

Summary of the Waterloo Healthy Living Program Evaluation

- The evaluation reviewed the Waterloo Healthy Living Link Worker (Link Worker) role and associated program.
- Overall, those who were interviewed reported that the Link Worker has been working successfully with individuals to identify their health needs and to find ways of addressing access and service delivery issues.
- The role has been actively supporting community development activities, such as establishing a community choir and co-ordinating a Health Expo in the local area with a range of health services.
- Those interviewed also reported that the challenges for the role were many including finding an individual with the appropriate expertise and experience.
- The evaluation recommended changes in 5 key areas: investigate opportunities to extend the work; concentrate the work on significant issues faced by the community; involve the community in the program of work; improve collaborations between the Program, individual SLHD services and the community; and link the Program with other similar programs within SLHD or wider.

Purpose and Methods

A number of vulnerable populations reside in the Waterloo housing estate and they have a range of health conditions that are exacerbated by barriers to accessing health care. Their health problems often overlap social issues related to housing, poverty and inadequate education. Sydney Local Health District (SLHD) has been working with the Waterloo community to address these health concerns. The Centre for Primary Health Care and Equity at the University of NSW was engaged by SLHD to review the recently introduced Waterloo Healthy Living Link Worker (Link Worker) role and associated program, to assess the extent to which the program has achieved the expectations of the community and SLHD and to propose options or recommendations for the future of the role and similar programs across SLHD.

The review consisted of three components: (1) the position establishment review, which examined relevant documentation, interviewed six individuals involved in the establishment of the role, and interviewed the current incumbent of the role to identify the rationale for the role, the expectations of those involved in its establishment, and the current status of the role; (2) a literature review examined evidence of the impact and factors associated with the success of similar link worker roles; and (3) an interview study, where 21 individuals including clients, local non-government and government organisations and key SLHD service providers working with the role were interviewed to investigate the impact and challenges of the role and also asked to suggest improvements.



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Success factors of similar roles

- *Effective recruitment, selection and training of workers*
- *Ensuring work is centred around community needs and that the community is able to maintain a sense of ownership of the program of work*
- *Clear understanding of the role by all stakeholders*
- *Good governance and clear operational processes*
- *Strong relationships and partnerships within the organisation and with other organisations*
- *Having adequate resources and valuing the worker*



Community choir

About the role

Rationale for establishing the link worker role

Following representation from local community non-government organisations (NGOs) about the concerns of the Waterloo residents with mental health problems, as well as the potential health impacts of the redevelopment of the Waterloo housing estate and surrounds, the Chief Executive (CE) of SLHD announced the appointment of a new position to assist people in finding health services and support, and in developing and empowering the Waterloo community.

Expectations of the link worker role

The expected functions and activities of the role included: identifying the community's health needs; providing navigation to facilitate access to health services for individuals, groups and the community; acting as an 'advocate', 'broker' or 'link' to change the way services are delivered to meet community need; supporting community development including improving health literacy; and facilitating improved connectedness and communication between the community, NGOs and SLHD services.

Current status of the link worker role and program

To date (November 2020), the role has delivered a number of achievements against its key accountabilities, including: working with a number of SLHD services (Drug Health Services, Sydney Dental Hospital, and Aboriginal Health Unit) to improve service access to the community; providing advice to community members to support access to and navigation of health services; partnering with local stakeholders to develop and support initiatives and activities aligned to preventive health and service access; providing additional support to housing estate tenants; and enhancing communication and collaboration in Waterloo between SHLD and NGOs, community groups, other government agencies, City of Sydney and the local public housing communities.

Reported impact of similar roles

Reviews and meta-analyses published between December 2014 and September 2019 found evidence that interventions provided by these roles can be effective in promoting a wide range of healthy behaviours, including: improved screening and risk factors, reduced symptoms and improved management of a number of health conditions. These roles were also found to have improved adherence to treatment, addressed health inequities, reduced health care costs and preventable health service use and improved overall health and well-being of primary care and vulnerable populations. A number of reviews also reported improved client experience and satisfaction.

Findings

The impact of the role

Those who were interviewed reported that the Link Worker has been working successfully with individuals to identify their health needs and to find ways of addressing access and service delivery issues. The role also looked at several health issues of the broader community, including the oral health problems of residents and has acted as an advocate or link, enabling changes to the way health services are delivered to meet community need.

The role has also been actively supporting community development activities, such as establishing a community choir to reduce social isolation, improve mental health and build community connections and skills for social housing residents and the local community. Another example of these activities is the co-ordination of a Health Expo in the local area with a range of health services. The Health Expo was also an example of the work the role has done in improving connectedness and communication between the community, NGOs and SLHD services.

The interviews with NGOs, other government agencies and SLHD staff highlighted the work of the Link Worker in effectively facilitating collaboration between stakeholders within SLHD with NGOs and other government organisations and coordinating their involvement in a range of activities. Overall, all community members and most staff members interviewed were satisfied with the work of the Link Worker.

Challenges for the role

The reported challenges for the role were many, including the number and range of responsibilities, the number and diversity of stakeholders to work with, and the breadth of health issues and services covered. Finding an individual with the appropriate expertise and experience to fulfil all the requirements of the role had been difficult. Some stakeholders had very different views on the objectives of the role, the activities to be undertaken and how it fits with other roles in the community. Another challenge for the role, articulated by several interviewees, was the difficulty bringing about changes in how health services are delivered, especially for those with mental health problems and experiencing social isolation.

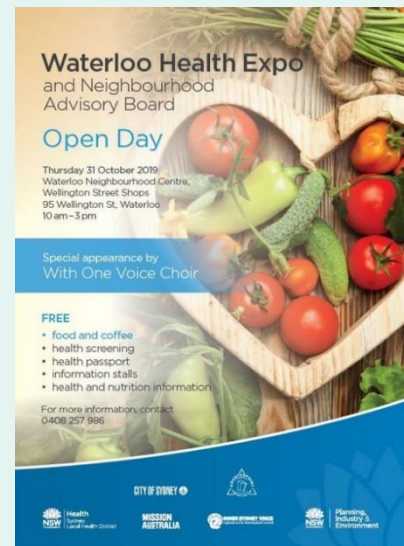
Suggested enhancements

Interviewees reported three key areas to improve or enhance the impact of the role: 1) expanding or extending the Link Worker services; 2) enhancing support to influence health system change, and 3) addressing outstanding service gaps.

"I am really satisfied. [The link worker] help [sic] me and other peoples." (Community member 04)

"The big achievement I think is make a health network accessible to the community, and it might seem to be a small thing to say, but it means a lot. It means a lot to the community, it means a lot to us as well." (Other govt staff 04)

"I think it should be replicatedit's an important function that could be played in a number of other places, because I think it has made a difference on the ground in terms of how people see Health and how that's accessible." (NGO staff 01)





About the report

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Website:

<https://cphce.unsw.edu.au/research/health-system-integration-and-primary-health-care-development/>

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For further information, please contact Centre for Primary Health Care and Equity (CPHCE).

An advisory group, the Waterloo Healthy Living Program Review Management Group was established to oversee the Evaluation. Members include Ms Lisa Parcsi (Director, Integration and Partnerships, SLHD), the Director of Health Equity Research and Development Unit (or their delegate) and members of the Evaluation team: Associate Professor Margo Barr and Ms Margaret Williamson (Centre for Primary Health Care and Equity, UNSW).

We wish to thank the people who participated in the establishment interviews and the key informant interviews.

Key recommendations

1. Investigate opportunities to extend the work within Waterloo and across the Health District

Many community members and representatives from community and government organisations highly valued the work of the Link Worker and proposed that the navigation work be extended. The SLHD, working with the community, could investigate how the work may be extended both within Waterloo and other locations of high disadvantage in SLHD. This would require securing additional resources, clear and achievable aims and objectives for the work, adequate staffing, and support mechanisms.

2. Concentrate the work on significant issues faced by the community

The redevelopment of the Waterloo housing estate and surrounds is likely to have a significant impact on the community over the next decade. The draft Waterloo Health Impact Assessment (*Healthy Waterloo: A Study into the Maintenance and Improvement of Health and Wellbeing in Waterloo*) identified that increased psychological stress is likely to occur, especially in the more vulnerable populations of the estate during the redevelopment. The Waterloo Healthy Living Program is ideally positioned, to contribute to the implementation of the Waterloo Health Impact Assessment recommendations acting as a 'link' between the community and the SLHD.

3. Involve the community in the program of work

Membership and terms of reference of the Community Advisory Group (CAG) could be revisited and enhanced to ensure that community voices direct and support the work. This would include identifying and prioritising health issues for follow-up and ensuring that the community are aware of and able to engage with the program.

4. Establish ongoing mechanisms to improve collaboration between the WHLP, SLHD services and the community

Mechanisms to improve collaboration could include: routine reporting of outcomes of referrals; running a seminar showcasing existing collaborations; developing service agreements between the Program and the health services that clearly state how the interactions will work; and appointing a 'service mentor' in each relevant service, who would be the point of contact for referral and would work with the Program to investigate and implement a more systematic approach to improving service access and delivery models for individuals and the whole community.

5. Link the Waterloo Health Living Program with other similar programs within SLHD or wider

Linking the Program with other similar programs may foster broader mechanisms of change as well as provide a supportive collegial mentoring network.