Centre for Health Equity Training, Research and Evaluation

Place, space, people

Locational Disadvantage Program: Program Logic

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Background

The Centre for Health Equity Training, Research, and Evaluation (CHETRE) has been conducting a program of work in Locational disadvantage since 1999. The work undertaken in this program is aimed at improving the health and wellbeing of people living in locationally disadvantaged areas, and the capacity of communities in these areas to take actions that will enhance their health and wellbeing. The focus of the work to date has been on:

- Improving the health of people who are unemployed
- Health and the social environment in disadvantaged communities – evaluating the 2168 project
- Developing and running a 'Working in locationally disadvantaged communities' course
- Developing and managing a training and research hub known as Community STaR

CHETRE plans to continue working in this area and as such, the goals and future directions for the program needed to be determined. As CHETRE is a unit of Population Health, South Western Sydney Local Health District (SWSLHD), the work to be conducted in the program will need to align with the priorities of SWSLHD. For instance, the work will align with a priority action under SWSLHD Strategic Direction 7 – 'reducing health inequity through primary prevention and multilateral community renewal programs in areas of locational disadvantage and ensuring services address health inequity.'

The purpose of this document

This document sets out the program logic for the Locational Disadvantage program. It describes how it was developed, identifies the three streams of work and the activities to be conducted within those streams, and the short and long term outcomes.

> Program logic is a visual representation of the pathway from action to results.[1]

Defining health in the context of this program logic

Health has many definitions. In the context of this program logic, health is defined as "health and happiness are the expression of the manner in which the individual responds and adapts to the challenges he meets in everyday life".[2]

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[1] Funnell S, Rogers P. (2011) *Purposeful theory: Effective use of theories of change and logic models.* Jossey-Bass: San Francisco.

[2] Dubois R. (1987) *Mirage of Health: Utopias, Progress, and Biological change*. New Jersey: Rutgers University Press.

Goal of CHETRE's Locational Disadvantage Program

The goal of CHETRE's Locational Disadvantage Program is:

What

To create supportive environments for equity and health

Where

in the most disadvantaged locations in South Western Sydney

Through

working adaptively and responsively with people and organisations

To

enable:

- **trust;**
- **empowerment;**
- **the ability of people and communities to take control of their lives; and**
- **health literacy**

For

health, wellbeing, and equity.

What do we mean by supportive environments?

The term ‘supportive environments’ was coined in the landmark WHO’s Ottawa Charter for Health Promotion in 1986. ‘Supportive environments’ have become benchmarks for health policy development around the world. In Australia, the Victorian government’s municipal public health planning framework, Environments for health,[3] identifies four environments that impact on health and wellbeing namely:

- built environment (e.g. roads, housing, transport, recreation facilities, amenities (street lighting, footpaths, shops, electricity, water);
- social environment (e.g. demographics (ethnicity, gender, language), sense of belonging, sense of community, social support, social capital, social inclusion, community facilities, perceptions of safety;
- economic environment (e.g. economic policy, employment, resources, industrial development);
- natural environment (e.g. climate, geography, air quality, natural disasters, native vegetation, air and water quality).

Supportive built, social, economic and natural environments offer people protection from factors that can threaten their health and wellbeing. They promote participation in health and allow people to expand their capabilities and self-reliance.

To date, most of CHETRE’s work in the locational disadvantage program has focused on creating a supportive *social* environment, with some overlapping activities to support the built, economic and natural environments. Future activities will continue to focus primarily on the social environment, but as in the past, there will continue to be overlapping and possibly increasing activities in the other areas.

[3] Department of Human Services. (2001) *Environments for Health: Promoting Health and Wellbeing through built, social, economic and natural environments*. Department of Human Services, Public Health Division. Victoria. www.dhs.vic.gov.au/phd/localgov/mphpf/index.htm

What do we mean by locational disadvantage?

Locational disadvantage refers to environments that are characterised by geographical concentrations of disadvantage. Locationally disadvantaged communities typically have limited access to services and facilities, poor employment, training and educational opportunities, and poor physical and social infrastructures. In New South Wales, six of the ten most disadvantaged local government areas are in the SWSLHD.[4]

The people living in these most disadvantaged areas are not all disadvantaged in the same way. There are a variety of ways and combinations thereof in which they experience disadvantage. For instance:

- material deprivation;
- social and economic exclusion;
- stigma;
- lack of respect.

The overlapping or intersecting of social identities such as race, class, religion and gender, as they apply to individuals or groups in these disadvantaged areas is another factor that influences/impacts on the discrimination or disadvantage experienced.

While geography (locality) is the primary frame of reference used in this program logic, it is recognised that within any given area of locational disadvantage, there are gradients of disadvantage and 'most disadvantaged'.

> The social gradient in health describes how people who are less socioeconomically advantaged have worse health than those who are more advantaged.[5]

[4] Australian Bureau of Statistics. (2011). *Census of Population and Housing: Socio-Economic Indexes for Areas (SEIFA)*, Australia - Data only, 2011, Cat. no. 2033.0.55.001, from http://www.abs.gov.au/ausstats/abs@.nsf/mf/2033.0.55.001

[5] Based on Donkin AJM. (2014) Social gradient. The Wiley Blackwell Encyclopedia of Health, Illness, behaviour, and Society.

Locational disadvantage in South Western Sydney Local Health District

Health needs and health inequalities are not evenly geographically distributed within South Western Sydney. CHETRE and SWSLHD have worked to identify areas of disadvantaged locations so prevention activities can be appropriately targeted and health services can respond proportionally to need (see Appendix 1 for examples).

Broader demographic and social changes in South Western Sydney such as migration, gentrification, and social housing renewal mean that the distribution of health needs is also changing. Historical pockets of locational disadvantage may no longer be the areas that health services should focus on. Because of this, data on locational disadvantage at the local level are routinely reviewed.

Our locational focus

Based on data available at the suburb level (Statistical Area 2 - SA2) several areas of locational disadvantage in South Western Sydney (see Appendix 1 for further information) have been identified. These are listed below, grouped by local government area.

- City of Canterbury-Bankstown (Bankstown)
    - Bankstown
- Campbelltown City Council
    - Macquarie Field – Glenfield
- Liverpool City Council
    - Ashcroft - Busby – Miller
    - Liverpool - Warwick Farm
- Fairfield City Council
    - Cabramatta West – Mount Pritchard
    - Cabramatta – Lansvale
    - Canley vale – Canley heights
    - Fairfield
    - Fairfield - West

Intent

Whilst profiling indicates there are a range of areas that are experiencing locational disadvantage, it is not CHETRE's intent to work across all these areas. By focusing the Locational Disadvantage Program on a smaller number of areas CHETRE seeks to:

- maximise the impact of the programs;
- be able to demonstrate change.

The factors that will guide which communities will be a focus of the program in the future include the:

- extent of disadvantage and need;
- existence of consumers, community groups, local organisations and services whose capacity CHETRE can build and supplement;
- activities at the local level that CHETRE can complement, assist and work to support;
- nature of existing partnerships and relationships;
- identified issues of concern at the local level.

CHETRE is working with the SWSLHD Epidemiology Unit to gain access to potentially preventable hospitalisation data (Ambulatory Care Sensitive Conditions) at the SA2 level, as well as investigating more granular approaches. This will enable a more accurate identification of geographic hotspots of locational disadvantage in South Western Sydney. The locational focus will continue to be reviewed and refined to account for ongoing population growth and demographic changes.

Development of this program logic

The development of this program logic was informed by:

- workshops with key CHETRE personnel involved in the locational disadvantage program;
- an audit of all historical documentation about the locational disadvantage program at CHETRE;
- discussions with partner organisations and members of other organisations currently working in the area;
- discussions with, and advice from, advisory groups;

- review of ABS,[6] SEIFA,[7] Social Health Atlas of Australia,[8] and Australian Health Tracker data;[9]
- consultation on a draft with key stakeholders across South Western Sydney.

The audit, workshops and discussions identified work conducted in this area to date, knowledge and or evidence gaps, key issues that need to be addressed, potential areas and potential program streams and activities.

Guiding Principles

The following principles have guided the development of this program logic. The work that CHETRE, with its partners, develops and implements must:

- empower and equip communities and individuals;
- be a two-way conduit between research and communities;
- work on a spectrum of engagement based on competition, co-operation, co-ordination, collaboration and consolidation;
- be built on, and lead to long term involvement;
- aim for sustainability and longevity of goals, activities and outcomes;
- be driven by fairness.

These principles have guided the decisions on activities to be conducted within the program logic, the prioritisation of these activities, and will guide the way the work is conducted.

[6] http://www.abs.gov.au
[7] http://www.abs.gov.au/ausstats/abs@.nsf/mf/2033.0.55.001
[8] http://phidu.torrens.edu.au/social-health-atlases/data#social-health-atlas-of-australia-population-health areas
[9] http://www.atlasesaustralia.com.au/ahpc/

Assumptions

The following assumptions have been made about the need for working in this area and how and why the program is expected to work:

- needs are clustered;
- working within these clusters can be an efficient way to target needs/determinants, and can reduce costs to services/the health system;
- we have to start where people are at (interest, but also other things);
- engaging with hard to reach groups is our role;
- inverse care law applies in South Western Sydney;
- being present and visible is important to our credibility and to our having legitimacy.

External/contextual factors

There are several external, contextual factors that influenced decisions about activities conducted, and/or could influence the outcomes of these activities. They could also influence future decisions regarding changes, or additions, to the activities conducted. These external, contextual factors are:

- history of engagement in Miller and Claymore;
- history of partnerships with the 2168 project, Housing/FACS, Liverpool City Council, South Western Sydney Local Health District (SWSLHD);
- current and potential stakeholders, for instance:
  - SWSLHD;
  - Liverpool City Council;
  - Other local councils;
  - Community 2168 project;
  - Other agencies and/or services (government, community, other health services);
- aligned activities:
  - with NSW Health and or other health or government departments;
  - with local councils;
  - with other community services;
  - within CHETRE (e.g. Health Impact Assessments, or research relating to the Built Environment (high density residential developments));
- current ongoing programs within the Locational disadvantage program, namely:
  - Community STaR (Service for Training and Research);
  - Working in Locationally Disadvantaged Communities (WLDC) Course.

Locationally Disadvantaged Communities: Program Logic

Inputs

- Resources including staff, time, place & finances
- Access to people
- Information on people's lives
- Insight into the issues people face
- Relationships, Networks and Partnerships
- Leadership
- Policy
- Research base

Goal

What To create supportive environments for equity and health
Where In the most disadvantaged locations in South Western Sydney
Through Working adaptively and responsively with people and organisations
To enable Trust, empowerment, the ability of people and communities to take control of their lives, and health literacy,
For Health, wellbeing and equity

Guiding principles

The work that CHETRE, with its partners, develops and implements must:

- Empower and equip communities and individuals
- Be a two-way conduit between research and communities
- Work on a spectrum of engagement based on competition, co-operation, co-ordination, collaboration and consolidation
- Be built on, and lead to long term involvement
- Aim for sustainability and longevity of goals, activities and outcomes
- Be driven by fairness

Assumptions

- Needs are clustered
- Working within these clusters can be an efficient way to target needs/ determinants, and can reduce costs to services/the health system
- We have to start where people are at
- Engaging with hard to reach groups is our role
- Inverse care law applies in South Western Sydney
- Being present and visible is important to our credibility and to our having legitimacy

Activities	Outputs
Linking and generating research evidence	
• Learning: Providing information to community residents and workers through forums, seminars; Training courses for community workers – Working in Locationally Disadvantaged Communities (WLDC) course	• Number of forums and seminars; Number of WLDC courses
• Formal and informal communication with individuals and community organisations (verbal, written, meetings)	• Frequency of communication: Number of meeting attended
• Identifying and responding to local issues (e.g. planning and participating in activities for organisations such as Community Drug Action Team (CDAT)	• Number issues identified and responded to
• Information and knowledge exchange at local level and beyond: Contributing to e-lists; Referrals; Distributing resources; Sharing out of information	• Amount of information exchanged; Number of formats used
• Research: Developing and conducting research (understanding need, understanding issues, providing feedback mechanisms and acting on feedback, evaluating programs and or activities, identifying strengths); Developing service responses; Disseminating findings through reports, publications and conferences; Supporting teams of community workers (WLDC course participants in planning, implementing and evaluating research projects to improve service delivery and access	• Number of research projects, evaluations; Number of feedback mechanisms ; number of service responses developed; Number of reports, publications and conferences
Building capacity of individuals, organisations and communities	
• Learning: Providing information to community residents and workers through forums, seminars; Education and training for community workers through workshops, courses (WLDC); Learning circles for community members (learning from each other)	• Number of forums and seminars; Number of workshops and WLDC courses: Number of learning circles
• Support: Supporting local groups, formal and informal networks and relationships at local level; WLDC course help desk, site visits, project visits, funding	• Amount of support provided
• Activities to promote or address local issues (e.g. alcohol and other drugs, unemployment)	• Number of activities planned and conducted
• Collaborating with other organisations and services: shared projects; shared activities (social inclusion activities, 2168 project activities)	• Number of shared projects and activities
• Resource development (e.g. oral history film, book, photo exhibition)	• Number of resources developed
• Employment readiness: Activities and resources to improve employment readiness; Providing volunteer training opportunities	• Number of opportunities provided and completed
• Leveraging local skills and capabilities, co-operative relationships	• Amount of leverage
• Community engagement: Increasing community engagement and participation (representation on projects, committees, planning); Involvement in community engagement activities of the district	• Number of residents involved; Number of projects, committees, planning activities residents are involved in
Developing and strengthening networks	
• Learning: Learning circles for community members (learning from each other)	• Number of Learning circles
• Developing and promoting links and activities (e.g. Harmony day)	• Frequency of interaction; Number of activities
• Formal and informal communication with individuals and community organisations (verbal, written, meetings)	• Frequency of communication: number of meeting attended
• Support: Supporting local groups, formal and informal networks and relationships at local level;	• Amount of support provided
• Identifying and responding to local issues (e.g. planning and participating in activities for organisations such as Community Drug Action Team (CDAT)	• Number of issues identified and responded to
• Collaborating with other organisations and services: Shared projects; Shared activities (social inclusion activities, 2168 project activities)	• Number of shared projects and activities
• Information and knowledge exchange at the local level and beyond: Contributing to e-lists; Referrals; Distributing resources; Sharing out of information	• Amount of information exchanged: Number of formats used

External/contextual factors

- History of engagement in Miller and Claymore
- History of partnerships with Housing/FACS, Liverpool City Council, South Western Sydney Local Health District
- Current and potential stakeholders
  - SWSLHD.
  - Liverpool City Council and other local councils,
  - Community 2168 project,
  - Other agencies and/or services (government, community, other health services
- Aligned activities
  - With NSW health and or other health or government departments
  - With Local councils,
  - With other community services
  - Within the Centre for Health Equity training, Research and Evaluation (CHETRE) (e.g. Health Impact Assessments, or research relating to the Built environment (high density residential developments))
- Existing programs within the Locational Disadvantage Program
  - Community STaR (Service for Training and Research)
  - Working in Locationally Disadvantaged Communities (WLDC) Course

Short to medium term outcomes (<2 years)

For community

- Increased knowledge, understanding and skills
- Increased self-efficacy, self-esteem and sense of achievement
- Increased sense of belonging and social inclusion
- Increased level of trust
- Increased willingness and ability to collaborate
- Increased opportunities for community engagement and participation
- Improved employment readiness to be able to take advantage of employment opportunities

For Workers

- Increased understanding of locational disadvantage
- Enhanced access to: researchers, research findings, other information; insights and experiences of community members; information about issues important to community members
- Increased level of skills: practical, communication, active-reflective, self-management, project and research.
- Trusting and supportive environment for learning
- Improved trust and collaborative practices within and between workers and communities

For services (health and non-health)

- Enhanced identification and understanding of community issues and needs
- Extended, strengthened and more effective networks and partnerships
- Better evidence of where resources and services are needed
- Enhanced co-ordination, support and promotion of aligned activities
- Improved trust and collaborative practices between services and communities
- More community based research
- More informed and skilled workers

For the health system

- More informed and skilled workforce
- Identification of where resources and services are needed

Long term outcomes (>2 years)

For community

- Improved health and wellbeing
- Increased level of trust
- Improved leadership capabilities among community members
- A community that has pride in their diversity
- Increase in successful employment applications rates
- Ongoing supportive and collaborative practices
- Ongoing community engagement and participation

For workers

- Ongoing collaborative and supportive practices
- Ongoing use of increased knowledge, skills and understanding in creative and innovative ways
- Sustainable partnerships

For services (health and non-health)

- Increased range of community needs being met
- Increased service reach among the most vulnerable
- Appropriate and efficient allocation of resources and services
- More sustainable and effective partnerships
- Ongoing effective collaboration between services and communities
- Sustainable community based programs
- Ongoing coordination, support and promotion of aligned activities
- Success of aligned activities
- Better evidence on what programs and services are effective in addressing and responding to local needs and issues
- Informed and skilled workers

For the health system

- Appropriate and efficient allocation of resources and services
- Informed and skilled workforce

Impacts

- A supportive environment for equity and health
- Increased respect and dignity for community members
- More informed and skilled community members empowered to contribute to their communities
- Improved health and wellbeing for community members
- More informed and skilled workforce
- More efficient allocation of resources and services
- Reduced costs to health system

Program logic

This program logic sets out a clearly structured program of work for the locational disadvantage program, and the expected outcomes of the activities conducted. The framework includes the:

- inputs required to conduct the work and achieve the required outcomes;
- streams of work and activities and expected outputs;
- outcomes;
- impacts.

Inputs

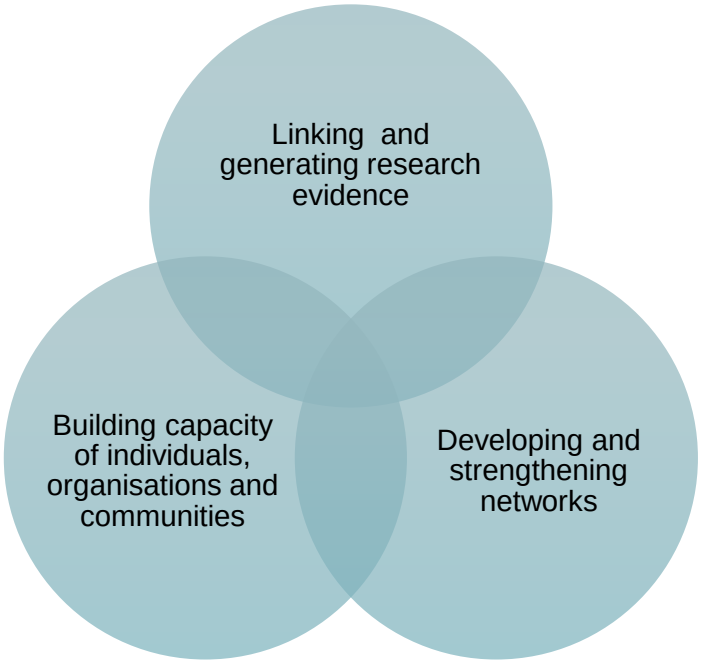
Numerous human, financial, organisational and community based inputs are required to conduct the work and achieve the required outcomes outlined in the program logic. They include the following resources, approaches and capabilities:

- time;
- staff;
- relationships;
- access to people;
- information on people's lives;
- insight into the issues people actually face;
- finances;
- networks, including broader social networks and linking social capital;
- partnerships;
- leadership;
- policy;
- research base (historical data);
- place - a physical, identified location (such as the Community STaR office in the Miller Community Centre).

Activities

The locational disadvantage program will work across three streams of work. These are: Linking and generating research evidence; Building capacity of individuals, organisations and communities; and Developing and strengthening networks (Figure 1). Activities in these streams of work will extend across the entire district focusing on areas of greatest need.

Figure 1. Program streams in the locational disadvantage program



The **Linking and generating research stream** is about the provision of access between researchers and communities, supporting community workers to conduct research, and conducting and disseminating research. Ensuring there is a two way conduit between researchers and the community that provides access for:

- service providers and community members to high level researchers and evidence-based findings will lead to more informed workers and community members who are encouraged and empowered to contribute to their communities;
- researchers from universities, government and non- government bodies to the insights, experience and knowledge of community workers and residents will encourage and develop community-based research, and the development of a trusting and supportive environment.

This two way conduit will be achieved through learning activities, communication, identifying and responding to need, information and knowledge exchange, and through the development, and conduct of CHETRE generated research and the dissemination of findings from this research.

Developing a research agenda

A detailed research agenda will be developed in a separate document. In brief, the research agenda will predominately include action research, and incorporate experiential and historical evidence. The type of research activities to be conducted will include:

- evaluations - formal evaluations of place based activities and or programs;
- surveys;
- needs assessment;
- service mapping;
- dissemination;
- developing service responses.

The **Building capacity of individuals, organisations and communities** stream is about providing the skills, tools, resources and practices that will increase the capacity of communities in locationally disadvantaged areas to take actions that will enhance their health and wellbeing. This includes increasing their capacity and capability to appropriately access services, applying a multidimensional concept of access that encompasses: 1) Approachability; 2) Acceptability; 3) Availability and.accommodation; 4) Affordability; and 5) Appropriateness.[10] This will be done through activities that involve learning, support, collaboration, resource development, and community engagement.

The **Developing and strengthening networks** stream will focus on strengthening existing muliti-disciplinary and inter-sectorial networks and or partnerships and developing new ones. This will be done through: learning activities, formal and informal networking with organisations, service providers, communities and individuals; support; and working together with, and or in partnership with other organizations, services, and or individuals.

The ability to do this, particularly in the postcode 2168 area, is enhanced by, but not wholly dependent on, being co-located with other organisations working in the 2168 area which makes it easier to be involved in joint meetings and in the planning of joint activities.

The activities to be conducted within each of the program streams are outlined in Table 1. Many of these activities are relevant to more than one stream. Some activities (e.g. community engagement) are also outcomes.

[10] Levesque, J.-F., Harris, M. F. and Russell, G. (2013) 'Patient-centred access to health care: conceptualising access at the interface of health systems and populations', International Journal for Equity in Health 12(18), p 1-9

Table 1: Activities to be conducted within the program streams

Linking and generating research evidence	Building capacity of individuals, organisations, and communities	Developing and strengthening networks

• Learning
  - Providing information to community residents and workers through forums, seminars
  - Training Courses for community workers - Working in Locationally Disadvantaged Communities (WLDC) course
 	
• Formal and informal communication with individuals and community organisations (verbal, written, meetings)
 	
• Identifying and responding to local issues (e.g. planning and participating in activities for organisations such as Community Drug Action Team (CDAT))
 	
• Information and knowledge exchange at the local levels and beyond
  - Contributing to e-lists
  - Referrals
  - Distributing resources
  - Sharing out of information
 	
• Research
  - Developing and conducting research
  o Understanding need
  o Understanding issues
  o Providing feedback mechanisms and acting on feedback
  o Evaluating programs and or activities
  o Identifying strengths
  - Developing service responses
  - Disseminating findings through reports, publications and conferences
  - Supporting teams of community workers (WLDC course participants) in planning, implementing and evaluating research projects to improve service access and delivery
	• Learning
	  - Providing information to community residents and workers through forums, seminars
	  - Education and training for community workers through workshops, courses (WLDC)
	  - Learning circles for community members (learning from each other)
	
	• Support
	  - Supporting local groups (e.g. Residents' action group (RAG)
	  - Supporting formal and informal networks and relationships at local level
	  - WLDC course - help desk, site visits, project visits, funding
	
	• Activities to promote or address local issues (e.g. alcohol and other drugs, unemployment)
	
	• Collaborating with other organisations and services
	  - Shared projects (e.g. Whatever Happened to Green Valley)
	  - Shared activities (e.g. social inclusion activities, 2168 project activities)
	
	• Resource development (e.g. Oral history film, book, photo exhibition)
	
	• Employment readiness
	  - Activities and resources to improve employment readiness
	  - Providing volunteer training opportunities
	
	• Leveraging local skills and capabilities, co-operative relationships
	
	• Community engagement
	  - Increasing community engagement and participation (representation on projects, committees, planning to address local issues)
	  - Involvement in community engagement activities of the District
		• Learning
		  - Learning circles for community members (learning from each other)
		
		• Developing and promoting links and activities (e.g. Harmony day)
		
		• Formal and informal and formal communication with individuals and community organisations (verbal, written, meetings)
		
		• Support
		  - Supporting local groups (e.g. RAG)
		  - Supporting formal and informal networks and relationships at the local level
		
		• Identifying and responding to local issues (e.g. planning and participating in activities for organisations such as CDAT)
		
		• Collaborating with other organisations and services
		  - Shared projects (Whatever happened to Green Valley)
		  - Shared activities (e.g. social inclusion activities, 2168 project activities)
		
		• Information and knowledge exchange at the local level and beyond
		  - Contributing to e-lists
		  - Referrals
		  - Distributing resources
		  - Sharing out of information

Responding to new invitations, needs and issues (internally and externally)

The goal of the locational disadvantage program states that we will work adaptively and responsively with people and organisations. As such new activities may need to be considered in response to identified needs and or issues, or as a response to a request from another internal or external organisation. These new activities will, if possible be incorporated into the existing program streams. If this is not possible, it may be necessary to consider establishing another program stream.

Outcomes

The activities conducted within the program streams are expected to result in positive short (<2 years) and long (>2 years) term outcomes for community, workers, services, and the health system. 'Community' refers to individuals in the community, community groups, or the community as an entity. 'Workers' refers to outcomes for workers in the health sector as well as other workers from other services or organisations. Similarly, 'Services' refers to health and non-health services.

Short term outcomes (<2 years)

The expected short term program outcomes for community, workers, services, and the health system are listed below.

For community

- Increased knowledge, understanding and skills
- Increased self-efficacy, self-esteem and sense of achievement
- Increased sense of belonging and social inclusion
- Increased level of trust
- Increased willingness and ability to collaborate
- Increased opportunities for community engagement and participation
- Improved employment readiness to be able to take advantage of employment opportunities

For workers

- Increased understanding of locational disadvantage
- Enhanced access to
    - Researchers, research findings and other information
    - Insights and experiences of community members;
    - Information about issues important to community members

- Increased level of skills
    - Practical
    - Communication
    - Active-reflective
    - Self-management
    - Project and research
- Trusting and supportive environment for learning
- Improved trust and collaborative practices within and between workers and communities

For services

- Enhanced identification and understanding of community issues and needs
- Extended, strengthened and more effective networks and partnerships
- Better evidence of where resources and services are needed
- Enhanced co-ordination, support and promotion of aligned activities
- Improved trust and collaborative practices between services and communities
- More community-based research
- More skilled and informed workers

For the health system

- More informed and skilled workforce
- Identification of where resources and services are needed

Long term outcomes (>2 years)

The expected long term program outcomes for community, workers, services, and the health system are listed below. Specific measurable outcomes in terms of health and wellbeing will be documented in the research agenda that is being developed.

For community

- Improved health and wellbeing
- Increased level of trust
- Improved leadership capabilities among community members
- A community that has pride in their diversity
- Increase in successful employment application rates
- Ongoing supportive and collaborative practices
- Ongoing community engagement and participation

For workers

- Ongoing collaborative and supportive practices
- Ongoing use of increased knowledge, skills and understanding in creative and innovative ways
- Sustainable partnerships

For services

- Increased range of community needs being met
- Increased service reach among the most vulnerable
- Appropriate and efficient allocation of resources and services
- More sustainable and effective partnerships
- Ongoing effective collaboration between services and communities
- Sustainable community-based programs
- Ongoing co-ordination, support and promotion of aligned activities
- Success of aligned activities
- Better evidence on what programs and services are effective in addressing and responding to local needs and issues
- Informed and skilled workers

For the health system

- Appropriate and efficient allocation of resources and services
- Informed and skilled workforce

Impacts

The long-term impacts of the work conducted in the Locational disadvantage program are:

- A supportive environment for equity and health;
- Increased respect and dignity for community members;
- More informed and skilled community members empowered to contribute to their communities;
- Improved health and wellbeing for community members;
- More informed and skilled workforce;
- More efficient allocation of resources and services;
- Reduced costs to health system.

Appendix 1: SWSLHD suburb (SA2) profiles

Available suburb level data (Statistical Area 2 – SA2), highlighting areas experiencing locational disadvantage in South Western Sydney Local Health District, can be accessed in the following document which is attached for your information:

SWSLHD Suburb SA2 profile.xlsx