

Lessons learnt from capacity building community projects in remote Central Australia

Karen Thomas

Northern Territory Medicare Local, NT

Introduction

The Northern Territory Medicare Local (NTML) provides two community based prevention projects; the Alpururulam Healthy Skin and Community Wellness project, and the Utopia Homelands Community Gardens project, both located in the Barkly region of the Northern Territory. The projects have been funded since 2009 and as part of the NTML's commitment to evidence based practice, a comprehensive, independent evaluation was completed in 2014.

Overview of both projects

Alpururulam Healthy Skin and Community Wellness Project

- Alpururulam is reached by driving eight hours from Alice Springs, seven hours from Tennant Creek or three hours from Mount Isa. In the wet season access is via charter flight from Alice Springs or Mount Isa
- Population of 442¹
- Language: Alyawarre
- The need for this project was identified by the clinic manager when almost fifty percent of the presentations at the clinic were for skin infections, primarily scabies. Scabies is a skin infection that may lead to acute rheumatic fever (ARF). Throughout the project the NTML Project Officer worked closely with the visiting dietitian. Over the project period the focus has moved to include nutrition and now physical exercise in addition to skin health.
- The initial key objective was to reduce scabies and skin infections which has since expanded to increasing the health and wellbeing of the Alpururulam Community
- Project achievements include:
 - Monthly Healthy Lifestyle Committee (steering group) meetings which were attended by a range of stakeholders
 - Community developed resources including a healthy skin story book, posters and a DVD
 - Supporting the establishment of a community laundry, a need identified through the Healthy Lifestyle Committee meetings to assist in maintaining skin hygiene
 - Nutrition support for the store and school
 - Best Kept Yard competitions.

Utopia Homeland Community Gardens Project

- Located 350 kilometres by road from Alice Springs
- Population of 515² living across 16 homelands
- Language: Alyawarre
- The need for this project was identified by a visiting dietitian who recognised that access to fresh food was a barrier to healthy eating. There was a high prevalence of diabetes and a keen interest in gardens among community members.

- The initial key objectives included:
 - Improve food security and nutrition by supporting the cultivation of fresh fruit and vegetables
 - Support the development of community gardens using a community development model
- Project achievements include:
 - The initial development of 14 gardens
 - Community cooking activities using produce from the gardens
 - A community developed DVD which provides education on gardening and healthy eating
 - The development of cross cultural planting calendars.

Evaluation of projects

Methodology: Independent consultants were engaged to conduct implementation and impact evaluation of the two projects. A literature and documents review was carried out and following ethics approval, evaluators accompanied by program staff made two visits to each community to carry out 37 key stakeholder interviews, complete audits and observations, and conduct a focus group with Alpururulam Healthy Lifestyle Committee. A follow-up site visit was carried out to communicate evaluation results.

Outcomes identified in the evaluation

Alpururulam: Outcomes include a greater understanding of health conditions that are associated with skin sores. The trachoma incidence decreased over the life of the project which is a proxy indicator for hygiene. Water sales at the store increased by over eighty percent.

Utopia Homelands: Outcomes include a small number of sustainable gardens and a greater awareness of healthy eating.

Key lessons learnt from the evaluation

Preventative health projects and their intended health outcomes take time

Outcomes from prevention projects take time. They are best broken down into achievable and sequential steps. Firstly, raised awareness of health information by individuals and the community, secondly behaviour change and then ultimately improved health outcomes. Limited funding timeframes and strict funding guidelines can encourage projects to set largely optimistic objectives. The evaluation showed that the initial objectives for each project were optimistic in terms of health outcomes and could have been adjusted to aim for increased health knowledge or behaviour change. For this reason a long term view needs to be taken for any health promotion work. As a result of this finding the project objectives have been adjusted to reflect realistic outcomes within the current project period.

Policy recommendation

Consistent long-term funding is essential for preventative health projects.

Good management and monitoring systems are important

Management and monitoring are vital for projects in a remote community context to ensure that project personnel are supported to manage project scope. The scope of the Alpururulam project is a good example of how easily the number of project objectives can increase over a relatively short period of time. Addressing issues that were outside of the original project scope became part of the Healthy Lifestyle Committee meetings as they were a regular discussion forum. This led to a long list of very important issues being discussed at each meeting with only a limited scope to enable change. Consequently some stakeholders disengaged from the project. The evaluation highlighted the importance of having management and monitoring systems in place to avoid this scope creep. As a result, a strong focus has been on joint outcomes with stakeholders and where possible, handing over

project activities. Templates have been created for both projects to update stakeholders on the status of activities such as anaemia prevention strategies in Alpururulam and gardens progress including key community members in Urapuntja.

Furthermore given the high turnover of staff, projects and organisations in a remote context, the transfer of information through systems such as these is even more important. This ensures that any project activities and related gains can be progressed and built upon rather than 'reinventing the wheel'.

Productive stakeholder relationships are essential

Productive stakeholder relationships take significant work, persistence and flexibility. To make a difference in preventative health it is important that it includes stakeholders beyond the health sector. Particularly when change is most efficient by addressing the social determinants of health such as housing and education. This is demonstrated in the project in Alpururulam. The Healthy Lifestyle Committee meetings are a good example of what can be achieved through collaboration. These were initiated by the project officer and health clinic, held on a regular basis, and attended by a number of stakeholders including community members, police, school, store and the shire. A range of issues from the social determinants of health were discussed and the outcomes included a Best Kept Yard competition, cooking competition, and a Healthy Lifestyle Week developed by the community. The majority of project achievements in Alpururulam were only possible with the support of the local women employed through the Strong Women Strong Babies Strong Culture (SWSBSC) program. This highlights a further key lesson from the evaluation: the importance of supporting and training local community workers to ensure sustainability and appropriateness of health messages. A further area of collaboration between the health and housing sectors would be as effective way to make health gains particularly in respect to skin health. The Australian Institute of Health and Welfare (2013, p. 31) reported that improved living conditions are a key factor for the decreasing trend of ARF incidence in most regions of the world.³

Policy recommendation

Preventative health evidence needs to be a priority for policy outside the health sector particularly housing.

How did we use the evaluation?

Following the evaluation process, the NTML project officer and evaluators visited each community to present feedback and provide a forum to discuss future activities. Key lessons have been reviewed and if suitable implemented with an aim to further shape these projects into a sustainable model with the objective of community capacity building and improved health outcomes. An evaluation snapshot has been produced to provide an overview of the evaluation and key lessons. The evaluation will also inform future projects.

References

1. Australian Bureau of Statistics. 2011 Census QuickStats, Canberra ACT: Australian Bureau of Statistics; 2011 [cited 20 Apr 2015]. Available from: http://www.censusdata.abs.gov.au/census_services/getproduct/census/2011/quickstat/SSC70006?opendocument&navpos=220
2. Australian Bureau of Statistics. 2011 Census QuickStats, Canberra ACT: Australian Bureau of Statistics; 2011 [cited 20 Apr 2015]. Available from: http://www.censusdata.abs.gov.au/census_services/getproduct/census/2011/quickstat/ILOC70201204?opendocument&navpos=220
3. Rheumatic heart disease and acute rheumatic fever in Australia: 1996–2012. Australian Institute of Health and Welfare 2013. [Cited 20 Apr 2015]. Available from URL: <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129542747>

Presenter

Karen Thomas is a Senior Project Officer in Prevention Projects at the Northern Territory Medicare Local (formally General Practice Network NT). Since moving to Darwin in 2011 Karen has worked at the NTML in programs including workforce and eHealth. She is currently undertaking a Graduate Diploma in Public Health through the Menzies School of Health Research and Charles Darwin University. Karen has a keen interest in the social determinants of Indigenous health and the importance of addressing these challenges through preventative health initiatives to facilitate community empowerment and sustainable capacity building.