



Evaluation of the Caring Communities Program - update and developments

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Director

Centre for Health Service Development (CHSD)

October 2004

The CHSD evaluation team

| NET member | Contact for | No of projects |
|-------------------------------|--------------------|-----------------------|
| Kathy Eagar | | |
| Dave Fildes | ACT | 3 |
| | Tasmania | 1 |
| | NSW | 1 |
| Kate Senior | Northern Territory | 4 |
| | Western Australia | 2 (top end) |
| Karen Quinsey & Kate Williams | NSW | 7 |
| Alan Owen & Kate Williams | Queensland | 5 |
| Heather Yeatman | South Australia | 4 |
| | NSW | 1 |
| Malcolm Masso | Western Australia | 3 (1 CCP/RPCP) |
| | Tasmania | 1(CCP/ RPCP) |
| Rob Gordon & Kate Williams | Victoria | 5 |

Contact details

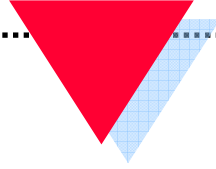
- ◆ Hotline 0407 935 384
- ◆ Email: chsd@uow.edu.au
- ◆ Website: <http://www.uow.edu.au/commerce/chsd/>
- ◆ CCP discussion page:
http://www.uow.edu.au/commerce/chsd/caring_communities.html

Role in the evaluation - CHSD

- ◆ Role is not to evaluate local projects or to second guess you
- ◆ Role is to:
 - evaluate the CCP
 - design overall evaluation framework
 - design a set of evaluation tools
 - design an electronic database that projects can use to collect data (if you want)
 - support and assist projects to undertake their own evaluation
 - synthesise local project evaluation findings and combine with the program-level evaluation to form a national evaluation of the CCP.

Support and assistance

- ◆ A key role
- ◆ NET contact person for each project
- ◆ 48 on site visits to projects to date
- ◆ Potential for some further follow up visits if needed
- ◆ 24 hour telephone hotline (not being taken up)
- ◆ An internet 'chat room' (minimal use)
- ◆ Evaluation bulletins - 6 to date
- ◆ Ongoing training and support as needed



Evaluation Framework

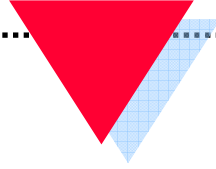
Evaluation hierarchy

- ◆ 'Process, Impact and Outcome' not enough
- ◆ Level 1: Impact on, and outcomes for, consumers
 - patients, families, carers, friends, communities
- ◆ Level 2: Impact on, and outcomes for, providers
 - professionals, volunteers, organisations
- ◆ Level 3: Impact on, and outcomes for, the system
 - structures and processes, networks, relationships

Different projects are aiming for different impacts and outcomes - some at all 3 levels, some at only 1 or 2

The 6 key evaluation questions

- ◆ What did you do?
 - ◆ How did it go?
 - ◆ What's been learned?
 - ◆ Will it keep going?
 - ◆ Are your lessons useful for someone else?
 - ◆ Who did you tell?
- ◆ **PROGRAM AND PROJECT DELIVERY**
 - ◆ **PROGRAM AND PROJECT IMPACT**
 - ◆ **CAPACITY BUILDING**
 - ◆ **SUSTAINABILITY**
 - ◆ **GENERALISABILITY**
 - ◆ **DISSEMINATION**



Updates and Progress to date

National CCP workshops

- ◆ May 2003 - evaluation report available
- ◆ October 2004
- ◆ Next one?

Program level

- ◆ Expert Evaluation Advisory Group dissolved July 2003
- ◆ National Reference Group not meeting at present
- ◆ Management changes
 - National - Angela Pegram left August 2003, replaced by Gabby Stumbles, replaced by Vanessa Meyer in February 2004
 - ACT - State Officer changed in Sept 2003 and Sept 2004
 - NSW - State Officer changed in Nov 2003
 - TAS - State Officer changed in Jan 2004
 - VIC - State Officer changed in Jan 2004
 - NT - State Officer changed in June 2003 and July 2004
 - Queensland - State Officer changed in June 2004 and Sept 2004
 - SA and WA - no changes

CCP projects

- ◆ 37 initially selected
- ◆ 1 withdrew without entering into a contract (Home Hospice NSW)
- ◆ Replacement project in Queanbeyan NSW
 - Bereavement Service for Queanbeyan and Yarrowlumla Shire areas
- ◆ 2 now overlap with Rural PC Projects funded since CCP established
 - Kalgoorlie WA and Burnie Tas

Short duration projects

- ◆ 5 projects with 12-18 month timeframes
 - one complete (Kids Grief Handbook, NSW)
 - one on schedule to complete Oct 04 (Midlands Tasmania)
 - one has negotiated a further 6 months funding (Carers NSW)
 - one has negotiated a further 12 months funding (Bundaberg Palliative Access Link (PAL))
 - one currently negotiating contract extension (Wentworth NSW ATSI linkages)

Ethics Approval

- ◆ CHSD has HREC approval for our evaluation
- ◆ Projects
 - Local HREC approval - 11
 - Submit to UoW HREC - 14
 - ▼ 8 approved
 - ▼ 1 not resolved
 - ▼ 5 applications not received
 - Does not require ethics approval - 9
 - Still unresolved - 3

CCP Evaluation Toolkit

◆ CCP Evaluation Toolkit:

- for each of the 3 levels (consumer, provider and system)
- 19 tools in total, 4 mandatory, all others optional
- tools address each of the key questions (delivery, impact, sustainability, capacity building and generalisability)

◆ Projects select the tools they want to use

- 17 tools being used by at least one project (max. is 6 projects using Tool 1.5)
- many projects are using own tools or have modified CHSD tools
- at completion, CHSD will synthesise the results achieved with these common tools but conclusions will depend on final volumes

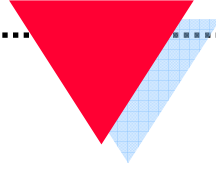
◆ Rural PC also using the same tools

Caring Communities Discussion Page

- ◆ Launched 24 September 2003
- ◆ Purpose: provide a password-protected area to exchange ideas
 - Search engine
 - Contents page documenting all submissions to the discussion in chronological order
 - Counter facility which calculates how many users have viewed the pages
- ◆ 30 passwords issued
- ◆ Only 6 entries made

Evaluation Bulletins

- ◆ Bulletin 1 An introduction from the National Evaluators
- ◆ Bulletin 2 An introduction to Ethics
- ◆ Bulletin 3 Qualitative Research methods
- ◆ Bulletin 4 Literature Reviews
- ◆ Bulletin 5 Indigenous Issues in Palliative Care
- ◆ Bulletin 6 Evaluation findings - the story so far
- ◆ Planned
 - Bulletin 7 Evaluation of the Oct 04 workshop
 - Bulletin 8 Evaluation findings - update

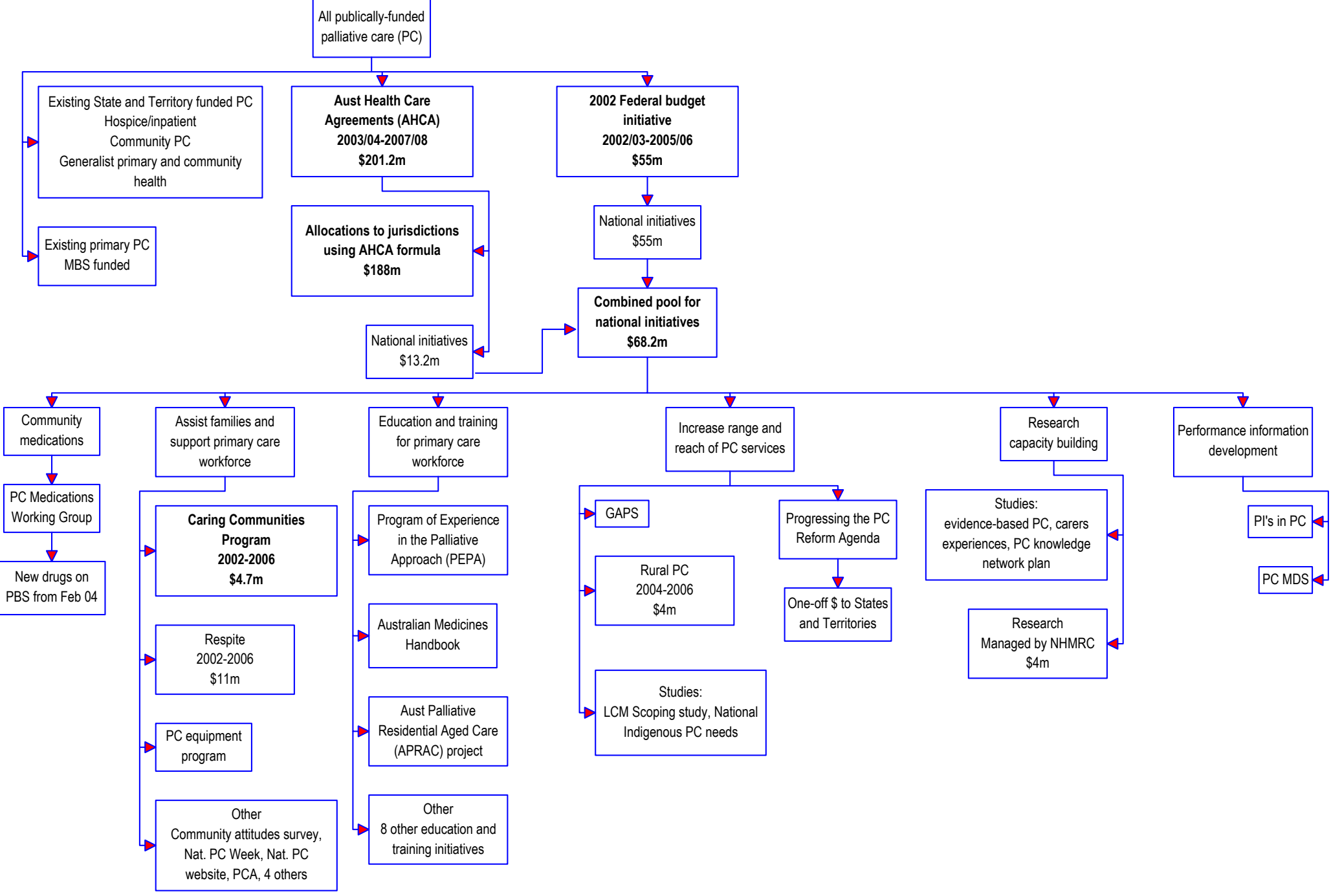


Program level evaluation

Attention of NET is now increasingly on this

Questions

- ◆ What is CCP? How does it function?
- ◆ Where does CCP fit in the broader schema?
- ◆ Is CCP any more than the sum of its parts?
 - ▼ Program logic
 - ▼ National management - NRG, EEAG, Role of PCA, Role of DHA
 - ▼ National workshops and national evaluation, role of NET
 - ▼ Jurisdiction-level selection process, reporting and monitoring
- ◆ If so, what is different? What has added value?
- ◆ Did CCP achieve its goals?
- ◆ Could CCP have been done differently/better?



All publically-funded palliative care (PC)

Existing State and Territory funded PC
Hospice/inpatient
Community PC
Generalist primary and community health

**Aust Health Care Agreements (AHCA)
2003/04-2007/08
\$201.2m**

**2002 Federal budget initiative
2002/03-2005/06
\$55m**

Existing primary PC
MBS funded

**Allocations to jurisdictions using AHCA formula
\$188m**

National initiatives
\$55m

National initiatives
\$13.2m

**Combined pool for national initiatives
\$68.2m**

Community medications

Assist families and support primary care workforce

Education and training for primary care workforce

Increase range and reach of PC services

Research capacity building

Performance information development

PC Medications Working Group

New drugs on PBS from Feb 04

**Caring Communities Program
2002-2006
\$4.7m**

Respite
2002-2006
\$11m

PC equipment program

Other
Community attitudes survey,
Nat. PC Week, Nat. PC website,
PCA, 4 others

Program of Experience in the Palliative Approach (PEPA)

Australian Medicines Handbook

Aust Palliative Residential Aged Care (APRAC) project

Other
8 other education and training initiatives

GAPS

Rural PC
2004-2006
\$4m

Progressing the PC Reform Agenda

One-off \$ to States and Territories

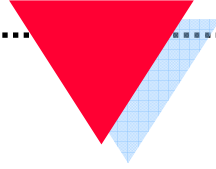
Studies:
LCM Scoping study, National Indigenous PC needs

Studies:
evidence-based PC, carers experiences,
PC knowledge network plan

Research Managed by NHMRC
\$4m

PI's in PC

PC MDS



Sustainability and capacity building

What happens when CCP project funding ends?

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Results from project progress reports

◆ What's been learned?

- 23 projects reported on capacity building in last report

◆ Will it keep going?

- 12 projects reported on sustainability (22 in previous report)

Some examples

◆ Capacity building

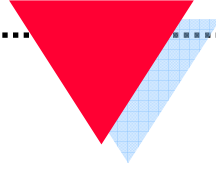
- Training and/or development of training programs;
- Developing materials, such as handbooks, manuals or resource books;
- Raising awareness among health professionals and networking within and outside their agencies.

◆ Sustainability

- Identifying potential sources of ongoing funding;
- Involving upper management in the project steering committees;
- Identifying an organisational base for ongoing activities.

Concurrent sessions to follow

- ◆ Projects asked to present a brief description of their project:
 - progress to date,
 - what's worked best?
 - what would you have done differently?
- ◆ Can projects also comment briefly on sustainability?
 - Is there interest in the project continuing after funding ceases?
 - What is the likelihood at this point?



Knowledge exchange

Day 2

The 6 key evaluation questions

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Results from project progress reports

- ◆ **Are your lessons useful for someone else?**
 - 19 projects reported on generalisability
- ◆ **Who did you tell?**
 - 29 projects reported on dissemination

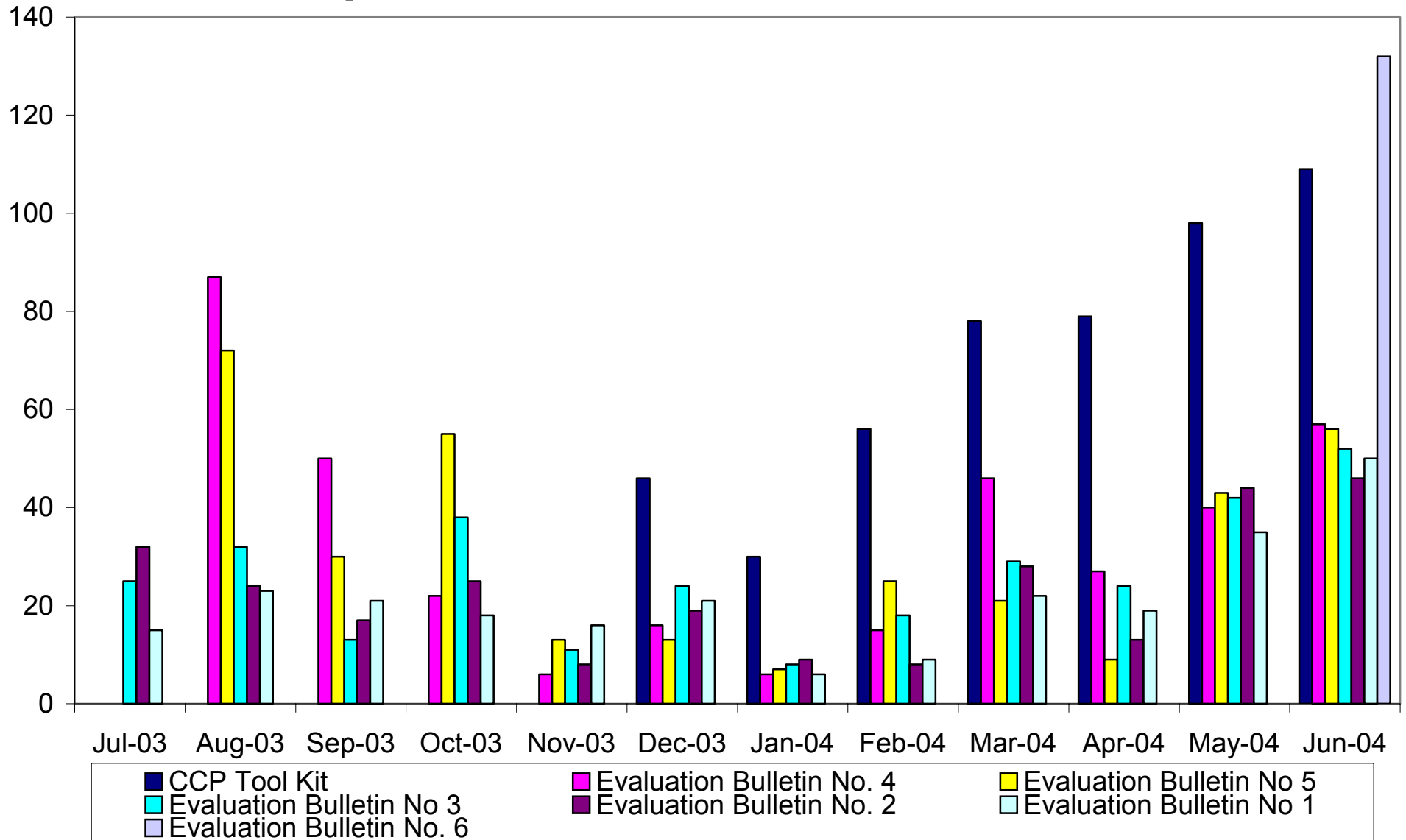
Some important bits of knowledge worth sharing

- ◆ What did you do?
- ◆ How did it go?
 - What worked? What didn't?
- ◆ What's been learned?
 - Why did something work or not work ('critical success factors')?
- ◆ Will it keep going?
 - If the goal is to keep it going, what has been learned about how to do this?

How to share information

- ◆ Talk about it - presentation to local staff or agencies
- ◆ Stories - local newspaper, magazine, newsletters
- ◆ Presentation or poster at a conference
- ◆ Peer-reviewed journal articles
- ◆ Website - yours or others eg, PC Knowledge Network
- ◆ Radio
- ◆ Report it - disseminate final reports
- ◆ Other

An example - downloads from our CCP website



Canadian Health Services Research Foundation Communication Notes

- ◆ Self-editing: putting your readers first
- ◆ Reader-friendly writing - 1:3:25
- ◆ How to give a presentation to decision-makers
- ◆ Designing a great poster
- ◆ Dealing with the media
- ◆ Developing a dissemination plan