SACHRU staff continue to be busily involved in a range of projects. The NHMRC funded ‘Evaluating the effectiveness of comprehensive primary health care in local communities’ outlined on page 7 will host a research symposium in October bringing our overseas and interstate collaborators together with the local team and presenting emerging findings to interested stakeholders. Linked to this research is a second study investigating the links between private practice GPs and state-funded primary health care services which is drawing to a close. Other projects cover a wide territory including food security, health literacy, breastfeeding, Health in All Policies, Closing the Gap initiatives, equity and primary prevention.

We have also been active disseminating our work. For example, SACHRU staff have presented or co-authored papers for the Australian Health Promotion Association Conference, the International Union of Health Promotion and Education Conference, the International Federation on Ageing Conference and the Australian Public Health Association Conference. Our Director, Professor Fran Baum has given keynote addresses at the National Women’s Health Conference, the Taiwan Healthy Cities Conference, and the Public Health Associations of Australia and New Zealand Conferences. Gwyn Jolley has travelled to South Korea to attend the Global Conference of the Alliance for Healthy Cities.

This newsletter contains a number of stories from the field that reflect the wide range of roles and activities of community and primary health care. Two of the articles are by participants in the Achieving Excellence in Health Promotion action learning program - a workforce development collaboration comprising SA Health, Discipline of Public Health, Flinders University and SACHRU.

This issue also includes an obituary for Nicoline Kovatseff by a ‘young mum’, colleague and friend of Nicoline, Caras Fleetwood. I first met Nicoline when she approached SACHRU to help with developing a program description and model to support one of the numerous grants she applied for in order to maintain funding for the Talking Realities program. She was a fantastic advocate for the program and the young women who came through the program. She sought to provide positive opportunities for these young mums, empowering them through the experiences the program could provide. I worked with Nicoline on a number of occasions as she continued to develop and disseminate the Talking Realities program. Many community workers will recognise the obstacles Nicoline encountered and struggled with as she worked to achieve sustainability for the program. Nicoline was adept at fundraising, networking, developing strong working relationships, promoting the program, creating opportunities – all in an environment where funding and the future of the program never seemed assured.

On behalf of all at SACHRU have a happy festive season and a fun, healthy and safe new year.

Angela Lawless
Deputy Director, Training and Development

Port Pirie Producers Market in action (report on page 4)
Nicoline Kovatseff is well respected for the contribution she has made to the community services sector. She held a number of important roles within this sector however her most significant contribution was made during her time at Talking Realities…young parenting program.

During 1997, in collaboration with others, Nicoline was instrumental in developing Talking Realities with a $1500 grant from Parenting SA. Four teenage mothers were involved in the development of the program using a community development approach. Initially called ‘Reality: Our Truth of Being a Young Parent’ the program was designed as a peer education program, delivering presentations to secondary school students to enable young people to make informed choices about teenage parenthood and parenting.

From 2000, the program has been known as ‘Talking Realities … young parenting’. Whilst it retains its original educational component, it has evolved into a holistic, multi-level, community based, collaborative support program engaging with, and providing a range of peer, educational, and lifestyle supports to young mothers, their children and pregnant young women from diverse backgrounds.

Nicoline’s vision and strong leadership saw the program expand from its modest beginnings to nine other locations around Australia (Riverland, Whyalla, northern suburbs of Adelaide, Perth, Melbourne and multiple locations in NSW and Qld) and extend its suite of VET and SACE accredited training programs from the original Peer Education/Banner training to include Leadership and Early Childhood Development training components.

Nicoline presented at a number of state and National conferences and has contributed enormously to a body of knowledge about effective strategies in working with and supporting young parents.

Nicoline believed in empowering young mothers to help change their lives, and the lives of their children for the better. At the core of this empowerment was her belief in the power of education to help young women realise a more positive future. She never gave up on the young women in the program, always treating them with respect, empathising without judging and believing in them and their potential. Many young women involved in Talking Realities over the years have gone on to have successful lives and careers and they are living proof that this dream was very much a reality.

Nicoline fought tirelessly for everything the Talking Realities program has achieved and it is largely her vision, passion and ‘blood, sweat and tears’ that have made the program what it is today. Her ability to create opportunities and make the most of those that came her way was exceptional, as was her ability to network with national, state and local agencies and funding bodies.

Nicoline will always be remembered by those who knew her as a highly dedicated, committed and creative Community Health Worker whose passion for improving the lives of others was inspiring.

(Talking Realities: A program and development report, literature and evidence for practice, SACHRU, 2010).

For further details about Talking Realities….young parenting
Contact: Caras Fleetwood
Project Officer
Adelaide Health Service Ambulatory & Primary Health Care Parks Primary Health Care Service Cnr Trafford St & Cowan St ANGLE PARK SA 5010 8243 5459 / 0422 002 561 caras.fleetwood@health.sa.gov.au
The YWCA of Adelaide is a not for profit organisation which provides advocacy, support, empowerment and leadership opportunities for young women. As a feminist organisation, the YWCA of Adelaide recognises the importance of working with girls and boys to create an equal and just society. In doing so, the YWCA hosts the Big Brothers Big Sisters (BBBS) youth mentoring program.

BBBS is a community based youth mentoring program in which disadvantaged young people aged 7-17 are matched in a one: one friendship with a volunteer mentor. Unfortunately, more young people are referred to the BBBS program than there are available volunteers; therefore many young people are placed on a waiting list.

In March 2007, in order to cater for the large number of young people on the BBBS waiting list, the Connect-4 Group Mentoring program was developed. Connect-4 provides monthly recreational group days for young people (aged 7-17) on the BBBS waiting list. These young people are invited to participate in fun, new experiences during which opportunities are provided for young people to socialise, learn new skills, and build confidence. Volunteer mentors (Captains) assist by transporting young people (Crew) to and from the events and by providing support, encouragement and guidance on the days.

In November 2008, it was determined that an in-depth evaluation of the Connect-4 program was needed to assess whether the program was meeting the objectives. Amy Bruce (YWCA Project Officer – Youth Mentoring) worked in consultation with Angela Lawless and Carol Davy from SACHRU to conduct the evaluation.

In order to collect current and relevant information Crew members were invited to participate in two evaluation days (one for 7-11 years, and one for 12-17 years). These days were supervised by Jody Anderson (YWCA Project Officer – Youth Mentoring), and Carol Davy (SACHRU) who conducted interviews with the young people. On the day, a fun and interactive art activity was facilitated by a local artist. Crew members were shown pictures from Connect-4 days they had attended, and were then asked to draw/paint pictures which represented their Connect-4 experiences. These pictures were then used as conversation starters for Jody and Carol who interviewed each Crew member with a set of pre-determined questions. These questions were based around the Connect-4 program objectives. The interviews were recorded, then transcribed and analysed against the different objective areas. This method of evaluation was an effective way of collecting relevant information because it allowed the interviewers to keep the discussion on track, reduced pressure on young people by using an external tool (e.g picture as conversation-starter), used age appropriate language, and built rapport between the interviewer and young person.

Contact: Amy Bruce
Program Manager, Youth Mentoring
YWCA of Adelaide
Telephone: 08 8203 9400
Port Pirie Producers Market - the story of a community journey
By Sarah Bradley

The Port Pirie Producers Market is a predominantly fresh food market held in Port Pirie on the 2nd Sunday of every month. It is the result of partnerships between the Port Pirie community, stallholders, community organisations, Port Pirie Regional Council, and Port Pirie Regional Health Service.

Community Need
The idea of a producers market for Port Pirie was developed following extensive consultation with the Port Pirie community as part of the ABHI Healthy Weight project. Throughout these consultations access to quality, affordable fresh fruit and vegetables where raised consistently as one of the biggest barriers to the community achieving the recommended serves of fruit and vegetables each day.

The aim of the Port Pirie Producers Market was to increase access to quality, affordable fresh produce for the local community. An additional aim was to increase the consumption of fruit and vegetables, and access for disadvantaged groups to fresh produce.

Building Community Support
A community expression of interest was circulated to the community in September 2008. This resulted in over 40 contacts from the community and interested stallholders. From this, a community meeting was held in November 2008, with 20 people attending. A community working party was formed consisting of Port Pirie Regional Health Service employees, community members and stallholders.

Planning and Set-up
Establishing the market was an intensive, challenging 6 month process which required creativity, focus and drive to make it a reality. While the recruitment of stallholders and promotion of the market were easier to establish, there were several hurdles to establishing the market including:

- Lack of a suitable a community group or organisation to auspice and insure the market.
- The development of a business case to the Country Health.

Mid North Cluster Executive committee which required a crash course in insurance, finance and risk management and resulted in the Port Pirie Health Service auspicing the market for 12 months.

- Gaining support of local government to allow use of the park area identified as the most desirable location for the next 12 months.

The Launch
The first Port Pirie Producers Market was held on 10th of May 2009. Kicking off with 14 stallholders, the market was officially opened. An estimated 800 people attended throughout the morning. The market has now been up and running for 14 months and continues to grow. The number and variety of stallholders have increased from 14 to 26, and include stalls representing most major food groups – vegetables, fruit, bread and pasta, and meat as well as extra foods, art and craft products.

Anecdotal evidence suggests that the Port Pirie community is keen to know more about fruit and vegetable consumption. Community Foodies have been involved in providing cooking demonstrations, recipes and taste testings at the market. In addition, the market management stall promotes Go for 2 & 5 materials which are displayed and available to the public.

The market has provided short-term health benefits, opportunities for social interaction and enhanced a sense of community spirit and wellbeing. Stall holders have benefitted from increased business patronage as a result of market accessibility.

Evaluation
Evaluation surveys conducted 12 months since the beginning of the market indicated that people continue to want to know where their produce comes from, and feel the prices at the market reflected the quality and value of what was available.

Enablers
- A supportive leadership group who could see our vision, and openly embraced it – providing an opportunity to let the community know that the health service is not just about sick people.
- Community support and momentum – Community members have been our best ambassadors and spokespeople.
- Support from other organisations, including the Southern Flinders Ranges Tourism Authority and Regional Development Australia – their support and advice has been invaluable.

Lessons Learnt
- Community support is vital – success required revisiting things we had already done 2 or 3 times to bring the community with us, and share the knowledge and skills between everyone.
- Insurance and Risk Management – dealing with food, people, weather etc has meant a steep learning curve in both insurance and risk management, and was probably the biggest hurdle faced.
- Placing health outside the square – a health service organising a producers market seemed very different for us, let alone the community.

Sustainability
This has been a major challenge, due to the lack of established community groups to take on the market. The solution to this was to establish our own group and as a result the Port Pirie Producers Market will become an Incorporated Association – a huge learning curve in itself.

For more information contact the Diabetes Prevention Officer, Port Pirie Regional Health Service on 8638 4693 or email ptpirieproducersmarket@health.sa.gov.au.
SACHRU Tool for measuring the effectiveness of collaborative partnerships: lessons learnt from the Ngartunna Waiendi, Babies on the Move DVD partnership evaluation
by Catherine Hurley, South Australian Community Health Research Unit

The SACHRU toolkit for measuring the effectiveness of partnerships, community participation and equity arose out of the 2004 SACHRU report “What works! A systematic review of the evidence for effectiveness of community health in Adelaide” (Jolley, Baum et al, 2004). This review found that some of the principles of community-based health services including working in collaborative partnerships were not generally well evaluated. SACHRU developed a tool for measuring the effectiveness of partnerships from a reading of the literature and further development took place after presenting the tool at a workshop at the Australian Health Promotion Association conference in Adelaide in 2007. Since that time it has been available on the SACHRU website (http://som.flinders.edu.au/FUSA/SACHRU/toolkit.htm) with users being encouraged to feedback any comments they may have about it.

In 2008, SACHRU was approached by the Centre for Health Promotion (CHP) at Child Youth and Women’s Health Service (CYWHS) to evaluate one of their ‘eat well, be active, start young!’ programs that they were undertaking in partnership with the Aboriginal Healthy Families project team in Central Northern Area Health Service (CNAHS). The “Ngartunna Waiendi, Babies on the Move DVD” project aimed to produce and distribute a DVD on gross motor skills and safe play appropriate to Aboriginal and Torres Strait Islander families in Adelaide. It utilised two reference groups to oversee the project: a cultural reference group including Aboriginal Elders and child health workers, staff from CNAHS and CYWHS the Aboriginal Health Council of SA and the Aboriginal film-makers. The clinical reference group consisted of staff of CNAHS and CYWHS with expertise in child development and academics from Health Sciences at Uni SA. The partnership that occurred within and between the two reference groups, their members and their agencies was the subject of the evaluation utilising SACHRU’s tool.

SACHRU became involved in the evaluation of the partnership after it had commenced so only the second and third parts of the tool - the process evaluation and the outcomes, were administered to reference group members. The process evaluation of the partnership was distributed via anonymous online survey while telephone interviews were conducted with a small number of group members who subsequently agreed to take part.

From this process we learnt a number of lessons about the usefulness of the tool and potential improvements. The two reference groups’ membership amounted to approximately twenty five people overall but not all participants completed the tool which made it hard to know what those who didn’t felt about the partnership. Some aspects of the tool were ambiguous when used in a real-life context. For example, we had a combined category of “not applicable/not sure” making it unclear what people meant when they actually selected it. We also combined several facets eg satisfaction with time of meetings, minutes and agendas, into one question which did not allow people to differentiate between them. In attempting to make the tool as brief as possible, we had sacrificed information that could have usefully been differentiated.

Also, the tool has no scoring mechanism and it was suggested that this makes it difficult to say definitely whether the partnership being measured is a success. However, the difficulty is that every partnership is different in context and outcome and what may be considered a successful process may not lead to the desired outcome due to factors beyond the partnership’s control. Likewise, a partnership may achieve its overall goal or outcome but do so via a conflicted process. This makes uniform scoring of one aspect of a partnership as more important than another very difficult. In general, the context of a partnership is very important to document including origins, changes and outcomes. The tool is meant to be one of a number of evaluation means for partnerships rather than a stand-alone instrument.

The tool is likely to be updated as a result of these findings and hopefully will address some of its shortcomings. We would encourage other projects to use it in their partnership evaluations and to continue to send feedback to us.

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Food For Thought

**The traditional 10 Tips for Better Health**

1. Don’t smoke. If you can, stop. If you can’t, cut down.
2. Follow a balanced diet with plenty of fruit and vegetables.
5. If you drink alcohol, do so in moderation.
6. Cover up in the sun.
7. Practice safer sex.
8. Take up cancer-screening opportunities.
9. Be safe on the roads.
10. Learn the First Aid ABCs: airways, breathing, circulation.

**Alternative 10 tips for better health**

1. Don’t be poor or don’t be poor for too long.
2. Don’t live in a deprived area. If you do, move.
3. Don’t be disabled or have a disabled child.
4. Don’t work in a stressful, low-paid, manual job.
5. Don’t live in damp, low-quality housing or be homeless.
6. Be able to afford to pay for recreation and annual holidays.
7. Don’t be a lone parent.
8. Claim all the benefits to which you are entitled if you are unemployed, retired, sick or disabled.
9. Be able to afford to own a car.
10. Use education as an opportunity to improve your socio-economic status.

Townsend Centre for International Poverty Research, from [http://www.bris.ac.uk/poverty/](http://www.bris.ac.uk/poverty/)

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**AHIP Symposium**

**Beyond Evidence on Health Inequities: What works, why and how**

27th - 28th of April 2010

The final Australian Health Inequities Program Symposium was recently conducted at the National Wine Centre in Adelaide. The delegates heard from a variety of international and local speakers on the topic streams:

- Housing and the Impact of Health
- Health in All Policies
- Close the Gap
- Employment
- Initiatives to Reduce Health Inequalities

Dr David Pevalin from the University of Essex presented on The dynamics of housing and health: results from longitudinal studies in the UK.

Dr Emma Baker and Dr Rebecca Bentley (HIP Investigators) identified that for Australia, housing affordability stress was the major impacting factor for reduced mental health, especially in the 25-44 year old age group, with significant gender differences being identified.

Dr Bridget Robson, Senior Research Fellow, University of Otago, Director Te Ropu Rangahau Hauora a Eru Pomare provided interesting reflections on Indigenous health in New Zealand, identifying that racism, especially institutional racism contributed considerably to the health gap with there being many different types and levels of racism.


Pat Anderson, Chair of the Board of the Cooperative research Centre for Aboriginal Health highlighted that the issue of control and empowerment is central to closing the gap, emphasising the importance of supporting Indigenous people to “do the job themselves”.


The term “Overburden” was used in this project to mean the administrative work that has to be done by providers and funders to allocate, acquire, manage, report on, and account for funding and the services and other activities it was used for within the complex context of Aboriginal Community Controlled Health Services.

Dr Wayne Lewchuk, Professor of Labour Studies and Economics, McMaster University, Ontario, Canada and graduate Chair of the MA in Work and Society presented current research on precarious employment.

Louise Potvin, Professor at the Department of Social and Preventive Medicine, Université de Montréal and Scientific director of the Centre Léa-Roback sur les inégalités sociales de santé de Montréal discussed the critical role of evaluation in fostering health equity.

The South Australian Community Health Research Unit (SACHRU), in collaboration with other South Australian, interstate and international investigators, is conducting a five year project funded by the Health and Medical Research Council to examine ways to assess the effectiveness of Comprehensive Primary Health Care in local communities.

The six study sites for the project are:

- Port Adelaide Primary Health Care Services
- Playford Primary Health Care Services
- SHine SA, Woodville
- Inner Southern (leading into GP Plus Marion) Southern Primary Health
- Aboriginal Health Team, Southern Area
- Central Australian Aboriginal Congress, Alice Springs

For each study site, how Comprehensive Primary Health Care principles are being put into practice will be examined through the construction of site-specific program logic models, which will inform evaluation plans for each site.

The evaluations will examine where the services are contributing to individual and population health outcomes, and what barriers and challenges are faced by the services. The research team has visited each site to introduce the project, and has conducted a total of 60 interviews with managers, staff, regional health executives, and SA Health funders.

Site-specific program logic model workshops have been conducted at most of the case study sites, producing valuable discussions and outputs on issues key to Comprehensive Primary Health Care. Work on the overarching program logic model for best practice Comprehensive Primary Health Care has also begun, with one workshop with stakeholders taking place in February 2010.

The workshops have been very successful in articulating the goals, strategies, and underpinning principles of each service, and have indicated areas of both consensus and uniqueness for each service. Managers and staff commented that the process in itself was valuable, and allowed for reflection on their work.

We have also conducted the first of what will be a six-monthly audit of each health service to monitor changes in resourcing, focus, activities, policies, or structures. This audit will inform elements of the program logic model for each site and also ensure the project stays up to date and relevant to current practice and policy.

The project promises to provide a significant contribution to understanding the effectiveness of CPHC models and how the components of Comprehensive Primary Health Care practice relate to individual patient and population health outcomes.

If you would like to find out more about this project, or have any comments or questions, please contact Toby Freeman (Project manager):

ph: (08) 7221 8468
email: toby.freeman@flinders.edu.au
Developing a Framework for Children with Asthma and their Families
by Georgina Paterson

Within my role as Paediatric Asthma Co-ordinator, I recently participated in the Action Learning Program conducted through Flinders University.

This project aimed to shift the focus of acute care towards sustainable community based asthma management and to empower children with asthma and their families to self-manage their chronic condition.

**Health promotion description**
In 2008 Children’s, Youth and Women’s Health Service (CYWHS) identified that asthma management should become more health promoting, and children with poorly controlled asthma required provision of support in the community to prevent and reduce readmission for asthma. The rationale for this was that:

- a) An acute care, short term management focus was no longer deemed workable;
- b) Empowering children and creating supportive family environments for asthma management should reduce the need for acute services, and the direct and inpatient costs of poorly controlled asthma and
- c) CYWHS and asthma management has a long history of delivering acute care interventions that place the expertise and decision making power with health.

**Outcomes achieved to date**
The expected outcomes of providing a health promoting service for children with asthma include potentially fewer absent school days, fewer hospitalisations, less medication use for exacerbations of their asthma and children who self manage reporting a better quality of life on an everyday basis with reduced visits to the hospital and General Practitioner (GP).

Examples of the achievements to date are:

- The home medication review (HMR) which enables a child to be visited in their home by their community pharmacist to discuss the child’s asthma devices and medications so that the family is better informed and empowered to self manage.

- The development of a 3 day asthma camp for teenagers. Through health promoting activities children develop coping skills and an understanding that asthma is part of their identity which requires management. Teenagers become members of a peer support program (when they fulfill the criteria).

The development of evidence based asthma health literature designed using pictures rather than wording. One of the tools developed is the on line asthma action plan so the child can create their own plan with their own asthma messages.

An asthma home visiting program enables a nurse with expertise in asthma management to visit the child and family at home. The nurse identifies asthma triggers and works in partnership with the family and community to better support asthma self management.

**Enablers**
Use of a daily journal aided the reflection and evaluation process

A small, developing team enabled self management strategies to be introduced and supported with relative ease, especially by the asthma home visiting nurse service.

Clear understanding of the link between self management strategies, a reduction in the need for acute service and reduced costs.

Developing relationships with staff across different departments and hospitals.

Use of an emergent change approach which enabled incremental change through a bottom up approach

Support and mentorship from the Department of Health Promotion, CYWHS was integral to the project.

A collaborative review of asthma admissions to the PICU in the last 5 years to identify changes required in the community to improve asthma management and reduce admissions.

**Home Medication Review (HMR)** for children with asthma was such a positive enabler, that representatives from Divisions of General Practice have developed the program further to include all children with a health condition.

**Challenges**
To effect change in asthma management in CYWHS was at times difficult and sustainable change across CYWHS was unachievable in a short timeframe. Particular challenges included:

- Effective collaboration requires resources and neither party had spare funding to support the relationship.

- High quality asthma care requires a patient centred approach across the organisation rather than a focus on the financial burden of care which is the current focus for GP plus funding.

- The asthma nurses in CYWHS are currently funded on yearly contracts which are not conducive to long term planning and limits engagement with health professionals and patients.

- Professional long term relationships are required between general practice, hospitals, community services and NGO’s for integrated governance and trusting relationships to occur.

**Project Impacts**
Asthma care and management is tailored to the individual using the child centred approach to understanding individual needs.

- The new support framework empowers children to self manage in the community.

- The foundations to healthy living are laid in childhood and evidence indicates that lifestyle impacts on long term health.

- Literature review and consulting with children and families and the experts in
health promotion guided the development of the tools and support required.

Several research projects are in progress to measure the impact of asthma self management in children.

A statewide asthma reference group was established.

The online asthma action plan is also accessible from the Asthma Foundation of SA website and is being translated into 8 other languages.

The asthma home visiting service is sustainable but requires additional planning and funding for expansion.

Chemplus has now established “asthma hubs” in their pharmacies as an outcome of the collaborative partnership.

For further information contact: Georgina.Paterson@health.sa.gov.au

This was a project of the Achieving Excellence in Health Promotion: An action learning program:

A workforce development partnership between SA Health (Health Promotion Branch) and Flinders University (Discipline of Public Health & SACHRU) to strengthen leadership in, and enhance the development, delivery and evaluation of health promoting activities in SA Health regions.

Evaluation of the baby friendly online education program

by Carol Fudali, Senior Health Promotion Officer

SA Breastfeeding Program, Centre for Health Promotion, Children, Youth and Women’s Health Service

The Children, Youth and Women’s Health Service developed an 8 hour breastfeeding e-learning education program that provides education for health professionals from both hospitals and community health that links with the Baby Friendly Health Initiative.

The program began in 2005 and was initially only available to SA Health midwifery employees. Demand for the program grew and eventually it was made available to all staff working in maternity health services in SA. The program was then made available nationally and over a period of about four years more than 6,000 people have registered for the program.

Due to the high number of users, a formal and independent evaluation was warranted in order to assist the enhancement of the program. Due to the large scale of the evaluation it was felt appropriate to outsource this evaluation to an organisation specialising in this area.

SACHRU won the tender to undertake the evaluation and conducted an extensive process and impact evaluation of the e-learning program. The evaluation explored the participant’s experiences of the program, quality of program components and the impact of the program on breastfeeding practices. It also described the program development and structure in detail.

Undertaking a formal evaluation of the program provided:

- an opportunity to improve the quality of the program by identifying areas where changes could be implemented.
- additional value to the program by providing objective evidence of its usefulness and accessibility
- a strong ‘selling’ point when promoting the program to other states and agencies
- evidence of the program’s effectiveness

The formal evaluation undertaken by SACHRU was carried out by staff with expertise and resources to undertake the tasks involved in evaluation.

The evaluation took several months to complete including face to face interviews, online surveys, focus groups and telephone interviews.

The evaluation provided specific examples of changes that could be made to strengthen the program and enhance participant experiences thereby adding value to the program.

Further information about the e-learning program or the evaluation can be obtained from Carol Fudali, Senior Health Promotion Officer, Centre for Health Promotion, 08 81617777, www.babyfriendly.sa.gov.au
Achieving health excellence: Evolving a community-based primary health approach to healthy eating for children

by Emma Donaghey and Jane Fitzgerald

Participating in the Flinders University (FUSA) Achieving Excellence in Health Promotion Action Learning program provided us with the opportunity to change our practice in addressing healthy weight issues for children in the community. It supported us to put a health promotion approach at the centre of this primary health care (PHC) work. This article explores the complexities involved in developing a local health promotion partnership approach to delivering the Parenting, Eating and Activity for Children (PEACH) program, a family-based intervention supporting food-related behaviour change, developed by Flinders University (FU) and recognised by Southern Primary Health (SPH).

Health promotion, defined as “the process of enabling people to increase control over their health and its determinants, and thereby improve their health” (1), acknowledges the importance to health of people’s access to resources such as a regular supply and intake of nutritious food, supportive family structure, safe physical environments, affordable housing, meaningful and paid employment, positive self esteem, strong social networks and a feeling of power and control over life decisions (2). Being more health promoting requires a focus on improving health equity as people with fewer resources struggle more to achieve good health for themselves and their families. To achieve healthy communities, it is important to place the communities and their needs at the centre, and to work in partnership with stakeholders across sectors of the community (2).

Project Aims and Outcomes

Our aims were to adapt PEACH to fit our SPH service model; work with local families to meet their needs; and at the same time meet the program implementation demands of the wider health system. We wanted to influence family and individual change in relation to healthy weight as well as change in the way we work together across SPH and more positive and collaborative relationships with other agencies to address childhood obesity.

We believe that strengthening interdisciplinary, intra-organisational and inter-organisational relationships builds a stronger, richer and more health promoting base from which to offer programs and services. We sought to develop and strengthen working relationships between SPH workers and staff from both the Health Promotion Branch of SA Health and the Dietetic Department (developers and evaluators of the PEACH program).

The quality of working relationships between Dieticians and Psychologists at SPH has developed and strengthened, and the capacity to support meaningful working relationships outside our agency continues to gather momentum. Recently completed, the SPH PEACH program has provided an opportunity for us to explore our insights and learning from the program with others, both inside and outside our organisation.

Context & Complexities

The complexities in applying a health promotion approach to using the PEACH program locally are considerable, particularly in the current health system context in which increased funding to support healthy weight is being largely used to implement programs in ‘top down’ or centrally-driven ways.

The strong political driver to support healthier eating habits for children and their families is the escalation of estimated future health costs resulting from weight-related health issues (Generational Health Review 2004). To support coordinated action to achieve healthy weight targets the Health Promotion Branch, SA Health has increased funding to health regions (including SPH), tied to the Healthy Weight Strategy (4). The accompanying Priority Program document (5) identifies evidence-based approaches and programs including PEACH; Go for 2 n 5; Be active; Community Foodies; Eat Well Be Active Community Programs & Schools; Healthy Weight Coordinators; OPAL (Obesity Prevention & Lifestyle). In line with health promotion principles, the Healthy Weight Strategy recognises the social determinants of health and calls for partnership within and across sectors.

For the Dietetics Department, FU, PEACH program evaluation was a priority. They wanted PEACH to be ‘rolled out’ in a way that maintained fidelity to its content and format. To this end, FU provided support, training and professionally presented program resources for facilitators and the community. Our concern was that this focus on fidelity to program content would make it difficult to adapt the program to local contexts. We wanted to focus more on the program’s mechanism (how it worked) and context (for whom and in what circumstances it worked) and be able to adapt the program content with these in mind (3).

Other PHC workers at SPH were expressing frustration at being expected to deliver centrally-determined programs which they felt may not deliver better support for local families to address healthy weight issues. They felt this ‘top-down’ approach did not employ or value their knowledge and experience as PHC workers/clinicians and confl icted with PHC principles, particularly community advocacy and participation.

There are significant barriers to working together across SPH and with external agencies and groups to improve social health outcomes. The whole family and behavioural focus of PEACH presented an opportunity for collaboration between dieticians and psychologists. However, while they shared understandings of the complex interplay between eating habits and socio-economic environments and the complementary role that each

1Emma Donaghey is Head of Discipline, Nutrition, Southern Primary Health. Jane Fitzgerald is Chief Clinical Psychologist & Mental Health Portfolio Lead, Southern Primary Health.
discipline might play, portfolio structures within SPH undermined opportunities to co-work.

Another complexity was the relationship between professionals and the community. The community response to PEACH was low, possibly influenced by current expectations that workers deliver a range of programs concurrently, reducing their time to undertake intensive marketing to a reluctant audience. This is a resource allocation challenge for SPH - how to align health sector and community interest with limited worker capacity to engage with the community?

Organisational impacts

Our PEACH project illustrates the importance of adaptability of programs to secure the participation of relevant partners including the community. At the health service organisation level, our project increased interest and awareness within SPH of:

- the issues involved in childhood obesity, and the need to develop a primary health care response to supporting child health and wellbeing,
- the need for a range of disciplines to work together, and an increased capacity to jointly support programs and respond to client and population need,
- the potential to have an influence beyond SPH on prevention programs.

We undertook a number of actions to implement PEACH more flexibly and in line with PHC principles. First, a shift in staffing allocation, to involve a dietician and psychologist, was endorsed by management. Second, a compromise was negotiated between FU and SPH whereby FU agreed to some flexibility in content. However, this was only partially achieved. Tensions between valuing practice wisdom and fidelity to PEACH content are ongoing.

Leadership-level groups provided ongoing opportunities to discuss PEACH and PHC approaches to addressing obesity, making the issue of healthy eating more visible to the wider SAHS workforce, although the opportunity for reflection and discussion was limited.

Action learning outcomes

The value of 'spaces' for reflection and discussion emerged as a common theme throughout. Opportunities for meaningful discussion and reflective practice to support the development of collaborative approaches are limited and as such are a barrier to progress at both management and worker levels. PEACH did provide a vehicle to bring together two disciplines for shared discussions in formal meetings and in informal conversations about broader work and clients. Concerns well shared about the busyness of families, diminishing sport participation as youngsters turn into teens, the need to safely ferry children to school, portion sizes, parents’ capacity to “take charge” around food. These were all discussions about the core contributors to weight issues we heard expressed by program participants.

These conversations have begun the development of a shared understanding about how we can strengthen and broaden our work with families to support their health. One outcome has been developing a Program Logic (as an active, working model) to articulate knowledge from primary health, psychology and dietetics and note the shared understandings that now form the practice rationale for working with healthy weight issues for children and families. The concepts of supportive family structures, child-parent relationships, parenting ability, locus of control and the importance of social networks are all concepts that have been acknowledged in the program logic. These concepts are less visible in the PEACH program but relevant to us as a PHC service.

Concern with Healthy Weight, in the SPH portfolio structure, is allocated to nutritionists and dieticians. We hope that community worker and psychosocial professions will be acknowledged as helpful and supported to engage further in contributing to developing programs and services to achieve healthy weight and other outcomes for children and families.

The workers that ran the program together valued what they learned from each other: for psychology, the concepts of moderation and balance in eating, what food does for our bodies, how to talk about food groups and the concept of intuitive eating; and for dietetics, understanding the relationship between behaviour and emotions in relation to food, the social aspects of food in a family setting, and the need for parents to have the ability and capacity to support healthy eating.

A key priority for us in recruiting and implementing the SPH-PEACH group was to provide an environment that supported parental disclosure, valued the ideas and views of parents and acknowledged their difficulties. We wanted to respect the knowledge and skills of the families who attended the group and acknowledge that we are all learning together about what ‘works’.

However, increased engagement in the SPH-PEACH programme afforded by the greater flexibility of PEACH content was limited, as the scope for active community participation in program knowledge and decision making, was constrained within the non-negotiable program aspects.

Conclusion

On reflection we have appreciated the experience of participating over 12 months in the Action Learning Program meetings where being health promoting was promoted as a core activity rather than an add-on. We work in overloaded systems in which there is little time or space to move beyond established ideas and ways of working. Having completed the SPH-PEACH program, the time frame for discussions with FU and Health Promotion Branch is just opening up and we hope to have meaningful discussions about the wider issues that surround this area of work. We propose that the SPH-PEACH program was an important first step in taking into account the social determinants of health and commencing relevant partnerships in addressing healthy weight. Our plan is now to expand our partners and continue to evolve the process of developing innovations in this area.

'This article was developed as part of the Achieving Excellence in Health Promotion: an action learning program, a workforce development partnership between SA Health (Health Promotion Branch) and Flinders University (Discipline of Public Health & SACHRU) to strengthen leadership in, and enhance the development, delivery and evaluation of health promoting activities in SA Health regions.'
Southgate Institute events

The Southgate Institute for Health, Society and Equity conducted many successful events in 2010, including several meetings of its two well established interdisciplinary clubs the Journal and Theory Clubs, and the inaugural Policy Club event.

Theory Club
The Southgate Theory Club meets about twice a year and provides space and opportunities to think, deliberate and debate on the relevance of theories for understanding Health and Society. It provides an opportunity for debate and interaction between researchers, academics and professionals from diverse fields and with different experiences, and encourages cross-disciplinary perspectives.

The most recent Theory Club in October was on the topic of Social Inclusion and included presentations by Professor Jennie Popay, Institute for Health Research, Lancaster University and A/Prof Lionel Orchard, School of Social and Political Studies, Flinders University

Journal Club
The Southgate Journal Club meets about every two months and aims to engage researchers and bring them together to discuss issues relevant to cross-disciplinary research and methodology.

At the most recent Journal Club meeting in October, Alison Thompson, Research Associate, Department of Social Work and Social Planning, facilitated a discussion about the Sophia Mitra article “The Capability Approach and Disability”. The second discussion, facilitated by Dr Laren Newman, Senior Research Fellow, Southgate Institute, was about the Anna M Whelan article “Consultation with non-English speaking communities: rapid bilingual appraisal”.

Policy Club
The Southgate Policy Club addresses hot topics of interest to academics, policy makers and practitioners within government and not-for-profit sectors. Perspectives from a wide range of professionals bring both a depth and a practicality to policy agendas in relation to health, society and equity.

The inaugural Policy Club event was held in October, using a Q & A format to debate how to redesign services. A panel of experts, and an audience of academics, service providers and policy makers, brought their expertise to bear on this topic.

Other events
Two events were convened in October to take advantage of visiting academics: Professor Jennie Popay, Professor of Sociology and Public Health, Institute for Health Research, Lancaster University, UK and Dr Mike Biles (Housing Ombudsman for England).

For more information about Southgate Institute activities, go to our website http://www.finders.edu.au/medicine/sites/southgate/southgate_home.cfm
Or contact Pamela Wright, Research Development Manager pamela.wright@finders.edu.au

New SACHRU Staff

Louise Flood joined SACHRU in July as a part-time research associate. Louise obtained a bachelor of medicine and surgery (MBBS) from the University of Adelaide in 1997. She worked for several years at the Royal Adelaide Hospital and Flinders Medical Centre as a medical officer. In 2005 she commenced at the Research Centre for Injury Studies, where she completed projects on hospitalised sports injury, work related injury and eye injuries. In 2009 she obtained a master of public health (MPH) from the University of Sydney. She continues her clinical work part-time at the Royal Adelaide Hospital. She has recently commenced public health physician training and a graduate diploma in health economics and policy at Monash University.

Ruth Walker’s background includes a PhD in Public Health from the University of Adelaide (awarded in 2002), and an Honours degree in Psychology from the University of Otago in NZ. Prior to starting work as a Research Fellow at SACHRU she was an Australian Research Council Post-doctoral Fellow in the School of Psychology and Flinders Centre for Ageing Studies at Flinders University. During this time Ruth conducted a three-year research project focused on the health and relationship dynamics of ageing couples, based on data from the Australian Longitudinal Study of Ageing. Her research interests include ageing and health, with a strong focus on the social, contextual and gendered dimensions of ageing. Ruth’s previous projects have involved understanding the social context of sleep difficulties among older women; cross-cultural experiences of widowhood; and the importance of neighbourhood for the health of older women.

Carly Gowers commenced part time as Information Officer in July 2010. Carly joins the SACHRU team with qualifications in graphic design, events management and marketing. Passionate about working within the community sector, Carly is looking forward to some new challenges with SACHRU.