This edition of the newsletter highlights the range of programs found in the primary health care sector. Articles describe work that spans the continuum from individual to community as well as across the lifecourse. There are programs with a therapeutic focus and others working in a prevention framework. Each of the programs provides particular challenges in terms of evaluation. Some programs are at the beginning of their evaluation journey, others have completed comprehensive evaluations. They also demonstrate a range of evaluation practices from the Chronic Disease Self Management Program Internet Trial which is being evaluated through a partnership with Stanford University through to small internally resourced evaluations.

Interestingly there are two gardening projects described with different target groups and project goals. As community development projects they encompass many issues. Social isolation, people with complex needs, access to services, physical activity, chronic disease are only some of the issues mentioned in the program descriptions. Both also mention organizational partnerships that have grown out of, and support the programs. Such programs are examples of the often complex, multi-faceted health promotion projects that have a range of outcomes achieved through a range of mechanisms. Such programs can pose real challenges for the evaluator.

One of the most important foundations for good evaluation is the articulation of a clear program rationale that informs planning, implementation and evaluation. SACHRU promotes a program logic approach to facilitate the development of a strong program rationale and evaluation framework. This allows you to ‘tell the story’ of your program why you are doing what you are doing in a particular way. It allows you to link your program activities with the health outcomes you hope to achieve, to develop indicators to ensure your program is on track and assess your progress towards your project goals.

Angela Lawless
Deputy Director, Training and Development

A diary date

SACHRU is pleased to announce that Louise Potvin, a well known and respected leader in the evaluation of community health promotion programs will be presenting a two-day seminar in association with SACHRU in April next year. She has an impressive publication record with more than 100 scholarly articles and several books chapters and 15 chapters and 7 books and special issues of scientific journals. She was a member of the WHO Working Group on the evaluation of health promotion.

Reserve April 22nd and 23rd 2010– details of the seminar will be distributed at a later date.
In 2009, SACHRU, in collaboration with other South Australian, interstate and international investigators, was awarded a $1.5 million NHMRC project grant to evaluate the effectiveness of Comprehensive Primary Health Care in local communities. The aim of the research is to explore program logic model methodology as a means of conducting evaluation in primary health care settings. A general program logic model of how Comprehensive Primary Health Care works will be developed, in addition to site-specific program logic models for each of the six primary health care services participating in the study. An evaluation plan will then be developed with reference to these models, focusing on diabetes and depression.

Currently the first round of interviews is underway. Interviews are being conducted at the six primary health care study sites as well as with regional executives and funders. These interviews will inform the program logic models. Workshops will then be held in early 2010 to discuss the general and site-specific program logic models. A Critical Reference Group, comprising primary health care managers, funders, policy makers, and community nominees, has been established to provide guidance and advice on the project.

An adjunct study to examine the relationship between GPs and primary health care services has also been established, and has received funding for the first year from the SA Department of Health.

For more information please contact the Project Manager:

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**New Policy and Practice Briefs**

The South Australian Community Health Research Unit (SACHRU) is pleased to announce a new initiative aimed at supporting the work of primary health care and community development professionals. Designed to explore issues of relevance, a series of both Policy and Practice Briefs is currently being planned for dissemination on a regular basis throughout the coming twelve months.

Each Brief is based on current research evidence and practice knowledge, and will be reviewed by an Advisory Committee comprising of senior managers and practitioners working within the primary health care and community development sectors, ensuring that they provide both relevant and useful information. In particular:

- **Practice Briefs** will provide practical hands on information applicable to community development and primary health care professionals working at the coal face of service delivery.

- **Policy Briefs** will discuss current issues and/or analyse competing ideas that are relevant to managers within both the primary health care and community development sectors.

A copy of the first Practice Brief entitled ‘Evaluating Your Project’ can be downloaded from the new SACHRU Policy and Practice Brief web page at [http://som.flinders.edu.au/FUSA/SACHRU/pp_brief.htm](http://som.flinders.edu.au/FUSA/SACHRU/pp_brief.htm). This web page also provides an opportunity to register to automatically receive all future Policy and Practice Briefs as well as the opportunity to suggest topics for future Policy and Practice Briefs in the series.

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Chronic Disease Self Management Program Internet Trial (CDSMPIT)

By David Kelly, Country Health SA

This web-based self management program is designed to overcome access barriers such as social or geographical isolation, or those that have difficulty attending appointments due to work commitments. The program can be accessed at any time of the day or night. Preliminary results show that there is a high participation rate amongst country people and a good representation from men.

Chronic disease self management training has traditionally been delivered face to face in groups or through individual client contact. Whilst the results from these types of approaches are excellent, they can preclude people who are socially or geographically isolated, or who because of work commitments have problems getting to appointments or scheduled groups. CDSMPIT is a web based tool designed to overcome these barriers.

In South Australia the Government trialled the CDSMPIT program, in conjunction with Stanford University. The aim was to investigate the program’s value in the Australian context and its ability to overcome access barriers. Stanford University is gathering data from participants at baseline, six and twelve months with the intention of identifying any change in behaviour or self efficacy of the participants.

Country Health SA agreed to coordinate the project for the Department of Health. The initial design identified that the program would suit the rural setting, particularly rural men.

Participants register online at https://sahealth.stanford.edu and provide a user name and password to access the program; many of the participant in the groups run between January and June 2009 have used an online pseudonym.

Once logged on participants are able to access self management instruction; bulletin board areas to enable discussion; and a message centre to allow communication between participants. Within the virtual group, participants work through a new education program each week for six weeks. They are also able to return to previous information in order to provide themselves with a refresher.

The program can be completed at a pace that suits the individual, with most participants accessing the program from home or through public spaces like libraries. Although participants’ involvement in the discussion centre is encouraged, their level of involvement is up to the individual. One of the strengths of the program is that participants learn from one another through interaction on the Bulletin boards and through the message centre. Bulletin boards are provided for Action Planning; Celebrations; Problem Solving; and Difficult Emotions.

The program is designed so that there is no need for ‘real time’ attendance but can be accessed by individuals at any time of the day or night. Each group is monitored by two online moderators whose responsibility it is to motivate individuals and to make sure that all posts to the bulletin boards are appropriate.

When the trial finished in June 2009, 229 people in eleven groups had completed the program, with a total of 229 people participating. Preliminary results show that there was a high participation rate amongst country people and a good representation from men.

It is expected that a full report of the program will be provided by Stanford University after June 2010.

For further information contact the Principal Project Officer David Kelly.

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Update on building research alliances

In August SACHRU continued to develop links with the Centre for Health Equity, Training, Research & Evaluation (CHETRE) in NSW. Staff from SACHRU and CHETRE attended a two day research retreat at Wirrina Cove Resort, Adelaide. The aims of the retreat were to:

- Develop an understanding of each organisation’s work and strategic directions,
- identify opportunities for future collaboration e.g. joint research, jointly authored papers, cross-jurisdictional case studies; and
- build individual and organisational capacity drawing on specific expertise within each organisation

Focus areas included: working with disadvantaged communities and populations, early childhood, methods and engaging with government. The retreat provided an excellent occasion to share experiences and expertise. A number of future collaboration opportunities have been identified and another retreat is being planned for 2010.
Promoting health and preventing illness are priorities at both national and state levels. Two of the three key building blocks in implementing the SA Health Care Plan 2007-2016 are primary prevention and GP Plus strategies. To address the determinants of health and wellbeing and the effects of social inequity on population health and wellbeing, health promoting service systems and programs must be developed and sustained. We know that complex population health issues such as the obesity ‘epidemic’ and the prevention and management of chronic disease conditions are the challenges. What we don’t know are what models will work for particular populations.

The Achieving Excellence in Health Promotion program is a partnership between SA Health’s Health Promotion Branch, SACHRU and the Discipline of Public Health, Flinders University. The goal of this initiative is to build health systems and workforce capacity for health promoting action and contribute to a growing body of knowledge about effective practice.

The 2009 action learning program commenced in April, facilitated by Dr Miranda Roe (SACHRU) and Associate Professor Frank Tesoriero (DPH). Twenty scholarship-funded participants, five from each SA Health region, meet in regional learning sets bi-monthly over 12 months. Concurrently, the facilitators and participants meet quarterly with regional leadership teams, in a think/ action tank forum, to identify strategies for facilitating health promotion practice (developing enabling system strategies, making decisions conducive to a health promotion approach, ensuring the allocation of resources, further workforce development, and so on).

Participants not only enhance their knowledge of health promotion and application of knowledge in practice, they also strengthen their leadership role and ability to influence the health (and other) system’s enhanced focus on health promotion. Completion of the Achieving Excellence program’s requirements will entitle participants to credit points should they choose future enrolment in a Public Health postgraduate program at Flinders.

Action learning is a collaborative and participatory approach which is issue-focused, context specific, and a highly effective way of changing practice. Participants generally experience it as empowering and enabling. Action learning uses an interaction of:

- reflection on practice (through posing and answering questions)
- planning and action based on insights gained from reflection
- further reflection on, or evaluation of the changes made in practice.

As action learning is participative and exploratory, its form and methods need to remain flexible, to respond to events and issues encountered and uncovered by change processes. Each participant’s action learning project is about discovering or uncovering stories, skills, current work, barriers, gaps etc, in order to inform, support, challenge and grow more health promoting approaches/systems/practices. Participants are supported by the program leaders and members of their regional learning set to sustain movement towards embedding health promotion in service planning/development and service delivery in particular settings. Documentation and analysis of participants’ change projects will contribute to evidence about ‘what works’ in health promotion in particular contexts and for particular populations.

For more information contact::

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Participants and Change Projects 2009

Southern Adelaide Health Service - SAHS

Meredith Stewart (Program Lead, Aged Care), Lynda Hamilton (Manager, GP Plus Aldinga) & Peter Higgins (Manager, GP Plus Strategies)

Make the first point of contact with services ‘more health promoting’ through development of common entry tools/processes, which incorporate self-management and health promotion principles, across services in the Population & PHC Division of SAHS.
Jane Fitzgerald (Chief Clinical Psychologist, Mental Health Portfolio Lead) & Emma Donaghey (Head of Discipline, Nutrition, Healthy Weight portfolio)
Use PEACH (a healthy weight/family wellbeing program) as a case study to design, implement and evaluate a process for inter-portfolio work within SAHS; propose a process by which State-based initiatives are supported and integrated into existing regional frameworks and services; and evaluate PEACH as a primary health care approach to supporting behaviour change and positive family relationships.

Children, Youth & Women’s Health Service - CYWHS

Georgina Paterson (Respiratory Care Coordinator, Women’s & Children’s Hospital)
Increase self-management (SM) across CYWHS through a focus on strengthening the health promotion capacity of CYWHS, families and caregivers to support SM in children and young people who have asthma.

Di Skott (Manager, Health Information, Centre for Health Promotion) & Rapsodie Barbour (Manager, Evaluation, Centre for Health Promotion)
Engage staff across the region in answering the question - what would a health promoting CYWHS region look like? - and recommend health promotion capacity building actions to CYWHS Executive.

Glenda Sudholz (Project Officer, Women’s Health Statewide)
Influence service delivery practice across CYWHS to achieve improvements in women’s mental health & wellbeing outcomes. Build the capacity of CYWHS staff to work in ways which encourage women to be involved in shaping services and which take into account the social determinants of health and wellbeing (in particular, violence & abuse).

Country Health SA

Julie Puddy (EO/DON, Penola Hospital)
Design and implement a Multi Purpose Service (MPS) role for Penola Hospital, which has a health promotion focus across all age groups in addition to acute and aged care services.

Bronwyn Venning (Health Promotion Officer, Nuriootpa)
Engage with staff or groups of staff to encourage adoption of a more health promoting approach to prevention activities, inform system change and build commitment to a health promoting health service and the role of a Health Promotion Officer within that.

Helen Hookings (Community Health Nursing Program Manager, Port Lincoln)
Develop Lock Community Health & Welfare Service as a health promoting health service providing a range of primary health care services that are coordinated, flexible and responsive to community needs.

Central Northern Adelaide Health Service - CNAHS

Angela May (Manager, Health Promoting Health Services)
Develop a regional Health Promoting Health Service through an organisational development approach to change and a health promotion approach to health improvement.

Jen Mackenzie (Director, Women’s Health and Safety)
Develop a Women’s Health & Safety Strategy for CNAHS which promotes gender accountability and takes into account the social determinants of women’s health & wellbeing. Develop and promote standards of practice for accessing and working with vulnerable and hard to access women.

Farin Wanganeen (Regional Manager Wellbeing Strategy, Aboriginal Health Service)
Reorient the service delivery approach for the Purrunna Waingga -Aboriginal Wellbeing Unit - from intervention/treatment to prevention/early intervention, including a focus on holistic health approaches.

Julie Coulls (Manager, Gilles Plains Primary Health Care and Early Childhood Program Lead)
Develop a regional, evidence-based children and families health promoting health service model. The project aims to embed a health promotion approach in children and families service systems and build a health promotion culture in services, programs and environments.

Wendy Sutton (Manager, Elizabeth GP Plus)
Develop GP Plus Health Care Centre Elizabeth as a model for health promoting primary health care services across the region.
Talking Realities… young parenting program 1997-2009
By Nicoline Kovatseff, Program Coordinator, Parks Primary Health Care Services, Central Northern Adelaide Health Service

Talking Realities… young parenting program is a community-based, collaborative support program that engages young mothers, their children and pregnant young women from diverse backgrounds. Provided by the Central Northern Adelaide Health Service, through the Parks Primary Health Care Service, the program has a strong commitment to monitoring and evaluating, ensuring continual improvement and the development of a strong evidence base. The South Australian Community Health Research Unit has a strong relationship with Talking Realities, having undertaken two evaluations of the program in 2001 and 2004. Recently, the unit worked closely with the program to develop a written resource – Talking Realities Program Development Report: Literature and Evidence for Practice – and facilitated a planning day with key stakeholders to clarify the program logic and potential future directions. Talking Realities is a multi-level, community-based, collaborative support program engaging young mothers, their children and pregnant young women from diverse backgrounds. Women are primarily between 14 and 21 years of age when they enter the program. The program aims to:

- improve the social, health and educational outcomes of young parents and their children
- contribute to the capacity of young people to make informed choices regarding young parenthood and parenting.

Talking Realities encourages young parents to participate in health, education, peer support, employment and community life, with positive benefits for themselves and their children in terms of reduced poverty, improved relationships, long-term planning for education, employment and child development. With access to credible sources of information, Talking Realities supports young people to make informed decisions about parenting, life choices and sexual health.

**Key components**

Multiple entry points for the recruitment of young mothers
These include referral agencies, a Friday Fun Group, Supported Play Group and skilled based workshops.

*Peer education, leadership and peer support and mentor roles*

The peer education component of Talking Realities encompasses peer-led information sessions, peer participation and a range of peer-to-peer interactions.

*Formal training and qualifications at VET Certificate 3*

Educational pathways and opportunities, which count towards completion of SACE. (South Australian Certificate of Education, Year 12) in South Australia and link to accredited VET units: peer education training, leadership training, and early childhood development training.

*Flexible and accessible family support*

These services include parenting and early childhood development training.

*Partnerships and linkages*

This is combined with a wide range of other multi disciplinary support services.

*School-based education*

Regarding the realities of young parenthood.

*Opportunities for young mothers*

To develop community engagement/participation, volunteering and employment skills.

*A resource development role*

Responding to the needs of very young families.

*Consultation and resources*

For agencies providing the Talking Realities training packages.

*Employment pathways*

Encouraged through training, improved confidence, work experience, volunteer roles and paid peer support roles.

**Supporting young mothers**

Support with parenting roles through intensive support, interagency referrals and peer mentoring.

**Moving forward**

Skills for effective parenting, social inclusion, workforce, and community participation.

Talking Realities has had a strong commitment to monitoring and evaluation in order to improve the program and build a strong evidence base. The peer education and school-based presentations have been externally evaluated by the South Australian Community Health Research Unit (2001 and 2004). An impact evaluation of the peer education component was also undertaken by the Melbourne-based Talking Realities program in 2008. Together, these evaluations provide evidence of benefits for participants, their children and collaborative partners, including:

- **social, psychological, educational and vocational gains** for the peer educators
- **improved parenting skills, knowledge and increased social connectedness** for young parents and their children
- **improved ability to make educational, training and employment plans**
- **significantly increased knowledge and realistic awareness of the potential short and long-term consequences of early parenting for young people**
- receiving school presentations
- **strengthening of cross agency collaboration especially between community health and schools**

Nicoline Kovatseff

We were very sad to learn of the sudden death of Nicoline, just as this article was going to press. A tribute to Nicoline and her work will appear in the next edition.
Evaluation of the Start Right Eat Right Program

By Jo Hartley, Start Right Eat Right (SRER) Project Manager, Southern Primary Health, Morphett Vale

This article describes an evaluation conducted to assess the SRER program processes and impact on sustained provision and promotion of healthy food choices within child care centres.

Start Right Eat Right (SRER) Award Scheme promotes the development of healthy eating habits at an early age. It does this by ensuring child care centre menus (or lunchboxes brought from home) are safe and nutritious by:

- Providing at least 50% of a child’s daily nutrition requirements
- Training staff in menu planning and food policy and hygiene
- Promoting a supportive and enjoyable eating environment for children in care

Start Right Eat Right is a Primary Prevention project funded by Health Promotion Branch, SA Health and run by Southern Adelaide Health Services since 2004. Evaluation activities have tracked the progress of 20 centres enrolled in the 3 year SRER study.

During 2007, 20 out of 36 ‘new’ untrained centres submitted baseline data which was assessed against their submitted assignments following SRER training. Eleven of 20 were cook centres and 9/20 were lunch box centres. Quantitative data showed unequivocal changes occurred towards the provision of healthy food, through the process of assessment of centre menus and nutrition policies.

Cook Centres:
At baseline, none of the eleven centres had menus providing 50% of daily nutrient needs for children meeting all six food group criteria of the SRER menu assessment tool (MAT). A receipt method and attendance figure was used to estimate the number of serves per child per day provided in each centre for dairy, breads & cereals, fruit, vegetables, meat & alternatives and fats & oils food groups.

Ten/eleven new centres at baseline did not meet the minimum number of serves recommended for dairy and 8/11 did not meet the meat and alternative group. These two important food groups provide good sources of ’at risk’ nutrients in early childhood development, namely calcium and iron respectively. The qualitative SRER menu checklist showed none of the centres provided 3 child serves of dairy each day over the period of morning tea, lunch and afternoon tea. However, all 11 centres provided sufficient serves of dairy after SRER training.

At baseline 5/11 centres provided greater than the maximum number of serves for fats & oils group. None of these 5 centres used poly or monounsaturated fat sources. Additionally, four of these five centres offered high fat meals and snacks more than twice a fortnight.

To gather reasons that assist and prevent centres from reaching the SRER Award, a qualitative phone survey was conducted in early 2008. This evaluation assessed how useful staff found the training, what changes they had made to their menu and nutrition policy, and what enabled centres to achieve the SRER Award. Time constraints and staff being on leave were the main barriers reported.

Lunch Box Centres:
All 9 centres met less than half of the SRER nutrition policy criteria. Significant SRER team support is needed to assist centres in reaching all 32 criteria in their nutrition policies. Similarly, a phone survey identified time constraints and staff on leave as being barriers but highlighted that the training on nutrition policy was useful and that they were satisfied with level of support provided by SRER team.

Valuable information has been gained from the evaluation process. In particular, it highlights the need for the project to respond to the major concerns of time constraints that challenge centre staff’s capacity to reach SRER award status. Certain measures are being taken and aim to reduce the assignment burden through development and piloting of a menu planning tool.

While centre staffing issues are not the responsibility of the project, other issues such as inadequate dairy and meat/alternative serves are taken seriously and provide useful areas to focus on in future training sessions provided by the project.

For further information contact:

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Connect2 is an approach developed by therapists across Southern Primary Health Early Childhood services to work relationally with children up to four years who present with developmental challenges and their families. Connect2 is a therapeutic approach based on an integration of discipline specific developmental knowledge, understandings regarding attachment and parent-child relationships and their impact on children’s development and learning from other current therapeutic interventions.

The program which has been developed over the past year has been the catalyst for surprisingly positive outcomes for families. It seeks to provide parents with the knowledge and skills to empower them to build closer connections with their children. This in turn supports the children’s development. This approach which often involves the whole family can be home or clinic based. Key to the success of this approach is the provision of clear information specifically targeted to each child, supportive and authentic relationships with therapists and strategies which act as tools for the parent to enable and facilitate the process of “getting with” their child.

Connect2 as an approach demonstrates the transdisciplinary work of occupational therapists, speech pathologists and child psychologists across our region. At Southern Primary Health we have a strong parent/child relationship focus which is the foundation to all of our therapy approaches.

We believe that parents are the most important people in their child’s life and therefore have the greatest impact on their child’s development. This therapy approach requires a high degree of parental involvement and our role as therapists is to empower and support parents to achieve their child’s therapy goals. To enable this to occur a parent information session is conducted prior to the start of therapy involving and informing the parents and key caregivers who will be involved through out the sessions. The rest of the therapy is based on fortnightly play based sessions, incorporating coaching and modelling, video taping and video review sessions.

This approach focuses on strengthening the relationship between children and parents by developing a way to clarify abstract concepts such as being with; staying in the moment, following the child’s lead and delighting in the child. It has resulted in parents understanding what it means and feels to be connected with their child. The parent-child relationship is strengthened and developmental outcomes for children in the areas of attention, concentration, language, play and social skills have improved.

Consideration has been given toward how best to evaluate this ‘in the moment’ therapeutic approach. Evaluation so far has been based on clinical observations both after sessions and before and after contracted pieces of work which may be a number of sessions working on a particular issue. Anecdotal evidence from parents stating the changes they are noticing both within the sessions and at home also form part of the evaluation. We are exploring more formal pre and post evaluation methods and the challenge now is to work out how to evaluate this approach in a way that makes it meaningful to the family and meets their needs as well as providing us with the evidence we need to demonstrate that the programme is effective.

Sandra Mortimer 1 and Jacqui Barfoot 2

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For further information on Early Childhood Development (ECD) services in Southern Adelaide Health Service please refer to a review that The South Australian Community Health Research Unit conducted in July 2007. The report can be found at http://som.flinders.edu.au/FUSA/SACHRU/Publications/resources.htm
If you venture into DFCG on a Tuesday you'll find a group of people pottering in the garden, undertaking activities based on common sense rather than rocket science. It’s all about growing and eating fine food, maintaining some level of fitness and enjoying good company. These are things that allied health staff at the Adelaide Hills Community Health Service promote all the time, and we’re about putting it into practice in a very pleasant location.

We do everything from picking, potting, planting, pruning, pitchforking, pushing wheelbarrows or pondering under a tree. But the overwhelmingly favourite thing is the social contact. Many of our people are socially isolated, so support through the social support scheme has meant we can overcome this barrier in some areas. Doing meaningful activity is satisfying and we see a result for our efforts when the lettuces peep through, grow, look pretty and taste good too.

The session runs from 10-2pm. We start with a cup of tea (herbal if possible) I gather the troops, then a stroll around the garden (more than one lap if possible) to see what’s growing. The cooks have planned the menu depending on what is ready to pick, and so we fill our baskets. While one group focuses on picking for lunch, another picks what is available for sale, which goes to the table at the health service reception area.

Gardening activities are organised according to age and capabilities of the participants, so raised beds, one handed wheelbarrows, modified tools and reduced expectations for efficiency come into the equation. Some weeks we have creative activities like mosaics, painting, weaving, woodwork and a garden calendar has been made for next year.

Initially we used the fitness circuit which is set up at stations around the garden. Then I realised that this was continued exercise and we could use our muscles more functionally moving compost, stretching to prune that vine, carrying vegetables back to the shed or leaning in to pluck a delicious nectarine, we’ve decided to do the circuit only occasionally.

Each week we check in with the cook to see how much they spent for the meal, and it’s always less than $2 for a two course meal. Of course if it’s lentil patties it goes down to 75 cents. Once a month we light the wood oven for some delicious baked pies or pizzas.

For those of you working in the country the quest for space is not like it is in the city, because most people can find some dirt if they want a garden. But the educational value of a community garden is always there and the social engagement is invaluable. Finding a group of enthusiasts is essential to keep a garden going and being connected to a health service, school, council or a community group, provides an ongoing organisational base. Centrelink and Community Corrections have been invaluable in providing regular participants who are physically capable and enjoy doing something of benefit to the community.

If there is an economic downturn may it bury itself deep into the earth so we start growing from a grass roots level, back to basics is bound to succeed.

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Duck Flat Community Garden
By Chris Banks, Adelaide Hills Community Health Service

This community garden program promotes good food, meaningful activity and peace of mind. Aimed at people who are socially isolated, the program has had particularly amazing results for people with depression.

Our volunteers are essential ingredients to keep things running by engaging clients in cooking, gardening or listening. They bring such good humour and enthusiasm to the scene – we couldn’t manage without them.

The following two articles are excellent examples of two different community garden projects that are achieving a range of health promoting outcomes from increasing physical activity to providing access to health services.
The Happy Garden Project
By Adam Dwyer, Southern Primary Health – Inner Southern

This project being run at Inner Southern targets those in Supported Residential Facilities who often have mental and physical health issues and are socially isolated from the broader community.

The Happy Garden Project
By Adam Dwyer, Southern Primary Health – Inner Southern

The Happy Garden Project
By Adam Dwyer, Southern Primary Health – Inner Southern

The Happy Garden Project is a health promotion newsletter composed for and involving the SRF population who attend the garden and currently goes to all 11 SRFs in the Inner Southern area (with total population of ~400). Readership of the health newsletter goes beyond those attending the garden at SPH-IS. The project is community development based around health principles and activity. SRF residents are actively involved in growing their own organic vegetables and fruit, cooking and eating together in a pleasant, natural and friendly environment with a health and well-being focus. Depending on weather and mood other activities are undertaken such as walking groups, singing and specific health discussions. In the garden there is a diversity of opportunity and health activities for broad interests and varying attention spans.

The project also involves numerous people with disabilities who say they would otherwise be "watching television" or "laying in bed". For some SRF residents coming to the garden once a week is the only event in their week beyond the daily routine of "doing nothing" and so look forward to it as an activity. The SRF population has a highly magnified risk of chronic disease and so is being targeted in the Happy Garden project, through the exposure to primary health care services, health related group discussion, developing and promoting relationship building between target population and health care providers, healthy activity and high levels of fruit and vegetable intake in the garden environment.

The Happy Garden project has promoted the Southern Primary Health - Inner Southern (SPH-IS) site and primary health awareness in general to a highly disadvantaged (health, socially and economically) population that would have otherwise not accessed primary health services. Partnerships have been developed between SPH-IS staff members and target population as well as with other service providers working in the SRF sector such as LifeLinks and Anglicare and various Community Centres. This furthers the network and communication of services between organisations towards greater ability and efficiency in delivering services to disadvantaged populations.

Heightened health awareness and empowerment are real and expected outcomes of the project. Continued comments by the SRF residents attending the garden regarding their enjoyment and improved health are also a measure of the projects success. Due to the success of this model of service accessibility promoting the Happy Garden concept will be incorporated into the development of GP Plus Health Care Centre Marion in 2010. This offers further scope for application to wider community and increased health service access by at risk target groups with currently low health service access rates.

The project has developed in accordance with the ‘Smoke-free South’ policy guidelines and has also implemented an on-site green waste composting policy and facility at SPH-IS which is aimed at creating a resource for the garden project and minimising waste.

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Wadu Wellness is a partnership between health and education workers which seeks to address the physical, social and emotional barriers for “at risk” Aboriginal children at Alberton Primary School in South Australia. These issues are addressed through a combination of strategies aimed at both the individual and wider school community, and include:

- Health screenings (physical health and social/emotional wellbeing);
- Individual follow up for each family;
- Health promotion activities; and
- Information/education for school staff and carers.

The program operates from the Wadu Centre at Alberton Primary School, which is located in the western suburbs of Adelaide. The Centre is specifically designed to cater to the needs of their Aboriginal students.

There are a number of partner organisations involved in the program, including:

- Central Northern Adelaide Health Service
- Port Adelaide Primary Health Care Service
- Wonggangga Turtpandi Health Service
- Alberton Primary School
- Child Adolescent Mental Health Service
- South Australian Dental Service
- Department of Education & Children’s Services
- University of South Australia

The program was initiated by the Aboriginal Education team at Alberton Primary School in 2006 after they approached Port Adelaide Primary Health Care Service to provide health screenings for their Aboriginal students as they were concerned about healthcare access issues for these children. At that time, Alberton Primary School had 72 Aboriginal students, which comprised one-third of their total student population.

An evaluation was conducted in 2008 using interviews and focus groups with key stakeholders. The evaluation found that has been many positive outcomes from the Wadu Wellness program including:

- Improvements in the assessment and treatment of physical, social, and emotional health issues for Aboriginal children at the school;
- Reductions in the impact of these health issues on the students, particularly in relation to their educational attendance and participation;
- Increased awareness of health issues amongst Aboriginal families at the school; and
- Greater comfort amongst Aboriginal families at the school in accessing mainstream health services.

The evaluation also identified a number of common health issues, particularly dental health (31% of children screened), social/emotional health (29%) and hearing impairment (19%).

There are a number of key elements within the program that work well including:

- Strong relationships between the program partners and the families;
- Involvement of carers in the initial development of the program, as well as the screenings and health promotion activities;
- Understanding the historical issues inherent in working with Aboriginal children and families, particularly in relation to the ongoing effects of the forcible removal of children by Government organisations;
- Multi-disciplinary team approach which draws on the knowledge and skills of each staff member; and
- Time for coordination, planning and follow up.

For further information and/or to obtain a copy of the evaluation report please contact:

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Training and workforce development packages

SACHRU offers a variety of training packages in areas related to project planning, research and evaluation, primary health care, health promotion and health equity and the social determinants of health. Packages are offered in three forms:

- an “Introduction to…” session, typically 1-2 hours, which serves to raise awareness, introduce key concepts and stimulate thinking;
- a 1 day workshop which presents topics in more depth and provides participants with some ‘take-away’ messages and skills; and
- a 2 day workshop which explores the topic in greater depth and allows participants to apply new knowledge and skills some ‘hands-on’ exercises.

Building Evaluation into Practice

Demands to evaluate community and primary health care and health promotion programs continue to grow. This workshop will provide an introduction to evaluation: what is it, why do it and who is it for? The workshop introduces different types of evaluation and discusses the issues to consider when planning and conducting an evaluation. The workshop will focus on evaluation as a means to improve policy and practice.

Planning & evaluation: a Program Logic approach for community and primary health care

This workshop provides an introduction to program logic as a means of planning, monitoring and evaluating practice and programs. Program logic provides a plausible explanation of how and why an intervention will work and what impacts and outcomes are likely to be achieved. Program logic allows for local knowledge and context to be taken into account. A program logic approach allows for social justice, health promotion and primary health care principles to be embedded in planning and evaluation.

Research and Evaluation Methods and Design:

- Action Research/ Participatory Action Research
- Quantitative Evaluation Methods
- Questionnaire and Survey Design
- Evaluation of One-to-One Services
- Interviews and Focus Groups
- Client/Consumer Feedback

Principles into Practice: Equity

Improving health equity is a fundamental principle of primary health care and a central concern of the South Australian government reflected in their commitment to Health Equity Actions. The necessity for agencies to assess and respond to inequitable access to their services and programs and achieve more equitable outcomes within and between population groups has been widely recognised. This workshop covers: the social determinants of health, concepts of health equity, applying an equity lens to practice and programs and appropriate evaluation methods.

Principles into Practice: Participation

Community participation is an ethical and democratic right and has also become an expectation of funding bodies. Community participation in the planning, implementation and evaluation of services is a key component of the primary health care approach. This workshop explores key concepts, ways of facilitating community participation, ethical and practical issues, planning for, implementing and evaluating community participation strategies.

Principles into Practice: Partnerships

Partnerships and collaboration across organisations and sectors are being advocated in a variety of arenas as a means of addressing complex social problems. Partnership processes allow different perspectives of, and possible solutions to a problem to be explored and implemented. Positive partnerships result in “the whole being greater than the sum of its parts” with a richer and more comprehensive exploration of the issue and the pooling of resources in order to meet objectives. This workshop explores key concepts, enablers and barriers to partnerships and planning for, implementing and evaluating partnerships.

Social Determinants of Health – what can community and primary health care services/practitioners do?

The social determinants are the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with problems and illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics. The social determinants are linked to health inequalities as they determine the extent of people’s access to opportunities & resources to realise their aspirations, satisfy need and to cope with or change their environments. This workshop explores the implications of an understanding of the social determinants for programs and practices. Given that many of the social determinants are outside health and other human service systems, the workshop focuses on what practitioners can do in their everyday practice to act on the determinants.

Social Determinants of Health and chronic conditions

Negative social, economic, and neighbourhood conditions influence quality of life and human development. Their cumulative effects produce negative outcomes, including chronic conditions. The social determinants structure people’s health behaviours and interact with each other to produce health. The incidence rate for chronic conditions is higher for people in poorer circumstances – this is known as the gradient effect. This workshop explores the implications of an understanding of the social determinants for policy, programs and practice in relation to chronic conditions.

For more information on training and workforce development please contact:

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Research Matters is a publication of the South Australian Community Health Research Unit (SACHRU)

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Layout by Mitchell Fitzgerald.