Creating Capacity through Partnerships to Improve Nutrition.

The QCWA Country Kitchens Program.

National Rural Health Conference 2017
Overview

• The Theory of capacity, capacity building and partnerships

• Qld Country Women's Association (QCWA)

• Country Kitchens Program (CKP)
  • What is the CKP?
  • Who is involved?
  • What has been done?
  • What have we found?

• Case Study- Blackwater
Capacity and Capacity Building?

- Jargon- part of the public health vernacular since the Jakarta Declaration (1997)

- A core function of public health yet vaguely conceptualised and rarely assessed or evaluated

- Neglecting capacity building as a strategic component of public health interventions is likely to be a determinant of intervention failure
Capacity Building

- Capacity building taps into existing abilities of individuals, communities, organisations and systems to increase involvement, decision making and ownership of issues.

- HP Strategies can be more effective and sustainable if the effort extends beyond traditional health sector boundaries.

- By working across sectors, there is potential to build individual skills, strengthen community action and empower organisations to promote sustainable health behaviours and support healthy environments.

Reference: VicHealth, 2012
Capacity Building

• The purpose of capacity building in public health practice

➢ strengthen the characteristics of communities

➢ enable them to plan, develop, implement and evaluate effective interventions/programs/solutions that enhance and sustain health

*Capacity building incorporates advocacy and relies on partnerships*
A Conceptual Framework

Capacity to achieve health gains in any particular community will be influenced by range of determinants:

- **Partnerships**
- Organisation development
- Workforce development
- Community development
- Leadership
- Intelligence
- Resourcing
- Project Management Quality

Adapted from:
## Levels of Capacity Building

<table>
<thead>
<tr>
<th>Individual</th>
<th>Community</th>
<th>Organisational</th>
<th>System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge and skill potential to bring about change (individual, community, organizational)</td>
<td>HP projects working in partnership with communities and organisations</td>
<td>Organisations have a leadership role, innovative learning and human resources</td>
<td>Multiple layers, complex power relationships, policy development, inter-organizational planning, resource allocation, consultation and advocacy efforts</td>
</tr>
</tbody>
</table>

Reference: VicHealth, 2012
A partnership is described as

“two or more organisations that make a commitment to work together on something that concerns both, to develop a shared sense of purpose and agenda, and to generate joint action towards agreed targets”

# Levels of Partnerships

<table>
<thead>
<tr>
<th>Networking</th>
<th>Coordinating</th>
<th>Cooperating</th>
<th>Collaborating</th>
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<tbody>
<tr>
<td>Exchange of information for mutual benefit. Requires little time and trust between partners.</td>
<td>Involves exchanging information and altering activities for a common purpose</td>
<td>Exchanging information, altering activities and sharing resources. Requires a significant amount of time, a high level of trust between partners, and ability for agencies to share turf.</td>
<td>Includes enhancing the health promotion capacity of the other partner for mutual benefit and a common purpose. Requires the partner to give up a part of their turf to another agency to create a better or more seamless service system.</td>
</tr>
</tbody>
</table>
Discussion
QCWA Structure

State Executive Board

State Office

Northern Region
- Atherton Tableland Division
- Far Northern Division
- North Western Division
- Northern Division
- Pioneer Division

Central Region
- Burnett Division
- Capricornia Division
- Central Highlands Division
- Central Western Division
- Gympie & South Burnett Division
- Nambour & North Coast Division
- Port Curtis Division

Southern Region
- Border Division
- Darling Downs Division
- Greater Brisbane Division
- Maranoa Division
- South Eastern Division
- Warrego Division
- West Moreton Division
- Western Division

QCWA Branches

• Health promotion program funded by QLD Health 2016-2018
• Run through the QCWA
• Co-ordinated by dietitians
• Evaluated by research services team
The QCWA Country Kitchens Program

Creating Capacity through Partnerships to Improve Nutrition.
Country Kitchens Program (CKP)

• The CKP a dual focus intervention:
  – Enhancing food literacy in rural communities
  – Building health promotion capacity in rural communities

• External evaluation- an opportunity to apply the capacity building conceptual framework in practice
CK Program Focus- Food Literacy

• Developing food skills to support increased daily consumption of fruit and vegetables.

• Engage approx. 64 communities in hands on nutrition workshops (HONW)

• Other activities – recipe modification, food demonstrations, taste testing, health recipe promotions
The QCWA Country Kitchens Program

Hands-On Nutrition Workshops
- nutrition knowledge, cooking skills, food literacy

Community Capacity Activity sessions and support
- QCWA facilitators- around community specific interventions they could conduct in their area

Healthy Catering Guidelines and Foodie Talks
- Guidelines designed by the program to offer QCWA members healthier cooking alternatives.
- Foodie Talks

Social media/Showcases/Recipe book
- Promotion of the program, recruitment for workshops and healthier QCWA recipes
CK Program Focus- Capacity Gains

- **Build capacity of QCWA in partnership with local branches to promote healthier lifestyle behaviours in rural, regional and remote Qld**

  - Organisational partnerships
  - Community partnerships
<table>
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<th>Who</th>
<th>Description</th>
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<tr>
<td>Research Services Team</td>
<td>Evaluation team responsible for process and impact evaluation &amp; dissemination of learnings</td>
</tr>
<tr>
<td>QLD Health</td>
<td>Funding body provided QCWA with funds to implement the CK program</td>
</tr>
<tr>
<td>QCWA State Executive &amp; title holders</td>
<td>Responsible for delivering support for the program and encouraging members to take it up</td>
</tr>
<tr>
<td>CK Team Dietitians/Nutritionists</td>
<td>Employed by the QCWA and responsible for rolling out the program. Based within QCWA State Office</td>
</tr>
<tr>
<td>QCWA Branch Facilitators</td>
<td>QCWA members trained to be ambassadors of the program. Based in branches throughout QLD</td>
</tr>
<tr>
<td>Key Community stakeholders</td>
<td>Community leaders with an interest in health, willing to partner with the program and the QCWA</td>
</tr>
</tbody>
</table>
Partnerships

• Through working in partnership with local communities the QCWA Country Kitchens Program is assisting local communities to identify their health priorities and the factors that influence their health outcomes.
What has been done?

- Organisational and community capacity building
- Community food literacy development

Examples to date;
- Foodie talks
- Catering Guidelines
- Recipe Booklet
- Facilitator Training Days
- HONW
- Community Activities

Case study- Blackwater
What have we found?

- Preliminary findings from a mixed method, case study evaluation of ten communities describes the initial capacity (including partnerships domain)

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<th>Partnership Levels</th>
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## CKP Initial Capacity Assessment- Key Themes

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<th>Key themes from mixed-methods</th>
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| **Organisation**    | • Strong in principle support for the program  
• Expectation that program will increase QCWA membership and help modernise the organisation.  
• Some divisions and individual resistant to engagement in program.  
• Strong organisational history, hierarchical structure and governance of the QCWA.                                                                                                                                                                                                                     |
| **Partnerships**    | • Broad consensus amongst all stakeholders that partnerships essential for sustainability.  
• Limited clarity about potential partners at initial.  
• Recognition that internal organisational partnerships (QCWA exec, local facilitators and program staff) needed to be developed (trust and mutual respect).                                                                                                                                          |
| **Project management** | • High quality program components and will build cooking skills among the rural communities reaches  
• Program manager essential to build relationships to engage branches in program  
• Challenge in engaging community members  
• Perception that education the solution to fixing the problem, some acknowledged role of food environment                                                                                                                                                                                                                       |
| **Workforce**       | • Workforce defined as program staff and facilitators  
• Facilitators had minimal/no experience in implementing a public health nutrition program or building capacity  
• Project team with strong nutrition education skills but varying experience in primary prevention.  
• Evaluation team perceived as being supportive to program.                                                                                                                                                                                                                                                |
| **Community Development** | • Facilitators “deep rooted” in local communities- a major strength.  
• Some low self-efficacy amongst some facilitators regarding community engagement  
• Community activity difficult to implement and therefore limited ability for community development                                                                                                                                                                                                          |
| **Leadership**      | • Executive supportive  
• Evidence of branch leadership (individual enthusiasm but lack confidence in leading)  
• Program manager and staff acknowledged as essential for success and they needed to be trusted by QCWA to lead and deliver the program  
• Clear communication from leadership important                                                                                                                                                                                                                                                          |
| **Intelligence**    | • Limited public health intelligence  
• Community perception that communities eat poorly, especially children and families                                                                                                                                                                                                                       |
| **Resources**       | • Heavily reliant on external funds and project team.  
• Program and its materials adequately resourced.  
• Targeted reach of the program stretching resource capacity.                                                                                                                                                                                                                                        |
Partnerships

• Broad consensus amongst all stakeholders that partnerships essential for sustainability.

• Limited clarity about potential partners at initial.

• Recognition that internal organisational partnerships (QCWA executive, local facilitators and program staff) needed to be developed (trust and mutual respect).
Blackwater Country Kitchens

HONW to Community Activity
Community Activity

Blackwater Health Movement

Interactive opportunity to learn some simple moves and healthy cooking you can do at home. Coming off the back of the QCWA Country Kitchens series, we are introducing Blackwater Health Movement. An initiative to bring wholesome cooking, movement and healthy body image to the community.

**ALL WELCOME**

Gold coin donation - morning tea provided

6th March 10am-11:30am QCWA Hall

To book
phone: Natalie 0400228762
or Raymonda 0401145950
Summary

www.qcwa.org.au/countrykitchens

Mermaid Beach and Blackwater