Report of Activities

South Australian Community Health Research Unit

2000/2001

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Role of the Research Unit

The South Australian Community Health Research Unit (SACHRU) strives to enhance health and wellbeing in South Australian communities. It does this by assisting community health and primary health care agencies and groups to undertake and use the findings from research and evaluation to make services more effective in maintaining and improving the health of their communities.

SACHRU aims to undertake and advocate for primary health care research and evaluation which:

- focuses on issues of equity;
- takes a social view of health and wellbeing;
- has implications for policy and practice;
- involves, and is responsive to, all relevant players;
- is independent, rigorous and has academic excellence;
- is disseminated widely and in appropriate ways.

SACHRU is funded by the SA Department of Human Services (DHS) to provide a primary health care research and evaluation service for community health services and related agencies and groups that are funded by the DHS in metropolitan and country South Australia. It is also funded to provide advice to the DHS on research and evaluation within the context of the DHS Strategic Plan.

The role of SACHRU is to:

- assist the Department of Human Services and service providers to determine needs and priorities for community and primary health care research and evaluation;
- develop research and evaluation methodologies suitable for use in a primary health care setting;
- design and conduct primary health care research projects;
- obtain and manage externally funded research grants and consultancies in community and primary health care;
- disseminate research and evaluation findings;
- provide research and evaluation support to community health services and primary health care programs;
- provide training, staff development and support to community and primary health care workers in relation to research, evaluation and primary health care development;
- monitor and disseminate Australian and overseas research relevant to primary health care policy and practice;
- undertake critical appraisal of policy and programs relevant to primary health care.
Since its formation in December 1991, SACHRU has been supported by a Management Advisory Committee, which meets every two months. At each meeting, the SACHRU Director reports on activities and progress over the last two months, and seeks advice on various management matters including workshop programs and planning days. An Executive consisting of the Chair and Deputy Chair can be called upon for matters requiring urgent attention.

2000/2001 Membership

Prof. Fran Baum South Australian Community Health Research Unit

Mr Kenneth Goodall Hospital and Health Services Association of South Australia Inc (to December 2000)

Ms Mary Ireland Enfield Community Health Service (to December 2000)

Ms Tess Byrnes Noarlunga Health Services (to December 2000)

Ms Joanne Gell Northern Metropolitan Community Health Service

Ms Marj Ellis (chair) Adelaide Central Community Health Service (to December 2000)

Mr Andrew Stanley Strategic Planning and Policy Division, Department of Human Services

Mr Frank Tesoriero South Australian Community Health Association

Ms Bernadette Roberts (vice-chair) Women’s Health Statewide

Ms Julia Lamont Inner Southern Community Health Service (to December 2000)

Ms Elaine Golding Director of Staff Services, Flinders Medical Centre (to December 2000)

Prof. Andrew Butcher School of Medicine, Flinders Medical Centre

Ms Karen Dixon Noarlunga Health Services (from January 2001)

Ms Penny Markham Inner Southern Community Health Service (from January 2001)
Mr Kevin Eglinton Hills Mallee Southern Regional Health Service (from January 2001)

Ms Adair Garrett (chair) Northern Metropolitan Community Health Service (from January 2001)

Ms Debbie Law Flinders Medical Centre (from January 2001)

Ms Pat Pearson Enfield Community Health Centre (from January 2001)

Staff Nominee This position is filled by rotation. In the period July 2000 to June 2001, Maryanne Martin, Cecilia Moretti, Paul Aylward and Gwyn Jolley attended meetings as the staff nominee.
List of Staff Members

Director
Professor Fran Baum B.A. (Hons.), Ph.D.
(also Head, Department of Public Health, Flinders University of South Australia)

Senior Research Officers
Paul Aylward B.A. (Hons.), M.A. (Education), PGCE, M.A. (Dist)
Dr Janice Duffy B.A. (Hons), Ph.D.
Gwyn Jolley B.Sc. (Hons.), PGCE, GDOH
Charlie Murray B.A. (to November 2000)

Contract Research Officers
Belinda Lowcay BBhvSc (Part-time) (August 2000-November 2000)

Graduate Trainee Research Assistant
Megan O’Grady BHlthSc (from January 2001)

Department of Public Health staff working on collaborative projects
Carolyn Modra (funded by NH&MRC Grant) (to July 2000)
Anne Magarey
Helen van Eyk
Catherine Hurley
Danielle Bament

Information Officer
Maryanne Martin (Part-time)

Administrative Assistant
Helma Hooper (Part-time)

Administrative Services Officer
Linda Weger (Part-time)

Contract Administrative Services Officer
Carmel Becker (Part-time) (July 2000 – December 2000)
Alex Porter B.HlthSc. (Part-time) (from January 2001)
I am very pleased to introduce this Annual Report of Activities. It demonstrates the output of an extremely hardworking and effective research and administrative team. I hope you enjoy reading about our work and urge you to contact members of the SACHRU team should you require further information on any of the initiatives in this report.

Projects
It is evident from research and evaluation projects in this report that we have been undertaking our usual range of innovative community health work. The final report from a study of the links between non-government organisations and community health services was released. Our work on performance indicators has continued. I am particularly pleased to note that our work in the area of newly arrived migrant services has continued through three projects. One relates to an action research project conducted with the Migrant Health Service, another to a Reciprocity in Education project and the third to a multi-cultural mental health initiative. This work has been a new departure for SACHRU and ensures we are contributing to a group in our community that has a high health needs and requires services fine-tuned to their particular circumstances.

We have also continued to conduct consultancy work for the World Health Organisation. This has included a grant to test an evaluation framework with the Noarlunga Community Action on Drugs forum and a consultancy to write Guidelines for a new Healthy Districts initiative. These international links are important to SACHRU as they are an indication that our work is highly regarded and provide us with the opportunity to learn from colleagues overseas. This is important in bringing new perspectives to our work.

Our location, equity, social capital and health project, conducted jointly between SACHRU and the Department of Public Health, Flinders University is exploring the complex factors that shape people’s experiences of health. This project involves re-analysis of our western suburbs Health Development and Social Capital data, preparation of a literature review and the organisation of two seminars to encourage researchers and policy makers to discuss their mutual interests relating to location, health and social capital.

The bread and butter of SACHRU’s work consists of conducting evaluations for community health services, often of innovative projects. A number of these are reported here including a project using puppet theatre to promote health and other arts programs. Through these evaluations SACHRU is able to contribute to improving and refining community health programs.

Training
In 2001, we launched a new look training program thanks to the work of Paul Aylward. This program has proved popular with participants from across the human service portfolio. This program continued to demonstrate the value to SACHRU of links with the FUSA Department of Public Health, through the work of members of the Department who contributed to the program.

Once again SACHRU staff have worked with the Department of Public Health, Flinders University to run four successful short courses on Healthy Cities, Survey Research Methods, Evaluation and Qualitative Research Methods.
Staff Changes
Charlie Murray left SACHRU in October 2000 to take up a management position at the Parks Community Health Centre. As this report testifies Charlie was involved in many projects at SACHRU and made a particular contribution to initiating the Program Evaluation Wizard (PEW). We will particularly miss her passion for social justice and community health and her hard working approach but we are glad she is still part of the broader community health field.

Paul Aylward and Janice Duffy joined the SACHRU team as senior research officers. They both bring a new range of skills to SACHRU and have very quickly become involved in a number of projects, as this report demonstrates. Other staff have joined us on contract and their contribution is reflected in the project reports in this document.

Budget Pressures
Our budget pressures continue. In 2000-2001 SACHRU received a budget cut of approximately 12%. This means that funding from the DHS now covers only 3.4 research positions (including all management functions) and 1.5 administrative staff. This makes us a very small Unit. This funding situation has also taken us to the position of having to make all our research staff (other than senior research officers) contract staff. This is because funding could only be guaranteed for them if the Unit earns enough funding from consultancy work. This creates significant pressure for staff as we are continually conscious of the need to generate income. Our situation for 2001-2 looks equally tight. One of the reasons we have been able to survive this very difficult situation is that we have a close working relationship with the Department of Public Health, Flinders University. This relationship enables us to have a larger work group and to organise joint research, training and staff development activities.

I would like to thank SACHRU staff for continuing with their busy work schedules despite the uncertainties the Unit has faced. The productivity demonstrated in this report is testimony to the way in which staff have focussed on SACHRU’s functions and continued to produce research and training of a high quality.

Brennan Review
The Brennan Review of Public Health Research and Training was conducted in 2000-2001. SACHRU was included in the ambit of the Review. The Review was made available in early 2001 and proved to be a concise document that supported the notion of a statewide Institute of Public Health.

A major implication from the Review for SACHRU is that our service agreement includes a clause requiring SACHRU to be involved in the working group considering mechanisms to further the recommendations of the Review. The issues raised by the Review have added to the uncertainty facing SACHRU and we look forward to resolution of the issues and to a period of greater stability in the future.

Management Advisory Committee
Finally, I would like to thank our Management Advisory Committee (membership is listed on pages 4-5 of this report) for making a significant contribution to SACHRU. The Committee contains members from the community health services, Department of Human Services and key groups such as the SA Community Health Association. Adair Garrett has chaired this Committee very ably and offered strong support for SACHRU’s work. The Committee is one of the mechanisms by which SACHRU can receive feedback on its work and communicate with its core constituencies. We are grateful that, at a time when people are so busy, they are happy to devote some of this precious resource to SACHRU.

Andrew Stanley (Director, Research and Evaluation Branch, DHS) (and Albert Berolds during Andrew’s period of leave) and staff have shown understanding of the nature of the research work that SACHRU
undertakes and offered us support and advice. We are grateful for this and look forward to working with them as constructively in the coming year.

In Conclusion
This report demonstrates the work of a hard working and creative team whose work achieves recognition in Australia and overseas. The SACHRU looks forward to working with all sectors of South Australian Human Services in 2001-2 and thanks you for your interest and support in the past.

Fran Baum (Professor)
Director
SACHRU has commenced a new project for the period 2001-2003 with funding from our core budget. The topic evolved from discussions with community health service Chief Executives and SACHRU’s Management Advisory Committee (MAC) in late 2000. The broad area was defined as documenting the role of community health services and estimating the cost saving effects of their interventions. The overall purpose is to develop mechanisms to test the effectiveness of community health. With the goal of establishing an evidence base for community health, the project has three specific aims:

- To examine the existing evidence base for the effectiveness of community health services;
- To assess the applicability of cost-effectiveness analysis to measuring the effectiveness of community health services;
- To design a meta-evaluation analysis of existing evaluations of community health services.

In order to cover the range of issues associated with these aims, the project will focus upon three different, but interrelated components. These are: the applicability of cost effectiveness analyses to community health services; an assessment of the capacity of existing datasets in SA to inform effectiveness; and the design of a meta-evaluation of community health evaluation.

The purpose of the first component of the project is to explore literature on the cost-effectiveness of health promotion and disease prevention programs and consider its methodological appropriateness to community health. An initial literature search identified research on the cost effectiveness in a variety of primary health care settings such as the workplace. The literature search has been expanded to include cost effectiveness studies across the full range of work undertaken in community health centres.

Janice Duffy constructed a framework for the review and comments were sought from both SACHRU staff and members of the MAC. This framework was organised under subheadings such as the rationale for cost effectiveness, an analysis of economic evaluation, methodological issues concerning cost effectiveness of health promotion and disease prevention and issues concerning the measurement of the cost effectiveness of health promotion and disease prevention programs in community health. Once the review is completed it is proposed to send it to an economist for expert comment.
Stacey Masters is currently undertaking the second component, a review of datasets used by community health services in South Australia. A short report is in preparation summarising the current status of data collection in community health, the information that is currently available, the existing gaps and the applicability of the datasets to the issue of effectiveness.

Danielle Bament has recently commenced work on the third component, a meta-evaluation of selected areas within community health. The aims are to identify areas relevant to community health and those areas that might be suitable for meta-evaluation. A strategy for a literature search on evaluation of community health interventions has been developed and the literature search is underway. Research methodologies for meta-evaluations and their applicability to community health are being examined.

Given the shift towards evidenced-based practice in health care and health service delivery this project is timely and has significant potential to underpin practice in community health. It is envisaged that this project will go some way towards developing a conceptually and methodologically appropriate evidence base for community health. The findings will be presented in a SACHRU report.

**Healthy Cities Evaluation Framework Testing Project**

This is a joint project of SACHRU and the Department of Public Health, Flinders University. The aim of the project is to test the usefulness of the ‘Healthy Cities Evaluation Framework’ in the evaluation of complex community based health promotion programs. The framework promotes evaluation that is process based, utilising both qualitative and quantitative methodologies, and incorporating community participation where possible.

The usefulness of the framework is being tested with the Noarlunga Community Action on Drugs Forum (NCAOD). NCAOD is a collaborative inter-sectoral community initiative under the auspices of Healthy Cities Noarlunga, which aims to reduce the harm caused by drugs to the Onkaparinga community.

The evaluation project has two stages. The first stage ran from November 2000 to May 2001 with funding from the World Health Organisation (WHO) and sought to evaluate the short-term impacts of NCAOD. Firstly, a workshop was held with NCAOD members, community members and other key stakeholders to devise an evaluation plan. Next, data was collected from NCAOD by the use of an audit, surveys, interviews and document analysis.

Findings revealed that NCAOD is a dedicated forum consisting of a wide range of representatives from the community, government and non-government sectors. Results suggest that NCAOD has been successful at increasing
communication and collaboration surrounding drugs and related issues in the community, and attracting resources for prevention and treatment programs.

Results also proved the framework useful as an evaluative tool for complex community based health promotion programs. Of particular use was the feature of the framework that promotes predictions of short-term impacts, intermediate health and well being outcomes and health and development outcomes at the onset of the evaluation. The participation by project participants in the evaluation was also very successful and valued by both the evaluation team and the participants themselves.

The testing of the framework did highlight the need for small revisions to be made to enhance the framework’s usefulness, including the need to back up predicted impacts and outcomes by a rationale and to revise objectives at various stages throughout the project. A report on the first phase has been written and sent to the World Health Organisation. The report is entitled ‘Healthy Cities Evaluation Framework Testing Project’ and copies are available through SACHRU.

The next stage of the project has received funding from the SA Department of Human Services’ Small Grants Initiative and has only recently commenced. The aim of this stage is to test the revised framework with NCAOD by evaluating the Forum’s intermediate term impacts. Additionally, we will be evaluating the short term impacts of a joint initiative of NCAOD and Child and Youth Health’s Second Story, the Youth Drug Peer Education Project. A report on this stage is expected to be completed by December 2001.

**Health Care Reform in Southern Adelaide Evaluation Project**

**Staff involved:**
*Helen van Eyk, Fran Baum and Catherine Hurley*

The Health Care Reform in Southern Adelaide Evaluation Project is a three year project funded by an ARC SPIRT (Strategic Partnerships with Industry – Research and Training) grant. The project is being conducted by the Department of Public Health with support provided by SACHRU. It concludes at the end of 2001.

The project is evaluating the impact of changes in the health system on the collaborative efforts of a group of four agencies: Flinders Medical Centre, Repatriation General Hospital, Southern Domiciliary Care and Rehabilitation Service and Noarlunga Health Services. It has used a number of methods to document staff perceptions of changes within the health system, the lessons staff have learnt about interagency collaboration, the changing levels of collaboration between the agencies and the impact of health system reforms that have occurred at the broader level. The methods used have included interviews, focus groups, case studies, a random mail staff survey, surveys of current collaborative initiatives between the agencies, document analysis, observation and focus groups.
During the last year the project has had two articles accepted for publication in peer reviewed journals, with two others currently being reviewed for other journals. A conference paper has been presented and two more have been accepted for presentation as well as a poster.

The dual focus of the project has been on developing an action research based methodology to evaluate the impact of change in a constantly changing environment; and to gain an understanding of the impact of continuous change on health care services, particularly in relation to their efforts to achieve organisational change towards a more collaborative approach.

The evaluation found that frequent change within the health system is a result of policy changes and developments at a number of levels, Commonwealth, State and health care agency. Health care reform is complex and it is important to view it within the broader context of the reforms that are affecting health systems in Australia and internationally. The project found that funding cuts and frequent re-organisations have resulted in a system under stress and staff experiencing ‘reform fatigue’. This project provides a case study of the stresses placed on health systems and on the agencies and workforce within the health system. It highlights the need for careful management of change processes within the health system, of taking into account the pace at which change can be absorbed, and of adopting strategies that build alliances with, and motivate those who are affected by, the change processes.

**Location and Health**

*Staff involved: Fran Baum, Anne Magarey and Paul Aylward*

The project commenced in late February 2001, when Anne Magarey commenced work as the research officer. The aims of the project are to:

- Undertake a literature review in order to determine the methodologies and outcomes of research into the links between location, social capital and health and well-being.
- Develop a framework to determine the characteristics of locations which support the components of social capital (trust in local people, participation in social and civic activities) in partnership with key personnel from the Department of Human Services, to be based on the literature review and detailed analysis of the Health Development and Social Capital project data to determine the variations in participation and trust by area of residence.
- Develop further the links with the Department of Human Services (which combines the previous departments of health, welfare, housing and urban planning) and other researchers not included in this application (for example, social geographers and demographers) in order to create a strong research team to prepare proposals for subsequent research.
The literature review is underway. Further analysis of the quantitative and qualitative data from the NHMRC Health Development and Social Capital project is also underway. A workshop is planned for later in the year.

**The Newly Arrived Migrant Project**

The Newly Arrived Migrant Project has been a collaborative venture between SACHRU and The Migrant Health Service (TMHS) aimed at developing and supporting evaluation processes within the organisation that respond to the unique needs and circumstances of newly arrived migrant communities, especially those arriving in the humanitarian stream. In its first year, the project undertook a number of activities to assess current practice and to strengthen the culture of evaluation and critical reflection within TMHS. This included conducting detailed interviews with staff across all disciplines to identify key concerns and areas for development.

On the basis of this information and further directional input sought from staff, the project entered the 2000/2001 period with a focus on writing a literature review addressing the extent and nature of evaluation practice undertaken in other refugee serving organisations. This was followed in the review by a practical section outlining a range of ‘how to’ resources to support staff seeking to evaluate refugee health programs. The next section looked at what is known about specific cultural and refugee related considerations in providing health services and undertaking evaluation, with the final section exploring what similar organisations have done to enhance the evaluation capacity of their staff.

Upon completion of the literature review, the workshop *Beyond Questionnaires: Evaluation and Creative Data Collection Methods* was held for TMHS staff. This took place in mid-October. Feedback forms filled out by staff at the end of proceedings indicated that the workshop was deemed a useful and valuable exercise.

The project report is currently being finalised, with a view to publication in the near future.

**Project PEW – Planning and Evaluation Wizard**

This project aims to develop a software tool to assist people working on primary health care and health promotion projects to develop project and evaluation plans. Initial consultations showed there was a reasonable degree of fear and frustration about project evaluation, and that PEW would need to demystify the jargon and be creative in its approach to evaluation.
PEW takes users through the steps of developing a project proposal, plan and evaluation.

Throughout the year there were a number of on-going programming difficulties encountered with some of the interactive aspects of PEW which resulted in our developing three different models over the last few months. These were subsequently trialed ‘in-house’ but a number of programming flaws were evident which required on-going modification. Problems with accessing or downloading PEW through the Internet, particularly from rural or remote areas, were also identified, which prompted SACHRU to produce a CD version of the package. The resource implications of maintaining an interactive site also prompted this move.

We aimed to provide a straightforward, easy to use program that allowed users to think about evaluating their projects without worrying about how to use PEW software. However, our trialing of PEW revealed that the program had not reached the ‘user friendliness’ required for our target group. Moreover, ‘persisting bugs’ were also identified with the interactive parts of PEW that the programmers were unable to correct, and, on occasion, exacerbated.

This was particularly frustrating for us at SACHRU and for those in the field who requested a copy of PEW for their own work. Given that PEW has been subject to a number of delays in its development, it was decided to modify PEW’s interactive component and simplify its use in order to make it available as soon as possible.

PEW retains all the information and guidance for users to progress through the stages of their own evaluation. Additional examples and ‘pop-up’ guidance have also been provided with references and links to promote further learning. The package has been up-dated to include contemporaneous examples and a number of sections have been re-written for clarity and to include emerging areas of interest (eg. Ethics and Presentation sections). A glossary of terms has also been compiled and included.

This has allowed us to both publish PEW on the Internet and produce a CD version. In the latter case, PEW can be copied directly onto the hard drive of a PC for personal use or for access over a local network. Given that the disk can be copied many times, this could be a cheaper and more efficient option for many users. PEW is still an ‘evolving’ resource with easy feedback incorporated into the program. PEW is currently available on the SACHRU web site and CDs will be available later this year.

South Australian Performance Indicators and Community Health

Staff involved:
Gwyn Jolley

Research and Evaluation Activities
Over the last three years, SACHRU has been involved in exploring the use of performance indicators for the community health sector, at national and state levels. The South Australian discussion paper, produced by SACHRU in 1999, has been widely distributed and has provoked much interest.

Late in 1999, a consortium of community health agencies (Adelaide Central Community Health Service, Northern Metropolitan Community Health Service, Noarlunga Health Services, and the South Australian Community Health Research Unit) and the Metropolitan Division of the Department of Human Services came together to develop performance indicators (PIs) for the community health sector.

This initiative emerged as a response to a perceived need to develop meaningful indicators of community health performance. It is also, in part, a response to the developments in Metropolitan Division and its stated aim to develop measures of performance to meet outcomes. The Department of Human Services has provided financial support for this developmental process. This has created a timely opportunity to work together as a sector on an issue of common benefit. Australian attempts to develop PIs for community health are embryonic and thus far these attempts have not effectively, nor sensibly, measured performance in community health.

The consortium has resulted in a working group being established to steer a process for the development of PIs for community health. The working group developed and trialled a workshop process for PI identification. The process was further trialled in facilitated workshops by seven groups of community health practitioners and Department of Human Services staff around South Australia.

Three different frameworks were offered for performance indicator development (Ottawa Charter for Health Promotion, Primary Health Care principles and Capacity Building model) with each Development Group nominating the framework and performance area they wished to work with. One group comprised of women’s health services chose to use a women’s centred approach.

In the facilitated workshops, each Development Group clarified their understanding of the performance area and brainstormed the essential components that would demonstrate work in this area. A ranking process identified the top three components and performance indicators for these were developed, specifying the data required, the data source and methods for collection.

The data collection phase ran from October to November and a workshop in December brought all the players together to reflect on the learning that had taken place. In early 2001, the performance indicators that had been developed by each group were piloted by another group in a different service
setting in order to test transferability and robustness. The final reflection workshop was held in May to bring the results together. Participants were positive about many of the aspects of the project, however a number of concerns were also highlighted.

There has been enormous interest in the work being done on performance indicators by SACHRU and others, both in South Australia and interstate. Clearly this is an issue which is at the forefront of many people’s minds. SACHRU plans to produce an updated discussion paper later this year.

**Links Between Community Health Services and Non Government Organisations in Two Regions of South Australia**

**Staff involved:**
Gwyn Jolley (Principal Investigator) and Stacey Masters (Project Officer)

This research project was funded by the Health Enhancement Research Grants Committee of the Department of Human Services. The study sought to document the type of links that occur between community health services and non government organisations in metropolitan and rural/regional SA and to better understand the factors that promote, or act as a barrier to, links between the two types of organisations. Noarlunga Health Services and the Wakefield Regional Health Service were partners in the research project, as were the community health services and non-government organisations representatives on the project advisory group and the non government organisations who contributed case studies of collaboration with community health services.

Objectives were:
1. To document existing links between community health services and non-government organisations in South Australia
2. To identify the promoters and barriers to effective links
3. To investigate the potential for more effective links and coordination
4. To increase community health services’ and non-government organisations’ knowledge and understanding of each other’s roles in service provision.

The study focused its attention, largely, on formally structures, separately incorporated, not-for-profit organisations that provide health &/or welfare services to the Wakefield Health Services’ Region (encompassing Barossa, Clare and Yorke Peninsula districts) and the City of Onkaparinga in the southern metropolitan region.
Data collection consisted of:

- A short exploratory questionnaire to community health services in the two regions
- A mailed survey of non-government organisations
- Interviews with community health managers
- Five case studies of collaboration in action from a non-government organisation perspective.

The study provided insights into the natures and scope of links between community health services and non-government organisations. Most often links were related to sharing information, networking and referrals. Collaboration was least likely to be in the area of policy development. The pattern of links between the two sectors suggests that collaboration is well developed at the practice level. There appears to be less activity at a ‘whole of organisation’ level, where policy and resource decisions reside.

Community health services were most likely to collaborate with non-government organisations engaged in health promotion, volunteer recruitment and training and support services. A perception of different value systems and different approaches to working with communities was apparent in relation to some church-based organisations. Community health services value links with non-government organisations that are able to take a strong advocacy role, particularly as many workers feel constrained by their role as public servants.

Organisations work together when they share clients, or clients with similar needs, and when they believe that they can be more effective in improving client outcomes by working in collaboration. Resource constraints were also reported to be a powerful promoter of collaboration as organisations engage with others in working towards common goals and shared client outcomes. Both community health services and non-government organisations reported seeking to effect change and influence the work of other organisations to be more responsive to the needs of specific, often marginalised, groups and communities. Shared values and existing networks make it easier for links to be established and maintained. Barriers to collaboration are time and resource constraints and differences in the way that organisations are structured.

Most benefits of collaboration for both sectors focussed on more and better use of resources, better outcomes for clients, particularly those with complex needs, and the ability to provide a broader and more comprehensive range of services. Some non-government organisations stated that they could only carry out their advocacy role by working in collaboration with others and CHS said they benefited from non-government organisations’ capacity to advocate and support community action around an issue of concern. Both sectors believed that collaboration led to increased funding opportunities.
For non-government organisations, the main drawbacks to collaboration centered on the time away from service delivery and the drain on resources that collaboration might entail. Concerns about loss of autonomy and different values were also mentioned. These issues were given higher priority as drawbacks by community health services, and, along with the potential conflict over ownership and roles, were the main issues identified as drawbacks. The time commitments and long lead in time for collaboration initiatives were also mentioned.

The final report was published in February. The title *Populations, Policy and People: understanding the links between Community Health Services and Non Government Organisations in two regions of South Australia*, reflects the study findings which emphasise the importance of shared populations of interest, contemporary directions in government policy and the attributes and commitment of the people involved in the collaborative venture.
Research and Evaluation Consultancies

Community Alive Through Art: CATA’ering for Rural Communities

Staff involved: Janice Duffy and Cecilia Moretti

SACHRU have been engaged to conduct an evaluation of a community arts project designed to increase mental health among women in Pt Augusta and Roxby Downs. Community based art activities are a well recognised strategy for addressing mental health issues, promoting positive mental and physical health outcomes for marginalised groups, increasing social contact and creating the opportunity for community solutions to mental health issues.

Conducted by the Northern and Far Western Regional Health Service, this project utilises a play/workshop developed by local women to highlight issues they perceive as impacting on the emotional health and well being of women in their communities. The play will be developed and staged in November in two locations - Pt Augusta and Roxby Downs.

An evaluation plan was developed early in 2001 by SACHRU staff in conjunction with CATA project staff. The evaluation was designed with the purpose of reflecting upon the delivery and uptake of community arts strategies among the participants and allied health workers and their potential to produce positive mental health outcomes.

In June, Cecilia travelled to Pt Augusta and Roxby Downs and spent two days consulting with key project stakeholders. The purpose of this exploratory visit was to meet the community arts program participants and project staff including the two 'alongside workers' being trained in community arts methods and to pilot the evaluation methods. Cecilia facilitated two 'reflection circles', in which the women involved in the project discussed their perceptions of emotional health and well-being, the status of this among women in their communities, and how they felt the project could assist on a personal and wider community level.

As a result of this pilot visit, the nature of the project vis-à-vis the hopes and expectations of the project worker, the alongside workers and the participants were clarified. For example, the need to accommodate differences in the concerns and approaches to the project expressed by women in the two different locations was an important issue that arose from the visit. This fitted with the values articulated by the project worker and alongside workers, who felt that in line with the spirit of community arts, the project and evaluation needed to be responsive and not directive in nature.
SACHRU and project staff held a teleconference to discuss ways to ensure that the evaluation design responds to these values, in terms of setting objectives and indicators and developing suitable methods, and the evaluation plan was modified slightly. A timeline has been developed and Cecilia will attend the performances of the play in both Pt Augusta and Roxby Downs later in 2001 and undertake the data collection.

Moving the Focus – Health Promotion in Domiciliary Care

Based at Port Augusta, the Domiciliary Care Team comprises 50 workers and is one of four teams in the Flinders and Far North Community Health Service. Over the past two years there has been a focus upon cultivating an organisational culture that is team orientated and cognisant of a primary health care approach. To this end, a strategic plan was implemented that was designed to facilitate changes to service delivery informed by a philosophy of cultural diversity, primary health care, continuous quality improvement, community partnerships, participation and improved accessibility.

The project is funded by Health Promotion SA with the aim of reorienting the domiciliary care team towards becoming a health-promoting workforce. The project goal is to ensure that health promotion action is effective and sustainable by building the capacity of the domiciliary care team, local organisations and community groups. The target group is people of all ages with a functional disability, people with dementia, the dying, their families and carers, organisational stakeholders and others in the general community. In order to facilitate sustainable organisational change toward a health-promoting workforce, the project focuses upon promoting community/workforce and organisational development and ensuring appropriate supporting resource allocation. Organisational change will be achieved through practical strategies such as:

- Continuing education, professional development, professional support/supervision and performance management systems.
- Changes in organisational plans, policies, and structures as well as in work practices and leadership support.
- The provision of adequate financial, human, administration and material resources.

SACHRU has been engaged to assist with the evaluation. The aim is to assess the impact of the project on organisational change in the workforce and associated groups. This will be achieved by both measuring the scope of capacity building, and the level and success of the uptake of capacity building strategies. The project officer, Melanie Lawler, visited SACHRU for the day in April and worked with SACHRU staff to develop the evaluation plan. The evaluation will combine workplace data (designed to measure the scope and extent of capacity building strategies) with a questionnaire for both staff and

Staff involved:
Janice Duffy and Stacey Masters
the reference group (n=52) and semi-structured in-depth interviews (n=12) conducted with a purposeful sample of employees and the reference group. These will be selected to reflect the full range of participants in the health promoting domiciliary care program.

The questionnaires have been developed and piloted and are in the process of revision. The project officer will be visiting SACHRU again early in August to develop the qualitative analysis themes, learn the database and devise the report framework with assistance from SACHRU staff. Both the project and evaluation are due for completion by mid January 2002.

**Puppets Promoting Positive Health in the North (3PH Project)**

*Staff involved:*
*Cecilia Moretti and Gwyn Jolley*

SACHRU has been engaged to undertake an external evaluation of this project, which is auspiced by the Northern Metropolitan Community Health Service and funded by Health Promotion SA. The project is based at the Elizabeth Community Health Service.

The project aims to use puppetry to develop positive approaches to mental and emotional health issues that relate to loss in the lives of disadvantaged Aboriginal, Vietnamese and other communities in the Northern region. It also aims to build the capacity of NMCHS staff to draw on this community arts tool beyond the life of this project.

SACHRU’s role has been to develop an evaluation framework and data collection tools, and to undertake data collection, analysis and writing. To date,
SACHRU has evaluated the first stage of the project that has involved developing a culturally relevant and meaningful script, puppets and props in close consultation with community members. One focus group was conducted for Indigenous/other community members with English competency, while a second was conducted with an interpreter present for Vietnamese community members. A third focus group was conducted to collect feedback from key workers.

The second stage of the project will involve the training of NMCHS staff, rehearsals and the staging of performances in the Northern region. This stage will be evaluated by means of audience surveys to be conducted at the conclusion of performances, a focus group with performers/health workers, and a final survey of key workers. The project is due to be completed in February 2002.

Reciprocity in Education

*Staff involved:* Paul Aylward

Non-English speaking background communities continue to face barriers and difficulties in accessing mental health services and in receiving culturally appropriate provision. This project is a model of educational interaction between non-English speaking background communities and health care providers, raising ‘cultural’ knowledge, understanding and awareness of mental health issues, focussing particularly on depression (broadly defined).

The project forms part of the activities of NESBWEB – The South Australian Transcultural Mental Health Network, and is based on the idea of an equitable and mutually valued exchange of knowledge, whereby health care providers learn from members of non-English speaking background communities at the same time as they learn form the mental health service providers.

The objectives of the project were:

- To have care workers learn directly from non-English speaking background communities about their specific mental health issues and their unique culturally based perspectives on mental health.

- To have non-English speaking background communities, including consumers and carers, learn about mental health by collaborating with health care providers in planning, evaluation and delivery of mental health care services for their communities.

- To have members of non-English speaking background communities, including consumers and carers, learn directly from each other about coping with mental health issues, early interventions to prevent problems of living and what practical help they can give themselves and members of their family.
• To educate and support non-English speaking background community people as community educators.

• To establish national and international networks, drawing on existing expertise and making the outcome of this project widely available throughout Australia.

• To influence university education curricula and local staff development programs to become more open to creative teaching methodologies concerning mental health interventions for people from diverse cultural and linguistic backgrounds.

This challenging evaluation involved a variety of triangulated methods including: telephone and personal interviews and e-mail/postal surveys with a variety of participants and stakeholders; focus groups with the Persian, Cambodian and Italian community groups involved in the project; content analysis of documents and workshop feedback forms; and observations of the launch and exhibition. Fieldwork commenced in March and a report is due for completion by early August.

Talking Realities...Young Parenting Project

The Talking Realities...young parenting project was a peer education 12-month pilot program run in the Adelaide Central Community Health Service (ACCHS) region. The project is an initiative of Parenting SA, Department of Human Services. The project is coordinated and operated through Dale Street Women’s Health Centre, one of the sites within ACCHS.

The goals of the Talking Realities...young parenting project are to:

• Contribute to increasing the capacity of young people in the Adelaide metropolitan area to make informed choices regarding parenting and health
• Improve the social health outcomes for young parents (peer educators) in the Adelaide Central Community Health Region.

Talking Realities...young parenting provides early intervention with young people who are parents as well as those who are likely to become parents. Young parents are given training and support to develop a parenting and health program and to take on a role as peer educators. The peer educators demonstrate the information through the use of descriptive ‘icons’ superimposed over a transportable banner. The information is delivered to school students and other groups of young people through an animated and interactive presentation.
The project evaluation was conducted by the South Australian Community Health Research Unit. Evaluation methods included document analysis, interviews, surveys and a focus group. Information about aspects of the project were obtained from project documentation, representatives of the collaborating agencies, teachers, students and other young people, the project officer and the peer educators.

The evaluation has revealed that the project carried out most of the strategies as planned:

- 14 peer educators were recruited and 10 completed the training
- 36 presentations in 24 sites were led by the peer educators
- 1,076 young people attended presentations.

All the peer educators were pleased with the training content and style, it was described as fun and interactive, they could participate and learn at their own pace and it provided an opportunity to self reflect and learn about themselves.

Respondents to the evaluation were positive about the use of a peer education model and the presentation of personal experiences by young parents. The closeness in age between the peer educators and the recipients of the presentations was thought to encourage a shared identification and increase credibility, respect and effectiveness.

The presentation sessions were rated highly by recipients and teachers. The peer educators held the attention of the young audiences and the visual display provided an effective focus for the presentation. The teachers and students participating in this evaluation considered the information about young parenting and sexual health issues to be useful, interesting and relevant. Students demonstrated good recall of the topics and issues discussed and appeared to gain increased knowledge and understanding about young parenting and the consequences for their economic, educational and social lives. Students demonstrated awareness of the joys and challenges of parenting at a young age and the realities of the changes this would bring.

The evaluation findings suggest that recipients of the presentations have increased:

- understanding of the social, emotional and economic issues facing young parents
- knowledge of support services for young parents
- awareness of where to go for information on sexual health.

The peer educators have demonstrated increased:

- life and parenting skills
- communication and public speaking skills
- confidence and assertiveness
Since becoming peer educators, some of the young parents have completed secondary and further education courses and four have written applications for university. These positive experiences have encouraged personal development and skills that are valuable to the young women in their role as peer educators and also in their life as parents and providers.

The evaluation report was presented to Adelaide Central Community Health Service in June 2001.

The Multicultural Mental Health Access Project (McMHAP) Evaluation

Staff involved:
Paul Aylward and Cecilia Moretti

The Multicultural Mental Health Access Project has developed a cross cultural service which aims to increase access to and quality of services for non-English speaking background people with mental illness.

The aim of this study was to review the diverse functions of McMHAP in order to prioritise strategies/future roles where resources could be focussed in order to enhance the effectiveness of the project in the mental health sector in South Australia. A major concern of the review was to gauge general perceptions of McMHAP across a wide range of organisations serving the needs of non-English speaking background (NESB) communities and the mental health sector in South Australia, with a particular view to canvassing opinions about its roles and responsibilities and possible future directions.

Two stages were employed for the data gathering exercise. Stage One consisted of telephone interviews and a self completion mail survey that were used to gain feedback from key stakeholders in the NESB mental health arena. Opinions were canvassed across a range of organisations including community health services, ethnic organisations, advocacy bodies and special interest groups, non-government organisations (NGOs) and government departments and services, and the education sector. These viewpoints located McMHAP’s positioning within the greater context of NESB mental health, and spanned a range of practical and conceptual issues pertaining to McMHAP’s current role and possible future orientation.

Stage Two of the review targeted key stakeholders with an immediate and contractual connection to McMHAP, namely a group of North Western Adelaide Mental Health Services (NWAMHS) team-leaders (including the director), McMHAP workers and their various client groups. Five focus groups were conducted, including one with each of the three main NESB client groups. The director for NWAMHS was also interviewed individually and her comments blended with those of the NWAMHS staff. While many of the
observations overlapped with those expressed in the telephone interviews and surveys, the feedback gained in this context provided in-depth information concerning McMHAP’s work ‘on the ground’, addressing its specific work roles, and the perceived strengths, limitations and issues in more detail.

A range of recommended actions was postulated under the following headings: Conceptual, Planning and Responsibility Issues; Resource Issues; and Prioritising Roles. Specifically recommendations addressing the following roles were detailed: Advocacy-Awareness Raising Roles; Education and Training; Services for Individuals; Support Groups; Service Development Roles; and Networking.

Following the production of the report in May 2001, the McMHAP Board met to consider its findings, and recorded a number of positive reactions including:

_The report builds a platform for planning._

_The report is well written and positive, provides a good view of what we do and challenges us to work through planning and changes for sound reasons._

_Review a good reflection of our work. Provides an opportunity to build links with other communities and explore other bilingual worker links._

_The report is a good basis on which to move forward._

**Whyalla Primary Health Care Projects**

**Staff involved:** Stacey Masters and Charlie Murray

SACHRU undertook an evaluation of three primary health care initiatives that were funded by Whyalla Hospital & Health Service (WH&HS) in the 1999/2000 financial year. The projects included:

1. A Respiratory Project that focused on improved self-management of chronic respiratory disease and the development of clinical pathways to facilitate coordinated care. Strategies included a *Breathe Easy* education program, which was complemented by an active community support and advocacy group – the *Happy Lung* group. Interagency progress notes were developed to improve communication between GPs and community and allied health providers.

2. A Cardiovascular Project that included a number of community and workplace health promotion initiatives and a re-orientation of the *Cardiac Rehabilitation and Education* program to include people with one or more risk factors for heart disease.

3. The introduction of a Community Midwifery Program to provide home-based care for antenatal and postnatal women.
The projects shared a number of aims:

- to enhance communication between hospital and community health staff and GPs
- to improve client outcomes through coordinated service delivery
- to develop sustainable processes and outcomes

Evaluation methods included self-completion questionnaires, a community survey in the Westlands Mall, interviews and a focus group.

The evaluation methodology was developed to complement the evaluation data that had been collected by project staff. In consultation with community health and senior administrative staff, it was determined that SACHRU would focus on eliciting the views of general practitioners, resident and visiting obstetricians and other providers such as Child & Youth Health (C&YH) re. their level of awareness, participation and support of the health service initiatives. Client surveys and a focus group were used to document health impacts, as reported by participants.

Evaluation reports were forwarded to Whyalla Hospital & Health Service in May/June 2001.

**Coordinated Care for Women Exiting Prison, their Children and Families**

*Staff involved: Stacey Masters and Charlie Murray*

Towards the end of 2000, SACHRU was engaged to undertake an evaluation of the ‘Coordinated Care for Women Exiting Prison, their Children and Families’ Demonstration Project. The project was funded by the Department of Health & Aged Care (DHAC) under the Public Health Outcomes Funding Agreement (PHOFA). Women’s Health Statewide was the auspice body.

The project aimed to facilitate access to human services for women exiting prison, their children and families through the development of a sustainable model of collaborative and co-ordinated care. The longer term goal was to improve the health and well-being of women prisoners and their families.

Interviews and a focus group were conducted with members of the project management group and the accommodation sub-group. Participants were asked to reflect on the project aims, strengths, effectiveness (linked to perceptions of appropriate performance measures), impact and sustainability.

This was a developmental project, the success of which was predicated on the development of strategic partnerships across Health, Housing, Correctional, Family and Community and Aboriginal Health agencies and with a range of non-government organisations, some of whom have a long history of service provision for offenders and their families. The terms of reference for the
project management group articulated an expectation of a high level of commitment and responsibility for project outcomes.

An Accommodation Sub-group actively pursued the goal of increased access to appropriate housing and support services for women exiting prison, and their families. A Children’s Issues Forum in October 2000 was successful in engaging service providers and policy people from a broad range of agencies in dialogue concerning the needs of children who have a parent in prison. An Aboriginal Grannies Group continues to fulfil an effective advocacy role regarding the needs of Aboriginal carers and has been successful in securing additional Family Support Workers to work as part of Aboriginal Health Teams at two Community Health sites. The workers provide support for Aboriginal families, many of whom are struggling with drug dependent youth who have been detained, or for whom detention is a real risk.

The project has made an important contribution to our understanding of the multiple levels at which coordinated care has to be negotiated, and of the organisational and operational barriers that need to be dismantled to achieve ‘seamless care’.

Literature Review for the Inner Southern Aboriginal/Torres Strait Islander Regional Collaboration Project

Staff involved: Janice Duffy and Cecilia Moretti

During May, SACHRU was contracted by Inner Southern Community Health Service to conduct a literature search and review on the status of Aboriginal health in the inner southern region of Adelaide, barriers to accessing mainstream services, and strategies for improving Aboriginal access to mainstream services.

Be Stormwater Smart

Staff involved: Gwyn Jolley, Stacey Masters, Danielle Bament and Megan O’Grady

SACHRU was contracted to undertake a survey of businesses in Tea Tree Gully, Playford and Salisbury, who had received a visit under the Be Stormwater Smart program. The program, run by the Northern Adelaide and Barossa Catchment Water Management Board, focuses on changing behaviour of business and industry to achieve improved storm water quality. The survey formed part of the evaluation of the program.

Telephone interviews (final sample of 155) were conducted in May and June 2001. Respondents were asked about their recall of the program activities, whether they had made changes to stormwater management and if and how the program had helped. Respondents’ knowledge of stormwater management was also tested.
Approximately 60% of respondents reported changes in stormwater management as a result of the program. Only 9% of those rated ‘unsatisfactory’ at the start of the program, did not report any changes.

The site visit by a project officer and the follow up assessment reports were rated useful or very useful by most respondents. The main barriers were cost and lack of time.

**Getting the Better of Pain**

*Staff involved:*

Gwyn Jolley

In December 1999, SACHRU was asked to support the evaluation of the Pain Management group run at the Noarlunga Health Services. An evaluation plan and methodology were developed and an interviewer briefing session was held on 6 June 2000. SACHRU will be assisting with the analysis of approximately forty interviews with participants of the program.

**Shifting Ground: Remote and Isolated Areas Women’s Mental Health Project**

*Staff involved:*

Gwyn Jolley

SACHRU provided an evaluation consultancy to this project, auspiced by Women’s Health Statewide and the Flinders and Far North Community Health Service, and funded by the National Women’s Health Program. SACHRU’s role has been to develop an evaluation framework and data collection tools; undertake data collection, analysis and writing; and conduct a workshop on evaluation for project participants.

The project trialed staff training and peer support using tele-links and face-to-face methods. The project aimed to increase confidence and competence of workers in remote and isolated areas to implement a primary health care approach to their work.

The first program was for workers in the Coober Pedy area and the evaluation report was completed in October 1999. Stage 2 of the project took the training to Roxby Downs and Leigh Creek areas. Focus groups and telephone interviews were used to collect data for the evaluation. The report was completed in August 2000.

**Health Information Hotline**

*Staff involved:*

Gwyn Jolley and Stacey Masters

This was a joint project of the Southern Division of General Practice and Noarlunga Health Services to provide information on community services to General Practitioners in the Southern Division.

SACHRU provided assistance in developing an evaluation plan and conducted telephone interviews with twenty General Practitioners during July-August 2000. Usage data on the Hotline was provided by the Information Officer at
Noarlunga Health Services and this was entered into a data package for analysis. A report was produced for the Southern Division of General Practice in August 2000.

**Bowden Lodge**

*Staff involved: Gwyn Jolley and Carolyn Modra*

SACHRU was engaged as the external evaluator of the Bowden Lodge project in August 1999. Bowden Lodge is a residential facility for frail aged homeless people presenting to the Royal Adelaide Hospital.

SACHRU’s role included designing an evaluation plan, analysing project documentation, conducting face-to-face interviews with four stakeholders and administering a survey to key stakeholders. The report was launched at the first anniversary of Bowden Lodge’s establishment in September 2000.

**Evaluation of Eat Well SA**

*Staff involved: Gwyn Jolley, Stacey Masters, Cecilia Moretti and Belinda Lowcay*

SACHRU is a member of a consortium providing evaluation to the Eat Well SA project. The project is funded by the Department of Human Services and its goal is to increase consumption of health food by young SA families.

Other members of the consortium are Paul Laris and Associates, and Alison Smith, Department of Public Health, Flinders University of SA. The evaluation framework was finalised in consultation with Eat Well SA staff. Data collection included project documents, with key informants and a survey of project participants.

An evaluation report was produced for Eat Well SA in December 2000.

**Primary Health Care Initiatives and Advancement Program 1997/98**

*Staff involved: Gwyn Jolley*

Staff at SACHRU have continued to provide evaluation advice and support to project officers working on Primary Health Care Initiative Program (PHCIP) and Primary Health Care Advancement Program (PHCAP) funded projects. This support is provided through SACHRU’s core budget and assists projects to develop draft and final evaluation plans.

At July 2000, nine projects were starting or continuing to develop their evaluation plans. The following PHCIP and PHCAP funded projects have received evaluation support during 2000/01:

- ‘From Bush Tracks to the Big Smoke’ Eyre Regional Health Service Inc.
- ‘Cultural Links’ Northern Metropolitan Community Health Service
- ‘Kids Plus’, Intellectual Disability Services Council
Kokatinna: Cultural Awareness Through Action

Staff involved:
Charlie Murray

SACHRU provided planning and evaluation support to this Flinders University of South Australia based project. The Faculty of Health Sciences is currently involved in the development of a Cross Cultural Awareness Training package. The project seeks to raise awareness about Indigenous health issues and perspectives, through the design and implementation of a training package.

Medicine Safety in an Urban Aboriginal Community

Staff involved:
Gwyn Jolley

This project is auspiced by Adelaide Central Community Health Service and is based at the Parks Community Health Service. Funding over two years has been obtained from the Commonwealth Department of Health and Aged Care, Quality Use of Medicines Evaluation Program.

The project aims to:

- Raise awareness of medicine use as a health issue within the Aboriginal Community of the Western and Central suburbs of Adelaide.
- Assist Aboriginal people to become more aware of medicines, their benefits and risks of misuse
- Assist Aboriginal people to make informed choices and decisions about medication use
- Assist Aboriginal people to become more skilled in the management of their medications
- Achieve the safe use of medicines by Aboriginal people by minimising misuse
- Change attitudes to the use of medication by the targeted groups
- Create an environment were the best possible use of medications by Aboriginal people can be made.

The project commenced in March 2000 and is designed in three stages: awareness raising, program development and program implementation.

SACHRU has been involved in establishing an evaluation framework, providing ongoing support by representation on the project advisory group, undertaking evaluation tasks and writing progress reports for the funder.

As the project moves into Stage three, the focus on evaluation will increase. The expected completion date is March 2002.
WHO Healthy Districts

In 2001, Fran Baum was contracted by the South East Asian Regional Office (SEARO) of the World Health Organisation to prepare a set of Guidelines on the concept and implementation of Guidelines for Healthy Districts. She undertook this task in partnership with Frank Tesoriero. Frank and Fran prepared a draft of the Guidelines. These were then reviewed at a meeting in Delhi in May 2001 that was attended by representatives of countries throughout the South East Asia region. Following this the Guidelines have been revised and submitted to the WHO. It is the intention of WHO (SEARO) to have at least one Healthy District Project in each country in the region by the end of this year.

The definition of Healthy Districts that was endorsed at the May meeting was: ‘A Healthy District strives to improve the health of the population and environment in a way that promotes equity. It does this through facilitating collaboration between multiple government, private and community sectors. A Healthy District Program will coordinate and encourage the development of a range of healthy settings, including households, schools, hospitals, markets, workplaces in cities, towns, villages within the district.’

WHO District Health Systems and Local Civil Society Organisations

Work continued on the revision of Guidelines for District Health Systems and Local Civil Society Organisations working together. In May 2000, Charlie Murray and Fran Baum traveled to Cape Town for a meeting of experts organised by WHO Geneva to review the pilot work that had been done testing the first version of the Guidelines (including a pilot in the Hills Murray Southern Region). WHO then contracted Fran Baum and Charlie Murray and staff from the University of the Western Cape (South Africa) to revise the Guidelines. This work was completed in January 2001 and WHO are in the process of preparing the Guidelines for publication.

The Guidelines provide an easy to follow process for encouraging District Health Systems to establish effective partnerships with local groups and societies in their district for the purposes of health development.
Research and Evaluation

Training and Resources

Research Training Seminars

SACHRU’s Service Agreement with the Department of Human Services includes a training role specified as:

“To provide training, staff development and support to community and primary health care workers related to research, evaluation and primary health care development”.

We fulfil this role by providing a core program of training seminars, developing ‘tailor made’ workshops in response to field requests and in contributing to one-off talks/seminars.

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A total of 144 attendances were registered for training workshops. Participants were from metropolitan and country community health services, South Australian Department of Human Services central office, hospitals, universities, and other government, non-government and community organisations.

Feedback from those attending the workshops was very good. Responses included:

Overall, how useful did you find the workshop? Useful/Very Useful = 84%
Overall, how useful did/will you find the hand-outs? Useful/Very Useful = 88%
Please comment on the presentation of the workshop. Very Good/Excellent = 92%

SACHRU staff also contributed to the Department of Public Health topic ‘Survey Methods’ and the ‘Healthy Cities’ and ‘Evaluation’ short courses.
Healthy Cities Short Course – 28th August – 1st September 2000

Group Photo of Participants in the Healthy Cities Short Course

Prof Fran Baum, Mr Richard Hicks (Chairperson Healthy Cities Noarlunga) & Noarlunga Mayor with participants
‘Research Matters’ Newsletter

The SACHRU newsletter, ‘Research Matters’, is a regular publication with three editions issued over the last financial year - July and December 2000 and March 2001. Our mailing list continues to grow, with interest from local, national and international groups, organisations and individuals. ‘Research Matters’ provides the opportunity for the Unit to detail new and existing research projects, consultation requests, information on training seminars, conferences and publications. The newsletter is also available in electronic form through the SACHRU web page.

SACHRU Publications

SACHRU continues to publish reports disseminating our work and research and evaluation resources for people working in the primary health care/community health sector.

The research report Populations, Policy and People: understanding the links between community health services and non-government organisations in two regions of South Australia was produced in March 2001. Information about other SACHRU publications are detailed in our publication brochure and on our website.

The five booklet set Community Health Research and Evaluation Series and Building Healthy Communities: Health Development and Social Capital Project – western suburbs of Adelaide continue to be popular. Other publications include Community-based Health Promotion: Evaluation and Development; Social Capital in Action: Health Promotion and Community Groups; and Planning Healthy Communities: A Guide to doing Community Needs Assessment.

SACHRU Website

SACHRU’s website continues to provide information on staff, activities, publications and events. The web address is www.sachru.sa.gov.au. SACHRU also has a generic email address which can be used for general enquiries sachru@fmc.sa.gov.au

Over the next year, the website will be re-designed to incorporate the introduction of the Planning and Evaluation Wizard (PEW).
Staff Development

Conferences/Seminars attended by SACHRU Staff

First Forum for the South Australian Transcultural Mental Health Network, Adelaide 17-18 November 2000

Public Health Association of Australia, Canberra, November 2000


Life Journeys Conference, Adelaide, May 2001

General Practice Primary Health Care Research Conference, Adelaide, May 2001

Workshops and Training attended by SACHRU Staff

Dealing with Difficult Customer Situations, July 2000, Flinders Medical Centre

Time Management, August 2000, Flinders Medical Centre

Applying for NHMRC Grants, November 2000, Flinders University of SA

Applying for ARC Grants, November 2000, Flinders University of SA

NUDIST, November 2000, Flinders University of SA

Professional Presentation Skills, March 2001, Flinders Medical Centre
Committee Membership

Fran Baum
Flinders Institute of Health Research
National Executive; Public Health Association of Australia (as National President) (until Dec 2000)
NH&MRC Project Grants Review Panel
Editorial Committee; Journal of Epidemiology and Community Health
Editorial Board; Australian Journal of Primary Health
Editorial Board; Critical Public Health

Gwyn Jolley
Healthy Cities Noarlunga Management Committee

Janice Duffy
Domestic Violence Prevention Grants Program Reference Group
Flinders Institute of Health Research (vice for Professor Baum)

Paul Aylward
Migrant Health Service Program Review Committee
Publications and Conference Presentations

Academic Papers


Books/Chapter/Reports


**Conference Papers and Presentations**


Keynote, Plenary and Invited Addresses


Written Submissions

Collaboration with the
Department of Public Health

The Unit continues to have a close link with the Faculty of Health Sciences, Flinders University of South Australia, through the Director, who is Professor and Head of the Department of Public Health (DPH), School of Medicine. Gwyn Jolley, Janice Duffy and Paul Aylward have academic status within the School. The SACHRU and Department of Public Health hold joint staff meetings and a number of research projects are run jointly by the two organisations. In 2000-2001, the two organisations have developed a more collaborative training program with SACHRU and DPH staff contributing to the core workshop program and the university-led short courses in public health research and evaluation.
**Administrative Arrangements**

The South Australian Community Health Research Unit is administered by Flinders Medical Centre (see organisational chart on page 44). With the exception of the Director, all SACHRU staff are employees of Flinders Medical Centre. SACHRU is incorporated into Flinders Medical Centre’s service agreement with the Department of Human Services.

Flinders Medical Centre is an Equal Employment Opportunity employer. Occupational Health and Safety is administered through Flinders Medical Centre with Gwyn Jolley acting as the SACHRU occupational health and safety representative.

**2000/01 Budget**

SACHRU recorded a total budget allocation, (including budget variations and carry over from 99/00) of $377,800 for 2000/01 from the Department of Human Services. Flinders Medical Centre provides full financial accounting services to the Unit and financial statements are provided as part of the Flinders Medical Centre reports.
Organisational Chart

Chief Executive Officer
(Flinders Medical Centre)

SACHRU Management Advisory Committee

0.4 FTE Director

1.0 FTE Snr Research Officer

Project/Contract Research Officers

0.5 FTE Information Officer

Project/Contract Research Officers

1.0 FTE Snr Research Officer

Project/Contract Research Officers

1.0 FTE Snr Research Officer

Project/Contract Research Officers

0.8 FTE Administrative Assistant

1.0 FTE Administrative Services Officer

0.5 FTE Administrative Services Officer