



# Help to Health Evaluation Report

Prepared by the Tasmanian Council of Social Service (TasCOSS)

August 2018





# Executive Summary

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The Clarence City Council (CCC), through the Help to Health (H2H) project, are building awareness and access to health services, increasing health literacy, raising community engagement in health and wellbeing and improving people's health seeking behaviour in the City of Clarence.

The H2H project has been firmly established in the municipality over the past six months. With further funding and support made available, there is a strong opportunity to have a significant positive impact on the health and wellbeing of all people of Clarence, with a particular emphasis on those that may not currently enjoy adequate access to health knowledge and services.

The H2H project is a community-based project that builds the capacity of the Clarence community to take control of their health needs. It has done this in several ways: providing easily accessible health information to community members, training front-line staff and volunteers to assist community members with health information, engaging with the community on how to ask health related questions of health professionals, creating more connected primary health and community services, and working in health systems to improve health outcomes for the people of Clarence.

The initiatives in the H2H project have been:

- The Right Place (TRP) – which is a community-based program that helps connect people with health and community services and increases connection between services. This occurs through training of organisation front-of-house staff and volunteers to provide a warm, welcome and proactive offer of support to people in accessing health information. This program was run through 16 local health and community services in the Clarence Municipality, with 86 individuals, staff and volunteers participating in 13 TRP training sessions. This program acted as the umbrella initiative for the H2H project.
- It's OK to Ask (IOTA) – is a health literacy community education program that works with community members to build their confidence to ask questions of their health care professionals. It also provides tools (websites, health directories and phone services) to better access health information. This program was run in 6 locations within the municipality and delivered to 58 community members and staff.
- Help to Health Friends (H2HF) – is a network of interested community members that have committed to being health literacy advocates among their friends, family and broader community. There are currently 19 H2HF in the Clarence Municipality. It is anticipated that these Friends can connect with vulnerable members of the community that may not currently be engaged with any other services or community organisations.
- Health Information Sessions (“Clarence Talks”) – These are a series of health-related public talks given in a variety of locations around the municipality. The topics of the talks have been chosen through conversation with community members. At the time of this report, four community talks had been completed with a total of 33 attendees.

The H2H project was an ambitious program in the 6-month timeframe. Its success can be attributed to two key factors. (i) A Council that was ready to coordinate and champion a community-based health project and (ii) a Project Officer that drove a program of activities with efficiency and effectiveness.

The CCC has had an active commitment to the health and wellbeing of their residents for several years. This is demonstrated through the Community Health and Wellbeing Plan (2013-2018), the establishment of their Health and Wellbeing Committee, the Live Well Live Long campaign, and the GP Access Project run just prior to the commencement of this project. The offer of funding from Primary Health Tasmania (PHT) to this Council came at a time when Council had forward momentum in its health and wellbeing activities, an established strategic direction informed by its community members, strong operational support in Council, and a network of champions from government, community, primary health care and community services to guide the project.

The Project Officer engaged to coordinate this project used a strong project management framework to drive project activities efficiently and effectively. She developed a strong rapport and developed deep relationships with both primary health service providers and community service organisations in the municipality. This was underpinned by dedicated supervision through CCC. Placement in a health setting (Clarence Integrated Health Centre) also provided a great learning environment. The Project Officer was also supported through mentoring, coaching and co-facilitation by members of the Leadership Group.

The H2H Leadership Group will need to consider strengthening the pillars of the project through continued engagement of the community and stakeholders who will support embedding activities to ‘future-proof’ the project and reduce the risk of single person dependency on the Project Officer.

The project has made significant progress in its first 6 months. At an individual level, it has improved access to health information and services and shown signs of impacting behaviour change. Organisationally, it has increased connections between services and validated the work of front-of-house staff in supporting the health of their community. From a systems perspective, it has influenced health services and funding agencies to engage more closely with community, and at a community level it has promoted a deeper engagement with health and wellbeing in the Clarence Municipality. This project, once embedded, can contribute to the significant improvement in the long-term health and wellbeing of the Clarence community.

# Table of Contents

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.....	1
.....	1
Executive Summary .....	3
Table of Contents .....	5
Background & Introduction.....	7
Evaluation Approach .....	9
Process Evaluation.....	9
Outcomes Evaluation .....	10
Ripple Effect .....	10
Project Establishment & Management .....	11
Initiative 1: The Right Place (TRP) .....	12
1.1.    Process Evaluation.....	12
1.2.    Outcomes Evaluation .....	13
1.3.    Future .....	21
Initiative 2: It's OK to Ask (IOTA) .....	22
2.1. Process Evaluation.....	22
2.2. Outcome Evaluation .....	22
2.3. Future .....	25
Initiative 3: Help to Health Friends (H2HF) .....	27
3.1 Process Evaluation.....	27
3.2 Outcomes Evaluation .....	27
3.3 The Future .....	28
Initiative 4: Health Information Sessions .....	29
4.1 Process Evaluation.....	29
4.2 Outcomes Evaluation .....	29
4.3 Future .....	29
Ripple Effect .....	30



# Background & Introduction

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The Clarence City Council (CCC) implemented the Help to Health (H2H) project through funding from Primary Health Tasmania (PHT). The PHT funding was to support greater integration of primary health care in communities so to improve continuity of care and work towards achieving better health outcomes for residents of the Clarence municipality.

The CCC had an existing Health and Wellbeing Committee that provided the leadership and guidance for the establishment of the project. Several community-based models that facilitated greater knowledge of and access to health and community services were explored from local, national and international examples. This was augmented by a recent community consultation into accessing general practitioner services in the municipality.

The H2H project was primarily based on a community-based model from the Huon Valley, Tasmania called The Right Place (TRP). This was a whole-of-community initiative that worked toward the principle that there was no wrong place to ask for advice and support. TRP training meant that everyone from the local doctor to the local butcher could provide a level of advice and support to point you to the right place to receive the service you needed.

The H2H model adapted this premise for application to a health and community services setting only. This was done in recognition that the CCC area had a much larger population than the Huon Valley and the scale of the project needed to fit both the timeframe and budget available.

H2H also incorporated another three initiatives to supplement TRP. These included:

- Its OK to Ask (IOTA), a community-based education (health literacy) program that encourages people to ask more questions of their health professional.
- Help to Health Friends (H2HF), which is based on a 'Health Champions' model out of the UK. This is a group of interested and engaged community members that support promotion of health messages and information among their networks and in their community.
- Health Information Sessions, which are health related talks in a range of settings for the broad community.

The H2H project was established in November and December 2017 and commenced implementation in January 2018. This first stage evaluation was conducted up to 30 June 2018.



# Evaluation Approach

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The Tasmanian Council of Social Service (TasCOSS) was commissioned by Clarence City Council (CCC) to evaluate the Help to Health (H2H) project funded by Primary Health Tasmania (PHT) through the Integrating Primary Health Care in Communities funding.

The H2H project incorporated four main initiatives, namely The Right Place (TRP), It's OK to Ask (IOTA), Help to Health Friends (H2HF), and Health Information Sessions.

The over-arching objective of the project was to facilitate more integrated primary health care in the Clarence municipality.

The H2H project initiatives were designed to achieve the following outcomes:

- Clear and effective communication of the availability of health and health related services to those seeking it
- Increased level of awareness of health services available
- Improved health literacy
- Improved access to healthcare providers
- Encouraged and built community engagement of health service providers and health seeking behaviour in communities

While it is still too early to assess medium and long-term effects of the project, interviews, surveys, and focus groups have been conducted to assess progression towards these outcomes.

This first stage evaluation consisted of a process evaluation and an outcomes evaluation. A developmental approach was taken in the outcomes evaluation and this was supplemented by a ripple effect methodology to assess the potential longer-term and systemic impacts of the project.

## Process Evaluation

The evaluation framework outlined the key elements of the process evaluation. These elements will be addressed through an overall assessment of the rollout of the project stages. The process evaluation was informed through:

- Process evaluation registers
- Attendance at leadership group meetings and assessment of agendas and minutes
- Assessment of the progress and final reports for H2H
- Interviews with Project Officer (Kate Franke) and Project Manager (Suzanne Schulz)
- Reflection/focus group sessions with the Leadership Group
- PHT workshop with the two projects teams from Brighton and Clarence Councils

## **Outcomes Evaluation**

The evaluation framework outlined the key elements of the outcomes evaluation. The specific approaches used for each element of the H2H outcomes evaluation is outlined in the relevant section.

As an over-arching methodology, a developmental approach was taken, with the first data analysis, shared interpretation of findings, and adaptation of approach taking place at this evaluation point (30 June 2018). The interviews and focus groups described in later sections were used as an opportunity to focus on further innovation to strengthen the project and take it into a second stage.

## **Ripple Effect**

A third evaluation technique was utilized through this project. The ripple effect mapping methodology as described in Naccarella L, (2016) *Evaluating the ripple effect of the health literacy project initiatives at the organisational level*, School of population and global health, University of Melbourne was trialed in this project to further identify the impact and reach of the project implementation. The principal tools used to map the ripple effect were the reflections of the Leadership Group supported by the overall outcomes evaluation above.

The Ripple Effect methodology (REM) is a qualitative participatory evaluation approach to conduct impact evaluations that engages stakeholders to retrospectively and visually map the 'ripple effect' resulting from an intervention.

# Project Establishment & Management

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The project establishment activities were clearly outlined in the project plan. Progress toward these activities was outlined in the final report to PHT by Clarence City Council (CCC) on 31 July 2018 and in the process evaluation registers.

The project establishment phase was comprehensively executed with all key activities achieved to ensure a solid implementation phase. The Project Officer was recruited and the partnership agreement between Huon Regional Care and CCC was signed off ahead of schedule.

The Leadership Group was convened and a six-weekly meeting schedule outlined at the commencement of the project. The Leadership Group had a core membership from the CCC Health and Wellbeing Committee and GP Access Group. There were a few new members of the Leadership Group from the commissioned organisations invited by PHT. There was strong cohesion in this Group and it worked actively to support the project through the involvement of members as facilitators of aspects of the project, as mentors to the Project Officer, and as active participants through their organisations.

Organisations to participate in the H2H project (through The Right Place (TRP) Initiative) were identified through the Leadership Group and approached by the Project Officer. All identified organisations were recruited to the project in the establishment phase.

The Help to Health Friends (H2HF) network was established in this phase as per the project plan. The role of the H2HF was defined but recruitment of the H2HF and activation of the network took longer (see below Section 3).

The Project Officer implemented a very strong project management framework that monitored and recorded key project milestones and activities, stakeholder management as well as project issues and risk registers.

A stakeholder register and management plan was established to ensure effective communication with a range of stakeholders in the project. This plan assessed the level of interest and influence of the groups of stakeholders and outlined the most appropriate communication tools for each group.

A marketing and communications register was established but a formal marketing and communications plan was not adopted for the project. On reflection this was an area of the project that could have been strengthened. There was not a lot of resources available for this aspect of the project and the Councils team were not readily available to provide in-kind support due to other commitments for Council. Although the project met all recruitment and engagement targets this is an area that could be strengthened in the second stage of the project to deepen engagement with a broader range of community.

This project represented the continuation of a high-level of leadership by CCC in community health and wellbeing activities, including a CCC health and wellbeing strategy, a GP access project, and the Clarence “live well live long” campaign. There was a core group of people and organisations with strong relationships that were able to drive the establishment of this project. It resulted in clear objectives and a strong level of commitment to the project implementation.

# Initiative 1: The Right Place (TRP)

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## 1.1. Process Evaluation

TRP has been adopted and adapted from the same model utilised in the Huon Valley, facilitated through Huon Regional Care (HRC). In the Clarence municipality TRP was confined to working only with health and community services. TRP is about supporting people to find the services they need when they need them.

H2H recruited 16 organisations to become TRP member organisations, which exceeded the target of 10-15 organisations. The intention was that they would provide a safe place through a kind and compassionate response where community members could go to get directed to services they needed.

As a component of signing up to TRP, organisations were requested to sign an MOU committing to the principles of TRP. As at 30 June 2018, 10 of the 14 MOUs had been signed (one organisation represented three separate practices in TRP). The other four have committed to signing and all these organisations have received TRP training and commenced the initiative. There are various reasons that organisations had not yet signed the MOUs, including a reluctance to enter into a formal agreement for this type of initiative as well as the level of bureaucracy that is sometimes associated with government agencies or large national organisations authorizing sign-off of any documentation. The intent of the signed documentation was to get organizational commitment to the project. However consideration may need to be given in Stage 2 as to how this documentation may be made simpler for larger organisations to sign-off.

As a core component of establishing TRP, the collateral used by HRC in the Huon Valley for TRP was adapted for the H2H project in Clarence. This was done by the Project Officer in conjunction with the HRC coordinator and the H2H Leadership Group. As a component of this, a Quick Reference Guide (or community services guide) was developed for the CCC LGA. This guide will be updated after June 2018.

The HRC coordinator provided training to the H2H Project Officer and assisted in two TRP training sessions. The Project Officer ran a total of 13 TRP training sessions that included 86 participants between March and June 2018. Each TRP member organisation sent staff members/volunteers to receive TRP training. The training was provided in a range of locations and participants from a range of organisations were at each training. The observation from both the facilitator and the participants was that it was very valuable to share experiences with other organisations in the training and develop connections.

*“I was made aware of what the Neighbourhood House does. It’s overwhelming what they have to do. It was very informative training” – CICC staff member*

This training provided a resource folder containing a quick reference guide (local health services), a TRP pamphlet that outlined what community members can expect from them, the principles of TRP, merchandise (magnets, stickers), cross-promotional information for Its OK to Ask (IOTA) and Help to Health Friends (H2HF), a passport to better health, and information and links for several health directories.

The training used videos on health literacy, stepped through the TRP guide and then worked with participants to practice scenarios that could occur in their organisations. The training guided participants through the resources and gave them confidence to use these resources themselves when someone made enquiries of them, but to also share the resources with others. The training encouraged

participants to proactively offer support and advice where possible to people that accessed their organisations. It also gave strategies for the appropriate limits on this support.

TRP member organisations were requested to provide data about the number of times people had requested assistance through TRP. A tracking form was designed and allocated to the organisations but it proved unwieldy and was abandoned by both HRC and the H2H Project Officer.

One organisation commented that '*Staff stopped tracking client requests for the purpose of the TRP data collection because they felt this breached confidentiality and clients would not feel safe if they noticed a staff member tracking their request.*'

The Project Officer used site visits and regular phone contact to assess how TRP was being embedded into each organisation. More formal survey and interview tools for the outcomes evaluation also collected this information. For stage 2 of the project, there may need to be consideration of how regular updates can be received from member organisations about how well-utilised TRP is in their organisation.

## 1.2. Outcomes Evaluation

### 1.2.1 Evaluation Methodology

TRP member organisations were given a baseline survey to complete before they commenced TRP training and then a follow-up survey to complete between 1 month to 4 months later. Baseline and follow-up responses were compared to identify any impacts that the training may have had. Baseline surveys were completed by 72 respondents whereas follow-up surveys were completed by 32 respondents. This may have some impact on the ability to draw conclusions from the comparison between the baseline and follow-up surveys as the surveys returned after follow-up are more likely to have been from more engaged organisations/participants. However these results are still useful to demonstrate trends.

Interviews were conducted with five different TRP organisation staff members, with at least one representation from a medical centre, community centre, not-for-profit organisation, and a government organisation. The interviews captured the organisations perceptions of TRP and any impacts/outcomes they may have observed.

One focus group was conducted with staff from 2 TRP organisations, again to capture any impacts arising as a result of TRP from the organisations' perspectives.

One interview was conducted with the CCC H2H Project Officer.

One reflection workshop was conducted with the Clarence H2H Leadership Group.

### 1.2.2 Clear and effective communication of the availability of health and health related services provided by member communities to those seeking it

Two survey questions investigated whether TRP organisation staff members were directing people to health services and/or community services. All respondents (100%) in the follow-up survey reported directing people to at least 1 **community** service compared to 47% of respondents at baseline. In a similar trend, a higher proportion of respondents in the follow-up survey reported directing people to at least 1 **health** service compared to those at baseline (75% and 63% respectively). See Table 1 for this comparison.

**Table 1. Proportion of respondents directing people to at least one service at baseline and at follow-up**

Type of service	Baseline (n=72)		Follow-up (n=32)	
	%	No.	%	No.
Health	63	45	75	24
Community	47	34	100	32

Respondents were asked how they responded to customer service queries both before and after TRP training. The categorization of support offered ranged from calling a service or making an appointment for a customer to giving a services contact details, to not providing any assistance at all. From the survey responses, it was difficult to see trends in behaviour change across these categories, except for the last one. In the follow-up surveys, respondents were almost twice as likely (46%) to never turn customers away without the information they needed (Table 2).

**Table 2: Baseline and follow-up comparisons of the frequency of customer service actions taken**

Action taken	Never		Rarely		Sometimes		Often		Always		Total	
	Baseline	Follow-up	Baseline	Follow-up	Baseline	Follow-up	Baseline	Follow-up	Baseline	Follow-up	Baseline	Follow-up
	%	%	%	%	%	%	%	%	%	%	n	n
Call an appropriate service on behalf of consumer	16	11	18	21	41	36	19	21	6	11	68	28
Make an appointment for the consumer at an appropriate service	31	36	32	25	16	29	16	7	4	4	68	28
Direct the consumer to an appropriate service by providing the service's contact details	6	0	6	7	27	24	42	45	18	24	66	29
Inform the consumer that you are unable to provide the information they need	25	46	43	32	25	21	7	0	2	0	61	28

The focus group and interviews with the organisations provided strong examples of TRP achieving the outcome of clear and effective communication of health and health related services to those seeking it.

#### **Quick reference guide (community services directory)**

All TRP member organisations received an up-to-date quick reference guide for use when needing to direct or refer community members to the right place (other services). This has been well received by TRP member organisations because it has sped up the search for appropriate services and is very accessible.

*“Having the facts at your fingertips is awesome, rather than having to do a search, refine the search” – Rosny Library staff member*

*"All the community come in asking questions, .....one of the biggest things for us to do that training was to be able to come back and we'd have the bloody information at our hands to be able to help our community find what they needed, and it was fantastic" – Risdon Vale Neighbourhood House staff member*

*"List of providers is very handy for people like myself and our volunteers, because if someone comes in, instead of spending half an hour looking for the right person and the right place to take them to or ring up on their behalf, you can go look at the checklist and there it is." – Rokeby Neighbourhood House staff member*

We have photocopied the big list from the quick reference guide. I pulled out the quick reference guide for someone who just came out of prison to guide them to where to go for what services. He had just come out of prison and wanted to borrow library books as he had really enjoyed reading in prison. He needed a library card and I asked him for ID. He didn't have any and seemed pretty flustered. So, I used the guide to locate Service Tas and walked him there to get his ID as you can't do anything without ID. He was very grateful to have the list of places he could pull from. He wasn't from Clarence, he was from Devonport. So totally brand new, out of place, lost.

Rosny Library staff member

#### **Confidence of staff**

The TRP training and quick reference guide has built the confidence of frontline staff to talk to clients about services and direct them to the right place. It has also built the confidence of staff to talk about this with each other.

*"It's great to have [the quick reference guide] at your fingertips because there is a level of confidence in that the information is assured" – Rosny Library staff member*

*"Certainly empowered [the receptionist] to be a lot more happy just to do things herself now" – Glebe Hill Family Practice staff member*

*"[The volunteers] are more confident to answer questions and not refer them on to me all the time... have more confidence getting off their chairs to ask 'can I help you'?" – Risdon Vale Neighbourhood House staff member*

One staff member from Glebe Hill Family Practice who did the TRP training subsequently felt empowered to take on the responsibility of managing the clinic information board to raise clients' awareness and ensure they were up-to-date with vital information.

This isn't local but [the receptionist] just had a phone call from a woman in her late 80s who wanted to know if she can get support for her daughter in Melbourne who's been diagnosed with a blood cancer of some sort and she's under 65 and whether Melbourne had any services. We took her name and number – she probably doesn't have any internet – and we'll do a bit of Google and get back to her with a few contact details, at least get her pointed in the right direction, which is what you want to do. She's called us and you can't just sit there and go I don't know. That was [the receptionist] who immediately said 'what can we offer?'

Care Forward

#### **Validation of Practice**

The TRP training provided validation to staff members already doing more than expected to assist customers, and served as a reminder to give people the necessary time. For some, culture of a

workplace/what is allowable, is so important in feeling that you can give extra time to people. The organisation's involvement in TRP confirmed that this was a valued part of the workplace.

*"She realised how much she does that isn't necessarily standard work – she realised that when she's talking to patients, all that information, how that is actually valuable, and she got that from someone outside rather than just us saying these things to her, which is good"* - Glebe Hill Family Practice staff member

*"The training was really beneficial from a customer service point of view as a reminder to give people time"* – Care Forward staff member

### ***1.2.3. Increased awareness of health and community services available***

#### **Health Services**

A comparison of follow-up surveys to baseline surveys shows that, with the exception of GPs, there is an increased awareness of health services in the local area (Table 3). In particular, the awareness of a sexual health clinic, carer support, family violence/sexual assault services, visiting medical specialists, a cancer support group, and Aboriginal health services in the local area has at least doubled among respondents in the follow-up survey. Additionally, awareness of a continence clinic, chiropractor, home care for the frail aged, community nursing, and a community health centre increased by at least 20% among respondents in the follow-up survey (Table 3). It is reasonable to conclude that this increased awareness is a direct result of the TRP training and resources.

#### **Community Services**

The knowledge of all the community services in the local area increased between the baseline and follow-up surveys. Awareness of parenting support, emergency relief, financial help/support, youth services, and a social worker increased by approximately 30% among respondents in the follow-up survey (Table 4).

**Table 3. Comparison of baseline and follow-up knowledge of health services in local area**

Knowledge of health services in local area	Baseline		Follow-up	
	%	No.	%	No.
GP	100	70	93	27
Pharmacy	96	67	97	28
Community nursing	61	43	83	24
Continence clinic	34	24	59	17
Residential aged care	71	50	86	25
Carer support	31	22	69	20
Child health services	69	48	76	22
Respite care	41	29	55	16
Clinical psychologist	54	38	69	20
Community health centre	67	47	90	26
Podiatrist	63	44	72	21
Sexual health clinic	16	11	34	10
Family violence / sexual assault	17	12	41	12
Home care for frail aged	40	28	69	20
Cancer support group	16	11	31	9
Speech therapist	44	31	48	14
Outpatient services	29	20	41	12
Chiropractor	34	24	55	16
Physiotherapist	71	50	83	24
Dental services	81	57	83	24
Visiting medical specialists	26	18	52	15
Mental health services	54	38	72	21
Occupational therapist	56	39	72	21
Exercise physiologist	56	39	59	17
Aboriginal health services	19	13	34	10
	<b>Answered</b>	<b>70</b>	<b>Answered</b>	<b>29</b>

**Table 4. Comparison of baseline and follow-up knowledge of community services in local area**

Knowledge of community services in local area	Baseline		Follow-up	
	%	No.	%	No.
Accommodation	57	39	59	17
Adult education and literacy	59	40	79	23
Financial help/support	40	27	69	20
Transport	78	53	83	24
Legal	32	22	41	12
Government services	78	53	83	24
Parenting support	34	23	66	19
Youth services	44	30	79	23
Social worker	47	32	76	22
Emergency relief	31	21	59	17
Other	3	2	7	2
	<b>Answered</b>	<b>68</b>	<b>Answered</b>	<b>29</b>

When respondents were asked to rate their own knowledge of health and community services in their area, follow-up respondents were twice as likely to report moderate or extensive knowledge (69%) compared to baseline respondents (38%). This is indicative of an increased awareness of the health and community services in the area as a result of TRP (Table 5).

**Table 5. Comparison of baseline and follow-up rating of knowledge of health and community services in local area**

Rating	Baseline		Follow-up	
	%	No.	%	No.
No knowledge	1	1	3	1
Some knowledge	61	43	28	9
Moderate knowledge	35	25	56	18
Extensive knowledge	3	2	13	4
	<b>Answered</b>	<b>71</b>	<b>Answered</b>	<b>32</b>

This trend toward increased awareness of health services available was supported by the participants in the interviews and focus group:

All individuals participating in the interviews and focus groups noted that the TRP training had increased their knowledge of local services currently available, albeit to different degrees.

*“One of my colleagues has been in this organisation for over 20 years, and she is not one for overstatement...when we finished TRP training, I asked for some feedback from my colleagues, and her comment was “that was probably the best bit of personal development I’ve been to since I’ve been in this organisation” ...she was even a little bit emotional about it...and it really came down to the fact that her eyes were opened to ‘oh wow there’s so much out here in the community and now I have it at my fingertips; this is really important to me’...People become librarians for a whole range of reasons, but the main reason is to help people”.*

Rosny Library staff member

*“This level of awareness has led to some of my colleagues becoming more engaged in...the discovery of these services...If somebody had come and asked us where’s the nearest chemist, we’d say oh there’s one in Eastlands, or there’s one in Bayfield St...Now we can say well its “name of chemist” in Bayfield St...and that can be important for some people” – Rosny Library staff member*

*“With our care assess staff, they are pretty across because they have to know...but I don’t think anyone was quite aware of how many other things were here” – Care Forward staff member*

*“I used to receive the same questions when I was a manager at Coles. Now I have information to help people get to the right place whereas I didn’t have that information back at Coles and wasn’t sure I was directing them to the right place.” – Rosny Library staff member*

The participants made suggestions on how to improve awareness of existing local services. These suggestions can be considered for Stage 2 of the project. They comprised:

- Including Neighbourhood Houses on the quick reference guide.
- Including a description of the services provided by each organisation listed in the quick reference guide.
- Ensuring the quick reference guide remains current.
- Digital tools e.g. touch screen, that incorporates quick reference guide for clients to use.

- Follow up/refresher trainings where updates can be shared, as well as lessons learnt.

#### ***1.2.4 Improved health literacy***

There were mixed reviews about improvements to health literacy. Two organisations noted positive changes in health literacy for their staff members/volunteers that attended the TRP training. Another organisation reported that their “literacy about health literacy” had improved, rather than a direct improvement to their health literacy. One organisation did not report any changes to health literacy and another felt it was too early to detect any impact.

Health literacy can be a term that many people struggle to identify. In the sense that this project made health information more accessible, then this did appear to be the case, as demonstrated below.

*“The information sessions organised by Frankie are great. Our volunteers attend and bring back that knowledge to the other volunteers here and share with our community. It helps them keep up to date with what is relevant.” – Risdon Vale Neighbourhood House staff member*

#### ***1.2.5. Improved access to health service providers***

Participants provided several examples of improved access to health care providers. One example of this is the Rosny Library staff that identified how important it was that people felt they had a safe place to go to and ask questions. The library staff, through the tools given to them through TRP, could then direct people more accurately to health care providers and improve people’s access to these providers.

“We learnt that the Aboriginal Health Service bulk-bills and has other health professionals there – more people have been going there now instead of their regular doctors (who are hard to get in to). (Someone I know) went there the other day, said it was really fast, a good experience and they even got to see a female doctor – she will go there from now on.”

Risdon Vale Neighbourhood House

#### ***1.2.6. Community engagement of health service providers and health seeking behaviour within communities***

##### **Community engagement of health service providers**

There was a strong sense before TRP and at follow-up that health and community services were working as a team (Table 6). This promotes the community’s ability to engage with providers and seek assistance.

**Table 6. Comparison of baseline and follow-up views of health and community services collaborating**

Views	Baseline		Follow-up	
	%	No.	%	No.
Strongly disagree	3	2	3	1
Disagree	9	6	3	1
Don't know	16	11	13	4
Agree	66	44	69	22
Strongly agree	6	4	13	4
	<b>Answered</b>	<b>67</b>	<b>Answered</b>	<b>32</b>

The participants reported varying levels of community engagement with health providers, with two organisations reporting positive interactions that were a result of TRP and two unable to notice a change because of the short timeframe. One organisation noted a closer relationship to the CCC as a result of TRP but did not report any other changes to engagement with local service providers.

*"A lady came into our organisation really distraught because her children had been (legally) taken away from her. I remembered from The Right Place training that the Clarence Integrated Care Centre had community social workers available, so I rang them. The person at the reception who I spoke to was so lovely and transferred me straight through to one of the social workers who was able to book the lady in to see her straight away for the support she needed right away. My experience of connecting her was really great. I was impressed with the staff at reception and will remember them in future if I need to."*

-Rokeby Neighbourhood House

"A homeless man known to us for some time needed food, housing and a fixed address to receive other support. We had capacity to temporarily use our address for him, we got in contact with the Benevolent Society to get him some food and other basic needs and we linked him in with Housing Tasmania. He comes back in all the time and tells us he has a place to live and is now doing really well".

Rokeby Neighbourhood House

One organisation noted the importance of familiarising those service providers that are listed on the quick reference guide with TRP. There has been a case where client referrals have been made to a service provider on the quick reference guide and the service provider was confused about the referral process taken and were oblivious to TRP, a quick reference guide, and the fact that they were listed on it.

An interview with the CCC Project Officer revealed that the TRP trainings were in themselves a great opportunity for service providers to network, meet each other, and learn about what others do, helping to build those connections necessary for TRP to succeed. The Project Officer perceived an inherent desire among the service providers to know what other services existed in the area and to connect, which made them overtly receptive to participating in the project, cementing the need for TRP as an initiative within the Clarence municipality.

In its reflection on the project, the Leadership Group highlighted a significant outcome as the creation of new connections and conversations that had not existed before in Clarence, with the feedback received from all participants at every level of involvement being consistently positive.

### **Health seeking behaviour by community**

With regards to the health seeking behaviour of communities, there was also a mix of responses, with three organisations reporting positive changes and two organisations unable to comment.

One organisation has noticed an increase in community members attending their health and wellbeing program. This is due to their advertising of the various health information sessions organised by CCC.  
*"People are feeling more ready to come in and ask questions".*

One organisation has noted health being discussed more frequently among clients. This is driven by the information sessions that are being hosted by the organisation on health topics chosen by the community and by staff who attended TRP training.

A different organisation has anecdotally noted an increase in health seeking behaviour of clients. Having the TRP certification and A3 poster has really added to the perception of the organisation as a safe place where client queries will be treated with confidentiality.

### **1.3. Future**

TRP member organisations, the Project Officer and Leadership Group provided a range of ideas and suggestions for the next stage of the H2H program.

- More promotion of TRP to the public so they know what it is about, and therefore what the limitations are, what the TRP members can and cannot do – managing expectations of the public.
- Funding for advertising the information sessions so that more community members know about it and can attend.
- Continued TRP training so that more staff can attend and refresh their training.
- More information sessions and the opportunity to provide input into the information session topics.
- H2H to [advocate to government] to make changes to how the government sends health information to the community in the mail with a lot of difficult to read information.
- Bring TRP to pharmacies, Centrelink, Service Tas, locally based NGOs, the retail sector – banks, Banjos, Coles, Eastlands information desk, because that's where people are more likely to go asking for help. People haven't had good experience at the doctor's surgery.
- Expand TRP beyond CCC to other councils because not everyone in Clarence actually lives in Clarence. Need partnerships and synergies with other councils and government.
- Need the TRP symbol to be very visible for people to see and get drawn to. It would be good to have an inclusion/acknowledgement statement with the symbol saying that these are places you can come to, even if we don't have the answers, we can put you in the right direction.
- Need investment in an ongoing culture shift because TRP is a kind of program where the outcomes will be felt down the track, not immediately.
- Spend more time with organisations as they sign up and do TRP training, to consolidate the relationship.
- Further deepen the relationship with the current 16 organisations so they feel more supported, including introduction of the audit and self-assessment tools.

# Initiative 2: It's OK to Ask (IOTA)

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## 2.1. Process Evaluation

It's OK to Ask (IOTA) is an initiative that aims to raise consumer health literacy and empower consumers to take responsibility for their own health. This is a health literacy/community education program designed by Tasmanian Department of Health and Human Services – Health Promotion

Six IOTA workshops were held as planned in a range of community and health settings within the LGA. These were the four Neighbourhood Houses, The Clarence Integrated Care Centre (CICC) and the Rosny Library. Promotion for the events was through brochures and posters at the venue, Facebook and H2H network distribution. It was observed that GPs in particular were very active in promoting the talks in their surgeries.

There was a mix of consumers and TRP organisation staff/volunteers that attended the sessions; in total 58 people attended the 6 sessions.

The intent of the IOTA sessions is to give people strategies on how to make the most of their health care appointments. This can be achieved in a number of ways (e.g. making lists, asking questions, taking someone else along). IOTA is designed to be run in a formal module-based workshop format. However, the mix of participants and the nature of the groups led to the sessions being run much more informally, usually as a guided group conversation to promote sharing of experiences and advice/guidance from the facilitators. Some people were happy to share personal stories with the group, but many sought the facilitators out afterwards for further conversations.

Tools and resources that were provided to workshop participants included My Health Passport and an information sheet with information on Health Direct, MedicineWise, PHT Tasmanian Health Directory, and Find Help Tas.

## 2.2. Outcome Evaluation

### 2.2.1 Evaluation Methodology

The evaluation methodology included the following:

- Twenty-four workshop participants returned a written feedback form after the IOTA workshop
- One focus group was conducted with 9 consumers who attended an IOTA workshop
- Between 2-3 months after the workshops, 4 participants and a group interview provided responses to follow-up questions to identify any short-term impacts arising from the workshops
- One interview was conducted with the H2H Project Officer and the THS facilitator.
- One reflection workshop was conducted with the Clarence H2H Leadership Group.

### 2.2.2 Outcomes

The IOTA workshops addressed multiple project outcomes in combination. As such, it is not practical to present the results according to outcome type. Rather, the results will be presented according to the evaluation stage and the activity implemented.

The outcomes addressed through the IOTA initiative were:

- Increased level of awareness of health services available
- Improved health literacy

- Improved access to healthcare providers
- Encouraged and built community engagement of health service providers and health seeking behaviour in communities

### **Immediate impact of IOTA workshops**

The elements community members stated they found most helpful from the workshops was finding out about credible websites from which to access health information (Table 7). This observation was confirmed by the facilitators. The facilitators promoted not just the online resources that provided health directories and information about medicines (MedicineWise), but also the Health Direct phone number that can provide primary health care support over the phone. This a tool that can substantially assist in accessing GP services. It can help people find out if they are severe enough to go to a GP or emergency, and is particularly popular for men, who are more reluctant to go into a GP.

**Table 7. What community member participants found most helpful from the IOTA workshops**

<b>Most helpful</b>	<b>No. (n=24)</b>
Website	10
Finding out about services	4
Asking GP questions	3
Taking notes during a GP consultation	2
Making a list before a GP consultation	2
Free resources	2
Affirming patient's right to make choices	1
Knowing what to do in an emergency	1
Hearing others speak of their problems accessing health professionals	1

With regards to what community member participants would do differently after attending the IOTA workshops, preparing a list of questions or items to bring up with the doctor prior to attending the consultation featured predominantly (Table 8). Just over 60% of responses related to adopting a behaviour that would impact the quality of the conversation and understanding gained during the GP consultation (see italics in Table 8). This indicates not only an increase in health literacy but also in health seeking behaviours.

**Table 8. What community member participants will do differently after the IOTA workshops**

<b>Action</b>	<b>No. (n=23)</b>
<i>Prepare a list of questions/discussion items before GP consultation</i>	7
<i>Ask GP questions</i>	3
Look at the suggested websites/books	3
Nothing	2
Share the information learnt with those who need it	2
<i>Record information during the GP consultation</i>	1
<i>Book an appropriate amount of time for the GP consultation</i>	1
<i>Check understanding with the GP</i>	1
<i>Ask for a second opinion</i>	1
Learn to use a computer	1
See doctors on the mainland	1

The Project Officer observed a strong link between the need/desire for the health passports and the lack of hard copy resources as everything goes digital and online. Not surprisingly, the health passports were

very popular with all participants and particularly with older people. The health passports have now been distributed to strategic locations through the LGA and are “going like hotcakes”.

The information sheet provided with the website for online directories was very popular. However, as observed by the Project Officer, this leaves a large service gap as all directories seem to be going online. For older people and others that may not own a computer or be digitally literate this can act as a significant barrier to accessing services. Attempts were made to provide what was often limited and outdated hard copies of the health directory at the IOTA workshops.

The Project Officer’s observations were that through IOTA, health literacy had increased, and this literacy comprised:

- a sense of ownership for one’s own health
- being reminded that the healthcare appointment is about the patient
- being ok with telling people you don’t understand

One of the IOTA sessions led to greater connections between service providers and access to a new service for some of the residents of the municipality at risk of the poorest health outcomes.

At an IOTA session at the Clarendon Vale Neighbourhood Centre (CVNC), most participants felt very confident in talking with their GP. But they knew that many people in the community didn’t go to GPs. There were many reasons for this, but mainly it was because many other pressing issues in lives meant their own health could not be a priority. However, from the group it is understood these were people that were at great risk of poor health outcomes. The participants of the group knew about the Moreton Group’s after mobile GP clinic and had approached the Moreton Group previously to visit the Centre, however the Moreton Group did not feel they had capacity at that point to provide service.

Through conversation the IOTA facilitator came to understand that one of the best times for the mobile clinic to visit was on the CVNC soup and sandwich night, which it holds in conjunction with Loui’s Van. This dinner attracts up to 80 people, many who have high identified health needs. This dinner occurs on the same night that the Moreton Group visit the Rokeby Neighbourhood House (nearby).

The IOTA facilitator knew one of the GPs from this mobile clinic through the CCC Health and Wellbeing Committee. The GP put the case forward to the Moreton Group coordinator and they were able to arrange for the van to attend CVNC on the way to Rokeby.

-Project Officer

### **Subsequent impact of IOTA workshops**

Follow up interviews were conducted two to three months after the IOTA workshops. All respondents that had made a healthcare appointment in this time reported having used resources from the workshop. The specific resources used are listed below:

- Health Direct website – question builder
- Passport to Better Health
- Writing a list

- Asking a question during the healthcare appointment that was not directly related to the purpose of the appointment

Similarly, all respondents to the follow-up interview who had made a healthcare appointment in this time reported that the workshop helped them have a more useful healthcare appointment. Below are some quotes from respondents:

*"(I went to the doctor)...and as I was leaving, she asked if I'd like to go on a programme, so I agreed...at home I realised she hadn't explained what the programme was, so I followed your (IOTA workshop) advice, and went another day to ask her to explain the programme...so you have been helpful, thank you"*

IOTA participant

*"It has helped me have a better understanding - it helps to know that I have a right and permission to ask questions (to health care professionals) now"*

*"I have taken more ownership of my appointment"*

*"(Because of) my English, not confident at all - the workshop has been very useful - I have saved documents (HealthDirect Question Builder) from workshop"*

Discussion from the focus group validated the tabulated responses and the follow up interviews. In the words of one focus group participant,

*"A week later I went to the doctor for a flu injection. I asked about prostate in the doctor's surgery when the reason for going was the flu. I wouldn't have thought of asking before".*

Focus group participants additionally mentioned learning that they could bring someone else with them to their GP appointment if they would find it helpful.

The IOTA program has been designed to be shared and this appears to be happening at both a participant and organisation level. Many participants in the focus group shared the information from the IOTA workshop with family and friends in the following weeks. This included discussion around suicide with grandchildren, and cancer with other family members. Some Neighbourhood Centres have scanned IOTA information and are sharing it on their Facebook pages. Local GPs have also been very supportive of the initiative, promoting the workshops in their practice to encourage more people to ask questions. This is a key message that endorses IOTA.

### **IOTA train the trainer workshop**

Through the relationships with Health Promotion South (THS), members of the H2H project were able to access "train the trainer" for IOTA. This was facilitated through Health Promotion South (THS) and was heavily targeted to the Clarence LGA through the H2H project. There were 20 people at the training, with the Clarence participation including the staff from the Clarence Integrated Care Centre (a health promotion worker, social worker, and two registered nurses in cardio rehabilitation), Rokeby Neighbourhood House, a Baptcare staff member, and two staff from Rosny library. Follow up of this cohort hasn't occurred through the H2H project.

### **2.3. Future**

Both community member and service provider participants of the IOTA workshops wanted to see the workshops continue, as a part of other programs. One service provider participant felt that the IOTA

workshops would be best offered once TRP is firmly established and well known among the community. Suggested target groups and venues for future IOTA workshops included:

- Aged care
- Library (Rosny Library would be supportive of hosting more IOTA workshops)
- Schools – Parents and friends associations
- Youth – college students, university students
- Men’s Sheds and men’s specific groups

Some learnings from the facilitators to be taken into Stage 2 of the project are:

- As the IOTA sessions were rolled out it became apparent that these are sessions better run as an ‘intimate’ conversation rather than workshops. In the future, the sessions will be planned to allow groups that already know one another to participate so that they can feel more comfortable sharing stories and so that the sessions can be structured around the group’s shared interests.
- It would be worthwhile to invest in extending the reach of the IOTA messages beyond the workshops. As an example, there are videos that would be suitable for GPs to play in their waiting rooms, and this could be considered for the near future.
- It would be beneficial to run more train the trainer sessions to reduce the risk of single point dependency on the H2H project.
- It may be useful to form a reference group of GPs and other health professional for commonly asked questions that arise in the IOTA sessions. This group could be convened on an as-needs basis.
- Although feedback forms were given to participants at the end of each session, this did not appear to the facilitators to be the most appropriate way to receive feedback, another evaluation methodology will be explored for Stage 2 of the IOTAs sessions.
- It would be worthwhile to seek alternative methods of sharing health information and resources to people with low/no computer/digital literacy skills.

# Initiative 3: Help to Health Friends (H2HF)

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## 3.1 Process Evaluation

The role of the H2HF was defined in the project establishment phase of the project. At this stage this initiative was called a Health Champion. The Leadership Group discussed this title and decided it did not appropriately reflect the role and may act as a disincentive for people to join the initiative.

A position description was created for the H2HF role and it was advertised in the Eastern Shore Sun newspaper in March 2018. Recruitment for H2HF continued through TRP trainings and IOTA workshops where the H2HF network was promoted. It was decided that the H2HF network required a number of other relationships to be established with the H2H project before it could be successfully implemented. Therefore the recruitment period was extended through the project.

The recruitment process for H2HF was very broad and was aimed to attract people that have had no other involvement with the H2H project. The premise of the Friends is that they may be able to connect with a wider range of people within the community, particularly those that are vulnerable that are not currently engaging with services such as Neighbourhood Houses. This will be done through the Friends sharing information with their friends, neighbours and networks.

Once a Friend was signed up to the H2HF network, they were sent a welcome email and were regularly contacted through their preferred contact method to keep them up to date with H2H project events. It was originally intended that that a dedicated H2HF newsletter would be initiated however this did not eventuate.

The first H2HF meeting was held in June 2018 at the Rosny Library with 10 people attending - 5 of these were Friends. The Project Officer noted that the communication promoting the event was not ideal and this may have impacted attendance. The event allowed the Friends to meet one another and the facilitators. The intent of the network was covered and information was given about upcoming health information sessions. These health information sessions will be one of the key engagement tools for the Friends. There was also a presentation by a Council Officer on the new age-friendly Clarence website. The next session to be held will be by 26Ten on adult literacy.

The intent of the H2HF network meetings going forward will be to share skills and knowledge, as well as for the H2H Project Officer to test ideas with the network and learn from their experiences. As the shape of this network is still being defined, there is opportunity for these roles to be co-designed by the Friends.

## 3.2 Outcomes Evaluation

### 3.2.1 Evaluation methodology

The H2HF network is still being established and therefore outcome measures were minimal. Evaluation tools included the following:

- H2HF Expressions of Interest Forms
- Observations from the Project Officer, THS facilitator and Project Manager

### **3.2.2 Outcomes**

Nineteen individuals have signed up to the H2HF network. There has only been one meeting to-date and that was held just over a month ago on 21 June 2018. As such, it is still too early to assess the impact of this initiative.

One interview revealed a H2HF member's desire to be granted more defined responsibilities in the Friend role as this would encourage more active participation, including the promotion of TRP and the H2H project among the community.

The motivation of the Friends to join the network is explored below.

**Table 9. Motivations for signing up to the H2HF network**

Motivations	No. (n=19)
Help the community	7
Personal development	4
Public health education/knowledge transfer	4
In line with what the person is doing already	2
Help family members	1
Identify barriers to accessing services	1
Inform the network with personal expertise	1
Find it interesting	1

Helping the community was the dominant motivation for signing up to the H2HF network. This was followed by personal development and knowledge transfer/education, which were often interlinked in that people wanted to upskill so that they could better inform the community.

It is anticipated that the outcomes of H2HF will be both for the Friends themselves and others in their circle of influence. The outcomes will be in raising awareness of health services and health information in the local area, particularly for those that may not be engaged in any other services.

The Project Officer's observations of the Friends are that they are health literacy advocates. They predominantly know that health literacy is an issue and they want to learn more about how to get better health outcomes for others.

### **3.3 The Future**

There are several suggested learnings from the H2HF network and the Project Officer for Stage 2 of the project.

- More strategic targeting of the H2HF recruitment to better target people that could engage with others in the community that are not already connected to other services.
- The intent is to continue to recruit H2HF in the second stage of the project. As there are more Friends it may be necessary to run different events for different type of Friends. For example, by age demographic or area within the municipality, to provide better targeting of information to the Friends' interests.
- The Friends act as health consumers that can be an extra voice from the community, to explore what is and isn't working: what are the barriers and enablers within the health system for them and people they know.

# Initiative 4: Health Information Sessions

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## 4.1 Process Evaluation

The first Health Information Sessions were scheduled to occur after the formal evaluation period 30 June 2018. However, they have occurred at the time of writing the evaluation report.

The Health Information Sessions are a mechanism to share health messages wider into the community. The topics for the Health Information Sessions have been generated through TRP and IOTA sessions, to be relevant and valuable to local communities.

The location for the Sessions were three different Neighbourhood Houses and the attendance was 33 people across four Sessions. The Project Officer and Project Manager observed that it may be that more dedicated and broader communication and promotion may be required to advertise these talks.

## 4.2 Outcomes Evaluation

### 4.2.1 Evaluation Methodology

As it is still in the early stages of Health Information Session delivery, the primary tool for evaluation was limited to observations from the Project Officer.

### 4.2.2 Outcomes

The Project Officer has been inundated with positive feedback about the Health Information Sessions even though attendance was relatively low. In the Project Officer's opinion, the Sessions have raised awareness of existing services and improved the health literacy of those attending.

The topics covered in the Health Information Sessions to date have included:

- Bulk billing: What does it really mean? - Delivered by a local GP.
- Can a Nurse practitioner help you? - The role of a nurse practitioner. Delivered by a local Nurse Practitioner
- Flu vaccination: to take or not to take! – How to decide whether to be immunised or not. Delivered by a Community Health Nurse Immuniser.
- Cancer: What are the early signs and symptoms to look for? Delivered by Cancer Council Tasmania

It is anticipated that the Health Information Sessions will complement H2HF by giving more purpose to what the Friends do. By attending the Sessions, Friends can then deliberately share the health messages to others. It is a means of connecting people across the local government area and reminding them that they are part of a bigger community.

## 4.3 Future

The primary consideration for the future is to increase broader community participation at the Health Information Sessions, including from members of the H2HF network. According to one Neighbourhood House, funding needs to be made available to effectively advertise the Sessions for maximum participation by community members.

# Ripple Effect

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The Ripple Effect is a mechanism to explore how community-based projects such as the H2H project can have impacts at an individual level that can ripple through to community, organisation and systemic change.

A Ripple Effect framework was utilised to draw all the changes together that occurred through the H2H project and reveal their impact at an individual, organisational, systems and community level (Naccarella L, (2016) *Evaluating the ripple effect of the health literacy project initiatives at the organisational level*, School of Population and Global Health, University of Melbourne).

The splashes are the initial outputs of the project at an individual and organizational level. The ripple effect is the immediate outcomes at the individual and organisational level, building to a systems and community level change.

At an individual level, the four splashes were The Right Place (TRP), It's OK to Ask (IOTA), Help to Health Friends (H2HF) and Health Information Sessions. The ripples made were in health literacy, increased knowledge of local services, greater connection with other people, commitment to behaviour change, and greater use of both on-line and phone health services. These last two in particular, potentially reduce the pressure on local GPs, and all of the ripples promote greater health seeking behaviour and self-care. Additionally, individuals shared their knowledge with friends and family, further improving health literacy (Figure 1)

At an organisational level the four splashes were TRP, IOTA, H2HF and Health information Sessions. The ripples from TRP were that workers from different organisations were able to network. This created stronger trust and led to better service integration between providers. Other ripples from TRP included validating the work of reception staff who were providing that extra bit of service and a shift in workplace culture to promote welcoming people into services. Both of these ripples led to provision of better health information to consumers (Figure 2)

The ripples at an organisational level for IOTA were that GPs promoted IOTA sessions for patients and were subsequently asked more questions by patients, which potentially led to better health outcomes.

The ripples at an organisational level for H2HF and the Health Information Sessions were the provision of more health information and resources to consumers, and engagement activities for volunteers. This increased health knowledge in organisations potentially reached out (through volunteers/H2HF) to more vulnerable/disengaged community members.

The splashes at a systems level were the Leadership Group meetings, the funding relationship with PHT and the strengthened relationships between organisations. These led to ripples that included connection with the Department of Health (DoH) and subsequent impact on the Tasmanian Health Service (THS) redesign, increased health promotion activity in Clarence, and the provision of Stage 2 funding for this project. The funding relationship with PHT specifically led to ripples in increased engagement by PHT with the community, improved health literacy in the community, and the use of PHT tools and service directories by individuals and organisations. The ripple from the connection with both DoH and PHT was that the custodians of data are now connecting with community to see what the data means on the ground. The connection between providers created the ripple effect of more holistic/integrated primary health care (Figure 3).

The community benefited from the splashes of all four initiatives. This created ripples that comprised greater community health literacy, greater reach into community members that are not engaged in any other services, and most compelling of all, a more positive story that people can tell about health services in the Clarence Municipality because of being engaged genuinely and respectfully (Figure 4).

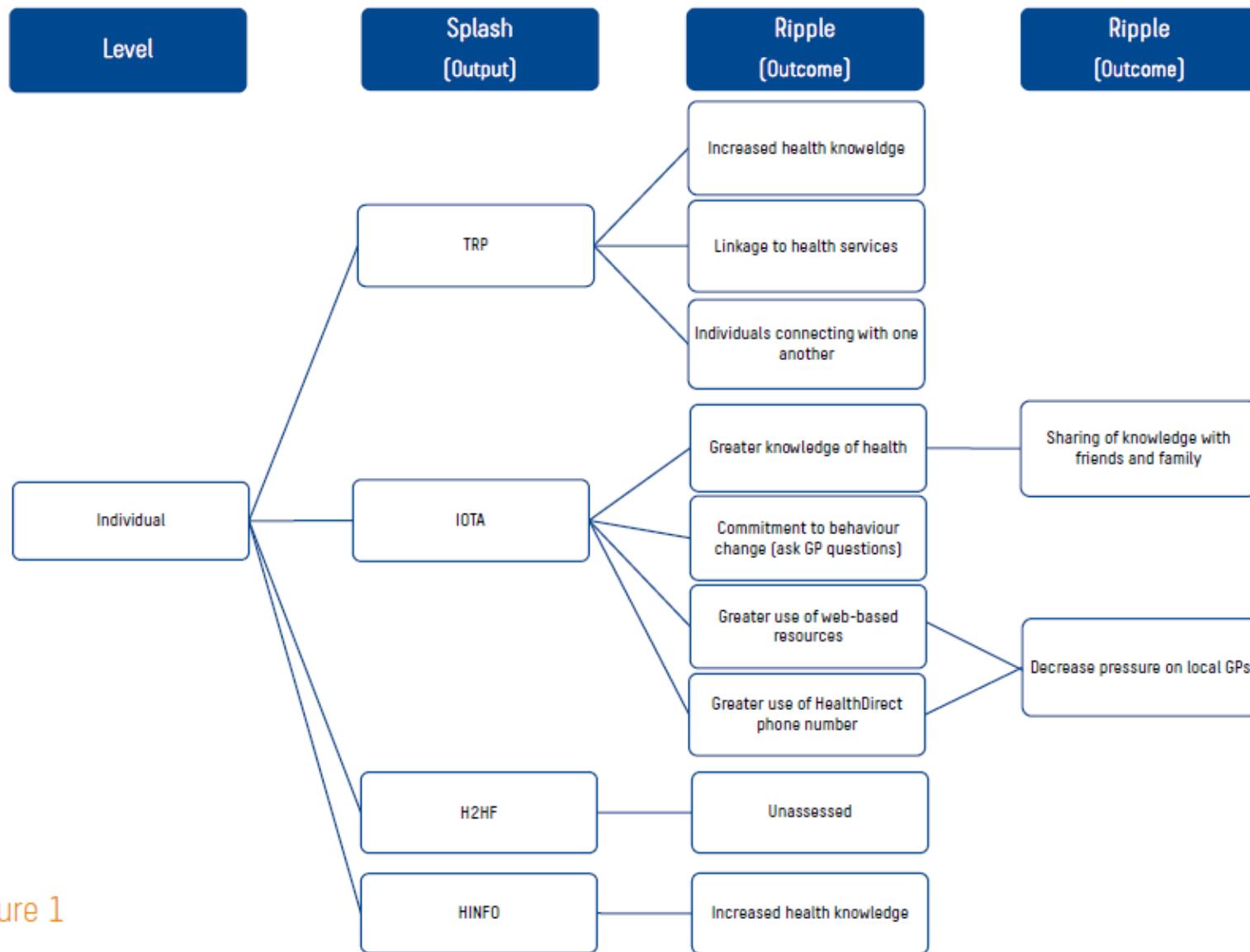


Figure 1

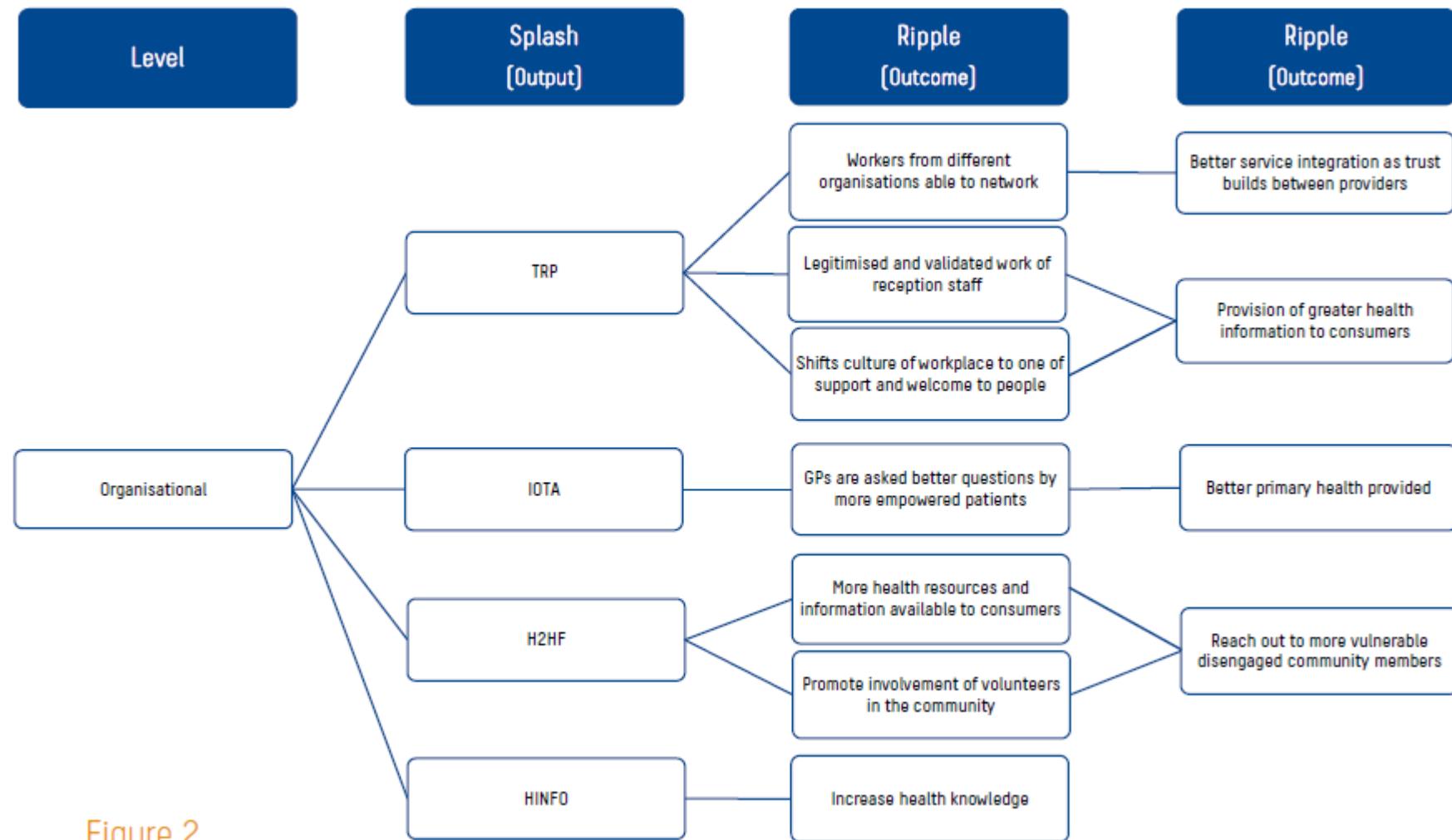


Figure 2

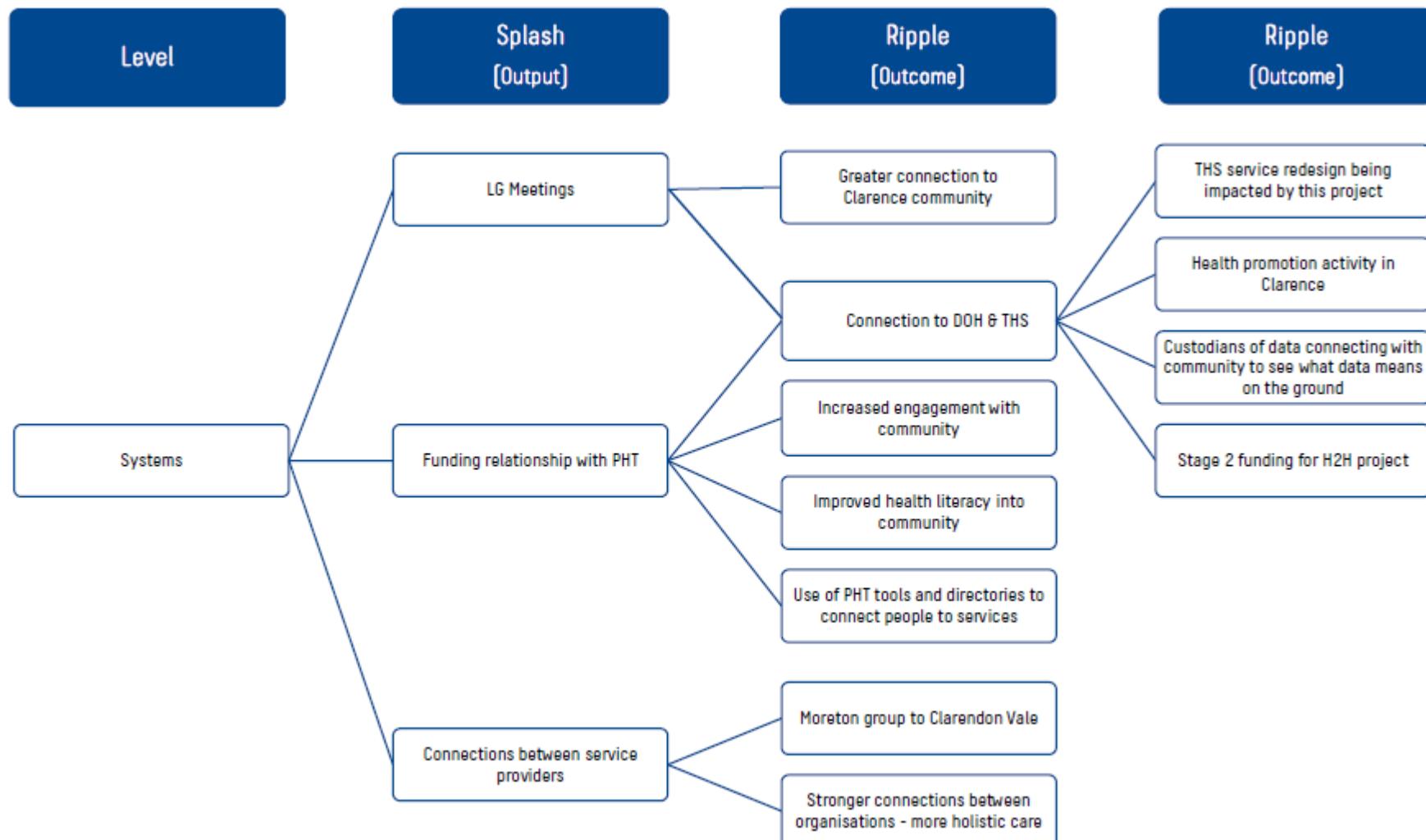


Figure 3

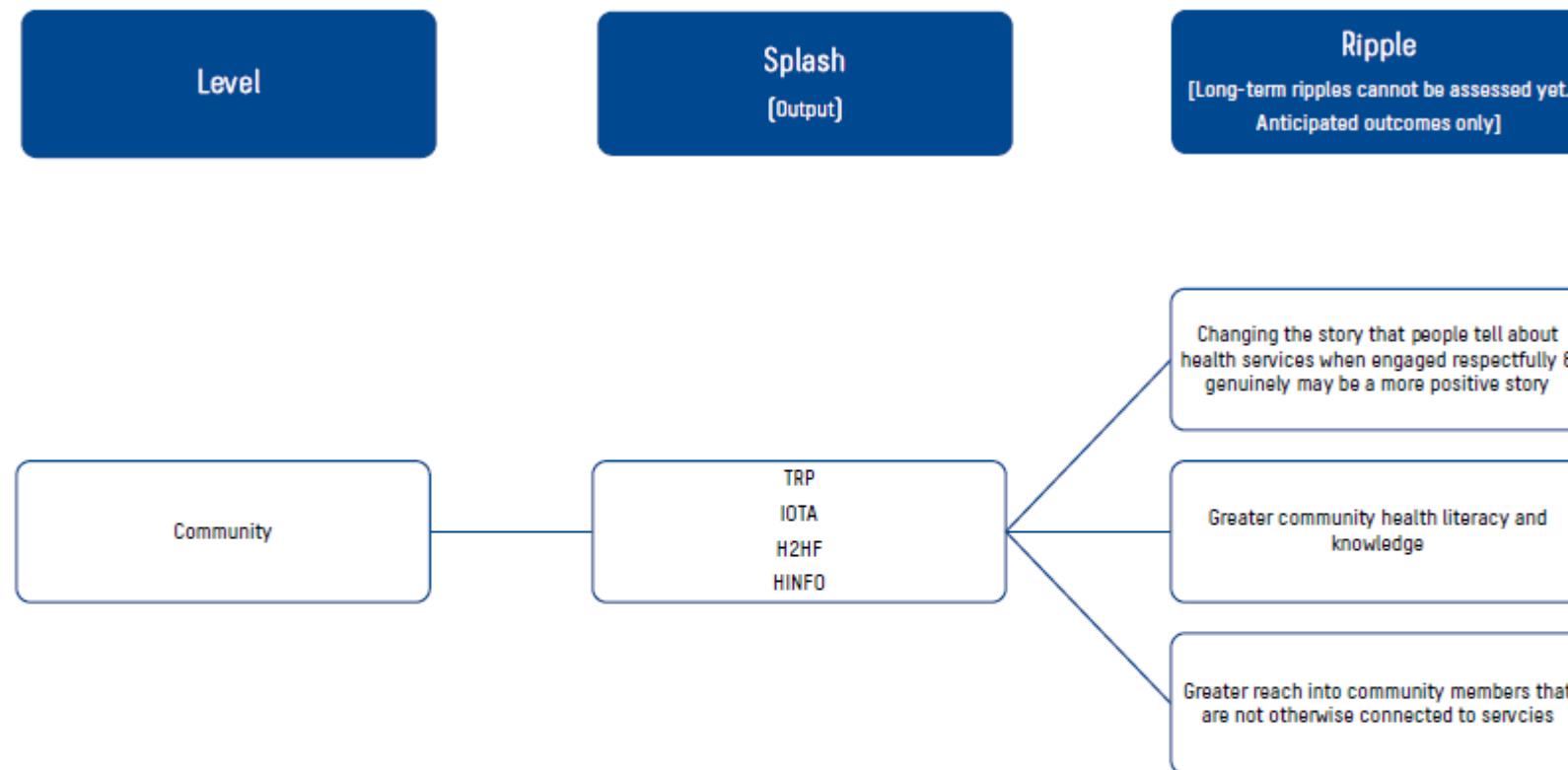


Figure 4

