OPAL Evaluation

Dr Michelle Jones
OVERVIEW

- OPAL evaluation summary
- Components of evaluation
- Preliminary results
OUTCOMES & PROCESS EVALUATION

**Long & Intermediate**
- Weight status
- Economic evaluation
- Ethnographic study - obesity risk
- Stakeholder engagement

**Short**
- Brand awareness and theme monitoring
- Food Stories

**PROCESS**
- Ecological approach - community readiness
- Community Capacity
- Program Integrity
- Aboriginal Engagement
- Media Monitoring
- Political Commitment
CONTEXT AND SUPRA EVALUATION

CONTEXT
- Geospatial Information Systems monitoring of OPAL IC & some CC
- Link weight outcomes data to environment monitoring data

SYSTEMS
- Network Analysis

SUPRA
- Transferability of EPODE to OPAL, PhD Project – FUSA & Descartes University, Paris. Mount Gambier as SA OPAL community
- Qualitative Comparative Analysis
# LONG-TERM OUTCOMES EVALUATION

| Primary Research Hypothesis | • That levels of overweight and obesity are reduced in children in OPAL communities compared with those communities not receiving the intervention.  
• That OPAL program is cost effective childhood obesity prevention program.  
• That levels of underweight have not increased (possible unintended consequence). |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Academics</td>
<td>Prof Lynne Cobiac, Dr Evie Leslie, A/Prof Anthea Magarey, Prof Tim Olds, Prof Fiona Verity, Prof Julie Ratcliffe, Prof David Ben-Tovim</td>
</tr>
<tr>
<td>University</td>
<td>Flinders University, South Australia</td>
</tr>
<tr>
<td>Research Design</td>
<td>Quasi-experimental with matched comparison communities, repeat cross-section analysis</td>
</tr>
</tbody>
</table>
| Methods                     | Anthropometric measures - height, weight, waist circumference  
Quality of Life Survey CHU9D  
Opt-in consent (principal, parent & child), data collected in schools                                                                 |

Opal
BASELINE WEIGHT STATUS

21.4% of 9-12 years olds were classified as overweight or obese in OPAL Phase 1 & 2 baseline IC & CC

Possible responder bias
National Comparison:
> 23% children were overweight or obese in SA subsample of National Child Nutrition and Physical activity survey 2007
> 27% children were overweight or obese in National Child Nutrition and Physical activity survey 2007
HEALTH RELATED QUALITY OF LIFE

> Children were asked quality of life questions using the childhood utility measure (CHU9D)

> Forms part of the economic evaluation of OPAL

> Students who were overweight or obese reported that they
  – are more worried
  – are more sad
  – have poorer sleep

😊😊😊
## MEDIUM-TERM OUTCOMES EVALUATION

<table>
<thead>
<tr>
<th>Primary Research Questions</th>
<th>There are greater proportions of children eating healthily (reduced intake EDNP) and being active (reduced sedentariness) in OPAL communities than in OPAL comparison communities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academics</td>
<td>Prof Lynne Cobiac, Dr Evie Leslie, A/Prof Anthea Magarey, Prof Tim Olds, Prof Fiona Verity, Prof Julie Ratcliffe, Prof David Ben-Tovim</td>
</tr>
<tr>
<td>University</td>
<td>Flinders University of South Australia</td>
</tr>
<tr>
<td>Research Design</td>
<td>Quasi-experimental with matched comparison communities, repeat cross-section</td>
</tr>
</tbody>
</table>
| Methods                    | Surveys (quality of life, PA & HE behaviours, attitudes & environments)  
• Early Childhood – parents & Centre Directors  
• Primary Schools – children (9-11 years), parents & Principals  
• Secondary Schools – youth (14-16 years) & Principals |
Primary school children aged 9-11 years

n = 2563

23% response rate

Table 1: Distribution of students measured by age and gender
What are our kids eating?

62% of 9-11 year olds ate enough fruit (2 serves per day)

15% of 9-11 year olds ate enough vegetables (5 serves per day)

74% of 9-11 year olds consumed some type of sweetened beverage on the day prior to the survey
How active are our kids?

28% of 9-11 year olds met the guidelines for physical activity (60 mins)

19% of 9-11 year olds met the guidelines for daily screen time (no more than 2 hours/day)
# MEDIUM-TERM OUTCOMES EVALUATION

| Primary Research Questions | • That stakeholder organisations in OPAL intervention communities have been engaged and are satisfied with the OPAL program  
• Determine the experience of OPAL partnerships and engagement processes |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Academics</td>
<td>Dr Michelle Jones</td>
</tr>
<tr>
<td>University</td>
<td>SA Health</td>
</tr>
<tr>
<td>Research Design</td>
<td>OPAL intervention communities stakeholders purposefully selected by OPAL local team</td>
</tr>
<tr>
<td>Methods</td>
<td>Qualitative semi-structured interviews and focus groups with OPAL stakeholders</td>
</tr>
</tbody>
</table>
Progress: Stakeholder Engagement

> Interviews with local government and community stakeholders
> N=189 participants in 39 interviews & 18 focus groups
> 18 of 20 OPAL communities visited in first 6-12 months
Progress: Emerging Themes

> First impressions of OPAL are visual – bright, colourful
> OPAL is considered to be well resourced and well supported (all 3 governments)
> Geographic boundaries pose difficulties
> Establishing foundations for working together in partnership
> Most stakeholders suggest education and parent as primary targets, few suggest environments some identify PA not HE environments
# MEDIUM-TERM OUTCOMES EVALUATION

<table>
<thead>
<tr>
<th><strong>Primary Research Questions</strong></th>
<th>That community capacity for obesity prevention has increased over time in a project in OPAL communities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Academics</strong></td>
<td>Prof Fiona Verity</td>
</tr>
<tr>
<td><strong>University</strong></td>
<td>Flinders University of South Australia</td>
</tr>
<tr>
<td><strong>Research Design</strong></td>
<td>OPAL Intervention communities – 1 project purposefully selected by local OPAL team</td>
</tr>
<tr>
<td><strong>Methods</strong></td>
<td>Case study approach using Community Capacity Building Tool (The development of measures of community capacity for community-based funding programs in Canada. Mary Frances MacLellan-Wright; Donna Anderson; Sarah Barber; Neale Smith; Brenda Cantin; Roxanne Felix; Kim Raine. Health Promotion International 2007; doi: 10.1093/heapro/dam024)</td>
</tr>
<tr>
<td><strong>Progress</strong></td>
<td>Projects selected and focus groups are underway</td>
</tr>
</tbody>
</table>
# MEDIUM-TERM OUTCOMES EVALUATION

<table>
<thead>
<tr>
<th>Research Topic</th>
<th>An ethnographic study of obesity risk in low income families</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academics</td>
<td>A/Prof Megan Warin, Prof Vivienne Moore, Prof Paul Ward, Dr Michelle Jones, Dr Tanya Zivkovic (post-doc)</td>
</tr>
<tr>
<td>University</td>
<td>University of Adelaide (Australian Research Council Grant)</td>
</tr>
<tr>
<td>Research Design</td>
<td>Ethnographic - OPAL Playford Community Only</td>
</tr>
<tr>
<td>Methods</td>
<td>Series of semi-structured interviews with children and families over 18 month period using visual mapping techniques and photo-elicitation. Ethnographic field notes from working in local Food COOPS and variety of locations</td>
</tr>
<tr>
<td>Progress</td>
<td>Full ethics approvals. Undertaken 6 months of participant observation in family and community settings, including participant’s homes, public transport, shopping centres, food courts, community centres, and Food Co-ops in the City of Playford. Conducted in-depth interviews and visual mapping techniques (including photo-elicitation) with the first of 30 families recruited onto the project.</td>
</tr>
</tbody>
</table>
## Short & Medium-Term Outcomes Evaluation

<table>
<thead>
<tr>
<th>Primary Research Questions</th>
<th>There is greater awareness of OPAL program and theme messages in OPAL IC than CC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Researchers</td>
<td>Jo Williams, Lisa Weir, Michelle Jones</td>
</tr>
<tr>
<td>Provider</td>
<td>Colmar Brunton Social Research Company</td>
</tr>
<tr>
<td>Research Design</td>
<td>Quasi-experimental using sub-sample of matched comparison communities</td>
</tr>
<tr>
<td></td>
<td>Annual survey pre/post theme</td>
</tr>
<tr>
<td>Methods</td>
<td>Computer assisted telephone interview surveys (theme and brand reach and comprehension of messages, theme specific knowledge, awareness, attitude, intention or behavioural shifts)</td>
</tr>
<tr>
<td></td>
<td>• Carers of 0-18 year olds</td>
</tr>
<tr>
<td></td>
<td>Wave 1 (Sept ‘11) n=1680 (16 sites x 80 IC + 400 CC)</td>
</tr>
<tr>
<td></td>
<td>Wave 2 (Feb ‘12) n=1680 SA (1275 IC + 400 CC) + NT n=260</td>
</tr>
<tr>
<td></td>
<td>Wave 3 (May ‘13)</td>
</tr>
</tbody>
</table>
BRAND & THEME MONITORING

– A significant increase in awareness of the OPAL program in interventions communities of 31% (prompted and unprompted) up from 25% in 2011.

– An increase in households in OPAL communities in 2012 compared to 2011 which have
  • Reduced the amount of screen time in the household
  • Increased the use of fruit and vegetables at snack times
## SHORT-TERM OUTCOMES EVALUATION

<table>
<thead>
<tr>
<th>Research Questions</th>
<th>Food Stories: How do children from socially disadvantaged areas engage with childhood obesity prevention programs?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academics</td>
<td>A/Prof Megan Warin, Prof Vivienne Moore, Prof Paul Ward, Dr Jessie Gunson</td>
</tr>
<tr>
<td>University</td>
<td>University of Adelaide (Channel 7 Grant)</td>
</tr>
<tr>
<td>Research Design</td>
<td>Sociological - OPAL Playford Community Only</td>
</tr>
<tr>
<td>Methods</td>
<td>In-depth interactive interviews using 24 hour ‘timeline’ board and drawing activity with 40 children (10-14 years) exploring how children understand obesity, how they engage with and respond to OPAL, &amp; their experience of food, activity and bodies. Participant observation and focus groups in public spaces and services.</td>
</tr>
<tr>
<td>Progress</td>
<td>Completed individual interviews and visual activities with 22 children, and participant observation in community settings particularly after school drop-ins and a vacation care program in the City of Playford. Upcoming: 2 focus groups (July 2013) and an art display of participants art work in the Civic Centre (Oct 2013).</td>
</tr>
</tbody>
</table>
Saying the ‘right’ things –

Tall Tales and Pretty Pictures

- Children ‘overexposed’ to adult professionals, so they often respond in the way that they think is expected of them
- Presumption that we represent Opal, and therefore have a vested interest – this shapes what children say/draw
- ‘Silencing’ of obesity – difficult area to research due to stigma,
- Children are hyper-aware of stigma, they want to say the right things and consistently avoid saying ‘fat’ or ‘obese’
Status of foods for children

Interview with Joe, 12 yrs old

So what’s cool to bring for lunch, and what’s not cool?

“Not cool would be an apple, or two apples, and that’s it. The awesomest you can bring is energy drinks, or, no sandwiches, just energy drinks. Yeah. Just energy drinks.”

Why is it not cool to bring apples?

“Because bringing apples makes you look dumb and look like you don’t have enough money and your parents don’t get enough money.”
# PROCESS EVALUATION

| Research Question | • The extent to which the OPAL program is ecological in nature is positively associated with obesity prevention outcomes  
|                   | • Those communities with higher baseline community readiness bring about greater obesity prevention outcomes |
| Academics         | Prof Mark Daniel, Dr Margaret Cargo, Dr Catherine Pacquet, Iordan Kostadinov (PhD candidate) |
| University        | University of South Australia |
| Research Design   | Quasi-experimental research design |
| Methods           | Applying the ecological assessment tool (Richard et al Assessment of the integration of the ecological approach in health promotion programs American Journal of Health Promotion 1996: 10(4): 318-328) to all projects in P1&2 IC (first three years of intervention) and P3 IC (first two years of intervention) and linking the ecological scores to childhood obesity outcome data of 4-year old children, accounting for contextual factors such as baseline community readiness (Silwa et al Using the community readiness model to select communities for a community-wide obesity prevention intervention Prev. Chronic Dis 2011: 8(6): A150) |
What is OPAL doing?

![Bar chart showing projects by target age group]

- **0-5 years**: 12% Physical Activity, 8% Healthy Eating
- **6-12 years**: 12% Physical Activity, 8% Healthy Eating
- **13-18 years**: 12% Physical Activity, 8% Healthy Eating
- **0-18 years**: 12% Physical Activity, 8% Healthy Eating

![Bar chart showing projects by target]

- Networking: 20% of projects
- Political: 15% of projects
- Community: 25% of projects
- Organisational: 30% of projects
- Interpersonal: 10% of projects
- Individual: 5% of projects

![Bar chart showing projects by target]

- Physical Activity: 20% of projects
- Healthy Eating: 15% of projects
- Physical Activity and Healthy Eating: 10% of projects

![Bar chart showing projects by age group]

- Physical Activity: 20% of projects
- Healthy Eating: 10% of projects
- Physical Activity and Healthy Eating: 5% of projects

![Bar chart showing projects by age group]

- 0-5 years: 10% Physical Activity, 5% Healthy Eating
- 6-12 years: 10% Physical Activity, 5% Healthy Eating
- 13-18 years: 10% Physical Activity, 5% Healthy Eating
- 0-18 years: 10% Physical Activity, 5% Healthy Eating

![Bar chart showing projects by target]

- Networking: 20% of projects
- Political: 15% of projects
- Community: 25% of projects
- Organisational: 30% of projects
- Interpersonal: 10% of projects
- Individual: 5% of projects

![Bar chart showing projects by target]

- Physical Activity: 20% of projects
- Healthy Eating: 15% of projects
- Physical Activity and Healthy Eating: 10% of projects
More projects over time

χ² for trend

p < .05

- Year 3
- Year 2
- Year 1
Each community is different

\[ \chi^2 = 115, \text{ df } = 25 \]
\[ p = 0.00 \]
\[ \text{Cramer’s } V = 0.170 \]
<table>
<thead>
<tr>
<th>Research Question</th>
<th>Assessment of implementation fidelity and adaptation in OPAL: a mixed methods process evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academics</td>
<td>Dr Margaret Cargo, Iordan Kostadinov, Dr Lucie Richard, Dr Michelle Jones, Zoe Richards (Hons candidate)</td>
</tr>
<tr>
<td>University</td>
<td>University of South Australia</td>
</tr>
<tr>
<td>Research Design</td>
<td>OPAL intervention communities only</td>
</tr>
<tr>
<td>Methods</td>
<td>Apply the ecological assessment procedure to all projects planned and/or implemented in Year 2 for Phase 2 OPAL communities. Information to be obtained from an interview. Semi-structured interviews with OPAL staff to collect supplementary information for each project on fidelity, adaptation and the factors influencing these aspects of implementation. Collection of information includes projects that were planned but not implemented as well.</td>
</tr>
</tbody>
</table>
Integrity = fidelity + purposeful adaptation

68.3% of planned strategies were implemented with fidelity

2.1% were purposefully adapted

So 70.4% were implemented with integrity
PROCESS EVALUATION – Program Integrity

Experienced barriers to implementation in **29.6%**

Of these, staff modified actions for: **22.6%**, remaining **7%** strategies were implemented without integrity
Barriers to implementation with integrity

**Implementer**
- Cultural Sensitivity
- Time

**Community**
- Residential Support
- Competing Events

**Organisation**
- Human Resources
- Financial Resources
- Facility Upgrades
- Ownership

**Policy**
- Presence of champion
- Regulations

**Coalition**
- Competing Priorities

**Interpersonal**
- Enthusiasm

- Resistance in changing social norms

**Lack of Fidelity**
## PROCESS EVALUATION

| Research Questions | • What are the mechanisms for engaging the Aboriginal community in mainstream health promotion programs and services such as OPAL and how do these compare with targeted programs and services such as those delivered by the Aboriginal Health Promotion Officers (AHPO)?  
• Which strategies hold the greatest promise for reaching the Aboriginal community in mainstream and targeted health promotion programs? |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Academics</td>
<td>Dr Margaret Cargo, A/Prof Nicola Spurrier, Dr Michelle Jones</td>
</tr>
<tr>
<td>University</td>
<td>University of South Australia</td>
</tr>
<tr>
<td>Research Design</td>
<td>Qualitative</td>
</tr>
<tr>
<td>Methods</td>
<td>Apply the ecological assessment procedure to all projects intended to engage with Aboriginal community. Semi-structured interviews with OPAL staff to collect supplementary information for each project on fidelity, adaptation and the factors influencing these aspects of implementation.</td>
</tr>
</tbody>
</table>
## PROCESS EVALUATION

<table>
<thead>
<tr>
<th>Research Question</th>
<th>What is the nature of the political commitment required to support obesity prevention initiatives?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Researchers</td>
<td>Dr Michelle Jones, Anthea Magarey</td>
</tr>
<tr>
<td>University</td>
<td>SA Health &amp; Flinders University</td>
</tr>
<tr>
<td>Research Design</td>
<td>Qualitative</td>
</tr>
<tr>
<td>Methods</td>
<td>Media monitoring of political leaders presence (Minister &amp; Mayors)</td>
</tr>
<tr>
<td></td>
<td>Conduct annual focus groups at Mayors Club</td>
</tr>
<tr>
<td></td>
<td>Online satisfaction surveys of Mayor, CEO &amp; OPAL Line Manager</td>
</tr>
<tr>
<td>Progress</td>
<td>2012 - Focus group conducted with 6 mayors in attendance</td>
</tr>
<tr>
<td></td>
<td>May 2013 – online survey released to Mayors (n=9), CEOs (n=15) &amp; Line Managers (n=12)</td>
</tr>
</tbody>
</table>
What is the quality of the services (e.g. relevant advice and support for council staff and other council projects) provided by OPAL in your Council?

Very Poor: 0
Poor: 0
Fair: 1
Good: 4
Very Good: 10
Don't know: 0
## PROCESS EVALUATION

<table>
<thead>
<tr>
<th>Research Question</th>
<th>Monitoring OPAL media including: type of media (press or radio), position, size, prominence, topics discussed, sources quoted, messages communicated, favourability rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Researchers</td>
<td>Jo Williams, Lisa Weir</td>
</tr>
<tr>
<td>Provider</td>
<td>Media Monitors</td>
</tr>
<tr>
<td>Research Design</td>
<td>OPAL intervention communities only</td>
</tr>
</tbody>
</table>
Part 1: Coverage

- N=104 (85 press articles, 19 broadcast)
- Total circulation: 3,193,110
- Total advertising rate: $87,608
Council Variations

Broadcast

![Graph showing council variations in broadcast with volume and favourability data for different councils.](image-url)
Story Focus - press

[Bar chart and line graph showing story focus by category with volume and favourability metrics. Categories include Opal Goals, Introducing Opal, Increasing Water Consumption, Decreasing Screen Time and Increasing Active Play, Healthy Eating, Council Applying for Opal, Evaluation of Opal, Body Image Issues. The graph also indicates favourable, neutral, unfavourable, and average favourability.]
## CONTEXT EVALUATION

<table>
<thead>
<tr>
<th>Research Hypothesis</th>
<th>• That there are more opportunities for families to eat well and be active in OPAL communities compared with communities not receiving the OPAL program.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Researchers</td>
<td>Dr Michelle Jones, Pierre James (GIS analyst) Advice from Prof Mark Daniel, Dr Margaret Cargo, Neil Coffee, Dr Catherine Pacquet</td>
</tr>
<tr>
<td>University</td>
<td>SA Health &amp; University of South Australia</td>
</tr>
<tr>
<td>Research Design</td>
<td>Quasi-experimental 3 Phase 3 OPAL intervention and comparison communities</td>
</tr>
<tr>
<td>Methods</td>
<td>Use of geo-spatial information systems (GIS) to monitor the quality and location of built &amp; spatial HE &amp; PA environments in 3 IC &amp; 3CC (metro, rural &amp; remote) over five year life of OPAL program GIS monitoring of soft environments including other obesity prevention programs and policy environments to establish existing activity in obesity prevention</td>
</tr>
</tbody>
</table>
Indicators of HE & PA Built and Spatial Environments

**PHYSICAL ACTIVITY**
- public transport routes
- footpath including type of surface and quality of footpath
- street lighting
- line markings and signage
- outdoor and indoor recreational facilities including
  - walking and bike trails
  - skate parks
  - swimming pools
  - tennis, netball, and basketball courts
  - ovals
  - outdoor and indoor gymnasiums
  - Parks, playgrounds and reserves
  - all facilities such as toilets, BBQ facilities, fences and equipment associated with those outdoor and indoor recreation facilities

**FOOD ENVIRONMENTS**
- Retail food outlets: supermarket, deli, milk bar, bakery, restaurant, fast food and take away grocery, fruit and vegetable and service station
- food vending machines
- drinking water fountains
- community gardens
- community markets
- canteens in recreation facilities
- signage eg breastfeeding friendly
25 playgrounds were surveyed

- 5 were shaded
- 12 were fenced
- 3 had BBQs
- 2 were disability friendly
- 2 had water drinking fountains
- 5 had toilets
Type of Food Outlets

44 of 99 food outlets are takeaway food stores

- 11 – Bread/cakes/baker
- 3 – Butcher
- 1 – Chocolates/candy
- 1 – Delicatessen
- 1 – Fresh fish
- 1 – Green grocer
- 1 – Grocer
- 3 – Health foods/nuts/natural remedies
- 1 – Ice cream/yoghurt
- 13 – Restaurant/cafe
- 7 – Service station foodmart
- 8 – Supermarket (less than 1500m²)
- 44 – Takeaway foods
- 1 – Supermarket (greater than 1500m²)
Survey of Supermarkets

7 of 9 supermarkets were surveyed

---

600 linear metres of healthy food and drinks
\(^1\) (includes fruit, vegetables, fresh meat and water)

1080 linear metres of unhealthy food and drink
\(^2\) (includes sugary drinks, sweet and salty snacks)
Proximity to fast food outlets

> Charles Sturt
  - Red 0-250m
  - Mid-Orange 250-500m
  - Orange 500-750m
  - Yellow 750-1000m
  - Pale blue 1000m-1500m
  - Mid-blue 1500-2500m
  - Blue 2500-2750m
## CONTEXT EVALUATION

| Research Hypothesis                                                                 | That improvements to area level eating and activity built and spatial environments in OPAL communities are associated with lower levels of overweight and obesity when compared with those communities not receiving the OPAL intervention.  
|                                                                                   | Nested within a project evaluating the new Public Health Act |
| Researchers                                                                      | Prof Mark Daniel, Dr Margaret Cargo, Neil Coffee, Dr Catherine Pacquet, Dr Michelle Jones, Mr Danny Broderick, Mr Ian Hawkins, Prof Alex Brown |
| University                                                                       | University of South Australia – NH&MRC grant |
| Research Design                                                                  | Quasi-experimental – all LGAs across SA |
| Methods                                                                           | Use of geo-spatial information systems (GIS) monitoring of the built & spatial HE & PA environments linked to levels of childhood overweight and obesity |
| Progress                                                                          | Grant proposal in progress – proposals due July 2013 |
## SYSTEMS EVALUATION

| Research Question | The change in community networks or relationships achieved within OPAL will be directly associated with obesity prevention outcomes:  
• to what extent has the OPAL project been successful in developing community networks for obesity prevention?  
• to what extent are network characteristics (e.g. density, centrality and reach) at differing time points related to success in achieving the obesity prevention aims of OPAL? |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Researchers</td>
<td>Prof Steve Allender, Prof Boyd Swinburn, Dr Melanie Nichols, Prof Penny Hawe, Dr Michelle Jones</td>
</tr>
<tr>
<td>University</td>
<td>Deakin University, Melbourne Victoria</td>
</tr>
<tr>
<td>Research Design</td>
<td>OPAL intervention communities only</td>
</tr>
<tr>
<td>Methods</td>
<td>Social Network Analysis</td>
</tr>
</tbody>
</table>
| Progress | Grant funded by Australian National Preventive Health Agency – funding returned due to being unable to source expertise required in social network analysis with multiple time-points due to delays in grant approval  
Project under review. Sourcing expertise and new funding |
## Research Aim/Questions

Identify the conditions of transfer for an obesity prevention methodology from one culture to another. What is the Australian food model? What is the school’s role in food and lifestyle education for children? What do school and community environments look like in Australia? How does EPODE look in Australia? How was it developed and what are its messages? What are the links between EPODE in France and OPAL in Australia? What elements of EPODE are ‘lost in translation’?

## Researchers

Carol Anne Hartwick (PhD Candidate), Prof John Coveney, Dr Samantha Meyer, Dr David Cox

## University

Cotutelle PhD project Descartes University, Paris & Flinders University, Adelaide

## Research Design

Sociological Case Studies in towns France and Australia

## Methods

Interviews with international, state and local managers and coordinators, local program implementers (teachers, teacher assistants), parents and children
PROGRESS

> Interviews in France complete
> Interviews in Mount Gambier OPAL underway
> Preliminary results from France
  - French children and adults report extremely structured meal patterns, food is celebrated
  - The French describe very specific meal composition including number and order of courses
  - Aspects of food eating described as important include importance of taste, variety, balance, time, pleasure, conviviality
  - Learning tradition and experiencing new tastes is essential to child education
  - Participants generally identify actions implemented by EPODE although the EPODE brand is not recognised by participants
## SUPRA EVALUATION

<table>
<thead>
<tr>
<th><strong>Research Question</strong></th>
<th>Examination of the conditions or combinations of conditions that are associated with reductions in overweight and obesity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Researchers</strong></td>
<td>Dr Michelle Jones</td>
</tr>
<tr>
<td><strong>University</strong></td>
<td>SA Health &amp; partner Universities</td>
</tr>
<tr>
<td><strong>Research Design</strong></td>
<td>Qualitative – OPAL intervention and comparison communities</td>
</tr>
<tr>
<td><strong>Methods</strong></td>
<td>Proposed use of Qualitative Comparative Analysis – uses binary equations to establish possible associations based on the patterns of conditions. Use the results or findings across the whole evaluation as the conditions at the level of the OPAL community and link with outcome weight change data.</td>
</tr>
<tr>
<td><strong>Progress</strong></td>
<td>As yet unfunded Sourcing expertise and viability</td>
</tr>
</tbody>
</table>
Achievements to date

> Establishing 20 OPAL communities and COPAL in the Northern Territory
> Establishment of evaluation & baseline data collection
> Preliminary results are positive
  – Brand awareness increased
  – Program is being implemented as planned at local level
  – Stakeholder relations in first 6-12 months are positive
  – Most local media is favourable