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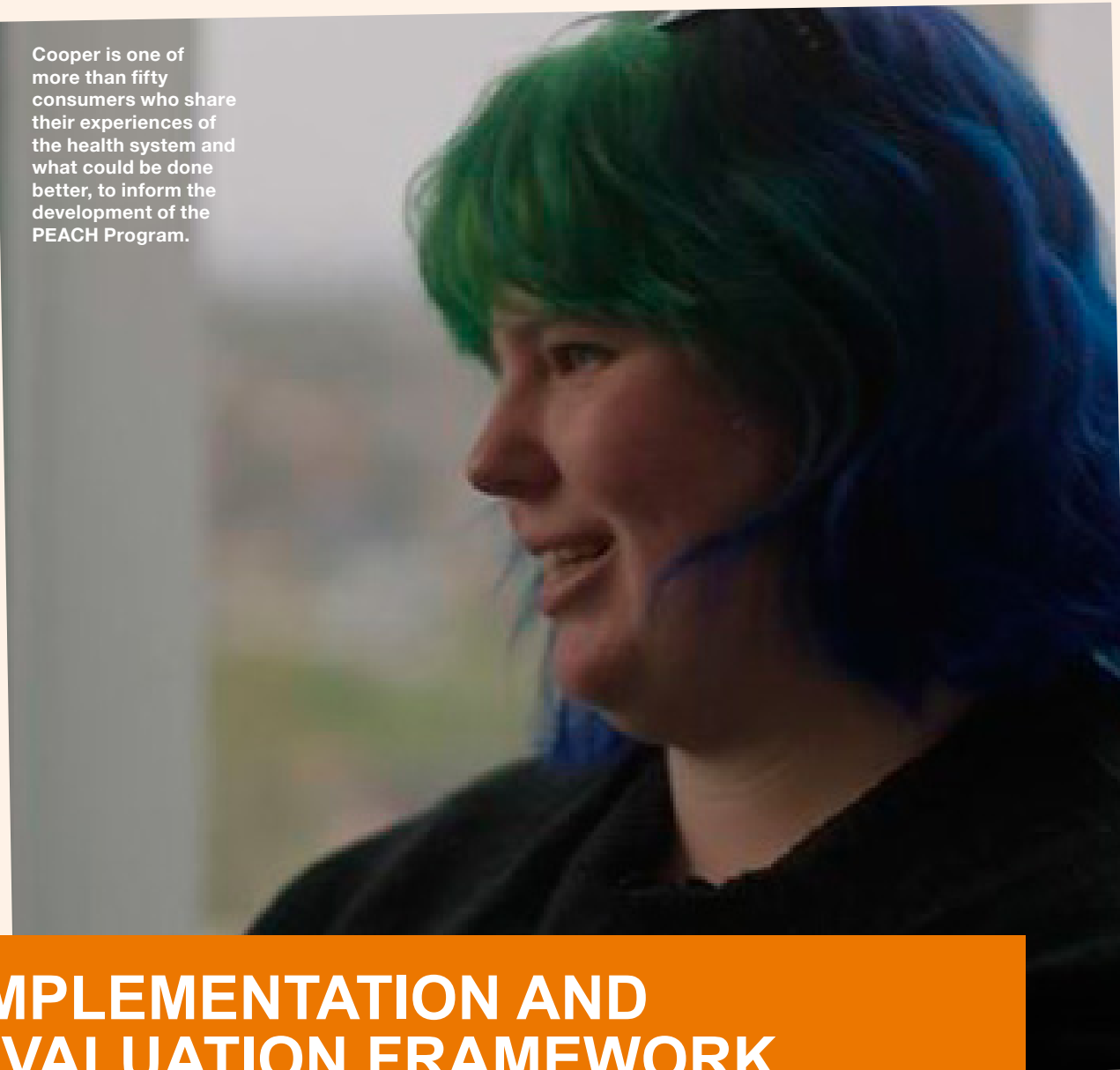
# INSPIRE

RESEARCH AUSTRALIA SHOWCASES HEALTH & MEDICAL RESEARCH

## THE PREVENTION EDITION



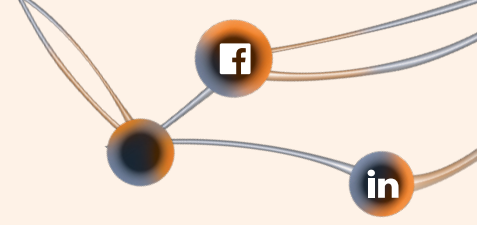




Cooper is one of more than fifty consumers who share their experiences of the health system and what could be done better, to inform the development of the PEACH Program.

## IMPLEMENTATION AND EVALUATION FRAMEWORK DRIVING SUSTAINABLE SCALE UP OF INTERVENTIONS TO REDUCE HEALTH INEQUITY AND PREVENT POOR HEALTH OUTCOMES

The Luminesce Alliance Health Systems Implementation and Economics (HSIE) Platform's evaluation framework is driving the sustainable scale up of interventions that reduce health inequities in children of priority populations, taking the project from Sydney Children's Hospitals Network (SCHN) service across NSW and to other major hospitals Australia-wide.



**Inequity in priority populations means that twice as many Aboriginal children are likely to die before their fifth birthday than their non-Aboriginal peers, children with disabilities are twice as likely to have more than four hospital admissions than their non-disabled peers, children living in Out of Home Care are two to three times more likely to die during childhood, and children from refugee and CALD (cultural and linguistically diverse) backgrounds have eight times higher chronic disease rates than their peers.**

There are hundreds of great ideas for changing the health service and ensuring equitable health access and outcomes for children that reduce health inequity and prevent poor health outcomes.

However, most of these initiatives never achieve what they set out to do because either they are not implemented properly, or they are not fairly evaluated and therefore not sustainable.

The Luminesce Alliance's Health Systems Implementation and Economics (HSIE) Enabling Platform seeks to change this. By embedding experts in implementation research, health economics and health services evaluation from the very start of projects, this platform aims to boost the chances of implementation success. The team gathers evidence to see if projects have had an impact on child health and have provided value for money – meaning they are more likely to be funded into the future.

'What we're trying to do is take what we have learnt from people on the ground, come up with innovative ways to improve their health care experience, then translate innovation back into real life system change; that's what this platform is enabling researchers and clinicians to do,' says the HSIE Enabling Platform Lead Investigator, Professor Raghu Lingam.

As an exemplar of this approach, Luminesce Alliance has funded the evaluation of the Providing Enhanced Access to Child Health (PEACH) Program.

This three-year program is improving equity in health services for children and young people from priority populations.

The HSIE Enabling Platform's evaluation of PEACH, referred to as PEACH-E, is assessing impact on health outcomes within priority populations, exploring ways to better support staff in its implementation, and evaluating whether the program has been cost-effective.

PEACH aims to expand across NSW and Australia wide, with an implementation framework to ensure it will be sustainable into the future.

Conjoint Professor Karen Zwi, PEACH Lead Investigator, says the evaluation support has been invaluable to the success of PEACH.

'The evaluation team have helped us assess whether or not the implementation is going according to plan, and we've constantly shifted and changed so that implementation is optimised throughout,' she says.

'The evaluation framework has enabled us to collect all the impact data from the beginning - not only the number of kids and how many times they've been seen, but what their health outcomes are, so we can assess whether their health has improved. And that informs the sustainability of the program.'

## HOW PEACH IS CHANGING THE SYSTEM

Funded by the NSW Ministry of Health, PEACH focuses on actively identifying priority population patients and recording them in the hospitals' systems. The program then provides recommendations for early access to health services and enhances the care they receive, such as making sure families are followed up actively and linked to support workers. It also supports health staff to provide cultural safety and equity for patients.

'The ultimate goal is to improve their health access and outcomes, because we know that they have poorer outcomes for many reasons,' says Seaneen Wallace, a proud Gungarri and Bundjalung woman who is working on the PEACH project.

'PEACH is really looking at how we can provide tailored, personalised, patient-centered care. And those needs might be slightly different, depending on their background.'

Consulting with patients and carers is a key element of PEACH.

Some of the issues addressed include patient-friendly signage in different languages, and improved layout with toilet doors that aren't too heavy for children living with disability.

The team have also consulted widely with health staff to find out better ways of creating change on the ground, including changing the electronic medical record system so it's easy to identify whether a child is from one or more priority populations, with prompts to link families to appropriate support services.

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