Participatory action research & translating equity research into policy & practice, workshop report, 26-27 April 2005

Sallie Newell
Southern Cross University
Workshop Report

Participatory Action Research

&

Translating Equity Research into Policy & Practice

26th & 27th April 2005

Byron Bay

Workshop funded by: Institute for Health Research
Capacity Building Small Grants Program

Report prepared by: Sallie Newell, Research & Evaluation Coordinator
North Coast Health Promotion
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**Workshop Program**

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**Translating Equity Research into Policy & Practice**

**Participatory Action Research**

**Health Promotion North Coast Area Health in conjunction with**

**Institute for Health Research - Capacity Building Small Grants Program**

**Facilitators:** Prof Fran Baum & Dr Colin MacDougall

**Location:** Byron Bay Services Club, 132 Johnson St, Byron Bay

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**DAY 1 - Tuesday 26 April**

**Participatory Action Research (PAR)**

**Aims:**

- Provide an introduction to the use of PAR in population health research
- Discuss the methodological, ideological and ethical issues associated with using PAR
- Encourage a critical approach to the use of PAR
- Present and discuss examples of the use of PAR in population health research

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<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Facilitator</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.00am</td>
<td>REGISTRATION</td>
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<tr>
<td>9.30am</td>
<td>Experiences with PAR and ways in which participants wish to use it</td>
<td>Dr Colin MacDougall</td>
</tr>
<tr>
<td>10.00am</td>
<td>What is PAR? How is it used? What dilemmas does its use pose?</td>
<td>Prof Fran Baum</td>
</tr>
<tr>
<td>10.45am</td>
<td>REFRESHMENT BREAK</td>
<td></td>
</tr>
<tr>
<td>11.15am</td>
<td>Perceived barriers to using PAR in NSW Health in 2005</td>
<td>Prof Fran Baum</td>
</tr>
<tr>
<td>11.45am</td>
<td>Skills for using PAR sucessfully</td>
<td>Dr Colin MacDougall</td>
</tr>
<tr>
<td>12.45pm</td>
<td>LUNCH</td>
<td></td>
</tr>
<tr>
<td>1.45pm</td>
<td>Group exercise on perspectives on PAR</td>
<td>Prof Fran Baum</td>
</tr>
<tr>
<td>3.15pm</td>
<td>REFRESHMENT BREAK</td>
<td></td>
</tr>
<tr>
<td>3.30pm</td>
<td>Case Study of PAR with children</td>
<td>Dr Colin MacDougall</td>
</tr>
<tr>
<td>4.15pm</td>
<td>Case study of PAR in Southern Adelaide Health Services</td>
<td>Prof Fran Baum</td>
</tr>
<tr>
<td>4.45pm</td>
<td>Evaluation and Close</td>
<td>Dr Salie Newell</td>
</tr>
<tr>
<td>7.00pm</td>
<td>WORKSHOP DINNER</td>
<td></td>
</tr>
</tbody>
</table>
Translating Equity Research Into Policy & Practice
Participatory Action Research

Health Promotion North Coast Area Health in conjunction with
Institute for Health Research - Capacity Building Small Grants Program

Facilitators: Prof Fran Baum & Dr Colin MacDougall
Dept of Public Health, Flinders University, Adelaide
Location: Byron Bay Services Club, 132 Johnson St, Byron Bay

Workshop Program
26 & 27 April 2005

DAY 2 - Wednesday 27 April

Translating Equity Research Into Policy & Practice

Aims:
- To understand current thinking about research transfer processes
- Consideration of policy settings that advance or hinder the funding and transfer of health equity research
- Consideration of how research funding processes shape research knowledge
- Consideration of practical steps that might improve the transfer of equity research findings into practice

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.00am</td>
<td>Scene setting on research transfer</td>
</tr>
<tr>
<td></td>
<td>Facilitator: Prof Fran Baum</td>
</tr>
<tr>
<td>9.45am</td>
<td>Policy settings</td>
</tr>
<tr>
<td></td>
<td>Facilitator: Dr Colin MacDougall</td>
</tr>
<tr>
<td>10.30am</td>
<td>REFRESHMENT BREAK</td>
</tr>
<tr>
<td>11.00am</td>
<td>Case study: Exercise and policy</td>
</tr>
<tr>
<td></td>
<td>Facilitator: Dr Colin MacDougall</td>
</tr>
<tr>
<td>11.30am</td>
<td>Case study: Evaluation of complex community based projects</td>
</tr>
<tr>
<td></td>
<td>Funding and research design considerations (including short exercise on NH&amp;MRC reactions)</td>
</tr>
<tr>
<td></td>
<td>Facilitator: Prof Fran Baum</td>
</tr>
<tr>
<td>12.30pm</td>
<td>LUNCH</td>
</tr>
<tr>
<td>1.15pm</td>
<td>Global perspectives on research and policy for health equity</td>
</tr>
<tr>
<td></td>
<td>Facilitator: Prof Fran Baum</td>
</tr>
<tr>
<td>2.15pm</td>
<td>Small group exercise: Draft the North Coast Declaration on Equity,</td>
</tr>
<tr>
<td></td>
<td>Research and Action</td>
</tr>
<tr>
<td></td>
<td>Facilitator: Dr Colin MacDougall</td>
</tr>
<tr>
<td>3.15pm</td>
<td>Wrap Up and Evaluation</td>
</tr>
<tr>
<td></td>
<td>Facilitator: Dr Colin MacDougall</td>
</tr>
</tbody>
</table>
### Workshop Attendance

Overall, 35 participants attended the workshop: 33 on Day 1 (Participatory Action Research) and 32 on Day 2 (Translating Equity Research into Policy & Practice), with the vast majority attending both days – although a few had to leave before the end of each day, especially Day 2. Participants came from a wide range of organisations from across NSW:

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Position / Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Coast Area Health Service – Health Promotion Unit</td>
<td>Health Promotion Officer (x 6)</td>
</tr>
<tr>
<td></td>
<td>Research &amp; Evaluation Coordinator / Officer (x 3)</td>
</tr>
<tr>
<td></td>
<td>Obesity Prevention Coordinator</td>
</tr>
<tr>
<td></td>
<td>Manager</td>
</tr>
<tr>
<td></td>
<td>Health Equity Coordinator</td>
</tr>
<tr>
<td></td>
<td>Coordinator, Alcohol Projects</td>
</tr>
<tr>
<td>North Coast Area Health Service – other</td>
<td>Needle &amp; Syringe Exchange Program Coordinator</td>
</tr>
<tr>
<td></td>
<td>NGO Coordinator</td>
</tr>
<tr>
<td></td>
<td>Child Protection Counsellor</td>
</tr>
<tr>
<td></td>
<td>Senior Genetic Counsellor</td>
</tr>
<tr>
<td></td>
<td>Coordinator, Area Dental Program</td>
</tr>
<tr>
<td>South East &amp; Illawarra Area Health Service</td>
<td>Health Promotion Officer</td>
</tr>
<tr>
<td></td>
<td>Research &amp; Evaluation Coordinator, Health Promotion</td>
</tr>
<tr>
<td></td>
<td>Manager, Health Promotion</td>
</tr>
<tr>
<td>Hunter New England Area Health Service</td>
<td>Project Coordinator, Population Health</td>
</tr>
<tr>
<td></td>
<td>Manager, Environmental Health</td>
</tr>
<tr>
<td>Northern Rivers University Department of Rural Health</td>
<td>Researcher / Clinician</td>
</tr>
<tr>
<td></td>
<td>Research Support Officer</td>
</tr>
<tr>
<td>North Coast General Practitioner Training</td>
<td>Director of Training / GP</td>
</tr>
<tr>
<td>Institute for Health Research</td>
<td>Senior Project Officer</td>
</tr>
<tr>
<td>Sydney West Area Health Service</td>
<td>Acting Katoomba Program Coordinator, Population Health</td>
</tr>
<tr>
<td>Southern Cross University</td>
<td>Director, Centre for Children &amp; Young People</td>
</tr>
<tr>
<td>YWCA</td>
<td>Manager, Lismore Communities for Children Project</td>
</tr>
<tr>
<td>Greater Southern Area Health Service</td>
<td>Health Promotion Coordinator</td>
</tr>
<tr>
<td>Greater Western Area Health Service</td>
<td>Health Improvement Officer</td>
</tr>
<tr>
<td>The George Institute for International Health</td>
<td>PhD Student / Research Assistant</td>
</tr>
<tr>
<td>University of NSW</td>
<td>Research Manager, National Centre in HIV Social Research</td>
</tr>
<tr>
<td>Community Connections</td>
<td>Project Manager</td>
</tr>
</tbody>
</table>
Day 1 Feedback: Participatory Action Research

Response Rate
A total of 23 workshop evaluation forms were completed for Day 1, representing 70% of participants.

Usefulness of Workshop Sessions
The table below summarises participants’ ratings of the usefulness – of each session, and of the workshop overall. The case study of using PAR with children was rated as the most useful session, followed by the session overviewing PAR, its methods and dilemmas. Overall, the vast majority of participants found the workshop fairly or very useful.

<table>
<thead>
<tr>
<th>Session Title</th>
<th>Number of Participants Selecting Each Rating</th>
<th>Mean Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experiences with PAR and ways in which participants wish to use it – Colin</td>
<td>0 10 10 3 0</td>
<td>2.7</td>
</tr>
<tr>
<td>What is PAR? How is it used? What dilemmas does its use pose? – Fran</td>
<td>0 5 6 12 0</td>
<td>3.3</td>
</tr>
<tr>
<td>Perceived barriers to using PAR in NSW Health in 2005 – Fran</td>
<td>0 4 10 9 0</td>
<td>3.2</td>
</tr>
<tr>
<td>Skills for using PAR successfully – Colin</td>
<td>0.5 7.5 6 9 0</td>
<td>3.0</td>
</tr>
<tr>
<td>Group exercise on perspectives on PAR – Fran</td>
<td>0 3 9 5 6</td>
<td>3.1</td>
</tr>
<tr>
<td>Case study of PAR with children – Colin</td>
<td>0 4 4 15 1</td>
<td>3.6</td>
</tr>
<tr>
<td>Case study of PAR in Southern Adelaide Health Services – Fran</td>
<td>1 10 6 5 0</td>
<td>2.6</td>
</tr>
<tr>
<td>Overall</td>
<td>0 4 11.5 5.5 2</td>
<td>3.4</td>
</tr>
</tbody>
</table>

Note: Participants rating between two levels were scored as half in each level.

Meeting the Workshop Aims
The table below summarises participants’ ratings of how well the workshop met its aims. Most participants felt that each aim was fairly or very well met, with all averaging around the fairly well score.

<table>
<thead>
<tr>
<th>Aim</th>
<th>Number of Participants Selecting Each Rating</th>
<th>Mean Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>To provide an introduction to the use of PAR in population health research</td>
<td>0 4 11 8 0</td>
<td>3.2</td>
</tr>
<tr>
<td>To discuss the methodological, ideological and ethical issues associated with using PAR</td>
<td>0 6 9 8 0</td>
<td>3.1</td>
</tr>
<tr>
<td>To encourage a critical approach to the use of PAR</td>
<td>0 3 16 4 0</td>
<td>3.0</td>
</tr>
<tr>
<td>To present and discuss examples of the use of PAR in population health research</td>
<td>0 7 8 8 0</td>
<td>3.0</td>
</tr>
</tbody>
</table>
What People Liked Most About the Workshop
21 participants made comments in response to this question:

- Connecting with other participants’ experience, background & ideas. Linking with key people in other sectors.
- Case studies; group discussion; small group work.
- The open and constructive discussions of issues, pros and cons, realistically tailored to the health setting.
- Very interactive and engaging presenters.
- Friendly approachable manner of presenters. Use of humour to lighten presentation. Realistic approach.
- Case study with children; group exercise.
- Opportunity to hear issue discussed by people who have experience in PAR (i.e. facilitators).
- Quality presentation with a good batch of pre-reading.
- Plain language.
- Child study, group work, readings before the workshop (very up to date and relevant)
- Colin’s example.
- Where PAR approaches fit into broader health research agenda – for me very useful. Thank you. And the readings were very helpful.
- Group exercise very useful to see difficulties in facilitating so many divergent views and communities.
- Identifying the dilemmas and barriers of PAR and looking at the practical application of PAR into practice (case studies – particularly PAR with children).
- The ability of the presenters to adapt and change according to the needs of the participants.
- Openness of discussion.
- Interactive exercises and examples from own research.
- Your incredible humility & ego-free presentations in the light of your immense knowledge and understanding.
- Enjoyed the physical activity and children presentation. Morning sessions on the whole were informative.
- Group exercise. Case study with children.
- Acquiring a better knowledge of PAR. Liked examples.

What People Liked Least About the Workshop
16 participants made comments in response to this question:

- Venue.
- Pokie noises!
- Not so much interested in the results but the processes.
- Not enough activity – falling asleep just sitting down.
- Venue (mainly noise distraction), health services reform study (whilst we are going through a reform, I didn’t really want to hear about anyone – I’m reform tired!!)
- Not enough practical skill development.
- I thought the 2 examples of PAR research were not really faithful to key components of PAR – power, transformation, action?
- Morning session was a bit clunky.
- Long day when concentrating on new information & taking notes (although breaks/ lunch was a good length).
- The venue – too cramped but I know you had to change venues, so it’s ok.
- Venue - cigarette smoking disgusting!
- Felt like a very long day! Would have liked to learn more about everyone else.
- Venue was too small, hard to see, smoky and food wasn’t great – but good to have $ to buy books! Examples but no tools, no clear line of theory to the examples given. Very similar to a normal “focus group”.
- Case study Adelaide Health Service.
- Still unclear as to difference between PAR and other aspects of qualitative research.
How People Felt What They'd Learned Could Help Them in their Work

20 participants made comments in response to this question:

- Critical thinking, qualitative thinking.
- Clarify that other “bigger” projects aren’t that much more advanced than stuff I’ve been involved with.
- Will help to guide future projects to be more participatory and more cyclic / iterative.
- Conducting an evaluation.
- Yes - although GP’s are not generally considered an oppressed group – if you take the view that no control = oppression, then a lot of GPs perceive themselves to be oppressed – ie: controlled by patient needs, government, lawyers etc.
- Reality that there is a continuum for PAR and we can take on aspects – ie: don’t have to be pure.
- That I have so much more to learn before I will able to use PAR effectively.
- I have background now, resource lists, ideas and contact names.
- Feel more confident in using various ways to collect information in PAR. Appreciation for different values that people have. Recognition of barriers and how to get around them.
- Using PAR early in planning.
- Many ways – Knowing that there is evidence for PAR and using this to lobby for shift in research approaches or evidence collecting in my areas.
- To broaden current group work to be more open to participants’ guidance.
- It’s a new concept for our Area, so learning is increasing – the challenge is applying such techniques / methods. We have just begun a project and want to follow PAR principles so it can be applied directly into project.
- Encourage a more critical appraisal of what I do – encourage me to seek peer review.
- Introduction to different research methodology – may be able to adapt to own needs in terms of research goals.
- Not sure, although I think several of the principles have helped me to clarify my own objectives for useful research designs.
- Lots of ideas about how I might make our unit’s more participative and change - focussed.
- Reinforcing some strategies already undertaking.
- Application and evaluation processes of Health Promotion re-visited not sure about PAR.
- Encouraged to attempt PAR – discussion of barriers to PAR lessened them – can see why and how barriers could and should be overcome.

The Main Thing People Took Away from the Workshop

19 participants made comments in response to this question:

- Relating PAR to my existing projects
- That we do more “action” research than we thought – but we can do it better.
- Greater understanding of PAR, in particular, and greater understanding of research in general.
- Need to consider more the view of the target group and ways to find out their views.
- Reality that there is a continuum for PAR and we can take on aspects – ie: don’t have to be pure. The need for ongoing advocacy and leadership.
- Better understanding and a keenness to learn more.
- Knowledge of what PAR is, and that it can be done.
- That it’s ‘okay’ that there isn’t one set method of PAR. That PAR is a very good technique to use in public health and that previous work I’ve done has been ok and I’m on the right track.
- Investigate PAR methods.
- A bit of ammunition to get research / evaluation approaches that reflect my thinking on our population health agenda.
• Validation of methodology.
• PAR is a sound project methodology with various evaluation methods (multi-methods) to analyse program effectively – need to consult with those involved where necessary. Many skills are required by the researcher / project officer to allow an action and reflection research cycle to be followed.
• To be more reflective and critical of the way I work / projects.
• Refreshing debate re: social research methodology – good ideas and contacts.
• Knowledge of PAR – better literacy in justifying its usefulness and difficulties.
• PAR’s flexibility in the context of an ever-changing world.
• Probably will be more inclined to look at research theory in this area.
• Another perspective on research and health promotion.
• Distinction between strategic thinking and strategic planning. That PAR is difficult to do in a pure sense.

**Other Comments People Made**
12 participants made comments in response to this question:
• Great learning opportunity
• My lack of confidence levels in Q7 reflects my state of understanding coming into the workshop.
• Thanks for the opportunity to attend.
• Thank you.
• Colin is engaging however perhaps he could comedy other professions besides / in addition to child psychologists – I was already having an existential crisis about whether I should change from Therapist to Health Promotion Officer!! Ha Ha.
• Hunter New England Health only had 3 people submit an EOI to attend, which to me perhaps indicates the value of PAR (particularly when the course was free registration). Would be good to offer the course more broadly across NSW.
• Thank you for organising such a useful workshop on the theories of PAR and equity!
• I don’t think consensus is always reached, thus, how can this be facilitated?
• The venue is not ideal – very cramped in the small room and vision of presenters and visual presentation is not at all good. But the Public Health book will be useful. Catering was great – go the healthy choices!
• Only could attend first day.
• Really enjoyed the discursive approach and the thoughtful responses to participants’ questions. Thanks lots.
• Enjoyed the presentation and day.

**Workshop Impact**
When registering for the workshop and in their workshop evaluation forms, participants were asked to rate their current levels on a number of factors, using a scale from 1 (poor) to 10 (great). As shown in the table below, there was a large increase in participants’ understanding about participatory research methods and a small increase in their understanding about factors affecting health inequities.

<table>
<thead>
<tr>
<th>Item</th>
<th>Mean Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre-Workshop (n = 27)</td>
</tr>
<tr>
<td>Understanding about participatory research action methods</td>
<td>4.4</td>
</tr>
<tr>
<td>Confidence about using participatory research action methods</td>
<td>--</td>
</tr>
<tr>
<td>Understanding about factors affecting health inequities</td>
<td>7.1</td>
</tr>
</tbody>
</table>
**Day 2 Feedback: Translating Equity Research into Policy & Practice**

**Response Rate**
A total of 21 workshop evaluation forms were completed for Day 1, representing 66% of participants.

**Usefulness of Workshop Sessions**
The table below summarises participants’ ratings of the usefulness – of each session, and of the workshop overall. Overall, the vast majority of participants found all sessions, and the workshop overall, fairly or very useful.

<table>
<thead>
<tr>
<th>Session Title</th>
<th>Number of Participants Selecting Each Rating</th>
<th>Mean Score</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not at all useful (1)</td>
<td>Somewhat useful (2)</td>
</tr>
<tr>
<td>Scene setting on research transfer – Fran</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Policy settings – Colin</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Case study: exercise and policy – Colin</td>
<td>0</td>
<td>1.5</td>
</tr>
<tr>
<td>Case study: evaluation of complex community based projects – funding and research design considerations (including short exercise on NH&amp;MRC reactions) – Fran</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Global perspectives on research and policy for health equity – Fran</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Small group exercise: draft the North Coast Declaration on Equity, Research and Action – Colin</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Overall</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

*Note: Participants rating between two levels were scored as half in each level.*

**Meeting the Workshop Aims**
The table below summarises participants’ ratings of how well the workshop met its aims. Again, the vast majority of participants felt that each aim was fairly or very well met, with all averaging around the fairly well score. The best-met aim was “Consideration of how research funding processes shape research knowledge”.

<table>
<thead>
<tr>
<th>Aim</th>
<th>Number of Participants Selecting Each Rating</th>
<th>Mean Score</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not at all well (1)</td>
<td>Somewhat well (2)</td>
</tr>
<tr>
<td>To understand current thinking about research transfer processes</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Consideration of policy settings that advance or hinder the funding and transfer of health equity research</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Consideration of how research funding processes shape research knowledge</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Consideration of practical steps that might improve the transfer of equity research findings into practice</td>
<td>0</td>
<td>4.5</td>
</tr>
</tbody>
</table>

*Note: Participants rating between two levels were scored as half in each level.*
What People Liked Most About the Workshop
20 participants made comments in response to this question:

- Presenter approachability.
- Case studies, participation and accessibility of presenters.
- People I met and their stories.
- Case studies, examples, musings over big-picture / processes / analyses.
- Format was good.
- As for yesterday – very interactive sessions and great, highly knowledgeable and entertaining presenters.
- Satisfying to hear again how my profession places such importance on equity and social justice.
- Need more information on PAR – unsure how I would go about using PAR.
- Ideas and inspiration.
- Global perspectives and WHO Commission
- Build in transfer strategies from the beginning of research projects.
- The flow from the theoretical understanding of PAR to practical steps, research transfer and evaluation of complex interventions – the developmental process of the workshop.
- Global perspectives.
- Practicalness, based on actual programs; range of expertise and experience amongst participants but most especially (good) reputation of speakers - credibility.
- Practical examples of using policy and practice.
- Case studies – practical application.
- Global perspective and how / were it might fit in locally at AHS level.
- A smallish workshop that enabled us to listen to people with global vision – all is not lost!
- Discussion on the Noarlunga project.

What People Liked Least About the Workshop
14 participants made comments in response to this question:

- Think we ran out of oxygen a few times! Slightly disconcerting to have 2 presenters on PAR standing in front of a picture of the Queen!
- Food.
- Enjoyed Colin’s presentation style however found the views that policy and economics based on neo-classical theories antiquated.
- Would have liked to see reviewers’ comments from grant.
- Didn’t enjoy trying to draft the North Coast Declaration on Equity, but did enjoy the feedback.
- While room small, helped cohesiveness of group.
- The room.
- Time for discussion and teasing out of issues (but I understand the constraints!)
- Didactic – could have been more interactive; room too small, hence chaotic; sometimes slides hard to read; temperature ever-changing (sometimes too warm, sometimes too cold).
- The waffle and name-dropping.
- Policy setting session.
- Not sure – Day 2 was more relevant and useful for me.
- The venue.
How People Felt What They’d Learned Could Help Them in their Work
18 participants made comments in response to this question:

- I will implement education about social determinants of health into the GP Registrar program.
- Keep advocating, hold onto the vision, time for Health Promotion to value Community Development.
- Yes.
- Raise own awareness re: using language in reports. Transferring research findings to policy.
- Networking.
- Examples of how to influence policy (“research transfer”).
- Could draw from literature on research transfer. Could impart more knowledge on PAR and advise people appropriately on topics relevant to use with PAR methodology.
- Encouragement and some gain in level of confidence to use PAR, qualitative and community development approaches.
- I now have more insights on how to get policies to work.
- Definitely in terms of finding more central ways to make research more useful, accessible, grounded, etc.
- How to justify interdisciplinary, social health research.
- The workshop is extremely relevant to my work. However I need to step back a bit and digest the contents to see which parts I can take on and incorporate into my work.
- Trying to apply broader issues to local practice (although it is a huge challenge and hard!) and contact with others to bounce ideas.
- Social determinants of health and how these should be included in health outcomes aimed for.
- Indirectly and in the future possibly.
- Lots – too many to define but fantastic to have conversations with everyone here.
- More careful consideration of current and future projects / directions that imbed equity.
- Application of the Theory of Change model.

The Main Thing People Took Away from the Workshop
16 participants made comments in response to this question:

- Broaden my view of health – reminder of global perspectives.
- Equity list serve.
- Language of PAR and current AHS culture.
- Appreciation of what we’ve already done & are doing. Incorporate more qualitative stuff in the RRISK report.
- Sound information, flexibility in research design.
- Pleased to know so many people on the ground working to translate equity research into practice – feel inspired.
- Try and build equity principles into work role.
- Reminder of importance of Equity being on agenda. Encouragement and enthusiasm.
- After the International HP Conference in Melbourne 2004, I was motivated to become active in the People’s Health Movement. I now have made another commitment to myself that I will do it TODAY!
- The continual drive of the social determinants of health. This seems to be somewhat lost with my current organisation.
- Considerations how research funding processes affect funding. The complexity of conducting community consultations. Translating research into policy.
- There is a long history of thought about social determinants of health/equity – to be aware of & learn from.
- Knowledge of how equity could be integrated in practice & thinking; glaring disparity in health funding (10/90)
- Inspiration and ideas to further appropriate equity focus in my AHS.
- That moving/shifts the focus to health equity is a slow process – perseverance is required!
- Increased understanding of socio-environmental approaches to HP and issues for equity.
Other Comments People Made
11 participants made comments in response to this question:

- I am very new to this area and really started with very little knowledge about research techniques, etc. Am inspired to contribute to the debate into the future.
- NCAHS – Equity – where to from here, translate into practice?
- Well done.
- Excellent – thanks.
- I enjoyed both days but preferred day 2 because it was more directly relevant to my current position. It was great – thanks.
- Thanks – I look forward to talking again.
- Great workshop.
- Terrific couple of days and great opportunity. Thanks.
- Overall, in spite of my comments in number 4, workshop is and will prove to be very useful in practice.
- Thanks Colin and Fran!
- Thank you again for the opportunity to meet and participate.

Workshop Impact
When registering for the workshop and in their workshop evaluation forms, participants were asked to rate their current levels on a number of factors, using a scale from 1 (poor) to 10 (great). As shown in the table below, while participants had a fairly high level of understanding about factors affecting health inequities before the workshop, there were reasonable increases in participants’ self-ratings in relation to the other items.

<table>
<thead>
<tr>
<th>Item</th>
<th>Mean Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre-Workshop (n = 27)</td>
</tr>
<tr>
<td>Understanding about evaluating complex community interventions</td>
<td>5.0</td>
</tr>
<tr>
<td>Understanding about factors affecting health inequities</td>
<td>7.3</td>
</tr>
<tr>
<td>Understanding about techniques to effectively translate research into policy</td>
<td>4.7</td>
</tr>
<tr>
<td>Incorporating equity principles into practice</td>
<td>5.9</td>
</tr>
</tbody>
</table>
## The North Coast Declaration on Equity, Research and Action

On Day 2, participants worked in three small groups on the following task:

<table>
<thead>
<tr>
<th>Thinking about your current work, consider:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• To what extent is equity considered in the planning and delivery of programs and services?</td>
</tr>
<tr>
<td>• To what extent, and how, does research on what makes a difference in reducing inequities get taken into account?</td>
</tr>
<tr>
<td>• To what extent, and how, does research on what makes a difference in reducing inequities NOT get taken into account?</td>
</tr>
<tr>
<td>• What practical measures would put equity higher up the agenda of your organisation and encourage the use of existing research and commissioning of additional research pertaining to equity?</td>
</tr>
</tbody>
</table>

Prepare a list of action statements that you would like the North Coast Area Health Service (or your own organisation) to adopt in terms of a health equity, policy, practice and research agenda.

There was much overlap between the groups' responses, which are summarised below:

### Planning / Funding

- Formally incorporate equity into ALL planning processes at ALL levels across ALL Directorates – with a kind of standard checklist to be considered during any planning – and with a clear system for reporting performance against it.
- Develop an equity lens for ALL program and business planning.
- Reorient health services from urban to rural areas.
- Compulsory redirection of resources to address equity and social determinants of health.
- Consider where we live, work and play.
- Keep basic human rights at the forefront.
- Establish a dedicated equity position whose job is to support, work with and develop partners etc, to accrue partners, and associated funds.
- All clinical services to sanction a proportion of their delivery funds to reach the hardest 10%.
- Examine / reflect on policies, services and strategies in terms of what impact they will have on health inequity – especially when developing new ones.

### Training / Education

- Health equity awareness training for all levels of staff – via peak workforce development networks.
- Designate a budget and position to educate about the social determinants of health.
- Establish a forum to explore the values that underpin our efforts to achieve equity, research and action – and keep referring back to it.

### Collaborating / Consulting

- Use a range of community participation strategies to inform policy, practice, evaluation (really different groups).
- Seek genuine consultation / participation / engagement of community – with transparency of processes and outcomes.
- Develop long-term strategies to involve Indigenous Australians in decision-making.
- Involve other organisations in programs and initiatives that will reduce inequities – with a clear vision and a high level of engagement.
• Work intersectorally at the big picture level (eg: social / urban planning processes) – rather than just on small projects – making equity a shared responsibility with external partners.
• Work more closely with our local community.
• Collaborate – rather than compete – with other organisations.
• Acknowledge the different styles of communication and be careful with language (especially jargon) used when communicating with communities and other organisations.

Doing
• Develop a database of best practice / case studies in equity frameworks.
• Establish a peak body of health development / equity / social determinants of health – to oversee implementation and evaluation.
• Encourage advocacy and political action to eliminate inequities.
• Provide leadership.
• Make sure rhetoric translates into actions.
• Make reducing health inequity core business for ALL services within the system.

Evaluating
• Understand / document the distribution of the social determinants of health across our population (eg: by having & regularly updating an Equity Profile)
• Create opportunities and encourage different styles and methods of communication (eg: story telling, drama, photos, etc) – in other words respect individual voices and stories.
• Assess the differential impact of programs across our population.
• Conduct robust evaluations including process / context.
• Encourage using qualitative research.
• Back up AHS equity policy statements with robust performance management across the organisation – making ALL services accountable against equity principles.