WORKSHOP
Evaluation of youth health projects within Divisions of General Practice

The 'Evaluation of Youth Health Programs within Divisions of General Practice' workshop consisted of a series of presentations, case studies and a panel/plenary discussion designed to identify and discuss barriers and enablers to the evidence-based evaluation of youth health programs within Divisions, and to provide information, strategies and support for better practice.

Presenters/Panelists

- Ms Verity Newnham, National Coordinator, National Divisions Youth Alliance — Evaluation of Youth Health Programs within Divisions of General Practice
- Dr Robert Trigger — Northern Rivers Division of General Practice Youth Health Project — Case study: GPs in Schools, GP youth health resource kit and GP youth worker voucher pilot
- Dr Carol Kefford and Ms Christine Aitkin, Hornsby Ku-Ring-Gai Divisions of General Practice Youth Health Program — Case study: GPs in Schools, and Youth Health Clinic
- Ms Diana Bernard, Centre for the Advancement of Adolescent Health — Access Study
- A/Prof Libby Kalucy, Primary Health Care Research and Information Service — A commonsense approach to planning and evaluation using Bennett’s Hierarchy

Summary of panel and plenary discussions: barriers, challenges and ways forward

- Overview from workshop handout: 1 Health problem — sub-optimal health of local young people. 2 Risk factors — under-utilisation of general practitioners (for health promotion, prevention, intervention and other aspects of primary health care) and adolescence being a time of experimentation and risk-taking; some of these behaviours have both immediate and long-term health consequences. 3 Contributing factors — environmental and behavioural factors that may contribute to risk: i) predisposing factors — attitudes, values, beliefs and perceptions that influence personal motivation ii) enabling factors — barriers created by societal forces that prevent/limit young people's access to general practitioners. iii) reinforcing factors — feedback from others that may assist, hinder or prevent young people utilising general practitioners.

- Planning and evaluation in Divisions — Part of a strategic planning framework; Part of good governance; Essential for continual quality improvement; Essential for reporting to members and funding bodies and communities.

- Evaluation in Divisions is helped by: A strong evaluation culture that is shared by funding bodies; Division staff and Division members; Evaluation expertise; Information management systems; Useful evaluation/planning models and others.

- Evaluation in Divisions is hindered by: lack of resources: time, money, skills; priority: not as important as program delivery; attitudes: fear of being judged; information
not available, measurement too difficult, takes too many years to achieve outcomes; stated indicators often are not useful to describe a project and results of previous evaluations not used.

- Young people are an identifiable group with specialised needs. Where does one start?
- Access is an important issue as: young people are underrepresented in GP visits; tend to visit once they are in ‘crisis’ when a suitable early intervention strategy could be employed; and current research shows that GP’s are the health professionals of choice for young people with emotional problems.
- Research/statistics support GPs looking at the bio-psycho-social aspects of adolescent health issues but GPs also need to assess the appropriateness of this in every case, as blanket screening can alienate some young people and has resource implications.
- Many GPs are not always skilled at caring for adolescents and so investigations of other models may be helpful to meet the need.
- No single one professional skill set can best define/meet young peoples’ needs and therefore a multidisciplinary team approach is important.
- GPs that do work with young people need support/incentives to continue working in this area.
- To look at models to better support/provide incentives for GPs in general practice who are looking after the health needs of young people?
- Practice nurses have an increasing role with young people specifically in care planning. Practice manager/receptionist training is also needed.
- Divisions of General Practice tend to only advocate for health related issues. It may be more effective if they were better integrated into the ‘community setting’ and had a more holistic approach to youth health needs.
- A larger role/vision for Divisions and GPs in community health may provide a way forward but has resource implications.
- Rural GPs need to support large rural communities and young people with limited resources.
- GPs and Divisional staff increasingly suffer from burn out and could benefit from more opportunities for peer support. NDYA could play a role here.
- There is a need for more interdivisional communication regarding what youth related programs are running in order to stop reinventing the wheel, including program evaluations.
- There is a need for population health approaches in the early years and support for parents, especially adolescent parents. The Government ‘National Early Childhood Agenda’ an important platform for advocacy.
- A ‘whole of government’ approach to a ‘Youth Health Agenda’ supported. Federal Minister and Shadow Minister for Child and Youth is also supported.
- There is a need for more on-going, longitudinal research and an accessible database of longitudinal and other similar studies.

A full copy of the workshop proceedings can be found at http://ndya.adgp.com.au