

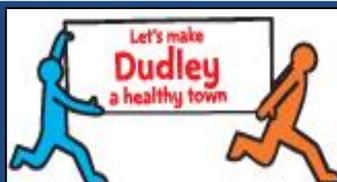
# Dudley Healthy Towns Programme Evaluation Executive Summary



**Professor Derek M Peters and Dr Cheryl V Jones**

**University of Worcester**

December 2011



## Acknowledgements

The Evaluation Team would like to thank the following people for their input and assistance with the Evaluation of the Dudley Healthy Towns Initiative.

- **Dean Hill: Dudley Healthy Towns Programme Manager**
- **Richard Webster: Hub photography**
- **Kate Arnold: Communications and Public Affairs**

Further information on the Dudley Healthy Towns Programme can be accessed via the website <http://www.dudleyhealthytowns.co.uk/>



**Programme Manager Dean Hill talking to the Mayor of Dudley Cllr Michael Evans at the opening of one of the hubs**

## Evaluation Team

**Dr Cheryl V Jones (Institute of Science and Environment)**  
[c.jones@worc.ac.uk](mailto:c.jones@worc.ac.uk)

**Professor Derek M Peters (Institute of Sport and Exercise Science)**  
[d.peters@worc.ac.uk](mailto:d.peters@worc.ac.uk)

**University of Worcester**  
**Henwick Grove**  
**Worcester**  
**WR26AJ**  
<http://www.worcester.ac.uk/>

## Executive summary

### Introduction:

In November 2008, Dudley became one of nine areas across England to be given Healthy Towns status, through the Department of Health's "Healthy Community Challenge Fund" and received £4.5 million to deliver a 3 year programme. The ambitious programme of physical development involved the transformation of five local parks into 'family health hubs' through the building of new or enhancement of existing park buildings, employment of park activity rangers, building and/or improvement of physical infrastructure e.g. Multi-Use Games Areas (MUGA), play areas, outdoor gym installation, path improvements, park signage, park lighting, CCTV installation, cycle racks, active corridor routes and the further development and delivery of physical activity and health and wellbeing relevant activities such as walking programmes, aerobics classes, family football, get cooking sessions, blood pressure and weight monitoring provision amongst others.



Figure 1. Outdoor gym equipment

## Aim:

The overarching aim of Dudley's Healthy Towns Programme was to encourage families to make the most of the five 'family health hubs' through informal and structured physical activity participation and newly developed and led health-promoting activities in order to potentially reduce the levels of childhood obesity across the Borough. More specifically, through the provision of environmental improvements and the enhancement of structured health-related activity offer, the programme aimed to:

### Programme aims were to:

- increase levels of Healthy Hub use and value placed upon it;
- increase levels of physical activity;
- increase perceptions of safety in and around the Healthy Hubs;
- increase awareness of the Change4Life initiative and messages, and of the Dudley Healthy Towns Programme.
- create a network of 'Active travel corridors' to improve cycling and walking routes connecting the hub sites to the surrounding communities.

As such the Dudley Healthy Towns programme was an ambitious project which focused primarily upon physical and structural improvements to parks and their surroundings in order to create a potentially less obesogenic environment. The relatively short period of time in which this programme had to be delivered means that the implementation of the full programme has only recently been achieved. This evaluation therefore represents only the immediate impact of what must be viewed as a long term strategic physical activity, health and well-being investment.



**Figure 2. Healthy Hub building at Mary Stevens Park (pre- and post- programme)**

## **Evaluation method:**

The evaluation employed a three level multi-method approach:

### **Level one - reported park use and health relevant behaviours from healthy hub catchment area:**

- Population surveys (1.25km catchment around each Healthy Hub) performed in summer 2009 and summer 2011.
- Primary school assembly surveys performed in summer term 2010 and summer term 2011.

### **Level two - actual park use and visitor perceptions:**

- Park visitor surveys performed in summer 2009, throughout 2010 and up to the end of summer 2011.
- Outdoor Gym surveys performed in summer 2010 and up to the end of summer 2011.
- Dudley Borough Council reported/recorded summer attendance figures

The data from Level two represent responses from identified hub users and visitors who were present in the parks when completing the survey. As such these responses are from validated hub users.

### **Level three - stakeholder narratives including process evaluation:**

- Level three data collection was subsequently reduced in scope, due to overlap with the National Healthy Towns Evaluation Programme, and limited to qualitative responses in the survey instruments and post-programme (summer 2011) collection of comments from relevant stakeholders.

The response rate for each level is summarised in Table 1.1 a Gantt Chart summarising the pre- and post-survey timeline is provided in Appendix Four of the full report.



Figure 3. Halloween Events programme October 2010

**Table Error! No text of specified style in document..1. Data collected for the evaluation into pre- and post- programme periods**

| Survey instrument                        | Pre-programme<br>(pre-October 2010) | Post-programme<br>(post-October 2010) |
|--|-------------------------------------|---------------------------------------|
| Population surveys                       | 2574                                | 659                                   |
| Visitor surveys                          | 402                                 | 958                                   |
| Outdoor gym surveys                      | 61 <sup>a</sup>                     | 272                                   |
| Park use observations                    | 15 days                             | 12 days                               |
| Primary school assembly 'Qwizdom'        | 364                                 | 237                                   |
| Healthy school coordinator questionnaire | -                                   | 4 <sup>b</sup>                        |
| Healthy hub comment books / diaries      | -                                   | 3 <sup>c</sup>                        |

<sup>a</sup>included in pre-programme as outdoor gyms in place before the hubs opened and the park activity rangers were in post; <sup>b</sup>returned from 40 schools; <sup>c</sup>returned from 3 hubs.

### Learning from the evaluation methods employed:

- The baseline data collection instruments were too long, but were required to be so due to the extensive scope of the evaluation;
- Data obtained from park use observations, on a random date allocation basis are vulnerable to inconsistencies due to a number of factors including variations in weather conditions;
- Online survey instruments are not the medium of choice for gathering data from park users - personal contact appeared to maximise survey instrument completion;
- Initially schools seemed less willing to participate in the baseline evaluation process than anticipated at the outset, thus reducing the scope for evaluation from the under 16 age groups.
- The evaluation was continually adapted due to revisions to the completion of the full programme of improvements and associated activity programme delivery and as

such, this evaluation can provide only immediate-term data on a programme that has only really just begun.

### **Recommendations for future evaluation:**

- Develop survey instruments, each no more than 2 pages, focussed solely on project outcomes, for each level of evaluation in order to maximise survey completion;
- In applied evaluation work, be prepared to react quickly to opportunity. Whilst this should be encouraged, the impact of such changes on increased evaluation staffing, staff availability and overall costs needs to be considered;
- Encourage schools to participate more fully in the generation of evidence in order to gain access to the views of their pupils;
- Use park activity rangers to generate the majority of future evaluation data as part of their roles to evidence the short and longer term impact of the Programme;
- Continue to evaluate the impact of the Dudley Healthy Towns Programme based on the above recommendations, using data collected as a rolling programme throughout the year by park activity rangers including park / facility usage observation, visitor surveys, programme attendance figures and visitor comment diaries;
- Further develop the evaluation of the only recently completed 'active travel corridors' as contributors to the success of the overall programme;
- Seek further evaluation funding to enable the repeat of the (shortened) population surveys, visitor surveys and enhanced school surveys in summer 2013 and every two years subsequently to provide more robust data for the short and long term evaluation of the programme

## Findings:

Whilst overall findings headlines are provided in this executive summary, it must be acknowledged that in general, there were differences apparent in responses to similar questions asked across the different survey instruments used reflecting the responses of Level one 'reported users' (population and school survey respondents) versus Level two 'actual users' (visitor survey respondents). Despite the relatively consistent overall summaries for the group of five Healthy Hubs collectively, there were also marked differences in the findings for some questions between individual Healthy Hubs. For complete extrapolation and comprehension of these differences, it is necessary to explore the full report.

### Demographic comparisons:

#### **Level one: reported park use and perceptions from healthy hub catchment area:**

**Population surveys:** Respondents participating in the 2009 pre-programme survey were invited to complete the 2011 post-programme survey. This enabled within-individual comparisons of change in park usage and physical activity levels from pre- to post programme. Statistical analysis was conducted to compare the demographic profile of respondents participating in both survey periods (Wilcoxon Ranks). There was no significant statistical difference in gender, ethnicity, or disability status between the pre and post-programme population surveys. However, there was a statistically significant difference in age group ( $p=0.000$ ) from pre-to post-programme.

**School Assembly Surveys:** Statistical analysis was conducted to compare the age and gender characteristics of respondents participating in the 2010 and 2012 school assembly surveys. Different individuals participated in each survey period and therefore respondents were treated as independent samples for analysis (Mann-Whitney U). There was no significant statistical difference in gender or age between the 2010 and 2011 school assembly surveys.

#### **Level two evidence: actual park use and visitor perceptions:**

**Visitor Surveys:** Statistical analysis was conducted to compare the demographic profile of respondents participating in the pre and post-programme visitor surveys. Due to the nature of the survey process it was inevitable that different individuals participated in each survey

period and therefore respondents were treated as independent samples for analysis (Mann-Whitney U). There was no significant statistical difference in age group, ethnicity or disability status. However, there was a statistically significant difference in gender between the two survey periods ( $p=0.027$ ).

### **Increased levels of Healthy Hub use and value:**

#### **Level one: reported park use and perceptions from healthy hub catchment area:**

- The percentage of hub catchment population respondents who stated that they visited their Healthy Hub at least once per week increased from 41% pre-programme to 45% post-programme. However, The increase was most evident for the Silver Jubilee Park Healthy Hub (increased from 29% to 49%). This would suggest an increase in frequency of Hub use in the catchment areas. The increase in Hub usage was not statistically significant  $p=0.140$ .
- The most common visit duration reported by the hub catchment population remained at '30 minutes to one hour' which increased from 47% to 51% of respondents. This indicates an increase in visit duration that is attributable to more than just 'passing through' the Hubs. Overall, there was a statistically significant increase in visit duration across all Hubs  $p= 0.025$ .
- The most common visit profile pre- and post- programme for the population survey was for respondents to visit on both weekdays and at weekends.
- The new facilities used by the greatest percentages of respondents to the hub catchment population survey across the five Healthy Hubs overall were the footpath improvements (64%), the play area (59%), the outdoor gym (54%) and the Healthy Hub signage (48%). The lowest percentages were for the health and well-being programmes (10%), the cycle racks (13%), and the physical activity programmes (14%).
- Overall the value placed on the five Healthy Hubs as open spaces for population survey identified users to do physical activity increased with the combined categories of 'at least valuable' increasing from 68% pre- to 74% post- programme. This increase was statistically significant  $p= 0.012$  suggesting a greater percentage of respondents now valued their park highly as a location to participate in physical activity.

- Overall, ratings of the new or improved facilities from the post-programme population survey were positive with the percentages rating the facility as at least 'good' of 82% for the outdoor gyms; 78% for the children's play area; 74% for the MUGA and Hub buildings; 70% Healthy Hub signage; 68% for the footpaths; 67% for the organised physical activity programmes; 62% for the organised health and wellbeing programmes; 55% for the cycle racks; 50% for the park staffing and 40% for the toilet facilities. The outdoor gyms were therefore the most highly rated improvement made as part of the park facility infrastructure.
- Overall condition of the five Healthy Hubs was identified to have improved in the last 12 months by 72% of the respondents to the post-programme population survey.
- Ratings of the facilities overall from the population surveys demonstrated a consistent pattern of improvement from pre- to post- programme with the percentage of respondents rating the facility as 'at least good' shown in Table 1.2. As such, all facilities and infrastructure originally present in the parks were also perceived to have benefitted from the Healthy Towns programme.

**Table 2. Percentage of respondents identifying facility as 'at least good' in pre- and post- programme population surveys overall.**

| <b>Facility:</b>         | <b>Pre-programme</b> | <b>Post-programme</b> | <b>Increase</b> |
|--------------------------|----------------------|-----------------------|-----------------|
| <b>Park staffing</b>     | <b>31</b>            | <b>44</b>             | <b>13</b>       |
| <b>Sports facilities</b> | <b>35</b>            | <b>57</b>             | <b>22</b>       |
| <b>Events</b>            | <b>37</b>            | <b>53</b>             | <b>16</b>       |
| <b>Health activities</b> | <b>15</b>            | <b>44</b>             | <b>29</b>       |
| <b>Sports coaching</b>   | <b>16</b>            | <b>34</b>             | <b>18</b>       |
| <b>Maintenance</b>       | <b>54</b>            | <b>66</b>             | <b>12</b>       |
| <b>Toilets</b>           | <b>14</b>            | <b>31</b>             | <b>17</b>       |
| <b>Disabled access</b>   | <b>62</b>            | <b>66</b>             | <b>4</b>        |

- Ratings of the improvements made to facilities as part of the Dudley Healthy Towns Programme overall demonstrated a consistent high percentage of respondents rating the facility as 'at least good' in the post-programme population survey shown in Table 1.3. The highest ranking improvements were the play areas, outdoor gyms, Hub Buildings and new MUGA (where installed).

**Table 3. Rating of improvement made as part of the Dudley Healthy Towns Programme (percentage of respondents to the post-programme population survey rating the improvement as 'at least good').**

| <b>Rating of improvement made to:</b>   | <b>% 'at least good'</b> |
|---|--------------------------|
| Cycle racks                             | 55                       |
| Park Staff                              | 50                       |
| Children's play area                    | 88                       |
| Toilets                                 | 48                       |
| Hub building                            | 74                       |
| Organised PA sessions                   | 67                       |
| Organised Health and Wellbeing sessions | 62                       |
| MUGA                                    | 74                       |
| Outdoor Gym                             | 82                       |
| Footpaths and floor markings            | 68                       |
| Hub signage                             | 70                       |

- In primary school children there were reductions in the shortest visit durations (11% down 3 to 8%) and increases in visit durations over two hours (20% up 5 to 25%) from pre- to post- programme, demonstrating a positive shift in visit duration profile. There was a statistically significant increase in visit duration for the Dell and Fens Pool Hub ( $p = 0.015$ ). However, overall there was no significant change in visit duration across all Hubs ( $p = 0.705$ ).
- The most common visit profile pre- and post- programme for primary school aged was for respondents to visit on both weekdays and at weekends.
- 79% of schoolchildren identified the improvements made in the Healthy Hubs as at least 'good' with 53% identifying them as 'brilliant' thus representing a very positive profile from the children surveyed.

### **Level two evidence: actual park use and visitor perceptions**

- The percentage of visitor survey respondents who stated that they visited their Healthy Hub at least once per week increased from 41% pre-programme to 45% post-programme. However, there was a statistically significant decrease in visit regularity across all Hub sites ( $p = 0.002$ ) from pre- to post programme.
- The most common visit duration reported from those surveyed actually in the Healthy Hubs was '1 to 2 hours' both pre- and post- programme. There was a notable decrease

in visits of less than 30 minutes (22% to 14%), and a notable increase in the visit duration of 'two to four hours' (12% to 21%) suggesting that respondents are now staying in the Hubs for longer periods of time post-programme. The increase in visit duration across all hubs was statistically significant ( $p=0.000$ ). Statistically significant increased visit durations were observed in Huntingtree Park ( $p=0.000$ ), Mary Stevens park ( $p=0.024$ ) and Silver Jubilee Park ( $p=0.003$ ).

- The most common visit profile pre- and post- programme for the visitor survey was for respondents to visit on both weekdays and at weekends.
- Visitor surveys identified 'visiting with children' as the most common response and this showed a notable increase from 28% to 44% of respondents from pre- to post-programme suggesting a more family oriented environment.
- The facilities used by the greatest percentages of visitors to the five Healthy Hubs were the play areas (56% rising to 64%), the outdoor gym (36% rising to 57%), the toilets (31% rising to 43%), and the footpaths (29% rising to 48%). Of the new facilities/provision, the organised physical activity sessions (31%), the Hub buildings (27%), the Hub signage (25%) and the health and wellbeing sessions (22%) were highest. Increased use of the park staff (12% rising to 22%), the MUGA (5% rising to 17%) and cycle racks (7% rising to 15%) was also observed. The visitor survey data therefore reflected that given in the Level one evidence relating to the increase use of play areas and outdoor gyms.
- Overall condition of the five Healthy Hubs was identified to have improved in the last 12 months by 89% of the respondents to the post-programme visitor surveys, again in agreement with the improvement in condition identified from Level one evidence.
- Ratings of the facilities overall from the visitor surveys demonstrated a consistent pattern of improvement from pre- to post- programme with the percentage of respondents rating the facility as 'good' shown in Table 1.4. As validated park visitors, these ratings were much better for the improvement to the delivery of activities for actual Hub users e.g. health and wellbeing sessions and organised physical activity sessions, than reflected in the Level one evidence from the more 'remote' responses to the population surveys. To this end, these data may be reflective of a more informed point of view.

- Recorded summer attendance figures increased from 1321 attendees in summer 2009 to 5860 attendees in summer 2011 demonstrating much greater numbers of participants engaging with their Healthy Hub post-programme (over 400% increase).
- Play week attendance figures increased from 338 attendees in summer 2009 to 1922 attendees in summer 2011 demonstrating much greater numbers of children engaging with their Healthy Hub post-programme (over 500% increase).
- Healthy Hub visit regularity of once per week or more increased from 56% to 60% in primary school children who said they visited the Healthy Hub closest to their school, with the greatest increase from 54% to 73% at the Dell and Fens Pools Healthy Hub. As such, a greater percentage of children were engaging with their improved Healthy Hub.

**Table 4. Percentage of respondents identifying facility as ‘good’ in pre- and post-programme visitor surveys.**

| Facility:                               | Pre-programme    | Post-programme | Increase | Change P<0.005 |
|---|------------------|----------------|----------|----------------|
| Park Staff                              | 60               | 89             | 29       | 0.000 +ve      |
| Children’s play area                    | 77               | 90             | 13       | 0.000 +ve      |
| Toilets                                 | 18               | 68             | 50       | 0.000 +ve      |
| Hub building                            | n/a <sup>a</sup> | 96             | -        | n/a            |
| Organised Physical Activity sessions    | 79               | 95             | 16       | 0.000 +ve      |
| Organised Health and Wellbeing sessions | n/a              | 94             | -n/a     | 0.000 +ve      |
| MUGA                                    | 94               | 95             | 1        | No change      |
| Outdoor Gym                             | 86 <sup>b</sup>  | 96             | 10       | 0.003 +ve      |
| Footpaths                               | 62               | 92             | 30       | 0.000 +ve      |
| Hub signage                             | n/a <sup>a</sup> | 92             | -        | n/a            |

<sup>a</sup>not installed or in place until after October 2010; <sup>b</sup>installed before October 2010.



Figure 4. Healthy Hub usage

**Level three evidence: stakeholder narratives including process evaluation:**

- *'Whilst the success and increased use of parks that can be attributed to the new outdoor gym equipment and healthy hub buildings is self-evident it is the potential for these new physical features to act as the catalyst for an on-going change in lifestyle for those visiting the parks using the equipment and hub buildings to improve their health and lifestyle that is most exciting'. **Director of the Urban Environment***
- *'Healthy Towns has had a great influence for good on our park. It has been revitalised, with new Children's area, new tennis court and Multi gym, adult gym, great signage, new paths and a really user friendly Hub Building with even more 'user friendly' Park Rangers!!!. This regeneration is going to influence park users for many years if we look after it and cherish what we have been given'. **Friends of Huntingtree Park***

- *'It is an excellent opportunity and the majority of the feedback I have received from the public has been brilliant'. Leap over 60*
- *'I only wish that other local authorities and PCT's follow the same approach that has been taken in Dudley, and that this can become the benchmark for others to set their standards against. If this initiative was replicated nationwide, the whole nation would be a healthier happier place'. Park Ranger*
- *'It really feels like a proper park and certainly visitors to the park have increased because of the activities'. Post-programme population survey: Mary Stevens Park*
- *This is making a real difference because we have more families and individuals using these facilities, particularly in our parks, and trying to improve their lifestyle. Chief Executive*

## Conclusions and Recommendations: Increased levels of Healthy Hub use and value

**Conclusion:** Overall, the Healthy Hub improvements have resulted in increased park use and increased value placed on the parks by those that use them.

**Recommendation:** **At least maintain the current standard of facilities, provision and awareness activities to further engage communities with their new Healthy Hubs.**

**Conclusion:** Accept that some people are less likely to use parks irrespective of improvements made or attempts made to engage them in the park user community.

**Recommendations:** **Seek to consult further with these (and indeed all) members of the local communities to identify what (if any) additional facility/provision might engage them with their local Healthy Hub in future or what (if any) alternative opportunities for physical activity participation might be of more interest to them;**

**Use the findings from such consultation to more actively target provision at the specific groups (primary school age; secondary school age; 16-18 year olds, young adults; families; unemployed; employed; retired etc.) through, for example greater use of**

evening and weekend supervised provision and promotion of alternate use of the Hub building space for social and community activities and the kitchens as retail outlets for healthy food and beverages.

**Conclusion:** Accept that some people will prefer to use other parks due to for example, closer proximity to home (perceived or otherwise) or preference for more expansive country parks.

**Recommendation:** **Seek funding to enable promotion of greater urban park use across the borough *per se* through investment in similar improvements in other community-selected park sites to make these alternate sites even more engaging.**

**Conclusion:** Park users seem to be dichotomous in relation to being very regular or rather infrequent users.

**Recommendation:** **Continue to support the provision for regular park users and consult with less frequent park users to identify what facilities and/or offer may encourage their more frequent use;**

**Consider greater use of park rangers to go out into the communities to promote the Healthy Hubs and the provision on offer through regular attendance at schools, youth groups, community meetings etc. to enhance the profile of the Hubs overall.**

**Conclusion:** A common barrier to park use, accentuated potentially due to the older age range of respondents to most survey instruments, remains as mobility problems limiting park accessibility.

**Recommendations:** **Encourage community groups and/or council initiatives to provide transport or assisted access to the Healthy Hubs for those with access limiting mobility problems;**

**Further develop activity provision specifically for local community members with access limiting mobility problems to make such sessions more salient to them;**

Further raise awareness in the local communities regarding the improvements made to active corridors, improvements made to park access points, and improvements made to within-Hub paths and toilets.



Figure 5. Healthy Hub notice board

## **Increased levels of physical activity:**

### **Level one evidence: reported park use and perceptions from healthy hub catchment area:**

- The perception of at least 'usually' doing enough physical activity to receive health benefits increased from 54% pre- to 59% post- programme in the population survey demonstrating an increase in reported hub catchment physical activity. However, this change was not statistically significant ( $p=0.276$ ).
- There was an increase in the percentage of respondents reporting completing 30 minutes of moderate intensity physical activity on five days of the week 'at least often' from 46% pre- to 51% post- programme in the population surveys, thus identifying a positive shift in health related physical activity participation. This change was not statistically significant ( $p=0.071$ ). However, there was a statistically significant increase in the number of respondents participating in more than 20 minutes of vigorous physical activity ( $p=0.039$ ).
- The percentage of respondents to the population surveys who were categorised as park users and who identified themselves as 'walking more than once per week' in the Healthy Hub increased from 19% pre- to 24% post- programme, demonstrating increased physical activity within the Healthy Hubs.
- Walking remained the most common means for reported park users to commute to the Healthy Hubs and increases in walking to the Healthy Hubs overall were due to large increases in walking access to the Dell and Fens Pool and Netherton Park Hubs.
- From the population surveys, there was little change in active commuting to work or the value placed upon active commuting as a contribution to overall levels of physical activity, with the impact of the Active Corridor improvements. The benefits of this improvement have yet to be fully realised due to their recent completion.
- Overall, cycling within the Healthy Hubs was not often reported by respondents to the population surveys, with the majority both pre- and post- programme cycling in the Hubs less than once per week (both 99%). This may in some part be due to the cycling 'barriers' within local bye-laws that have now been revised as a result of the Programme to encourage 'responsible cycling' in the Healthy Hubs.

- The percentage of schoolchildren reporting '5 or more days of achieving 60 minutes of moderate intensity physical activity' increased from 49% pre-programme to 54% post-programme. This demonstrates a positive shift in health enhancing levels of physical activity participation in the children surveyed.
- The percentage of school children reporting they cycle around the park 'at least most times' increased from 26% pre- to 30% post- programme. The percentage of school children reporting they never cycle in the Healthy Hubs dropped from 24% to 18%.
- 72% of school children stated that the improvements in their Healthy Hubs had made them more physically active.
- School children identified the new facility that was most effective in increasing their level of physical activity as the outdoor gym equipment (Netherton 73%; Mary Stevens 69%; Huntingtree 61%) and the children's play area (Dell and Fens Pools 44%). Again, the Outdoor gyms were the most popular new facility. This change was statistically significant ( $p=0.035$ ).

### **Level two evidence: actual park use and visitor perceptions**

- 68% of outdoor gym users reported they were more physically active as a result of using the outdoor gym than they would otherwise have been.
- 70% of outdoor gym users reported they visited their local park more often as a result of using the outdoor gym.
- 63% of outdoor gym users reported they were looking at other ways to be physically active as a result of using the outdoor gym. Taken in combination, the above three statistics identify that outdoor gym use directly increased park use, directly increased levels of physical activity and indirectly encouraged users to consider other ways to become more physically active also.
- Overall, in the visitor surveys there was a reduction in the percentage of respondents who visited the Healthy Hubs to be physically active (43% to 34%) and an increase in the percentage who visited to relax and take it easy (42% to 60%) from pre- to post-programme. Using the Healthy Hubs as commuting routes also declined from 16% pre-

to 7% post- programme. Overall, this profile does not support the previous data regarding increased physical activity. It is still promising however as a greater percentage of respondents view their Healthy Hub as a place in which they can feel relaxed.

- 75% of respondents to the visitor surveys, who identified visiting the Healthy Hubs with Children aged under 16, identified that their child/children, went to their Healthy Hub to be physically active. This, in combination with the previous statistic, supports the contention that the Healthy Hubs are seen as places more for children to be physically active rather than adults.

### **Level three evidence: stakeholder narratives:**

- *'I feel more healthy and fit. I get out more since coming to the gym I've lost over 4 stone which if the gym wasn't here I would not have lost it. I have now become a health freak'*  
**Outdoor gym user: Silver Jubilee Park**
- *'We all use the equipment daily or twice daily and cycle to the area and then because we feel more active we then cycle for at least half hour afterwards'*  
**Outdoor gym user: Dell and Fens Pools**
- *'I feel fitter since using the outdoor gym. I bring my children to the park more often and try to think of other outdoor activities we can do together'*  
**Outdoor gym user: Huntingtree Park**
- *'I think it's a brilliant way of getting people involved in activities free of charge, but the times of organised events suit part time or non-working people'*  
**Post-programme population survey: Mary Stevens Park**
- *'My children like riding their bikes down to the park and it is much easier now'*  
**Visitor survey: Dell and Fens Pools**
- *'For the first time for years I have seen families picnicking on the park and children just enjoying themselves in the open air'*  
**Friends of Huntingtree Park**
- *'I have often wished to use gym equipment but the cost of a gym put me off. I like using it in the open air, and without needing to wear special clothes or attend at special times'*  
**Outdoor gym user: Mary Stevens Park**

## **Conclusions and Recommendations: increased levels of physical activity**

**Conclusion:** Overall, and acknowledging the limitations of only self-report measures, there is evidence to suggest that local communities have increased their attainment of guideline levels of physical activity associated with health benefits.

**Recommendation:** Continue to promote the facilities and provision in the Healthy Hubs as a borough-wide, Change4Life branded flagship programme for raising physical activity and health and wellbeing awareness through promotion of healthy guidelines;

Consider future evaluation using more objective measures of physical activity monitoring and assessment in targeted groups.

**Conclusion:** The majority of adult Park users go to the Healthy Hubs to relax rather than to be physically active.

**Recommendation:** Consider the fact that users find the Healthy Hubs safe and appropriate environments in which to relax as a positive outcome of the Programme and of potential benefit to their mental health and wellbeing;

Develop strategies to consult with these users regarding their physical activity preferences and subliminally promote physical activity opportunities to these users to encourage their FUTURE participation in such opportunities.

**Conclusion:** Walking remains the main physical activity undertaken by the park users and local community, with cycling rather limited in its representation.

**Recommendations:** Continue to promote walking and associated improvements in led-walks (including Nordic walking), active corridor walking

**relevant signage, and access and floor improvements within the Hubs;**

**Further publicise the active corridor improvements and removal of complete cycling restrictions within the Hubs to encourage further cycling participation through use of the safer routes and more accommodating approach to cycling within the Hubs themselves.**

**Conclusion:** The improvements do not yet appear to have impacted upon active transport use or perceived benefits of such use for physical activity overall.

**Recommendation:** Remember that these were the last improvements to be made and maximise publicity of these improvements locally and across the borough more widely as the interconnecting routes between Hubs.

**Conclusion:** School children rate the facilities highly, enjoy using them and stated that they had increased their levels of physical activity as a result of the improvements made.

**Recommendation:** Further develop relationships with all schools within each Healthy Hub community to build upon the impact that the facilities are having on this especially important section of the community.

**Conclusion:** The installation of the outdoor gyms would appear to be the singular most appreciated improvement for reported increase in physical activity and increases in fitness, health and wellbeing.

**Recommendations:** Provide similar equipment across the borough where possible, in parks and other school and community settings and further evaluate its specific impact;

**Explore the development/installation of outdoor gym equipment suitable for children aged under 12.**



Figure 6. Active corridor improvements

### Increased perceptions of safety in and around the Healthy Hubs:

#### **Level one evidence: reported park use and perceptions from healthy hub catchment area:**

- There was a small increase in the percentage of respondents reporting they feel 'at least safe' during the daytime, from 93% to 95% pre- to post- programme in the population surveys. As such, perceptions of safety in the Healthy Hubs during daylight remains very high indeed.
- The percentage of respondents reporting they feel 'safe' after dark remained the same in the population survey, despite a marked improvement in Silver Jubilee Park (from 8% to 26% from pre- to post- programme). Many qualitative comments in the population surveys did, however, identify a lack of awareness amongst respondents of the CCTV and lighting improvements in particular.
- The percentage of respondents reporting non-attendance after dark increased from 44% to 64% from pre- to post- programme in the population survey.
- Perceptions of safety in primary schoolchildren during the daytime declined, with greater percentages feeling at best 'unsafe' (30% up from 18%) and a lower percentage feeling

at least 'safe' (70% down from 83%). The reduction in perception of safety during the daytime was statistically significant ( $p=0.037$ ).

- Schoolchildren overall demonstrated an increased desire not to attend the Healthy Hubs after dark. That identified, the feelings of lack of safety in those who did attend the Hubs after dark appeared to reduce from 46% to 34% from pre- to post- programme. However, this was not statistically significant.

### **Level two evidence: actual park use and visitor perceptions**

- Visitor perceptions of safety across the five Healthy Hubs were high during the daytime, with over 90% reporting feeling at 'safe' in both pre- and post- programme survey periods. However, overall there was a statistically significant decrease in the number of respondents who reported they feel 'safe' ( $p=0.000$ ).
- The percentage of respondents reporting they feel 'safe' after dark remained the same in the visitor surveys.
- Agreement with CCTV as an effective means for increasing safety in the Hubs was variable, with an average of 27% respondents in agreement across all Hubs. Silver Jubilee Park (54%) and Huntingtree Park (41%) had by far the greatest positive responses, whereas the Dell and Fens Pools was very low in comparison (5%). Qualitative comments did, however, demonstrate a lack of awareness of the new facility and a lack of understanding in its use for deterring anti-social behaviour.
- New lighting was seen by a minority to be effective for increasing safety in the Hubs after dark (25%) with some qualitative comments suggesting that this was due to the lighting being located specifically around the Hub buildings and new activity facilities rather than more liberally throughout the Healthy Hub and its pathways.

### Level three evidence: stakeholder narratives:

- *'Was not aware that CCTV had been installed in the park. Perhaps this is something that you should make residents who use the park aware of.'*  
**Post-programme population survey: Netherton Park**
- *'It [CCTV] is a very good deterrent to make young people watch what they are doing.'*  
**Post-programme population survey: Silver Jubilee Park**
- *Regarding CCTV.....'Yes, for on an evening before there were lots of teenagers on the park, where as now they don't sit there.'*  
**Post programme population survey: Huntingtree Park**
- *'Believe there is only lighting by the outdoor gym.'*  
**Post-programme population survey: Netherton Park**
- *'Don't know if there is new lighting or not as I don't go there after dark.'*  
**Post programme population survey: Huntingtree Park**
- *'Better working with Police, having closer Police presence on site. Better reporting mechanisms on incidents, improving residents/ parks users understanding that security matters will be dealt with, and reducing fear of using Parks.'*  
**Green Spaces Team Leader**



**Figure 7. New CCTV and lighting**

## **Conclusions and Recommendations: Increased perceptions of safety in and around the Healthy Hubs:**

**Conclusion:** A common and prominent barrier to park use remains as perceived anti-social behaviour

**Recommendation:** Continue to work with the Police to commit further to visible policing of each of the Healthy Hubs and to engage in community outreach programme to embed ownership of the Hubs within their local communities.

**Conclusion:** The local community and even Healthy Hub users were not at all aware of the presence of the two main park facility improvements designed to enhance safety: CCTV and lighting.

**Recommendations:** Raise awareness of the presence of the CCTV and in so doing identify how it is monitored; commit to using this facility to reduce anti-social behaviour in the Healthy Hubs and seek as much publicity as possible with any such positive outcomes for reductions in anti-social behaviour that come about from it's use;

Raise awareness of the presence of the new lighting around the Hub building and outdoor gym equipment, and further investigate the potential for additional lighting away from the Hub buildings to light more of the access routes and paths to the buildings.

**Conclusion:** The vast majority of people do not go to their Healthy Hub in the dark.

**Recommendation:** Either accept this as a normal park use profile or enhance lighting and CCTV throughout each Hub (rather than around the buildings only) and give members of the local communities reasons to attend the Hub in the dark e.g. evening led activity sessions, health and wellbeing workshops.

## Increased awareness of the Change4Life initiative and messages and awareness of the Dudley Healthy Towns Programme:

### **Level one evidence: reported park use and perceptions from healthy hub catchment area:**

- There was an increase in awareness of the Change4Life initiative overall from the population surveys with 54% of respondents aware of it post-programme compared to 46% pre-programme, demonstrating a positive shift in awareness of the campaign and its messages.
- Post-programme, 95% of all schoolchildren surveyed had heard of the Change4Life initiative, demonstrating a very high level of awareness
- Whilst the most common single means of becoming aware of the Change4Life initiative was from television adverts both pre- and post- programme (54% and 35% respectively), there was an increase in local Dudley initiatives as the first point of awareness from 26% pre- to 41% post- programme, thus exceeding the effectiveness of the national television campaigns post-programme.
- Responses to all Change4Life healthy diet awareness and sedentary behaviour questions in the population surveys demonstrated an improvement in healthy diet awareness and reduction in sedentary habits from pre- to post- programme.
- Responses to all Change4Life healthy diet awareness questions in the primary school surveys demonstrated an improvement in healthy diet awareness from pre- to post-programme.
- There was an increase from 83% to 86% in the percentage of respondents to the population survey, and an increase from 79% to 81% of children surveyed able to correctly identify the Change4Life slogan as 'Eat well, move more, live longer'. As such, people were not just aware of the campaign, they had absorbed its headline message.
- Post-programme, 35% of respondents to the population survey identified that they felt they were able to achieve a healthy lifestyle through the choices they made compared to 31% pre-programme.

- The percentage of respondents to the population survey who were at least 'very' confident in their ability to manage their family's weight through increasing their level of physical activity increased from 23% pre-programme to 28% post-programme. This increase was statistically significant ( $p=0.007$ ).
- The percentage of respondents to the population surveys who were at least 'very' confident in their ability to manage their own weight through increasing their level of physical activity increased from 25% pre-programme to 29% post-programme. This increase was statistically Significant ( $p=0.034$ ).
- The percentage of respondents to the population surveys who were at least 'very' confident in their ability to manage their own weight through eating healthier increased from 29% pre-programme to 35% post-programme. This increase was statistically significant ( $p=0.014$ ).
- Overall, 39% of respondents to the population survey post-programme were aware of the Dudley Healthy Towns Programme. The Dell and Fens Pools Healthy Hub respondents appeared to be far less aware of the Programme (5%) than the other four Healthy Hub respondents. Silver Jubilee Park respondents had by far the greatest level of awareness (65%). This may be due to the visible engagement of the local community with the Silver Jubilee Healthy Hub in particular, contrasted with a more distant engagement with what might have been perceived as rather unsupported, less often staffed and therefore less obviously delivered elements of the programme at the Dell and Fens Pools Healthy Hub.
- Awareness of the Dudley Healthy Towns Programme increased from 31% to 53% of school children from pre- to post- programme. The only Healthy Hub to show reduced awareness was the Dell and Fens Pools Healthy Hub, with a reduction from 34% to 21%.
- Dudley Healthy Town website 'hits' are increasing monthly.

## Level two evidence: actual park use and visitor perceptions

- Awareness of the Dudley Healthy Towns Programme increased from 34% to 49% of visitors to the Healthy Hubs from pre- to post- programme.
- Healthy Hub visitors actually being aware of their park being designated as a Healthy Hub rose from 49% pre-programme (when some Healthy hubs had already received some of the infrastructure improvements such as the outdoor gyms) to 64% post-programme when all elements of facility, staffing and provision were being delivered.
- Only 16% of Outdoor gym users were made aware of the outdoor gyms by Dudley Healthy Towns marketing. 75% either came across the gym in their local park (54%) or heard about it from a friend/word of mouth (21%). This may be due to the fact that the outdoor gyms were in place and being used before Dudley's Healthy Towns Programme was officially launched in October 2010.

## Level three evidence: stakeholder narratives:

- *'Tying into the national branding of Change 4 Life while giving the project a unique Dudley 'slant' has enabled us to tie into a number of key national messages in a language that has resonated with local people'.*

**Communications and Public Affairs Officer**

- *'Our area of work has benefited from using the branding across all areas e.g. Sportlink, Activezone. Children and parents can identify with a National Initiative which motivates and supports behavioural change. The use of the Healthy Towns branding and programme has supported partnership working e.g. the Jump on Board is a programme is delivered with Healthy Towns, Dudley Public Health and Dudley Sport and Physical Activity Development Team. The Activezone programme has developed with the use of the branding and the Healthy Towns Rangers feature heavily in the joint approach to marketing the programme. The Healthy Hubs have provided us with attractive bases to provide activities, and signpost participants to, following on from activities provided by the team'.*

**Sport and Physical Activity Manager**

**Conclusions and Recommendations: Increased awareness of the Change4Life initiative and messages and awareness of the Dudley Healthy Towns Programme:**

**Conclusion:** Awareness of the Change4Life initiative and its messages is high across the borough, with most improvement being reported in the diet-relevant messages.

**Conclusion:** Awareness of the Dudley Healthy Towns Programme is increasing even after such a short period of full programme delivery, and the branding with Change4Life seems to have raised the awareness of BOTH programmes synergistically.

**Recommendation:** **Continue to promote the Healthy Towns Programme and other Dudley Borough health and physical activity initiatives with the Change4Life and now also recognised as Dudley Healthy Towns branding.**

**Conclusion:** The Dudley Healthy Towns Programme has involved numerous agencies to develop and deliver the programme and these links have led to enhanced working practices, coordinated approaches and far greater collaborative and potentially cost effective working than were evident before the programme began.

**Recommendation:** **Continue to embed the Healthy Towns Programme as a flagship for other borough wide health and physical activity initiatives, publicise the learning from ‘shared experience’ and coordinated endeavour and ensure that future initiatives further develop this area of uniformly identified good practice.**



**Figure 8. Healthy eating programmes**

### **Concluding comments regarding the overall impact of the Dudley Healthy Towns Programme**

There would appear to be preliminary short- term evidence to suggest that:

- There has been an increase in Healthy Hub usage and value placed upon the Healthy Hubs since 2009.
- There has been an increase in levels of self-report physical activity within the Healthy Hub catchment populations
- There is limited evidence to suggest that perceptions of safety have improved in and around the Healthy Hubs. This is primarily due to limited awareness of the presence of CCTV and lighting amongst users and local residents.
- There has been a considerable increase in awareness of the Change4Life initiative and the Dudley Healthy Towns programme amongst Healthy Hub catchment populations, park users and primary school children.

- Due to the date of completion of the active corridors this evaluation was unable to capture robust data relating to these improvements. It is therefore recommended that baseline evaluation of the impact of this intervention commences at the earliest opportunity.

### **Stakeholder narratives to conclude:**

- *...to see the change in perception of Silver Jubilee Park and other parks since the Healthy Town programme was introduced is a major plus for the surrounding communities and borough as a whole'.*

**Director of the Urban Environment**

- *'Very good. Facilities for all people of all ages, whether they are overweight or not. I also feel it is a very good way of socialising and bringing communities together'.*

**Post programme population survey: Dell and Fens Pools**

- *'I feel that this project in certain areas of the borough has created a whole new community environment. A togetherness that has been described as by members of the public as a War time community, where people do not consider everyone as a stranger, more as a neighbour. The project has created voluntary groups that I feel could continue the service long after funding is no longer available'.*

**Park Ranger**

- *'Our healthy towns programme has been fundamental in delivering our aspirations to improve the health enhancing aspects of the environment and basically make it easier for people to make healthier choices. It has acted as a catalyst for change for the people of Dudley borough and also embedded a health 'mind-set' within our organisations which will hopefully sustain change into the future'.*

**Public Health Consultant and Lifestyle/Obesity Lead**

- *'We may not see the full impact of this investment for a number of years but I am convinced that it will produce long term benefits for our local population'.*

**Chief Executive**