All Ireland learning from "Decent Food for all"

Supporting document part II

Description of the Decent Food for All (DFfA) Intervention

Kevin P Balanda, Audrey Hochart, Steve Barron and Lorraine Fahy

Lessons from the Decent Food for All (DFfA) intervention. Supporting Document Part II: Description of the Decent Food for All (DFfA) intervention.

Prepared by: Kevin P Balanda, Audrey Hochart, Steve Barron and Lorraine Fahy with assistance from Ulrike Klein.

To be cited as: Kevin P Balanda, Audrey Hochart, Steve Barron, Lorraine Fahy. *Lessons from the Decent Food for All (DFfA) intervention. Supporting Document Part II: Description of the Decent Food for All (DFfA) intervention.* Dublin: Institute of Public Health in Ireland, 2008.

Publication date: 2009

This document can be downloaded from the Institute's website www.publichealth.ie

Acknowledgements

The Institute of Public Health in Ireland would like to thank

- All those who contributed to this research project, the production of this report and its three supporting documents

- Participants in the ethnographic studies of the culture of food

- Robin Willis and Louise McKee from Armagh City and District Council who undertook the fieldwork for the pre-test food basket study, and the shop owners who participated

- Members of the Armagh and Dungannon Health Action Zone Partnership, the DFfA Community Food Team, and members of the DFfA Operational Group and DFfA Local Evaluation Group

- Social and Market Research who, under the guidance of Donal McDade, was commissioned to conduct the fieldwork for the community surveys and the post-test food basket study

- The anonymous reviewers who gave valuable feedback on later versions of this report

This work was funded by a research grant from ***safe*food.**

Table of Contents

Abbreviations

ADHAZ	Armagh and Dungannon Health Action Zone
BMI	Body Mass Index
CFT	Community Food Team
DFfA	Decent Food for All
DHSSPS	Department of Health, Social Services & Public Safety
FSANI	Food Standards Agency Northern Ireland
HAZ	Health Action Zone
IfH	Investing for Health
INIsPHO@IPH	Ireland and Northern Ireland's Population Health Observatory
IPH	Institute of Public Health in Ireland
KEO	Key expected outcomes
KPI	Key performance indicators
LEG	DFfA Local Evaluation Group
MGPH	Ministerial Group on Public Health
NAPS	National Anti-Poverty Strategy
NI	Northern Ireland
NISRA	Northern Ireland Statistics and Research Agency
OG	DFfA Operational Group
PAF	Postal Address File
PLA	Programme Logic Approach
RoI	Republic of Ireland
SELB	Southern Education and Library Board
SHSSB	Southern Health & Social Services Board
SMR	Social and Market Research

Chapter 1
Armagh and Dungannon Health Action Zone

This chapter is based on the interim evaluation report produced by the Armagh and Dungannon Health Action Zone and the Institute of Public Health in Ireland[1].

1.1 Geography

1.1.1 Armagh and Dungannon Health Action Zone

Armagh City and District Council area covers approximately 260 square miles and is well situated to access all the main external gateways from Northern Ireland. Armagh City and District Council has a resident population of around 55,000. Its population density is 83 persons per square kilometre, well below the Northern Ireland average of 122.

Dungannon and South Tyrone cover an area of 315 square miles. It is situated to the west of Lough Neagh and extends up the Clogher Valley. The population figures indicate that approximately 48,700 people reside in the Dungannon & South Tyrone Borough Council area. Dungannon's population density is 62 persons per square kilometre.

The Armagh and Dungannon Health Action Zone (ADHAZ) is co-terminus with the District Council Areas of Armagh and Dungannon. The population density in the area is low compared with the Northern Ireland average, and in spite of the urban settings of the two main towns of Armagh and Dungannon, the area has a rural ethos, and the majority of the population lives in rural settings. With 30% of residents below the age of 19 years, the population is relatively young. It is also an ethnically homogenous population with less than 1% belonging to ethnic minorities (SHSSB 2006).

Figure 1 The Armagh and Dungannon Health Action Zone

The areas have a complex profile of severe deprivation compounded by geographical isolation.

Armagh District Council ranks as number 12 and Dungannon District Council as number 10 out of 26 District Councils on the Northern Ireland multiple deprivation index. There are differences in the levels of deprivation within the ADHAZ area, which were taken into consideration when selecting target ward areas for the DFfA intervention.

1.1.2 The DFfA intervention area

The Decent Food for All (DFfA) intervention was implemented and delivered in 12 electoral wards within the ADHAZ area. Electoral wards as outlined in Table 1 were selected.

Table 1 Wards in the DFfA intervention area

Council Area	Locality	Electoral Ward	Population 2001	Ward Type	Border area
Dungannon	Dungannon town	Ballysaggart	1973	Urban	No
	Caledon	Caledon	2113	Rural	Yes
	Coalisland	N Coalisland	2711	Urban	No
		S Coalisland	2570	Urban	No
		W Coalisland	2251	Urban	No
		Washing Bay	2379	Rural	No
Armagh	Middletown	Killylea	2411	Rural	Yes
		Derrynoose	2981	Rural	Yes
		Carrigatuke	2235	Rural	Yes
	Armagh City	Callanbridge	2447	Urban	No
		Abbey Park	2583	Urban	No
		Keady	1951	Urban	Yes

The selection of these electoral wards was determined, in part, by the two main factors that are known to influence food poverty, namely material disadvantage and geographical access to healthy food.

The indices used to quantify these characteristics were area-based measures. In the case of material disadvantage the multiple score of the Noble Index of deprivation (2001) was used. This score which includes measures on income, employment, health deprivation and disability, education, skills and training, geographical access to services, the social environment and housing was used to rank all the electoral wards within the ADHAZ area. In order to gauge access to healthy food, two indices were used: the access to services domain of Noble and population density obtained from the 2001 Northern Ireland census.

Other, more qualitative measures also influenced the selection of the electoral wards. These were:

- The need to achieve a geographical balance of target areas within the Health Action Zone (HAZ)
- On the ground experience of the area need
- The extent of existing schemes within the area
- The capacity of the local community to adopt and sustain healthier dietary practices
- The proximity of the area to the Republic of Ireland border.

These programme areas reflect the ADHAZ's interest in understanding how different area-level factors may influence the effectiveness of the programme. These are:

- rurality (while each ward has been classified as either urban or rural, the degree of urbanisation within each category varies)
- socio-economic disadvantage
- location and nature of food sources
- cross-border issues.

All the intervention wards have high levels of unemployment and multiple deprivation. The relatively high levels of deprivation in the ADHAZ area may be related to the problems of unemployment during the last two decades.

Within these areas the target population includes people living on low hold farms, those on low incomes, people with disabilities, ethnic minorities and other minority groups.

1.2 The ADHAZ Partnership

The ADHAZ partnership is a broad-based partnership in the Southern Health and Social Services Board (SHSSB) and consists of key stakeholders across different sectors (councils, housing, education, health, community etc). It is committed to:

- Improving local people's quality of, and expectation from life
- Reducing inequalities in health and wellbeing both on a geographical basis and between different groups in the HAZ area
- Targeting the needs of vulnerable, socially excluded and disadvantaged groups such as older people, people with disabilities, people with mental illness, low income families, and the travelling community.

ADHAZ undertakes to address inequalities in access to locally available and affordable food particularly for those on low incomes; incorporating community development and self-help/education approaches. ADHAZ recognises the problem of health inequalities through food poverty and that low-income families are more likely to experience food and nutrition related illness than the population as a whole. It views access to decent food as part of a wider set of issues and considers that tackling food access issues needs to be part of wider regeneration and social inclusion issues.

Chapter 2
Description of the DFfA intervention

This chapter is based on the interim evaluation report produced by the Armagh and Dungannon Health Action Zone and the Institute of Public Health in Ireland[1].

2.1 Overview

DFfA is a four-year integrated, partnership-based intervention committed to addressing food poverty and inequalities in physical and financial access to safe healthy food based in the Armagh and Dungannon area of Northern Ireland. DFfA is led by the Armagh and Dungannon Health Action Zone (ADHAZ), and jointly funded by ***safe*food** and the Food Standards Agency Northern Ireland (FSANI).

DFfA has three main strands developed to correspond with different aspects of food poverty:

- Financial Access
  Due to an increase in poverty and inequality many low income households find affording a healthy diet difficult. A shortage of money also has a direct effect on physical access to food.

- Physical Access
  Edge of town supermarkets, combined with inadequate transport facilities means many find it difficult to go shopping. This results in people having to go to often higher priced local shops where there may be less choice of reasonably priced healthy food.

- Access to Information
  People on low incomes are disproportionately affected by a general lack of knowledge or misleading information. This includes a lack of knowledge of food skills, safety messages, and nutritional and labelling information.

To achieve its aim, the programme incorporated four essential elements: community education, healthy lifestyle choices, regeneration of local communities and sustainability. A number of Key Expected Outcomes (KEO) for DFfA have been identified which reflect the benefits the programme will bring. For each of them specific actions or activities have been identified to ensure it is successfully achieved, these are known as “Pathways of Activity”. A range of specific interventions based on these pathways were developed and delivered by the DFfA Community Food Team (CFT).

2.1.1 Aims and objectives

The DFfA mission statement is “to improve the provision and consumption of affordable, safe and healthy food in order to protect and improve public health particularly amongst the disadvantaged and vulnerable in the Armagh and Dungannon Health Action Zone”.

Its aim is thus to encourage and support local communities, families and individuals to achieve a balanced safe diet by providing practical, community-based and focused help and advice on food issues and nutrition.

The DFfA's intermediate objectives are presented as KEO in four domains: Local Regeneration, Individual, Household and Community Change, and Policy Change.

2.1.2 Target groups

With nearly all the wards in the intervention area officially classified as either deprived or highly deprived, the first aim of the DFfA intervention was to have a positive impact across the whole of the intervention area.

Within the intervention area, the DFfA CFT focused its attention on particular target wards and disadvantaged groups. These were:

- Rural areas (because of poorer physical access to affordable, safe healthy food)
- Border areas (arising from ADHAZ's belief that the "Troubles" have had a particularly profound effect on health and well-being in these areas)
- Socio-economically disadvantaged wards (wards with particularly high local deprivation scores)
- People with little formal education
- People who were unemployed.

2.1.3 Individual-based health promotion and community-level activities

The DFfA intervention included individual-based health promotion delivered through (single) education sessions, programmes of (two or more) practical workshops, general communication and contributions to community-initiated events. Finally, the DFfA intervention was supported by other "upstream" programmes dealing with local food production and distribution.

Table 2 DFfA core activities

Activities		Duration	Target groups
Educational sessions			
Balance of Good Health		1 hour	Children (nursery and primary schools)
Food hygiene training		1 hour	Adults / Children
Understanding Food Labels		1 hour	Adults / Older persons
Budgeting & Money Management		1 hour	Adults / Older persons
Programmes of practical workshops			
	Cook it	6 weeks	Adults / Older persons
	Balanced Beginnings	2 weeks	Adults (young mothers)
	My Body	6 weeks	Children (5-11 years old)
	Looking Good Feeling Better	4 weeks	Adults / Older persons
Contribution to community-initiated events			
Healthy Eating Sessions (Information, talks…)			Children / Adults / Older persons
Cookery Demonstrations			Adults / Older persons
Tastings (fruits + smoothies)			Children / Adults
General communications			
Promotion of DFfA (2004)			Adults
Information Stands, Display			Children / Adults / Older persons
Newspaper Articles			Children / Adults / Older persons
Other (posters, leaflets…)			Children / Adults / Older persons
Broader topics Information Stands: Salt Awareness Campaign, No Smoking Day Promotion, Men's Health Week, Young Persons Safety Road Show, Healthy and Well-being Evening			Children / Adults / Older persons

(Single) education sessions and programmes of practical workshops were fully funded through the DFfA. DFfA's CFT contributed to general communications and community-

initiated events. The “upstream” supporting programmes were funded from a number of other sources.

Table 3 Supporting programmes

Supporting programmes	
Fresh Fruit in Schools	Children
The South Tyrone’s Community and Schools Food Gardens Project	Adults / Children
The Armagh Community Food Garden Project	Adults / Children
Community Food Co-op	Adults / Older persons
RI:SE and Shine Breakfast Clubs	Children / Parents
Water Bottle Project	Children

2.1.4 DFfA timetable

Below are the project stages of the DFfA programme:

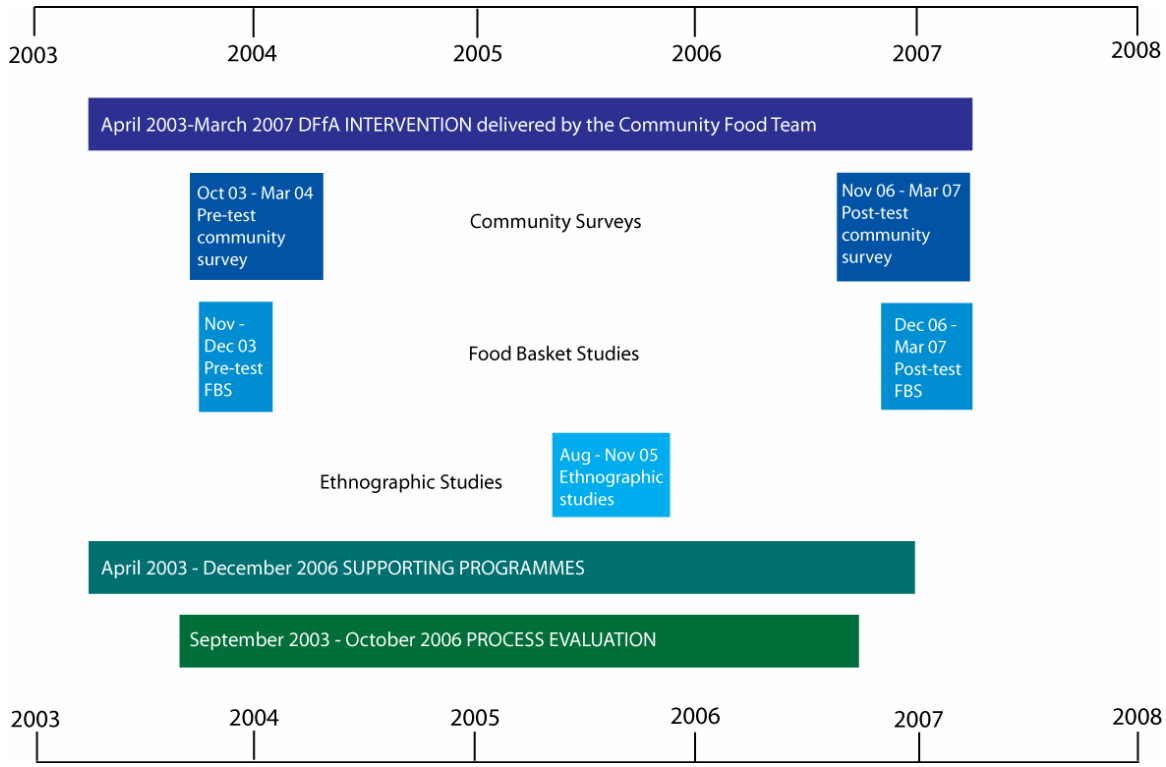


Figure 2 DFfA intervention – timetable 2003 - 2007

2.2 (Single) Educational sessions

Balance of Good Health

A one hour workshop session developed for nursery and primary schools to encourage fruit consumption and increase awareness about hidden sugars in foods. Children are given an opportunity to taste new fruits by demonstrating fruit smoothies and fruit kebabs. These workshops, with the use of visual aids (food plate and food models) showed the proportion of each food groups that achieve a healthy balanced diet. The workshop addressed the issue of portion sizes as well as the high sugar and fat content of some foods which should only be eaten in moderation. Fruit tasting and fruit smoothies are a practical way for adults and children alike to try new fruits and vegetables that they may never have tried before and show them how they can increase their daily fruit and vegetable intake.

Food Hygiene Training

This workshop covered topics such as food hygiene in the home, storage of food (including refrigeration and freezing) and shopping tips. The programme was aimed at both adults and children.

Understanding Food Labels

This workshop looked at fat, sugar and salt content of different foods including how much is a lot, guideline daily amounts and discussed nutritional claims, with the aim of helping consumers to make informed healthy food choices and purchases.

Budgeting & Money Management

These workshops involved budgeting the weekly income to allow increased expenditure on food as well as making money stretch further. Information includes shopping tips, benefits of collecting vouchers/coupons and using special offers.

2.3 Programmes of practical workshops

Cook It!

A six week programme, developed and coordinated by the Health Promotion Agency, aimed to support anyone who is interested in enhancing their cooking skills and healthier eating. It includes group discussions and quizzes as well as the opportunity for hands-on cooking experience and the chance to sample the completed dishes.

Balanced Beginnings

A two week programme for young mothers or anyone interested in learning about the nutritional needs from conception through to the early years of childhood. Topics covered included nutrition during pregnancy, weaning and healthy eating from 1 - 5 years olds.

My Body

An interactive six week programme for children aged 5 - 11 years old to encourage them to think about looking after their bodies in a healthy way. Topics incorporated diet, the balance of good health, fruit and vegetables, physical activity, personal hygiene and food safety.

Looking Good Feeling Better

A four week programme to help those who want to make a shift towards a healthy lifestyle. This programme provided practical, manageable tips on weight management, diet, physical activity, smoking and alcohol.

Workshops on Diet Related Diseases, Food Allergies, Oral and Personal Hygiene, and Eating Disorders were put forward as possible topics in the planning stages of the DFfA project. However it was later agreed that these topics were too specialised for food workers to deliver specifically and it would also be duplicating the health professional's role. Some activities related to oral health and clinical sensitivity were taken up by other agencies.

2.4 Contributions to community-initiated events and general communication

A strong community focused communication strategy was developed to ensure up-take and involvement from communities in the programme through posters, information flyers and ADHAZ Foodnews. The programme is promoted through community newsletters, parish bulletins, press releases, local community groups, schools/nurseries, word of mouth and radio interviews.

The promotion of the programme was followed up by the CFT in each of the targets wards to ensure that people are encouraged to actively participate in the programme.

Citigate, who undertake ***safe*food's** marketing and promotions, worked with ADHAZ to develop the DFfA logo. This branded the programme and gave it identity which is included in all correspondence and promotion.

2.5 Supporting programmes

In addition to the core activities delivered in the intervention area, supporting programmes complemented the mainstream DFfA project. These programmes were aimed at addressing the financial and physical barriers preventing access to healthy and affordable food.

In addition to the £240,000 funding over four years, the ADHAZ Partnership attracted further funding of £255,000 from other agencies for the supporting programmes (see Table 4).

Table 4. Funding for supporting programmes

Supporting programme	**Funding agency**	**Additional funding**
Fresh Fruit in Schools	Department of Health, Social Services & Public Safety	£75,000
Community Food Gardens	Armagh and Dungannon Local Strategy Partnership	£40,000
Community Food Co-op	Dungannon Local Strategy Partnership	£20,000
Rise & Shine Breakfast Club	Big Lottery Fund	£118,000
Water is Cool in School	Southern Investing for Health Partnership	£2,000
Total		**£255,000**

Source: ADHAZ

Self-completed exit questionnaires were used in participant evaluations, overseen by the Local Evaluation Group (LEG), of a number of DFfA core activities.

2.5.1 Local food production

Community Food Gardens[2,3]

This programme supported the development of community/school led organic vegetable and fruit gardens in the ADHAZ. Two distinct projects were implemented:

- The South Tyrone's Community and Schools Food Gardens Project, funded by the South Tyrone Area Partnership and the EU Programme for Peace and Reconciliation (PEACE II) in Northern Ireland. Launched in September 2002, it ran in two phases until the end of July 2006 and involved 6 schools.

- The Armagh Community Food Garden Project, funded by the Armagh and Dungannon Health and Social Care group, PEACE II in Northern Ireland and the Border Region, administered by the Armagh City and District Local Strategic Partnership. This project was officially launched on October 2005 and was completed on the 31 October 2006. It involved 5 schools.

The aims of the Community Food Gardens were to:

- Improve people's access to fresh and healthy food by growing it locally, based on environmental (organic) principles

- Introduce local communities and schools to the idea of growing food for themselves and to become involved in innovative practical projects

- Encourage and facilitate healthy lifestyle changes

- Empower people to improve their quality of life, enhance their environments and regenerate their local communities

- Facilitate skills development in organic vegetable and fruit production which is still seen as an 'elite' food

- Raise awareness of issues with regards to sustainable consumerism

- Provide practical environment education for people at all ages

- Promote partnership working to tackle economic, environmental, health and community concerns.

Through the garden development, children and adults involved addressed a range of issues such as sustainable consumption, environmentally friendly food production, self-reliance, food poverty, local regeneration, social interaction and skills development.

2.5.2 Local food distribution

Fresh Fruit in Schools[4]

The Fresh Fruit in Schools scheme was launched in October 2002. The scheme is an action from Northern Ireland's public health strategy, *Investing for Health*. This strategy was developed by the cross-departmental Ministerial Group on Public Health (MGPH). It provided a framework for action to improve health and wellbeing that focused in particular on the determinants of good health and on inequalities in health.

The Fresh Fruits in Schools scheme was developed as a pilot project that would initially provide fruit free to P1 and P2 pupils in selected schools. The Fresh Fruit in Schools scheme was informed by earlier models of good practice running throughout the UK, including "Grab 5" and England's "5 a day programme". Funding was initially secured by the MGPH to run the scheme between October 2002 and June 2004. After this time additional funding was secured to extend the scheme for a further two years until June 2006. During this extension the steering group sought to examine different models for the programme within schools and then focused on the scheme becoming self-sustaining within the school setting. The scheme was coordinated regionally by the Investing for Health team within the Department of Health, Social Services and Public Safety (DHSSPS). It was managed and delivered locally by the four Health Action Zones (HAZs). The Health Promotion Agency for Northern Ireland (HPA) designed and produced publications, promotional items and a website, and designed and carried out regional evaluation.

The Fresh Fruit in Schools scheme aimed to provide one piece of fruit per day to children in P1 and P2. The main objectives were to raise awareness of the benefits of fruit consumption among children and foster healthy eating practices at an early age. Initially 85 schools were chosen from within the four HAZ areas to participate in the scheme, using a number of indicators. Over the four year period of the project this was extended to 101 schools.

The aims of the Fresh Fruit in Schools were to:

- Provide access to fruit for P1 and P2 children within selected schools
- Promote awareness of the benefits of healthy eating and good food hygiene
- Encourage children to develop the habit of eating fruit
- Encourage children to adopt and sustain healthy eating patterns in school, at home and in the community.

Community Food Co-op[5]

The Ballygawley Road and Milltown Community Food Co-op was a unique project, funded by the European Peace and Reconciliation Programme through South Tyrone Area Partnership and coordinated by ADHAZ. This Project was a partnership between the Milltown and Ballygawley Road communities. It provided people in both areas with a variety of fresh, quality fruit and vegetables at affordable prices via doorstep delivery each week. The project was launched on 1 July 2005 and lasted 18 months.

The overall aim was to influence the health and eating behaviour of people within the community, by encouraging people to increase their fruit and vegetable intake. It would lead to health benefits such as reduced risk of disease (e.g. Coronary Heart Disease, Type 2 Diabetes) and improved physical and mental health.

Under the overall aim of health improvement the project had a number of objectives:

- To improve access/availability to healthy affordable fruit and vegetables
- To build capacity and develop the skills of local communities through training
- To increase awareness of health and healthy eating
- To compliment neighbourhood regeneration
- To develop reconciliation, mutual understanding and respect by bringing together the two communities.

During the course of the project members not only benefited from receiving fresh fruit and vegetables at affordable prices via doorstep delivery, but also enjoyed regular promotion including competitions, free exotic fruit and organic samples, information on healthy eating, recipes and the possibilities to participate in various types of training.

RI:SE and Shine Breakfast Clubs[6]

This programme promoted healthy eating as part of everyday life, focusing on school age children by introducing 'Breakfast Clubs' to five schools across the ADHAZ.

An intersectoral partnership comprising of representatives from HAZ, SHSSB, Southern Education and Library Board (SELB) and Armagh and Dungannon Health & Social Services Trust's School Dietician monitored the development of each breakfast club. The three years programme was funded by the Big Lottery Fund and delivered by ADHAZ. The Breakfast Club was officially launched on 1st October 2004 and was due to end in December 2006 but additional funding has allowed the project to be extended to December 2007.

This project provided all children in the selected primary schools with a free breakfast on a daily basis.

The overall aims were to:

- Establish regular healthy eating patterns among school age children
- Generate awareness of good nutrition with good health and therefore reduce the risk of coronary heart disease, stroke and cancer.

The objectives were to:

- Develop a network of breakfast clubs across ADHAZ area, which would provide decent, nutritional food to children at affordable prices
- Link with partner organisations to facilitate the development of clubs and the delivery of positive nutritional programmes in schools
- Encourage participation of parents and increase contact between parents and teachers
- Increase the number of schools participating in the 'boost better breakfast' scheme.

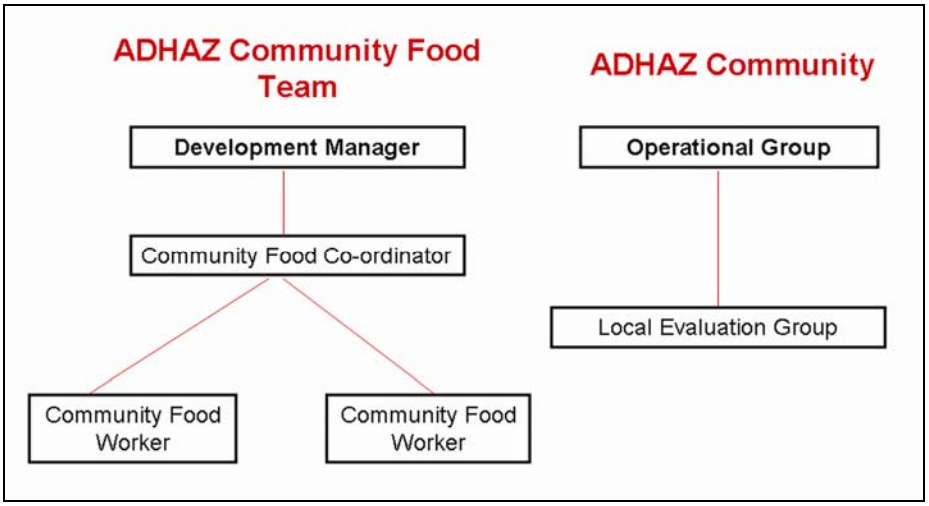
The Breakfast clubs could help to:

- Promote healthy eating
- Provide a healthy balanced breakfast which could maintain higher energy levels and improve extended level of concentration
- Increase social cohesion and interaction among pupils
- Increase and improve attendance and punctuality
- Have a positive start to the day, which has an impact on the rest of the day.

2.6 Management

A partnership approach involving all key stakeholders is essential to ensure the DFfA project is successful and to encourage the overall key messages dissemination and the promotion of the programme in the longer term. Through the ADHAZ, key organisations, groups and agencies involved within the development project are drawn together to agree the direction and priorities of the DFfA intervention.

Figure 3 Management of the DFfA intervention



Three main stakeholders took part in the project:

- The ADHAZ was responsible for the implementation of the DFfA intervention.
- ***safe*food** and FSANI funded the programme. ***safe*food** support is a key part of its efforts to address equality issues, and it is eager to learn how community–based strategies might support all-island communication and marketing campaigns on food safety and hygiene issues.
- The Institute of Public Health in Ireland (IPH) brings considerable research and evaluation expertise and experience to this project. It believes that the DFfA intervention offers the opportunity to design a high quality research and evaluation project that will contribute to the knowledge about the role of community-based strategies in reducing inequalities across the island.

2.6.1 Armagh and Dungannon Health Action Zone Partnership

The ADHAZ Partnership is a broad-based partnership in the SHSSB that is committed to improving the quality of life and reducing health inequalities in the ADHAZ. It works with disadvantaged, vulnerable and socially excluded groups such as older people, people with disabilities, people with mental illness, low income families and the Traveller community (http://www.adhaz.org.uk/).

2.6.2 DFfA Operational Group

The DFfA Operational Group (OG) was established at the outset of the programme to oversee and direct the ADHAZ CFT who is in charge of the programme implementation. It is a multisectoral partnership made up of members across the statutory, voluntary and community sector all with interests in tackling food poverty.

The OG role was to:

- Provide approval and agreement of intersectoral partnership working within the DFfA intervention
- Provide direction and guidance including objectives, target setting, etc
- Promote and reflect organisational commitment to the DFfA intervention
- Monitor the overall performance of the DFfA intervention in terms of targeting need and tackling inequalities in health and well-being in broadest context
- Ensure appropriate evaluation of the DFfA intervention in terms of process, impact and outcome.

A LEG was established as a subgroup of the DFfA OG. Its role was to oversee the process evaluation which included monitoring DFfA core activities and conducting participant evaluations.

2.7 DFfA Community Food Team

The CFT ensured the delivery of the DFfA intervention. They worked to develop and implement health and well-being programmes which were delivered in the twelve target wards to specific groups. They also support local community and voluntary groups in food related initiatives.


decent
food
for all

Chapter 3
What DFfA delivered

The process evaluation examines levels of participation at the different types of core activities. It lets us know what types of activities occurred, who they reached and whether or not the right people attended the different types of activities.

3.1 Methods

3.1.1 Data collection

During September 2003 – October 2006, the DFfA CFT collected details about activities that were undertaken and about people participating in these activities using a standard collection form. The form recorded for each activity:

- the quarter in which it started
- the duration of the activity
- the number of participants
- target group details:
  - ward
  - gender
  - age group
  - rural/urban
  - border/non-border.

Target gender was recorded as follows:

- persons
- male
- female.

NOTE: “Persons” does not equate to the sum of male & female. “Persons” denotes both male & females that attended events where no male/female breakdown was provided.

Target age groups were recorded as follows:

- children (4-10 years)
- teenagers (11-18 years)
- adults (19-59 years)
- older persons (60+ years).

Activities both within and outside the DFfA target wards were included. However the process evaluation only focuses on the DFfA intervention areas due to incomplete data collection outside of the intervention area.

3.1.2 Participation measures

The level of core activity was measured in terms of:

1. the number of sessions that were delivered
2. the number of people who participated
3. the number of contact-hours involved

Number of sessions delivered

In calculating the number of equivalent (one hour) sessions that were delivered, the following was assumed with respect to each type of activity:

1. (Single) educational sessions
   - If a (single) educational session lasted for one hour this equates to one activity delivered.
   - In rare situations educational sessions occurred over a number of weeks, for example lasting for one hour per week for four weeks. Hence this equates to four activities delivered.

2. Programmes of practical workshops
   - If a single practical workshop lasted for one hour this equates to one activity delivered.
   - If a programme of practical workshops lasted over a number of weeks, for example lasting for one hour per week for six weeks. Hence this equates to six activities delivered.

3. Contributions to community-initiated events
   - If a single community-initiated event lasted for one hour this equates to one activity delivered.
   - If a single community-initiated event lasted for three hours this equates to three activities delivered.

4. General communications
   - If a single general communication event lasted for one hour this equates to one activity delivered.
   - If a single general communication event lasted for three hours this equates to three activities delivered.

Total participation

In calculating the total participation, the following was assumed with respect to each type of activity:

1. (Single) educational sessions
   - For one hour educational sessions, if ten persons actually attend for the hour then the total participation is ten persons.
   - If an educational session occurred over a number of weeks, lasting for one hour per week, we have assumed that all persons who signed up for the sessions actually attend. Therefore if 20 people sign up then we assume that 20 persons attend each week.

2. Programmes of practical workshops
   - For one hour practical workshops, if ten persons actually attend for the hour then the total participation is ten persons.
   - If a programme of practical workshops occurred over a number of weeks, lasting for one hour per week, we have assumed that all persons who signed up for the course actually attend. Therefore if 20 people sign up then we assume that 20 persons attend each week.

3. Contributions to community-initiated events
   - We have assumed that one-third of persons attend community-initiated events. Therefore if 100 persons actually attend an event then we have assumed that 33 persons realistically attended.

4. General communications
   - We have assumed that one-third of persons attend general communication events. Therefore if 100 persons actually attend an event then we have assumed that 33 persons realistically attended.

Total contact-hours

In calculating the total contact-hours, the following was assumed with respect to each type of activity:

1. (Single) educational sessions
   - For one hour educational sessions, if ten persons actually attend for the hour then the total number of contact-hours is ten hours.
   - If an educational session lasted over a number of weeks, for example lasting for one hour per week for four weeks, we have assumed that persons stay for the whole hour. However we also assume that persons only attend 75% of the sessions. Hence they receive a total of three contact-hours out of a possible four contact hours.

2. Programmes of practical workshops
   - For one hour practical workshops, if ten persons actually attend for the hour then the total number of contact-hours is ten hours.
   - If a programme of practical workshops lasted over a number of weeks, for example lasting for one hour per week for four weeks, we have assumed that persons stay for the whole hour. However we also assume that persons only

attend 75% of the workshops. Hence they receive a total of three contact-hours out of a possible four contact hours.

3. Contributions to community-initiated events
   - Having assumed that one-third of persons attend a community-initiated event we subsequently assume that the exposure time at an information stand was five minutes.

4. General communications
   - Having assumed that one-third of persons attend a general communication event we subsequently assume that the exposure time at an information stand was five minutes.

3.1.3 Analysis

As well as the overall participation during the intervention period, variations in participation are presented.

We show the manner in which measures of participation in the different types of activities varied with:

- gender
- age group
- geography
  - rural / urban areas
  - border / non-border areas
  - deprivation measure of the ward
- quarter.

Results are provided for the four types of core activity:

- (Single) educational sessions
- Programmes of practical workshops
- Contributions to community-initiated events
- General communications.

3.1.4 Limitations

We have assumed that all persons who attended an event lived in the target area. For example we assume that persons who attended an event in an urban area live in an urban area. Obviously this is untrue, however, it needs to be taken into account when interpreting the rural/urban differences. The same applies for persons living in border and non-border areas.

Since some activities were targeted at more than one ward at the same time, in some cases it was not possible to calculate the number of equivalent (one hour) sessions delivered for each of the wards separately. Hence this participation measure was omitted in the analysis of local deprivation measure.

3.2 What core activities were delivered?

3.2.1 Overall

Overall, programmes of practical workshops had the greatest number of hours of activities (195 hours). As a consequence programmes of practical workshops had the greatest number of contact-hours (1425 hours in total). General communications had the lowest number of contact-hours (48 hours in total).

Table 5 Overall participation in DFfA core activities (September 2003 – October 2006)

Measure	(Single) educational sessions	Programmes of practical workshops	Contributions to community-initiated events	General communications	All activities
No. of core activites delivered	48	195	62	62	367
Total participation	1,291	501	736	577	3,105
Total contact-hours	1,381	1,425	61	48	2,915

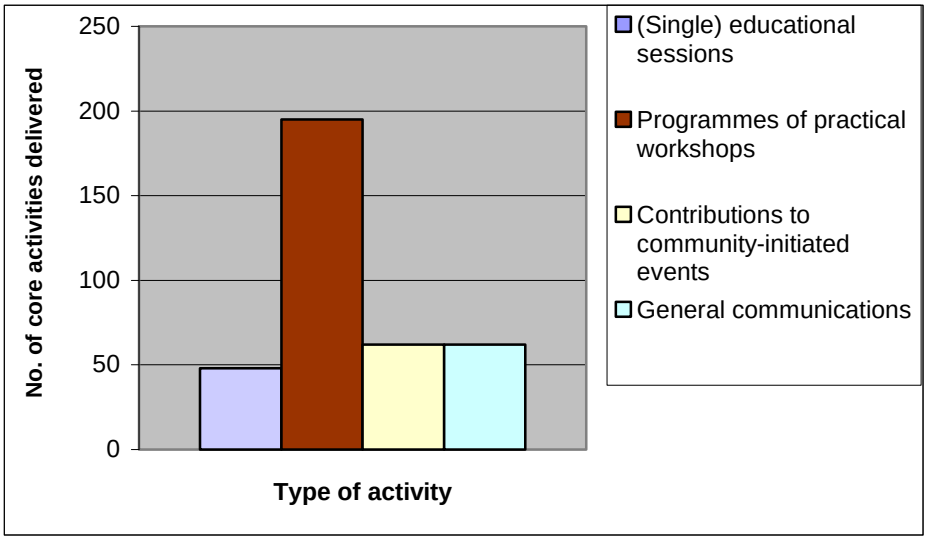


Figure 4 The number of core activities delivered by type of activity (September 2003 – October 2006)

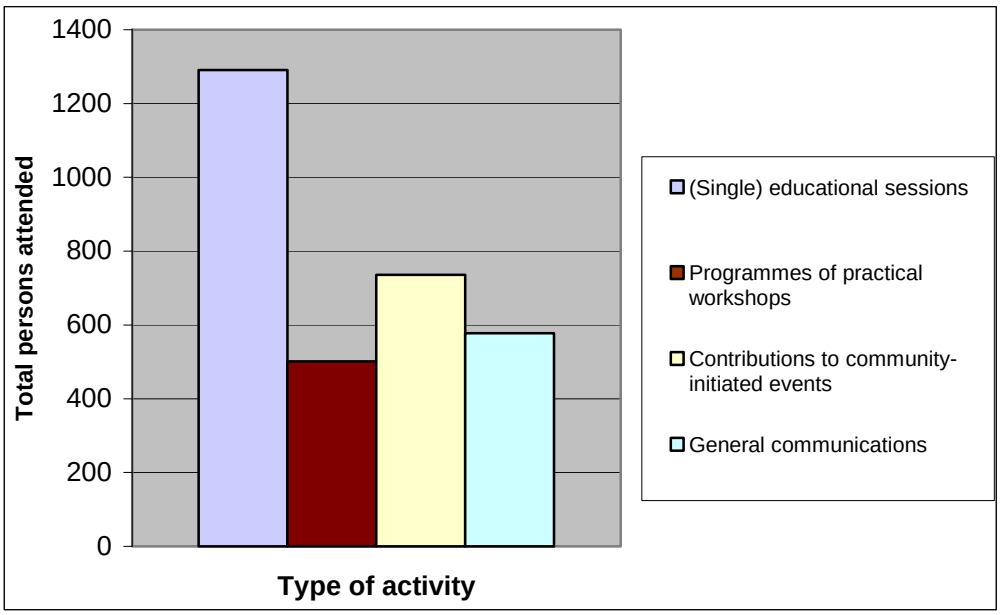


Figure 5 Total number of attendees by type of activity (September 2003 – October 2006)

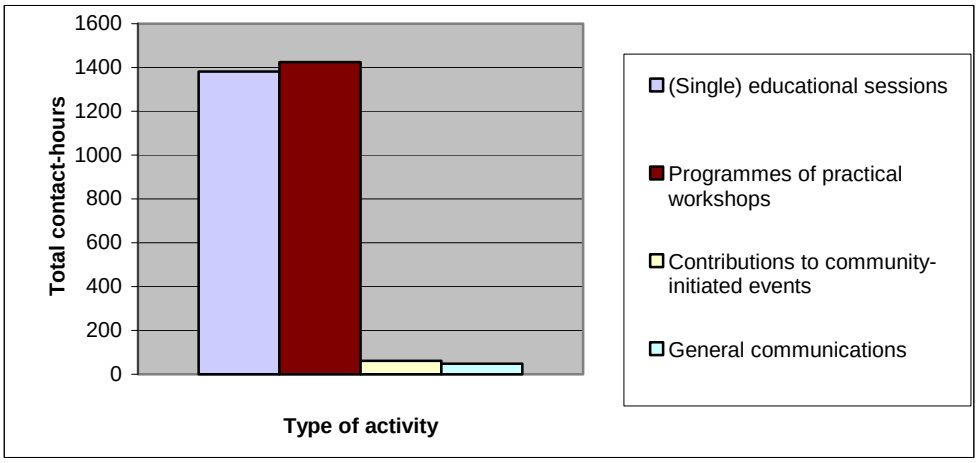


Figure 6 Total number of contact-hours by type of activity (September 2003 – October 2006)

3.2.2 Gender

Attendance rates were greatest for (single) educational sessions (40.5 per 1,000 population). The lowest attendance rate for persons was at programmes of practical workshops (13 per 1,000 population).

(Single) educational sessions had the greatest contact-hours rate for persons (43.1 per 1,000 population). Females had the greatest contact-hours rate at programmes of practical workshops (28.4 per 1,000 population). In comparison no practical workshops were targeted at males only.

Table 6 Participation in DFfA core activities by gender (September 2003 – October 2006)

Gender	Measure	(Single) educational sessions	Programmes of practical workshops	Contributions to community-initiated events	General communication	All activities
Persons	No. of equivalent (one hour) sessions delivered	33	81	53	47	214
	Total participation	1,206	388	622	528	2,744
	Attendance rate per 1,000 population	40.5	13	20.9	17.7	92
	Total contact-hours	1,286	999	52	44	2,380
	Contact-hours rate per 1,000 population	43.1	33.5	1.7	1.5	79.8
Male	No. of equivalent (one hour) sessions delivered	3	0	1	9	13
	Total participation	35	0	20	37	91
	Attendance rate per 1,000 population	2.4	0	1.4	2.5	6.2
	Total contact-hours	35	0	2	3	40
	Contact-hours rate per 1,000 population	2.4	0	0.1	0.2	2.7
Female	No. of equivalent (one hour) sessions delivered	12	114	8	6	140
	Total participation	50	113	95	12	269
	Attendance rate per 1,000 population	3.3	7.5	6.3	0.8	17.9
	Total contact-hours	61	426	8	1	495
	Contact-hours rate per 1,000 population	4.1	28.4	0.5	0.1	33

Total population size for persons = 29,812
Total population size for males = 14,793
Total population size for females = 15,019

Figure 7 The number of equivalent (one hour) sessions delivered by gender (September 2003 – October 2006)

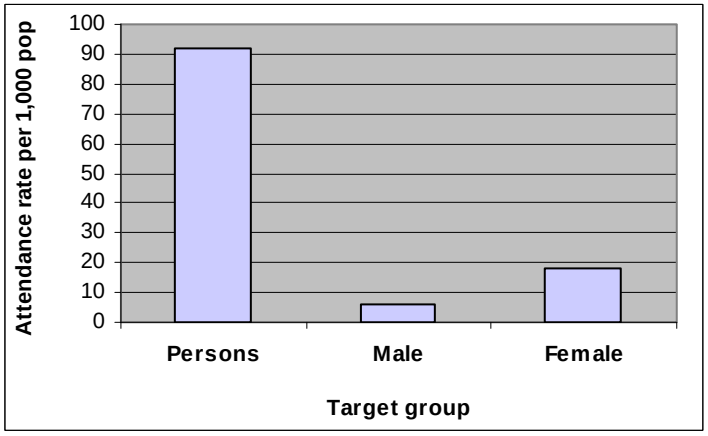


Figure 8 Attendance rate (per 1000 population) by gender (September 2003 – October 2006)

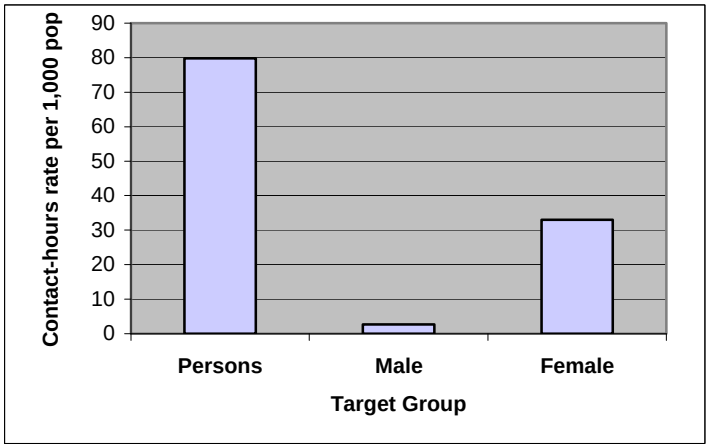


Figure 9 Contact-hours rate (per 1000 population) by gender (September 2003 – October 2006)

3.2.3 Age

Overall, adults had the highest number of hours of activities delivered to them (259 hours) and older persons had the lowest number (ten hours).

All age groups apart from older persons attended programmes of practical workshops. No practical workshops were targeted to older persons. The greatest attendance rate for such workshops was by children (74.7 per 1,000 population).

Children had the greatest attendance rate at all the DFfA activities apart from general communication events. In contrast adults had the greatest attendance rate at general communication events (32.4 per 1,000 population).

Teenagers had the greatest attendance rate and subsequent greatest contact-hours rate at (single) educational sessions (101.8 per 1,000 population and123.0 contact-hours per 1,000 population respectively). No teenagers attended general communication events.

Adults had the greatest attendance rate at general communication events (32.4 per 1,000 population) but had the greatest contact-hours rate at programmes of practical workshops (56.1 per 1,000 population).

For older persons, the highest number of activities delivered was at contributions to community-initiated events which in turn had the greatest attendance rate for older persons (4.6 per 1,000 population). The greatest contact-hours rate for older persons was at (single) educational sessions (4.2 per 1,000 population).

Table 7 Participation in DFfA activities by age (September 2003 – October 2006)

Age	Measure	(Single) educational sessions	Programmes of practical workshops	Contributions to community-initiated events	General communication	All activities
Children	No. of equivalent (one hour) sessions delivered	5	23	21	5	54
	Total participation	492	251	391	50	1,184
	Attendance rate per 1,000 population	146.4	74.7	116.3	14.9	352.2
	Total contact-hours	492	456	33	4	984
	Contact-hours rate per 1,000 population	146.4	135.6	9.8	1.2	292.7
Teenagers	No. of equivalent (one hour) sessions delivered	18	23	3	0	44
	Total participation	435	27	54	0	516
	Attendance rate per 1,000 population	101.8	6.3	12.6	0	120.7
	Total contact-hours	526	80	5	0	610
	Contact-hours rate per 1,000 population	123	18.7	1.2	0	142.7
Adults	No. of equivalent (one hour) sessions delivered	24	149	32	54	259
	Total participation	344	223	269	514	1,350
	Attendance rate per 1,000 population	21.7	14.1	17	32.4	85.1
	Total contact-hours	344	890	22	43	1,299
	Contact-hours rate per 1,000 population	21.7	56.1	1.4	2.7	81.9
Older Persons	No. of equivalent (one hour) sessions delivered	1	0	6	3	10
	Total participation	20	0	22	12	54
	Attendance rate per 1,000 population	4.2	0	4.6	2.5	11.4
	Total contact-hours	20	0	2	1	23
	Contact-hours rate per 1,000 population	4.2	0	0.4	0.2	4.8

Total population size for children = 3,362
Total population size for teenagers = 4,275
Total population size for adults = 15,864
Total population size for older persons = 4,757

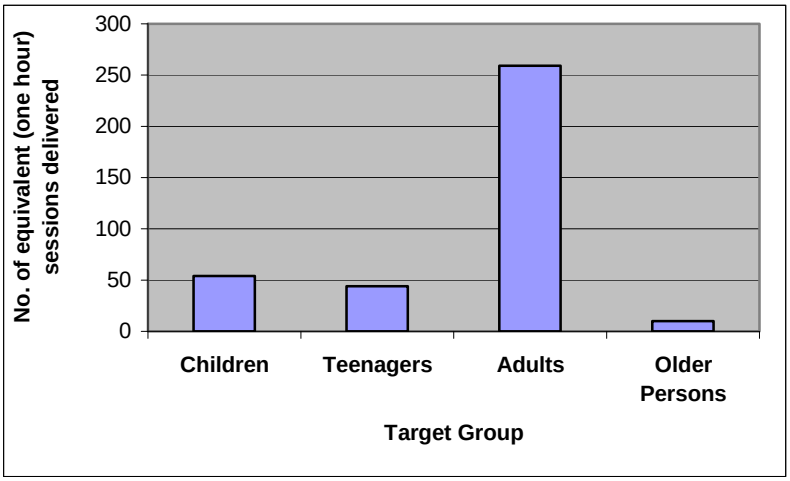


Figure 10 The number of equivalent (one hour) sessions delivered by age (September 2003 – October 2006)

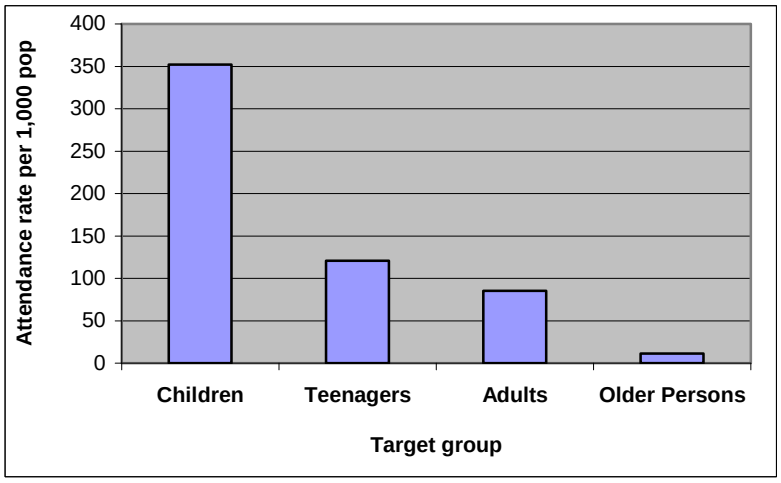


Figure 11 Attendance rate (per 1000 population) by age (September 2003 – October 2006)

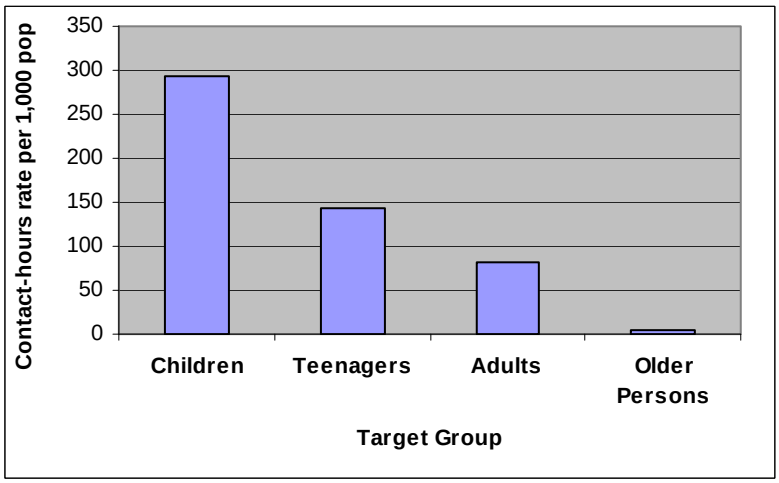


Figure 12 Contact-hours rate (per 1000 population) by age (September 2003 – October 2006)

3.2.4 Quarter

The highest number of core activities delivered overall occurred in the quarter March 2004-May 2004. As a consequence this quarter also had the greatest attendance rate (22.3 per 1,000 population) and the greatest contact-hours rate (24.6 per 1,000 population).

The lowest attendance rate was in the quarter December 2004 - February 2005 (1 per 1,000 population).

Table 8 Participation in DFfA activities per quarter (September 2003 – October 2006)

Quarter	Measure	All activities
Sep 2003 – Nov 2003	No. of equivalent (one hour) sessions delivered	12
	Total persons who attended	109
	Attendance rate per 1,000 population	3.7
	Total contact-hours	190
	Contact-hours rate per 1,000 population	6.4
Dec 2003 – Feb 2004	No. of equivalent (one hour) sessions delivered	63
	Total persons who attended	392
	Attendance rate per 1,000 population	13.1
	Total contact-hours	574
	Contact-hours rate per 1,000 population	19.3
Mar 2004 – May 2004	No. of equivalent (one hour) sessions delivered	67
	Total persons who attended	664
	Attendance rate per 1,000 population	22.3
	Total contact-hours	733
	Contact-hours rate per 1,000 population	24.6
June 2004 – Aug 2004	No. of equivalent (one hour) sessions delivered	35
	Total persons who attended	381
	Attendance rate per 1,000 population	12.8
	Total contact-hours	236
	Contact-hours rate per 1,000 population	7.9
Sep 2004 – Nov 2004	No. of equivalent (one hour) sessions delivered	24
	Total persons who attended	155
	Attendance rate per 1,000 population	5.2
	Total contact-hours	133
	Contact-hours rate per 1,000 population	4.5
Dec 2004 – Feb 2005	No. of equivalent (one hour) sessions delivered	2
	Total persons who attended	30
	Attendance rate per 1,000 population	1
	Total contact-hours	21
	Contact-hours rate per 1,000 population	0.7
Sep 2005 – Nov 2005	No. of equivalent (one hour) sessions delivered	37
	Total persons who attended	303
	Attendance rate per 1,000 population	10.2
	Total contact-hours	118
	Contact-hours rate per 1,000 population	4
Dec 2005 – Feb 2006	No. of equivalent (one hour) sessions delivered	23
	Total persons who attended	176

	Attendance rate per 1,000 population	5.9
	Total contact-hours	82
	Contact-hours rate per 1,000 population	2.8
Mar 2006 – May 2006	**No. of equivalent (one hour) sessions delivered**	39
	Total persons who attended	398
	Attendance rate per 1,000 population	13.4
	Total contact-hours	432
	Contact-hours rate per 1,000 population	14.5
June 2006 – Aug 2006	**No. of equivalent (one hour) sessions delivered**	47
	Total persons who attended	349
	Attendance rate per 1,000 population	11.
	Total contact-hours	268
	Contact-hours rate per 1,000 population	9
Sep 2006 – Oct 2006	**No. of equivalent (one hour) sessions delivered**	18
	Total persons who attended	147
	Attendance rate per 1,000 population	4.90
	Total contact-hours	128
	Contact-hours rate per 1,000 population	4.3

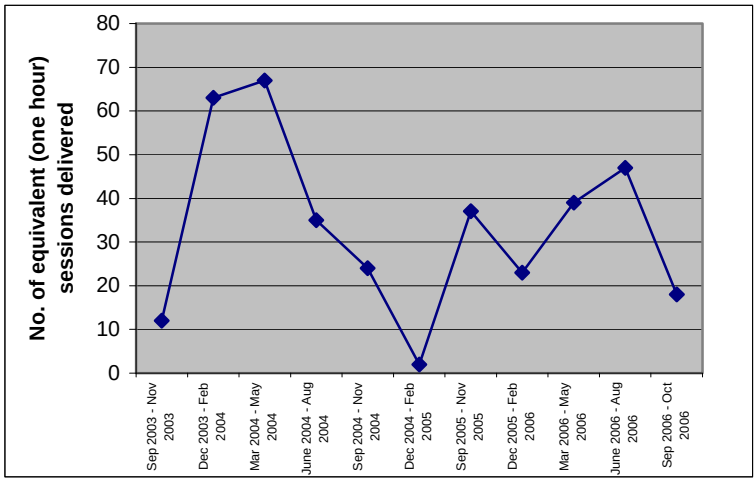


Figure 13 The number of equivalent (one hour) sessions delivered per quarter (September 2003 – October 2006)

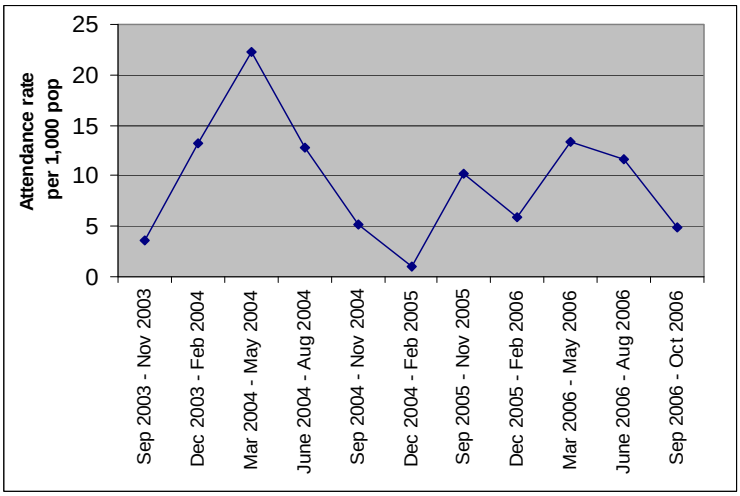


Figure 14 Attendance rate (per 1000 population) per quarter (September 2003 – October 2006)

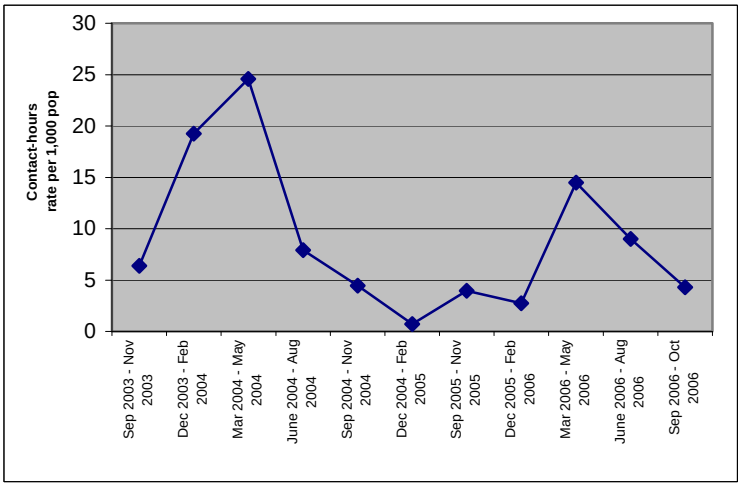


Figure 15 Contact-hours rate (per 1000 population) per quarter (September 2003 – October 2006)

3.2.5 Rural & urban areas

Overall, 75 hours of activities were delivered in rural areas and 292 hours delivered in urban areas.

Rural areas had the greatest number of activities delivered for programmes of practical workshops resulting in the greatest contact-hours rate (54 per 1,000 population). Despite the lowest number of activities delivered for (single) educational sessions, these sessions had the greatest attendance rate in rural areas (22 per 1,000 population).

In urban areas, the greatest number of activities delivered was also at programmes of practical workshops (147 per 1,000 population) Urban areas had both the greatest attendance rate and the greatest contact-hours rate at (single) educational sessions (59 per 1,000 population and 64 per 1,000 population respectively).

Table 9 Participation in DFfA activities in rural and urban areas (September 2003 – October 2006)

Area	Measure	(Single) educational sessions	Programmes of practical workshops	Contributions to community-initiated events	General communication	All activities
Rural	No. of equivalent (one hour) sessions delivered	5	48	11	11	75
	Total persons who attended	278	248	120	129	775
	Attendance rate per 1,000 population	22	20	10	10	62
	Total contact-hours	278	675	10	11	974
	Contact-hours rate per 1,000 population	22	54	1	1	78
Urban	No. of equivalent (one hour) sessions delivered	43	147	51	51	292
	Total persons who attended	1,013	253	616	448	2,330
	Attendance rate per 1,000 population	59	15	36	26	135
	Total contact-hours	1,103	755	51	37	1,946
	Contact-hours rate per 1,000 population	64	44	3	2	113

Total population size for rural area = 12,530
Total population size for urban area = 17,282

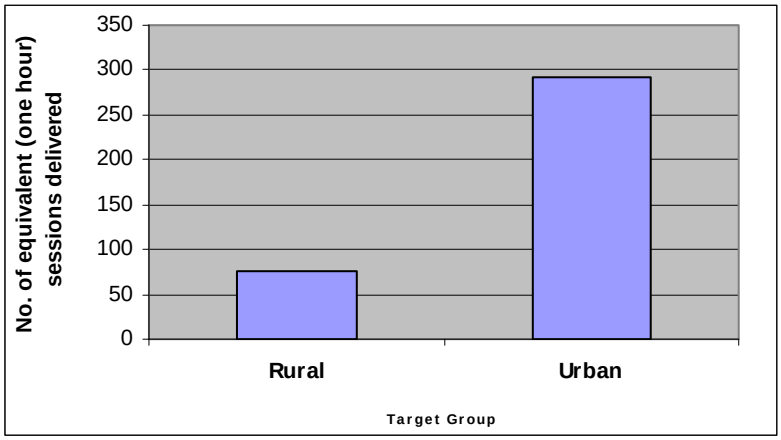


Figure 16 The number of equivalent (one hour) sessions delivered in rural and urban areas (September 2003 – October 2006)

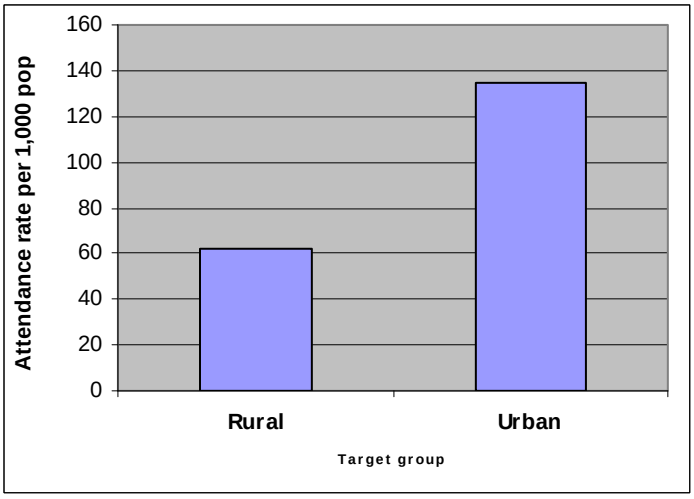


Figure 17 Attendance rate (per 1000 population) in rural and urban areas (September 2003 – October 2006)

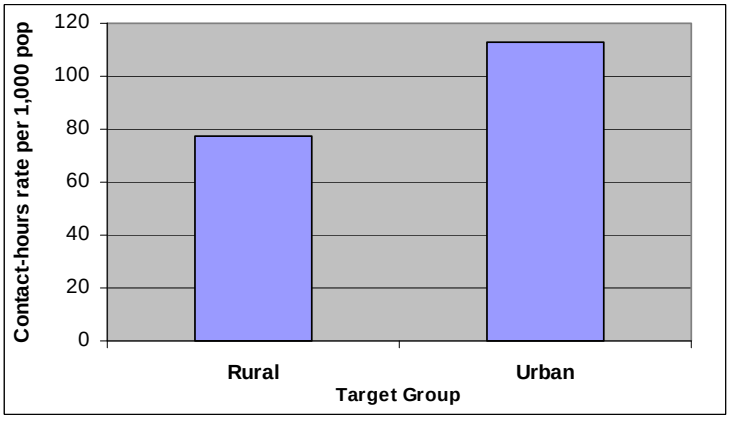


Figure 18 Contact-hours rate (per 1000 population) in rural and urban areas (September 2003 – October 2006)

3.2.6 Border status

Overall, 64 activities were delivered in border areas and 303 hours delivered in non-border areas.

Border areas had the highest attendance rate (16 per 1,000 population) at programmes of practical workshops resulting in the greatest contact-hours rate (49 per 1,000 population).

In contrast, non-border areas had the lowest attendance rate at programmes of practical workshops. Non-border areas had the highest attendance rate at (single) educational sessions (63 per 1,000 population) also resulting in the greatest contact-hours rate (67 per 1,000 population). The lowest contact-hours rate in non-border areas was at general communication events (2 per 1000 population).

Table 10 Participation in DFfA activities in border and non-border areas (Sept 2003 – Oct 2006)

Area	Measure	(Single) educational sessions	Programmes of practical workshops	Contributions to community-initiated events	General communication	All activities
Border	No. of equivalent (one hour) sessions delivered	5	34	11	14	64
	Total persons who attended	45	163	119	120	447
	Attendance rate per 1,000 population	4	16	12	12	45
	Total contact-hours	45	495	11	10	561
	Contact-hours rate per 1,000 population	4	49	1	1	56
Non-border	No. of equivalent (one hour) sessions delivered	45	161	49	48	303
	Total persons who attended	1,246	338	617	457	2,658
	Attendance rate per 1,000 population	63	17	31	23	134
	Total contact-hours	1,336	930	51	37	2,354
	Contact-hours rate per 1,000 population	67	47	3	2	119

Total population size for border area = 10,015
Total population size for non-border area = 19,797

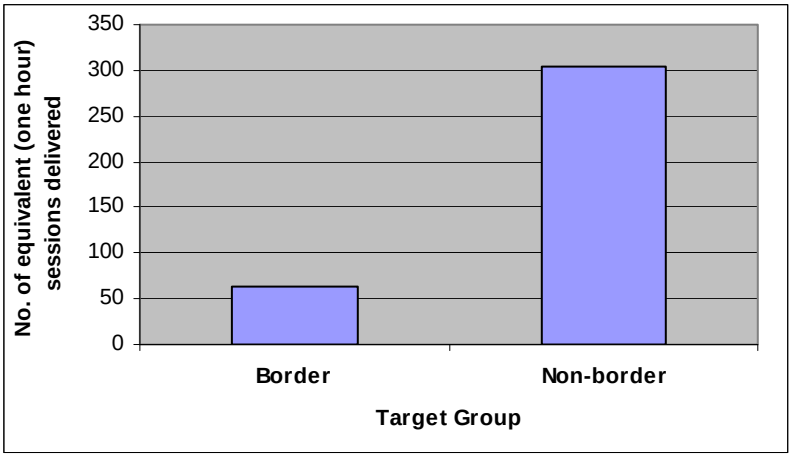


Figure 19 The number of equivalent (one hour) sessions delivered in border and non-border areas (September 2003 – October 2006)

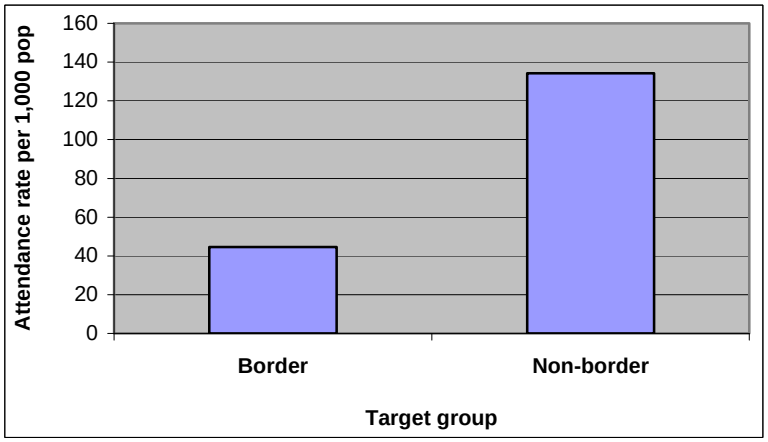


Figure 20 Attendance rate (per 1000 population) in border and non-border areas (September 2003 – October 2006)

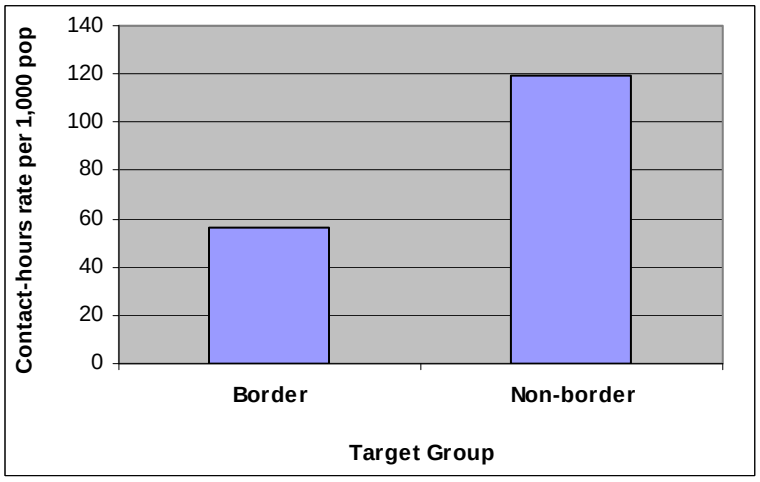


Figure 21 Contact-hours rate (per 1000 population) in border and non-border areas (September 2003 – October 2006)

3.2.7 Local deprivation scores

Overall, the most deprived areas had the highest attendance rate (173 per 1,000 population) resulting in the greatest contact-hours rate (139 per 1,000 population).

The most deprived areas had the highest attendance rate (73 per 1,000 population) at (single) educational sessions as well as the highest contact-hours rate (80 per 1,000 population). The lowest contact-hours rate in the most deprived areas was at general communications events (3 per 1,000 population).

Deprived areas had the highest attendance rate at (single) educational sessions (32 per 1,000 population) with the lowest attendance rate at community-initiatedevents (4 per 1,000 population).

Least deprived areas had the same attendance rates at both (single) educational sessions and programmes of practical workshops (17 per 1,000 population) however the highest contact-hours rate was for programmes of practical workshops (55 per 1,000 population).

Table 11 Participation in DFfA activities by local deprivation scores (Sept 2003 – Oct 2006)

Deprivation measure	Measure	(Single) educational sessions	Programmes of practical workshops	Contributions to community-initiated events	General communication	All activities
Least deprived	Total participation	172	175	126	89	563
	Attendance rate per 1,000 population	17	17	12	9	56
	Total contact-hours	172	553	11	7	740
	Contact-hours rate per 1,000 population	17	55	1	1	73
Deprived	Total participation	244	116	34	53	446
	Attendance rate per 1,000 population	32	15	4	7	58
	Total contact-hours	244	264	3	4	515
	Contact-hours rate per 1,000 population	32	34	0	1	67
Most deprived	Total participation	874	213	575	423	2,084
	Attendance rate per 1,000 population	73	18	48	35	173
	Total contact-hours	964	619	47	35	1,665
	Contact-hours rate per 1,000 population	80	51	4	3	139

Total population size for least deprived area = 10,110
Total population size for deprived area = 7,684
Total population size for most deprived area = 12,019

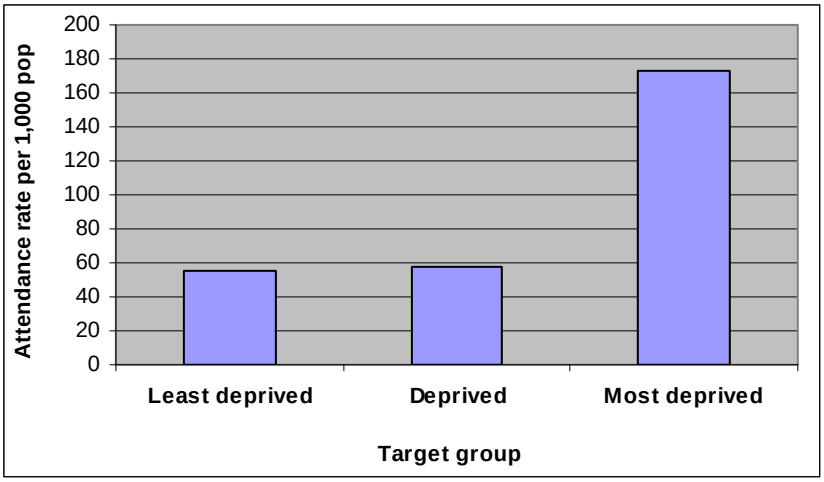


Figure 22 Attendance rate (per 1000 population) by local deprivation score (September 2003 – October 2006)

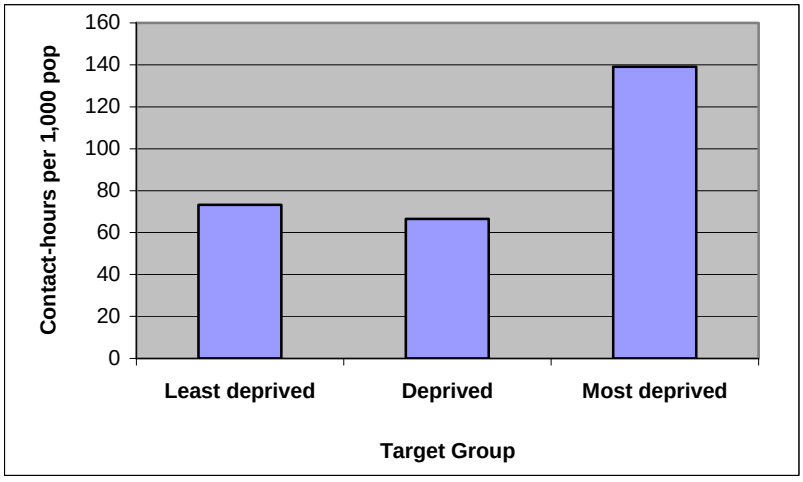


Figure 23 Contact-hours rate (per 1000 population) by local deprivation score (September 2003 – October 2006)

3.3 Summary

Between September 2003 and October 2006, the equivalent of 367 core activities were delivered as part of the DFfA Intervention programme in the twelve intervention wards to approximately 3,100 people. “Programmes of Practical Workshops” had the highest number of hours of core activities delivered where 195 hours of activities were delivered. These consisted of several workshops spanning a number of weeks and consisted of the greatest number of contact-hours (1,425 contact hours). Attendance was highest at “(Single) Educational sessions” where almost 1,300 persons attended.

Attendance rates for all persons was greatest at “(Single) Educational sessions” (40.5 per 1,000 population). Females had the greatest attendance rate at programmes of practical workshops (7.5 per 1,000 population). Males had the greatest number of contact-hours at “(Single) Educational sessions” (35 contact-hours).

Overall, adults had the highest number of hours of core activities delivered to them (259 hours). Children had the greatest attendance rate at all of the DFfA activities apart from General Communication events. Teenagers had the highest number of contact-hours at “(Single) Educational sessions”. The greatest number of activities delivered in hours to older persons was at “Contributions to community-initiated events” and their greatest contact-hours rate was at “(Single) Educational sessions” (4.2 per 1,000 population).

The highest number of activities delivered overall in hours occurred in the quarter March 2004 - May 2004 where 67 hours of activities were delivered. As a result, this quarter also had the greatest attendance rate (22.3 per 1,000 population).

Overall, 75 hours of activities were delivered in rural areas and 292 hours delivered in urban areas. Rural areas had the highest number of core activities delivered in hours at “Programmes of Practical Workshops” resulting in the greatest contact-hours rate (54 per 1,000 population). In urban areas, the highest number of core activities delivered in hours was also at “Programmes of Practical Workshops” (147 hours delivered).

Overall, 64 hours of activities were delivered in border areas and 303 hours delivered in non-border areas. Border areas had the highest attendance rate at “Programmes of Practical Workshops” (16 per 1,000 population). In contrast, non-border areas had the lowest attendance rate at “Programmes of Practical Workshops”. Non-border areas had the highest attendance rate at “(Single) Educational sessions” (63 per 1,000 population).

Chapter 4
What participants reported

The DFfA CFT undertook participant evaluation to ensure that the needs and expectations of the participants were met. These evaluation reports also acted to inform the future development of programmes to ensure they are acceptable to potential users. The results of the DFfA activities and its supporting programmes participant evaluations are presented in the section of this monograph.

4.1 Methods

In addition to the initial funding of £240,000 over four years, the ADHAZ Partnership attracted further funding of £255,000 from other agencies for the supporting programmes (Table 12).

Table 12 Funding for supporting programmes

Supporting programme	**Funding agency**	**Additional funding**
Fresh Fruit in Schools	Department of Health, Social Services and Public Safety	£75,000
Community Food Gardens	Armagh and Dungannon Local Strategy Partnership	£40,000
Community Food Co-op	Dungannon Local Strategy Partnership	£20,000
Rise & Shine Breakfast Club	Big Lottery Fund	£118,000
Water is Cool in School	Southern Investing for Health Partnership	£2,000
Total		**£255,000**

Source: ADHAZ

Self-completed exit questionnaires were used in participant evaluations, overseen by the Local Evaluation Group, of a number of DFfA core activities[26-30].

4.2 What participants reported

4.2.1 "Balance of Good Health"

There were several evaluation forms used for 'Balance of Good Health':

1. Balance of Good Health
2. Balance of Good Health and Lifestyle
3. Balance of Good Health and Healthy Eating
4. Balance of Good Health and Food Labelling.

In total 263 evaluation forms were submitted.
A general overview of findings is presented.

All participants reported enjoying the "Balance of Good Health" sessions. When asked what they enjoyed most common responses included:

- "The quiz at the end"
- "Everything about the session was enjoyable"
- "Tasting the food and finding out about portion sizes".

When asked what they did not enjoy some participants responded:

- "Learning about what I have to cut out"
- "Being put off my favourite foods".

When participants were asked if the sessions changed their ideas about healthy eating and lifestyle, healthy eating, the storage of food and food labelling, healthy eating and eating more fruit and vegetables (question varied depending on workshop attended) 98% said yes.

When participants were asked if they think the sessions will help put these ideas into practice, 95% said yes. Reported examples included:

- "Try to cook cheaper meals"
- "Less alcohol consumption"
- "I now have a greater knowledge of the content of food and how to read labels".

4.2.2 "Cook it!"

One hundred per cent of participants reported enjoying all of the Cook It! Programme. When asked what they enjoyed some common responses included:

- "Getting to taste the food"
- "Learning healthy ways to cook and the craic"
- "Cooking".

Ninety-six per cent of participants reported that the workshops changed their ideas about healthy eating. Some common examples of this include:

- "I always thought eating healthier would take a lot of time, now I know it doesn't"
- "It showed me how to cook the things I normally cook but in a healthier way"
- "I'm more inclined to use lots of fresh vegetables in my cooking. I see how recipes can be healthy and very tasty!"
- "I was surprised at how much fat and sugar are in some foods that I thought were healthy, I hope to change my diet".

Sixty-six per cent of participants said that the workshops helped put healthy eating into practice. Some examples include:

- "I now grill all the time and bought a smoothie maker"
- "I have changed how I cook many things and I have reduced my sugar intake and stopped my salt intake"
- "I wouldn't buy as much fatty foods and I would have a good bit of fruit in the house now".

Seventy per cent of people reported buying or cooking different types of foods to the ones they would normally buy since attending the workshops. Examples include wholemeal pasta, rice and bread instead of white, making homemade sauces instead of buying ready made, use more vegetables when cooking, low fat spreads instead of butter.

Ninety per cent of people said that since attending the sessions they cooked meat without adding any fat or oil and 86% reported draining fat off meat when browning. 86% also reported adding vegetables to dishes that they wouldn't have before. 64% said they had changed the amount of butter, margarine or low fat spread that they used on bread or toast since attending the session and 42% reported using less.

A very encouraging 98% of people that attended the Cook it! Programme said they planned to continue with these positive changes to their dietary and cooking practices.

4.2.3 "My Body"

Eighty-five per cent of people said that 'My Body' was enjoyable, 83% said they found it useful and 73% said it was informative. 85% of participants said they enjoyed the workshops of My Body: Balance of Good Health, Physical Activity, and Food Safety and Hygiene.

When asked what participants enjoyed most about the 'My Body' programme some common responses included:

- "Hearing about germs"
- "The machine that showed you how well you wash your hands"
- "Tasting the fruit"
- "I enjoyed the physical activity".

Ninety-five per cent of participants said that the workshop had changed some of their ideas about healthy eating, looking after their bodies, keeping fit and healthy and help them put these ideas into practice.

When asked what they learnt from the workshops comments included:

- "I learnt that it was important to wash your hands"
- "To eat properly, keep fit and wash my hands more"
- "To eat more fruit".

4.2.4 "Looking Good Feeling Better"

One hundred per cent of participants reported enjoying the workshops. When asked what they enjoyed most about the programme many people said the beauty sessions.

Eighty-eight per cent of participants said that they think they will be able to put the lifestyle changes recommended in the programme into practice.

References

1. Decent food for All: Programme Report. Food for Thought – Tackling Food Poverty Locally, lessons learned and shared. Armagh and Dungannon Health Action Zone; 2005.

2. Armagh Community Food Garden Project: Evaluation Report. Armagh and Dungannon Health Action Zone; 2006.

3. Zellmann Y. South Tyrone's Community & Schools Food Gardens Project: Final Report. Dungannon and South Tyrone Borough Council and Armagh and Dungannon Health Action Zone; 2007.

4. Fresh Fruit in Schools: Summary Report. Health Promotion Agency for Northern Ireland; 2002 -2006.

5. Ballygawley Road and Milltown Community Food Co-op: Final Evaluation Report.

6. The RISE:SHINE Breakfast Club: Mid Term Evaluation. Armagh and Dungannon Health Action Zone; 2006.

7. Decent Food for All: Quarterly Report September 2005 – December 2005. Armagh and Dungannon Health Action Zone; 2005.

8. Decent Food for All: Quarterly Report December 2005 – February 2006. Armagh and Dungannon Health Action Zone; 2006.

9. Decent Food for All: Quarterly Report February 2006 – April 2006. Armagh and Dungannon Health Action Zone; 2006.

10. Decent Food for All: Quarterly Report May 2006 – August 2006. Armagh and Dungannon Health Action Zone; 2006.

11. Decent Food for All: Quarterly Report September 2006 – December 2006. Armagh and Dungannon Health Action Zone; 2006.

12. Decent Food for All: Quarterly Report January 2007 – March 2007 Armagh and Dungannon Health Action Zone; 2007.

Appendices

Appendix 1: Membership of the 'Decent Food for All' Operational Group

Adrienne Gibson	***safe*food**
Alison Crawford	Armagh & Dungannon Health Action Zone
Andrea Clarke	Armagh Confederation of Voluntary Groups
Anne Brennan	Armagh & Dungannon Local Health & Social Care Group
Annie Chambers	Food Standards Agency Northern Ireland
Audrey McClune	Southern Group Environmental Health Committee
Barry Conway	Armagh & Dungannon Health and Social Care Group
Cathy McVeigh	Investing for Health Officer, Southern Group Environmental Health Committee
Clare McEvilly	***safe*food**
Collette O'Brien	Southern Area Health Promotion Department
Deirdre Tunney	Armagh & Dungannon Local Health & Social Care Group
Dympna McLoughlin	Area Community Dental Service
Elaine Devlin	Investing for Health Officer, Southern Group Environmental Health Committee
Emma Turkington	Armagh & Dungannon Health Action Zone
Ferghal O'Donnell	Rural Youth Community Development
Fred Cooper	Help the Aged
Jennifer McBratney	Armagh & Dungannon Health & Social Care Trust
Kathleen Donaghy	Armagh & Dungannon Health Action Zone
Kevin Balanda	Institute of Public Health in Ireland
Linda Norris	Armagh & Dungannon Health Action Zone
Marian Culley	Armagh & Dungannon Health & Social Care Trust
Marion Cully	Southern Health and Social Services Board
Martina McNaulty	Southern Group Environmental Health Committee
Maureen Duggas	Cook it support worker
Monica Magennis	Dungannon & South Tyrone Borough Council
Patsy Slater	EGSA
Paula Fegan	Armagh & Dungannon Health Action Zone

Paula Tally	Armagh & Dungannon Health Action Zone
Richard Hanna	Armagh Council
Robert Cummings	Ulster Farmers Union
Sharon McCaughey	
Shirley Hawkes	Armagh & Dungannon Health Action Zone
Siobhán Murphy	SureStart
Tracy O'Neill	Armagh & Dungannon Health Action Zone
Tracey Powell	Armagh & Dungannon Health Action Zone
Yvonne Zellman	Agenda 21, Dungannon Council

Appendix 2: Membership of the 'Decent Food for All' Local Evaluation subgroup

Paula Tally (Chair)	Armagh and Dungannon Health Action Zone
Shirley Hawkes (Chair)	Armagh and Dungannon Health Action Zone
Adrian Gibson	***safe*food**
Andrea Clarke	Armagh Confederation of Voluntary Groups
Anni Chambers	Food Standards Agency Northern Ireland
Audrey McClune	Southern Group Environmental Health Committee
Claire McEvilly	***safe*food**
Fred Cooper	Help the Aged
Jennifer McBratney	Armagh and Dungannon Health Action Zone
Kevin Balanda	Institute of Public Health
Paula Fegan	Armagh and Dungannon Health Action Zone
Tracey Powell	Armagh and Dungannon Health Action Zone