



PROJECT PLAN

Project Title: **Can Get Health in Canterbury**
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Period covered: 1 July 2018 to 30 June 2020

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Barbara Hawkshaw	9/11/18	1	
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CONTENTS

Project summary	4
Introduction and rationale.....	4
Goal and objectives	5
Project description	5
Consultation and engagement	6
Key Activities	7
Project Personnel.....	8
Governance	9
Budget planning.....	11
Risk management.....	12
Reporting	13
Evaluation plan and Program Logic.....	13
References	15
Appendix 1: Evaluation Plan- Program Logic	16
Appendix 2: Project timetable.....	21
Appendix 3: Details of Activities by Priority Area	22

Project summary

This plan describes the work of the Can Get Health in Canterbury (CGHiC) project for the period 1 July 2018-30 June 2020.

CGHiC is a place-based project that engages with vulnerable communities and local community organisations to improve health and reduce inequities for marginalised culturally and linguistically diverse (CALD) populations in the Canterbury area. The population of the former Canterbury LGA (currently Canterbury-Bankstown) is at a greater risk of premature mortality and higher levels of morbidity than other LGAs in the area. Current areas of work are 1) child, family and women's health; 2) mental health; 3) chronic disease prevention and management; and, 4) capacity building. CGHiC currently partners with the Rohingya (Myanmar), Bangladeshi and Arabic speaking communities.

The relationship with key stakeholders in the Canterbury region is fundamental to the success of CGHiC. Partners include Metro Assist (Migrant Resource Centre); Canterbury City Community Centre (4Cs), Settlement Services International (SSI); Canterbury Child and Family Interagency (CCFI), and community specific welfare organisations from the three communities of focus. The ongoing relationship with these partners and hence the sustainability of the project is a priority for CGHiC.

Introduction and rationale

The Can Get Health in Canterbury project is a partnership between Sydney Local Health District - Health Equity and Research Development Unit (HERDU), Central and Eastern Sydney PHN (CESPHN) and the University of New South Wales Centre for Primary Health Care and Equity (CPHCE).

The project is underpinned by the commitment of the partner organisations to social justice and to reduce inequities (unfair, unjust, avoidable differences) in the distribution of health within their populations. The project works in collaboration with Canterbury communities and community organisations.

CGHiC commenced in October 2013 and is jointly funded by the SLHD and CESPHN. Canterbury was selected as the location for the CGHiC project region following analysis of the distribution of the social determinants of health within the SLHD and CESPHN catchment. This analysis showed that Canterbury residents have a higher level of risk factors for health inequity. In particular, Canterbury residents have:

- Greater risk of premature mortality and higher levels of morbidity than the populations of the other areas of the catchment.
- More culturally and linguistically diverse profile with 49% of residents born overseas compared with 32% in Greater Sydney.

- Higher level of socioeconomic disadvantage, with a disproportionately high number (31%) of Statistical Areas Level 1 (SA1s) among the most disadvantaged 20% of SA1s in Australia (ABS 2016).
- Low literacy levels associated with the highly culturally diverse community, with almost one third of the population speaking English only, and 6% speaking English poorly. The top three languages are Arabic, Greek and Mandarin (CESPHN Needs assessment, 2017).
- Poor health literacy: this is the knowledge to navigate the maze of health information and health care services, to reduce risk of hospitalisation and ensure that medical conditions are adequately managed. For many cultural communities, the ability to access, understand and apply health information is limited by the health system and their lack of experience and skills to interact with a complex and unfamiliar health system (Gill, 2016)

Goal and objectives

Goal:

To improve health and reduce inequities for marginalised culturally and linguistically diverse (CALD) populations in the Canterbury area.

Objectives:

- Improve access to comprehensive primary health care services.
- Increase individual and community health literacy.
- Identify and work with relevant stakeholders to address at least one social determinant of health.

Project description

CGHiC is an innovative place-based, and community-informed approach to health equity that works jointly with cultural communities and community organisations in the Canterbury area. CGHiC does not deliver a specific service or program but seeks to identify opportunities, capacity and interest in other organisations or agencies to undertake collaborative work.

In 2018-2019, the four priority areas of work are:

- Child, family and women's health.
- Mental Health.
- Chronic disease prevention and management.
- Capacity Building (including workforce development).

In 2018-2019, the three priority community groups are:

- Bangla speaking (Bangladesh)
- Refugees - Rohingya speaking (Myanmar)

- Arabic speaking (various countries)

In 2018-2019, the common ways of working are:

- Consultations
- Co-designed activity planning and implementation
- Workshops

CGHiC does not usually work in:

- More than three community groups.
- Collaboration with groups or activities outside the Canterbury suburbs of Lakemba, Wiley Park, Belmore, Campsie, Punchbowl.

Choosing the activities for 2018-2019

Guidance in the decision-making process is provided by:

- Advisory and Management Committees.
- Previous reviews of CGHiC.
- Issues identified in consultation with the priority community groups.
- A willingness of community or organisations in Canterbury to work with CGHiC.

Consultation and engagement

Major partners

- Metro Assist
- Burmese Rohingya Community in Australia (BRCA)

Collaborators

- Lakemba, and Hampton Park Primary Schools, and Lakemba and Wiley Park SaCC
- Muslim Women Association
- Canterbury City Community Centre
- SLHD Dental Hospital
- Save the Children
- NSW Refugee Health
- NSW Service for Treatment & Rehabilitation of Torture & Trauma Survivors (STARTTS)
- SLHD Health Promotion

CGHiC has undergone several reviews to guide activity choices:

- October 2014 – ARTD Consultants. This document created several governance frameworks to guide implementation of the evaluation.
- June 2015 – Margaret Thomas ARTD Consultants and Thomas Powell-Davies. The key recommendations were to develop and deepen the initial activities to achieve lasting impacts on health care access and health outcomes
- September 2016 – Kristy Ward, Linda Bartolemei, Rebecca Wood and Charlotte Bell, Centre for Refugee Research, University of New South Wales. This evaluation recommended that CGHiC move beyond engaging communities' members and organisations as 'key informants' to more active and wider community engagement through community-led activities, ie. addressing the structural determinants of health inequality.

Regular reviews of the direction of CGHiC will be held in the future to respond to emerging needs of communities.

Key Activities

Priority Area	Non-specific community	Specific Community Activities		
		Bangladeshi speaking	Rohingya speaking	Arabic speaking (TBC)
Child, family and women's health	Supporting newly arrived parents in Canterbury (Chinese and Bangla speaking) – Health Direct project	Deliver Bangladeshi Women's Circle: health education group Deliver parenting program Deliver Mindfulness program	Deliver Oral Health assessment (screening) and promotion for Rohingya school aged children	
Mental Health	Deliver a Mental Health Forum for Community workers in Canterbury	Create Bangladeshi language Domestic Violence poster		
Capacity building	Offer range of professional development strategies to primary health care providers		Start Rohingya Little Local project: community-led project Activity with the Community Participation Coordinator at Canterbury Hospital	
Chronic disease prevention	first aid course for refugee men or pain management course (TBC)			

Project timetable for all activities are found in Appendix 2.

Specific activities for each Priority Area are found in Appendix 3.

Project Personnel

Staff Roles and Responsibilities

Project Officer

- 0.9 FTE position
- employed by CESP HN
- managed by the CESP HN Population Health and Chronic Disease Manager
- located at the CESP HN office in Mascot but spends one day per week at HERDU office, Royal Prince Alfred Hospital, King George V Building, Camperdown.

Purpose of the Project Officer is to:

- Strengthen the capacity of primary health care system in Canterbury through the promotion of activities in the areas of health lifestyle, child health and injury prevention, refugee health, chronic disease prevention and management, domestic violence awareness, mental health, ensuring project sustainability and culturally appropriate service provision.

Specifically, the responsibilities of the Project Officer are to:

Relationships

- Identify appropriate internal and external stakeholders to consult and engage in program design and implementation;
- Identify partnership opportunities and develop collaborative relationships with relevant health professionals, community organisations and others;

Research and planning

- Coordinate and analyse focus groups to assess concerns, needs and ideas of stakeholders;
- Conduct literature searches as input for policy, program development & evaluation;
- Contribute to development of program timelines in conjunction with the Management Committee;
- Work with the CESP HN Planning team to monitor the prevalence of risk factors linked to the priority areas;
- Identify community barriers to using health services and develop sustainable and innovative approaches to reducing gaps in service provision.

Running activities

- Implement, measure and review program plans and activities;
- Develop high quality resources;
- Develop and implement educational activities which are targeted, appropriate and sustainable.

Reporting

- Attend and minute relevant Management and Advisory Committee meetings, documenting decisions and taking the appropriate follow up action;
- Prepare reports on program activities and outcomes.

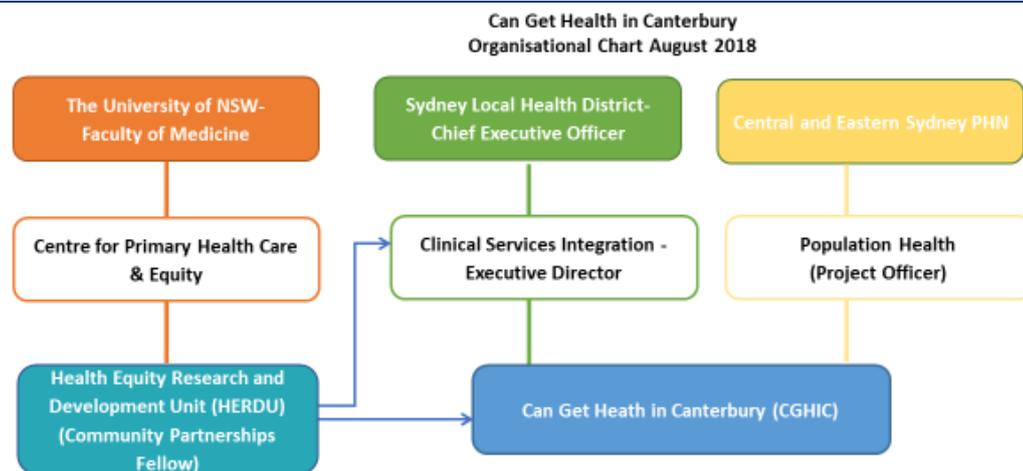
Community Partnerships Fellow

- 0.6 FTE
- employed by UNSW/SLHD HERDU
- managed by the SLHD HERDU Director
- alternate location between the CESPHN Mascot office and HERDU office at Royal Prince Alfred Hospital, King George V Building in Camperdown.

The purpose of the Community Partnerships Fellow is to:

- Provide academic support for the Can Get Health in Canterbury Project and plan for ongoing sustainability;
- Provide support in the implementation of the project;
- Work with CESPHN and SLHD to build sustainability of the program;
- Produce academic outputs.

Governance



Version 1: August 2018

Advisory Committee

The project is guided by an Advisory Committee that meets four times a year. The Advisory Committee provides expert stakeholder input into the direction of the project, as well as promote the project within their own organisation. There are Terms of Reference for the Advisory Committee.

Membership of committee:

- Sydney Local Health District – senior managers of Population Health, Community Health, Health Promotion; Multicultural Health; Community Support Program.
- CESPHN - Manager Population Health, Mental Health; General Manager; CGHiC Project Officer; Bangladeshi Community networker.
- UNSW – HERDU- Director, Senior Research Fellows; Community Partnerships Fellow.
- Education - School as Community Centre Facilitator.
- Canterbury Hospital – Community Participation Manager; Director of Medical Services.
- Local GP.
- Community Representative: Bangla speaking, Arabic speaking.

- Metro Assist (Migrant Resource Centre) – Settlement Grant Program Officer.
- Muslim Women Association – Communications and Community Relations Manager.
- NSW Refugee Health Service.

Management Committee

The Management Committee meets every 2 months. The Management Committee gives guidance and support to address operational issues and has the authority to endorse or approve over the life of the project. There are Terms of Reference for the Management Committee.

Membership of Committee:

- Sydney Local Health District – senior managers of Child and Family Health, Diversity programs and Strategies
- UNSW – HERDU- Director, Senior Research Fellow; Community Partnerships Fellow
- CESP HN - Population Health Manager; CGHiC Project Officer; Bangladeshi Community Networker

Working Group

A Working Group meets every fortnight to provide more immediate support to the two staff members- Project Officer and Community Partnerships Fellow.

Membership of Working Group:

- UNSW – HERDU- Director, Senior Research Fellow; Community Partnerships Fellow
- CESP HN - CGHiC Project Officer

Research and Evaluation Working Group

This group provides research and evaluation support for the CGHiC program.

Membership of working group:

- UNSW:
 - HERDU- Director, Community Partnerships Fellow;
 - CPHCE - Executive Director and Associate Professor who Leads the Primary and Community Health Cohort Study.
- CESP HN - CGHiC Project Officer.

Budget planning

The Can Get Health project funds are sourced from:

Personnel

Project Officer – funded by CESP HN

Bangladeshi Community networker - funded by CESP HN

Community Partnerships Fellow – funded by SLHD

Project expendables

\$30,000 – funded by SLHD on an annual basis and any rolled over SLHD funding from the previous financial year.

There is a final budget with detailed planned expenditure, that is distributed at the start of each financial year. This Plan is proposed to the Advisory Committee for endorsement and approval.

Risk management

<i>Risk / Issue</i>	<i>Potential cause</i>	<i>Likelihood</i>	<i>Impact</i>	<i>Risk Rating</i>	<i>Mitigation Strategy</i>	<i>Responsible</i>
Lack of community organisation engagement	High work load; not aware of project and its benefits; Seeing partnership as too hard to manage	Possible	Delay or failure to achieve project objectives	High	Frequent communication with organisations/agencies; Clear documentation of details of involvement; Willingness to be flexible	Project Officer (stakeholder engagement)
Not meeting project timelines	High work load and minimal available time to meet timelines	Possible	Delays in achieving milestones	High	Clear delegation of tasks Identify issues early	Project Officer
Lack of community member engagement	Community members not having time to take part in project activities	Possible	Delays in project progress Not able to meet objectives.	Medium	Frequent communication with communities; Listening to wishes of communities; Using interpreters; Willingness to be flexible	Project Officer (stakeholder engagement)
Not meeting project timelines	Significant organisational change in CESP HN and/or SLHD	Possible	Loss of support, resources Dissolved Project Team	Moderate	Clear communication; Build into strategic plans; Identify issues early	Project Officer Steering Committee Project team
Not meeting project timelines	Resignation or leave of Project members	Likely	Loss of momentum	Moderate	Plan for slower periods: good documentation of processes	Project Staff taking leave
Injury to project staff	Work Place Health & Safety during meetings off-site	Possible	Unable to complete usual work duties causing project delays	Moderate	Follow WHS guidelines in policy regarding visiting community organisations; Inform manager before and after evening or weekend meetings	Project team

Reporting

The purpose of reporting of the CGHiC's activities is to keep relevant bodies informed of the project's progress and planned actions. Reporting also contributes to good financial management, achievement of objectives, and transparency of the use of funds.

Reporting about CGHiC is completed by the following partner for the specific purposes:

- a. HERDU/SLHD/UNSW – Community Partnerships Fellow
 - HERDU Board report
 - Annual CPHCE report
 - HERDU annual report
 - SLHD research report

- b. CESPHN- Project Officer
 - Secretariat activities for Advisory Committee, Management Committee and Working Group
 - Management committee 6-month report: January-June & July-Dec.
 - Activity work plan (AWP) for the department of health: both planning and acquittal reports, occurs every 6 months.
 - Annual CESPHN report

Evaluation plan and Program Logic

Evaluation of CGHiC aims to:

- identify the impact of the activities at an appropriate level: individual, family, community and systems
- strengthen the partnership between the three organisations
- Inform decisions about the future direction of CGHiC

The evaluation of CGHiC is underpinned by the objectives of the project:

- Improve access to comprehensively primary health care services
- Increase individual and community health literacy
- Identify and work with relevant stakeholders to address at least one social determinant of health.

This alignment is shown in the Program Logic for 2018-2019 (Appendix 1).

The Program Logic has the following components:

- Domain
- Inputs
- Tasks
- Outputs
- Outcomes: Measure & Data Collection Method
- Specific CGHiC Objectives and potential research questions
- CGHiC Goal

Outcomes for CGHiC are specific to the activity but generic outcomes are:

- Participants are more socially engaged in everyday life – connection to friends, socialising in the community etc
- Participants learn relevant health or social information
- Participants use acquired health or social information in their own lives or their family's life
- Community language groups are appropriately and effectively engaged through the provision of bilingual worker engagement, interpreter use or provision of translated resources
- Social capacity is increased in either individuals or in community organisations involved in the activities

References

Australia Bureau of Statistics, Census 2016

Central and Eastern Sydney PHN, Needs assessment, 2017

The Barriers and Enablers to Accessing, Understanding and Applying Health Information for Rohingya Refugees: The Perceptions of Stakeholders, Damian Gill, 2016, UNSW

Evaluation Plan- Program Logic

Domain	Inputs	Tasks	Outputs	Outcomes		Objectives	Goal
				Measure	Data Collection Method		
Governance	<ul style="list-style-type: none"> - Terms of reference - MOU - Partner organisations - Advisory committee - Management committee - Service providers - Community members 	<ul style="list-style-type: none"> - Governance - Oversight - Direction 	<ul style="list-style-type: none"> - # meetings held - # decisions made - # relationships formed (quantity and quality) 	<ul style="list-style-type: none"> - Strategy - Accountability mechanisms 	<ul style="list-style-type: none"> - Partnership appraisal tool. - Minutes of management and advisory meetings. - Reflection on decision making and governance by stakeholders. 	0. Preparatory work	To improve health and reduce inequities for marginalised culturally and linguistically diverse (CALD) populations in the Canterbury region.
Demographic and health profile of Canterbury	<ul style="list-style-type: none"> - Data (from online databases) - CGHiC staff - Evaluation working group - CESP HN - Joe Van Buskirk (SLHD) 	To develop a demographic and health profile of the population in Canterbury.	<ul style="list-style-type: none"> - Comprehensive quantitative data profile in Excel. - Publication (report) 	Shared understanding of the Canterbury population and their health/health needs by suburb	<ul style="list-style-type: none"> - Reflection tool on the value of report. 	0. Preparatory work	
Priority setting	<ul style="list-style-type: none"> - Demographic and health profile of Canterbury - CGHiC staff - Management committee 	<ul style="list-style-type: none"> - Identify priority locations for intervention. - Identify priority health issues/ topics for intervention. - Identify priority cohorts for intervention. 	<ul style="list-style-type: none"> - # priority locations - # priority issues/ topics - # priority cohorts 	<ul style="list-style-type: none"> - Agreed locations - Agreed issues/topics - Agreed cohorts 	<ul style="list-style-type: none"> - Minutes of committee meeting. - Management Committee survey. 	0. Preparatory work	
Planning and project management	<ul style="list-style-type: none"> - CGHiC staff - Partner organisations (SLHD, UNSW, CESP HN) - Management committee 	<ul style="list-style-type: none"> - Develop/review program guidelines - Develop/review program logic - Develop annual work plan (consistent with identified priorities, funding allocation, etc.) 	<ul style="list-style-type: none"> - Revised guidelines - Revised program logic - Current 1-year work plan - Endorsement by Management Committee 	Clear and agreed operational plan.	<ul style="list-style-type: none"> - Minutes of management and advisory meetings. - Reflection on decision making and planning by stakeholders. - Project management templates/ tools. 	0. Preparatory work	

APPENDIX 1

Domain	Inputs	Tasks	Outputs	Outcomes		Objectives	Goal
				Measure	Data Collection Method		
Community health literacy	<ul style="list-style-type: none"> - CGHiC staff - Partner organisations - Bilingual workers 	Co-design community health literacy initiatives with partner organisations and bilingual workers <ul style="list-style-type: none"> - Identify topic(s) - Identify and recruit speakers - Develop timetable 	Agreed <ul style="list-style-type: none"> - Topics - Speakers - Timetable 	<ul style="list-style-type: none"> - Increase in bilingual worker skills - Improved relationship with partner organisations 	Participant feedback <ul style="list-style-type: none"> - Satisfaction survey (each session) - Semi-structured interview (conclusion of program) 	1. Increased individual and community health literacy.	To improve health and reduce inequities for marginalised culturally and linguistically diverse (CALD) populations in the Canterbury region.
	<ul style="list-style-type: none"> - Speakers (health subject matter experts) - Bi-lingual community workers - CGHiC, SLHD, CESPHN & CPHCE staff - NGO partner (e.g. Metro Assist) - Community members from priority areas and groups 	Deliver community health literacy initiatives: <ul style="list-style-type: none"> - One session per week over 4-5 weeks - Different topic/guest speaker each week 	Participants <ul style="list-style-type: none"> - # sessions - # speakers - # participants - Per session - Overall 	<ul style="list-style-type: none"> - Increased access to information - Increased knowledge - Increased confidence to seek relevant health services - Increase social connection 	Bilingual Worker feedback <ul style="list-style-type: none"> - Reflection tool (conclusion of program) Partner feedback <ul style="list-style-type: none"> - Qualitative (conclusion of program – method TBC) 		
	<ul style="list-style-type: none"> - Community health literacy participants 	<ul style="list-style-type: none"> - Peer to peer information sharing - Participants share information with family and other community networks. 	<ul style="list-style-type: none"> - # of people information is shared with 	<ul style="list-style-type: none"> - Increased access to information - Increased knowledge - Increased confidence to seek relevant health services 			
Health promotion and screening (e.g. oral health day)	<ul style="list-style-type: none"> - CGHiC staff - Partners - Bi-lingual community workers - Presenters - Interpreters 	<ul style="list-style-type: none"> - Collect pre-participation data - Develop event plan - Recruit participants - Run event 	Pre-participation data <ul style="list-style-type: none"> - # participants assessed - # participants in health promotion talks - % referrals - # staff - # and type of agencies represented 	<ul style="list-style-type: none"> - Increased access to information - Increased knowledge - Assessment of health status 	CGHiC staff feedback <ul style="list-style-type: none"> - Observations Service provider feedback <ul style="list-style-type: none"> - Reflection tool Participant feedback		

APPENDIX 1

Domain	Inputs	Tasks	Outputs	Outcomes		Objectives	Goal
				Measure	Data Collection Method		
Resource development	<ul style="list-style-type: none"> - Community members target groups - Bilingual community workers - CGHiC & CPHCE staff - NGO staff 	Develop in language resources	# of resources developed	'In-language' resources available	TBC		To improve health and reduce inequities for marginalised culturally and linguistically diverse (CALD) populations in the Canterbury region.
Community outreach	<ul style="list-style-type: none"> - Health resources - Bi-lingual community workers - CGHiC, SLHD, CESP HN & CPHCE staff 	Attend community events to distribute resources and promote services	# events attended # participants that attend the events # resources distributed	- Increased access to information	Bi-lingual community worker feedback Reflection tool		
Collective control initiative (Rohingya Little Local)	<ul style="list-style-type: none"> - CGHiC & SLHD staff - Settlement Service International, Status Resolution Support Services (SRSS) - BRCA 	Community engagement Zoo trip to develop relationships and built trust	# community member participants	- Engagement - Trust			
	<ul style="list-style-type: none"> - Rohingya community members - CGHiC staff - Burmese Rohingya Community in Australia (BRCA) 	<ul style="list-style-type: none"> - Development of the Rohingya Little Local - Development of project plan - Planning and implementation 	# meetings # participants # structures/ processes developed	<ul style="list-style-type: none"> - Self-determination - Improved social relationships and cohesion by creating new/improving existing community assets. 	<ul style="list-style-type: none"> - Demographic information on event attendance. - Qualitative data from BRCA - CGHiC staff meeting minutes 		
Professional health literacy (includes Continuing Professional Development (CPD) for health care professions)	<ul style="list-style-type: none"> - Speakers (health subject matter experts) - Primary health care providers - CGHiC, SLHD, CESP HN & CPHCE staff 	<ul style="list-style-type: none"> - Deliver half day forums - Deliver continuing professional development (CPD) 	# sessions # speakers # participants	<ul style="list-style-type: none"> - Increased knowledge, skills and cultural competence - Increased focus on accessibility and health equity - Increased skills working with disadvantaged populations 	Participants <ul style="list-style-type: none"> - CESP HN post-training evaluation template Speakers <ul style="list-style-type: none"> - Reflection tool 	2. Improved access to comprehensive primary health care services for marginalised populations including those from CALD backgrounds.	
Inter-sectorial work	<ul style="list-style-type: none"> - Staff of local organisations 	<ul style="list-style-type: none"> - Co-design and collaborative work 	# meetings # informal relationships # partnerships	- Increased intersectoral knowledge	Partners Collaboration Health Assessment Tool (CHAT), or similar		

Domain	Inputs	Tasks	Outputs	Outcomes		Objectives	Goal
				Measure	Data Collection Method		
				- Improved relationships - Increased collaboration			
Social determinants	<ul style="list-style-type: none"> - Bi-lingual community worker - CGHiC staff - Community organisation - Community members from priority area and group: <ul style="list-style-type: none"> o Child, Family and Women's health - For Bangladeshi women 	<ul style="list-style-type: none"> - Identify determinant of health - Bi-lingual community worker training - Prepare resources for program delivery - Deliver existing program in language 	# Courses delivered # participants and characteristics.	<ul style="list-style-type: none"> - Increased knowledge, skills and competence 	Participant feedback <ul style="list-style-type: none"> - Satisfaction survey (specific to Tune in to Kids) - Bi-lingual community worker - Reflection tool 	3. Address one social determinant of health – childhood development pre-birth to kindergarten.	To improve health and reduce inequities for marginalised culturally and linguistically diverse (CALD) populations in the Canterbury region.
Research	<ul style="list-style-type: none"> - HERDU - Research and evaluation working group - Community Partnerships Fellow 	<ul style="list-style-type: none"> - Develop a research strategy and plan for CGHiC. - Conduct research. - Publish CGHiC articles in academic and professional publications. 	<ul style="list-style-type: none"> - # publications. - # citations. - Alternative metrics- #retweet, media 	<ul style="list-style-type: none"> - Contribution to knowledge base - Learning informs and enhances practice within and beyond CGHiC - HERDU meets research expectation of CPHCE/UNSW 	<ul style="list-style-type: none"> - UNSW metrics - Research metric tool 	4. To develop research capability within CGHiC.	
Monitoring	<ul style="list-style-type: none"> - Reporting framework - Data collections templates/ tools - CGHiC staff 	<ul style="list-style-type: none"> - Collect data for all outputs and outcomes. - Collate, analyse and report data to Management Committee. 	<ul style="list-style-type: none"> - # data points - # reports 	<ul style="list-style-type: none"> - Timely understanding of progress and impact 	<ul style="list-style-type: none"> - Additional stakeholder interviews. - Reporting tools. 	0. Monitoring the impact of CGHiC	
Evaluation of CGHiC	<ul style="list-style-type: none"> - CGHiC & SLHD staff - Advisory and management committees - TBC 	<ul style="list-style-type: none"> - Collate/analyse existing data. - Collect and analyse new data (e.g. interview stakeholders). 	<ul style="list-style-type: none"> - Evaluation report. - Recommendations. 	<ul style="list-style-type: none"> - New insights into CGHiC. - Assessment of progress to date. - Refined program documents. 	<ul style="list-style-type: none"> - Stakeholder meetings to develop consensus. - Analysis of data collected relating to the previous CGH projects in the last 24 months. 	0. Evaluation of CGHiC	

APPENDIX 1

Domain	Inputs	Tasks	Outputs	Outcomes		Objectives	Goal
				Measure	Data Collection Method		
		<ul style="list-style-type: none"> - Review program guidelines and project plan. - Write evaluation report for CGHiC. 			<ul style="list-style-type: none"> - Additional stakeholder interviews. - Document review and consolidation into one master document. 		
Organisational learning and improvement	<ul style="list-style-type: none"> - Partner organisations (SLHD, UNSW, CESP HN) - Advisory committee - Management committee 	<ul style="list-style-type: none"> - Distribute research and evaluation findings and publications 	<ul style="list-style-type: none"> # shares # workshops - # conference presentations 	<ul style="list-style-type: none"> - Operational changes (within and beyond SLHD and CESP HN) - Systems changes (within and beyond SLHD and CESP HN) 	<ul style="list-style-type: none"> - Stakeholder self-reflection. - Post-evaluation survey. 	0. Organisational learning	

Project timetable

Timelines for 1 July 2018- 30 June 2020:

	Planned												TBC															
	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20				
Child, family and women's health		Bangladeshi Women's Circle: Women's Reproductive Health		Bangladeshi Parenting program – Tuning in to Kids				Bangladeshi Women's Circle: Mindfulness program																				
				Supporting newly arrived parents (Health Direct)																								
Mental Health				MH forum for comm workers																								
Capacity Building			Rohingya Little Local																									
												Cant Hosp activity																
										GP & PN training																		
									Arabic community networker																			
									Men's family project TBC																			
Chronic disease prevention																												
Governance documents			Finalise project plan					Write DoH AWP																				
Research and evaluation							Set up work group	Write first paper										Eval report										

Appendix 3: Details of Activities by Priority Area

Priority Area: Child, Family and Women's Health

	Bangladeshi Women's Circle	Tuning in to Kids	Oral Health assessment and promotion
Community	Bangladeshi	Bangladeshi	Rohingya
Partner	Metro Assist	Canterbury City Community Centre (4Cs).	Sydney Dental Hospital, Canterbury Hospital Dental Service, Lakemba School, Hampden Park School, NSW Refugee Health Service.
Targeted group	Women	Parents	Rohingya school aged children aged 5-11yrs.
Aim of activity	Health literacy and social connection group. Mindfulness - psychological support training.	In-language (Bangla) parenting program.	Teeth check, oral health promotion, referral to local dental services.
Location	Emerging Communities Resources Centre, below Lakemba Library.	4Cs venue: The Cottage, 28 Croydon Rt, Lakemba.	Lakemba School as Community Centre (SaCC).

Additional project: Supporting newly arrived parents in Canterbury from Bangladesh and China- this project has been funded by HealthDirect to conduct a study exploring ways to improve access to appropriate health services for first-time migrant mothers from Bangladesh and China.

Priority Area: Mental Health

	Mental Health Forum for Community Workers	Domestic Violence poster in Bangla language	Additional activity-TBC
Community	All	Bangladeshi community.	
Partner	CESPHN Mental Health	Poster source- Nepean Blue Mountains PHN & Nepean Blue Mountains LHD.	
Targeted group	Community workers in Canterbury	All	
Aim of activity	Increase knowledge of assisting a client with mental health issues and relevant agencies.	Provide in language (Bangla) resource about behaviour that is domestic violence.	
Location	Lebanese Muslim Association, Lakemba	For GP waiting rooms and other locations.	

Priority Area: Capacity Building

	Start Rohingya Little Local project: community-led project	Canterbury Hospital Tour – Community Participation Coordinator	Strengthening partnerships with Arabic community in Canterbury
Community	Rohingya	General	Arabic
Partner	Burmese Rohingya Community in Australia (BRCA)	Wiley Park School as Community Centre	Muslim Women’s Association (TBD)
Targeted group	Rohingya	Women who attend programs at the school	Arabic community members
Aim of activity	To allow the Rohingya community in the Canterbury region to determine, for themselves, what their priorities are and how to use the funding to address one or more priorities.	To increase familiarity with location, services and navigating Canterbury Hospital	Employment of an Arabic speaking community networker to develop program of work specific to the needs of the Arabic community (10 hours per week)

Location	Canterbury	Canterbury Hospital	Canterbury
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Priority Area: Chronic Disease Prevention

	TBC first aid course for refugee men /pain management course		
Community			
Partner			
Targeted group			
Aim of activity			
Location			