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Healthy Towns Program Evaluation

Final Report

North Coast Primary Health Network

June 2020

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Contents

1 Executive summary

Background and context

The Healthy Towns Program

The Healthy Towns Program (the Program) is a place-based approach to improving health outcomes implemented by North Coast Primary Health Network (NCPHN). The Program implemented a community-led approach to identify local needs, assets, and potential solutions to improve health and wellbeing. The objectives of the Program were to:

- Build community connectedness to support health and wellbeing
- Strengthen integration and coordination of health and community services
- Identify and address service gaps.

The program began development in late 2017, with community involvement in needs assessment and co-design throughout 2018. A number of community programs and events were delivered in 2018 and 2019. The formal program implementation phase commenced in 2019 with the launch of community action plans and the announcement of over fifty community-led initiatives and six commissioned services to be delivered over the next two years. The total funding for the Program was $1.47 million. It was rolled out in six sites in the North Coast region: Casino, Evans Head, Lake Cathie, Maclean, South West Rocks, and Woolgoolga. These sites were selected as they had populations between 2,000 to 10,000 people, an existing town-based sense of identity, existing services and community engagement structures and a mixture of demographic and health needs.

PwC were engaged to undertake a formative evaluation of the implementation of the consultation and planning phase of the program. The outcomes of funded initiatives will be evaluated separately as part of the commissioning process.

Strategic context

NCPHN is one of 31 Primary Health Networks established by the Australian Government with the objectives of:

- Increasing the efficiency and effectiveness of medical services, particularly for patients at risk of poor health outcomes
- Improving coordination of care to ensure patients receive the right care in the right place at the right time.

In this context, NCPHN has a vision for healthy people in North Coast communities, and a purpose to build a person-centred health system in which each member of the North Coast community, especially those with the greatest need, receives care that is integrated, high quality and easy to access.

NCPHN seeks to achieve health outcomes using the definition that health encompasses a 'state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'.[1] The Healthy Towns Program is a key move in this direction. The objectives of the Program were primarily focused on community-led approaches to addressing health and wellbeing. In addition, the focus on building community connectedness and strengthening integration aimed to improve service access and the ability of consumers to manage their own health needs. As such, the Program represents a move towards a more holistic and integrated approach to addressing the wellbeing of community members and optimising health outcomes.

[1] North Coast Collective, Shared Investment for Population Health on the North Coast concept paper

There is a well-established body of literature supporting the potential of social and community connectedness to address the social determinants of health and deliver health and wellbeing outcomes for people and communities. This includes recognition that:

- Health outcomes are influenced by interrelated factors including social determinants, such as social capital and social inclusion.[2]
- Rural Australians are disadvantaged in relation to social determinants of health, with lower levels of education, employment and income than urban Australians.[3]
- Rural and regional towns often have a strong sense of identity and belonging which provides a platform for effective engagement across the system.
- Initiatives that are developed locally, focusing on existing strengths and resources, are more successful in improving health and wellbeing outcomes.[4]
- The process of participating in community development activities increases social connection and feelings of empowerment which are instrumental to health and wellbeing.[5]
- A person's perceived 'locus of control' over their wellbeing can be directly linked to their self-reported health.[6]

Recognition of these aspects of health and wellbeing were central to NCPHN's design of the Program and they continue to inform NCPHN's adoption of more holistic and integrated approaches to community wellbeing. This highlights an emerging strategic role for NCPHN and PHNs more broadly to drive system change towards community-led and place-based modes for delivering health and wellbeing outcomes.

Current context

Evaluation activities were undertaken from July 2019 through to February 2020. It is important to note that during this period there were two significant events that impacted Healthy Towns sites, NCPHN, and the North Coast region. Catastrophic bushfires occurred during 2019-20 that were the worst on record for NSW, with direct impacts on the physical health, mental health, and overall wellbeing of residents across the North Coast. In addition, the emergence of COVID-19 as a global health pandemic in 2020 has had significant impacts on local communities, including those of the North Coast.

In the context of these events PHNs have played a critical role in supporting the health and wellbeing of their communities, with COVID-19 in particular presenting challenges for local and regional service delivery. These challenges provide important context for the findings and recommendations of this evaluation, as they have continued to shape the role for PHNs in health reform, disaster recovery and community building and resilience. Learnings from the Program will provide further useful insights into ways of working with communities to develop and strengthen community assets and infrastructure through collaboration.

Key findings

Overall the Program met its objectives, with genuine community involvement and an embedded local presence being key enablers of success. Key findings include:

- The Program increased social capital in communities by facilitating new relationships and partnerships between NCPHN, its partners, service providers and community members. It also built on existing local infrastructure by funding a range of initiatives that aimed to improve access to services, fill service gaps, and improve connections across communities.

[2] World Health Organisation 2004. Promoting mental health: concepts, emerging evidence, practice (World Health Organisation, VicHealth and the University of Melbourne); Centre for Policy on Ageing 2004. Rapid review: Loneliness – evidence of the effectiveness of interventions (UK: Centre for Policy on Ageing).

[3] Australian Health Ministers Advisory Council (AHMAC) Rural Health Standing Committee (2012). National Strategic Framework for Rural and Remote Health.

[4] Kelly B, Stain H. et al 2010. Mental health and well-being within rural communities: The Australian Rural Mental Health Study. The Australian Journal of Rural Health.

[5] Wallerstein N. 2006. What is the evidence on effectiveness of empowerment to improve health? (Copenhagen: World Health Organisation).

[6] Marmot 2010. Marmot Review Final Report: Strategic Review of Health Inequalities in England Post-2010 (London: Department of Health).

- The community led approach to identifying both need and solutions was valued by stakeholders and led to the funding of targeted and relevant initiatives. This was supported by survey results, with most respondents indicating that it was easy to get involved (98%, n=50), that they felt listened to (92%, n=48) and that their input shaped the Program (80%, n=41). It is important to note that there is strong evidence of a link between a person's perceived control over their wellbeing and their actual self-reported health. The community-led identification of needs and solutions and direction of initiatives in this Program can be anticipated to have positive health and wellbeing impacts for the people and communities involved.

- Some aspects of the Program remained unclear for community participants. Site selection criteria, while clear in program documentation did not seem to be well understood by community stakeholders for example. Stakeholder uncertainty centred on procurement and funding with community stakeholders unsure of funding amounts or applicable uses / scope which created challenges around the management of community expectations. Reported delays in decisions being communicated during procurement also slowed down momentum built through community engagement.

- Senior Project Officers (SPOs) were key to the success of community engagement activities as they enabled the development of highly localised relationships at both the community and service provider levels. They demonstrated NCPHN's commitment to local communities, increased the reach and depth of NCPHN, and provided NCPHN with a conduit to local relationships. Community engagement momentum slowed in towns where SPOs finished their roles prior to the conclusion of the Program (Casino and Evans Head). Whilst this approach is effective in engaging communities, it is resource intensive and difficult to scale and replicate.

- While strong connections were developed at a local level, increased local connections have not necessarily increased connections to NCPHN at an organisational level. This was in part due to organisational changes within NCPHN which took place during the Program's implementation. In addition, ownership of relationships was siloed within NCPHN, inhibiting engagement in some instances. SPOs were also not always perceived as NCPHN resources. The development of a recognisable Healthy Towns Brand was similarly not always attributed back to NCPHN.

- The Program met its objectives and increased community connection, infrastructure, and funded initiatives that address the social determinants of health. The longevity of these impacts in communities will require ongoing attention by NCPHN as there is some uncertainty about whether initiatives will continue, either in the absence of ongoing funding or continuing local ownership.

Recommendations

- **Continue building on place-based approaches to commissioning**

  The Healthy Towns Program clearly demonstrates the effectiveness of taking a place-based approach in develop community-led and locally-relevant solutions to health and wellbeing issues. The Program has illustrated that place-based approaches are effective in identifying community needs and developing initiatives that draw on existing local strengths and assets. There is an opportunity to continue building on this place-based approach through NCPHN's broader approach to commissioning.

- **Continue to recognise the relevance of community-led approaches to addressing the social determinants of health and improving social connection**

  Communities, stakeholders and partners were pleased to see NCPHN adopting an approach that built on existing community strengths, and that recognised the importance of community and social connections to health and wellbeing. Early outcomes identified through this evaluation indicate the effectiveness of this focus, and the current context of natural disasters and COVID-19 has further emphasised the importance of these approaches in building community resilience. This includes increased focus on the important role that PHNs can play in working closely with their communities to support community health, wellbeing and resilience.

- **Continue building on the success of the Program to maintain momentum towards integration and community connectedness**

Future commissioning activities in each site should build on the momentum and social infrastructure that was established through the Program. This includes building on strengthened community relationships, continuing to draw on the completed needs assessment and Community Profiles to inform community planning, and continuing to work with established enabling initiatives including professional interagency forums and networks.

- **Incorporate social capital measures within the commissioning cycle more explicitly**

  The Community Profiles developed through the Program provid7ed a rich overview of community issues and assets and became a useful tool for community stakeholders. Updates to Community Profiles could be strengthened by including measures that seek to identify the strength of relationships between different stakeholders in communities. This could be done by including additional questions in existing community surveys, or by incorporating external tools such as the 'Sense of Community Index' which seeks to understand belonging in a defined community.

- **Engage communities earlier in the commissioning cycle**

  Future initiatives should define and communicate the criteria and rationale for the selection of investment sites, particularly at the community level, prior to fully implementing future community focused programs. This could include involving communities earlier in program design and in the selection of sites.

- **Develop alternative ways of working that balance the need for local collaboration and relationships with efficient resource allocation**

  It will be important to consider alternative models which balance investing in a local community presence with direct funding for community-led initiatives to ensure efficient and effective resource allocation.

- **Define the program boundaries at the outset and regularly communicate these across all stakeholder groups**

  Co-design requires flexibility and adaptation. Defining the limits of what is within the program scope prior to community engagement activities will help to manage community expectations and emerging issues.

- **Encourage collaboration within NCPHN and clarify stakeholder engagement protocols to better support relationship management**

  Any future place-based commissioning approach will need to have complementary processes and systems in place to support strong connections between NCPHN and its partners. This includes collaboration at both senior and local levels of NCPHN. The new territory management model that has been adopted by NCPHN should play a key role in supporting the sustainability of local connectedness and increasing collaboration across partners and the community.

- **Adopt flexible engagement approaches that can be tailored to meet the preferences of target communities and cohorts**

  A standard approach to engagement will not meet the needs of all stakeholders. Including a level of local flexibility in the design of programs will strengthen the success of engagement activities, particularly for specific community cohorts where tailored approaches are needed.

- **Utilise and build the Healthy Towns brand as part of future initiatives to signal a commitment to community wellbeing**

  Continue using the Healthy Towns brand and visual identity as part of broader PHN work, focusing on the recognition that Healthy Towns represented community, connectedness, and achievement of health outcomes through overall wellbeing. There is an opportunity to provide all communities with an update on the status of the Program, the initiatives that have been implemented and what communities can expect from NCPHN moving forward.

- **Design programs with a clear view of their sustainability**

  Future initiatives should include upfront planning for transition to partner organisations or communities to help sustain the impacts made by the program. This would provide transparency and certainty to staff, stakeholders and communities. It will also support conversations on shared responsibility and long-term sustainability beyond the timeframe of any individual program.

2 Healthy Towns overview

NCPHN's vision is for 'healthy people in North Coast communities', with an important component of achieving this vision found in the broad definition of health used by NCPHN. NCPHN seeks to achieve health outcomes using the definition that health encompasses a 'state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'.[7] To achieve this vision, NCPHN has been driving a partnership approach to optimising health outcomes in the region. This involves not just addressing clinical health needs when they occur, but also the social factors that drive the escalation or prevention of health issues. The Program reflects NCPHN's focus on overall wellbeing and partnership in its design. Internal Board Briefings[8] note that that the program was designed with recognition that:

- Health outcomes are influenced by interrelated factors including social determinants, such as social capital and social inclusion.[9]
- Rural Australians are disadvantaged in relation to social determinants of health, with lower levels of education, employment and income than urban Australians.[10]
- Rural and regional towns often have a strong sense of identity and belonging which provides a platform for effective engagement across the system.
- Initiatives that are developed locally, focusing on existing strengths and resources, are more successful in improving health and wellbeing outcomes.[11]
- The process of participating in community development activities increases social connection and feelings of empowerment which are instrumental to health and wellbeing.[12]
- A person's perceived 'locus of control' over their wellbeing can be directly linked to their self-reported health.[13]

Program design and objectives

The Program used a place-based approach to service design and provision that included a community-led method to identify needs, issues and solutions. The objectives of the Program were to:

- Build community connectedness to support health and wellbeing.
- Strengthen integration and coordination of health and community services.
- Identify and address service gaps.

It was funded as part of NCPHN's After Hours Strategy, following a 2015 Australian Government review of After Hours funding to PHNs. This recommended a population-based approach and working with local stakeholders to address gaps in service provision, support vulnerable groups and improve service integration. The Healthy Towns Program had a total budget of $1.47 million to 30 June 2019. The program objectives were incorporated into the Program Logic for Healthy Towns which was developed as part of the planning process. It details the link between participatory activities, the achievement of program objectives and the long-term outcome of improved health and wellbeing. The Program Logic informed the evaluation approach as well as the research questions used when consulting stakeholders and community members as part of the evaluation.

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[7] North Coast Collective, Shared Investment for Population Health on the North Coast concept paper

[8] NCPHN Board Briefing Note 20170911

[9] World Health Organisation 2004. Promoting mental health: concepts, emerging evidence, practice (World Health Organisation, VicHealth and the University of Melbourne); Centre for Policy on Ageing 2004. Rapid review: Loneliness – evidence of the effectiveness of interventions (UK: Centre for Policy on Ageing).

[10] Australian Health Ministers Advisory Council (AHMAC) Rural Health Standing Committee (2012). National Strategic Framework for Rural and Remote Health.

[11] Kelly B, Stain H. et al 2010. Mental health and well-being within rural communities: The Australian Rural Mental Health Study. The Australian Journal of Rural Health.

[12] Wallerstein N. 2006. What is the evidence on effectiveness of empowerment to improve health? (Copenhagen: World Health Organisation).

[13] Marmot 2010. Marmot Review Final Report: Strategic Review of Health Inequalities in England Post-2010 (London: Department of Health).

Figure 1: Healthy Towns Program Logic

<table>
<tr><th colspan="6">HEALTHY TOWNS NORTH COAST
Partnering with North Coast communities to improve health and wellbeing</th></tr>
<tr><th>INPUTS</th><th colspan="2">ACTIVITIES</th><th>OUTPUTS</th><th>SHORT TERM IMPACTS</th><th>MEDIUM TERM OUTCOMES</th><th>LONG TERM OUTCOME</th></tr>
<tr><td rowspan="8">Funding
PHN staffing and resources
PHN organisational support
Stakeholder partnerships</td><td rowspan="4">STRONGER COMMUNITIES</td><td>Criteria for town selection developed</td><td>Participating towns selected</td><td rowspan="2">Better understanding of community needs and aspirations</td><td rowspan="4">Communities have an increased sense of engagement and social connection</td><td rowspan="8">Improved health and wellbeing</td></tr>
<tr><td>Community context analysis</td><td>Community profiles developed</td></tr>
<tr><td>Community engagement and capacity-building activities</td><td>Communities participate in engagement activities</td><td>Communities and stakeholders have skills, knowledge and enthusiasm to participate in co-design</td></tr>
<tr><td>Stakeholder engagement and activation activities</td><td>Stakeholders participate in engagement activities</td><td>Communities and stakeholders actively participate in design of health and wellbeing initiatives</td></tr>
<tr><td rowspan="3">CONNECTED SERVICES</td><td rowspan="2">Solutions co-design</td><td>Shared vision and priorities identified</td><td rowspan="2">Improved integration and coordination of services</td><td rowspan="3">Services are integrated, accessible and locally relevant</td></tr>
<tr><td>Local solutions developed to address priorities</td></tr>
<tr><td rowspan="3">Commissioning</td><td>Solutions pathways formalised</td><td rowspan="2">Services are relevant, accessible and person-centred</td></tr>
<tr><td>Service agreements developed</td><td rowspan="2">Effective use of local infrastructure and community capacity</td></tr>
<tr><td>LOCAL KNOWLEDGE</td><td>Process and outcomes evaluation</td><td>Evidence-based framework developed</td><td>NCPHN has enhanced knowledge and capacity to work with towns</td><td>NCPHN has strong and productive partnerships with communities in our region</td></tr>
</table>

Site selection

NCPHN determined that six towns would be selected for the program – three in the area covered by Northern NSW LHD (NNSWLHD) and three in the area covered by Mid North Coast LHD (MNCLHD). Sites were selected in consultation with NNSWLHD, MNCLHD and Bulgarr Ngaru Aboriginal Medical Corporation. The selection criteria for the selection of towns included:

- A population of 2,000-10,000 people
- An existing town-based sense of identity
- Some existing services and engagement structures
- A mix of demographics and health needs
- Identified health service gaps
- Presence of vulnerable population groups
- All towns were in the lowest two deciles of SEIFA (Socio-Economic Indexes for Areas) indexes for disadvantage.

Figure 2: The six Healthy Towns sites (LGA borders shown)

As shown in the table below, the sites selected included a mix of demographics. Casino and Maclean in particular were outliers against a number of measures including population size and age.

Table 1: Key demographics across the six sites

Measure	Casino	Evans Head	Lake Cathie	Maclean	South West Rocks	Woolgoolga
Population	10,914	2,847	2,494	2,628	4,603	5,290
Median age	42	51	50	56	56	47
Population aged 0-14 years	20.2%	15.3%	17.0%	12.3%	13.7%	15.6%

Measure	Casino	Evans Head	Lake Cathie	Maclean	South West Rocks	Woolgoolga
Population aged 65 years and older	23.7%	28.1%	28.4%	37.9%	36.3%	24.8%
Aboriginal and Torres Strait Islander people as % of population	10.0%	4.5%	3.6%	8.4%	5.3%	4.3%
Median gross weekly household income	$875	$900	$1,034	$824	$853	$949

Source: NCPHN Healthy Towns Community Profiles

Direct funding across Healthy Towns sites is detailed in the following table. Funding was not predetermined at the outset of the Program and was calculated through assessment of site specific initiatives.

Table 2: Total funding by site

Town	Total funding
Casino	$209,000
Evans Head	$125,000
Lake Cathie	$208,500
Maclean	$159,000
South West Rocks	$224,000
Woolgoolga	$83,500
Total	$1,009,000

Governance and staffing

The Program was directly supported by a total of seven dedicated staff, comprising of a full time Program Coordinator (1FTE) and six part-time SPOs (0.5FTE per site). SPOs were recruited for the duration of the co-design activities as part of the program to support local engagement and decision making. Local decision making was informed through Local Advisory Groups. Membership comprised key stakeholders in each location and included local government, health service and community representatives, and was determined at the discretion of the SPOs at each site.

The program reported to the Board via the NCPHN executive. An internal cross-Directorate governance group called the Healthy Towns Circle was established. This group held quarterly reporting and planning meetings.

Partners

A Healthy Towns Partnership Group was established, comprising partner organisations MNCLHD, NNSWLHD and Bulgarr Ngaru Medical Aboriginal Corporation. Quarterly partners meetings were held with MNCLHD and NNSWLHD throughout the program to guide program direction and share information and advice. The partners group included all Chief Executives and select senior executive members from all four organisations.

Additional partners meetings were held between senior managers and coordinators to guide program implementation. These were held monthly with MNCLHD, and quarterly with NNSWLHD.

Program timeline

The Program started development in 2017, with most activity occurring in 2018 as community engagement commenced through needs assessment and co-design, resulting in community action plans launched progressively from June 2019 through to February 2020.

The following table provides an overview of key activities in the planning, procurement, and evaluation of the Program.

Table 3: Healthy Towns timeline

Commissioning stage	Activity	Timing
Planning and design	Internal development of Healthy Towns concept	July – December 2017
	Consultation with key partners (MNCLHD, NNSWLHD and Bulgarr Ngaru)	July – September 2017
	Needs assessment (face to face consultations and Local Health Needs Community Survey)	January – June 2018
Procurement	Procurement planning	July-December 2018
	EOI advertising and contract award	February-June 2019
	Community Action Plan launch: Maclean	18 June 2019
	Community Action Plan launch: South West Rocks	20 June 2019
	Community Action Plan launch: Woolgoolga	19 June 2019
	Community Action Plan launch: Lake Cathie	21 June 2019
	Community Action Plan launch: Evans Head	5 December 2019
	Community Action Plan launch: Casino	28 February 2020
Implementation	Implementation of commissioned services and program initiatives	March 2019 – June 2021
Monitoring and evaluation	Commencement and planning	July 2019
	On site consultation	August – September 2019
	Survey distribution	February 2020
	Reporting	April 2020

Community engagement and consultation

The community engagement process was designed to contribute to the overall program objectives of increased community connectedness and improved integration. This was primarily achieved by bringing together community members, service providers, health professionals and other local stakeholders through Community Action Planning workshops.

The community engagement and consultation process included:

- **Face to face meetings:** Over 30 structured face to face consultations were undertaken in each location to ensure access to hard to reach and vulnerable population groups. These were completed before the surveys and utilised an adaptation of the Harwood Community Conversations method.
- **Health and wellbeing surveys:** Over 2,400 surveys were completed by residents and service providers across all six towns. The Healthy Towns Program team were supported by the NCPHN marketing team in the distribution of surveys. Surveys were distributed online, in hardcopy format across multiple locations across the towns, with uptake encouraged through social media advertising and on the ground support conducted by SPOs. Surveys resulted in community profiles developed for each of the six Healthy Towns which detailed key demographic information, community assets and community identified priority areas.
- **Action planning:** Face to face consultations supported the needs assessment and prioritisation of initiatives in each town with 180 consultations conducted across the six towns involving service providers, community groups, and health professionals. Further to these, each town had two community action planning workshops to prioritise initiatives, with a total of 240 participants attending.
- **Action plan launches:** The finalised initiatives approved for funding through the Program were detailed in community specific action plans. These action plans provided a summary of community profiles, community needs, and the range of initiatives to address them. Action plans were launched at public events in each town to celebrate the end of the co-design process and the commencement of funded activities. In some towns, this was accompanied by local media opportunities, resulting in an increased media profile for the Program and NCPHN.

The below provide an overview of the types of engagement incorporated into the Healthy Towns Program design, and the level of engagement across these activities.

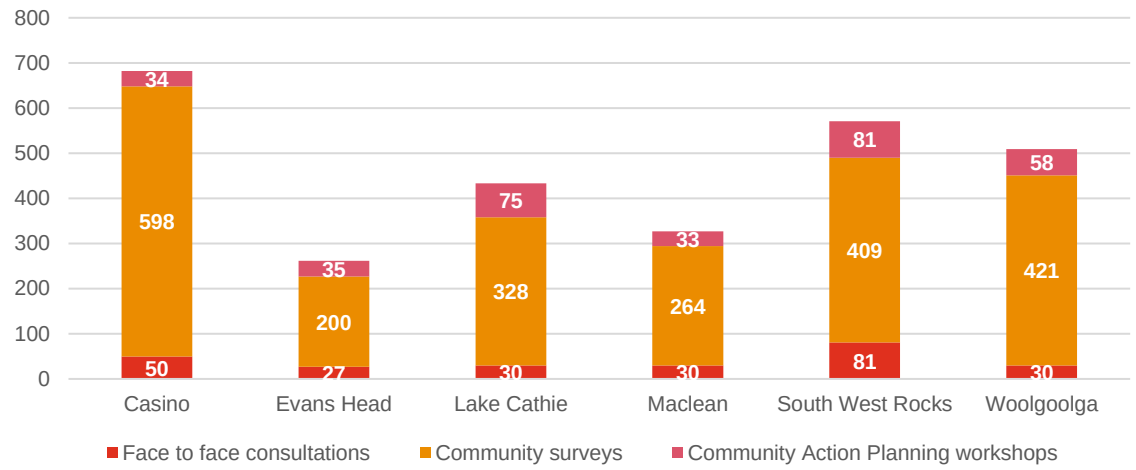
Table 4: Stakeholder engagement plan

Stage	Dates	Purpose	Activities
Consult	November 2017 – May 2018	• Inform community members and service providers about the program • Gather information regarding community needs and priorities • Invite people to participate in the next stage • Develop a local governance structure and who will be the key partners for the project at town level	• Develop a key stakeholders list • Program introduction • Stakeholder conversations • Program launch • Survey
Co-design	May – November 2018	• Identify community priorities and strategies to address identified need • Obtain expert input to inform co-design of evidence-based strategies • Collaboratively design initiatives with communities	• Community Action Planning Workshops • Initiative co-design
Implement	November 2018 – June 2019	• Engage with local services providers to develop service agreements	• EOI process and project plan development
Evaluate	March – June 2019	• Support program evaluation	• Program evaluation

Stage	Dates	Purpose	Activities
	TBC 2021	• Outcomes evaluation of funded initiatives	• Outcomes evaluation

Source: NCPHN Healthy Towns Consultation Plan

Figure 3: Numbers of participants by community engagement activity by site



The consultation activity with the greatest reach in numbers was the community survey, followed by the Action Planning workshops. Face to face consultations were held primarily with local service providers, health professionals and other community leaders.

As the first community consultation activity, SPOs undertook approximately 30 face to face consultations with key stakeholder groups using an adapted version of the Harwood Community Conversations methodology. Information was thematically analysed and presented to communities at the Action Planning workshops, along with survey results.

The next broad community consultation activity undertaken as part of the Program was a community survey. The survey was delivered across all six towns. It was available online and advertised through social media, as well as being distributed through paper copies in key community locations (such as local community centres, medical centres and shopping centres). The survey received a high response across all six towns, with the number of respondents ranging from 5-10% of the total town population.

Table 5: Total survey respondents by site

Town	Total survey respondents	Total population[(a)]	Survey respondents as percentage of population
Casino	598	10,914	5.5%
Evans Head	200	2,847	7.0%
Lake Cathie	328	3,494	9.4%
Maclean	264	2,628	10.0%
South West Rocks	409	4,603	8.9%
Woolgoolga	421	5,290	8.0%
Total	2,220	29,776	7.5%

(a) *Population of the State Suburb (SSC) of each town, not including other areas that may also be serviced by that town or residents from other locations who may also have completed the survey.*

Following the initial survey, Action Planning Workshops were held in each town to explore the survey findings, identify potential responses to issues raised and begin to prioritise initiatives. At the Action Planning workshops, the program scope and funding parameters were explained in detail. The top five health and wellbeing concerns were identified for each town based on consultation and survey results and then a participatory process was undertaken to identify priority activities to address each issue.

Selection and implementation

A detailed internal process was undertaken at NCPHN to assess proposed initiatives against the agreed selection criteria and then prioritise initiatives according to community priority and feasibility to determine funding.

Initiative co-design was undertaken where required, and a project plan was developed in consultation with each service provider. Initiatives over $50,000 were subject to a tender process and services commissioned via a Service Agreement requiring quarterly progress meetings, status and financial reports. Sustainability planning, and contribution to monitoring and evaluation activity were requirements of commissioned services.

3 Key findings and recommendations

This section details the findings of the evaluation at the overall program level. It considers the impact of the Program's design and implementation processes on achieving its objectives. Recommendations consider how these findings can be used to inform future activity by NCPHN. The impact of the Program at the individual town level is detailed in Appendices A-F.

Summary of key findings and recommendations

Finding	Recommendation
The place-based approach was well received by community members and partners. It enabled the identification of local health needs and solutions, funding initiatives that address the social determinants of health. Overall the community engagement and consultation process during the co-design phase in particular was well received and contributed to program outcomes. Implementation of the Program supported the building of individual and community connections that will last beyond the scope of the Program, and the identification of service gaps.	**Continue building on place-based approaches to commissioning** The Healthy Towns Program clearly demonstrates the effectiveness of taking a place-based approach to develop community-led solutions to health and wellbeing issues. The Program has illustrated that place-based approaches are effective in identifying locally-relevant needs and developing initiatives that draw on existing local strengths and assets. There is an opportunity to continue building on this place-based approach through NCPHN's broader approach to commissioning. **Continue to recognise the relevance of community-led approaches to addressing the social determinants of health and improving social connection** Communities, stakeholders and partners were pleased to see NCPHN adopting and approach that built on existing community strengths, and that recognised the importance of community and social connections to health and wellbeing. Early outcomes identified through this evaluation indicate the effectiveness of this focus, and the current context of natural disasters and COVID-19 has further emphasised the importance of these approaches in building community resilience. This includes increased focus on the important role that PHNs can play in working closely with their communities to support community health, wellbeing and resilience. **Continue building on the success of the Program to maintain momentum towards integration and community connectedness** Future commissioning activities in each site should build on the momentum and social infrastructure that was established through the Program. This includes building on strengthened community relationships, continuing to draw on the completed needs assessment and community profiles to inform community planning, and continuing to work with established enabling initiatives including professional interagency forums and networks.

Finding	Recommendation
	Incorporate social capital measures within the commissioning cycle more explicitly The Community Profiles developed through the Program provided a rich overview of community issues and assets and became a useful tool for community stakeholders. Updates to Community Profiles through ongoing needs assessment or development of profiles for other towns could be strengthened by including measures that seek to identify the strength of relationships between different stakeholders in communities. This could be done by including additional questions in existing community surveys, or by incorporating external tools such as the 'Sense of Community Index' which seeks to understand belonging in a defined community. This may support the move to a territory management model for NCPHN by providing an overview of the relative strength of relationships between different groups in a community, between different towns, and between communities and service providers.
The six sites reflected the criteria for selection and aligned with Program objectives, however these criteria were not clearly understood by community stakeholders.	**Engage communities earlier in the commissioning cycle** Future initiatives should define and communicate the criteria and rationale for the selection of investment sites, particularly at the community level, prior to fully implementing future community focused programs. This could include involving communities earlier in program design and in the selection of sites. For example, a broader range of communities that meet defined criteria could be invited to participate in an 'expression of interest' process, inviting early engagement and providing an opportunity to test the willingness of the local community and stakeholders to engage with the program.
NCPHN's local presence through SPOs was critical to progress and success but was resource intensive.	**Develop alternative ways of working that balance the need for local collaboration and relationships with efficient resource allocation** In continuing to pursue a place-based approach to commissioning, it will be important to consider alternative models which balance investing in a local community presence with direct funding for community-led initiatives. It is understood that NCPHN has recently adopted a territory management model, wherein staff are responsible for management and engagement across a specified territory (rather than individual towns or stakeholder types). This has the potential to simplify relationship management, support collaboration and maintain a local presence in each territory and its towns. This should be considered in the context of COVID-19. Social distancing has resulted in increasing use of online resources and connection platforms. Future community engagement activities could consider how any community infrastructure and its use (for example Facebook groups) has changed, and how they can be incorporated into local collaboration plans.

Finding	Recommendation
During procurement NCPHN was perceived to be slow in its decision-making processes and unable to respond quickly to community needs. In some instances, there was uncertainty in communities around the amount and scope of funding, with expectations beyond the scope of the Program. Many stakeholders noted that the communications about the Program were intermittent, particularly after the co-design phase.	**Define the program boundaries at the outset and regularly communicate these across all stakeholder groups** Co-design requires flexibility and adaptation. Defining the limits of what is within the scope of NCPHN prior to commencing community engagement activities will help manage community expectations. It will also allow NCPHN to respond quickly to community ideas and issues as boundaries are clear to all stakeholders. For the Healthy Towns Program, there is an opportunity to provide all communities with an update on the status of the Program, the initiatives that have been implemented and what communities can expect from NCPHN moving forward.
'Siloed' ways of working prevented the Program from enacting a truly place-based approach.	**Encourage collaboration within NCPHN and clarify stakeholder engagement protocols to better support relationship management** Any future place-based commissioning approach will need to have complementary processes and systems in place to support strong connections between NCPHN and its partners. This includes collaboration at both senior and local levels of NCPHN. The new territory management model that has been adopted by NCPHN should play a key role in supporting the sustainability of local connectedness and increasing collaboration across partners and the community.
More tailored approaches to community engagement are needed to suit diverse audiences and target specific cohorts.	**Adopt flexible engagement approaches that can be tailored to meet the preferences of target communities and cohorts** Select groups will require community engagement activities to be flexible and tailored to meet specific needs and preferences. This includes working with appropriate channels and people to access communities who are not regularly participating in PHN-related community events. For example, this could involve scheduling night-time or weekend engagement activities, or assertive outreach in public places such as beaches. In the context of COVID-19, it will be important to understand how different community cohorts engage with online communication platforms. This is likely to inform future engagement strategies by providing further information on which community groups respond actively to digital engagement, and which community groups require more intensive face to face engagement.

Finding	Recommendation
Communications was successful in promoting the Program and encouraging participation. The Healthy Towns brand and visual identify were well received and 'owned' by some communities, though there was variable association with NCPHN.	**Utilise and build the Healthy Towns brand as part of future initiatives to signal a commitment to community wellbeing** There is an opportunity to continue using the Healthy Towns brand and visual identity as part of broader PHN work, focusing on the recognition that Healthy Towns represented community, connectedness, and achievement of health outcomes through overall wellbeing. NCPHN could capitalise on the Healthy Towns brand to continue developing the PHN's standing and purpose. For example, it could be used to continue building social capital and positive health and wellbeing. This is particularly important in the post-bushfires and current COVID-19 environment.
While funded initiatives were required to develop a sustainability plan, there remains some doubt among stakeholders and community that the outcomes of the Program will be sustainable.	**Design programs with a clear view of their sustainability** Future initiatives should include upfront planning for transition to partner organisations or communities to help sustain the impacts made by the program. This would provide transparency and certainty to staff, stakeholders and communities of the timing and nature of the transfer of responsibilities from NCPHN to partner organisation or communities. This would also help partners and communities to be ready and willing to take responsibility and continue leading on initiatives so they continue to be sustainable beyond the timeframe of the Program.

Program design and objectives

Key findings:

- Stakeholders and partners were pleased to see NCPHN taking a place-based approach and recognising the importance of social and community connections in health and wellbeing.
- The SPOs were critical to driving progress and the overall success of the Program in each town, due to the importance of building relationships with community members and stakeholders in a place-based program. Momentum in towns slowed down where SPOs vacated roles earlier than expected.
- The heavy community engagement SPOs undertook represented a significant resourcing cost which will need to be considered in designing future place-based programs.
- The Program enabled greater collaboration and partnerships with stakeholders such as LHDs, local businesses, community groups and local governments. However, relationships were often felt to be stratified at different levels rather than feeding throughout the organisations. Some stakeholders highlighted the need to move beyond siloed ways of working.

Many stakeholders were excited to see NCPHN taking a new approach to working with communities. Many highlighted the importance of taking this place-based approach because it recognised the needs of different communities and built on existing community assets.

The initiatives aligned with Program objectives and were largely supported by community members and stakeholders. Initiatives were felt to be relevant to the needs of each community as identified through the co-design process. This was supported by evaluation survey results with 80% of respondents (n=42) indicating that they felt the initiatives implemented were relevant to the needs of their community.

Selection of towns

The three northern towns originally selected were Casino, Kyogle and Evans Head. Prior to program commencement, the decision was made not to implement the program in Kyogle due to the commencement of a similar program there named ‘Community Conversations,’ led by a local non-government organisation. The change in towns created some confusion as Kyogle had already been announced as a Healthy Towns site in multiple forums.

Stakeholders across all six sites, including community members, service providers and partners, felt that it was unclear what factors were used to select the towns for inclusion in the program, and what process was used to prioritise towns. Feedback from some stakeholders indicated that they felt the towns chosen could provide ‘quick wins’ for NCPHN, and that towns that would have been ‘too hard’ were avoided. This does however reflect the intention in NCPHN’s criterion that the sites have some existing services and engagement structures with which to engage, given the time constraints of the Healthy Towns Program.

In general, stakeholders across all groups felt that the towns selected were the ‘right choices,’ and were pleased to see towns chosen that are not often the focus of programs. Some felt that certain towns did not seem to fit as well with the program, such as Casino (due to size) or Woolgoolga (due to perceived relative wealth). This again aligns with the program criteria which sought to include a mix of demographics and health needs across the six sites.

In addition to confusion around the selection of towns, there was some initial uncertainty around the exact geographical boundaries of the towns which made it difficult to know who should be included or excluded in consultations (for example, neighbouring towns or suburbs). This prevented broader engagement across the full geographies commencing earlier, particularly in Casino and Maclean.

Some stakeholders suggested that communities should have been involved in the selection process, as part of program co-design, to ensure the program was wanted in that community and that there were strengths to build on. It was noted that there is a town ‘esteem’ element to this for some communities, where they felt they had been selected as a Healthy Towns on the basis of deficits to fix, rather than strengths to build on. While this was raised in some community interviews, the overall needs assessment process identified both community issues and community assets, with a balanced depiction of both in Community Profiles.

Timeframes

The initial timeframe of the Program was 18 months in total, however this varied from site to site, with the SPOs commencing at different times. The SPOs suggested that this resulted in delays in some towns, and that it would have been preferable if activities had been able to run at the same time across all six sites.

It was also suggested by stakeholders (both internal and external to NCPHN) that the short timeframes made it challenging to implement a community development approach. For many, this meant that the Program was only able to engage those people who were already active in their communities, rather than traditionally 'harder to reach' groups.

"I don't think that the town of Woolgoolga was aware of the Healthy Towns initiative as much as it should have been. The town is full of cliques and unless you are a part of one of those cliques, you aren't aware of what goes on in the town. I think that the organisers could've got it out into the community a bit more."

Evaluation survey respondent

Although it is too early to assess, many stakeholders raised concerns that the outcomes of the Program would not be sustainable in the long-term, given the relatively short timeframe of the co-design and community development process. In particular, it was felt that initiatives in each town may lose momentum given potentials for discontinuation of funding and NCPHN no longer having a dedicated presence in the form of the SPOs. The exception to this view were in the towns where an ongoing role had been funded through the Program to continue community development work (Lake Cathie and Evans Head).

Role of Senior Project Officers

The program was designed to be staffed by a 1.0FTE Program Coordinator, and a 0.5FTE SPO at each of the six sites (3.0FTE total). These roles were funded to 30 June 2019, at which point the community and stakeholder consultations were completed and the action plans developed and launched. The launch of the community action plans signalled the commencement of the implementation phase.

Stakeholders in all sites spoke highly of the SPOs and indicated that they were essential to the overall success of the program. This was because of the coordination role they played in driving community engagement and moving initiatives forward. It was suggested that SPOs who did not live or work from the town itself were less effective in driving the program due to the importance of consistency and presence in building credibility, trust and relationships. In contrast, some stakeholders (internal to NCPHN, as well as partners and community members) also thought that a disproportionate amount of funding was spent on staffing, and that this took away from the funding available to support community-led initiatives. Moving forward, it will be important to explore models which maintain a local presence while maximising funding available to deliver on community priorities.

The design of the program also created some uncertainty around the timeframe for the SPO roles. Both the SPOs and other stakeholders reported that there was uncertainty around when the roles would finish and whether they would be continued, making it difficult to build relationships, plan for sustainable transition of the program and retain the SPOs for the duration of their contracts. Related was the short-term nature of the roles (18 months), which stakeholders again reported had implications for the sustainability of initiatives. Similarly, several SPOs finished in their roles prior to the end of their contracts. This slowed the momentum of the Program in those towns as a result of the lack of a local presence, particularly in Evans Head and Casino.

Program governance

Some stakeholders (both internal and external to NCPHN) consulted as part of the evaluation suggested that NCPHN was overly bureaucratic at times, and that decision-making processes stalled the momentum of initiatives on the ground. It was reported that this often resulted in 'time lags' while communities were waiting for initiatives to commence, or to hear the outcome of a decision, which slowed the enthusiasm around the program.

Stakeholders also suggested that there was a 'siloed' way of working within NCPHN while the program was being implemented, which inhibited the SPOs from engaging with and forming relationships with certain stakeholders in each town (such as general practitioners, local councils and LHDs).

In each town, a Local Advisory Group (LAG) was established to advise on program implementation and the prioritisation of initiatives for funding. Each group was comprised primarily of existing health and community service providers and established community leaders (often including councillors or council employees and religious leaders). LAG members were selected by the SPOs following initial consultations. Most stakeholders suggested that the LAGs provided an effective mechanism for providing community advice on decisions, though it was also suggested that they were not always representative of the community.

Integration and partnerships

The Healthy Towns Program strengthened existing partnerships between NCPHN and its stakeholders, including with Northern NSW LHD and Mid North Coast LHD. This is evidenced through a small number of jointly funded initiatives that resulted from the Program. This was largely possible due to personal connections between local staff at each site. It was suggested by some stakeholders that more senior endorsement of partnerships and relationship building would have supported greater integration, and that there was a need to move past the 'siloed' way of working to enable greater collaboration. This was the case in four of the six sites (Casino, Evans Head, Lake Cathie and Maclean), Many stakeholders noted that the priorities of NCPHN and the two LHDs often align, and that there is a need for increased collaboration and partnership at all levels of the organisations to make the most of these opportunities.

Feedback from NCPHN and wider stakeholders highlighted that the organisational changes that occurred at NCPHN during the Program challenged their ability to maintain relationships and collaborate. Stakeholders reported that changes across the PHN during this time had a disrupting effect on personal relationships between community stakeholders and staff at all levels of NCPHN Stakeholders. Many also felt that changes at NCPHN were not well communicated to partners so they were unsure of what the changes would result in or who replacement contacts were.

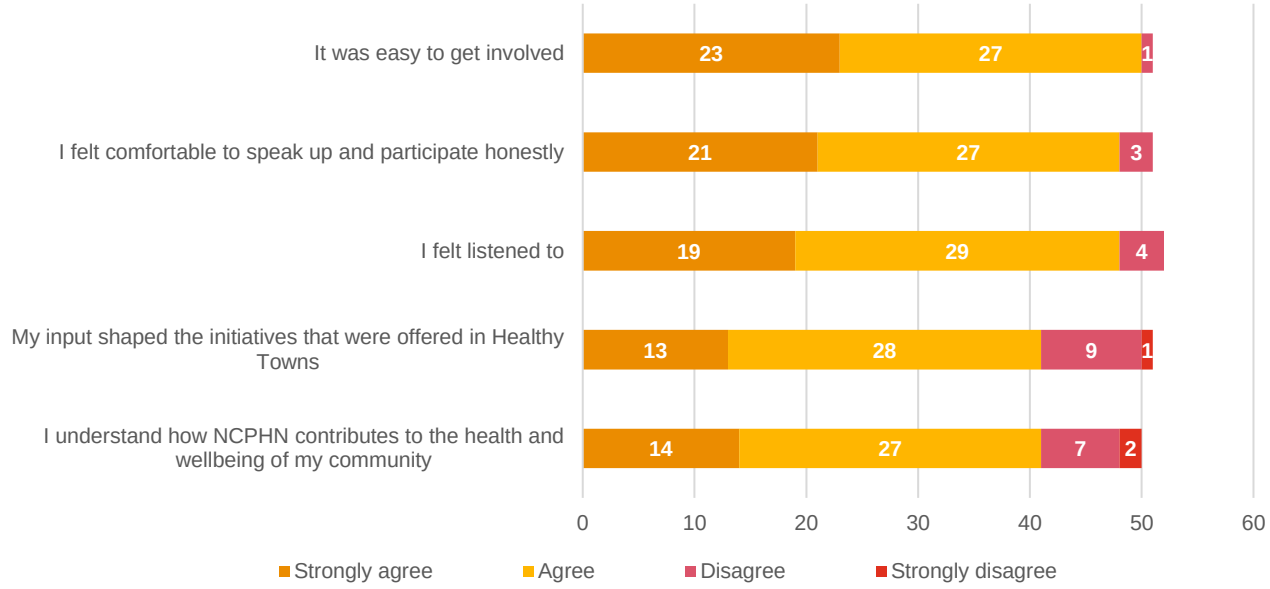
Community engagement and co-design findings

Key findings:

- The community engagement and consultation approach taken was successful in engaging high numbers in each of the six sites, with some variability in numbers.
- Participants interviewed reported positive experiences of the community engagement process, and positive evaluation survey results. Most respondents indicating that it was easy to get involved (98%, n=50), that they felt listened to (92%, n=48) and that their input shaped the Program (80%, n=41).
- Flexibility in the stakeholder engagement approach at the local level may allow for more tailored approaches to engagement, and may be needed to increase participation from specific communities such as Aboriginal communities and young people.
- The success of community engagement also resulted in the elevation of community expectations beyond the scope of the program, which was also driven by uncertainty over funding.

The Program benefitted from a successful community engagement and co-design process, with high rates of participation not just from service providers and partners but also community members. When asked about their participation in the Healthy Towns planning process, nearly all evaluation survey respondents reported that it was easy to get involved, that they felt comfortable to speak up and participate honestly, that they felt listened to, and that they felt their input shaped the initiatives that were selected. Most (82%, n=41) also agreed that their participation increased their understanding of how NCPHN contributes to the health and wellbeing of the community, although 18% (n=9) disagreed or strongly disagreed with this statement.

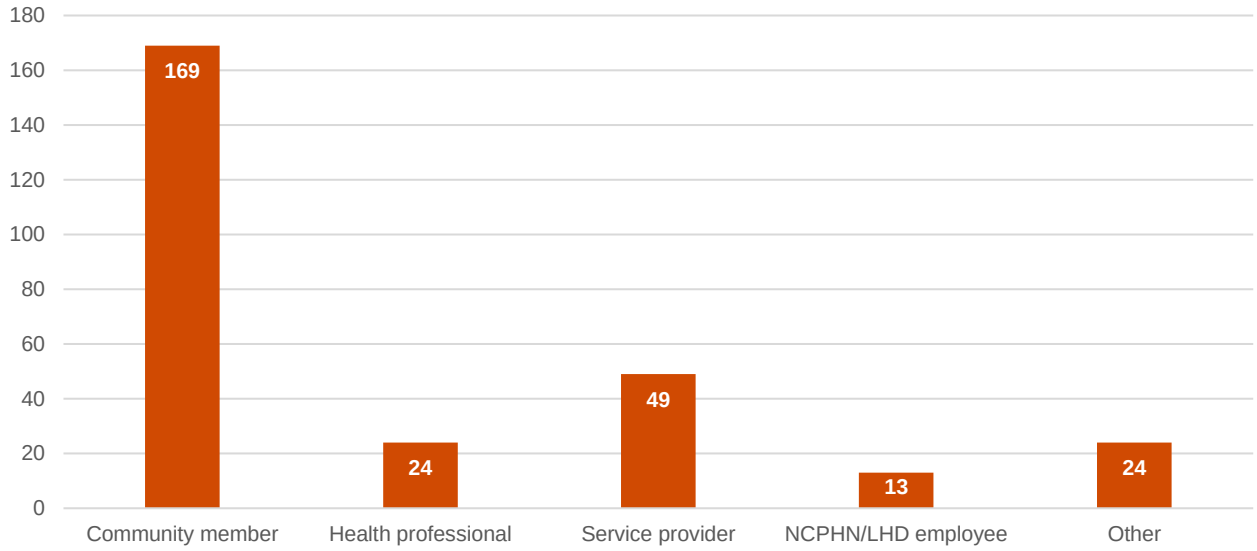
Figure 4: Evaluation survey – Thinking about your participation in the planning process, how strongly do you agree or disagree with the following statements?



The same community consultation approach was used in all six sites, though more tailored engagement approaches for specific cohorts in communities may have strengthened the already positive engagement from communities. A minority of stakeholders interviewed noted that engagement approach to co-design didn't involve young people and Aboriginal communities to the extent that it could have. This indicates that a level of local flexibility in conjunction with an overarching stakeholder engagement plan could increase the breadth and depth of participation in the future.

Action Planning workshops held after the community needs assessment surveys provided an opportunity for community members to more deeply engage in co-designing solutions. The following figure details the stakeholder split across workshop attendees, showing the level of engagement from community members.

Figure 5: Workshop Evaluation Survey – Participation numbers by capacity



The majority (169) of those who participated in the Action Planning workshops across all towns were community members, indicating a strong interest in the Program and achievement of community engagement objectives. Overall, stakeholders interviewed as part of the evaluation commented that there was strong attendance at all workshops with a good

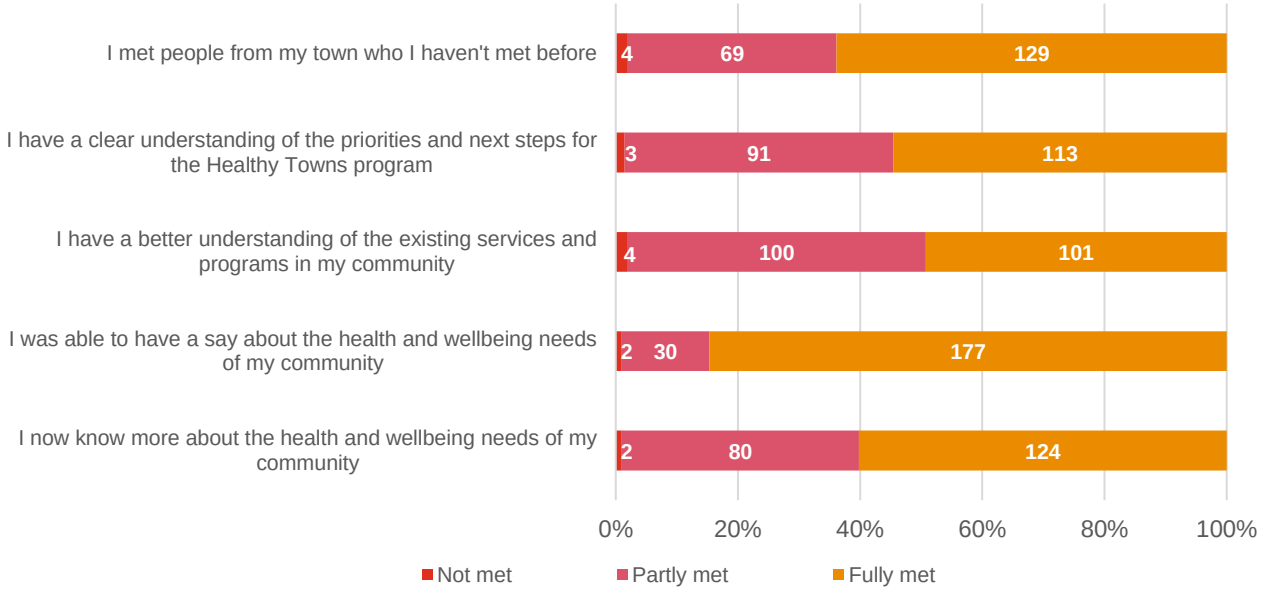
demographic mix participating. Participant feedback suggests that the Action Planning workshops achieved their objectives, with most participants reporting that:

- They met new people who they had not met before
- They had a better understanding of the existing services and programs in their community
- They knew more about the health and wellbeing needs of their community after attending the workshop.

While stakeholder feedback on the process was positive overall, some stakeholders suggested that the Action Planning workshops would have benefited from:

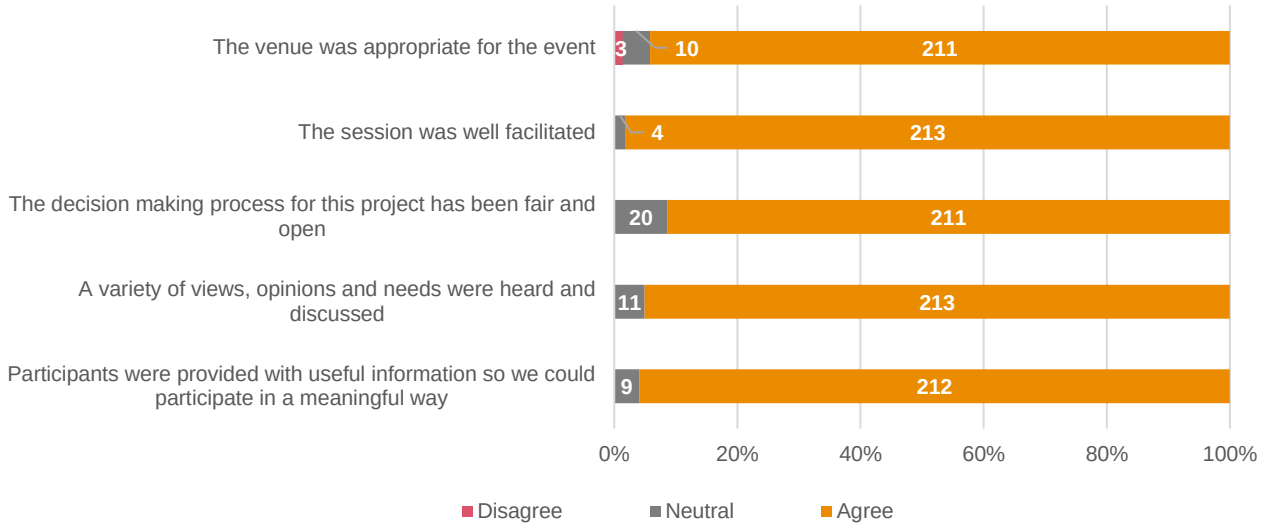
- Greater flexibility in workshop format, timings and locations to suit the needs of each town, rather than taking the same approach in all six towns
- Greater certainty in the date, with some noting that late changes to the date and time of workshops caused frustration and impacted attendance rates
- Targeted approaches for specific population groups, such as young people, working parents and Aboriginal people, to ensure these groups had an equal opportunity to participate.

Figure 6: Workshop Evaluation Survey – Event outcomes



Participant evaluations of the Action Planning workshops across all towns were overwhelmingly positive. Nearly all participants agreed that the decision-making process for the program was fair and open, and that a variety of views, opinions and needs were heard and discussed. Only three participants disagreed that the venue was appropriate for the event.

Figure 7: Workshop Evaluation Survey – About the event



For some, it was felt that the consultation process raised community expectations beyond what was feasible through this program. Feedback from the PHN and external stakeholders noted that this was exacerbated by a lack of clarity around the potential funding available to each site. This was of concern due to the expectations of some community members of what could result from the program, as well as the level of engagement that was asked of community members to participate in the process. It was noted that where unattainable ideas were raised, these were managed well and more feasible solutions were explored with the community.

Communications and marketing findings

Key findings:

- Communications was successful in promoting the Program and encouraging participation, with the Healthy Towns well brand received by community members and stakeholders.
- Communications about the Program were intermittent as it progressed with many were unsure of where the Program was up to, the reasoning behind decisions, and which initiatives were funded.
- While branding and communications were successful in promoting the Program, stakeholders did not always link this back to NCPHN with continued confusion as to the role of the PHN.

A range of communications methods were used to reach community members and stakeholders, including:

- Targeted social media (Facebook) advertising
- Advertising in community newsletters and local papers
- Advertising on local radio stations
- Hard copy materials in local community centres.
- Media coverage of key events in local newspapers.
- Attendance at events by State and Federal Members of Parliament and local Mayors and Councillors
- Stakeholder lists compiled at each event and participants subscribed to NCPHN newsletter with consent
- Program information published on NCPHN website
- Regular community newsletter articles and direct emails to stakeholders

- Monthly community updates published on website, community newsletters, and by direct email in second half of program
- A range of published materials include:
  - Program promotional brochure
  - Community survey (comms methods described elsewhere)
  - Community profiles distributed at events and workshops and emailed to all stakeholders
  - Community Action plans distributed at launches and in communities and emailed to stakeholders
  - Evaluation survey distributed by direct email, social media advertising, community newsletter and published on web
  - Quarterly status reports developed and shared with partners.

Despite the range of methods used, some stakeholders commented on the importance of a mix of methods to ensure a diverse community is reached.

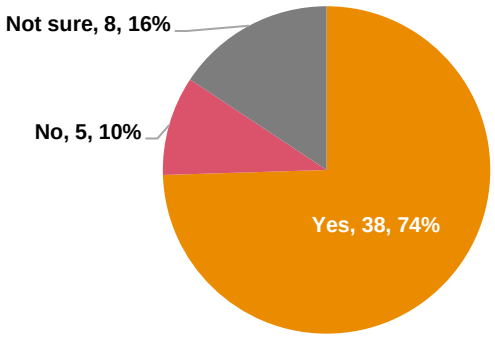
"Facebook posts do work, but local newspapers and radio could be utilised more. Residents here actually do look at their local free papers plus our local radio is good with promoting local events."

Evaluation survey respondent

The high survey response across all sites as well as the high levels of attendance at the Action Planning Workshops indicate that Program communications were broadly successful and supported general promotion and consultation participation. While some stakeholders reported that the communications around the Healthy Towns Program increased their visibility of the NCPHN, some interviewees expressed confusion around whether Healthy Towns was a PHN, LHD or council led program, and what the role of NCPHN was. This confusion was held by both community members and regional partners held this view. Similar branding of different programs also created confusion in some towns (such as a Heart Foundation Healthy Towns program in Coraki that was running at the same time, as well as the NSW Government's My Community Project grants program).

Stakeholders also provided feedback that communication about the Program was often intermittent, or 'stop / start.' Feedback highlighted a perceived time lag such as delays in the Healthy Towns website being updated with current information for community members around the Program status and initiatives. Similarly, many stakeholders consulted wanted more communication and information on the progress of the Program and initiatives. This suggests a need and opportunity to 'close out' the Program and report back to communities and stakeholders on where the various initiatives are up to and how they can remain involved.

Figure 8: Evaluation survey – Did you feel like you received relevant communication from NCPHN throughout the Healthy Towns process?



"I heard the proposals, but don't know how many were implemented."

Evaluation survey respondent

Branding

The branding for the program sought to establish a visual identity that would be recognisable, regionally relevant and give people a sense of pride in their towns and the Program. This visual identity (shown in Figure 10 below) was utilised in all communications for the Healthy Towns Program.

Figure 9: Healthy Towns branding and visual identity

Overall, stakeholders commented positively on the branding of the program. It was reported that the branding became well recognised by communities and associated with the Healthy Towns Program. Stakeholders liked that it was positive and energetic, and felt that it reflected their communities. In Woolgoolga Program branding has been adopted by the community who intend to continue using it. Feedback suggested there is an opportunity to continue developing the brand and enable towns to identify themselves as a 'Healthy Town.' This indicates a positive relationship with Program branding, and an emerging sense of ownership by communities with the Healthy Towns concept.

Project highlight: Healthy Towns Month

Access to healthcare and health services emerged as a key community priority in Woolgoolga. As a result, Healthy Towns partnered with the local Chamber of Commerce to run Healthy Towns Month. Beginning with a launch day which brought together the community and local service providers, Healthy Towns Month was a month of events related to health and wellbeing. This included exercise activities with local businesses, like yoga, tai chi and dancing, as well as cooking events, among others. Community stakeholders reported strong attendance at events, and local health and wellbeing providers noted increased attendance at their businesses as a result.

The local Chamber of Commerce has adopted the Healthy Towns branding for the event and intends to continue running Healthy Towns month into the future.

Program outcomes

Key findings:

- Implementation of the Program supported the building of individual and community connections, and the identification of service gaps. Importantly, people feel like they are part of their communities as a result of participating in the Program, with 80% of survey respondents (n=47) agreeing or strongly agreeing with this statement.
- Town level initiatives addressed the objectives of the Program and were relevant to individual communities as a result of community participation in not just identifying need but also identifying opportunity.
- There are some concerns about the sustainability of individual initiatives and maintaining overall momentum particularly where coordination activities were not funded.

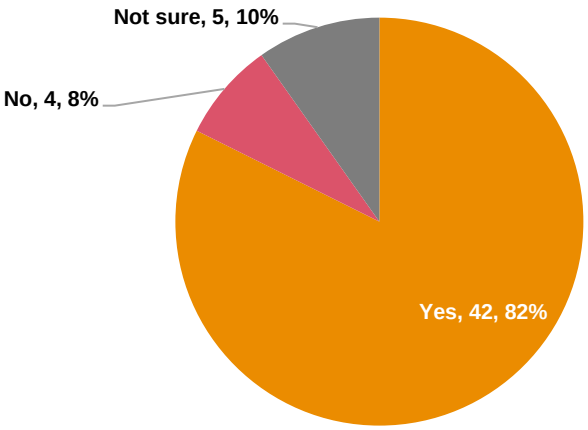
Implementing relevant initiatives

In most cases, initiatives in each site were still in the progress of being implemented during the conduct of this evaluation. The selection of specific initiatives to be funded was based on the following criteria:

- Alignment with program objectives
- Address needs identified through NCPHN Needs Assessment and/or Health Towns Needs Assessment
- Evidence-based strategy
- Supported by community, working groups and stakeholders.

While the total funding varied between the six sites, stakeholders consulted generally reported that the funding allocations reflected the ideas and priorities of each community, regardless of the funding amount. Evaluation survey respondents reflected the overall relevance of initiatives for communities, with most respondents (82%, n=42) indicated that they felt the initiatives implemented through the Program were relevant to the needs of their community. The heavy consultation and co-design and the successful Action Planning workshops were key to in the first instance, identifying what communities themselves valued. Where survey respondents were 'not sure' if the initiatives were relevant to their communities there were also comments that they were not aware which initiatives had been funded, reflecting a broader issue around communication filtering through to all community stakeholders.

Figure 10: Evaluation Survey – Did you feel that the initiatives implemented by Healthy Towns were relevant to the needs of your community?



Responses varied by town and there was no correlation between the amount of funding allocated to a site and the level of reported relevance of initiatives. For instance, in South West Rocks and Casino, which received the highest overall funding

($224,000 and $209,000 respectively), nearly all survey respondents reported that the initiatives implemented were relevant to the needs of their town (100%, n=9 in South West Rocks and 75%, n=3 in Casino). This result was broadly similar across all towns, including Woolgoolga (93%, n=13) which received the lowest level of funding at $83,500. This indicates that regardless of the funding amount initiatives were largely perceived to meet the needs identified by the community.

Project highlight: Ever Better Bunch

The Healthy Towns consultation process identified social isolation as a significant issue in Woolgoolga, as well as diet and exercise. Through engagement with the community, the SPO in Woolgoolga identified and partnered with a local business, Nexus Gym, to establish a wellbeing program for men over the age of 50.

The program brings together men over the age of 50 to participate in an exercise group. While the emphasis is on improving physical wellbeing, the group also supports the men to build new connections and reduce experiences of social isolation. Participants spoke very highly of their experience of the program, highlighting its contribution to their overall health and wellbeing.

The program is continuing with high attendance rates and is likely to be sustainable with Nexus Gym seeking additional funding from other sources to continue the program into the future.

"The opportunity to be a part of this group … has been grounding, centering and it's definitely made me more resilient, a better family man and community member."

"This has been a wonderful initiative, having seen so much positive change in all those that have been involved. Not only physical but also in the general demeanor of those involved."

Evaluation survey respondent

"Community members being both surprised and excited by the implementation of their prioritised needs. Like their belief that people will follow through and deliver has been restored. Their energy to get involved is infectious and heart-warming."

Evaluation survey respondent

Sustainability of initiatives

While the initiatives were supported overall, there were some suggestions that 'quick wins' or shorter-term projects were prioritised over those that would require a longer-term investment beyond the scope of the Program's timeline. This also points to a broader issue on the sustainability of funded initiatives given that procurement marked the end of the Program's heavy community engagement components. For some stakeholders this was where ongoing community engagement could have continued in order to maintain momentum and increase uptake of the initiatives themselves. One interviewee for example noted that he thought the launch of the Action Plans marked the beginning of the Program, not the end of it.

Some stakeholders suggested that more time was needed (2-3 years) to fully consult communities and implement the program in a way that would lead to sustainable, community-led outcomes. In addition there doubts as to whether particular initiatives would continue once Program funding was expended due to a lack of ongoing funding or willing individuals in the community to continue driving the initiatives instead of the SPOs or other dedicated coordinators. In those towns where funding was being used to establish a new, dedicated community development position in response to community-identified needs (i.e. Lake Cathie and Evans Head), this was considered a worthwhile investment to maintain momentum of the program, initiatives and community development efforts.

"12 months is not long enough to implement long term change and services into the community, and commitment from NCPHN should have been much longer in years."

"Recurrent funding of Project Manager position to ensure ongoing implementation of identified solutions."

Evaluation survey respondents

There were contrasting views to this in that other stakeholders recognised the opportunity for the Program to get existing ideas off the ground and were confident that these would continue into the future. The ability to sustain initiatives into the future reflects their ongoing maintenance requirements, and the level of stakeholder engagement with them. The Parkrun in South West Rocks for example had been a long-term idea within the community that lacked the initial funds to set it up, but required little upkeep costs once established. In addition, funding from other sources had already been secured or was being sought by partners such as LHDs as well as community members themselves to maintain activities beyond Program funding timelines. Resources developed through the Program such Community Action Plans play an enabling role in that they have been used as material to supplement applications to external bodies.

Project highlight: Community transport in Casino

RSM Community Transport was established in 2018. It provides a medical transport service for people who need to travel to access medical support. This frequently includes traveling to hospitals in Lismore, Brisbane or the Gold Coast to access services such as renal dialysis or cancer care. The service is focused on those people who are ineligible for government-funded transport support.

The service relies on volunteers, who use their own vehicles to transport people needing treatment. The organisation has significant costs to run, including reimbursements to volunteers for fuel, wear and tear on vehicles, rent and utilities, insurance and staffing costs. As a result, the service was looking at closing due to costs.

Transport was identified as a critical issue in Casino through the Healthy Towns Program, and RSM Community Transport received a grant of $25,000 to support its ongoing operation. This allowed the service to continue, including maintaining employment of a staff member with a key role in writing funding submissions and securing grants from other programs. These submissions have been successful and have allowed the service to continue beyond the Healthy Towns Program.

Data from the outcomes of the Healthy Towns community consultation process has been used in every submission for additional funding to keep the service going.

"Without the support of the Healthy Towns Project funding, the community transport service would not have survived, which would have been a huge loss to our community."

Evaluation survey respondent

Community connection

Evaluation findings indicate that the Program was successful in building individual and community connections. Most survey respondents (66%, n=38) across all six towns reported that they had made new personal and professional connections through their participation in the Healthy Towns Program, with 71% (n=40) indicating that these connections would continue into the future. This was reflected in interviews with positive comments on the new connections they had made as a result of their participation in the Program. In addition to connections made through the process itself, several of the funded initiatives centre on the establishment of new community groups with the objective of further building community and social connectedness.

"Meeting members of the community I had never met before."

Evaluation survey respondents

Project highlight: Parkrun

Through the Healthy Towns consultation process and survey, diet and exercise (36.3%) and recreational opportunities (21.0%) emerged as key issues and priorities for South West Rocks.

Following on the ground engagement between the Healthy Towns SPO and MNCLHD staff, establishing a community Parkrun was identified as a potential opportunity for the town. Parkrun is a free, weekly, community, five-kilometer timed run. Established in the United Kingdom, the event has the objectives of bringing people together and helping people make healthy changes to their lifestyle.

Setting up a new Parkrun event costs $7,000 to establish the event and purchase the required equipment. Through the partnership that emerged through Healthy Towns, the establishment fee for Parkrun South West Rocks was jointly funded by MNCLHD and NCPHN.

Following the initial establishment cost, the event is now run by the community with no ongoing costs, and it is an event that the community intends to continue running. The event organisers have reported high levels of attendance since the event was established, including a mix of demographics.

A Parkrun was also established in Casino as part of the Healthy Towns Program, which has seen similarly high levels of attendance since its establishment.

"I am more active socially and physically and I am losing weight."

Evaluation survey respondent

"Getting Parkrun off the ground has changed my life here in our town."

Evaluation survey respondent

Figure 11: Evaluation Survey – New personal, professional and service connections

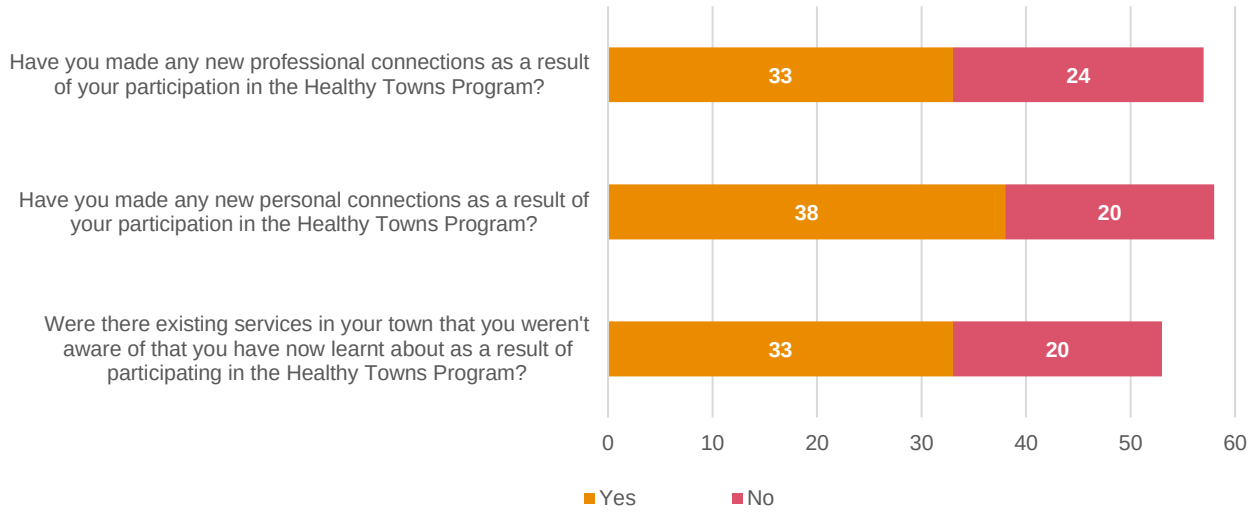
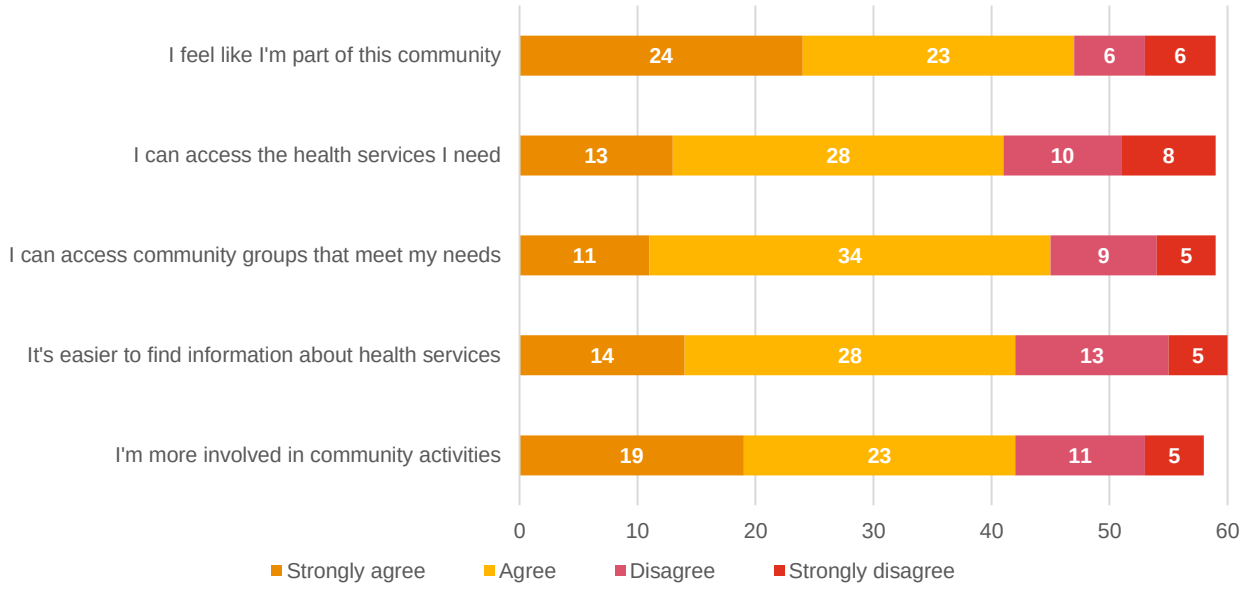


Figure 12: Evaluation Survey – As a result of your participation in the Healthy Towns Program in your town, how strongly do you agree or disagree with the following statements?



Most survey respondents across all towns indicated that as a result of their participation in the Healthy Towns Program, they were more involved in community activities (n=47, 80%), found it easier to find information about health services (n=42, 70%), and were able to access community groups (n=45, 76%) and health services (n=41, 69%) that meet their needs. It was also suggested by some stakeholders that the community engagement process enabled community members to engage with health more broadly by 'demystifying' the healthcare system, empowering community members by increasing their ability to navigate the local health system.

"The Healthy Towns project was one of the most beneficial funding projects I've ever been involved with, as it targeted funding directly to where it was needed most depending on what the individual communities had identified. Thank you."

"What a wonderful initiative. Thank you."

Evaluation survey respondents

Project highlight: Youth Hub

Through the Healthy Towns consultations, young people, mental health and social isolation emerged as particular issues and priorities in Maclean. This included social isolation and suicide rank high as a community priorities through the initial survey (23.4%). In response, the Healthy Towns SPO identified a potential new partner in The New School of Arts Neighbourhood House in nearby South Grafton. The New School of Arts was already running youth outreach services in the Clarence Valley region. Through the Healthy Towns Program, the New School of Arts developed an initiative to run a Youth Hub in Maclean, to help build connections and support the health and wellbeing of young people in Maclean.

In partnership with Clarence Valley Council who provided the land, the New School of Arts arranged for shipping containers to be placed in Maclean to provide an engaging space for the Hub. The relationship with Council was therefore key in setting up the Hub. The New School of Arts reported over 17 drop-in sessions at the Hub, totaling 580 participants with an average of 45 participants per session. The space has also been used to run events for adults, with some events focused on child protection. Now that demand has been established, the New School of Arts intends to continue running the Youth Hub.

4 Evaluation approach

The evaluation commenced in June 2019 at the end of the co-design process as Community Action Plans were progressively being finalised, and initiatives funded and implemented. Given the timing of the evaluation the focus was on the impact of the planning, consultation and design phases of the Program on the achievement of its objectives. Outcomes examined through the evaluation were focused on the outcomes of the co-design and engagement process used across towns rather than health and wellbeing outcomes as a result of participation in specific initiatives funded through the Program.

The evaluation sought to assess the impact of the Program at the overall program level and town level. That is, the effectiveness of the overall Program and the implications for NCPHN, and the impact of the Program at each town as each had unique characteristics and variations in how they engaged with the Program. Limited data was available to evaluate individual initiatives. Town level findings are provided in the Appendix (Appendix A – F) with survey results relating to individual initiatives at each town provided in Appendix G.

The evaluation questions were developed with consideration of NCPHN's strategic priorities, as set out in the table below.

Table 6: Relationship between evaluation questions and NCPHN strategic priorities

Evaluation Question	Relevant NCPHN strategic priorities
What are the key learnings from Healthy Towns for NCPHN going forward?	Understand health needs in our communities Enhance our relevance to the region Build the organisation's sustainability
Did the program build the capabilities of communities, individuals, and vulnerable populations to engage with health services?	Promote health equity through strategic investment Enhance our relevance to the region Build the organisation's sustainability
Has Healthy Towns resulted in new or stronger connections between NCPHN and local communities and service providers?	Strengthen the health workforce, general practices and the health care neighbourhood Collaborate across health and social services for community wellbeing Build the organisation's sustainability
What impact have initiatives had on improving social connectedness?	Promote health equity through strategic investment Collaborate across health and social services for community wellbeing
What impact have initiatives had on improving the integration and coordination of services?	
What impact have initiatives had on addressing service gaps?	

It is important to note that during the evaluation period there were two significant events that impacted Healthy Towns sites, NCPHN, and the North Coast region:

- Catastrophic bushfires occurred during 2019-20. These were the worst on record for NSW, with direct impacts on the physical health, mental health, and overall wellbeing of residents across the North Coast. In this context, PHNs played a critical role in supporting the health and wellbeing of their communities.
- The emergence of COVID-19 as a global health pandemic in 2020 has had significant impacts on local communities, including those of the North Coast. In addition, COVID-19 presents challenges for local and regional service delivery and the focus of the PHN.

While these events have no retrospective impact on the design or implementation of the Healthy Towns Program, they have had a significant impact on the role of PHNs as commissioners of health and wellbeing outcomes in their communities. This includes PHNs increasingly playing a part in building community resilience and wellbeing in the face of such challenges, and collaborating with regional partners to deliver a coordinated and integrated response. Learnings from the Program will

provide further useful insights into ways of working with communities to develop and strengthen community assets and infrastructure through collaboration. These challenges also provide important context for the findings and recommendations of this evaluation.

Activities

The evaluation used a mixed method approach that was primarily reliant on qualitative feedback from stakeholders at each site. The evaluation methods comprised:

- **Document review:** Key guiding and formative documents were reviewed to understand the intended implementation model and impacts of the Program, and inform the development of consultation tools. Documentation included briefings to governance bodies and NCPHN Executive, Community Profiles, Community Action Plans, and internal design documents such as the program logic.
- **Semi-structured interviews:** Stakeholders identified by NCPHN included community members in each town who had taken part in the co-design process, partners funded to provide initiatives, and other government agencies such as Local Health Districts and councils. It was important to engage with all three broad types of stakeholders to the impact of the program in each town from stakeholders with different community perspectives. NCPHN executive and staff members were also interviewed. A total of 43 interviews were conducted. Interview guides are provided in full at Appendix C.
- **Online survey:** A survey was developed and distributed online to seek views from community members, service providers and other stakeholders. The survey was promoted through the NCPHN website and social media, as well as by direct provision to stakeholders previously contacted as part of the consultation process. In total there were 73 responses to the survey across the six sites. Survey responses for individual initiatives at each town where have been included in the summary of survey findings in Appendix D.

  Survey responses collected as part of this evaluation were anonymous and can be used as a baseline should the survey be repeated in the future, or questions incorporated into future needs assessment activities.

Table 7: Number of participants in evaluation by site and engagement method

Healthy Towns site	Number of interviewees*	Number of survey respondents
Casino	5	9
Evans Head	3	7
Lake Cathie	9	20
Maclean	3	5
South West Rocks	7	13
Woolgoolga	7	19
NCPHN Executive and Staff (including former SPOs)	11	N/A
Total	**43**	**73**

** Some interviewees are counted for multiple towns where they participated in the program in multiple sites*

Appendices

Appendix A Casino key findings

Community overview

In comparison to the six towns selected as part of the Program, Casino is the largest in terms of population size (with a population of over 10,000 people in comparison 2,000-5,000 in the other five towns).

Table 8: Key demographic statistics – Casino (including LGA and State comparison)

Measure	Casino*	Richmond Valley	NSW
Median age	42	44	38
Aboriginal and Torres Strait Islander people as % of population	10.0%	7.2%	2.9%
Population aged 0-14 years	20.2%	19.1%	18.5%
Population aged 65 years and older	23.7%	22.6%	16.2%
Median gross weekly household income	$875	$953	$1,486
Population aged 15 and over – Year 12 education level attained	10.1%	10.2%	15.3%
Working population in full time employment	49.0%	50.5%	49.2%
Households in rental housing stress (paying more than 30% of household income on rent)	15.0%	12.3%	12.9%

Source: Healthy Towns Casino Community Profile, NCPHN
**Population of the State Suburb (SSC) of Casino not including other areas that may also be serviced by Casino*

The initial community survey undertaken as part of the Program identified the following as the top 10 health issues in Casino:

1. Drug and alcohol misuse (79.0%)
2. Mental health issues (46.4%)
3. Family violence (42.5%)
4. Diet and exercise (39.9%)
5. Ageing issues (34.1%)
6. Child abuse / neglect (33.8%)
7. Housing affordability (25.6%)
8. Cost of living (24.7%)
9. Transport (24.5%)
10. Cancer (23.2%)

Findings: Program implementation

Stakeholder consultation and community engagement

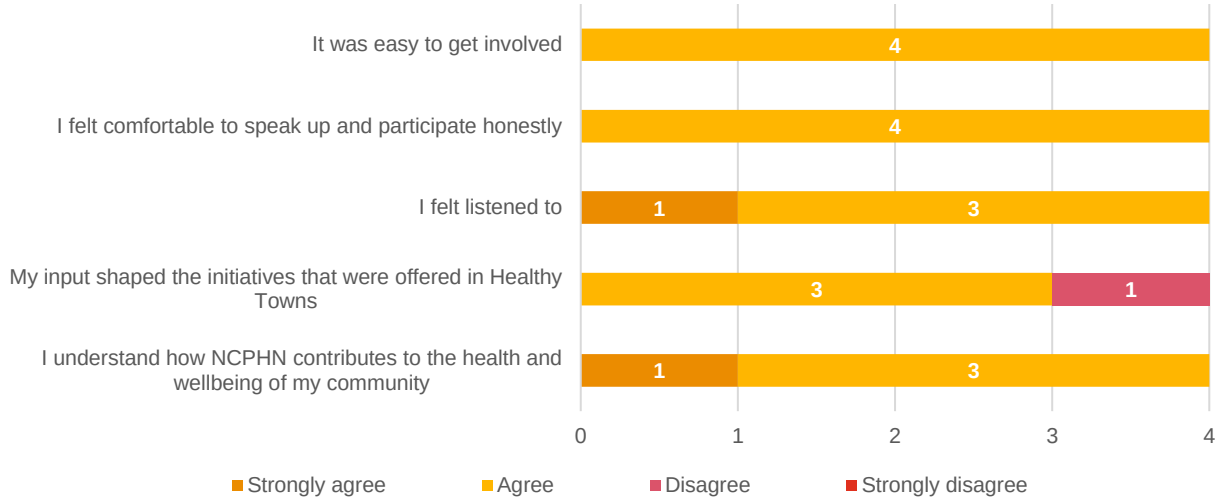
In line with overall Program findings, stakeholders in Casino commented positively on the stakeholder consultation and community engagement process. Specific feedback included:

- In Casino, the consultation would have benefited from a specific focus on cultural issues and cultural determinants of health, given the relatively high Aboriginal population in Casino
- Consultation events captured a good mix of demographics

- The scope of consultation was unclear for some participants, making it difficult to manage community and stakeholder expectations.

It was also noted by internal NCPHN staff members that, in comparison to the other sites, engagement in Casino was largely with service providers, rather than directly with the community. This was thought to be a result of the comparatively large population size of Casino, making it more challenging to reach the community.

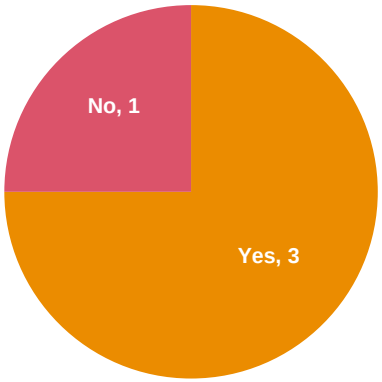
Figure 13: Evaluation survey – Thinking about your participation in the planning process, how strongly do you agree or disagree with the following statements? (Casino)



Development and prioritisation of initiatives

Most survey respondents (75%, n=3) agreed that the initiatives implemented as part of the Program in Casino were relevant to the needs of the community. This was supported by feedback provided by interviewees, although many indicated a lack of awareness about which initiatives had been prioritised and funded.

Figure 14: Evaluation Survey – Do you feel that the initiatives implemented by Healthy Towns were relevant to the needs of your community? (Casino)



The initiatives funded in Casino are listed in Table 6 below.

Table 9: Funded initiatives - Casino

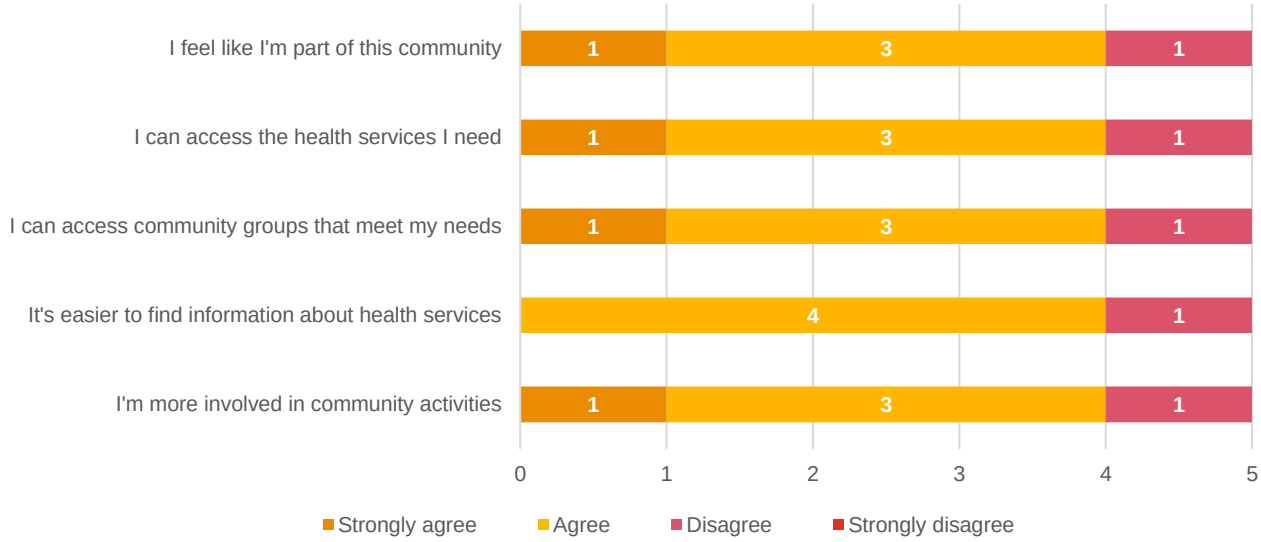
Initiative	Description	Relevant objectives*	Value (upper limit)
Outdoor Gym Equipment Activation	Exercise instructor-led sessions to support community to use outdoor gym equipment	• 3.3 Implement health and wellbeing initiatives to improve population health • 3.4 Build capacity of vulnerable population groups to self-manage health	$500
Parkrun Casino	Co-fund establishment of Parkrun in collaboration with Local Health District	• 1.2 Build community connection and social inclusion • 3.3 Implement health and wellbeing initiatives to improve population health	$3,500
Local Walks Health Promotion Resource	Design and print community resource with maps of walking/cycling tracks	• 1.2 Build community connectedness and social inclusion • 3.3 Implement health and wellbeing initiatives to improve population health	$5,000
Community Reconciliation Activities	Cultural walk along the river, storytelling event and film night, and reconciliation events	• 1.2 Build community connectedness and social inclusion	$20,000
Health and Community Transport	Support establishment of community-led transport for vulnerable individuals to access health and social support services	• 1.2 Build community connectedness and social inclusion • 3.2 Improve access to health services including after hours	$25,000
Casino Youth Connection and Education	• Establishment costs for Youth Hub at Casino Sports Stadium • Youth mentoring program • Coordination of preventative education programs including conflict resolution, connection to country, health issues and alcohol and other drugs	• 1.3 Build individual social connections to support health and wellbeing • 3.4 Build capacity of vulnerable population groups to self-manage health	$80,000
Casino Community Kitchen	• Purchase equipment for a community kitchen • Coordinate cooking and nutrition classes for different age groups • Run a My Kitchen Rules Casino competition	• 1.3 Build individual connections to support health and wellbeing • 3.3 Implement health and wellbeing initiatives to improve population health	$75,000
Total			$209,000

**Relevant objectives as identified by NCPHN*

Findings: Program outcomes

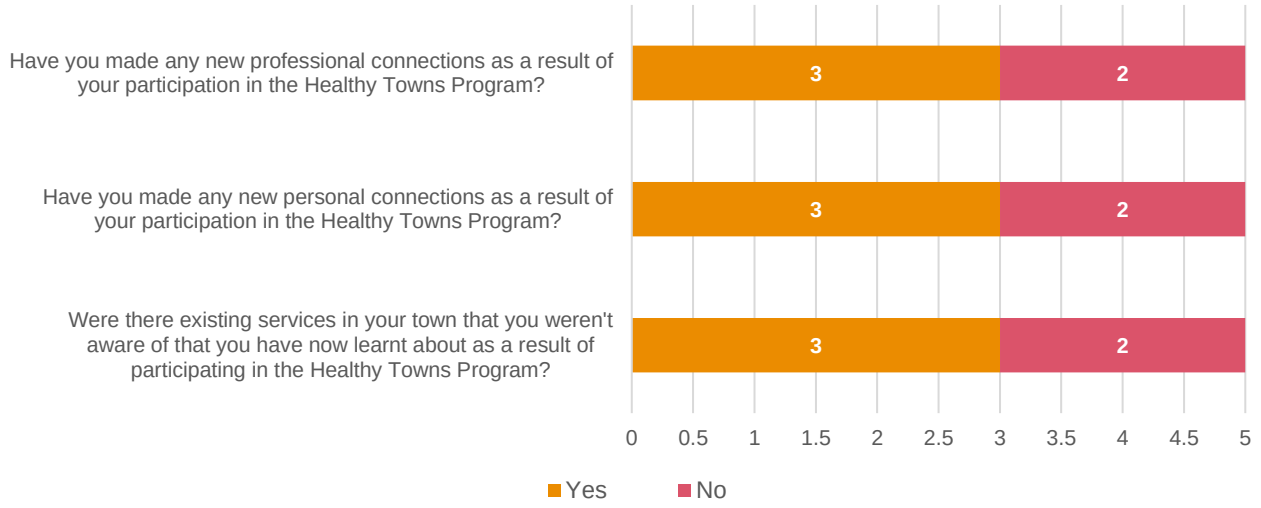
Overall, stakeholders consulted spoke positively about the outcomes of the program. This is reflected in the survey results, with most respondents agreeing that, as a result of the program, they are more involved in community activities (80%, n=4), and can access community groups (80%, n=4) and health services (80%, n=4) that meet their needs.

Figure 15: As a result of your participation in the Healthy Towns Program in your town, how strongly do you agree or disagree with the following statements? (Casino)



Survey results also indicate that new professional, personal and service connections were made as a result of participation in the Program in Casino. This finding was supported by interviewees, who similarly spoke of the new connections they had made through the Program.

Figure 16: Evaluation Survey – New professional, personal and service connections (Casino)



Highlights: Specific initiatives

At the time of this evaluation, only a few of the projects had been fully implemented in Casino. The points below highlight those funded initiatives where feedback was captured as part of this evaluation:

- Parkrun Casino has been established in collaboration with the LHD – it is now averaging 50 participants each week, with a mix of demographics
- Funding has supported the continuation of the RSM community health transport initiative, supporting people to access health services

- Planning has commenced for the implementation of the Casino Youth Connections and Education Program, through a collaborative interagency group including local council, service providers and health professionals.

Appendix B Evans Head key findings

Community overview

Table 10: Key demographic statistics – Evans Head (including LGA and State comparison)

Measure	Evans Head*	Richmond Valley	NSW
Median age	51	44	38
Aboriginal and Torres Strait Islander people as % of population	4.5%	7.2%	2.9%
Population aged 0-14 years	15.3%	19.1%	18.5%
Population aged 65 years and older	28.1%	22.6%	16.2%
Median gross weekly household income	$900	$953	$1,486
Population aged 15 and over – Year 12 education level attained	10.2%	10.2%	15.3%
Working population in full time employment	48.2%	50.5%	49.2%
Households in rental housing stress (paying more than 30% of household income on rent)	20.8%	12.3%	12.9%

Source: Healthy Towns Evans Head Community Profile, NCPHN

** Population of the State Suburb (SSC) of Evans Head not including other areas that may also be serviced by Evans Head*

The initial community survey undertaken as part of the Program identified the following as the top 10 health issues in Evans Head:

1. Ageing issues (66.9%)
2. Housing affordability (65.2%)
3. Cost of living (52.8%)
4. Transport (45.5%)
5. Mental health issues (34.4%)
6. Drug and alcohol misuse (31.5%)
7. Diet and exercise (25.8%)
8. Social isolation (23.0%)
9. Poor access to healthcare (19.7%)
10. Cancer (18.0%)

Findings: Program implementation

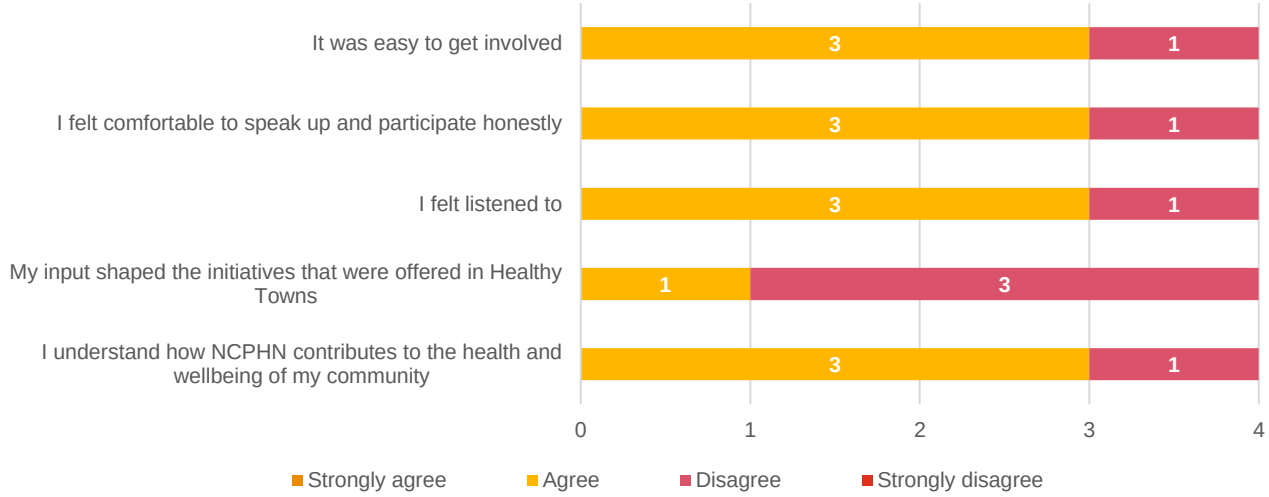
Stakeholder consultation and community engagement

When compared to other sites, engagement in Evans Head was comparatively low, with 200 responses to the initiative survey, representing 7% of the town population. This was thought to be a result of Evans Head being a difficult community to gain engagement, with both internal and external stakeholders highlighting the challenges of engaging the community beyond the “usual suspects” regularly involved in community activities.

Nevertheless, most survey respondents indicated that it was easy to get involved in the planning process (75%, n=3), and that they felt listened to (75%, n=3, however most did not feel that their input shaped the initiatives offered by the Program. Specific feedback regarding consultation and community engagement included:

- It was difficult to engage younger people in Evans Head, including through the school, and more targeted efforts were needed to achieve this
- There is a lack of computer literacy in Evans Head, and this was problematic given the focus on online communications and engagement
- Some noted a disproportionate representation of older people in community engagement activities.

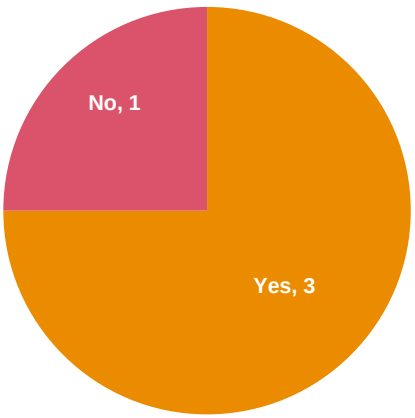
Figure 17: Evaluation survey – Thinking about your participation in the planning process, how strongly do you agree or disagree with the following statements? (Evans Head)



Development and prioritisation of initiatives

Stakeholders generally felt that the initiatives implemented in Evans Head were relevant to the needs of the community. This was supported by survey results, with three out of four respondents agreeing with this statement. While some stakeholders expressed disappointment that a position was funded rather than funding going directly to community initiatives, others were hopeful that the Community Connector role will support the building of ongoing connections, maintain momentum and support sustainable community development in Evans Head.

Figure 18: Evaluation survey – Do you feel that the initiatives implemented by Healthy Towns were relevant to the need of your community? (Evans Head)



The initiatives funded in Evans Head are listed in the table below.

Table 11: Funded initiatives – Evans Head

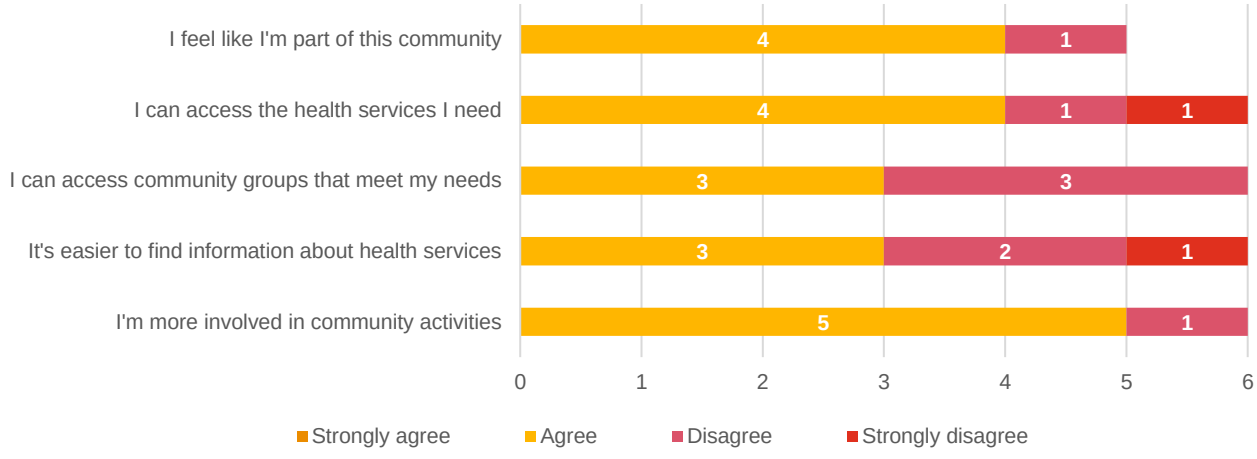
Initiative	Description	Relevant objectives[(a)]	Value (upper limit)
Defibrillator and Training	Purchase defibrillator and deliver training with surf and sports clubs	• 3.4 Build capacity of vulnerable population groups to self-manage health • 3.5 Build community capacity to support people experiencing health and wellbeing challenges	$5,000
Healthy Towns Community Connector	SCHADS level 4/5 x 0.6 FTE for 18 months to: • Develop and deliver health information resources to community, including for older people and carers • Support individuals to navigate the health system by linking individuals to services • Coordinate the delivery of Healthy Towns initiatives including health coaching, health education, volunteering events, transport support and Mental Health First Aid	• 1.3 Build individual and social connections to support health and wellbeing • 3.1 Build awareness of available services • 3.2 Increase access to health services • 3.3 Implement health and wellbeing initiatives to improve population health	$120,000
Total			$125,000

(a) Relevant objectives as identified by NCPHN

Findings: Program outcomes

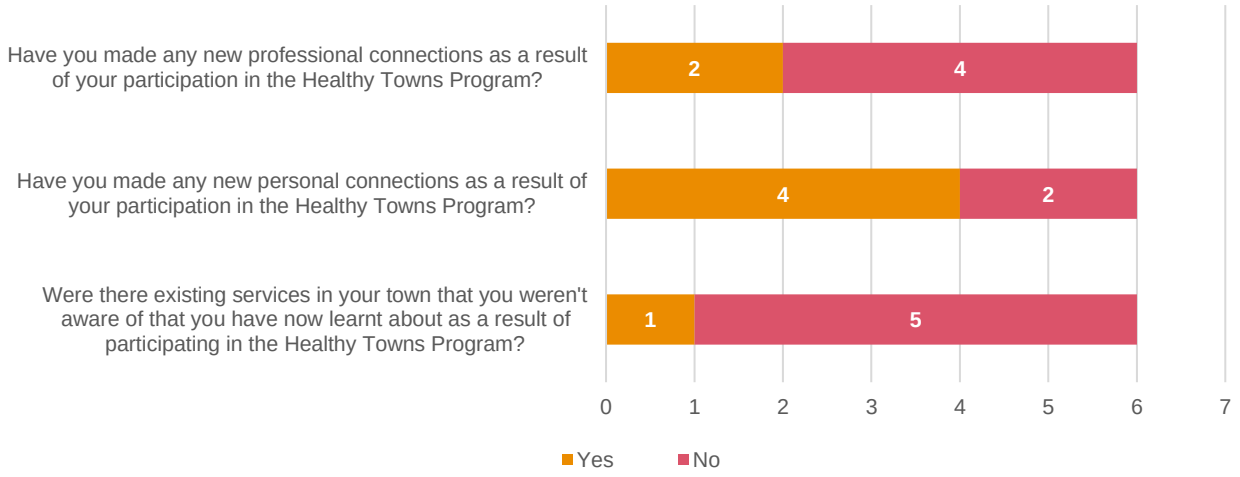
Overall, stakeholders consulted spoke positively about the outcomes of the program. This is reflected in the survey results, with most respondents agreeing that, as a result of the program, they are more involved in community activities (83%, n=5). Only half of the six survey respondents agreed that it is easier to access community groups (50%, n=3) and access information (50%, n=3). This is figure is lower in comparison to other sites.

Figure 19: Evaluation survey – As a result of your participation in the Healthy Towns Program in your town, how strongly do you agree or disagree with the following statements? (Evans Head)



Survey results indicate that some new professional, personal and service connections were made as a result of participation in the Program in Evans Head.

Figure 20: Evaluation survey – New professional, personal and service connections (Evans Head)



Highlights: Specific initiatives

At the time of this evaluation, few of the projects in Evans Head had been implemented. The Community Connector role, which represents the majority of the funding allocation, had only recently commenced in the role, making it too early to comment on the outcomes of specific initiatives in Evans Head.

Appendix C Lake Cathie key findings

Community overview

Table 12: Key demographic statistics – Lake Cathie (including LGA and State comparison)

Measure	Lake Cathie*	Port Macquarie	NSW
Median age	50	48	38
Aboriginal and Torres Strait Islander people as % of population	3.6%	4.0%	2.9%
Population aged 0-14 years	17.0%	16.7%	18.5%
Population aged 65 years and older	28.4%	27.7%	16.2%
Median gross weekly household income	$1,034	$1,042	$1,486
Population aged 15 and over – Year 12 education level attained	10.0%	10.7%	15.3%
Working population in full time employment	50.5%	52.5%	49.2%
Households in rental housing stress (paying more than 30% of household income on rent)	10.3%	12.0%	12.9%

Source: Healthy Towns Lake Cathie Community Profile, NCPHN
** Population of the State Suburb (SSC) of Lake Cathie not including other areas that may also be serviced by Lake Cathie*

The initial community survey undertaken as part of the Program identified the following as the top 10 health issues in Lake Cathie:

1. Ageing issues (68.1%)
2. Cost of living (50.8%)
3. Diet and exercise (49.5%)
4. Transport (40.5%)
5. Mental health issues (35.9%)
6. Housing affordability (35.2%)
7. Recreational opportunities (34.6%)
8. Drug and alcohol misuse (25.9%)
9. Cancer (21.3%)
10. Social isolation (19.9%)

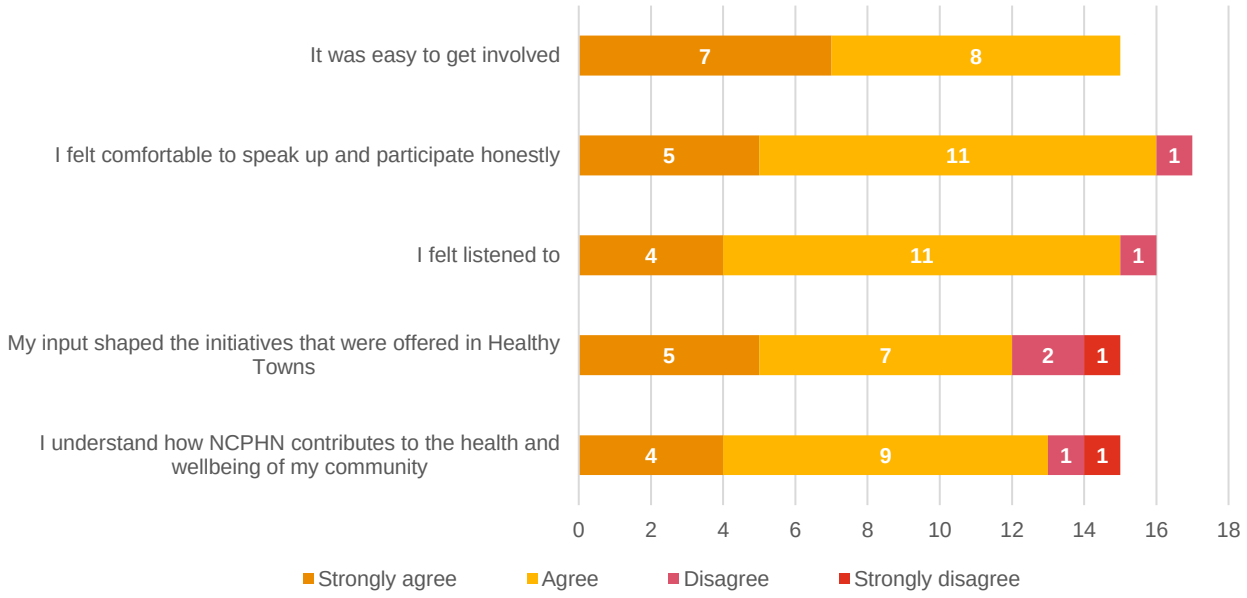
Findings: Program implementation

Stakeholder consultation and community engagement

Stakeholders in Lake Cathie commented positively on the consultation and community engagement process. This was support by survey findings, with nearly all survey respondents agreeing that it was easy to get involved (100%, n=15), that they felt listened to (94%, n=15), and that their input shaped the Program (80%, n=12). Other specific feedback provided by stakeholders included:

- Many stakeholders spoke highly of the community engagement process, highlighting that it was successful in building connections between community members and organisations
- While there was strong attendance at community engagement events, some stakeholders suggested there was a disproportionate representation of young mothers and older people at community planning workshops
- Some stakeholders noted an emphasis on social media communications in Lake Cathie, suggesting that this may not be the best method of communication to reach the Lake Cathie community.

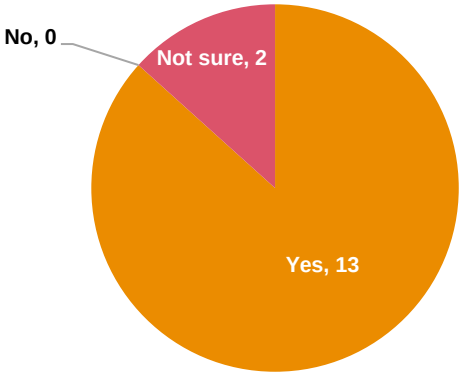
Figure 21: Evaluation Survey – Thinking about your participation in the planning process, how strongly do you agree or disagree with the following statements? (Lake Cathie)



Development and prioritisation of initiatives

Overall, stakeholders in Lake Cathie felt that the initiatives which were developed through Healthy Towns reflected the needs of the community and aligned with the issues and priorities raised by community members. This is supported by survey results, with nearly all (87%, n=13) agreeing that the initiatives were relevant to the needs of the community. As in other towns, many stakeholders were unsure which initiatives had been prioritised and funded, and where they were up to in implementation.

Figure 22: Evaluation Survey – Do you feel that the initiatives implemented by Healthy Towns were relevant to the needs of your community? (Lake Cathie)



The table below identifies the initiatives that were funded in Lake Cathie.

Table 13: Funded initiatives – Lake Cathie

Initiative	Description	Relevant objectives*	Value (upper limit)
Youth Mental Health Resource	Fund printing and development of resources to accompany mental health and resilience program developed with RAMHP for primary students	• 1.3 Create opportunities to develop individual connections to support health and wellbeing • 3.4 Build capacity of vulnerable population groups to self-manage health	$1,000
Accessible Timetable Information	Community-developed transport and local information resource	• 1.2 Build community connectedness and social inclusion • 3.1 Improve awareness of available health and community services including after hours	$1,500
Outdoor Gym Equipment activation	Physiotherapist-led sessions to train community to use outdoor gym equipment	• 3.3 Implement health and wellbeing initiatives to improve population health • 3.4 Build capacity of vulnerable population groups to self-manage health	$1,500
Community Event and Information Board	Community-maintained information board	• 1.1 Build community connectedness and social cohesion • 3.1 Improve awareness of available health and community services including after hours	$3,500
First Responders Trauma Training	Trauma training for first responders to medical emergencies in absence of after hours medical services	• 3.2 Improve access to health services including after hours • 3.5 Build community capacity to support people experiencing health and wellbeing challenges	$10,000
Lake Cathie Community Garden	Develop and maintain community garden and veggie swap	• 1.2 Build community connectedness and social inclusion • 3.3 Implement health and wellbeing initiatives to improve population health	$10,000
Training and Rehabilitation Equipment	Purchase of gym and exercise equipment to be housed by Medical Complex (agreement to provide community gym access and group exercise classes, and includes training for physiotherapists)	• 1.2 Build community connectedness and social cohesion • 3.3 Implement health and wellbeing initiatives to improve population health	$15,000
School Garden and Health Promotion	Fund development and maintenance of school garden, and coordinate delivery of mental health and health promotion activities for students	• 3.3 Implement health and wellbeing initiatives to improve population health • 3.4 Build capacity of vulnerable population groups to self-manage health	$15,000
Intergenerational Outdoor gym equipment	Co-purchase outdoor gym equipment tailored for older people, and run physiotherapist-led community training sessions	• 1.3 Build individual social connections to support health and wellbeing • 3.3 Implement health and wellbeing initiatives to improve population health	$21,000
Community Placemaker	SCHADS level 6/7 x 0.8 FTE for 18 months to: • establish community hub • link individuals to services	• 1.3 Build individual connections to support health and wellbeing • 3.1 Build awareness of available services • 3.2 Increase access to health services	$120,000

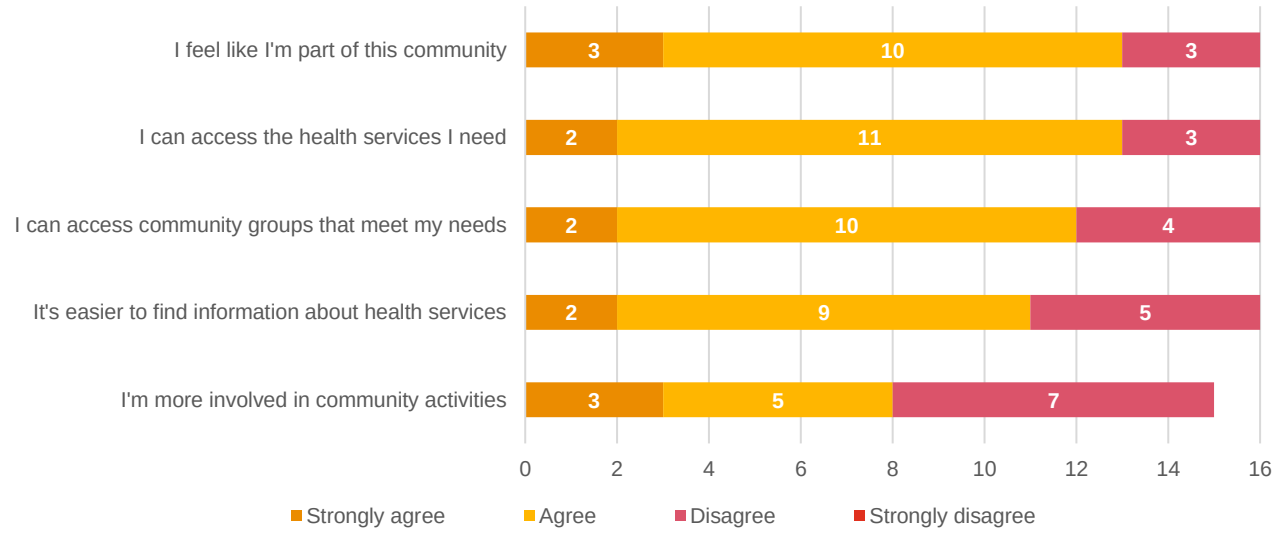
Initiative	Description	Relevant objectives*	Value (upper limit)
	• coordinate targeted volunteering, health education, promotion and community events • support community development	• 3.3 Implement health and wellbeing initiatives to improve population health	
Total			$208,500

** Relevant objectives as identified by NCPHN*

Findings: Program outcomes

Overall, stakeholders consulted in Lake Cathie spoke positively about the outcomes of the program. This is reflected in the survey results, with most respondents agreeing that, as a result of the program, they are more involved in community activities (83%, n=5), can access community groups (88%, n=12) and health services (81%, n=13) that meet their needs.

Figure 23: As a result of your participation in the Healthy Towns Program in your town, how strongly do you agree or disagree with the following statements? (Lake Cathie)



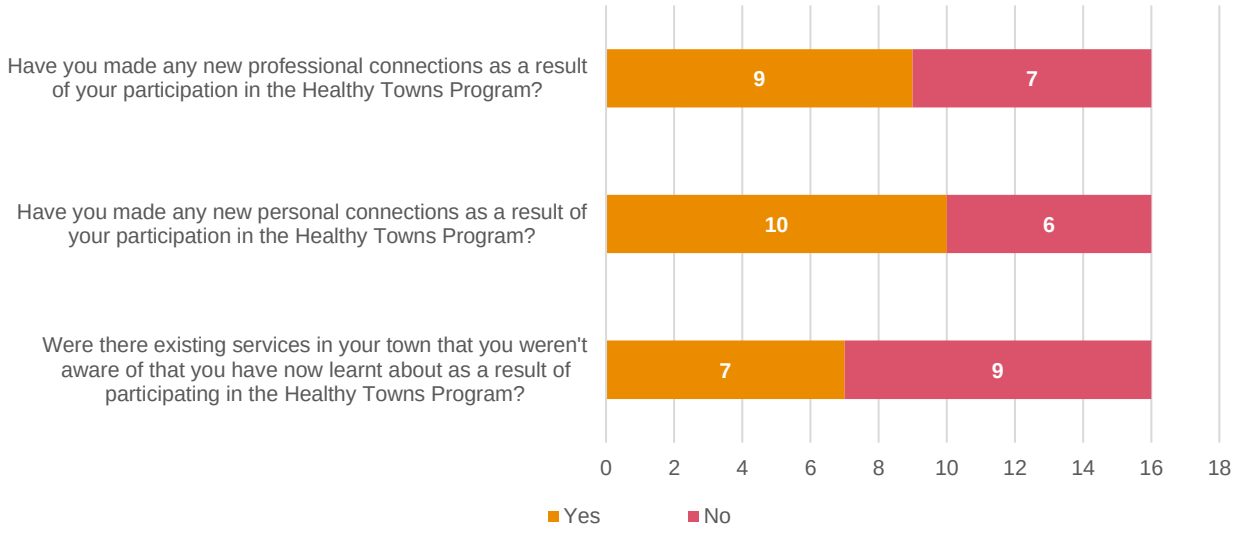
"You didn't even arrange a community noticeboard, as promised."

"Lake Cathie Community Hub has been able to attract additional services and grant monies because there is a physical paid coordination position funded by healthy Towns and the NCPHN."

Evaluation survey respondents

Survey results indicate that some new professional, personal and service connections were made as a result of participation in the Program at Lake Cathie.

Figure 24: Evaluation survey – New professional, personal and service connections (Lake Cathie)



Highlights: Specific initiatives

At the time of this evaluation, few of the projects in Lake Cathie had been implemented with most yet to be implemented, or currently in progress. The points below highlight those funded initiatives where feedback was captured as part of this evaluation:

- The Wellbeing Expo held as part of the Program was well attended, and attendees commented positively on their participation in the event noting that it contributed to the building of community, personal and service connections.
- Some community members expressed disappointment that the community noticeboard was not in place at the time of the evaluation having expected this to have been completed earlier.

Appendix D Maclean key findings

Community overview

Table 14: Key demographic statistics – Maclean (including LGA and State comparison)

Measure	Maclean*	Clarence Valley	NSW
Median age	56	49	38
Aboriginal and Torres Strait Islander people as % of population	8.4%	6.3%	2.9%
Population aged 0-14 years	12.3%	16.4%	18.5%
Population aged 65 years and older	37.9%	25.7%	16.2%
Median gross weekly household income	$824	$910	$1,486
Population aged 15 and over – Year 12 education level attained	9.0%	9.8%	15.3%
Working population in full time employment	42.4%	48.9%	49.2%
Households in rental housing stress (paying more than 30% of household income on rent)	17.4%	11.7%	12.9%

Source: Healthy Towns Maclean Community Profile, NCPHN
** Population of the State Suburb (SSC) of Maclean not including other areas that may also be serviced by Maclean*

The initial community survey undertaken as part of the Program identified the following as the top 10 health issues in Maclean:

1. Ageing issues (60.8%)
2. Drug and alcohol misuse (55.0%)
3. Mental health issues (49.5%)
4. Diet and exercise (37.8%)
5. Cost of living (36.0%)
6. Housing affordability (32.9%)
7. Transport (31.5%)
8. Poor access to healthcare (23.9%)
9. Cancer (23.4%)
10. Social isolation and suicide (23.4%).

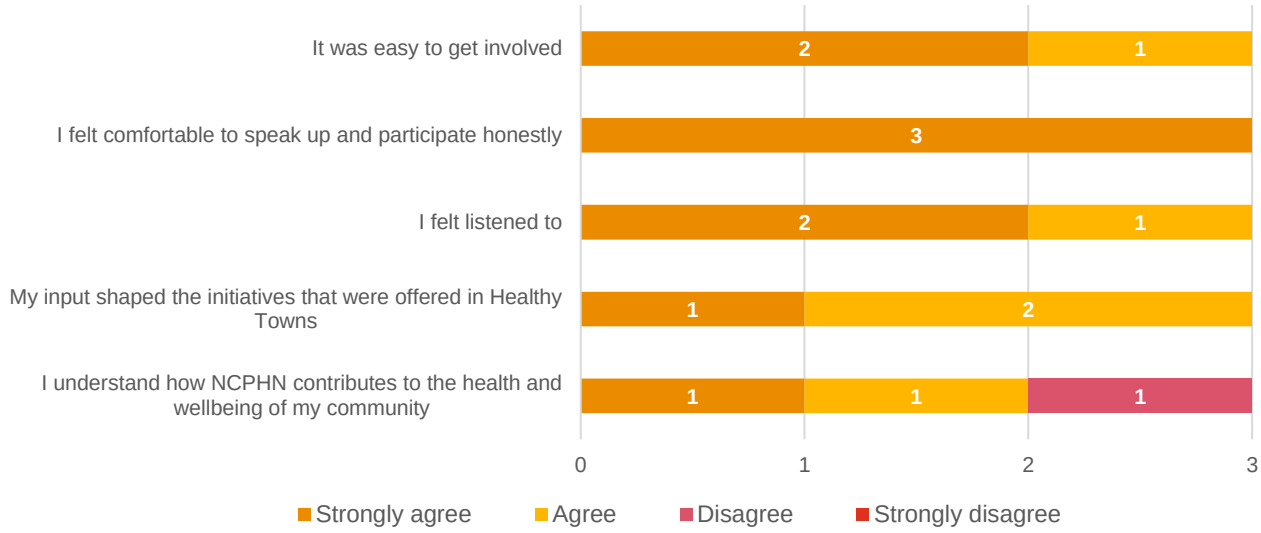
Findings: Program implementation

Stakeholder consultation and community engagement

As with other sites, stakeholders in Maclean commented positively on the consultation and engagement process. Despite the low evaluation survey response level, this was supported by survey results with all respondents (100%, n=3) agreed that it was easy to get involved, that they felt comfortable to speak up and participate honestly, and they felt listened.

Specific feedback in relation to Maclean included that having the Healthy Towns SPO co-located in the council offices supported collaboration and partnership around the Program.

Figure 25: Evaluation survey – Thinking about your participation in the planning process, how strongly do you agree or disagree with the following statements? (Maclean)



Development and prioritisation of initiatives

Overall, stakeholders in Maclean felt that the initiatives which were developed through Healthy Towns reflected the needs of the community and aligned with the issues and priorities raised by community members. All three survey respondents (100%, n=3) also agreed that the initiatives implemented in Maclean were relevant to the needs of their community.

As in other sites, community and partner stakeholders in Maclean expressed some confusion around which initiatives had been funded, and where each of the initiatives were up to in implementation.

The funded initiatives in Maclean are listed in the table below.

Table 15: Funded initiatives – Maclean

Initiative	Description	Relevant objectives*	Value (upper limit)
Gulmarrad Community Mobile Gathering Space	Purchase equipment to facilitate monthly social inclusion activities	• 1.1 Build community connectedness and social inclusion	$2,000
Maclean “What’s On” calendar	Develop and maintain printed and online community information resource	• 1.3 Create opportunities to develop individual connections to support health and wellbeing • 3.1 Improve awareness of available health and community services including after hours	$2,000
Closing the Gap Day Materials	Purchase materials for Closing the Gap activities at Nungera Cooperative	• 1.1 Build community connectedness and social inclusion • 3.4 Improve capacity of vulnerable population groups to self-manage health • 3.5 Increase community capacity to support people experiencing health and wellbeing challenges	$3,000
PCYC Safe Driving Course	Driving course for learners to increase skills and reduce required practice hours	• 1.2 Build community connectedness and social inclusion	$4,000

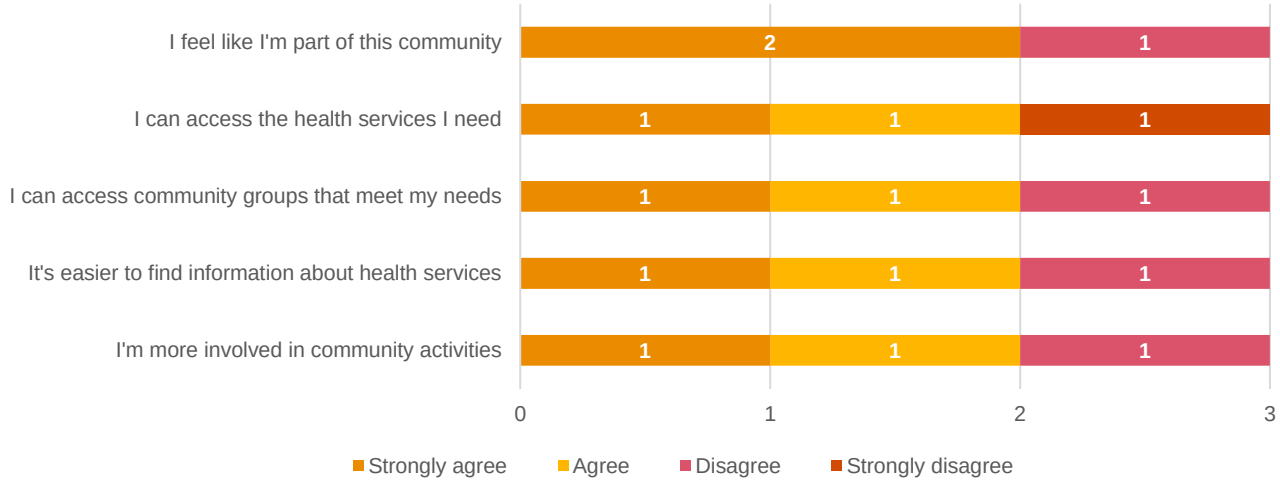
Initiative	Description	Relevant objectives*	Value (upper limit)
		• 3.2 Improve access to health services including after hours	
Food Pantry	Purchase equipment and procure cooking and nutrition activities to expand Grafton Food Pantry to Maclean	• 1.3 Build individual social connections to support health and wellbeing • 3.3 Implement health and wellbeing initiatives to improve population health	$5,000
Youth AOD and Mental Health resources	Fund a designer to collaboratively develop local health resources for young people through Nungera Cooperative	• 1.3 Build individual social connections to support health and wellbeing • 3.4 Build capacity of vulnerable population groups to self-manage health	$5,000
AOD Carer Support Group	Establishment, training, facilitation and meeting costs	• 1.3 Build individual social connections to support health and wellbeing • 3.4 Build capacity of vulnerable population groups to self-manage health	$10,000
Exercise and Nutrition Program	Evidence-based exercise and nutrition program to address obesity to be delivered with GP support	• 1.3 Build individual social connections to support health and wellbeing • 3.3 Implement health and wellbeing initiatives to improve population health	$10,000
Youth Camps	Fund Nungera Cooperative to run mentoring camps for young people and elders, including structured health, wellbeing, culture, education and connection activities	• 1.3 Build individual social connections to support health and wellbeing • 3.4 Build capacity of vulnerable population groups to self-manage health	$15,000
Maclean Youth Hub Establishment	Establishment contribution for weekly youth hub in Maclean, including sustainability plan and evaluation	• 1.3 Build individual social connections to support health and wellbeing • 3.4 Build capacity of vulnerable population groups to self-manage health	$23,000
Intergenerational Exercise Equipment	Co-purchase exercise equipment tailored for older people, and coordinate activation and community use	• 1.3 Build individual social connections to support health and wellbeing • 3.3 Implement health and wellbeing initiatives to improve population health	$25,000
Maclean Service Hub	Project Officer at 0.5 x 12 months to: • Establish community service hub at Civic Hall • Develop and maintain local information resources • Link community members to services • Develop sustainability plan and business case	• 1.2 Build community connectedness and social inclusion • 3.1 Improve awareness of available health and community services including after hours	$55,000
Total			$159,000

** Relevant objectives as identified by NCPHN*

Findings: Program outcomes

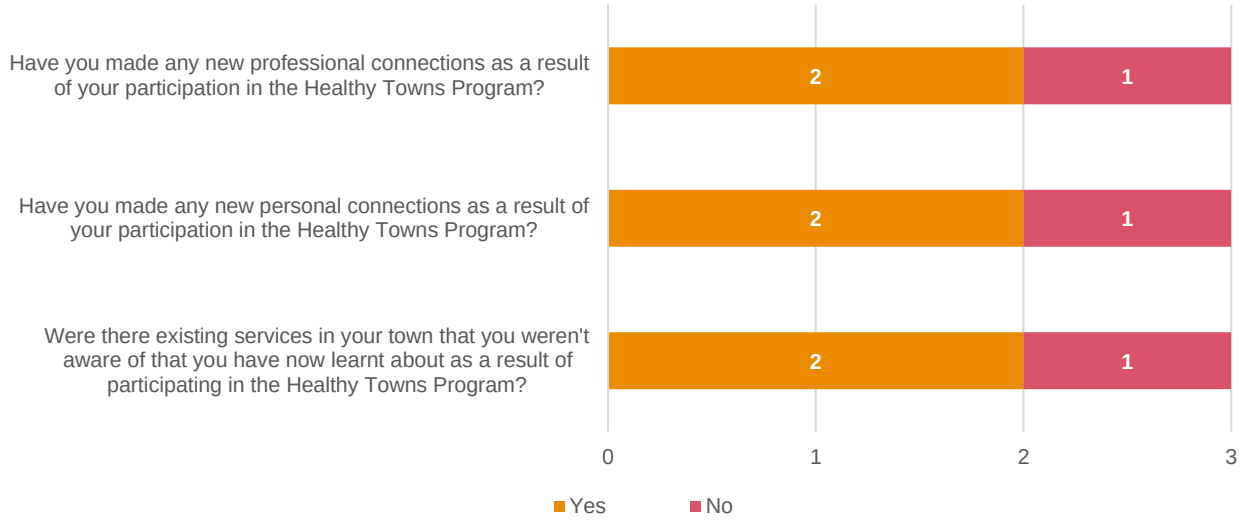
Overall, stakeholders consulted in Maclean spoke positively about the outcomes of the program. While evaluation survey responses were low in Maclean, two out of three respondents agreed that they are more involved in community activities and can access groups and services that meet their needs as a result of the Program.

Figure 26: Evaluation survey – As a result of your participation in the Healthy Towns Program in your town, how strongly do you agree or disagree with the following statements? (Maclean)



Survey results also indicate that some professional, personal and service connections were made as a result of the Program.

Figure 27: Evaluation survey – New professional, personal and service connections (Maclean)



Highlights: Specific initiatives

At the time of this evaluation, few of the projects in Maclean had been implemented with most yet to be implemented, or currently in progress. The points below highlight those funded initiatives where feedback was captured as part of this evaluation:

- Community stakeholders noted that the printed “What’s On” calendar, which highlights events throughout the year, was immediately out of date as the events it advertised changed. It was suggested the calendar requires regular updates, or be provided as a ‘live’ online resource.
- The Youth Hub reported high levels of attendance and is anticipated to be continued by the New School of Arts.

Appendix E South West Rocks key findings

Community overview

Table 16: Key demographic statistics – South West Rocks including LGA and State comparison)

Measure	South West Rocks*	Kempsey LGA	NSW
Median age	56	47	38
Aboriginal and Torres Strait Islander people as % of population	5.3%	11.6%	2.9%
Population aged 0-14 years	13.7%	17.2%	18.5%
Population aged 65 years and older	36.3%	23.9%	16.2%
Median gross weekly household income	$853	$894	$1,486
Population aged 15 and over – Year 12 education level attained	9.6%	9.4%	15.3%
Working population in full time employment	48.5%	47.1%	49.2%
Households in rental housing stress (paying more than 30% of household income on rent)	12.6%	11.4%	12.9%

Source: Healthy Towns Maclean Community Profile, NCPHN
** Population of the State Suburb (SSC) of South West Rocks not including other areas that may also be serviced by South West Rocks*

The initial community survey undertaken as part of the Program identified the following as the top 10 health issues in South West Rocks:

1. Ageing issues (73.2%)
2. Transport (49.6%)
3. Poor access to healthcare (40.8%)
4. Diet and exercise (36.3%)
5. Drug and alcohol misuse (35.3%)
6. Cost of living (33.4%)
7. Mental health issues (31.6%)
8. Cancer (28.4%)
9. Housing affordability (23.9%)
10. Recreational opportunities (21.0%)

Findings: Program implementation

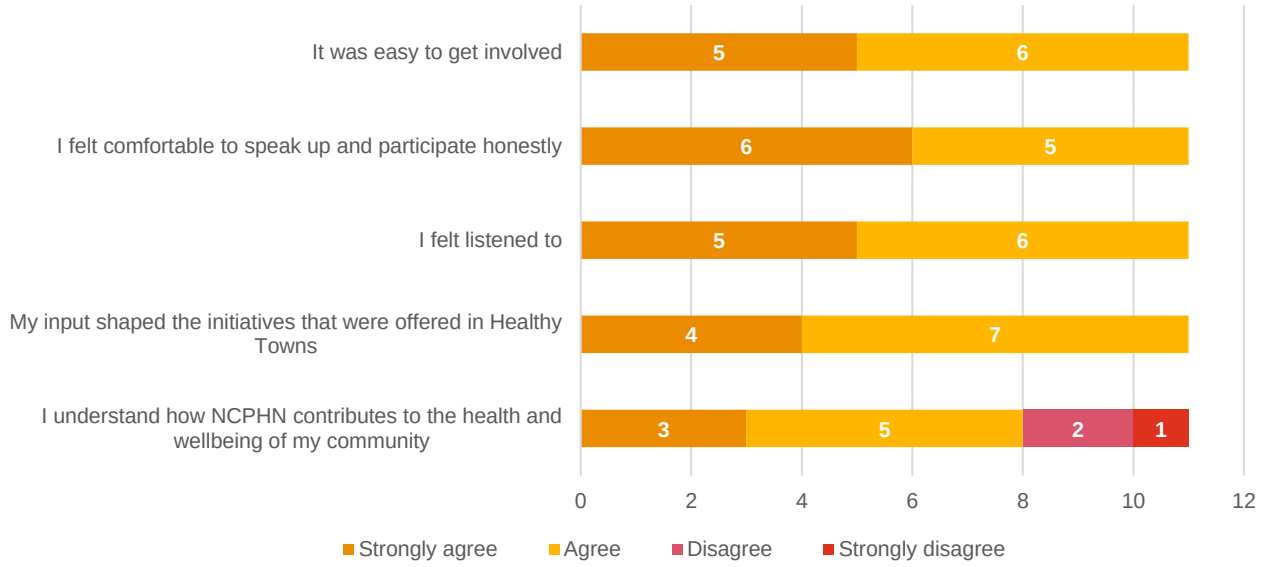
Stakeholder consultation and community engagement

As in other sites, community and partner stakeholders in South West Rocks spoke positively about the consultation and engagement process. This was reflected in survey results, with all respondents (100%, n=11) agreed that it was easy to get involved, that they felt listened to, and that their input shaped the initiatives that were offered. Three respondents (27%) disagreed that as a result they understand how NCPHN contributes to the health and wellbeing of their community.

Specific feedback provided by partners, community members and internal and external stakeholders in relation to the stakeholder consultation and community engagement approach include:

- There was a high representation of older community members and service providers at consultation events, with a perceived under-representation of young people
- There was some difficulty engaging Aboriginal community members in the consultation process
- While many unachievable ideas were raised, these were managed well and solutions were explored through the process.

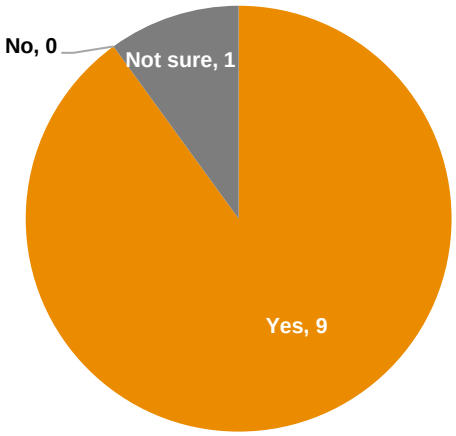
Figure 28: Evaluation survey – Thinking about your participation in the planning process, how strongly do you agree or disagree with the following statements? (South West Rocks)



Development and prioritisation of initiatives

Overall, stakeholders in South West Rocks felt that the initiatives which were developed through the Program reflected the needs of the community and aligned with the issues and priorities raised by community members. This is supported by survey results, with nearly all (90%, n=9) agreeing that the initiatives were relevant to the needs of the community. As in other towns, many stakeholders were unsure which initiatives had been prioritised and funded, and where they were up to in implementation.

Figure 29: Evaluation survey – Do you feel that the initiatives implemented by Healthy Towns were relevant to the needs of your community? (South West Rocks)



The table below outlines the initiatives that were funded through the Program in South West Rocks.

Table 17: Funded initiatives – South West Rocks

Initiative	Description	Relevant objectives*	Value (upper limit)
Telehealth Specialist Access	Trial telehealth initiative to improve specialist access	• 3.2 Improve access to health services including after hours	$3,000
Parkrun South West Rocks	Support community to establish Parkrun in collaboration with Local Health District	• 1.2 Build community connection and social inclusion • 3.3 Implement health and wellbeing initiatives to improve population health	$3,500
Food Ready Cooking Classes	Establishment costs to facilitate delivery of Food Ready Program	• 1.3 Build individual social connections to support health and wellbeing • 3.3 Implement health and wellbeing initiatives to improve population health	$3,500
My Emergency Dr App	My Emergency Dr app to support after hours medical access	• 3.2 Improve access to health services including after hours	$4,000
Health and Wellbeing Conference	Community education, service awareness and health literacy event	• 1.2 Build community connectedness and social inclusion • 3.1 Improve awareness of available health and community services including after hours	$5,000
Health and Community Transport	Collaborate with relevant agencies to: • Provide transport to support vulnerable individuals to access health services and social support • Coordinate volunteer transport to access specialist appointments	• 1.2 Build community connectedness and social inclusion • 3.2 Improve access to health services including after hours	$10,000
GP Workforce Initiative	GP workforce initiative to improve service access after hours and during seasonal demand periods	• 3.2 Improve access to health services including after hours	$10,000

Initiative	Description	Relevant objectives*	Value (upper limit)
Health Promotion Groups	Free community exercise and social programs for vulnerable community members, older people and people with chronic disease (includes all abilities sports)	• 1.3 Build individual social connections to support health and wellbeing • 3.3 Implement health and wellbeing initiatives to improve population health	$15,000
South West Rocks Community Garden	Community garden to be developed and maintained	• 1.2 Build community connectedness and social inclusion • 3.3 Implement health and wellbeing initiatives to improve population health	$20,000
Allied Health Outreach Service	Speech pathology and occupational therapy outreach to schools	• 3.2 Improve access to health services including after hours	$150,000
Total			$217,500

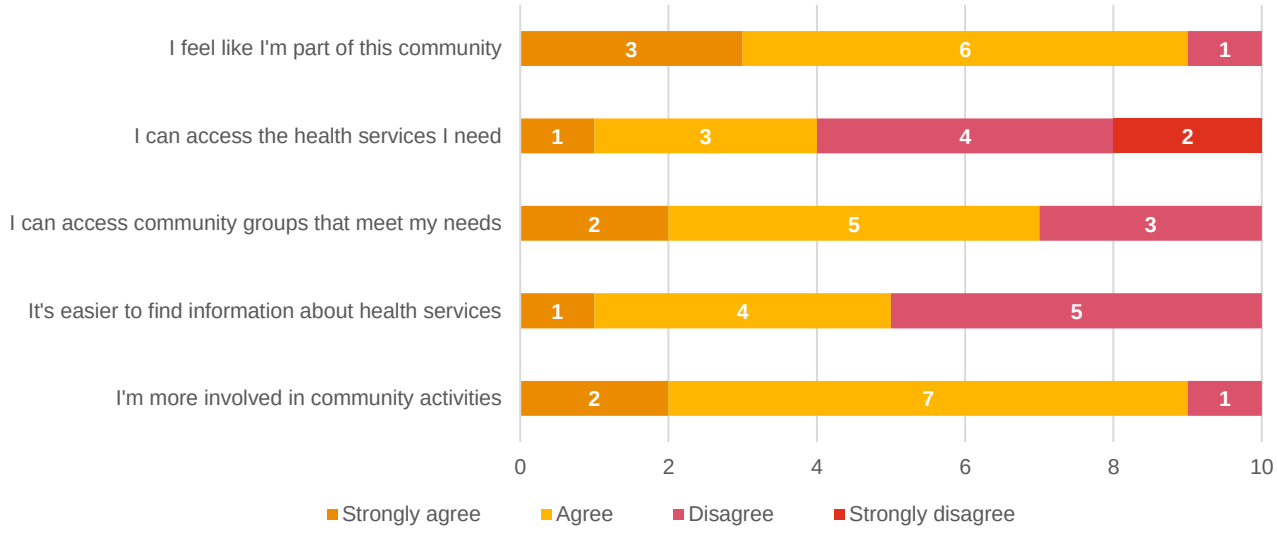
** Relevant objectives as identified by NCPHN*

Findings: Program outcomes

Overall, stakeholders consulted in South West Rocks spoke positively about the outcomes of the program. This is reflected in the survey results, with most respondents agreeing that as a result of the program, they are more involved in community activities (90%, n=9) and can access community groups (70%, n=7) that meet their needs.

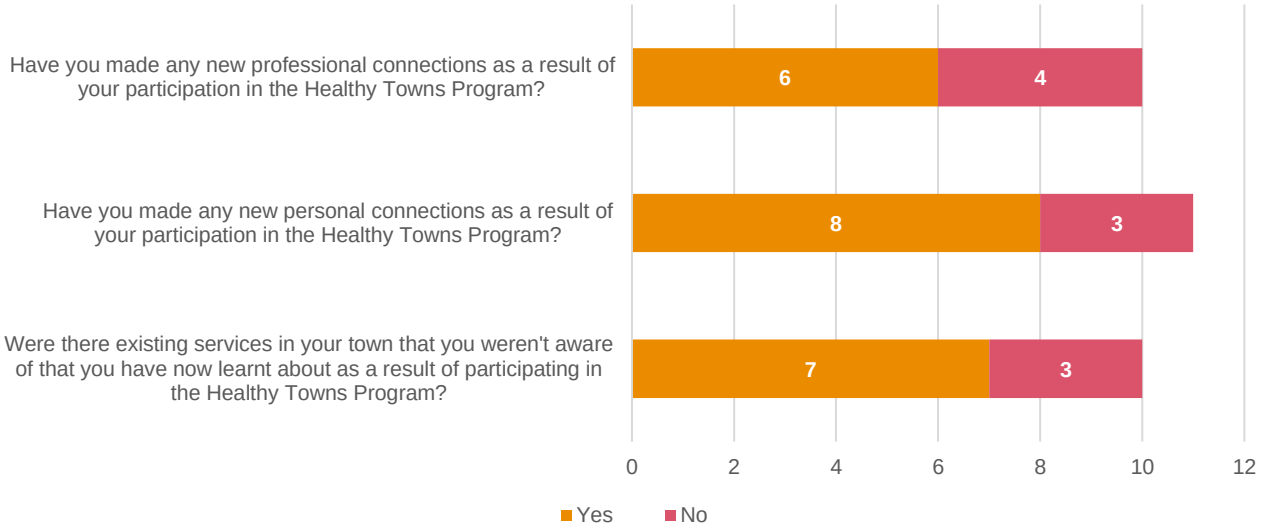
However, fewer respondents noted that they can access the health services they need (40%, n=4) and find information about health services (50%, n=5) when compared to other towns. This likely reflects difficulty accessing general practitioners in South West Rocks, which was reported as an ongoing issue for community stakeholders.

Figure 30: Evaluation survey – As a result of your participation in the Healthy Towns Program in your town, how strongly do you agree or disagree with the following statements? (South West Rocks)



Survey findings also indicate that new professional, personal and service connections were made in South West Rocks as a result of participation in the Program.

Figure 31: Evaluation survey – New professional, personal and service connections (South West Rocks)



Highlights: Specific initiatives

At the time of this evaluation, few of the projects in South West Rocks had been implemented with most yet to be implemented, or currently in progress. The points below highlight those funded initiatives where feedback was captured as part of this evaluation:

- The Program enabled piloting of the My Emergency Dr app to assist with after-hours GP access, in collaboration with MNCLHD
- A health information day was held in South West Rocks to bring the community and service providers together. While community and partner attendees noted that the day was successful in building connections between providers and consumers, other suggested that it could have been better advertised and attended.

Appendix F Woolgoolga key findings

Community overview

Table 18: Key demographic statistics – Woolgoolga including LGA and State comparison

Measure	Woolgoolga*	Coffs Harbour	NSW
Median age	47	44	38
Aboriginal and Torres Strait Islander people as % of population	4.3%	5.0%	2.9%
Population aged 0-14 years	15.6%	18.3%	18.5%
Population aged 65 years and older	24.8%	21.0%	16.2%
Median gross weekly household income	$949	$1,107	$1,486
Population aged 15 and over – Year 12 education level attained	13.2%	11.6%	15.3%
Working population in full time employment	49.6%	51.0%	49.2%
Households in rental housing stress (paying more than 30% of household income on rent)	14.3%	14.0%	12.9%

Source: Healthy Towns Maclean Community Profile, NCPHN
** Population of the State Suburb (SSC) of Woolgoolga not including other areas that may also be serviced by Woolgoolga*

The initial community survey undertaken as part of the Program identified the following as the top 10 health issues in Woolgoolga:

1. Cost of living (52.4%)
2. Ageing issues (51.5%)
3. Housing affordability (48.7%)
4. Drug and alcohol misuse (47.9%)
5. Transport (46.8%)
6. Mental health issues (45.4%)
7. Diet and exercise (35.5%)
8. Social isolation (22.3%)
9. Poor access to healthcare (21.4%)
10. Cancer (19.4%)

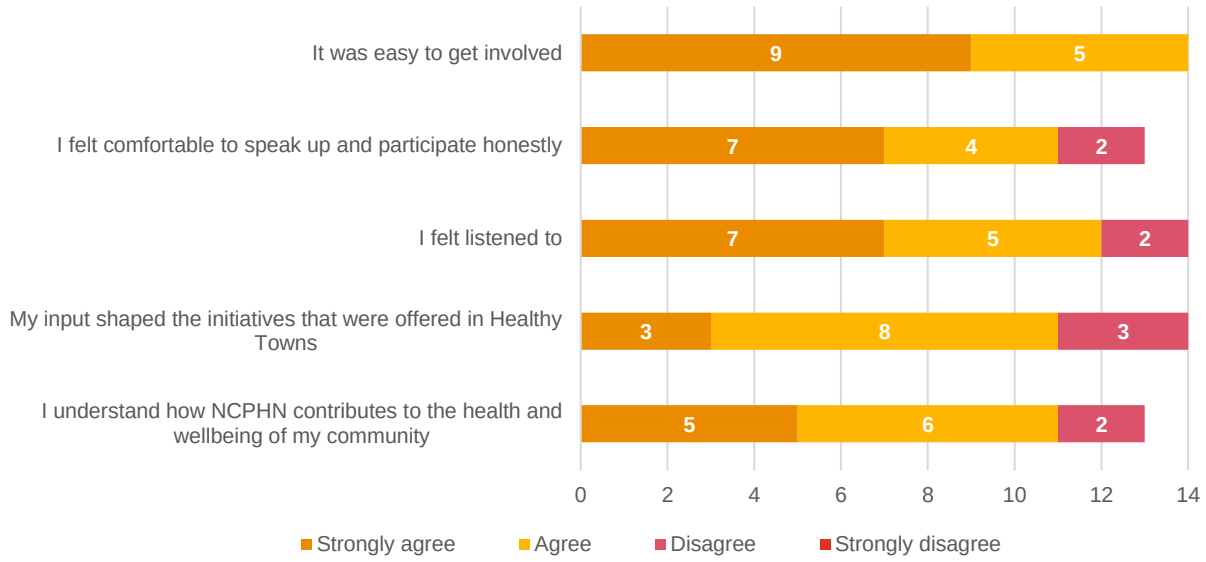
Findings: Program implementation

Stakeholder consultation and community engagement

Overall, stakeholders in Woolgoolga spoke highly of the consultation and engagement process. This feedback is supported by survey findings, with most survey respondents agreeing that it was easy to get involved (100%, n=14), that they felt listened to (86%, n=12), and that they felt their input had shaped the initiatives offered in Healthy Towns (79%, n=11).

Stakeholders noted that there were good levels of attendance at the events. It was also noted that there were frequent delays between events, communication and decisions around initiatives which slowed the momentum of the Program.

Figure 32: Evaluation survey – Thinking about your participation in the planning process, how strongly do you agree or disagree with the following statements? (Woolgoolga)



Development and prioritisation of initiatives

Overall, stakeholders felt that the selected initiatives reflected the needs and priorities of their communities. Nearly all survey respondents agreed that the initiatives implemented by Healthy Towns in Woolgoolga were relevant to the needs of their community.

Figure 33: Evaluation survey – Do you feel that the initiatives implemented by Healthy Towns were relevant to the needs of your community? (Woolgoolga)

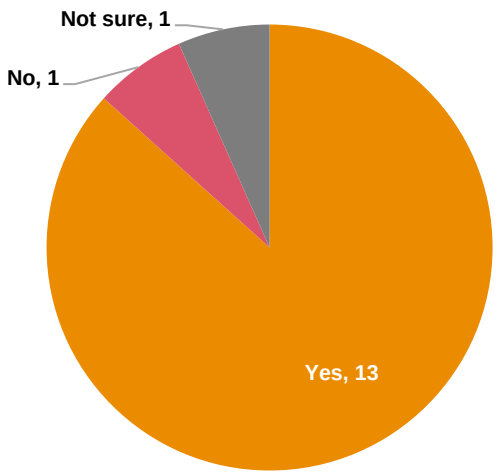


Table 19: Funded initiatives – Woolgoolga

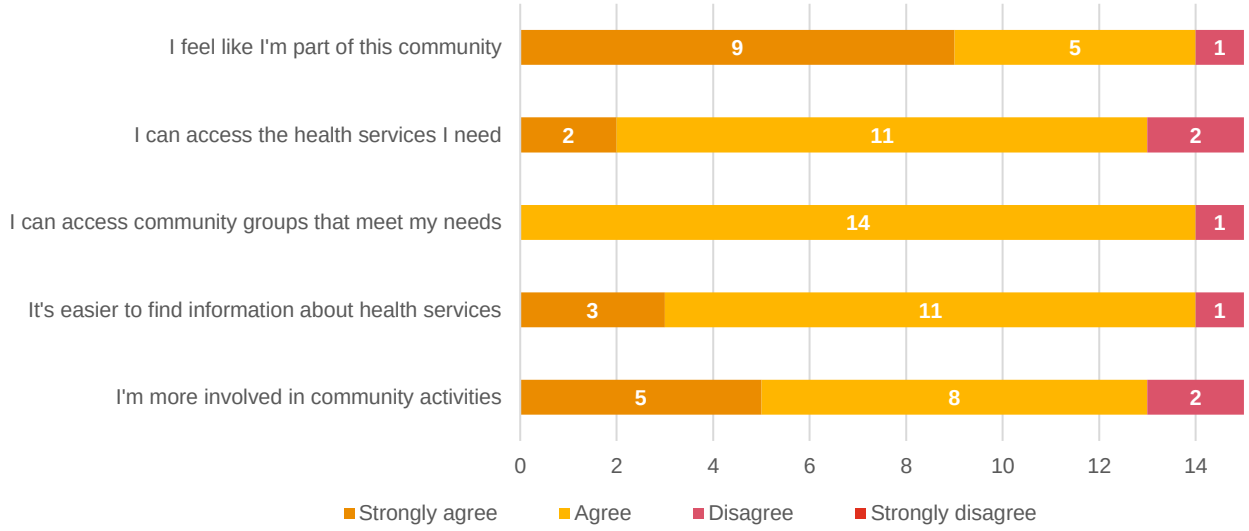
Initiative	Description	Relevant objectives*	Value (upper limit)
Health Information Strategy	• Local printed resources, including in Punjabi • Promote Neighbourhood Centre as a community information hub	• 1.2 Build community connectedness and social inclusion • 3.1 Improve awareness of available health and community services including after hours	$5,000
PCYC Safe Driving Course	Driving course for learners to increase skills and reduce required practice hours	• 1.2 Build community connectedness and social inclusion • 3.2 Improve access to health services including after hours	$6,000
Woolgoolga Community Directory	Community maintained directory of local services, events and activities	• 1.2 Build community connectedness and social inclusion • 3.1 Improve awareness of available health and community services including after hours	$7,500
CALD Men's 50+ Wellbeing Program	Men's health program including social and peer support for 50+ men and targeted group for CALD men	• 1.3 Build individual social connections to support health and wellbeing • 3.2 Implement health and wellbeing initiatives to improve population health	$10,000
General Men's 50+ Wellbeing Program	Men's health program including social and peer support for 50+ men	• 1.3 Build individual social connections to support health and wellbeing • 3.2 Implement health and wellbeing initiatives to improve population health	$10,000
Intergenerational Labour Exchange Program	Labour exchange between high school students and older people	• 1.3 Build individual social connections to support health and wellbeing • 1.2 Build community connectedness and social inclusion	$10,000
Healthy Towns Month	Community health and services expo including free classes and promotions at gyms and clubs, and health education sessions	• 1.3 Build individual social connections to support health and wellbeing • 3.3 Implement health and wellbeing initiatives to improve population health • 3.1 Improve awareness of available health and community services	$10,000
Intergenerational Gardening Classes	Weekly gardening, nutrition education and cooking classes for older people and children	• 1.2 Build community connectedness and social inclusion • 3.3 Implement health and wellbeing initiatives to improve population health	$25,000
Total			$83,500

** Relevant objectives as identified by NCPHN*

Findings: Program outcomes

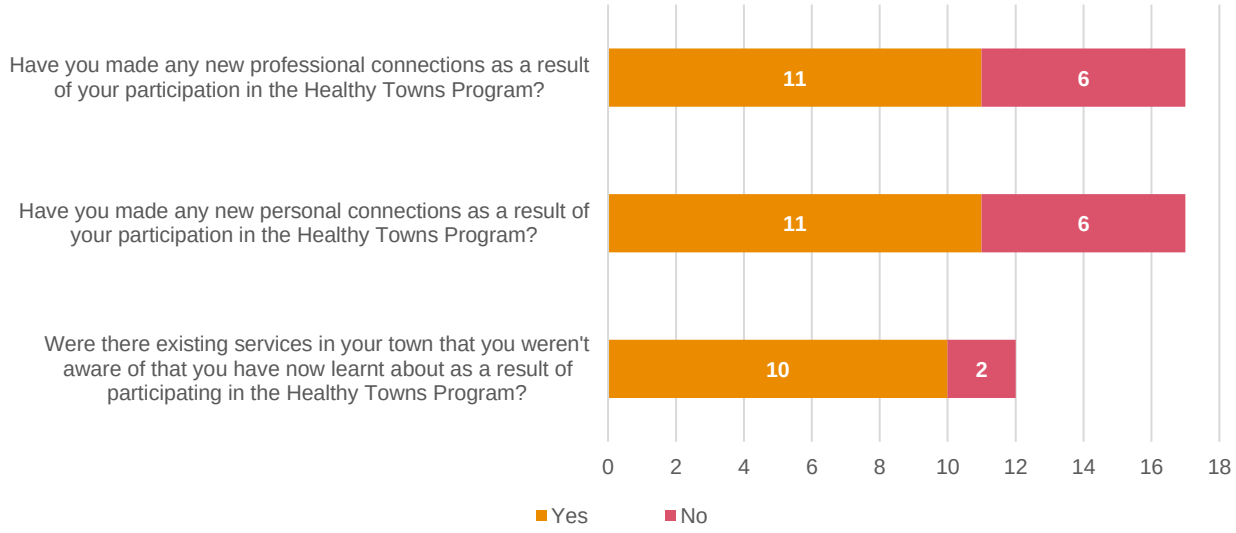
Most survey respondents in Woolgoolga agreed that, as a result of their participation in the Program, they are more involved in community activities (87%, n=13), it's easier to find information about health services (93%, n=14), and that they can access community groups (93%, n=14) and health services (87%, n=13) that meet their needs.

Figure 34: Evaluation survey – As a result of your participation in the Healthy Towns Program in your town, how strongly do you agree or disagree with the following statements? (Woolgoolga)



Survey findings also indicate that professional, personal and service connections were made as a result of participation in the Program at Woolgoolga.

Figure 35: Evaluation survey – New professional, personal and service connections (Woolgoolga)



Highlights: Specific initiatives

At the time of this evaluation, few of the projects in Woolgoolga had been implemented with most were yet to be implemented, or currently in progress. The points below highlight those funded initiatives where feedback was captured as part of this evaluation:

- A youth suicide education program was run in the local high school
- A local interagency group was established, with over 60 attendees at the first meeting

- Two men's 50+ exercise groups have been established, one general group and one targeted to the local Sikh community

- Healthy Towns Month was run in May 2019, which saw strong attendance at the launch and at events throughout the month. Feedback provided noted that the launch event should have been held on a weekend, rather than during the week as this meant many community members were unable to attend. This event has been taken on by the local community (in particular, the Chamber of Commerce) who intend to continue running it each year.

Appendix G Survey results

Q1. How old are you?

Responses	Count
25-44	15
45-64	32
65-84	19

Q2. Do you identify as Aboriginal or Torres Strait Islander?

Responses	Count
Yes	4
No	61

Q3. What gender do you most identify as?

Responses	Count
Male	18
Female	46
Other/Prefer not to say	1

Q4. In which town/s were you most involved with the Healthy Towns Program?

Responses	Count
Casino	9
Evans Head	7
Lake Cathie	19
Maclean	4
South West Rocks	13
Woolgoolga	19

Q5. Are you a:

Responses	Casino	Evans Head	Lake Cathie	Maclean	SWR	Woolgoolga	Total
Community member	2	4	11	2	5	9	33
Service provider	2	0	4	1	3	3	13
Both	5	3	5	2	5	7	27

Q5. Were you involved in the planning of the Healthy Towns Program where you live?

Responses	Casino	Evans Head	Lake Cathie	Maclean	SWR	Woolgoolga	Total
No, I wasn't involved	5	3	3	2	0	5	20
Yes, I attended a workshop	2	2	11	3	11	11	40
Yes, I completed a survey	2	4	7	2	10	11	36
Yes, someone spoke to me about the Healthy Towns Program when it	3	2	9	1	3	8	26

was being designed							
No response	0	0	0	0	0	0	0

Q6. Thinking about your participation in the planning process, how strongly do you agree or disagree with the following statements?

6a. It was easy to get involved

Responses	Casino	Evans Head	Lake Cathie	Maclean	SWR	Woolgoolga	Total
Strongly agree	0	0	7	2	5	9	23
Agree	4	3	8	1	6	5	27
Disagree	0	1	0	0	0	0	1
Strongly disagree	0	0	0	0	0	0	0
No response	5	3	5	2	2	5	22

6b. I felt comfortable to speak up and participate honestly

Responses	Casino	Evans Head	Lake Cathie	Maclean	SWR	Woolgoolga	Total
Strongly agree	0	0	5	3	6	7	21
Agree	4	3	11	0	5	4	27
Disagree	0	0	1	0	0	2	3
Strongly disagree	0	0	0	0	0	0	0
No response	5	3	4	2	2	6	22

6c. I felt listened to

Responses	Casino	Evans Head	Lake Cathie	Maclean	SWR	Woolgoolga	Total
Strongly agree	1	0	4	2	5	7	19
Agree	3	3	11	1	6	5	29
Disagree	0	1	1	0	0	2	4
Strongly disagree	0	0	0	0	0	0	0
No response	5	3	4	2	2	5	21

6d. My input shaped the initiatives that were offered in Healthy Towns

Responses	Casino	Evans Head	Lake Cathie	Maclean	SWR	Woolgoolga	Total
Strongly agree	0	0	5	3	4	3	13
Agree	3	1	7	0	7	8	28
Disagree	1	3	2	0	0	3	9
Strongly disagree	0	0	1	0	0	0	1
No response	5	3	5	2	2	5	22

6e. I understand how NCPHN contributes to the health and wellbeing of my community

Responses	Casino	Evans Head	Lake Cathie	Maclean	SWR	Woolgoolga	Total
Strongly agree	1	0	4	2	3	5	14
Agree	3	3	9	1	5	6	27
Disagree	0	1	1	0	2	2	7
Strongly disagree	0	0	1	0	1	0	2
No response	5	3	5	2	2	6	23

Q7. On a scale from 1 (lowest) to 10 (highest), how would you rate the following:

7a. Your health?

Responses	Casino	Evans Head	Lake Cathie	Maclean	SWR	Woolgoolga	Total
1	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0
3	0	0	1	0	0	0	3
4	1	1	1	0	0	0	1
5	0	0	0	0	0	0	1
6	1	0	2	0	0	1	5
7	2	0	3	1	3	3	14
8	3	1	7	3	4	9	28
9	1	4	4	1	6	4	16
10	1	0	1	0	0	1	2

7b. Your overall life satisfaction?

Responses	Casino	Evans Head	Lake Cathie	Maclean	SWR	Woolgoolga	Total
1	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0
3	0	0	0	0	0	0	1
4	1	0	0	0	0	0	1
5	1	0	0	0	0	0	0
6	0	0	0	0	1	2	3
7	0	0	1	0	1	3	10
8	3	2	11	1	5	3	27
9	4	3	7	3	4	7	22
10	0	1	0	1	2	3	6

What Healthy Towns activities have you participated in or attended? (Please select all that apply).

Q8. Casino

Responses	Count
Casino community transport	3
Oaks Centre community kitchen	4
Casino youth connection project	3
Parkrun	1

8a. As a result of your participation in the Oak Centre Community Kitchen, how strongly do you agree or disagree with the following statements?

Responses	Strongly agree	Agree	Disagree	Strongly disagree
I feel better connected to my community	0	1	0	0
I can better manage my own health	0	1	0	0
I have better access to the services I need	0	1	0	0
I am better able to contribute to the health and wellbeing of this community	0	1	0	0

8b. How frequently do you participate in the Oak Centre Community Kitchen?

Responses	Count
About once a week	0
About once a month	0
Every 2-3 months	1
Less frequently	0
I have only participated or used this once	0

8c. As a result of using community transport, how strongly do you agree or disagree with the following statements?

Responses	Strongly agree	Agree	Disagree	Strongly disagree
I feel better connected to my community	2	0	0	0
I can better manage my own health	2	0	0	0
I have better access to the services I need	2	0	0	0
I am better able to contribute to the health and wellbeing of this community	2	0	0	0

8d. How frequently do you use community transport?

Responses	Count
About once a week	0
About once a month	0
Every 2-3 months	0
Less frequently	1
I have only participated or used this once	1

8e. As a result of participating in the Casino Youth Connections Project, how strongly do you agree or disagree with the following statements?

Responses	Strongly agree	Agree	Disagree	Strongly disagree
I feel better connected to my community	0	0	1	
I can better manage my own health	0	0	0	1
I have better access to the services I need	0	0	0	1
I am better able to contribute to the health and wellbeing of this community	0	1	0	0

8f. How frequently do you participate in the Casino Youth Connections Project?

Responses	Count
About once a week	0
About once a month	1
Every 2-3 months	0
Less frequently	0
I have only participated or used this once	0

8g. As a result of participating in Parkrun, how strongly do you agree or disagree with the following statements?

Responses	Strongly agree	Agree	Disagree	Strongly disagree
I feel better connected to my community	0	1	0	0
I can better manage my own health	0	1	0	0
I have better access to the services I need	0	1	0	0
I am better able to contribute to the health and wellbeing of this community	0	1	0	0

8h. How frequently do you participate in Parkrun?

Responses	Count
About once a week	0
About once a month	0
Every 2-3 months	0
Less frequently	0
I have only participated or used this once	1

Q9. Evans Head

Responses	Count
Healthy Towns Community Connector	4
Defibrillator and training for surf clubs and sports clubs	0
Mental health first aid training	1

9a. As a result of using the Community Connector Service, how strongly do you agree or disagree with the following statements?

Responses	Strongly agree	Agree	Disagree	Strongly disagree
I feel better connected to my community	0	4	0	0
I can better manage my own health	0	3	1	0
I have better access to the services I need	0	2	1	1
I am better able to contribute to the health and wellbeing of this community	0	2	2	0

9b. How frequently do you use the Community Connector Service?

Responses	Count
About once a week	1
About once a month	0
Every 2-3 months	0
Less frequently	1
I have only participated or used this once	2

9c. As a result of participating in the defibrillator training, how strongly do you agree or disagree with the following statements?

No responses.

9d. As a result of participating in mental health first aid training, how strongly do you agree or disagree with the following statements?

Responses	Strongly agree	Agree	Disagree	Strongly disagree
I feel better connected to my community	0	1	0	0
I can better manage my own health	0	1	0	0
I have better access to the services I need	0	1	0	0
I am better able to contribute to the health and wellbeing of this community	0	0	1	0

Q10. Lake Cathie

Responses	Count
Lake Cathie Community Hub	12
Community noticeboard	5
Youth mental health resources	0
First responders trauma training	1
Training and rehabilitation equipment	1
Kitchen garden and wellbeing space	2
Lake Cathie community garden	5
Intergenerational outdoor gym	3
Accessible timetable and transport information	1

10a. As a result of your participation in the Community Hub, how strongly do you agree or disagree with the following statements?

Responses	Strongly agree	Agree	Disagree	Strongly disagree
I feel better connected to my community	5	3	3	0
I can better manage my own health	2	5	3	0
I have better access to the services I need	3	6	2	0
I am better able to contribute to the health and wellbeing of this community	3	6	2	0

10b. How frequently do you participate in the Community Hub?

Responses	Count
About once a week	3
About once a month	0
Every 2-3 months	3
Less frequently	2
I have only participated or used this once	3

10c. As a result of using the community noticeboard, how strongly do you agree or disagree with the following statements?

Responses	Strongly agree	Agree	Disagree	Strongly disagree

I feel better connected to my community	1	1	0	1
I can better manage my own health	1	1	0	1
I have better access to the services I need	1	1	0	1
I am better able to contribute to the health and wellbeing of this community	1	1	0	1

10d. How frequently do you use the community noticeboard?

Responses	Count
About once a week	1
About once a month	0
Every 2-3 months	1
Less frequently	1
I have only participated or used this once	0

10e. As a result of using youth mental health resources, how strongly do you agree or disagree with the following statements?

No responses

10f. How frequently do you use youth mental health resources?

No responses

10g. As a result of participating in the first responders trauma training, how strongly do you agree or disagree with the following statements?

No responses

10h. As a result of using the training and rehabilitation equipment, how strongly do you agree or disagree with the following statements?

Responses	Strongly agree	Agree	Disagree	Strongly disagree
I feel better connected to my community	0	1	0	0
I can better manage my own health	0	1	0	0
I have better access to the services I need	0	1	0	0
I am better able to contribute to the health and wellbeing of this community	0	1	0	0

10i. How frequently do you use the training and rehabilitation equipment?

Responses	Count
About once a week	1
About once a month	0
Every 2-3 months	0
Less frequently	0
I have only participated or used this once	0

10j. As a result of using the kitchen garden and wellbeing space, how strongly do you agree or disagree with the following statements?

Responses	Strongly agree	Agree	Disagree	Strongly disagree
I feel better connected to my community	0	1	0	0
I can better manage my own health	0	1	0	0
I have better access to the services I need	0	1	0	0
I am better able to contribute to the health and wellbeing of this community	0	1	0	0

10k. How frequently do you use the kitchen garden and wellbeing space?

Responses	Count
About once a week	0
About once a month	0
Every 2-3 months	0
Less frequently	1
I have only participated or used this once	0

10l. As a result of using the community garden, how strongly do you agree or disagree with the following statements?

Responses	Strongly agree	Agree	Disagree	Strongly disagree
I feel better connected to my community	1	4	0	0
I can better manage my own health	1	3	1	0
I have better access to the services I need	1	3	1	0
I am better able to contribute to the health and wellbeing of this community	1	4	0	0

10m. How frequently do you use the community garden?

Responses	Count
About once a week	0
About once a month	1
Every 2-3 months	1
Less frequently	2
I have only participated or used this once	0

10n. As a result of using the intergenerational outdoor gym, how strongly do you agree or disagree with the following statements?

No responses

10o. How frequently do you use the intergenerational outdoor gym?

No responses

10p. As a result of using the accessible timetable and transport information, how strongly do you agree or disagree with the following statements?

No responses

10q. How frequently do you use the accessible timetable and transport information?

No responses

Q11. Maclean

Responses	Count
Gulmarrad community mobile gathering space	1
Maclean 'What's On' printed and online community information resource	2
Driver training	1
Exercise and nutrition program	0
Youth camps	0
Maclean Youth Hub	0
Intergenerational exercise equipment	2
Maclean Service Hub	1
Teen mental health first aid	1

11a. As a result of your participation in the Gulmarrad community gathering space, how strongly do you agree or disagree with the following statements?

Responses	Strongly agree	Agree	Disagree	Strongly disagree
I feel better connected to my community	0	1	0	0
I can better manage my own health	0	0	1	0
I have better access to the services I need	0	0	1	0
I am better able to contribute to the health and wellbeing of this community	0	1	0	0

11b. How frequently do you participate in the Gulmarrad community gathering space?

Responses	Count
About once a week	0
About once a month	0
Every 2-3 months	1
Less frequently	0
I have only participated or used this once	0

11c. As a result of using What's On Maclean, how strongly do you agree or disagree with the following statements?

Responses	Strongly agree	Agree	Disagree	Strongly disagree
I feel better connected to my community	1	1	0	0
I can better manage my own health	1	1	0	0
I have better access to the services I need	1	1	0	0

I am better able to contribute to the health and wellbeing of this community	2	0	0	0

11d. How frequently do you use What's On?

Responses	Count
About once a week	0
About once a month	0
Every 2-3 months	0
Less frequently	2
I have only participated or used this once	0

11e. As a result of participating in driver training, how strongly do you agree or disagree with the following statements?

Responses	Strongly agree	Agree	Disagree	Strongly disagree
I feel better connected to my community	0	1	0	0
I can better manage my own health	0	1	0	0
I have better access to the services I need	0	1	0	0
I am better able to contribute to the health and wellbeing of this community	0	1	0	0

11f. How frequently do you participate in driver training?

Responses	Count
About once a week	0
About once a month	0
Every 2-3 months	0
Less frequently	1
I have only participated or used this once	0

11g. As a result of participating in youth camps, how strongly do you agree or disagree with the following statements?

Responses	Strongly agree	Agree	Disagree	Strongly disagree
I feel better connected to my community	0	1	0	0
I can better manage my own health	0	1	0	0
I have better access to the services I need	0	1	0	0
I am better able to contribute to the health and wellbeing of this community	0	1	0	0

11h. How frequently do you participate in youth camps?

Responses	Count
About once a week	0
About once a month	0
Every 2-3 months	1

Less frequently	0
I have only participated or used this once	0

11i. As a result of using the youth hub, how strongly do you agree or disagree with the following statements?

Responses	Strongly agree	Agree	Disagree	Strongly disagree
I feel better connected to my community	0	1	0	0
I can better manage my own health	1	0	0	0
I have better access to the services I need	1	0	0	0
I am better able to contribute to the health and wellbeing of this community	1	0	0	0

11j. How frequently do you use the youth hub?

Responses	Count
About once a week	0
About once a month	1
Every 2-3 months	0
Less frequently	0
I have only participated or used this once	0

11k. As a result of using the intergenerational exercise equipment, how strongly do you agree or disagree with the following statements?

Responses	Strongly agree	Agree	Disagree	Strongly disagree
I feel better connected to my community	0	2	0	0
I can better manage my own health	0	2	0	0
I have better access to the services I need	0	2	0	0
I am better able to contribute to the health and wellbeing of this community	0	2	0	0

11l. How frequently do you use the intergenerational exercise equipment?

Responses	Count
About once a week	0
About once a month	0
Every 2-3 months	1
Less frequently	0
I have only participated or used this once	1

11m. As a result of using the Maclean Service Hub, how strongly do you agree or disagree with the following statements?

Responses	Strongly agree	Agree	Disagree	Strongly disagree
I feel better connected to my community	0	1	0	0

I can better manage my own health	0	1	0	0
I have better access to the services I need	0	1	0	0
I am better able to contribute to the health and wellbeing of this community	0	1	0	0

11n. How frequently do you use the Maclean Service Hub?

Responses	Count
About once a week	0
About once a month	1
Every 2-3 months	0
Less frequently	0
I have only participated or used this once	0

11o. As a result of participating in teen mental health first aid, how strongly do you agree or disagree with the following statements?

Responses	Strongly agree	Agree	Disagree	Strongly disagree
I feel better connected to my community	1	0	0	0
I can better manage my own health	1	0	0	0
I have better access to the services I need	1	0	0	0
I am better able to contribute to the health and wellbeing of this community	1	0	0	0

11p. How frequently do you participate in teen mental health first aid?

Responses	Count
About once a week	0
About once a month	1
Every 2-3 months	0
Less frequently	0
I have only participated or used this once	0

Q12. South West Rocks

Responses	Count
Horseshoe Bay Reserve Parkrun	5
South West Rocks Easy Rider Service	1
Health and Wellbeing Groups	6
Health Information Strategy	0
My Emergency Dr Pilot	1
Community Garden	1
Allied Health Services	4

12a. As a result of your participation in the Horseshoe Bay Reserve Parkrun, how strongly do you agree or disagree with the following statements?

Responses	Strongly agree	Agree	Disagree	Strongly disagree

I feel better connected to my community	5	0	0	0
I can better manage my own health	3	1	0	1
I have better access to the services I need	0	4	0	1
I am better able to contribute to the health and wellbeing of this community	1	3	0	1

12b. How frequently do you participate in the Horseshoe Bay Reserve Parkrun?

Responses	Count
About once a week	2
About once a month	2
Every 2-3 months	0
Less frequently	0
I have only participated or used this once	1

12c. As a result of your participation in the Easy Rider Service, how strongly do you agree or disagree with the following statements?

Responses	Strongly agree	Agree	Disagree	Strongly disagree
I feel better connected to my community	0	1	0	0
I can better manage my own health	0	0	1	0
I have better access to the services I need	0	0	1	0
I am better able to contribute to the health and wellbeing of this community	0	1	0	0

12d. How frequently do you participate in the Easy Rider Service?

Responses	Count
About once a week	0
About once a month	0
Every 2-3 months	0
Less frequently	0
I have only participated or used this once	1

12e. As a result of your participation in Health and Wellbeing Groups, how strongly do you agree or disagree with the following statements?

Responses	Strongly agree	Agree	Disagree	Strongly disagree
I feel better connected to my community	3	3	0	0
I can better manage my own health	3	2	0	1
I have better access to the services I need	2	1	2	1
I am better able to contribute to the health and wellbeing of this community	1	5	0	0

12f. How frequently do you participate in the Health and Wellbeing Groups?

Responses	Count
About once a week	2
About once a month	2
Every 2-3 months	1
Less frequently	0
I have only participated or used this once	1

12g. As a result of your participation in My Emergency Dr App, how strongly do you agree or disagree with the following statements?

Responses	Strongly agree	Agree	Disagree	Strongly disagree
I feel better connected to my community	1	0	0	0
I can better manage my own health	1	0	0	0
I have better access to the services I need	1	0	0	0
I am better able to contribute to the health and wellbeing of this community	1	0	0	0

12h. How frequently do you participate in the My Emergency Dr App?

Responses	Count
About once a week	0
About once a month	0
Every 2-3 months	0
Less frequently	1
I have only participated or used this once	0

12i. As a result of your participation in the Community Garden, how strongly do you agree or disagree with the following statements?

No responses

12j. How frequently do you participate in the Community Garden?

No responses

12k. As a result of your participation in the Allied Health Service, how strongly do you agree or disagree with the following statements?

Responses	Strongly agree	Agree	Disagree	Strongly disagree
I feel better connected to my community	1	1	2	0
I can better manage my own health	1	1	2	0
I have better access to the services I need	1	1	2	0
I am better able to contribute to the health and wellbeing of this community	1	2	1	0

12l. How frequently do you participate in the Allied Health Services?

Responses	Count
About once a week	0
About once a month	0
Every 2-3 months	0
Less frequently	2
I have only participated or used this once	1

Q13. Woolgoolga

Responses	Count
Healthy Towns Month	15
Men's 50+ Wellbeing Program	1
Community newsletter	9
Ever Better Bunch	6
Neighbourhood Centre Website	2
Woopi gardens gardening and cooking classes	3
Woolgoolga interagency meeting	8
PCYC Safer Drivers Course	0
ASIST Suicide Prevention Training	6

13a. As a result of your participation in the Healthy Towns Month, how strongly do you agree or disagree with the following statements?

Responses	Strongly agree	Agree	Disagree	Strongly disagree
I feel better connected to my community	8	6	1	0
I can better manage my own health	5	7	3	0
I have better access to the services I need	4	8	3	0
I am better able to contribute to the health and wellbeing of this community	7	6	2	0

13b. Approximately how many events did you attend during Healthy Towns Month?

Responses	Count
0-5	11
5-10	3
10+	1

13c. As a result of participating in the Men's 50+ Wellbeing Program, how strongly do you agree or disagree with the following statements?

Responses	Strongly agree	Agree	Disagree	Strongly disagree
I feel better connected to my community	0	1	0	0
I can better manage my own health	0	1	0	0
I have better access to the services I need	0	1	0	0
I am better able to contribute to the health and wellbeing of this community	0	1	0	0

13d. How frequently do you participate in the Men's 50+ Wellbeing Program?

Responses	Count
About once a week	0
About once a month	0
Every 2-3 months	0
Less frequently	0
I have only participated or used this once	1

13e. As a result of the community newsletter, how strongly do you agree or disagree with the following statements?

Responses	Strongly agree	Agree	Disagree	Strongly disagree
I feel better connected to my community	6	2	0	0
I can better manage my own health	1	6	1	0
I have better access to the services I need	3	5	0	0
I am better able to contribute to the health and wellbeing of this community	2	6	0	0

13f. How frequently do you use the community newsletter?

Responses	Count
About once a week	0
About once a month	5
Every 2-3 months	1
Less frequently	1
I have only participated or used this once	0

13g. As a result of participating in the Everbetter Bunch Program, how strongly do you agree or disagree with the following statements?

Responses	Strongly agree	Agree	Disagree	Strongly disagree
I feel better connected to my community	3	3	0	0
I can better manage my own health	4	2	0	0
I have better access to the services I need	5	1	0	0
I am better able to contribute to the health and wellbeing of this community	5	1	0	0

13h. How frequently do you participate in the Everbetter Bunch?

Responses	Count
About once a week	6
About once a month	0
Every 2-3 months	0
Less frequently	0
I have only participated or used this once	0

13i. As a result of using the Neighbourhood Centre Website, how strongly do you agree or disagree with the following statements?

Responses	Strongly agree	Agree	Disagree	Strongly disagree
I feel better connected to my community	0	1	0	0
I can better manage my own health	0	1	0	0
I have better access to the services I need	0	1	0	0
I am better able to contribute to the health and wellbeing of this community	0	1	0	0

13j. How frequently do you use the Neighbourhood Centre Website?

Responses	Count
About once a week	0
About once a month	0
Every 2-3 months	0
Less frequently	1
I have only participated or used this once	0

13k. As a result of participating in the Woopi Gardens gardening and cooking classes, how strongly do you agree or disagree with the following statements?

Responses	Strongly agree	Agree	Disagree	Strongly disagree
I feel better connected to my community	1	2	0	0
I can better manage my own health	0	3	0	0
I have better access to the services I need	0	3	0	0
I am better able to contribute to the health and wellbeing of this community	0	3	0	0

13l. How frequently do you participate in the Woopi Gardens gardening and cooking classes?

Responses	Count
About once a week	1
About once a month	1
Every 2-3 months	0
Less frequently	1
I have only participated or used this once	0

13m. As a result of participating in the Woolgoolga Interagency meetings, how strongly do you agree or disagree with the following statements?

Responses	Strongly agree	Agree	Disagree	Strongly disagree
I feel better connected to my community	1	7	0	0
I have better relationships with service providers in the area	4	4	0	0

I am able to provide better services to the community	3	5	0	0
I have learnt about organisations and services I didn't know of before	5	3	0	0

13n. How frequently do you participate in the Woolgoolga Interagency meetings?

Responses	Count
Every meeting	4
Every 2-3 meetings	2
I have only participated or used this once	2

13o. As a result of participating in the PCYC Safer Drivers Course, how strongly do you agree or disagree with the following statements?

No responses.

13p. How frequently do you participate in the PCYC Safer Drivers Course?

No responses.

13q. As a result of participating the ASIST Suicide Prevention Training, how strongly do you agree or disagree with the following statements?

Responses	Strongly agree	Agree	Disagree	Strongly disagree
I feel better connected to my community	2	4	0	0
I can better manage my own health	1	5	0	0
I have better access to the services I need	1	5	0	0
I am better able to contribute to the health and wellbeing of this community	5	1	0	0

Q14. Have you made any new personal connections as a result of your participation in the Healthy Towns Program?

Responses	Casino	Evans Head	Lake Cathie	Maclean	SWR	Woolgoolga	Total
Yes	3	4	10	2	8	11	38
No	2	2	6	1	3	6	20
No response	4	1	4	2	2	2	15

Q15. Do you think these connections will continue into the future?

Responses	Casino	Evans Head	Lake Cathie	Maclean	SWR	Woolgoolga	Total
Yes	3	4	9	2	9	13	40
No	2	2	5	1	2	4	16
No response	4	1	6	2	2	2	17

Q16. Have you made any new professional connections as a result of your participation in the Healthy Towns Program?

Responses	Casino	Evans Head	Lake Cathie	Maclean	SWR	Woolgoolga	Total
Yes	3	2	9	2	6	11	33
No	2	4	7	1	4	6	24
No response	4	1	4	2	3	2	16

Q17. Do you think these connections will continue into the future?

Responses	Casino	Evans Head	Lake Cathie	Maclean	SWR	Woolgoolga	Total
Yes	3	2	9	2	6	11	33
No	2	4	5	1	4	5	21
No response	4	1	6	2	3	3	19

Q18. As a result of the Healthy Towns Program (select all that apply):

Responses	Casino	Evans Head	Lake Cathie	Maclean	SWR	Woolgoolga	Total
The organisation I work for has stronger relationships with existing partners	3	0	1	1	3	6	13
The organisation I work for has created new relationships with government agencies	2	0	0	1	2	4	10
The organisation I work for has created new relationships with local community organisations	3	0	3	1	4	6	17
The organisation I work for has created new relationships with local businesses	3	0	2	1	2	6	13
The organisation I work for has not experienced any changes in our relationships	1	1	1	1	1	1	15
No response	5	6	14	3	7	10	45

Q19. Were there existing services in your town that you weren't aware of that you have now learnt about as a result of participating in the Healthy Towns Program?

Responses	Casino	Evans Head	Lake Cathie	Maclean	SWR	Woolgoolga	Total
Yes	3	1	7	2	7	10	33
No	2	5	9	1	3	2	20
No response	4	1	4	2	3	7	16

Q20. As a result of your participation in the Healthy Towns Program, how strongly do you agree or disagree with the following statements?

20a. I'm more involved in community activities

Responses	Casino	Evans Head	Lake Cathie	Maclean	SWR	Woolgoolga	Total
Strongly agree	1	0	3	1	2	5	19
Agree	3	5	5	1	7	8	23
Disagree	1	1	7	1	1	2	11
Strongly disagree	0	0	0	0	0	0	5
No response	4	1	5	2	3	4	14

20b. It's easier to find information about health services

Responses	Casino	Evans Head	Lake Cathie	Maclean	SWR	Woolgoolga	Total
Strongly agree	0	0	2	1	1	3	14
Agree	4	3	9	1	4	11	28
Disagree	1	2	5	1	5	1	13
Strongly disagree	0	1	0	0	0	0	5
No response	4	1	4	2	3	4	13

20c. I can access community groups that meet my needs

Responses	Casino	Evans Head	Lake Cathie	Maclean	SWR	Woolgoolga	Total
Strongly agree	1	0	2	1	2	0	11
Agree	3	3	10	1	5	14	34
Disagree	1	3	4	1	3	1	9
Strongly disagree	0	0	0	0	0	0	5
No response	4	1	4	2	3	4	13

20d. I can access the health services I need

Responses	Casino	Evans Head	Lake Cathie	Maclean	SWR	Woolgoolga	Total
Strongly agree	1	0	2	1	1	2	13
Agree	3	4	11	1	3	11	28
Disagree	1	1	3	0	4	2	10
Strongly disagree	0	1	0	1	2	0	8
No response	4	1	4	2	3	4	13

20e. I feel like I'm part of this community

Responses	Casino	Evans Head	Lake Cathie	Maclean	SWR	Woolgoolga	Total
Strongly agree	1	0	3	2	3	9	24
Agree	3	4	10	0	6	5	23
Disagree	1	1	3	1	1	1	6
Strongly disagree	0	0	0	0	0	0	6
No response	4	2	4	2	3	4	13

Q21. How could the Healthy Towns Program be improved to better meet your needs?

Site	Responses
Casino	Continue the face-to-face involvement with local community groups and services
	Continue to deliver service in our community

	Difficult to say as the majority of programs for Casino and Evans Head have not yet been delivered.
Evans Head	Difficult to say as the majority of programs for Casino and Evans Head have not yet been delivered.
	I attended morning tea @ Evans head yesterday...no speech...only info was on the flyer
	Advertise before it's on not after very little information reaches the community
	To initiate more services at the new Evans Head Health Care One faciliy like dental and other services I require which can only be accessed out of town because of transport diffuculties.
Lake Cathie	more events
	You could have imiplemented one of the suggestions, nothing was done
	A stronger link between local council and resourcing for community consultation outcomes/priorities. Healthy towns did a fantastic job consulting, researching , evaluating and providing funds to action prioritised activities but local council has held up progress by duplicating consultation and not running their systems collaboratively so that more timely actions can be implemented
	Regular email/ongoing communication ref activities/ services
	Would like to see a dance group similar to the Nia Movement start for older seniors 65 and over in the Cathie area.
Maclean	Follow up with the planned activities and further advertising of the new incentives within the township.
	More ongoing support for the program. For example the what's on calendar being regularly updated.
South West Rocks	Recurrent funding of Project Manager position to ensure ongoing implementation of identified solutions
	It needs to recruit more GPs. My Dr. has just cut back his availability. If ill today I could not see him until May and no other Dr. will put me on their books.
	The programs need to be better advertised eg gym programs at Keystone are only by word of mouth
	Get the community garden running
	Different way of administering the funds. I can see much more effective and efficient ways of administering the speech pathology and OT program to make the funds stretch much further.
	We still need better access to health services and professionals, like radiology, psychologists, occupational therapists, behavioural optometrists
	A local health newsletter to tell us when new/replacement services arrive
	We could use a heated pool. The services need to be better advertised.
Woolgoolga	Continue to run by the community even without funding
	More options on weekends, as some activities were during working hours
	Making sure new services are highlighted
	Exercise options still cost a fair bit of money for the average family. No community yoga/pilates project, it is still private and costs a bomb. Not alot available for young families/Single parents to make connections. As usual it seems as though this was put together for the boomer generation and not the younger generation. Half of the things available to go to were during work hours, not a lot was done on weekends or after hours.
	The program length was too short. The main coordinator in Woopi should have been in the role longer to keep the community connected to ongoing initiatives and point of contact.
	Continue the work and interest started here. I would like to see more young people and seniors involved with understanding and training in the prevention of suicide.
	More time into & continued marketing/promoting programs
	Too many events and couldn't go to some due to timing conflicts.
	For me it has been life changing and I think it's perfect the way it is
	Run annually
	Simpler and faster communication channels.
	More health promotion for young mothers and children

Q22. Did you feel like you received relevant communication from NCPHN throughout the Healthy Towns process?

Responses	Casino	Evans Head	Lake Cathie	Maclean	SWR	Woolgoolga	Total
Yes	2	3	10	3	8	14	38
No	2	1	1	0	0	0	5
Not sure	0	1	4	0	2	1	8
No response	5	2	5	2	3	4	16

22a. If not sure, please explain your response.

Site	Responses
Casino	No responses
Evans Head	still not sure what it is about
Lake Cathie	but you still didn't action anything
	Emails were sent to my junk mail so I have most likely missed a lot
	I never heard from NCPHN after the initial hub meeting
	the contacts/info seemed sporadic
Maclean	No responses
South West Rocks	Only on FB
	On line does not suit many folk
Woolgoolga	No responses

Q23. Do you feel that the initiatives implemented by Healthy Towns were relevant to the needs of your community?

Responses	Casino	Evans Head	Lake Cathie	Maclean	SWR	Woolgoolga	Total
Yes	3	3	13	3	9	14	42
No	1	1	0	0	0	0	4
Not sure	0	0	2	0	1	1	5
No response	5	3	5	2	3	4	16

23a. If not sure, please explain your response.

Site	Responses
Casino	No responses
Evans Head	Not enough feedback has been made to the wider community
Lake Cathie	you didn't even arrange a community nociceboard, as promised
	I heard the proposals, but don't know how many were implemented
Maclean	No responses
South West Rocks	Some yes, but we didn’t get access to more health professionals. Some projects are unsustainable or the short-lived.
Woolgoolga	All of them were great but plenty of good ideas weren't progressed

Q24. Please list any initiatives that you feel have had an impact in your community.

Site	Responses
Casino	Again, difficult to say as majority are yet to be implemented.
	Without the support of the Healthy Towns Project funding, the community transport service would not have survived, which would have been a huge loss to our community
Evans Head	Again, difficult to say as majority are yet to be implemented.
	good things are happening in the town, but unless you are connected to neighbourhood centre you wouldn't even know
	No new ones just a repeat of what we have already
Lake Cathie	community hub
	nothing as there were none.
	Community garden I am keen to find out about that
	Therapy pool at the Medical Centre

	Lake Cathie Community Hub has been able to attract additional services and grant monies because there is a physical paid coordination position funded by healthy Towns and the NCPHN.
	The Community Day at our Community Centre was a first -reasonably attended even though on a weekday
Maclean	Some of the initiatives are not relevant to me however others have not been implemented fully
	Exercise equipment
South West Rocks	My Emergency Dr
	Transport options to services and community welfare support group
	access to subsidised gym and the exercise physiologist
	parkrun
	Parkrun is an amazing addition to our community
	One child this term is receiving speech and OT services at the community preschool.
	Parkrun
	Easy rider service has helped a lot
	subsidised gym programs
Woolgoolga	ASSIST sucicide training
	Everbetter Bunch
	The Ever Better Bunch, art therapy, assist training
	EBB
	Ever Better Group
	Training in mental health and suicide prevention, and the 50+,and ever better bunch
	Woopi Gardens has received ongoing funding to run relevant workshops for the next 2years.....this will be a great benefit to the gardens and the community at large.
	ASIST, Interagency, Healthy Towns Month, Everbetter Bunch
	Advent of Woopi News, Mental Health Awareness and support opportunities, specific Men's Groups
	Asist training
	Unsure. I am a service provider outside the area but just contributed in the planning and being involved in the healthy towns month event launch launch

Q25. What has been the most memorable experience of the Healthy Towns Program for you?

Site	Responses
Casino	Seeing that the people in our community are getting the help that they need
	The face-to-face consultation process and genuine interest from the people running to project to provide practical help to the community that has enabled us to establish long-term solutions
Evans Head	Morning tea
	Not consulting with the public to let people know its on
Lake Cathie	events
	thinking that something would be done, eg; we would get a noticeboard.
	The initial hub meeting
	Community members being both surprised and excited by the implementation of their prioritized needs. Like their beleif that people will follow through and deliver has been restored. their energy to get involved is infectious and heart warming.
	Realising how hard it is to get people to volunteer for things, even if passionate about them!
Maclean	working with the Healthy Towns Coordinator she was a very motivated person
	Being able to meet with other people and help shape the future of our community
South West Rocks	Meeting members of the community I had never met before.
	The enthusiasm of participants.
	Feeling more confident on my feet
	Getting parkrun off the ground has changed my life here in our town.
	The amount of paperwork and red tape involved in getting services set up. Too much outsourcing of the programs.
	Learning about services that I didn't know existed
	the willingness of residents to contribute to the discussions with good effect

	parkrun starting
	I am more active socially and physically and I am losing weight.
Woolgoolga	The launch and talking to the community as part of world no tobacco day
	Yoga
	Woopi News initiative
	Collaboration with the coordinator of the program and helping to implement the ongoing Healthy towns initiatives
	The open day and the cook off
	The Expo
	Seeing the positive change in health, well being and social connections of the EB group
	Learning about services available and being able to test them out.
	EBB, nexus gym, Marty having the opportunity to be a pat of this group and the support fo the gym and Marty has been grounding, centering and it's definitely made me more resilient a better family man and community member
	The Ever Better Bunch. Around 8 of us are still training at the gym twice per week
	Everbetter Bunch
	ASSIST SUICIDE TRAINING

Q26. Do you have any other comments?

Site	Responses
Casino	The process from initial consultation to project delivery was too long. For example Casino Youth Connections is organising film workshops and festival which is no longer relative and a waste of funds (two different lots of film workshops and a festival have already been held in Casino in the last 6 months).
Evans Head	Anything to do with the health department in Evans Head has all been conducted very underhanded and not in the communities interest at all
	seems like plenty of money has been spent...on what??
	The process from initial consultation to project delivery was too long. For example Casino Youth Connections is organising film workshops and festival which is no longer relative and a waste of funds (two different lots of film workshops and a festival have already been held in Casino in the last 6 months).
Lake Cathie	the noticeboard is not available as yet and is with the trades to deliver
	I don't think many of the proposals were relevant to me
	just Thank you. what a wonderful initiative.
	FB posts do work, but local newspapers and radio could be utilised more. Residents here actually do look at their local free papers plus our local radio is good with promoting local events.
Maclean	The initiatives for the aged sector have not been inplemented nor advertised to the full extent and this could be a development for future. CVC would do well to use the funds to support these
South West Rocks	Better promotion in local newspapers is needed.
	After the program ended we have suffered the problem of GPs leaving or taking extended breaks with no replacements
	Thank you for including South West Rocks in this pilot.
	Too much of the money is spent on the unnecessary formalities when setting up programs.
	thanks Lara
	Just one. The Australian Government should stipulate to new FRACGPs if you want a Provider Number you do 5 years in the bush
	12 months is not long enough to implement long term change and services into the community and commitment from NCPHN should have been much longer in years.
Woolgoolga	No
	This has been a wonderful initiative, having seen so much positive change in all those those that have been involved Not only physical but also in the general demeanor of those involved
	More of this type of stuff needs to exist. It will save taxpayers money and enhance individuals overall well being and the community collectively. 'Big Pharma' may not like it.
	The cooking and nutrition workshops that we supposed to be funded and run at the community gardens don't seem to have occurred

	Thsnk you
	I don't think that the town of Woolgoolga was aware of the Healthy Towns initiative as much as it should have been. The town is full of cliques and unless you are a part of one of those cliques, you aren't aware of what goes on in the town. I think that the organisers could've got it out into the community a bit more, utilised the local Woolgoolga information page more to get the information out, connected to the public schools/local childcares and did the expo's/community gatherings on weekends not during the midweek so that the community can gather.

Appendix H Stakeholders consulted

The table below lists those stakeholders who were interviewed as part of this evaluation in an official capacity. It excludes community members who participated in interviews, except where they were community representatives of a Local Advisory Group.

Name	Position / organisation
NCPHN	
Julie Sturgess	CEO
Monika Wheeler	Executive Director, Wellness
Sarah Robin	Healthy Towns Program Coordinator
Samara Finlayson	Senior Manager, Media and Marketing
Rachel Gorman	General Practice Support Team
Casino	
Emma Allen	Former Senior Project Officer, NCPHN
Brittany Noble	Social Work Manager, Northern NSW LHD
Ben West	Manager, Casino Sports Stadium, Richmond Valley Council
Troy Combo	Manager Family Services, Bulgarr Ngaru
Robert Mustow	Mayor, Richmond Valley Council
Jodi Morriss	Casino RSM Community Transport Coordinator
Evans Head	
Trish Evans	Former Senior Project Officer, NCPHN
Robert Mustow	Mayor, Richmond Valley Council
Gretchen Young	Coordinator, Mid Richmond Neighbourhood Centre
Tessa Parker	Community Connector
Maclean	
Carolyn Ardler	Former Senior Project Officer, NCPHN
Dan Griffin	Manager, Community Services, Clarence Valley Council
Jenny Gleeson	Community member of Local Advisory Group
Giane Smajstr	New School of Arts
Lake Cathie	
Romayne Page	Former Senior Project Officer, NCPHN
Nicole Lewis-Bain	Manager, Lake Cathie Medical Centre
Jock Garven	Principal, Lake Cathie Primary School
Julie Priest	Port Macquarie Hastings Council
Danielle Maltman	Revive Lake Cathie
Trish Davis	Healthy People Healthy Places Coordinator, Mid North Coast LHD
Leesa-Rae Harrison	Manager, Hastings Neighbourhood Service
Yvonne Mugambi	Health Promotion, Mid North Coast LHD

Name	Position / organisation
South West Rocks	
Lara Kennedy	Former Senior Project Officer, NCPHN
Anna Shields	Councilor, Kempsey Council
Adam Ulrick	Project Officer, Primary Health Care Initiatives, Mid North Coast LHD
Karen Gribbin	Kempsey Neighbourhood Centre
Ken Smith	Community member of Local Advisory Group
Margo Johnston	Go4Fun Program Manager, Mid North Coast LHD
Yvonne Mugambi	Health Promotion, Mid North Coast LHD
Woolgoolga	
Jacqui Smith	Former Project Officer, NCPHN
Maryann Anderson	Health Promotion Officer, Mid North Coast LHD
Anna Miley	Studio Move
Marty Symmons	Manager, Nexus Gym
Lisa Nichols	Coordinator, Chamber of Commerce
Aaron Hardaker	Physiotherapist
Ricki Moore	Linked to Life Service Coordinator
Helen Plummer	Woopi Gardens

Appendix I Interview guides

Information statement

The following is information that was provided to stakeholders prior to engagement in the evaluation.

What is the Healthy Towns Program evaluation?

North Coast Primary Health Network (NCPHN) is a not-for-profit organisation working with local communities and health professionals to achieve the best health outcomes possible in your community.

NCPHN have been implementing the Healthy Towns Program in your community. This has meant working with the community in this town to understand what the health and wellbeing needs of the community are, and working together to design the right kind of projects to address those needs.

The Healthy Towns Program evaluation is a way for NCPHN to understand what impact the Healthy Towns Program has made to date. This means examining how the program has been implemented in your community, who NCPHN have worked with, what you think the program did well, and what you think the program could have done better in.

Who is PwC?

PricewaterhouseCoopers (PwC) is a professional services firm that NCPHN has engaged to run the evaluation.

The PwC team who are working on this evaluation with NCPHN have supported a number of Primary Health Networks, undertaken numerous evaluations for both them and government agencies, and have a mixture of professional backgrounds including public service, disability support work, child protection, change management and social work.

The role of PwC is to understand and report on what impact the Healthy Towns Program has had to date, and recommend future improvements to NCPHN. PwC does not fund or deliver any of the Healthy Towns Program projects.

Why are we asking you to get involved?

We are asking you to participate in an interview or workshop because you have previously worked with NCPHN in the delivery of the Healthy Towns Program in your community, or will be responsible for the delivery of a specific Healthy Towns project in the near future.

Your participation in the evaluation is valuable and will help support NCPHN improve the way it delivers similar programs in the future.

What do I have to do?

It will involve speaking with the PwC team in an individual interview or workshop and answering some questions about your involvement and your thoughts on the Healthy Towns Program.

Your involvement in the evaluation will have no impact on any kind of service you receive, or may receive in the future, from NCPHN or any Healthy Towns project. Similarly, not choosing to be involved in the evaluation will also have no impact on any kind of service you receive, or may receive in the future, from NCPHN or any Healthy Towns project.

Interview questions for regional partners

1 What does the Healthy Towns Program mean to you?

2 Why did you get involved in the Healthy Towns Program?

– How does the Healthy Towns Program align with your organisation's aims and strategy?

3 What has been your involvement in the Healthy Towns Program to date?

– Were you involved in consultations that NCPHN ran to develop the local Community Profile?

– Were you involved in developing the Community Action Plan?

4 If you were involved in the co-design process, how have you seen your feedback incorporated into what Healthy Towns has done in your town since?

– Has your feedback resulted in any specific initiatives?

– Do the Community Action Plans accurately reflect the discussions you were in at the early stages of the program's design?

5 Has your relationship with NCPHN changed as a result of your participation in the Healthy Towns Program?

– What was your involvement with NCPHN like before the Healthy Towns Program?

6 What have you found to be most useful about the Healthy Towns Program and how it's been implemented?

– Has the Community Profile been useful to you as a local business / local community organisation?

– Has the co-design process facilitated partnerships between yourself and other organisations?

7 When you think about how the Healthy Towns Program has been implemented in this town, what do you think could have been done better?

– Should NCPHN have had more of a local community presence?

– What was your experience of the commissioning process for the individual project(s) you are responsible for (if a service provider)?

8 Have you noticed a difference in the local health and social services systems in this area as a result of the Healthy Towns Program?

– Has your organisation participated in new collaborations?

– What has been the impact of this for your organisation, staff, and clients?

9 If the Healthy Towns Program hadn't been implemented, do you think anything would be different about the community?

10 What outcomes have been achieved by and for the community as a result of the Healthy Towns Program?

– For example, significant achievements, positive impact on people's lives?

– How did the Healthy Towns Program contribute to this success?

– What other outcomes could you foresee Healthy Towns Program contributing as it continues to be implemented?

11 What has been the most memorable experience of the Healthy Towns Program for you?

Interview questions for funded service providers

1 What does the Healthy Towns Program mean to you?
2 Why did you get involved in the Healthy Towns Program?

– How does the Healthy Towns Program align with your organisation's aims and strategy?

3 Were you involved in the design of the Healthy Towns Program in this community?

– Were you involved in consultations that NCPHN ran to develop the local Community Profile?

– Were you involved in developing the Community Action Plan?

4 If you were involved in the co-design process, how have you seen your feedback incorporated into what Healthy Towns has done in your town since?

– Has your feedback resulted in any specific initiatives?

– Do the Community Action Plans accurately reflect the discussions you were in at the early stages of the program's design?

5 Had you previously been funded to provide services by NCPHN?
6 If so, was the process of seeking funding from NCPHN different through the Healthy Towns Program?
7 Have you made any new personal or professional connections as a result of participating in the Healthy Towns Program?

– Do you think these connections will continue?

– What impact have these new connections had for you?

8 Does your now work and communicate with other organisations differently as a result of participating in the Healthy Towns Program? This is for both the Healthy Towns program generally, and the specific initiative you are funded to provide.

– Are you involved in new collaborations?

– What relationship did you have with these organisations before the Healthy Towns Program?

– What has been the impact for your organisation, staff, and clients?

– Do you think these relationships are sustainable?

9 When you think about how the Healthy Towns Program has been implemented in this town, what do you think could have been done better?

– Should NCPHN have had more of a local community presence?

– Should different initiatives have been funded?

10 If the Healthy Towns Program hadn't been implemented, do you think anything would be different about the community?

– What would have been the impact for your service?

11 What has been the most memorable experience of the Healthy Towns Program for you?

Interview questions for community members

1 What does the Healthy Towns Program mean to you?
2 Why did you decide to get involved in the Healthy Towns Program?
3 What has been your involvement in the Healthy Towns Program to date?

– Were you involved in consultations that NCPHN ran to develop the local Community Profile?

– Were you involved in developing the Community Action Plan?

4 If you were involved in the co-design process, how have you seen your feedback incorporated into what Healthy Towns has done in your town since?

– Has your feedback resulted in any specific initiatives?

– Do the Community Action Plans accurately reflect the discussions you were in at the early stages of the program's design?

5 Has your relationship with NCPHN changed as a result of your participation in the Healthy Towns Program?

– Did you know about NCPHN before participating in the Healthy Towns Program?

– What do you understand the role of NCPHN to be now that you have participated in the Healthy Towns Program?

6 Have you participated in any initiatives that have been funded through the Healthy Towns Program?

– What was your experience of the initiative?

– Are you still participating in the initiative? Why / why not?

7 Have you made any new personal or professional connections as a result of participating in the Healthy Towns Program?

– Do you think these connections will continue?

– What impact have these new connections had for you?

8 When you think about how the Healthy Towns Program has been implemented in this town, what do you think could have been done better?

– Should NCPHN have had more of a local community presence?

– Were there parts of the community that should have been targeted more?

9 If the Healthy Towns Program hadn't been implemented, do you think anything would be different about the community?
10 What outcomes have been achieved by and for the community as a result of the Healthy Towns Program?

– For example significant achievements, positive impact on people's lives?

– How did the Healthy Towns Program contribute to this success?

– What other outcomes could you foresee Healthy Towns Program contributing as it continues to be implemented?

11 What has been the most memorable experience of the Healthy Towns Program for you?

Interview questions for Senior Project Officers

1 What was your role in designing and implementing the Healthy Towns Program?

– What communities were you responsible for?

– Were there specific streams of work you were responsible for?

2 When you think about how the Healthy Towns Program has been implemented to date, what do you think worked well?

3 What do you think could have been done differently?

– Should NCPHN have had more of a local community presence?

– Were there parts of the community that should have been targeted more?

4 Did you notice a difference in the way the local health and social services systems in the area communicated and collaborated as a result of the Healthy Towns Program?

5 What outcomes were being achieved by and for the community while you were working on the Healthy Towns Program?

– For example significant achievements, positive impact on people's lives?

– How did the Healthy Towns Program contribute to this success?

– What other outcomes could you foresee Healthy Towns Program contributing as it continues to be implemented?

6 If the Healthy Towns Program hadn't been implemented, do you think anything would be different about the community you worked in?

7 What is unique about the site you worked in that needs to be considered as part of the evaluation?

8 What has been the most memorable experience of the Healthy Towns Program for you?

Interview questions for senior NCPHN staff

1 What was your role in designing and implementing the Healthy Towns Program?
2 When you think about how the Healthy Towns Program was designed and implemented, what do you think worked well?
3 If NCPHN were to implement a similar program, what would you do differently?

– Would the level of resourcing remain the same?

– Were there parts of the community that should have been targeted more?

4 As a result of the Healthy Towns Program, have you noticed a change in how NCPHN works with health and social services across your catchment?

– Have you entered into new partnerships?

– Has service system response NCPHN changed as a result of the Healthy Towns Program?

5 What impact has the Healthy Towns Program had on how NCPHN commissions services across its catchment?
6 What outcomes were being achieved by and for the community while you were working on the Healthy Towns Program?

– For example significant achievements, positive impact on people's lives?

– How did the Healthy Towns Program contribute to this success?

– What other outcomes could you foresee Healthy Towns Program contributing as it continues to be implemented?

7 If the Healthy Towns Program hadn't been implemented, what would be different for NCPHN?

– Would you commission services differently?

– What kind of relationships would you have with the service systems and regions?

8 What has been the most memorable experience of the Healthy Towns Program for you?

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