between the Mangere and Otara town centres and the nature of process evaluation. Firstly there were limitations in relation to the retailer surveys. The size of the sample was relatively small due to the limited reach of the programme at the time of the evaluation. Moreover, due to the confusion, or lack of awareness, on the part of Otara retailers as to their involvement with Healthy Kai, the analysis focuses primarily on Mangere retailers perceptions of successful interventions, and thus may not fully capture the range of retailer opinions, or interventions which were particularly well suited to the Otara town centre.

There were also limitations in relation to the focus groups that were held in each town centre. The Mangere focus group was a particularly large group; consequently it was difficult at times to get a consensus on the matters under discussion. Difficulties were also noted in the Mangere focus group in relation to the status of the participants in the group; certain members were of a relatively high standing in the community, which may have constrained some participants when expressing their views. The findings however, did highlight the need to increase community awareness of the HK programme.

In the original evaluation proposal it was intended that existing data sources provided to the evaluation team, including data on Otara and Mangere food sales would be

analysed to identify the impact of the programme on retailers' perceptions of food sales. This analysis, however, was contingent on the data made available to the evaluation team, and due to inconsistencies in the data as a result of seasonality effects a valid analysis was not feasible. This data is provided in Appendix B. To support the evaluation capacity of the programme it is recommended that the programme ensures that data is collected on the same food items at the same time of the year; and/or also considers using food orders as a proxy measure for sales if the retailers are reluctant to provide food sales data.

7.3 Key Recommendations

The above findings were discussed and interpreted in detail with the key stakeholders, following which a set of key recommendations were collaboratively agreed upon to ensure their appropriateness and feasibility. The following recommendations are made:

Programme Design and Resources

- To maintain the collaborative and partnership approach, as this was critical to its success.
- To clarify roles and responsibilities to support successful collaboration, particularly in Otara, although consultation with stakeholders suggested that progress is already being made here.
- To clarify expatiations and roles of both stakeholders and retailers.

Retailer Engagement and Support

- To support and up skill retailers to engage in and support HK. E.g. setting criteria for healthier food choices or increasing retailers understanding of the programme goals. Upon consultation with stakeholders it was suggested that a three-monthly community workshop could be used to achieve this.
- To increase feedback and follow-up for retailers.
- To increase retailer awareness of the HK retailer award.

Community Awareness, Participation and Engagement

- To increase community awareness of HK through increasing links with churches, workplaces and influential community leaders.

- To review the cost and presentation of the healthier options, as this appeared to be a key barrier to community participation in the programme.
- To ensure the HK signage is clear, as the community were confused about which options were healthier. E.g. special stickers for HK food items.
- To develop strategies to facilitate community engagement. These strategies need to ensure appropriate support for community members. The motivation for community participation must also be considered.

Future Direction

- To consider expansion of the programme to other settings such as dairies near schools. This may well be an approach that could be implemented in collaboration with the LBD Schools Action Area.
- To continue to tailor the programme to the cultural needs of their local communities. E.g. translating resources.

It is important to note that there have been a number of changes to the Healthy Kai programme, particularly in Otara, since the data collection period. For example, much of the staff turnover that was occurring at the time of data collection has since settled, with new personnel firmly established in their roles. Further, there is now point-of-purchase signage where the healthy food options are, serving to further differentiate the healthy and unhealthy food options, and there are banners advertising HK retailers. The signage was developed in collaboration with retailers to reflect their individual needs. New businesses are coming on board with the programme in Otara, and the council has dedicated time and resource to enable existing businesses to bring up their food hygiene ratings. These more recent changes were noted by the stakeholders to have had a marked positive effect on the functioning of the programme. The programme is also continuing to develop strategies to increase community engagement and partnership in the programme. For these reasons a literature review of the evidence relating to the implementation of community partnerships was conducted to support the development of the HK programme. This is presented below.

7.3.1 Community Partnerships in Health: An overview of the literature

Community partnerships involve ‘voluntary collaborations of diverse community organisations, which have joined forces in order to pursue a shared interest in improving community health’ (Mitchell & Shortell, 2000, p.242). According to this approach, long-term programme responsibility (i.e., for programme direction and resources) is transferred to the community (Bracht, Finnegan, Rissel, Weisbrod, Gleason, Corbett et al., 1994). In recognition of the importance of cross-sector collaboration and the context of community based interventions, this form of health promotion has risen in popularity in recent years. Potentially, this approach is a powerful tool for far-reaching and long lasting change. Until recently, however, little consideration was given to the ability of these community partnerships to continue to deliver their intended benefits over time.

Community health partnerships face different challenges to individual organisations. Bracht et al., (1994) investigated factors that influenced programme continuation within community health partnerships once external impetus (i.e., funding) is withdrawn. They found that a number of community-partnership programmes, diverse in nature and breadth, were able to continue for several years following the withdrawal of external inputs. They identified the following as enablers to this success:

- Planning for the withdrawal of external support should start early, with engagement of community leaders and groups from the outset, and involvement in the early planning stages;
- Local community boards should be heavily involved in the planning and implementation of the programme throughout its life course; and
- Communities must be equipped to evaluate and modify the programme accordingly, in response to the changing needs of the community.

Equally, the authors identified the following barriers to the continuation of programmes established through community-partnerships:

- Programmes with a perceived ‘shelf-life’;
- Unique institutional pressures;
- Poor ‘fit’ between programmes and the incorporating agencies; and

- A failure to reconcile conflicting interests in the partnership.

The literature also suggests that achieving a sustainable community-partnership is equally challenging, as these collaborations face a number of challenges. Alexander, Weiner, Metzger, Shortell, Bazzoli, Hasnain-Wynia, et al. (2003) noted that the lack of personal consequences should a partner choose to exit is a major barrier to sustainability. Cultural differences between organisations, for example in terms of decision making processes or risk orientation, also complicate matters. Potential conflict between the commitment to the shared goals of the partnership and those of their home organisation was also noted as a potential threat to the sustainability of community partnerships.

Alexander et al. (2003) highlighted the following as important characteristics of successful, sustainable community-partnerships:

- Documenting the value of the partnership (e.g., through performance monitoring and reporting) and communicating this to both internal and external stakeholders;
- Consensus among partners in terms of vision and long-term goals;
- Partnership is able to articulate and respond to potential challenges to achieving partnership goals;
- Fidelity and adherence to long-term goals is balanced with ability to adapt to changes in context and to accommodate new partners;
- Strategic planning is balanced with implementation;
- Displaying a strong systems orientation, to accommodate the organisational, cultural, and demographic diversity of the various partners;
- Dedicating time to develop appropriate infrastructure in terms of staffing, leadership and funding;
- Integrating partnerships into the community context;
- Partnerships are aware of the environmental context within which the programme is implemented.

Equally, Butterfoss, Goodman & Wandersman (1996) found the following factors to be critical in sustaining an effective community-partnership:

- Competent leadership;
- Shared decision making;
- Linkages with other organisations, and
- A supportive environment.

When reviewing this evidence within the context of the HK programme it is important to acknowledge the current partnership as a successful achievement of the programme. It is important however, that the programme is aware of some of the challenges to securing successful community-partnerships and that this evidence is used to inform the programme.

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