Evaluating a place-based partnership program:

Can Get Health in Canterbury

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What is the Can Get Health project?

- Established in 2013.
- Located in one of the most marginalised local government areas in NSW.
- Population has a greater risk of premature mortality and higher levels of morbidity than the NSW population.
- 45% of residents speak a language other than English at home.

Partnership project

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An Australian Government Initiative

NSW GOVERNMENT | Health
Sydney Local Health District

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What are the objectives?

Can Get Health is a **place-based** intervention that aims to:

1. Improve access to comprehensive primary health care.
2. Increase individual and community health literacy.
3. Identify and work with relevant stakeholders to address at least one social determinant of health.

CGHiC focuses on locational disadvantage with a community led approach.

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What has been achieved?

Over 25 projects have been undertaken since the project was launched in October 2013.

Priority areas	Priority populations
1. Child, family and women's health. 2. Mental health. 3. Capacity building and workforce development 4. Chronic disease prevention and management	1. Bangladeshi community 2. Arabic speaking community 3. Refugees and Asylum Seekers- specifically the Rohingya community from Myanmar (Burma).

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Challenge

Finding the balance between :

- Ensuring a robust community-led, inter-sectoral, public health program in a culturally and linguistically diverse (CALD) location.
- Effectively provide sufficient monitoring, evaluation, reflection and improvement opportunities while the intervention is in situ.

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Previous evaluations

Two external evaluations have been conducted between October 2013 – September 2016 that provide a point in time reflection on the impact of the project.

Development of Evaluation Framework 31 Oct 2014	• Conducted by ARTD Consultants • Program Logic Models • Evaluation Plan
1st Evaluation October 2013 to June 2015	• Conducted by Margaret Thomas, ARTD Consultants & Thomas Powell-Davies
2nd Evaluation July 2015 – September 2016	• Conducted by Kristy Ward, Linda Bartolomei, Rebecca Wood and Charlotte Bell, Centre for Refugee Research, University of New South Wales.

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Evaluation framework developed - Oct 2014

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Evaluation Framework and Logic Models

Sydney Local Health District and
Inner West Sydney Medicare Local

31 October 2014

Aim:

•ARTD was commissioned by Inner West Sydney Medicare Local to develop a plan for undertaking an evaluation of the Can Get Health project.

•Program logic models, evaluation framework and outline of an evaluation plan that will guide implementation of the evaluation by the Can Get Health Team

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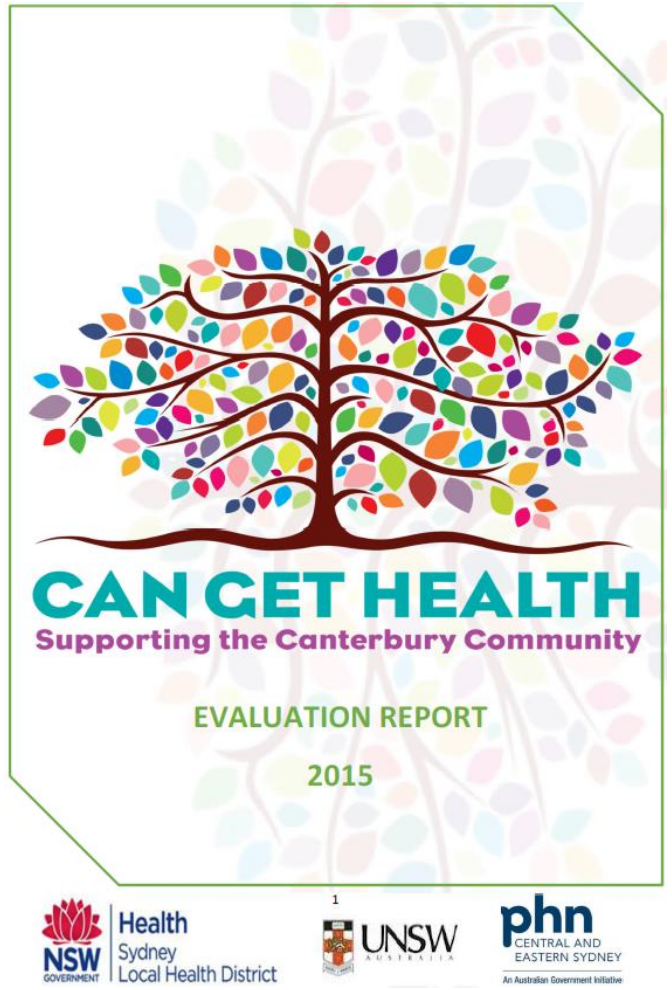
1st Evaluation 2015

Aim

- Primarily a process evaluation which assessed both the extent to which the project was **implemented as planned** and the **immediate impacts** of the work undertaken.
- It also assessed what evidence there was that progress was being made towards the anticipated longer-term outcomes.



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1st evaluation: recommendations

RECOMMENDATIONS

There should be ongoing support for CGHIC as an innovative and best practice model for addressing health equity within a comprehensive PHC approach.

General

- The aims of the CGHIC should be revised and refined to match the resources available and areas of achievement to date.
- The closure of IWSML and establishment of Central and Eastern PHN (CESPHN) will require renegotiation of the funding and organisational support for CGHIC.

Priorities for the next phase

- The next phase should seek to develop and deepen activities to achieve lasting impacts on health care access and health outcomes.
- It should monitor potential gaps and needs in order broaden the work to address other issues and populations where feasible.
- The project should make explicit the link between its activities and the strategic priorities of the SLHD and CESPHN as well as those of local partners including local government.

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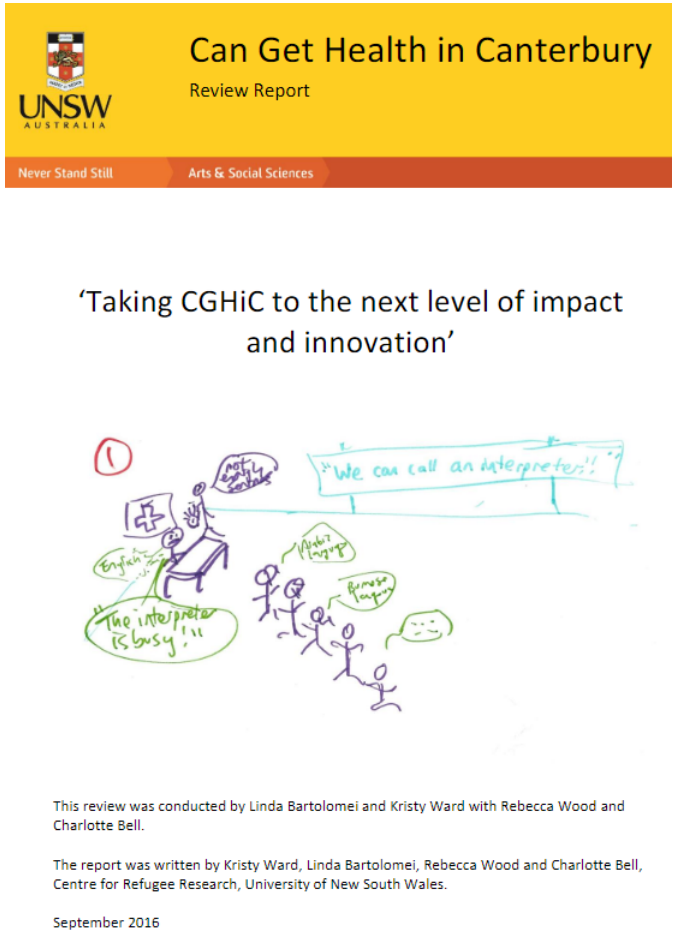
2nd Evaluation 2016

Aim

To identify the strengths, limitations and potential areas of future development of CGHiC and make recommendations to inform the next phase of CGHiC.

Methods

- 14 individual interviews.
- One focus group involving key stakeholders.
- 3hr community consultation with 7 Arabic speaking women and 1 Filipina woman in Punchbowl, using the UNSW Centre for Refugee Research's (CRR) participatory methodology Reciprocal Research.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Review Report

'Taking CGHiC to the next level of impact and innovation'

This review was conducted by Linda Bartolomei and Kristy Ward with Rebecca Wood and Charlotte Bell.

The report was written by Kristy Ward, Linda Bartolomei, Rebecca Wood and Charlotte Bell, Centre for Refugee Research, University of New South Wales.

September 2016

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2nd evaluation: Findings

1. Moving from health education to a health promotion strategy
2. Engaging communities: community-informed or community-based?

Towards a Community-Based Approach

Criterion	Current Indicator	Challenges/ Limitations	Enabling factors	Moving forward
1. Recognises community as a unit of identity	A place based approach	CGHiC only engaging with a limited number of organisations in the area	Some established community networks	Conduct a detailed organisation mapping Participate in inter-agency networks
2. Builds on strengths and resources within the community	Strong community networks with the same groups in the 4 target communities	Time required to build and maintain trust. Limited number of community representatives on Committees	Strong established relationships with some key community members and groups	Leverage existing connections to more actively involve community members in new activities.

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2nd evaluation: Findings

Key Finding: Measuring impact: moving beyond 'how much did we do?' to 'what did we change?'

- Data collected on activities (how many attendance, satisfaction with the activity), but lack of follow up.

Challenge: How do we follow up given the diverse populations we work with, limited time and resources?

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Current evaluations

Now that CGHiC is in its sixth year of operation, we are evaluating the program in-house with the following foci:

- The external impact of the program;
- The governance structure;
- Priority setting and decision making of the program;
- The activities of the program.

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Current evaluations

This process is ongoing.

The program team have implemented the following measures to facilitate the evaluation:

- Monitoring tools and processes to measure recent activities that are supported by Bilingual Community Networks who provide language and cultural support (building cultural capacity within CALD community)
- The CGHiC evaluation will contribute to the field of evaluation through the development of novel methodologies, approaches and insights to evaluating complex place-based, multi-sectoral, population-level programs in situ.

Case study: The Rohingya Little Local

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The Rohingya community

- Rohingya are Muslim people from Buddhist-majority Myanmar.
- Lakemba has been referred to as a “hub” for Australia’s Rohingya community.
- Most of the Rohingya people who have settled in Sydney reside in the Canterbury region.

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Rohingya Little Local

- CGHiC has worked with the Rohingya community since 2014.
- Prior to this project, work with the Rohingya community has focused on initiatives using community engagement in health promotion activities,
- We wanted to **support the community to have more collective control** over which defining issues to address and how to address them.

Children's first aid training

Taronga Zoo

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Rohingya Little Local

- Idea came from ***The Big Local*** in Britain http://localtrust.org.uk/
- In this project, high-need, vulnerable communities were given significant funding with the proviso that the community as a whole join together to decide the goals and strategies.

The community decided to organise:

1. A Rohingya Football (soccer) Tournament
2. A Rohingya Community Picnic

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Rohingya Little Local

“Our main goal was to ease our stress. We tried to ease our tension and pain. We met each other and comforted each other. Some of us played football which made us happy”

“Having this type of gathering [is] giving [the] community [the] opportunity to build relationships within community and [with the] wider community”

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Questions






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