A new focus for Research Matters

This edition of Research Matters marks a change of focus for the newsletter. In response to feedback highlighting the need for practitioners and others to share their work and experience, Research Matters will now feature contributions from the field. Whilst we encourage those in the field to write for peer-reviewed journals it is apparent that there is also a need for a more informal approach to disseminating information about primary health care and health promotion practice and policy work. We hope to develop Research Matters as a user-friendly vehicle for the dissemination of practice notes, project descriptions, evaluations and discussion of health issues. We will continue to include information about work SACHRU is undertaking and in this edition our Director, Professor Fran Baum introduces the new Southgate Institute for Health, Society and Equity. We hope Research Matters will become an important vehicle for primary health care and health promotion practitioners to promote their work and share lessons from their experience. Our thanks to the contributors to this first, revamped edition.

We know that partnership and collaboration are hallmarks of primary health care and often form the foundation of work aiming to increase health equity. It is no surprise then, to see that partnerships and collaboration underpin the work of the Anangu Bibi Birthing Program (p. 4) and the Coober Pedy Aboriginal dental service (p. 5) described in this edition. We often hear the term ‘hard to reach populations’ in reference to strategies aiming to improve health equity but in these examples we see services reframing this problem and examining how the services can become easier to access.

Collaboration is the key feature of the Western Collaborative Approach (WCA) for the Prevention of Domestic and Family Violence (p. 7). The WCA brings together a range of agencies from across sectors. Through comprehensive planning using a program logic approach the WCA is well positioned to ensure that collaboration brings with it collaborative advantage – enhanced outcomes that could not be achieved by single agencies.

The Northern Lights Multicultural Festival (p. 3) also used community partnerships and participation to develop a successful one day event to celebrate the diversity of the Salisbury community. One of the recurring queries we receive at SACHRU is about how to evaluate one-off events. The Northern Lights Festival provides us with an example where a suite of methods were used to capture information about both the development process and the event itself.

The final contribution from the field describes an innovative project on documenting and benchmarking practice in the CNAHS Women’s Health and Safety Unit (p. 6). The project demonstrates the power of evaluation in demonstrating good practice and improving programs and practice. This article ends with a call for the sharing of knowledge and experience to ensure better primary health – a call we at SACHRU echo and hope this newsletter contributes to.

Angela Lawless
Deputy Director, Training and Development

Building research alliances

In 2009 SACHRU is further developing its links with the Centre for Health Equity Training, Research & Evaluation (CHETRE) in NSW. SACHRU and CHETRE have similar roles and areas of research interest, and specific, complementary expertise. In August this year some staff from each agency will attend a research retreat to explore possibilities for joint research and share experience and expertise in areas such as health impact assessment and workforce capacity-building. Fran Baum recently met with CHETRE staff and visited a community renewal and capacity building intervention located in the disadvantaged community of Miller where CHETRE is undertaking an evaluation aiming to inform future program development.

http://www.cphce.unsw.edu.au/
One of the founding fathers of community health in SA was A/Prof Deane Southgate. Deane was a GP in the inner south at the time of the Whitlam community health program and moved to establish one of the first community health centres at Clovelly Park. He remained Director until his death in 1991 (when he also held the position of Head, Department of Primary Care and Community Medicine at Flinders University).

Deane's foresight, vision, collaborative way of working and commitment to social justice had a strong influence on the teaching and practice of community health, and on 22nd May Flinders University will launch a new Institute carrying his name. It is fitting that the new institute is named after him as he had both a strong commitment to comprehensive primary health care and a strong appreciation of the power of the social determinants on population health status. The Southgate family will be involved in the launch.

SACHRU is a foundation member organisation of the Institute and its work has been central to the thinking that has informed its planning. I will combine the directorship of SACHRU with that of the Institute. As a result we have created two deputy director Positions in SACHRU which will be filled by Michael Bentley (Deputy Director Research and Planning) and Angela Lawless (Deputy Director Training and Development)

The main aims of the Southgate Institute will be to:
- Build a reputation for research on health equity, social exclusion and the social determinants of health and well-being (including work, housing, social participation, injury, violence, addiction)
- Form new interdisciplinary groups combining researchers, governments and community organisations and work to build the capacity of these groups.
- Conduct research on the policies, programs and practices that give rise to health inequities and social exclusion
- Conduct research on what can be done to change policies and programs to promote health equity and social inclusion.
- Add to the community’s knowledge about the causes, adverse impacts, and possible solutions for health inequities and social exclusion.
- Be a platform for developing a research partnership with similar national and international research centres and institutes.

The Institute will be launched on 22nd May and Hon Monique Begin twice appointed Minister of National Health and Welfare, Professor Emeritus and Visiting Professor in Health Administration at the Telfer School of Management of the University of Ottawa will speak at the event. Prof Julian Disney will speak on housing as a social determinant of health followed by a panel discussion involving amongst others Dana Shen. The full program is provided below.

**Social Determinants of Health: International perspectives**
Hon. Monique Bégin, Sociologist, twice appointed Minister of National Health and Welfare, Canada

**Housing, Health & Social Justice**
Professor Julian Disney, Director, Social Justice Project, University of New South Wales

**Panel Discussion: How to get sectors working together for health & equity?**
Facilitator:
Professor Elizabeth Handsley, School of Law, Flinders University

**Panelists:**
- Emeritus Professor Anne Edwards Co-Chair, Premier’s Council for Women
- Mr Brendan Moran Director, Housing SA North
- Ms Liz Furler Executive Director, Policy, Planning and Performance, Department of Education and Children's Services
- Professor Julian Disney Director, Social Justice Project, University of New South Wales
- Ms Dana Shen Project Leader, Action Team and Early Childhood and Child Protection Portfolios Statewide Services Strategy

http://www.flinders.edu.au/southgate
Evaluating one-off events – lessons to be learnt

The starting point for evaluation of one off events is much the same as any evaluation. You need to consider the purpose of the evaluation, what is being evaluated and for whom. Like other evaluations you may focus on process, impacts or outcomes. Many one off events are the culmination of significant investments in community participation, partnerships and collaboration. The development and ongoing contribution of these may be as important in achieving positive health outcomes as the event itself. Your evaluation may therefore choose to focus on the participation and/or partnerships that made your event possible. Tools to help you evaluate these are available on the SACHRU website at http://som.flinders.edu.au/FUSA/SACHRU/.

You need to be clear about the goals and objectives of your event in order to develop a useful evaluation plan. There are many aspects of your event that you could evaluate. Be clear about the purpose of your evaluation so you choose an appropriate focus. You could evaluate one or some of: Satisfaction of people attending, Motivation for attending, Operational procedures, Staff satisfaction, Success of communicated messages, Costs/benefits. Methods need to be fit for purpose and a range of methods can be employed to create a more comprehensive evaluation of your event.
Anangu Bibi Birthing program at Pt Augusta and Whyalla
By Greg Bailey, Senior Consultant, Early Childhood, Country Health SA.

This article describes an Aboriginal Birthing program which incorporates Aboriginal Maternal and Infant Care Workers which function in direct partnership with a midwife and doctors, giving Aboriginal women an opportunity to be cared for by Aboriginal women during pregnancy, birth and the postnatal period.

The Pregnancy Outcome Unit in South Australia reports, over a number of years, consistent patterns of poorer birth outcomes for Aboriginal women. Of particular note is the significantly high proportion of Aboriginal women represented in the data in the areas of teenage pregnancy, mothers smoking during pregnancy, lower number of antenatal visits and low birth weight babies (less than 2500g).

In January 2004, the then Northern and Far Western Regional Health Service South Australia in partnership with Nunyara Aboriginal Health (Whyalla) and Pika Wiya Health Service (Port Augusta) established a planned and targeted alternative maternity service for Aboriginal women. This service aims to ensure Aboriginal women received effective antenatal care (including advice about smoking) and give birth to babies of normal birth weight which they breastfed. The service called - Family Birthing Program (Whyalla) and the Anangu Bibi Birthing Program (Port Augusta), commenced in 2004. The Aboriginal Maternal and Infant Care (AMIC) worker model was developed where these health workers function in direct partnership with a midwife and doctors creating an opportunity for Aboriginal women to be cared for by Aboriginal women during pregnancy, birth and the post natal period (up to 6-8 weeks).

AMIC workers receive perinatal clinical skills training from the midwives along with day to day support. Conversely, the midwives receive support and education in cultural issues and practices from the AMIC workers. A key quality of the program is the collegial relationship established between the AMIC worker and the midwife. This in turn facilitates a trusted rapport within the team which reflects in the woman’s confidence in the model and thus improves her willingness to access health services.

One of the key elements to the program was the establishment of an Aboriginal Women’s advocacy group at both sites which provide cultural advice and direction to ensure the program addresses the real needs of Aboriginal women.

In 2005/2006 the program was externally evaluated by the Spencer Gulf Rural Health School. Key recommendations from the evaluation included:

- The AMIC worker / midwife partnership model be incorporated as a central component of the care offered to any Aboriginal women presenting for antenatal care in Whyalla or Port Augusta to increase the program’s sustainability.
- The AMIC worker role is further developed, resourced, and acknowledged including establishing an accredited course that leads to a professional qualification.
- Develop processes to enable AMIC workers to continue in the care of mothers and babies beyond the 6-8 week program cut-off point via strengthening working partnerships between AMIC workers and Children, Youth & Women’s Health Service in programs such as the CYWHS Family Home Visiting
- Members of the Aboriginal Women’s Advocacy Group be provided with further opportunities to directly support mothers and families in the program in order to maximise and value their cultural role.

Country Health SA has recently developed a proposal to build the capacity for Aboriginal maternal birthing programs in country South Australia. A key component of the proposal is to strengthen the AMIC workforce and create opportunities to build upon working partnerships between AMIC workers, midwives and doctors. Enhancing the capacity of the existing Regional Family Birthing and Anangu Bibi Birthing programs will be considered as well as identifying priorities and strategies for creating new services in other country locations. New sites will be identified by considering population of birthing Aboriginal women and local birth outcome data, specifically access to antenatal care and birth weights.

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Bronwyn with midwife
Therese McCallum
Improvement in access to Oral Health services in a remote area of SA

By Dr Jill Mitchell, Senior Liaison and Strategy Officer, Aboriginal Health Division SA Health

The Aboriginal Health Division has established a new dental service in Coober Pedy in response to a specific need identified in the community.

A new dental service was established for Aboriginal clients in 2008 at Umoona Tjutagku Health Service (UTHS) in Coober Pedy. This service is responding to a specific need to address the limited access to oral health services identified in this community.

This collaboration between SA Health, the Aboriginal Health Council of SA and UTHS, has seen the development of a culturally responsive Aboriginal dental health program for this Aboriginal community.

A project officer from South Australian Dental Service (SADS) was appointed to plan the infrastructure and buy equipment for the dental clinic which is in the main building of UTHS, a community controlled Health Service. The clinic has all the necessary equipment for x-rays, sterilisation and storage of supplies, as well as the dental chair and instruments for assessment and treatment.

The clinic was officially opened in July 2008 by the Health Minister John Hill in the presence of the Minister for Families and Communities Jay Weatherall, community Elders and invited guests which included; SADS Executive Director Martin Dooland, Aboriginal Health Division Executive Director Richard King, and Country Health SA Chief Executive Officer George Beltchev and Aboriginal Executive Director Jackie Ah Kit.

The model of Dental Health Service delivery:
SADS have organised a ‘fly in’ dentist and dental assistant to be available for four consecutive days each month, for 11 visits over 12 months. There is no set appointment system, which means clients who need very urgent assessment and extensive treatment don’t have to wait and are transported to and from the clinic by a dedicated driver organised by UTHS. Local UTHS staff coordinate the workload, which means a continual flow of clients for the dentist and his assistant, and has contributed significantly to the efficiency of the operation of the clinic.

Workforce strategy:
Negotiations are underway to support this model with an appropriate Aboriginal dental workforce initiative. Considerations include appropriate infrastructure, scholarship funding and accommodation options for trainees in Port Augusta. Training local Aboriginal people to become dental assistants, providing them with a career pathway in dental health, is essential to providing a sustainable program.

It is hoped that training for Aboriginal Dental Assistants will start in 2009 and will incorporate health education and promotion components that are required across the age continuum of the Aboriginal community, to enable people to improve their own oral health.

Health information and promotion:
An Aboriginal Oral Health Advisory Group was established to provide strategic direction to enable greater access to oral health services for Aboriginal people. This planning group also includes consideration of broader issues such as health information and promotion components to complement the dental program in Coober Pedy.

The Dental Service delivery
The first clients were seen in the new clinic in May 2008. Between May and December 2008, the visiting dental team visited Umoona Tjutagku eight times and provided 251 separate dental episodes of care. A total of 765 dental items of service or procedures have been provided.

In 2009, the dental team will continue to visit UTHS to provide oral health services for the Aboriginal community. It is anticipated the dental service will expand to provide greater services to school and preschool children in assessment and treatment options.

Expansion of the model
It will be important to evaluate the Aboriginal Oral Health program in Coober Pedy to understand the potential of this model for further expansion. The outcomes and recommendations of this evaluation will guide the development of further oral health projects in regional and remote Aboriginal communities in SA.

For more information contact the Aboriginal Health Division, SA Health
Phone: (08) 8226 6344

Minister John Hill officially opening the Aboriginal Dental Clinic at Umoona Tjutagku Health Services Coober Pedy in July 2008

Minister John Hill and Minister Jay Weatherill at the new dental service
Women’s Health and Safety
From practice wisdom to evidence-based practice

By Jen MacKenzie, Manager, Women’s Health and Safety
Central Northern Adelaide Health Service

The Women’s Health & Safety Unit within CNAHS has begun an innovative project to document, collect and collate evidence based practice.

The increasing focus on providing primary health care services to vulnerable women in our society is leading to innovative changes within the Central Northern Adelaide Health Service’s Women’s Health and Safety (WH&S) Unit.

As a key part of the Ambulatory and Primary Care Directorate, the WH&S Unit provides services to vulnerable women in the CNAHS region while also providing leadership to other local service providers in their often complex work with women – many of whom have experienced, or are experiencing, social marginalisation, violence and trauma.

Our energetic team members have a common commitment to service improvement and continuous learning, and have recently begun a project to document, collect and collate evidence of the unit’s ‘best practice’ initiatives.

While the WH&S Unit – comprising the Dale Street Women’s Primary Health Service, Northern Women’s Primary Health Care Service and the Northern Violence Intervention Program – already had a wide array of programs documented to various levels, a planning day held in mid-2008 identified the need to better capture the unit’s myriad activities. As a result, the unit has embarked on a project with a working title of Documenting and Benchmarking our Work.

Although in its infancy, this project has already revealed ways we can look at and discuss our work to bring a sense of pride and accountability. Team members now have the chance to really reflect on their work as they document and review – which also ensures our programs remain firmly evidence-based and, once benchmarked, contribute to the maintenance of ‘best practice’.

A great example is our Violence in Pregnancy training program, which has been through a process of research, consultation documentation, presentation and review – and has now been benchmarked against similar programs in the UK and USA. To our delight, our program stood up exceptionally well through this benchmarking, and the staff member delivering the training now feels confident in claiming to be a lead service provider in this area. This program has the potential to inform midwifery practices across the state, and nationally.

This review and documentation process is also beneficial to projects that are less well developed, by providing project teams with a vision of how they can influence better primary health outcomes well beyond their initial target group. That’s why new projects (such as our Gender Accountability Workshop, and a special project targeting chronic health risk factors for a small group of Vietnamese-speaking mothers) will now also be included in this evaluation, to ensure they add to our list of ‘best practice’ initiatives.

We understand we are not alone – and certainly not unique – with many other groups and service providers also engaging in similar evaluation projects and practices.

We genuinely welcome any input, advice and feedback other services are willing to provide. It is through this partnership and sharing of knowledge and experience that we can work together to ensure better primary health care right across our community.

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What is benchmarking?

Benchmarking is an ongoing, systematic process that seeks to identify and understand the best practices of others and customize such practices to one’s own setting (Wilson & Beynon, 1998, p.183)

Benchmarking has been described as a powerful tool in the quest to improve practice and programs. It is a process that identifies best practice and examines how this is applied in a particular setting (what works, for whom, in what context). Benchmarking implies a commitment to action and requires a willingness to make changes.

A useful workbook on benchmarking is available at www.benchmarking-publichealth.on.ca
Western Collaborative Approach

By Julie Johns, Research Officer, South Australian Community Health Research Unit

This article describes a partnership developed in the Western Region to establish a framework for a collaborative approach to domestic and family violence. The WCA has led important work including participating in a consultation and review of risk and safety reports organised by SAPOL and Victims of Crime, implementing regional High Risk and Safety Meetings and were instrumental in obtaining a Domestic Violence listing day for court.

Established in 2005, the Western Collaborative Approach (WCA) partnership was developed in response to a commitment by agencies to establish a framework for a collaborative approach to domestic and family violence in the Western Region. Concerns regarding fragmented responses and interventions and the absence of a shared vision prompted the development of the WCA. The 3 main goals of the WCA are:

- The prevention of domestic and family violence
- The increased safety of women and children
- The accountability of men who use violence.

An interim Working Group of key agencies in the field recognised that successful prevention and intervention work involved developing relationships and co-ordinated approaches across sectors to enable the best use of strengths, skills and expertise to promote and prioritise safety and accountability. In April 2006 a position paper was developed. The paper outlined the guiding values, philosophy, practice principles and definitions of common terms to assist in developing a shared understanding of domestic violence intervention.

By 2007, 21 key agencies were signatories to the WCA Terms of Reference and two “Change Champions” were recruited: Aunty Josie Aguis, local Kaurna Elder and Minister Jay Weatherill in his capacity as local member for Cheltenham. These Champions work alongside the Reference Group, the Leadership Group and Key Focus Area Groups (Children and Young People, Engaging Men/Partners who use Violence, Supporting Women Living with Violence, Criminal Justice and Aboriginal and Torres Strait Islander Communities).

The WCA has led important work including participating in a consultation and review of risk and safety reports organised by SAPOL and Victims of Crime, implementing regional High Risk and Safety Meetings and were instrumental in obtaining a Domestic Violence listing day for court.

To facilitate a strategic approach to planning the activities of the WCA in 2009, the group contracted the South Australian Community Health Research Unit to facilitate a planning workshop using a program logic approach. The workshop explored the assumptions underpinning the work of the WCA, reviewed WCA core strategies and partnerships and identified directions and activities for the next 12 months. The workshop also recognised that the WCA had stimulated major strategic changes and improvements in the region with minimal resources.

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About the new SACHRU newsletter

Feedback from SACHRU ‘showcase’ days and other forums highlighted the need for ways in which practitioners and others can share their experiences about what works and what doesn’t. We know from our review of evaluation reporting in Adelaide (Jolley et al 2004 What Works?) that much of the evaluation in primary health care and health promotion occurs internally and is not widely disseminated. If we are to build a sound evidence base and increase workforce capacity we need to share and build on our knowledge and experience.

Please consider sharing your knowledge and experience by contributing a short article to Research Matters. Our vision is that Research Matters will become an important means of communicating about what is happening in primary health care and health promotion in South Australia and beyond.

We welcome contributions that examine health issues, describe projects and evaluations, explore methods, pose dilemmas and reflect on practice and policy. The articles appearing in our newsletter should be relatively informal. We will not publish references – if you wish to include references you must include an author’s email address so readers can obtain references directly. Articles should be between 300-500 words, pictures are most welcome. If you would like to discuss your article prior to submission please contact Elsa Barton ph: 7221 8479

Articles can be submitted to els.barton@flinders.edu.au
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: 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.

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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