

CONFERENCE ABSTRACT

Using a participatory approach to assess the effectiveness of the Get Healthy Service among Chinese communities in Sydney, Australia

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Introduction: Using a participatory approach to design and evaluate community health programs increases data validity and reliability, and the continued effectiveness of programs. The NSW Get Healthy Service (GHS) program has successfully improved the health and prevented the incidence of chronic disease in the Australian population but has been less successful in culturally and linguistically diverse communities.

Policy context and objective: To address this inequity, a bilingual version of the GHS was piloted in Chinese (Mandarin and Cantonese speaking) communities and assessed for its effectiveness. This population is a growing group within which there is increased risk of Type 2 Diabetes and gestational diabetes.

Targeted population: The evaluation of the bilingual service consisted of findings from 13 stakeholder community interviews, two in language focus groups with Chinese GHS graduates and two bilingual coach reports. This complemented the quantitative research regarding program participants and physical benefits.

Highlights: The GHS proved beneficial to Chinese communities, although participants and community stakeholders had different perceptions about its feasibility, acceptability and sustainability. Stakeholders had concerns about the relevance of the program to participants given the amount of health information circulated in Chinese communities. In contrast, focus group participants were positively surprised about the type and depth of the information provided about nutrition, exercise and maintaining healthy lifestyles. Stakeholders also had concerns about the commitment and health goal setting ability of participants. However, graduates identified that they were able to meet their health goals and were committed to the GHS over its duration.

Overall, the impact of the Chinese GHS was positive. Program participants reported that the service assisted in promoting healthy eating, physical activity, healthy weight and the

prevention and effective management of chronic conditions. The bilingual program was perceived to be culturally and linguistically appropriate and enabled better health outcomes than receiving the mainstream service. Participants with low English proficiency were reluctant to use an interpreter so stakeholders were hesitant to recommend the program unless fully bilingual.

Comments on transferability: Using a participatory practical approach enabled the success and effective promotion of the service. The project team included members representing the funding body NSW Office of Preventive Health (OPH), Local Health District management and the communities who were involved as partners in the planning, implementation and evaluation stages, to achieve shared goals. Multiple views were sought in this evaluation including those of community stakeholders, bilingual coaches and program graduates.

Conclusions: Equitable access to health promotion campaigns and preventative health would be compromised if stakeholders could not effectively promote the service in the community and if resource materials were not culturally appropriate for the targeted population. Evaluation methods which seek the views of different stakeholders and participants are important to the policy cycle and to decision makers to ensure cost efficiency, program success and better health outcomes. This pragmatic participatory approach led to refinement of the Chinese GHS including addressing the concerns of stakeholders by emphasising that bilingual coaches are available and highlighting the success and uniqueness of the program to the community.