Evaluation of a Partnership to Provide Outreach Allied Health Care to a Small Rural Community

Background

Community description

Cardwell is on the NE coast of Qld about half way between Townsville and Cairns and it is dependent on tourism, forestry and agriculture (such as bananas, cane etc) and the local shire. There is a large tourist facility and access point to Hinchinbrook Island on the south side of town built with the promise of extra jobs for locals.

The ERP is 1241 taken from the 2006 census down from 1420 ERP calculated from the 2001 census with the loss mainly due to cyclone Larry passing through in March 2006.

Healthwise, Cardwell has a full time GP but no permanent QH staff in town and the closest QH facilities are in Ingham (53km south) or Tully (44km north). QH provides some outreach services including a women’s health nurse and AHW. A dentist used to visit fortnightly however this service is no longer available. There is an residential aged care facility housing a total of 57 people inclusive of 26 high care residents with 4 additional independent living units. A private optometrist and podiatrist visit the town although I am uncertain of their regularity.

Needs analysis

Because of ongoing issues a needs analysis was conducted by Kain Donily (who was DON at Innisfail Hospital at the time) completed in February 2002. Key findings:

- identified health service gaps including Xray, dental, allied health, visiting specialists and transport to access health services
- at the time there were concerns for transiency of GP as they had a high turnover of GPs for the previous several years, however the current GP now has been there for 8 years
- there are more people over 65 than the Queensland average
- geographical located on the border of two QH zones and two Division of GP boundaries

Partnership origins

The partnership was a recommendation from the needs analysis. However it wasn’t until December 2006 that the first community forum was held for this partnership. The heads of two of the stakeholder organizations met and agreed to do something about the developing problems between QH and the local GP and the issue that could be addressed was the provision of outreach health services. The stakeholders are QH, CFP, HGGW, NWQPHC, Girringun, Mamu.
**Aims**

1. Measure the partnership
2. Measure uptake of services

This project is funded by the Capacity for Local Partnerships (which is QH funds administered by GPQ to develop partnerships between relevant stakeholders to support chronic disease). GPQ have provided some evaluation processes around the funding mainly aimed at measuring the partnership. As we had commenced the partnership and evaluation prior to the funding, I decided to continue. And the partnership consists of QH, CFP, HGGW, NWQPHC, CHN, Girringun and Mamu.

**Methods**

1. Process evaluation
   - Manager survey to measure inputs and context
   - Provider survey to measure program reach and integration
   - Client survey to measure patient satisfaction

2. Impact evaluation
   - Change in number of services by data mining at the various stakeholders records

**Manager survey**

Is the only component of the evaluation that is completed at this time. I performed the survey in March last year and several things stand out in the results
- there was no common goal among these drivers of the partnership
- there was a high turnover of the drivers, up to 4 changes of staff in 3 of the key stakeholder organizations, therefore there was no continuity to move the project forward
- the difficulties experienced between QH and the GP were overlapping and impacting on this project despite clear delineation of this project

**Provider survey**

I hope to complete this survey in the next couple of weeks. The survey has benchmarked questions designed for outcomes measures in another part of our Division. From the last group of interviews I performed, there is an emerging trend that at the grass roots level the service providers have just decided to get on with it and there is evidence of communication across the organizations (small and low level – but reassuring nonetheless) and, more importantly, programs being delivered in Cardwell.

**Client survey**

This survey is also incomplete. Opportunistically recruit people at post office or supermarket. However, I was getting a low participation rate from the Indigenous population. To overcome this we have hired Cynthia Payne, an Indigenous researcher and one of the co-authors to do this consultation.

The method she is using is to target language groups under the umbrella of Girringun Aboriginal Organisation of which there are 7 in all. She is asking the same questions as me,
but interviewing in an appropriate manner so that it may be one on one or a group discussion. She is also asking for their opinion to address the issues that arise.

When the information has been collated, it will be taken to Girringun to advise of the findings and discuss ways to address the issues as Girringun is one of the stakeholders of the partnership. In this way, Girringun retains ownership of the information and has a stake in addressing the issues.

**Data mining**

QH has sent information on numbers of patients with Cardwell or Kennedy as their suburb who attended The Townsville Hospital data is exclusive of the hospital in Ingham and does not include oncology or mental health.

*CFP shows there is a total of*

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<thead>
<tr>
<th></th>
<th>CFP</th>
<th>TTH ED</th>
<th>TTH OP</th>
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</thead>
<tbody>
<tr>
<td>Total</td>
<td>1862</td>
<td>49</td>
<td>786</td>
</tr>
<tr>
<td>Cardwell</td>
<td>1060</td>
<td>39</td>
<td>677</td>
</tr>
<tr>
<td>Kennedy</td>
<td>122</td>
<td>10</td>
<td>109</td>
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**Barriers**

No common goal for the project at the management level, which means the organizations are continuing to act as silos rather than integrating and working as a partnership.

The political context of health services is having an impact on this project.

The high staff turnover in each of the organizations early in the project meant there was no continuity and therefore no progress.

There continues to be a lack of open communication across the organizations and within the organizations at different levels.

The coordinator who was employed to tie the project together was used predominantly as an AHW by the general practice.

**Enablers**

Dedicated grass roots team.

Recruitment of a new coordinator with strengths in negotiating and liaising.

**Conclusion**

At this moment in time, it seems the project will succeed in increasing outreach services to Cardwell, but development of the partnership is far from optimal.