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## Appendix A: Project team

### Project team

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### Project advisory group

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### Expert review panel

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### Focus group participants

#### *Group 1*

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#### *Group 2*

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Tiana Felmingham, *East Gippsland Division of General Practice*  
Alyson Ferguson, *Gippsland Women's Health Service*  
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Sheryl McHugh, *Wellington PCP*  
Debbie Mitchell, *DHS*  
Tim Rowe, *Wellington Shire Council*  
Michael Rowell, *Wellington Shire Council*

## Appendix B: Glossary of diabetes related terms

**Diabetes mellitus** is a condition in which blood glucose levels are higher than normal, due to defects in insulin secretion, insulin action or both. There are three main types of diabetes:

*Type 1 diabetes mellitus (type 1 diabetes)* is due to the autoimmune destruction of the cells of the pancreas that produce insulin. People with type 1 diabetes require insulin to survive. Although it can develop at any age, type 1 diabetes usually appears before the age of 40 years and accounts for about 10-15 per cent of people with diabetes in Australia. At present, type 1 diabetes cannot be prevented or cured.

*Type 2 diabetes mellitus (type 2 diabetes)* occurs when the body's cells cannot use insulin and insufficient insulin is produced to control blood glucose levels—either of these may predominate. Type 2 diabetes usually develops in people over the age of 40 years, particularly those with a family history of diabetes, but is increasingly being seen in younger people. Type 2 diabetes accounts for about 85-90 per cent of people with diabetes, and there is currently no cure, however it is considered to be preventable. Modifiable lifestyle risk factors include overweight/obesity; physical inactivity; inappropriate diet; high blood pressure and blood fats and smoking.

*Gestational diabetes mellitus (gestational diabetes or GDM)* develops in about 3-8 per cent of women during pregnancy and usually disappears after the baby is born. Women who develop GDM are at increased risk of developing type 2 diabetes later in life.

**Impaired fasting glucose (IFG):** diagnosed when fasting blood glucose levels are higher than normal, but after an Oral Glucose Tolerance Test (or OGTT, in which blood glucose levels are monitored after a glucose drink), blood glucose levels are not sufficiently high for a diagnosis of type 2 diabetes. People with IFG are at increased risk of developing type 2 diabetes.

**Impaired glucose tolerance (IGT):** diagnosed when the fasting blood glucose level is higher than normal, even higher after the OGTT (see Impaired fasting glucose above), but still not high enough for a diagnosis of type 2 diabetes.

**Insulin resistance:** a condition in which the pancreas is producing insulin, but the insulin is not effective in controlling blood glucose levels. Over time the amount of insulin produced increases, but eventually the pancreas cannot produce sufficient to maintain normal blood glucose levels.

**Pre-diabetes:** a condition in which blood glucose levels are higher than normal but not high enough for a diagnosis of type 2 diabetes. People with pre-diabetes are at increased risk of developing type 2 diabetes. Impaired fasting glucose and impaired glucose tolerance are both considered to be pre-diabetic conditions.

## Appendix C: Review methods

### Sources of information

The review focused on population-wide and community based approaches to prevention; it excluded individual focused interventions such as risk factor assessment, screening, clinical management and pharmacological interventions. One-on-one counselling (such as in health care settings) was included only where it was part of an intervention with other community based components. The search targeted systematic reviews and recent intervention trials or key program evaluations not contained in the reviews. Inclusion criteria included English language articles published between 1998 and 2003 that evaluated interventions focused on either (1) the primary prevention of CVD or diabetes using multi-risk factor approaches or (2) the reduction of individual risk factors (obesity, physical inactivity, poor nutrition, smoking or socioenvironmental and psychosocial factors). A search was also conducted for evidence related to disadvantaged groups.

### Limitations of the review

The review included only interventions that targeted adults. While the evidence is irrefutable that effective prevention strategies must include children and youth, the selection of evidence based strategies targeting adults acknowledges that social, physical, economic and policy environments are shaped by decisions made primarily by adults. Further, the focus on adults recognises their pivotal role in modelling healthy lifestyle choices for young people and creating family environments to support these choices.

### How the evidence was identified and located

Sources of evidence included: systematic and narrative reviews; meta-analyses, 'grey' literature such as government reviews, reports and position papers; journal commentaries and editorials; and recent intervention trials and program evaluations not yet incorporated into reviews. The review team hand searched key recent journal contents and the reference lists of landmark reviews. It also consulted with key professional organisations and individual experts throughout the review process.

For each risk factor, the review team conducted a separate search of several electronic databases. The search yielded over 1400 systematic reviews and journal articles. After applying the selection criteria, the team reduced this list to approximately 100 systematic and narrative reviews and over 80 recent individual studies. For a detailed description of the search methods, see the complete narrative review (<http://www.dhs.vic.gov.au/phd/ebhp/>).

### Quality and strength of the evidence

Evidence for this review was selected using a pragmatic approach that sought to obtain the best available evidence for practical decision making. For many health promotion interventions, evidence from randomised controlled trials is not available. Consequently, the review included randomised controlled trials, quasi-experimental designs and observational and qualitative studies.

## Summarising the evidence

Many evidence based reviews conclude with a summative statement that classifies each intervention as having good, promising or poor evidence of effectiveness. Others use assessments such as recommended, promising or not recommended. This review attempted to use such a classification, but found it over-simplistic. Interventions are rarely effective for all population groups in all contexts and settings. Systematic reviews in the health promotion area frequently include programs that appear similar, but differ markedly in practice. This often renders summative statements such as 'good' or 'poor' evidence misleading because some interventions were effective and others were not. By convention, variability in program effectiveness usually leads to an overall assessment of 'poor evidence' of effectiveness (due, in scientific terms, to 'lack of replicability'). However, more recent evaluation models recognise the importance of understanding program variability, that is, assessing what works for whom, in what settings and contexts (Pawson and Tilley 1997). This points to the importance of including both implementation and effectiveness data. Where possible, this review has attempted to do this. Therefore, summaries of evidence in this guide are descriptive and qualified rather than definitive.

## Appendix D: Summary of national and state policies for cardiovascular disease and diabetes, 1998–2003

	Victorian Government	Australian Government
2003	<p><i>Integrated health promotion: a practice guide for service providers</i>  <a href="http://www.dhs.vic.gov.au/phd/nutrition/ea/twellvic.htm">http://www.dhs.vic.gov.au/phd/nutrition/ea/twellvic.htm</a></p> <p><i>Well for life: improving nutrition and physical activity for residents of aged care facilities</i>  <a href="http://www.dhs.vic.gov.au/phd/nutrition/wellforlife.htm">http://www.dhs.vic.gov.au/phd/nutrition/wellforlife.htm</a></p>	<p>National Alcohol Campaign: 'Alcohol and your health' fact sheets  <a href="http://www.health.gov.au/pubhlth/publicat/alcohol.htm">http://www.health.gov.au/pubhlth/publicat/alcohol.htm</a></p>
2002	<p>Victorian Women's Health and Wellbeing Strategy  <a href="http://hnb.dhs.vic.gov.au/rrhacs/phkb/">http://hnb.dhs.vic.gov.au/rrhacs/phkb/</a></p> <p>Neighbourhood Renewal Program  <a href="http://www.neighbourhoodrenewal.vic.gov.au/ooh/web/nrwsite.nsf">http://www.neighbourhoodrenewal.vic.gov.au/ooh/web/nrwsite.nsf</a></p>	<p>National Alcohol Campaign: 'Alcohol and your health' fact sheets  <a href="http://www.health.gov.au/pubhlth/publicat/alcohol.htm">http://www.health.gov.au/pubhlth/publicat/alcohol.htm</a></p> <p><i>Environmental tobacco smoke in Australia</i>  <a href="http://www.health.gov.au/pubhlth/strateg/drugs/tobacco/overview.htm">http://www.health.gov.au/pubhlth/strateg/drugs/tobacco/overview.htm</a></p>
2001	<p><i>Stronger citizens stronger families stronger communities: partnerships in community care</i>  <a href="http://www.dhs.vic.gov.au/phd/nutrition/resources.htm">http://www.dhs.vic.gov.au/phd/nutrition/resources.htm</a></p> <p><i>Draft health promotion guidelines</i> (Department of Human Services)  <a href="http://hnb.dhs.vic.gov.au/acmh/phkb.nsf">http://hnb.dhs.vic.gov.au/acmh/phkb.nsf</a></p> <p>Eat Well Victoria Partnership  <a href="http://www.dhs.vic.gov.au/phd/nutrition/ea/twellvic.htm">http://www.dhs.vic.gov.au/phd/nutrition/ea/twellvic.htm</a></p> <p><i>Information management in the Victorian primary care system—developments of interest</i>  <a href="http://www.dhs.vic.gov.au/acmh/ph/pcp/infodev/rscs/infodev.pdf">http://www.dhs.vic.gov.au/acmh/ph/pcp/infodev/rscs/infodev.pdf</a></p> <p><i>Nutrition monitoring and surveillance in Victoria—a framework for action</i> (Department of Human Services: draft)</p> <p><i>The 'Active for life' Victorian physical activity strategy</i> (Department of Human Services: draft)</p>	<p><i>Nutrition resources</i>  <a href="http://www.health.gov.au/pubhlth/publicat/phys.htm">http://www.health.gov.au/pubhlth/publicat/phys.htm</a></p> <p><i>National Aboriginal and Torres Strait Islander nutrition strategy and action plan: a summary, 2000–2010</i>  <a href="http://www.health.gov.au/pubhlth/strateg/food/nphp.htm">http://www.health.gov.au/pubhlth/strateg/food/nphp.htm</a></p> <p><i>National monitoring and surveillance in public health nutrition</i>  <a href="http://www.health.gov.au/pubhlth/strateg/food/nphp.htm">http://www.health.gov.au/pubhlth/strateg/food/nphp.htm</a></p>

	Victorian Government	Australian Government
2000	<p><i>Tobacco (Amendment) Act 2000</i>  <a href="http://www.dhs.vic.gov.au/phd/smokeleg/index.htm">http://www.dhs.vic.gov.au/phd/smokeleg/index.htm</a></p> <p>Victorian Diabetes Taskforce recommendations (under development)</p> <p><i>Toward a more health promoting human service system: health promotion policy</i> (Department of Human Services: under development)</p> <p><i>Strengthening systems for health promotion: strategic direction and recommended actions for health promotion development in Victoria: 1999-2000</i>  <a href="http://www.dhs.vic.gov.au/phd/9903034/index.htm">http://www.dhs.vic.gov.au/phd/9903034/index.htm</a></p>	<p><i>Eat well Australia: a national framework for action in public health nutrition 2000-2010</i>  <a href="http://www.health.gov.au/pubhlth/strateg/food/nphp.htm">http://www.health.gov.au/pubhlth/strateg/food/nphp.htm</a></p> <p>National Child Nutrition Project  <a href="http://www.health.gov.au/pubhlth/strateg/childnutrition/index.htm">http://www.health.gov.au/pubhlth/strateg/childnutrition/index.htm</a></p> <p><i>Developing an active Australia: a work plan for 2000 to 2003</i> (SIGPAH: draft)</p> <p>National action plan for promotion, prevention and early intervention for mental health (2000) (Department of Health and Aged Care: under development)  <a href="http://www.health.gov.au/hsdd/mentalhe/mhinfo/ppei/nap2000.htm">http://www.health.gov.au/hsdd/mentalhe/mhinfo/ppei/nap2000.htm</a></p> <p>Promotion, prevention and early intervention for mental health monograph (Department of Health and Aged Care: under development)  <a href="http://www.health.gov.au/hsdd/mentalhe/mhinfo/ppei/monograph.htm">http://www.health.gov.au/hsdd/mentalhe/mhinfo/ppei/monograph.htm</a></p> <p>Integrated public health practice: supporting and strengthening local action (National Public Health Partnership: under development)</p> <p><i>A planning framework for public health practice—a systems perspective</i> (National Public Health Partnership)  <a href="http://www.health.gov.au/pubhlth/strateg/hiv_hepc/hepc/index.htm">http://www.health.gov.au/pubhlth/strateg/hiv_hepc/hepc/index.htm</a></p>
1999	<p><i>Report of the review of primary health redevelopment</i>  <a href="http://www.dhs.vic.gov.au/acmh/ph/pcp/report/index.htm">http://www.dhs.vic.gov.au/acmh/ph/pcp/report/index.htm</a></p> <p><i>1999-2000 primary health program guidelines</i>  <a href="http://www.dhs.vic.gov.au/acmh/ph/policy/policy_a_to_z.htm">http://www.dhs.vic.gov.au/acmh/ph/policy/policy_a_to_z.htm</a></p> <p><i>Promoting physical activity in Victoria: an integrated cross sectoral strategy</i>  [add web address]</p> <p><i>Mental health promotion plan 1999-2002</i> (VicHealth)  <a href="http://www.vichealth.vic.gov.au/HEALTH1.pdf">http://www.vichealth.vic.gov.au/HEALTH1.pdf</a></p>	<p><i>National health priority areas report: cardiovascular health, a report on heart, stroke and vascular disease</i> (Department of Health and Aged Care)  [add web address]</p> <p><i>National Tobacco Strategy 1999 to 2002-03: a framework for national action</i> (Department of Health and Aged Care)  <a href="http://www.health.gov.au/pubhlth/publicat/document/metadata/tobccstrat.htm">http://www.health.gov.au/pubhlth/publicat/document/metadata/tobccstrat.htm</a></p> <p><i>Mental health promotion and prevention national action plan</i> (National Mental Health Promotion and Prevention Working Party)  <a href="http://www.health.gov.au/hsdd/mentalhe/mhinfo/ppei/nap.htm">http://www.health.gov.au/hsdd/mentalhe/mhinfo/ppei/nap.htm</a></p>

	Victorian Government	Australian Government
		<p><i>Depression action plan</i> (Department of Health and Aged Care)  <a href="http://www.health.gov.au/hsdd/mentalhe/resources/reports/dap.htm">http://www.health.gov.au/hsdd/mentalhe/resources/reports/dap.htm</a></p>
1998	<p><i>An evidence-based planning framework for nutrition, physical activity and healthy weight</i>  <a href="http://www.dhs.vic.gov.au/phb/hdev/hpromo/hpstrat1/index.html">http://www.dhs.vic.gov.au/phb/hdev/hpromo/hpstrat1/index.html</a></p> <p><i>Towards a Victorian physical activity strategy</i>  <a href="http://www.dhs.vic.gov.au/phd/9803078/index.htm">Http://www.dhs.vic.gov.au/phd/9803078/index.htm</a></p> <p><i>Active for life: physical activity patterns and health impacts</i></p>	<p><i>National diabetes strategy and implementation plan</i> (Diabetes Australia)  <a href="http://www.health.gov.au/hsdd/nhpq/pdf/diabetes2000.pdf">http://www.health.gov.au/hsdd/nhpq/pdf/diabetes2000.pdf</a></p> <p><i>National drug strategic framework 1998-99 to 2002-03</i> (Ministerial Council on Drug Strategy)  <a href="http://www.health.gov.au/pubhlth/publicat/document/ndsf.pdf">http://www.health.gov.au/pubhlth/publicat/document/ndsf.pdf</a></p> <p><i>Developing an active Australia: a framework for action for physical activity and health</i> (Department of Health and Family Services)</p> <p><i>Second national mental health plan</i> (Department of Health and Family Services)  <a href="http://www.health.gov.au/hsdd/mentalhe/mhinfo/nmhs/plan2.htm">http://www.health.gov.au/hsdd/mentalhe/mhinfo/nmhs/plan2.htm</a></p>

## Appendix E: Evaluation data collection methods

**Source:** Adapted from Marshall, B, Keleher, H, Hutchins, C and Murphy, B 2002, Short Course in Health Promotion, 2nd Edition, Melbourne, Department of Human Services Victoria.

**Table A1: Qualitative methods**

Description	Applications	Strengths	Limitations
<i>Focus groups</i>			
Semi-structured discussion with 8–12 participants. Tape-recording or notes. Facilitator leads discussion around key issues and questions	Provides in-depth information about a small group of people (e.g. stakeholders' beliefs, attitudes, concerns). Used to pre-test materials with target audience and to identify issues for surveys.	Provides in-depth information. Is inexpensive. Allows for ideas to be shared and discussed, providing greater insights. Requires few specialised skills, apart from good facilitation skills.	Dominant participants need to be managed carefully. Not suitable for highly sensitive issues. Data can be difficult to analyse from tapes. Results cannot be generalised to whole population.
<i>In-depth interviews</i>			
One-to-one interview by telephone or in person. Interviewer follows outline but has flexibility to vary questions.	Useful for discussing sensitive issues with a small number of people. Enables in-depth understanding of complex issues.	Provides confidential environment. Allows participants to raise concerns. Results are less biased by peer influence. Interviewer can explore new issues raised.	Is more expensive and time consuming than focus groups. Data analysis is complex. Results cannot be generalised to whole population. Interviewers need training.
<i>Open-ended survey questions</i>			
Telephone or mail surveys. Respondents answer standard questions in their own words.	Can add depth to survey results. All respondents answer the same set of questions.	More detail, depth than closed questions in surveys. Reasons for answers can be documented. Results can be partially quantified.	Fixed set of questions reduces flexibility. Analysis of responses is time consuming and expensive.
<i>Journals</i>			
Stakeholders record activities/experiences /responses in a journal over a designated period.	Good for process evaluation. Used to document some short term change (impact)– e.g. organisational change.	Collects details of program. Allows for unexpected information and an ongoing record of events, issues. Prompts reflection on practice. Inexpensive.	Are time consuming to prepare. Responses are highly subjective. Some people lack confidence to write. Time consuming and expensive to analyse.

Description	Applications	Strengths	Limitations
<i>Observation</i>			
Rather than asking questions, the observer observes activities without influencing them. Observer may participate in activities but role as evaluator is known. Field notes.	Useful for understanding the physical and social context, the dynamics, what happens and why. Can inform the development of further data collection. Complements quantitative impact data.	Allows for alternative perspective to that found by other methods that rely on self-reporting. Observer is immersed in the context of the program.	Time consuming and expensive to conduct. Observers need training. Can be seen as intrusive by program staff. Observer participation needs to be carefully negotiated. Presence of observer can change behaviour

**Table A2: Quantitative methods**

Description	Applications	Strengths	Limitations
<i>Surveys</i>			
Structured set of survey questions. Responses are chosen from a fixed set of answers. Surveys can be administered by phone, fax, email or mail, or in person.	Useful for collecting data that can be quantified and generalised to whole population. When validated instruments are used, results can be compared.	Large amounts of data can be analysed in a short time. If the sample is representative of the population, then data can be generalised. Can process large amounts of data in a short time.	Understanding is not in depth. Survey design can bias responses. Statistical analysis may be needed. Expensive when applied to large samples (i.e. costs of survey distribution and collection, and statistical analysis).
<i>Population statistics</i>			
Sets of population data collected by health and other agencies	Allows comparison of data for target population with broader community. Local data are useful for needs assessment.	Provides broad information about changes across population. Accurate. Regular collection by agencies. Usually easily accessed.	Datasets are broader than just the target population, so have limited use for evaluating targeted health promotion programs. Influenced by nonprogram factors.
<i>Process tracking forms/reports</i>			
Collection of process measures in a standardised manner	Documents processes and identifies areas for improvement	Easily incorporated into routine activities. Easy to design and use.	Added demand on workers, who need to negotiate time. Difficult to ensure forms are always completed.

See section 12.4 for a reference list of resources that provide extra detail on evaluation methods (for example, how to conduct a focus group, how to develop a survey).

