

# The 'Healthy Start Program'

## Evaluation Report

June 2016



*"I would like other newcomers to benefit as my family and I have done. My understanding of health has changed a lot since Healthy Start" (Participant).*

**Prepared by Mater UQ Centre for Primary Health Care Innovation**

## Acknowledgments

This evaluation of the Healthy Start Program was commissioned by the Brisbane South Primary Health Network (BSPHN). Special thanks to Farhia Haji, Bicultural Somali Consultant from the Mater Hospital Greater Brisbane Refugee Health Advisory Committee.

Contributors to the evaluation also include the Senior Program Manager, Paula Peterson, Consultants - Samira Ali and Ephrem Gebreleul Hailu, input from the Refugee Health Clinical Lead at the Mater/UQ Centre for Primary Health Care Innovation, Dr Margaret Kay and support from the partner organisations, MDA Ltd and Healthy Start. Workshop and post workshop feedback was provided by volunteer participants from the Somali community in Brisbane.

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[www.materonline.org.au/refugeehealth](http://www.materonline.org.au/refugeehealth)

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## Executive Summary

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Healthy Start is a preventative health education project, working with newly arrived refugees aiming to increase health literacy in the community.

Started in 2012 by a volunteer group of Medical students at *Hope for Health*, it has since been funded by the Brisbane South Primary Health Network (BSPHN) and is being run in Brisbane in partnership with MDA Ltd<sup>1</sup>, the key settlement agency for new humanitarian refugee arrivals in Brisbane.

Some evaluation of the impact on the medical students' benefits and participant knowledge had been evaluated in past Healthy Start Programs, but the BSPHN were keen to undertake a more thorough evaluation of the impact of the Healthy Start Program regarding longer term knowledge and behaviour change of participants' healthy literacy. The Mater/UQ Centre for Primary Health Care Innovation (MUQCPHCI) at Mater Health Services (MHS) were contracted to undertake this evaluation.

The Evaluation Goal of the MUQCPHCI was to establish the impact of the 'Healthy Start Program to building health literacy in refugee communities'. The Centre is well placed to provide this evaluation as it hosts the Greater Brisbane Refugee Health Advisory Group (G8) - a group whose role is to help both refugee communities build and improve their health literacy, and also to assist health services to understand the needs of perspective of refugee communities. Two consultants from the Greater Brisbane Refugee Health Advisory Group (G8) along with a Coordinator were engaged to:

- Assist with developing culturally appropriate questionnaires for post workshop and 6 week post workshop interviews
- Attend a Healthy Starts Workshop.

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<sup>1</sup> <https://mdaltd.org.au/>

- Brief and engage Cultural Support Workers (CSWs) and participants about the Evaluation at the workshop (which included recruiting volunteers for follow up interviews)
- Conduct phone interviews with volunteers who attended the Healthy Starts Program, 6 weeks after the program
- Provide the BSPHN and the Healthy Start Team with an Evaluation Report

The Evaluators contacted the Healthy Start Team and MDA Ltd to gain an overview of the Program. They were informed that dates had been set to deliver two Healthy Start Programs – one with the Somali community and one with the Eritrean community. As the Program progressed, the Eritrean group had to be cancelled due to a date clash with an Orthodox religious day, so the evaluation focused only on the Somali group.

The findings of the evaluation of the Program were extremely positive. Participants directly following the workshop reported significant increases in their knowledge about, confidence and motivation in relation to looking after their own health and that of their family. 100% of respondents said they would recommend the Healthy Start Program to a friend (n=30)

In the six week follow up phone interviews with volunteer participants, many examples were cited in terms of behaviour change regarding all topics. Many participants talked about the usefulness of the workshop and 7 interviewees mentioned “Healthy Eating” (n=9) as the “Most useful thing that they remembered from the workshop”. Several participants mentioned that they now eat more fruit and vegetables and drink water and one participant commented that she no longer packs juice for the “children in the lunchboxes”. One participant commented that “she had never heard of contraception before Healthy Start” and another said that since attending Healthy Start, she had talked with her friends about “STI prevention, healthy eating and the benefits of exercise”.

One participant who attended the workshop had only arrived in the country 2 months prior to the workshop and was interviewed six weeks after the workshop commented that “The information (from the workshop) was more important than economic assistance given to us”.

The findings from this report clearly indicate that the Healthy Start Program should continue. It has been shown to be beneficial to the health literacy levels of refugee communities and impacted directly on positive behaviour change.



## Introduction

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### Program Background

An Executive Committee of students from four universities coordinate the delivery of this project and Medical and Allied Health students participate in the program voluntarily. MDA Ltd.<sup>2</sup> (formerly Multicultural Development Association) supports the program by identifying and inviting clients to attend the program and community members participate in the one day workshop voluntarily. Brisbane South Primary Health Network (BSPHN)<sup>3</sup> has provided funding for the delivery of the Healthy Start Program.

The Healthy Start Program developed as an initiative of a team of students at Griffith University, HOPE4HEALTH<sup>4</sup>. According to the Hope4Health website:

Teaching modules include General Health, Nutrition, using a GP and hospitals, Men's Health and Women's Health. These modules have been developed with the assistance of experts in the field so that they can provide better health outcomes to this newly arrived and vulnerable population. ... Our aim is to provide an avenue of education for this extremely vulnerable population of refugees whilst also providing the students with the practical skills of teaching and cultural competence that will remain with them throughout their careers.<sup>5</sup>

More information: <https://www.facebook.com/healthystartaustralia>

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<sup>2</sup> <https://mdaltd.org.au/>

<sup>3</sup> Brisbane South Primary Health Network (BSPHN) <http://www.bsphn.org.au/vulnerable-populations/refugee-health/>

<sup>4</sup> <http://hope4health.org.au/portfolio-item/healthy-start/>

<sup>5</sup> <http://www.healthystart.org.au/about/history/>



## Program Overview

### *Recruitment and Training of students*

Volunteer students work with their student organisation within the local universities. Each university has at least one Academic who provides support for the student group. The Healthy Start Executive ensures that students are available to present the program on the allocated day with experienced students supporting less experienced students in the delivery of each module. Students are only involved in presenting a module in the Healthy Start session if they have already attended a training session.

A training workshop is run for the student volunteers on refugee health issues, the refugee journey, cultural sensitivity, settlement issues and using interpreters, prior to each Healthy Start Workshop. The training session was delivered by Dr Margaret Kay, Refugee Health Clinical Lead from the Centre for Primary Health Care Innovation, Mater Health Services.



**Image 1: Healthy Start student training session at Griffith University (Gold Coast) - March, 2016**

Photo sourced from: [www.facebook.com/healthystartaustralia](https://www.facebook.com/healthystartaustralia)



### *Recruitment of participants*

Program participants are identified by MDA Ltd as people from refugee backgrounds, who would benefit from further health literacy information. MDA Ltd, working with Cultural Support Workers (CSWs) invite participants to attend the workshop. Program participants are usually MDA clients who have been in Australia for less than 24 months, often less than 6 months, when they attend.

### *Healthy Start Material*

Each Healthy Start Program delivers five modules. Each module is delivered to a small group of participants by 2-4 students with a CSW who also acts as an interpreter. The material has been developed in partnership with health professionals in the field of Refugee Health and is delivered in an interactive manner. The South East Queensland Refugee Health Partnership Advisory Group (RH - PAG)<sup>6</sup>, based at Mater Health Services were briefed about the Program and material at the conception of the Program.

Table 1 outlines the objectives of each module and the topics covered in the modules. The module on Men's and Women's Health is delivered separately in gender concordant groups.

**Table 1: Objectives of Healthy Start Modules**

#### **1. General Health**

##### **Objective: To increase knowledge about:**

Hygiene  
Oral Health  
Sun Safety  
Immunisation

#### **2. Nutrition and Exercise**

##### **Objective: To increase knowledge about:**

Healthy eating  
Exercise  
Smoking and alcohol

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<sup>6</sup> [www.materonline.org.au/MaterOnline/media/materonline/PDFs/Refugee/Final-Review-of-TOR-PAG-Aug-2015.pdf](http://www.materonline.org.au/MaterOnline/media/materonline/PDFs/Refugee/Final-Review-of-TOR-PAG-Aug-2015.pdf)

### 3. Accessing Healthcare

**Objective: To increase knowledge about:**

Visiting a GP  
Using free Interpreters to access service  
Hospitals & Emergencies

### 4. Medication

**Objective: To increase knowledge about:**

Medication doses and adverse reactions  
Prescriptions and the Chemist

### 5. Men's and Women's Health

**To increase knowledge about:**

Women's Health – Menstruation, Breast Exam, Pap Smears, Asking for a female Doctor and Interpreter, safe sex, pregnancy  
Men's Health – Methods and Importance of Safe Sex practices

#### *Program Planning*

The Healthy Start Program had been run with diverse linguistic and cultural groups but in 2016 it was decided to run the Program with an ethnic specific group. The Somali community were identified as a community with many new arrivals settling in the Inala region. A venue was sourced close to where they were settling, the PCYC Inala. The Eritrean community were also selected but due to a date clash with a religious event, this group was subsequently cancelled.

#### *Program Delivery*

A typical workshop is conducted in a community facility and the room is setup to have five sets of tables with chairs around each for the respective modules to take place. The workshop typically starts at 10am in the morning and lasts to 2pm. It starts with the briefing of the students and bicultural workers. The students then split into their teams to deliver the first four modules. The Men's and Women's Health Module is carried out after lunch, in gender concordant groups. At the end of the workshop the participants complete the post session evaluation forms.

The CSWs are key to the interpreting for the sessions. Funding required for the workshop, includes venue hire, Cultural Support Workers, lunch and child care.



## Evaluation

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### Purpose of the Evaluation

The aims of the Evaluation Process were to:

- Assess whether the program goal and objectives have been achieved;
- Assess the extent to which they have contributed towards achieving the increased health literacy knowledge and behaviour changes within the targeted refugee communities;
- Document critical success factors and barriers to implementation of the Healthy Start Program;
- Provide an overview of the program and its value to the South Brisbane PHN (funding body).

Health Literacy encompasses health related knowledge, attitudes, motivation, confidence, behavioural intentions and personal skills concerning healthy lifestyles, as well as knowledge of where to go and what to do to obtain health services. The evaluation process therefore, looked at immediate learning following the workshop using a Post Workshop Questionnaire and longer term impact on behaviour change with a six week Post Workshop phone interview with volunteer participants who had attended the workshop.

### Methodology

The MUQCPHCI employed a coordinator and 2 bicultural consultants from the selected communities to attend on the workshop day. An Evaluation Time line was shared with the Partners (see Appendix 1). The Coordinator and Bicultural Consultant briefed the CSWs and introduced the evaluation to the participants at the beginning of the day. An outline of this briefing can be found in Appendix 2.

Three forms were used to evaluate the Program with the Somali community.

1. Healthy Start Post Workshop Evaluation Form – See Appendix 2 (page 1)

2. Permission Slip for Post Evaluation Follow Up Interview – see Appendix 2 (page 2)
3. Healthy Start Evaluation – Six weeks Post Workshop Interview – See Appendix 3

The participants were assisted on the workshop day, by the CSWs to fill in the forms. CSWs were also asked about any impact they noticed on the participants at the end of the Workshop, to gain some of their observations and recommendations for further groups.

The bicultural worker from MUQCPHCI conducted a telephone interview with 9 volunteer participants six weeks after completion of the Healthy Start Workshop.

The measures used for the evaluation were Health topics that were measured

### Limitations of the Evaluation

Due to the nature of the particular venue that was booked for the Somali group in March, 2016, there was a lot of noise from other activities in the hall, the child care area and the echo of the hall. This impacted not only on the program delivery but also on the evaluation process. The aims and questions may have not been understood clearly by participants filling in the post workshop Evaluation form.

The nature of the available questionnaire responses was questioned by some of the participants where it was hard for them to know the difference between “Strongly Agree’ and ‘Agree’. One participant said:

***“Of course we agree, agree is just agree. What does it matter if it is strong or not, we simply agree that we have learnt something.”***

The six week post evaluation interviews were conducted by a female Somali consultant from MUQCPHCI. It was not culturally appropriate for her to ask male participants about behaviour change regarding Men’s Health so this topic was not fully evaluated. In addition to this, only two men volunteered to be available for a follow up phone interview.

## Findings

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All program participants were originally from Somalia and spoke Somali as their first language. 30 participants filled in Post Workshop Questionnaires directly following the workshop (9 males and 21 females). Five were aged less than 25 years and 25 participants were aged more than 25 years old. Some participants were very new arrivals having been in Australia for less than 6 months (n=12), some had been here up to 6 years (n= 9) one had been in Australia for 22 years and some did not put an arrival date (n=9).

Nine participants were interviewed 6 weeks following the Program (2 males and 7 females).

### Short Term Findings (Post workshop Evaluation)

Participant feedback directly after the workshop was extremely positive. Some of the key findings include:

- 100% of respondents said they would recommend the Healthy Start Program to a friend (n=30)
- All participants (n=30) 'Strongly Agreed' or 'Agreed' with the following statements:
  - “The workshop increased my ...
  - ...knowledge about health
  - ...confidence to look after my health
  - ...motivation to improve my health”

**Respondents scored an average of 3.4 to 3.6 when asked if they agreed that they had learnt something about 10 different Health topics (1=Strongly Disagree, 2=Disagree, 3=Agree, 4=Strongly Agree).**



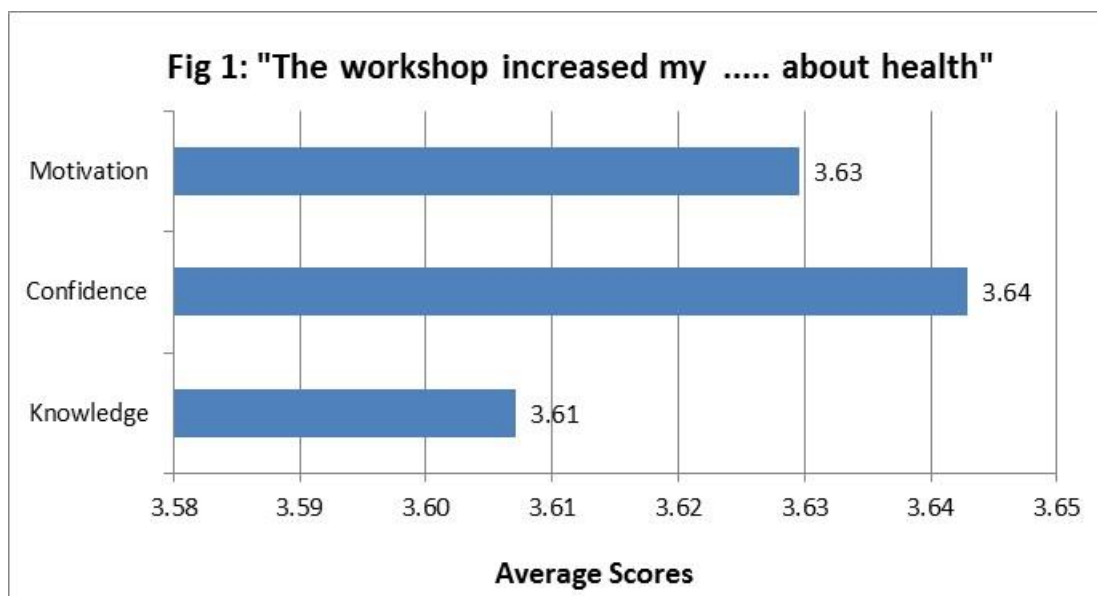


Figure 1: Average scores of participants when asked if they increased their motivation, confidence and knowledge about health following the workshop (1=Strongly Disagree, 2=Disagree, 3=Agree, 4=Strongly Agree) n= 30.

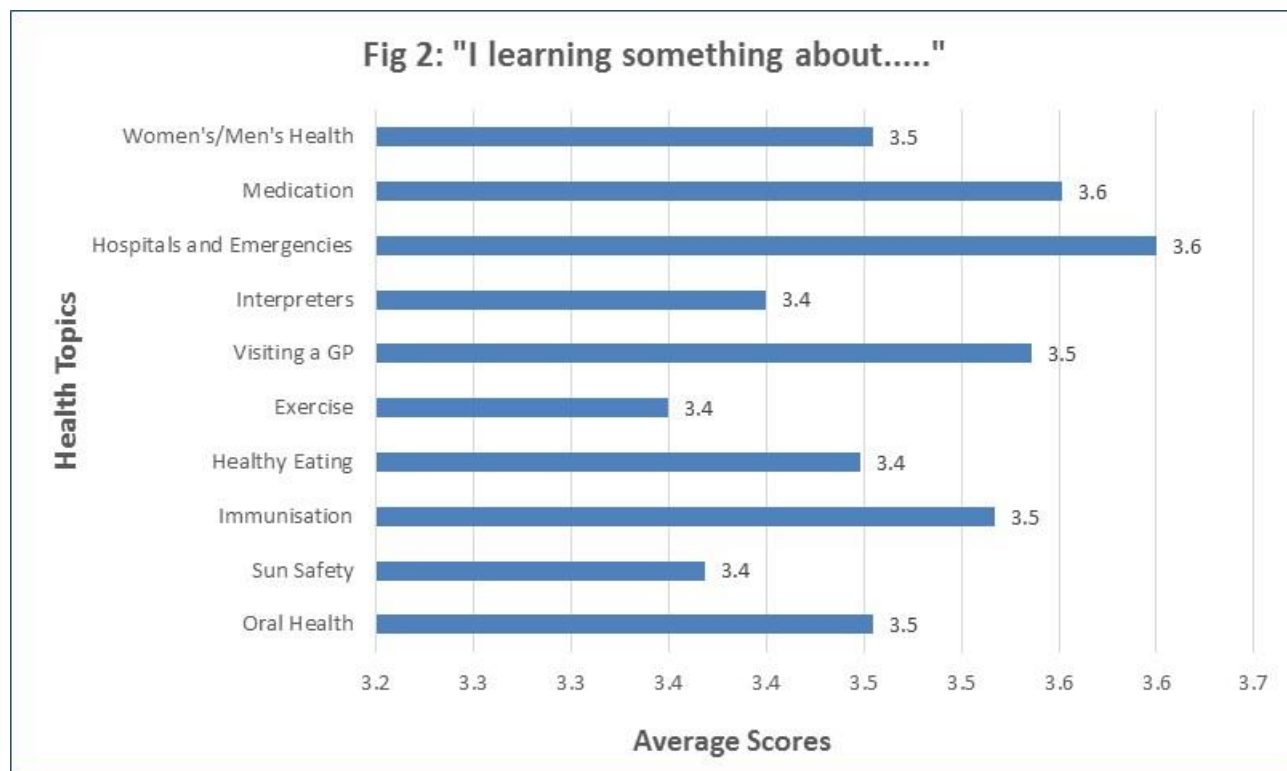


Figure 2 shows health topics covered in the workshop and average scores of participants when asked to rate how much they agreed with the statement "I learned something about...(health topic)" (1=Strongly Disagree, 2=Disagree, 3=Agree, 4=Strongly Agree).

Cultural Support Workers attending the workshop responded positively to the workshop supporting the notion that this kind of healthy literacy program is needed for newly arrived refugee communities.

*“Today is very good and important for men and women. Everyone needs it.” (CSW 1)*

*“In my community, some of them heard these things for the first time... Some of the practices we don’t believe things like that so it is a little bit of shame but it is good to learn awareness of these practices... like using a condom. It’s the first time they have heard about it. “(CSW 2)*

*“They were uncomfortable with some of the information, like talking about sexual health. It is important information as some of them don’t know what contraception is and where to find it and how to use it. They might not like to talk about it but it is important because I’m pretty sure somewhere deep down they want something to help them with having more babies or less babies.” (CSW 3)*

### Longer Term Findings (Six weeks Post Workshop)

Nine people volunteered to be interviewed via phone six weeks following the workshop. Table 2 gives a summary of the Interviewees. Quotes in Table 3 refer to the Interviewee Numbers in Table 2.

**Table 2: Summary of Interviewees**

<i>Interviewee Number</i>	<i>Gender</i>	<i>Age</i>	<i>Date of Arrival in Australia</i>
<i>1 (i1)</i>	<i>Male</i>	<i>Over 25</i>	<i>11/2013</i>
<i>2 (i2)</i>	<i>Female</i>	<i>Over 25</i>	<i>3/2016</i>
<i>3 (i3)</i>	<i>Female</i>	<i>Under 25</i>	<i>12/2011</i>
<i>4 (i4)</i>	<i>Female</i>	<i>Over 25</i>	<i>12/2012</i>
<i>5 (i5)</i>	<i>Female</i>	<i>Over 25</i>	<i>1994</i>

6 (i6)	Male	Over 25	6/2013
7 (i7)	Female	Over 25	10/2015
8 (i8)	Female	Over 25	9/2000
9 (i9)	Female	Over 25	10/2013

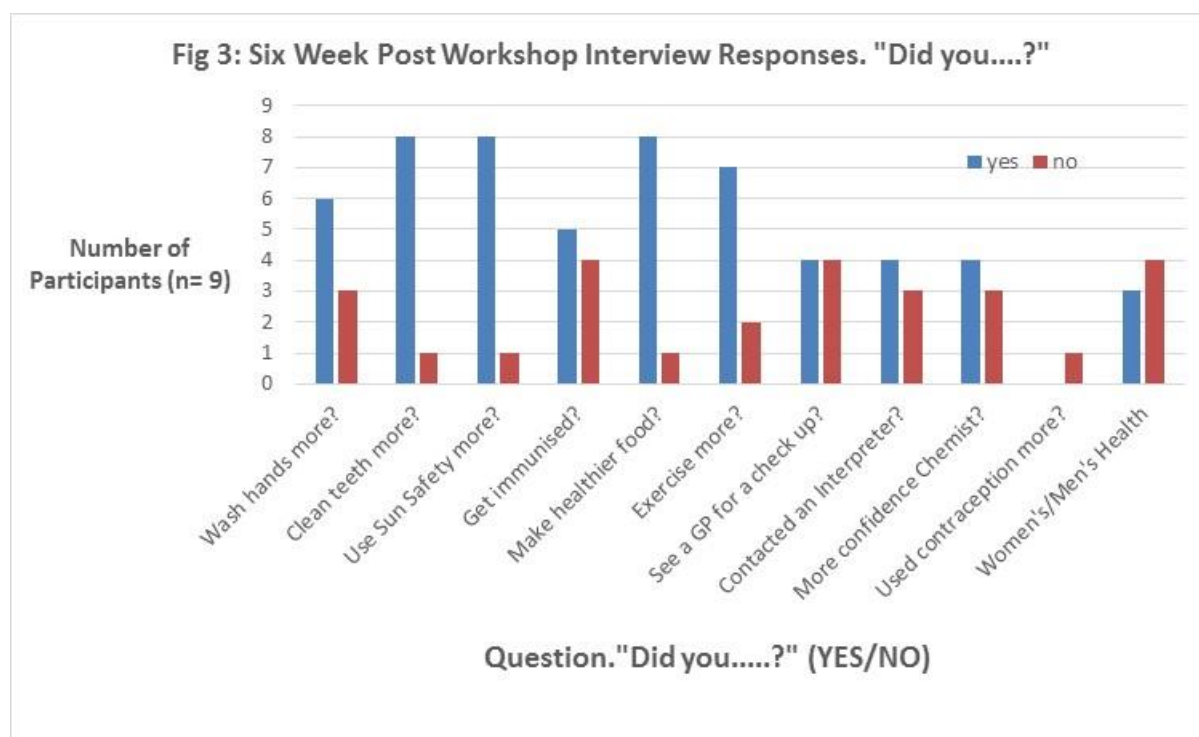


Figure 3 shows the interview responses (Yes or No) when asked if participants had done behaviours more, since attending the Healthy Start program in relation to specific health topics (See Appendix for the Interview Questionnaire used).

Eight participants answered 'Yes' to the questions if they "Cleaned their teeth more", "Used Sun Safety Precautions more" and "Made Healthier Food choices" (n=9). NOTE: When asked if they used more contraception since attending Healthy Start, one participant said 'No' and all others commented that it was 'Not Applicable' to them.

When asked **“What was the most useful thing that you remember from the Healthy Start Workshop?”** participants answered: Healthy food choices (n=7), Making an Appointment with GP (n=2), Contraception (n=2), How to call Emergency, Doing Exercise, use of tampons and Oral Hygiene.

When participants were asked: **“Have you told anybody else in your family or community about something that you learnt at Healthy Start? If yes, what?”** 100% interviewees replied “Yes”. When they were asked about “What they have talked about to others?” they replied: Using tampons, Lunchbox ideas, how to deal with children, healthy food choices (n=6), Sun Safety, how to clean children’s teeth, benefits of exercise, STI Prevention and Contraception.

One participant *commented “The information was more important than economic assistance given to us” (i2).*

Many participants commented about behaviours they had changed, due to attending Healthy Start. Table 3 outlines some of these comments.

**Table 3: Quotes from Six Week Post Workshop Phone Interviews**

Changes in behaviour since attending Healthy Starts in relation to.....
<b>General Health</b>
<b>Hygiene</b> <i>“I used to clean with plain water... now I use soap” (i2)</i> <i>“I gained a lot of information. I started using soap and put it in all sinks at home” (i7)</i>
<b>Oral Health</b> <i>“I brush the 5 year old’s teeth myself and I didn’t do this before. I supervise my children more than before as I never used to pay much attention.” (i7).</i> <i>“I now tell children about the effects of juice on teeth” (i2)</i> <i>“I used to clean my teeth only once in the morning. Now I brush twice a day - in the morning</i>

*and before bed" (i3)*

*"I advise my children on how to clean teeth and I supervise them while cleaning their teeth" (i9).*

*"I supervise the children more. Even though I have been here a long time (more than 10 years) this was a useful topic" (i5)*

*"We used to use soap to wash hands at the sink before meals and after play but since the program we have been more cautious about this".*

*"We have always been very cautious about supervising our children cleaning their teeth, but now we are even keener" (i4)*

### **Sun safety**

*"Before Healthy Start I used to think the sun is normal and it doesn't affect me. Now I use hats, sunscreen and the children play inside when it is hot"(i2)*

*"I used to use safety precautions but now more after Healthy Start" (i3)*

*"I didn't use sunscreen before Healthy Start but now I use it because I learnt that sun cream lotion is specific to sun safety" (i8)*

*"I used sunscreen before but more now. I bought sunscreen and I use an umbrella when walking when it is hot outside" (i7).*

### **Immunisations**

*"I got a flu shot after Healthy Start" (i3).*

*"I checked with the GP if the children's immunisations were up to date" (i9)*

*"I asked the GP about immunisations and she assured my we were all up to date" (i7)*

*"I had a flu shot after Healthy Start "*

*"I checked with my GP about immunisation and I will make an appointment for flu shots"*

### **Healthy Eating and Exercise**

#### **Healthy Eating**

*"Now I use more green vegetables and fruits. I drink more water and stopped using juices like*

*before ... now just occasionally" (i2)*

*"Since Healthy Start I have made healthier choices such as less pasta and rice and flat bread and more fruits and vegetables....also using brown bread and putting tuna, chicken and cheese in sandwiches" (i3).*

*"I've made lots of changes. I use less rice and pasta now and use more fruit and vegetables...lots of plain water to drink and less juice" (i1)*

*"More green vegetables, changed from white to brown bread and eat more fish" (i9).*

*"We are now eating less carbs and more greens. We stopped using white bread and less sugar. We also drink lots more water" (i5)*

*"Even though I've been here a long time (6 years), I gained a lot and made changes such as brown bread and making green juice and eating more vegetables" (i8)*

*"I use more fish, less rice and pasta. I stopped buying juice for lunchboxes and the kids drink water instead. We now use more green vegetables and brown bread (instead of white) and brown rice and brown sugar" (i7)*

*"We used to eat lots of rice and pasta, now we are using more fruits and vegetables"*

## **Exercise**

*"I never used to exercise before. Now I walk a lot more and exercise with the children about 4 times a week" (i2)*

*"My Mum walks a lot more now and takes children to the park more often" (i3)*

*I do more exercise now. I used to exercise once a week now I do 3 times a week and go to the gym twice a week" (i1).*

*"More exercise now... walking for about 30 minutes a day" (i9)*

*"I do more exercise now – 30 minutes a day, walking with the children to school" (i5)*

*"Now I do more than before. I walk for at least 30 minutes every day" (i8)*

*"I bought a trampoline. I use it and it feels good. I had leg pains but I feel like it is gone. The children also use the trampoline" (i7)*



*"We always did exercise but now we try to do more exercise after the Program" (i4)*

## **Accessing Health Care**

### **Visiting a GP**

*"I did a general check-up after Healthy Start" (i2)*

*"I did a check-up after Healthy Start. I didn't know about making an appointment and I used to drop in. My GP was happy that I was able to make an appointment" (i7)*

### **Using Free Interpreter to access a service**

*"I asked for an interpreter at the GP. Before I used to wait for the caseworker to make appointments or facilitate to see my GP. Now I can make my own appointments and ask for an interpreter" (i2)*

*"Before Healthy Start I didn't know to ask for an Interpreter. I used to not understand or find a friend to translate. Now I ask for an Interpreter" (i7)*

## **Medication**

### **Prescriptions and the Chemist**

*"Before Healthy Start when I got a prescription, I used to wait for some Somali friend or caseworker to come so they can help me buy it but since Healthy Start I have gained confidence to go by myself to get medicine from the Chemist" (i2)*

*"I feel more confident now and I ask for an explanation at the chemist if I don't understand" (i9)*

*"I feel more confident to ask for an explanation now. If I forget what I was told by the Chemist, I go back to ask for more explanation" (i7)*

## **Women's/Men's Health**

### **Women's Health**

*"I have done a breast self-exam before but I used to feel ashamed. Now I have more confidence doing and talking about this" (i2)*

*"I do a daily self-breast exam now that I didn't do before" (i4)*

**Contraception**

*“I’m a single Mum but I gained information that I will use when I need contraception” (i2)*

**Men’s Health - No comments**

*There were no comments recorded about changes in Men’s Health behaviour as the Interviewer was female and didn’t feel comfortable asking these questions. There were only 2 male participants. (See Recommendations for more information)*

Participant recommendations or other comments about Healthy Start:

*“Continue to do Healthy Start as it is very important. I would like other newcomers to benefit as my family and I have done...my understanding of health has changed a lot since Healthy Start” (i7).*

*“It was a good session.... maybe do more on topics like diabetes, hypertension and arthritis” (i8).*

*“Would be good to talk more about general hygiene, the importance of sports for youth and the importance of parent supervision for the young ones” (i5).*

*“Run it again so that those who were not there can benefit as I did” (i4)*

*“It is an important program, thank you. It would be good to include the importance of sports especially for the youth, do more of the Healthy Start Program – maybe twice a year. Get more educators and more attendees!” (i1).*

*“It would be good to mention the importance of sports for children in the program” (i3).*

*“I would like more Healthy Start Program – I learnt a lot. The Program was very helpful” (i2)*

## Conclusion and Recommendations

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The findings of this evaluation clearly suggest that participants taking part in the Healthy Start Program felt that they had increased their health literacy. 100% of participants either 'Agreed' or 'Strongly Agreed' that they had increased their knowledge about health, confidence to look after their health and also their motivation to improve their health directly after the workshop. In addition, 100% of respondents on the Post Workshop Questionnaire said that they would recommend the Healthy Start Program to a friend.

Follow up interviews suggest that there are many behavioural changes have been from a direct impact of attending the Healthy Start Program.

The findings from this report clearly indicate that the Healthy Start Program should continue. It has been shown to be beneficial to the health literacy levels of refugee communities and impacted directly on positive behaviour change. The following recommendations are considerations to ensure smooth running of the planning, delivery and evaluation of each group:

### **1. Develop an action plan and job list that outlines key roles and responsibilities of each partner**

Create event planning checklist to be clear about each Partner's role and responsibility prior to the beginning of the program to ensure smooth program delivery (see Appendix 4 for suggestions about an Event Planning Checklist). For example:

- Who will ensure the venue is appropriate for the Program and book it?
- Who will ensure there are tea/coffee and water available on arrival for participants?
- Who will share the information about the timings, responsibilities and running of the workshop with all partners?

### **2. Review Healthy Start Modules**

Ensure there are clear objectives written for each module and all modules form part of a whole module that can be passed on to students as they take over the program each year. The separate modules currently provide an outline of the content to be delivered but don't provide any broader context, specific objectives of each module or important considerations for group work. It would be helpful to collate these modules and add a clear planning tool and considerations for running groups with people from refugee backgrounds, to facilitate smooth delivery of the program.

### **3. Program Recommendations – Venue, Delivery Approach and times**

Ensure that the venue is suitable and private. This is essential for the effectiveness of content delivery and people to feel comfortable to ask questions to clarify, especially highly sensitive information such as Men's and Women's Sexual Health.

The Cultural Support Workers observed some recommendations for further improvements about the Program regarding venue, and delivery approach and times.

*“This room was very loud and we couldn't really hear each other. We could do better by choosing a better venue. And time was a problem. Make it a bit later for the Somali community...most of them arrived at lunch time. “(CSW 4)*

*“They got a little bit offended about the ‘Hygiene’ topic as they thought ‘how come they are asking us these questions?’ I explained that this is just to check that you are doing it – like brushing teeth.” (CSW 5)*

*“The students were explaining about storing medication (for example in the fridge or put it away out of kids reach)...One of the participants commented about this: “Of course we know, we are mothers, we have a lot of kids, I could be your mother!” They thought some information was not necessary and they got a bit offended” (CSW 5)*

#### **4. Evaluation of younger participants and male participants**

This Evaluation Report focuses mainly on participants over 25 years of age as they are the ones that volunteered to be followed up with a phone interview. It would be good to target longer term follow up on young people who attended.

Also, the Somali Bicultural worker was female and she felt uncomfortable to ask male interviewees about changes to behaviour specific to Men's Health. Some information was captured by male CSWs directly after the workshop but it would be useful to gain more understanding of the longer term behaviour changes on Men's Health, using a male evaluator.

#### **5. Consider offering health specific workshops that are related to the emerging needs of particular communities.**

This was suggested by several participants and could be run with small groups to build trust and ensure there is plenty of time for discussion and questions. This could be done in partnership with mainstream health services. (E.g. Gestational Diabetes workshop for pregnant women).



## Appendices

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1. Evaluation Plan – Healthy Start 2016 – Timeline
2. Healthy Start Post Workshop Evaluation form (for participants)
3. Healthy Start 6 week Post Workshop Evaluation Interview Questions
4. Suggestions of Event Planning Checklist



### Evaluation Plan – Healthy Start 2016 – Timeline

When	What	Who
By April 5th	Clear objectives of each module to be sent to Ally	Healthy Start Team Dr Kay
By April 5th	Draft Workshop evaluation Draft 6 week Post evaluation questions Draft CSW Observation Evaluation Translate and Finalise Flyers x 2 (Somali and Tigrinya)	Ally (with Farhia/Samira/Ephrem/Dr Kay)
April 6 – 15th	Distribute and invite Somali community via Promotional Flyers	MDA Mater (Farhia)
April 6 – 29th	Distribute and invite Eritrean community via Promotional Flyers	MDA Mater (Samira/Ephrem)
April 13th	Finalise Workshop Evaluation	Mater PHN
April 16 <sup>th</sup> - Saturday 9 am – 2.30pm (workshop starts @ 10am)	<b>SOMALI WORKSHOP @ Inala PCYC, 37 Swallow St, Inala</b>	Healthy Start team MDA (staff + CSWs) PHN Mater (Ally & Farhia)
April 18 <sup>th</sup> +	Collate Somali participant Workshop Evaluation + CSW Evaluation Forms	Mater (Ally)
April 30 <sup>th</sup> 9am – 2.30pm (workshop starts @ 10am)	<b>ERITREAN WORKSHOP @ Inala PCYC 37 swallow St, Inala</b>	
May 2 <sup>nd</sup> +	Collate Eritrean participant Workshop Evaluation + CSW Evaluation Forms	Mater (Ally)
May 30 <sup>th</sup> – June 11	6 week post workshop phone interviews (x5) NOTE: Ramadan starts June 6th	Mater (Farhia)
June 13- June 17	6 week post workshop phone interviews (x5)	Mater (Samira/Ephrem)
June 17th	Final post interview feedback to Ally	

June 20-30	Evaluation collation and final report drafted – Partner input	Mater (Ally with Samira/Ephrem/Farhia) Healthy Start MDA PHN
June 30	Final Report to PHN and distributed to partners	Mater

# Healthy Start EVALUATION

1. Male ☐ Female ☐

2. Age: Under 25 ☐ Over 25 ☐











3. Year of arrival in Australia? ..... Country of birth? ..... Language spoken at home? .....

4. Would you recommend this Program to a friend or community member? YES ☐ NO ☐

5. What information was the MOST useful about the health sessions today? .....

6. Was there any information that was NOT useful? .....

This workshop.....	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
... increased my knowledge about health.					
... increased my confidence to look after my health.					
.... increased by motivation to improve my health.					

I learned something about....	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
Making an appointment and visiting a Doctor 					
Looking after my teeth 					
Immunisation 					
Sun safety 					
Using medicines safely 					
Accessing a free interpreter 					
Hospitals and emergencies 					
How to exercise in a healthy way 					
How to make healthy food choices 					
Women's/Men's Health 					

What other health information would you like to have more information about that was not discussed today? .....

# Healthy Start EVALUATION

## Permission Slip for Post Evaluation Follow up Interview

The Healthy Start Program is being evaluated to learn how valuable it is to you and to learn how to improve the program for the future.

The Mater Centre for Primary Health Care Innovation are doing the evaluation for the Brisbane South Primary Health Network (BSPHN).

We would like to contact you in 6 weeks time via phone to answer some questions about the program.

The answers will be written down by the interviewer and added to the final report. This information will then be used to measure the benefits of the program for the community.

No names will be recorded.

The final Evaluation Report may be available online for the public to see how the program helps the community to increase health literacy.

I give permission to be contacted via phone in 6 weeks for an evaluation of this program?

YES ☐ NO ☐

Name: ..... Phone: .....

I would like a copy of the Final Evaluation Report

YES ☐ NO ☐

If yes, Postal address or email: .....

It is your choice to participate and you can withdraw your permission at any time by contacting:

Evaluation Officer:

Ally Wakefield

Mater Health Services

Ph: (07) 3163 2879 / Email: [allywakefield@mater.org.au](mailto:allywakefield@mater.org.au)

# Healthy Start EVALUATION

1. Male ☐ Female ☐      2. Age: Under 25 ☐ Over 25 ☐
3. Year of arrival in Australia? ..... Country of birth? ..... Language spoken at home? .....
4. What was the most useful thing that you remember from the Healthy Start Workshop?
5. Have you told anybody else in your family or community about something that you learnt at Healthy Start? If yes, what?

Please tick YES/NO/DON'T KNOW			
Since attending Healthy Start do you or your family...	YES	NO	Don't Know
Clean your teeth more often than before attending HS?			
Wash your hands or use hygiene products (E.g. soap, deodorant) more often than before HS?			
Use sun safety precautions (E.g. sunscreen, hat, and stay out of the sun in the middle of the day) more often than before attending HS?			
Make healthier food choices than before attending HS?			
Do more exercise than before attending HS?			
Go to the Doctor for a check-up/appointment because of attending HS?			
Get immunised because of attending HS?			

# Healthy Start EVALUATION

Please tick YES or NO or write N/A if Not Applicable.			
Since attending Healthy Start have you or your family....	YES	NO	Don't Know
Have you contacted a free interpreter to access a service more often than before attending HS? (If so, what service, how was it?)			
Have you felt more confident getting medicine from a Chemist since attending HS? (Eg: asked for an interpreter at the chemist, talked about prescriptions with others...)			
Have you used contraception more (if you don't want to have a baby) since attending HS? (only if relevant – If wanting to get pregnant, put N/A))			
<p><b>Women:</b> Have you done anything differently as a result of the information about the afternoon Women's Health session? (Eg: used tampons, breast self-exam, pap smear)</p> <p><b>Men:</b> Have you done anything differently as a result of the information about the afternoon Men's Health session? (Eg: Used condom, GP or other health check up)</p>			

What are the main things that you or your family do differently as a result of attending the Healthy Start Workshop?

Any recommendations/changes or other comments about the Healthy Start Program?

# Suggestions of Event Planning Checklist<sup>1</sup>

## Pre-Event

### Event agenda

- identify your event objectives
- consider program content to be covered
- develop an event timeline
- set event date and time, avoiding holiday periods and clashes with other similar events
- Select a MC and speakers and confirm their attendance.

### Research and book venue

- organise a dedicated event coordinator
- inspect venues based on their capacity, location and your budget
- Ensure the venue is accessible to public transport, taxis etc.
- set the maximum number of attendees
- liaise with venue regarding existing audio visual equipment
- Submit deposits for venue, speakers etc.

### Budget

- prepare an event budget and monitor your spending

### Marketing and promotion

- develop a marketing and communication plan
- design promotional material, content and event logos
- distribute invitations, flyers, Festival posters, e-newsletter and brochure to community
- Design collateral and signage for your event.

### Administration

- confirm venue catering numbers, AV equipment and room set-up
- confirm and brief suppliers, contractors, venue and service providers
- prepare a running sheet for your event
- establish a mailing list and registration database of attendees
- record all statistics

## Event

### Brief staff

To ensure that event staff has been properly briefed, you should:

- set-up room, seating, registration, name tags, signage, event collateral and AV equipment
- distribute running sheet, contact list with names and mobile numbers of relevant parties
- Explain emergency procedures and general house-keeping.

### Post Event

- send thank you letters to staff, speakers and sponsors
- evaluation and debrief with stakeholders and sponsors

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<sup>1</sup> Based on information from: <http://www.business.vic.gov.au/events-workshops-and-mentoring/victorias-small-business-festival/hosting-an-event/tips-on-hosting-a-successful-event>