



The Ian Potter Foundation

Grantee Learnings

Health

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Key learnings from Health grantees

Introduction

This document is intended for future applicants and grantees in the Health program area. It contains the summarised learnings of all Health grantees over the past seven years.

The information documented here has been taken from the final reports of Health grantees, which were submitted to The Ian Potter Foundation following the completion of their projects. As such, the views expressed here do not necessarily represent the views of The Ian Potter Foundation.

Please note that the guidelines for the Health program area have recently been narrowed, and as such, the learnings in this document may be broader than our current objectives. The current Health objectives are as follows:

- Improve health outcomes for the Australian community through public health initiatives with particular emphasis on mental health, Indigenous health and health in rural and remote areas.

People

Any project will involve different people or groups of people. Managing people and relationships is vital to the success of any project or program. Consulting various stakeholder groups, including intended program participants, is particularly important in public health initiatives.

Indigenous communities

Grantees confirm that a sensitive approach is needed when engaging with Indigenous communities to ensure the community is happy to participate and is comfortable with the process. One grantee adopted a community-driven approach resulting in a high level of trust being developed with community members that led to the sharing of information.

Flexibility and patience are also important when building the capacity of Aboriginal and Torres Strait Islander people working in health services and health research. One grantee found that when key people experienced a lack of support in their employment and careers, it led to challenges for them and the project.

Regional/rural communities

Accepting change takes time and using formal and informal engagement strategies can be helpful. One grantee found that in a rural area, dinner at the pub was an effective way to engage with a stakeholder group.

Be mindful of other priorities for stakeholders. For instance, in isolated rural and remote communities, other issues may be considered more important, e.g. drought. Set up Collective Impact measures earlier.

Multiple stakeholders/partners

When dealing with multiple stakeholder groups, don't expect all stakeholders to change at the same pace – some may have slower processes.

One grantee found that some key stakeholders, although highly engaged, were less 'ready to change'. Although prompted to act by the community-led working groups, some changes took longer to implement. For example, in one project, the grantee found the leadership group was reluctant to act on the removal of sugar-sweetened beverages (SSBs) and instead preferred to survey all staff as to their preferences. Although this could be perceived as a more thorough community engagement strategy, it slowed the process of change, and less than 20% of staff completed the survey.

Broad stakeholder support and adoption of shared goals is critical to overcoming complex, national, multi-system problems. Approaches that minimise duplication of effort and allow for complementary contributions by agencies and stakeholders yield stronger outcomes. Shared and consistent measures and data analysis support collaborative efforts.

Cross-sector and cross-government department cooperation are also crucial for major public health initiatives, and often there is the need to involve multiple areas of interest, e.g. environment, housing, education, health and community and even Prime Minister/Premier and Cabinet support.

Involving multiple partners can be highly advantageous. One grantee explained that the closer alignment of their program with a broad range of mental health services has resulted in greater support for students and more seamless access to Recovery College courses.

Peer support

Peer support is a common approach to assisting people with ongoing health conditions. One grantee learnt that peer support is well received amongst health professionals with all surveyed saying they would definitely refer a cardiac patient to community-run peer support if a local group were available. Unfortunately, this also highlighted that there are still many areas in Victoria without peer support.

The grantee, therefore, concluded that in delivering peer support mentoring and training they needed to travel to the areas of greatest need, i.e. rural areas, and work with local service providers to make content relevant and accessible.

Another grantee observed that when running adult peer mentoring programs, staff should invest the appropriate amount of time into mentor training and the mentor–participant matching process to increase the chance of creating positive relationships.

Staff

Having enough staff with the necessary skills experience is vital to the success of projects.

Large-scale public health programs are often dependent on the availability of qualified specialists. One grantee discovered a shortage of specialist staff in the Northern Territory, which led to a lack of outreach visits. Similarly, there was a lack of clinical coordination support, which impacted on the patients' care journey.

Some programs require a multi-disciplined team. One grantee reported that the main reason for success was that the skill-set of the team of researchers was truly complementary, bringing together expertise from many different areas.

Staff may also need additional training or support throughout some programs.

Clinicians involved in an arts-based health initiative for veterans indicated that creative writing and storytelling could uncover experiences of trauma and was not appropriate unless delivered by appropriately qualified and experienced Mental Health Clinicians.

In another program, the grantee discovered that in order to assist mothers to access mental health supports, the therapists and Key Workers needed to be able to identify mental health concerns, feel comfortable to have potentially difficult conversations with the mothers and have the skills and resources to refer on to an appropriate external support where required. The mental health and wellbeing of the therapists and Key Workers also needed to be addressed and monitored to ensure effectiveness in implementation and to minimise the risk of vicarious trauma.

Participants/patients

Understanding the nature of participants is also important. One grantee found that they could not take a one size fits all approach. They needed to build in flexibility around the time and duration of online sessions offered to participants. Without flexibility, attendance rates were mixed and sporadic.

When establishing mentoring relationships, one grantee found the first workshop was essential for setting up the basis for the mentoring relationship, and ideally, all participants should attend the first workshop. The Participatory Action Research (PAR) methodology worked well for both mentors and mentees, allowing them ownership of this program.

Some participant groups have specific challenges. For instance, one grantee reported on some of the more challenging aspects of supporting people with cognitive impairment in the homelessness sector, including:

- Staff working in a part-time or casual capacity necessitated rotation of workers with the same client
- Clients living in remote shelters or having short term accommodation required a change of address or catchment area.

Make sure everything is in place before calling for participants to register for a program. It became apparent to one grantee that clients were not keen to register, join or even visit the centre to discuss the program until all the equipment had arrived. For future projects of a similar type, the grantee will extend the delivery lead time to ensure everything is in place before engaging with participants.

In terms of recruitment of participants, one grantee found social media (primarily Facebook) was an efficient and cost-effective means of recruitment rather than the traditional methods of recruitment that they had proposed to use at the beginning of the study.

Similarly, another grantee reports:

“We found that, both in the feasibility trial and the public version depressed pregnant women are much more difficult to engage in treatment than postnatal women. As a result we had to move from traditional recruitment to reaching women through mobile apps that pregnant women are already actively using on their phones. For example, our recruitment rate was boosted by promotion on the Ovia pregnancy tracker apps.”

Planning

Research guidelines

Several grantees report back learnings involving establishing research guidelines.

One grantee found that having too few participants in their study meant that they were not able to demonstrate any impact on patients.

Another grantee also realised that they needed to allow more lead-up time to gain ethics clearance from certain groups. They reported that their limited sample size was dictated by lack of time spent consulting with relevant community and education groups that could have helped gain ethical approval to conduct the study in schools.

Another grantee advises to ensure that a research group has clear protocols for working with novel devices, particularly if the majority of the group are students.

Developing resources

Another grantee observed that when you listen to the target group and deliver a resource in a language that is understood and accessible, with the information they have requested, your project will be well received and have a greater chance of success.

One grantee creating resources for patients with low literacy adopted the following principles:

- Prepare one simple guide that provides information for the various stages of the patient journey
- Create a truncated, simplified publication that is less overwhelming
- Use simple language and exclude medical jargon
- Use simple illustrations and pictures that visually convey key messages.

Processes

Any new process should be integrated into existing practice procedures as far as possible. For one grantee this included:

- a) Establishing eligibility criteria that were as broad as possible, so that clinicians do not need to trawl through a list to confirm eligibility
- b) Making referral and data collection forms compatible with common medical record software such as Medical Director and Zedmed, so they autofill
- c) Keeping forms short (1–2 pages maximum), to minimise the time the clinician needs to complete them.

One grantee learned they needed to be more rigorous when planning and testing their platforms and protecting the control group. They report:

“The study was designed as a randomised control trial to compare the impact of receiving online health coaching within the program versus no coaching. However, due to a programming error, some people in the control group (no coaching) were invited to engage with the coaching services which meant that the results of the study could not be attributed to health coaching. This was a big

disappointment for us but also a huge learning opportunity and in future we will be much more rigorous when planning and testing our research platforms, and protecting control groups. This incident taught us that our platform needs to be rebuilt in order to support high quality research trials, particularly as we work to evaluate and improve the mobile application.”

Technology

It can be challenging to establish a compromise between functionality and usability of a website or app. One grantee developed a website with a lot of sophisticated functionality. However, it was challenging to provide this without increasing complexity. There were also challenges in ensuring that the site ran quickly for those with slow internet connections.

A similar challenge was experienced by another grantee who learnt about the need for a balance of features on a website what they called “cool things vs simplicity”. This led them to de-scope some features in favour of ensuring the most popular features were in place and worked well.

One grantee had the option of creating a purpose-built site providing flexibility in design or incorporating their website within their organisation’s web architecture. After several briefs were prepared and discussed, it became clear that creating a new website meant substantial initial and ongoing costs. In the interests of sustainability, the grantee decided to include their site within their parent organisation’s site. This approach was successful, but the bureaucracy of a large organisation and tight brand control lead to further delays for the grantee in getting access to develop the site, getting approvals for both video and text materials to be added to the site and obtaining final consent for the website to be public. While doing the work in-house saved on outsourced web development costs, it increased project staffing costs.

Grantees report that good relationships with programmers are instrumental to the development of online programs. One grantee reported that regular communication via regular teleconferences was necessary to share information back and forth regarding material and programming. The result was a strong partnership with the web developers, which greatly helped to achieve the new version of their online program, which is now multi-browser compatible and scalable for future improvements.

Another grantee says:

“If we were to undertake any technology-based projects in future, we would include more consideration for the effort required to implement the necessary legal and security requirements.

We found that an online collaboration tool (in this case a software development project management application) was beneficial to closely track the work of our developers and ensure that functional requirements, decisions and development status were clearly documented and communicated to all involved.”

Data & Evaluation

There can be different considerations when designing methods of data collection.

One research team were required to generate innovative ways to collect qualitative data from a population who could not be in the same room as each other due to cross-infection concerns. Data

collection via Skype not only enabled quality data generation, but it also allowed young people to connect with their peers and even to develop relationships with other young people living with Cystic Fibrosis.

Another grantee identified the need for improved data collection. Requiring access to de-identified ophthalmology data from local hospitals and medical services, they engaged a local research institute to analyse and present this data.

There may be timing considerations with data collection. One grantee experienced delays in data collection as it coincided with a peak activity period for the sites involved. Refinement of data collection processes helped to reduce workforce burden and improve response rates.

When designing evaluation/feedback surveys, consider the target audience. One grantee surveying school students realised they needed to pitch evaluation language about two grade levels below the participant age.

Holding surveys at the same time as course sessions proved challenging for students to remain focused through to the end of both the survey and the course session. For this age group, focusing one session just on the survey worked better.

When evaluating technology use, one grantee suggests that use by family members and peripheral carers should be measured separately.