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**Final Report  
on the  
Evaluation of the Workforce  
Development Component of the  
Local Diabetes Service Development  
Program**

**The Program Evaluation Unit**

**The University of Melbourne**

**September, 2005**

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## Executive Summary

### The Workforce Development Program

A Workforce Development (WfD) Program was included in the Local Diabetes Service Development (LDS) Program to increase organisational and service provider capacity to undertake diabetes health promotion and diabetes prevention and management activities. Increased capacity is expected to lead to improved service development and delivery and better outcomes for consumers. The LDS program was commenced as a 3 year program in June 2005.

The Alfred Group, in association with Gill-Willcox Consulting were engaged to deliver the Workforce Development Program. The Program Evaluation Unit (PEU), in the School of Population Health at The University of Melbourne was engaged by the Department of Human Services (DHS) early in 2003 to undertake an evaluation of the impact and effectiveness of the WfD programs delivered to the three funded LDS projects. The Workforce Development Program concluded in July 2005.

The evaluation examined the effects and processes of the WfD program in 3 major domains:

- Workforce skills analysis and training needs assessment
- Development, implementation and adoption of locally relevant training materials and resources
- Workforce and organisational capacity building.

### Achievement of program objectives

- *To actively engage and consult with LDS service providers in the development of a workforce training needs assessment tool.*  
The level of consultation with funded projects in the development of the tool was satisfactory to projects. However the process of development took 12 months and produced a modest tool of 3 sections focused on agency capacity; provision of planned care according to best practice guidelines and planning and provision of health promotion and early intervention. The tool was adapted from the DHS Health Promotion Skills Assessment tool (provided by the evaluator to the consultants at the beginning of the program). The evaluator notes that the adaptation took a very long period of time and resulted in the workforce skills assessment being undertaken in funded PCPs well past the opportunity for timely input to project planning and development.
- *To ensure that the workforce training needs assessment is inclusive of service providers and consumers throughout the continuum of care for people with diabetes.*  
A representative group of agencies participated in each workforce skills analysis

- *To develop and document an agreed workforce development plan for each project, taking into account the local context and priorities of the funded projects.*  
 Agreed plans were developed for each project, but as noted above these were established 12 months and more after project commencement. Further, only one needs assessment was conducted over the life of the project, during which projects evolved substantially and gained a better understanding of what their needs might be, particularly in relation to streams 2 and 3 focussing on early detection and prevention of diabetes. Needs assessments were undertaken within pre-specified categories that may have limited opportunity for specific local issues to be addressed, such as rural multi agency engagement. The specified categories may also have excluded consideration of specific expertise or technical knowledge of both diabetes and health promotion that were deficient in the PCP.
- *To develop and document learning/process outcomes for each workforce module or activity.*  
 Each learning session had specified learning objectives and was evaluated on content and achievement of learning objectives at the end of each session and participant satisfaction was generally high.
- *To provide practical tools and resources that can be used in delivery of diabetes care in participating PCPs.*  
 Four enduring tools/resources were produced or contributed to by the WfD program: the Workforce Skills Assessment tool; a manual documenting the One Step Ahead program developed by Hume Moreland PCP; a Footcare training workshop package produced in conjunction with the Diabetes Technical Working Group of Central West Gippsland PCP, and a Behaviour Change workshop package focused on self-management of diabetes and risk factors. On face value this falls short of the 8 training modules and accompanying manuals specified in the project deliverables.
- *To identify strategies for adoption of diabetes care tools and resources in participating agencies and in other health services in the PCP.*  
 An explicit adoption strategy was not formulated, rather, the documentation of program or learning activities by the WfD program team has established resources for which the PCPs are individually responsible for dissemination and adoption across local agencies.
- *To deliver diabetes workforce development modules/ activities in a timely fashion, at appropriate venues, taking into account the geographic locations of the funded projects.*  
 Workforce development activities were delivered in appropriate venues in locations convenient to the funded PCPs. However, it is apparent that the 2 rural PCPs, while arguably having the highest needs for workforce development, received lesser input from the WfD program than the metropolitan PCP and at a later stage in the life of the LDS program, with neither receiving any learning activities until 2004, and with one PCP receiving no workforce development until 2 years into the program.

## Conclusions

The Workforce Development Program achieved modest success in meeting its aim of increasing organisational and service provider capacity to undertake diabetes health promotion and diabetes prevention and management activities. The program was valued by the PCPs participating in the Local Diabetes Service Development program and a number of important resources were produced that may be adopted more widely in PCPs and in other primary care settings.

However the program was slow to make progress on the fundamental task of needs assessment. The implementation of a needs based Workforce Skills Analysis was well behind the planning and development of local projects and subsequent delivery of learning activities was not matched to the progressive development of the multi-streamed model of the LDS program. Most of the workforce development outputs dealt with stream 1 activities focusing on the management of diabetes and prevention of complications, or on areas that could be applied broadly across all streams with a strong focus on consumer behaviour change and chronic disease self-management. The more challenging but increasingly important areas of pre-diabetes/ risk factor screening and diabetes prevention received less in-depth coverage. Whilst there was a high degree of satisfaction with the learning opportunities provided and the resources produced, there was scope to do more, both in terms of addressing other needs or skill deficits not identified in the Workforce Skills Analysis, and in relation to providing more intensive coverage of topics related to service and systems development.

Ultimately, whilst undertaking some useful resource development and capacity building in diabetes management, and some aspects of detection and prevention, the Workforce Development Program missed an opportunity to make a more substantial contribution to the development of workforce skills and knowledge in detection and prevention of diabetes in at risk groups. The evaluation suggests that more targeted, timely and intensive WfD may also have helped to strengthen the Local Diabetes Service Development program in the important areas of service reform and systems development.

## Recommendations

- Designated workforce development activities should aim to directly enhance project planning and optimise the knowledge and skills required for successful project or program implementation.
- Workforce development should use a mix of expert knowledge and workforce reported needs. A workforce driven needs analysis excluding the expert knowledge of what may be necessary for successful project implementation may not be optimal for project and program impact.

- A workforce skills assessment should occur early in the life of a designated program and be repeated over programs with multiple phases or of long duration.
- The following elements should be considered in undertaking a workforce training needs or skills assessment:
  - Required knowledge and skills to enable projects to meet program objectives and optimise implementation
  - The learning needs and skills/knowledge deficits that are apparent in a review of project plans
  - Expert knowledge from the literature and from expert practitioners
  - Feedback from evaluators of similar programs.
- In developing a Workforce Development brief the funding body should scope the content and skill areas of workforce development required and contract experts in specialist areas to ensure high quality and relevant learning activities.

## **1.0 Introduction**

### **1.1 Background**

According to the NSWHealth 'Framework to Build Capacity to Improve Health' (2001:12), workforce development refers to

"a process initiated within organisations and communities, in response to the identified strategic priorities of the system, to help ensure that the people working within these systems have the abilities and commitment to contribute to the achievement of organisational and community goals."

A Workforce Development (WfD) Program was included in the Local Diabetes Service Development (LDSD) Program to increase organisational and service provider capacity to undertake diabetes health promotion and diabetes prevention and management activities. Increased capacity is expected to lead to improved service development and delivery and better outcomes for consumers. The LDSD program was commenced as a 3-year program in June 2005. While the PCP-based projects have each been extended for short periods to take account of various delays, the Workforce Development Program concluded in June 2005.

The Alfred Group, in association with Gill-Willcox Consulting were engaged to deliver the Workforce Development Program The Program Evaluation Unit (PEU), in the School of Population Health at The University of Melbourne was engaged by the Department of Human Services (DHS) early in 2003 to undertake a 2.5 year evaluation of the impact and effectiveness of the WfD programs delivered to the three funded LDSD projects. PEU also undertook a simultaneous evaluation of the broader LDSD program and this report should be read in conjunction with the Final Evaluation Report on the LDSD Program (PEU, September 2005).

### **1.2 Program description**

#### **Objectives**

The original objectives of the WfD team were grouped around 3 main action areas:

- Development and/or identification of a locally relevant and appropriate workforce training needs assessment tool
- Conduct of a workforce needs assessment that is consultative, inclusive of service providers and consumers and achieves shared understanding of needs between LDSD projects and the Workforce Development team
- Development and delivery of workforce training modules and resources that are in accord with LDSD project priorities and that help to build capacity in diabetes related

health promotion and diabetes care based on best practice and evidence at organisational and practitioner levels.

An objectives clarification session was undertaken with stakeholders in October 2003 and program principles, revised objectives and intended outcomes were established, as detailed below in Table 1. A significant change in objectives related to an acknowledgment by all stakeholders that the sustainability of workforce development activities was unlikely to be substantially achieved without further funding and that demonstration of prospects for sustainability within the 2.5 - year evaluation time frame would be limited. It was therefore agreed that adoption of workforce resources and tools would be a more useful emphasis in the end of program evaluation.

### ***Workforce Development Program Principles***

Workforce development is grounded in the following principles:

- Assisting service providers to be active participants at different levels in providing diabetes care, according to best practice and evidence based guidelines
- All workforce development is framed in a health promotion context
- Integration, where possible and appropriate, of health promotion, self-management strategies and state and commonwealth diabetes initiatives in diabetes care
- Recognition of the social, economic and environmental determinants of health.

**Table 1: Revised Workforce development objectives and intended outcomes**

<b>Revised Objectives</b>	<b>Intended Outcomes</b>
<ul style="list-style-type: none"> <li>▪ To actively engage and consult with LDS service providers in the development of a workforce training needs assessment tool.</li> <li>▪ To ensure that the workforce training needs assessment is inclusive of service providers and consumers throughout the continuum of care for people with diabetes.</li> <li>▪ To develop and document an agreed workforce development plan for each project, taking into account the local context and priorities of the funded projects.</li> <li>▪ To develop and document learning/process outcomes for each workforce module or activity.</li> <li>▪ To provide practical tools and resources that can be used in delivery</li> </ul>	<ul style="list-style-type: none"> <li>▪ LDS service providers are participants in the development of an acceptable and appropriate assessment tool.</li> <li>▪ An inclusive and collaborative workforce needs assessment is conducted in each LDS project PCP.</li> <li>▪ A mutually agreed workforce development plan is completed for each LDS project.</li> <li>▪ Detailed learning, training or process outcomes are identified for each component of workforce development.</li> <li>▪ LDS projects obtain from the WfD</li> </ul>

<p>of diabetes care in participating PCPs.</p> <ul style="list-style-type: none"> <li>▪ To identify strategies for adoption of diabetes care tools and resources in participating agencies and in other health services in the PCP.</li> <li>▪ To deliver diabetes workforce development modules/ activities in a timely fashion, at appropriate venues, taking into account the geographic locations of the funded projects.</li> <li>▪ To evaluate the processes in delivery of workforce development modules and activities and the immediate learning outcomes for participants.</li> </ul>	<p>team tools and resources that are available for use in ongoing diabetes services in the local PCP catchment.</p> <ul style="list-style-type: none"> <li>▪ The modules and activities developed as part of workforce development in LDSO projects are accessible and transferable to other providers and for future local diabetes services.</li> <li>▪ Delivery of workforce development activities is driven by local context and needs.</li> <li>▪ Delivery of each activity or module is accompanied by a learning outcomes assessment or process evaluation undertaken by the WfD team and participants.</li> </ul>
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***Workforce development deliverables***

The WfD proposal outlined 3 distinct phases in implementation of the program, with associated deliverables. Stage 1 was the development and implementation of a training needs assessment tool. Stage 2 was the development of workforce training programs and a training manual (including tools, resources and strategies) for each LDSO project accompanied by the development of documented training modules.

Stage 3 was the delivery of training modules in each defined PCP catchment, spanning a 3-year period.

It should be noted that for stage 2 the WfD flagged a range of anticipated training foci and content before the program commenced, to be revised in light of training needs assessment outcomes in each LDSO project. The anticipated range of topics included

- Strategies for prevention, early detection and promoting awareness of diabetes
- Principles of management of diabetes including introduction of evidence based care in relation to diabetes, including strategies and tools to promote planned care and service linkages
- Complications of diabetes
- The role of self management and self care for diabetes and development of resources and training to build capacity in local agencies to promote self management
- The role of health care providers in implementing integrated diabetes care
- Strategies, tools and processes for health workers to promote the development and use of culturally appropriate resources for the target community

- Focus on local development of information systems to enable efficient planning and monitoring of services for people with and at risk of diabetes.

## **2.0 The Evaluation**

### **2.1 Evaluation objectives**

The aim of the evaluation was to evaluate the impact and effectiveness of the Workforce Development Program being delivered to the three LDS program

The objectives of the evaluation were to:  
(as specified in the DHS project brief 2002)

- Review and evaluate the impact and effectiveness of the strategies and actions developed to address the objectives of the Workforce Development Program. The evaluation should determine appropriate indicators and methodologies to identify and determine the:
  - Appropriateness and effectiveness of needs assessment in identifying workforce development needs
  - Appropriateness, impact and effectiveness of the piloted training modules and courses and course materials in affecting health professional skills and knowledge and organisational capacity in delivering diabetes prevention, management and early detection activities
  - Sustainability of the workforce development program including indicators that measure capacity building and organisational development\*.

\*Following revision of program objectives a greater emphasis was given to the evaluation of adoption of WfD resources and development of organisational capacity.

### **2.2 Key evaluation functions**

The evaluation plan (PEU, March 2004) and subsequent data collection examined the effects and processes of the WfD program in 3 major domains:

- Workforce skills analysis and training needs assessment
- Development, implementation and adoption of locally relevant training materials and resources
- Workforce and organisational capacity building.

### **2.3 Data collection**

A number of data sources were used: the detailed LDS project self-assessment tools, administered annually to each project, workforce development learning activity session evaluations and an in depth semi-structured interview conducted with LDS project staff early in the final 12 months of the program. Such triangulation of multiple data sources provides a more robust body of evidence for an evaluation. PEU collaborated with the WfD team in the development of workforce development session evaluation tools focussing on process evaluation of activities, including reach; quality of implementation and participant satisfaction and perceptions of learning needs being met.

## **2.4 Limitations of the evaluation**

The initial evaluation proposal submitted by PEU recognised that workforce competence in specified areas was a component that was potentially relevant to the assessment of the effectiveness of the Workforce Development Program. PEU investigated a range of literature regarding workforce competencies and discovered that a national training project was underway to establish recognised skill competencies in population health, covering a variety of health promotion and community health skill and practice areas. This project was not complete by the conclusion of the WfD project. It had progressed to the identification of draft competencies<sup>1</sup> - but had not developed appropriate standards of measurement or accreditation. The PEU evaluation manager participated in several forums to contribute to the development of the draft competencies documents. Notwithstanding developments in this area, the evaluation of the WfD program would only have been able to assess competencies against a given standard if the learning modules had been developed specifically to address the competency standards. As this was not the case, investigation of the level of workforce competence was not undertaken. Instead the evaluation focused on reported workforce health promotion capacity.

An additional tension within the evaluation, although not necessarily a limitation, was some lack of clarity between the role of the evaluators to provide evaluation support and that of the WfD to provide workforce learning activities and support. PEU initiated communication and a meeting to gain further delineation of roles between the 2 groups. The evaluators note that evaluation team support to projects around project planning and development was very high in the first 18 months of the project and assessment of health promotion capacity by projects may potentially reflect on these inputs as well as the contributions of WfD. The close involvement of the evaluators with project activities nonetheless provided detailed knowledge of their progress and the challenges encountered and provided insights into WfD in addition to those provided by collected data.

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<sup>1</sup> See a variety of documents prepared by Human Capital Alliance at [www.cshata.com.au](http://www.cshata.com.au)

## **3.0 Evaluation Findings**

### **3.1 Workforce skills analysis**

In Hume Moreland PCP the needs analysis session was held on the 11<sup>th</sup> June 2003, 12 months after the commencement of the program. In Central West Gippsland two workforce needs analysis workshops were held in two separate areas of the PCP on September 3<sup>rd</sup> and 8<sup>th</sup> 2003 and in Central Victorian Health Alliance the needs analysis session was held on October 23<sup>rd</sup> 2003, 16 months after the commencement of the program. Stream 1 activities in the LDSD projects were well underway in each catchment by the time workforce skills analysis were completed and planning for stream 2 activities had commenced. Workforce development priorities were established for each project which in turn formed the basis of a workforce development plan for each project. Seventeen agencies across the 3 projects participated in the workforce skills analysis sessions. All 3 projects reported that key local diabetes service providers were represented and noted that the priorities selected were supported by other PCP stakeholders who were not able to attend on the day. However, in both self-assessment returns and during interviews project's also noted having needs outside of what has been decided through the needs analysis process.

Selected workforce development priorities were as follows:

#### *Hume Moreland PCP*

Behaviour change strategies  
Planning and undertaking social marketing  
Planning and implementing risk factor screening

#### *Central Victorian Health Alliance*

Coordination of care and care planning  
Behaviour change strategies  
Community consultation, social marketing and community needs assessment

#### *Central West Gippsland PCP*

Supporting and promoting diabetes self-management and understanding  
Care planning  
Behaviour change strategies.

### **3.2 Learning activities and resources**

A range of learning activities was conducted and resources developed for the 3 projects. Table 2 summarises the learning activities provided for each project, the participation of relevant health agencies and health workers and the timing of the learning activities.

**Table 2: Workforce development reach and timing**

<i>Hume Moreland</i>		
<i>Activity</i>	<i>Number of participants</i>	<i>Date held</i>
Needs analysis session	15 participants (7 agencies represented)	June 2003
Needs analysis follow up session	5 participants	June 2003
Self-management workshops X 5 incorporating self-management strategies into the stream 1 program	5 participants per session = 25	B/W June 2004 and July 2005
Self-management workshop	16 people (5 agencies)	14 July 2005
<b>TOTAL</b> (summed across all workshops)	<b>51 participants</b>	<b>June 04 – July 05</b>
<i>Central Victorian Health Alliance</i>		
<i>Activity</i>	<i>Number of participants</i>	<i>Date held</i>
Needs analysis session	8 participants	October 2003
Social marketing and risk factor screening 1	8 participants	January 2004
Social marketing and risk factor screening 2	8 participants	August 2004
Behaviour change workshop 1 (reference group)	8 participants	November 2004
Behaviour change workshop 2 (PCP wide)	27 participants	May 2005
<b>TOTAL</b> (summed across all workshops)	<b>59 participants</b>	<b>Jan 04 – May 05</b>
<i>Central West Gippsland</i>		
<i>Activity</i>	<i>Number of participants</i>	<i>Date held</i>
Needs analysis session (run twice)	12 participants	September 2003
Foot care workshops (run twice)	39 participants	May & June 2004
<b>TOTAL</b> (summed across all workshops)	<b>51 participants</b>	<b>May 04 – June 04</b>
<i>Combined workshops</i>		
<i>Activity</i>	<i>Number of participants</i>	<i>Date held</i>
Reminder and Recall System Workshop	3 project workers (Hume,1, CVHA 1, CWG,1)	March 2004
Planning for Stream 2 & 3	10	September 2004
<b>TOTAL</b> (summed across 2 workshops)	<b>13 participants</b>	<b>March 04 – Sept 04</b>
<b>TOTAL WORK FORCE DEVELOPMENT WORKSHOP CONTACT FOR PROGRAM</b>	<b>174 PARTICIPANTS IN WORKSHOPS</b>	<b>Jan 04 - July 05</b>

Table 2 shows that 174 health worker contacts were made in skills analysis and learning activities over the course of the program. Excluding the skills analysis sessions, workforce development activities with a learning focus involved 134 workers over an 18-month period. Each project had at least 50 contacts with workforce members. As many professionals attended more than one workshop, they are reported as contacts rather than participants. No learning sessions were provided during the first 18 months of the program.

A detailed description of the purpose and content of learning activities is provided below.

### *Hume Moreland PCP*

#### Stream 1

##### *WFD activities*

- Workshop for project; June 2003: Follow-up from needs analysis and discussion on best practice
- One Step Ahead: Promoting Self-Management Workshop for PCP staff (14 July 2005).
- Training of BHS community therapy service staff (September 2004; March 2005 & May 2005) in implementation of OSA program and self-management principles (May 2005)
- Development and publication of manual clearly documenting all aspects of OSA program. Manual to be launched and presented to PCP agencies for ongoing use in August 2005. The WFD team was considered instrumental in the development of the OSA manual and the inclusion of self-management strategies in the OSA program. The WFD team conducted self-management workshops to assist with the incorporation of self-management strategies into the stream 1 self-management and exercise program, 5 workshops were held with the project team between June 2004 and July 2005 regarding: change management; self-management; content of the program; documentation of the program and finalisation of the content of program.

##### *Project activities*

- Training of DCH staff in implementation of OSA program and self-management principles (September 2004)
- Training of MCH staff in implementation of OSA program and self-management principles (October 2004 and April 2005)
- Training of SCH staff in implementation of OSA program and self-management principles (May 2005)
- Planning for Stream 3 workshop – 11/11/04: 11 staff from 9 agencies.
- Oral presentations disseminating outcomes of OSA program at several conferences / workshops.

#### Stream 2

- Presentations for the pre-diabetes seminars have been developed and will be made available to PCP agencies.
- An article on the diagnosis and management of pre-diabetes was written for GPs and practice nurses and published in the NWMDGP monthly newsletter (distributed to over 400 GPs).
- Oral presentations on pre-diabetes diagnosis and management, and pre-diabetes programs at BHS were given to GPs of 4 practices. These presentations were supplemented with written material.
- The pre-diabetes program at BHS was launched to GPs.

### Stream 3

- WFD provided assistance with incorporating self-management strategies in the gestational diabetes brochure.
- Completion of research project "Participation in Physical Activity: Perceptions of women with a history of gestational diabetes mellitus". Outcomes presented at 2 local forums.
- Development of presentation on "Physical activity in motherhood" for Maternal and Child Health Nurses to present to mothers in the New Parent Groups.

### *Central Victorian Health Alliance*

Social marketing and risk factor screening workshops were delivered to the project reference group on two occasions, in January 2004 and in August 2004. The workshop was considered valuable and it was proposed that the workshop be offered a second time to the PCP as a whole.

A behaviour change workshop was presented to the reference group in November 2004 at Castlemaine. This workshop was focused on addressing the difficulty in engaging both health professionals and the target audience in health promoting and interventions particularly those planned to stream 2 & 3. This session was considered so successful that it was proposed by the Reference group to deliver the workshop to service providers across the PCP as broader professional development.

Promotion of Behaviour Change: Individual and Population Approaches: This workshop was delivered Tuesday May 24, 2005 with 27 attendees. The workshop was billed as a Study Day looking at integrating strategies for promoting behaviour change into current practices. It considered issues such as:

- Obesity and physical inactivity - How are they perceived by the community? How do we communicate risk to the community?
- Promoting self efficacy - identifying keys to supporting behaviour change
- Developing resources and programs that promote behaviour change
- Self-Management for consumers- embedding into care practices.

### *Project activities*

Professional development from GAK training was outsourced to support the development of the access based data management and recall system in November 04

and in January 05, support was also provided on an ongoing way to problem solve until project ends in Sept/ October 05

#### *Central West Gippsland PCP*

- The Diabetes Workforce Development workshop was held on the 26<sup>th</sup> of May 2004.
- A second Diabetes Workforce Development workshop for a separate region was held on the 2<sup>nd</sup> of June 2004.

The proposed WFD plan included a half-day workshop on behaviour change strategies as part of the launch of the lifestyle program. The combined launch with the Active Script prevented this workshop from occurring. The option of holding this workshop was given to the project coordinator in February 2005 who put this to technical working group. A decision was made not to implement this workshop due to lack of interest.

#### ***Workshops involving all LDS projects:***

- Reminder and Recall system presentation - Delivered at DPMI meeting March 04 DHS 120 Spencer St: 1X 3 PCP personnel
- Planning for Stream 2 & 3: Combined workshop held at Broadmeadows Community Health Service (September, 2004)

#### ***Summary of workforce activities by project and by program***

##### *Hume Moreland PCP*

In Hume Moreland PCP the needs analysis session was held on the 11<sup>th</sup> June 2003, one workshop was conducted regarding self-management for their stream 1 activity (14<sup>th</sup> July 2005). This was accompanied by a high level of assistance and support was provided with the development of a manual for a stream 1 activity. Further assistance was provided for the incorporation of self-management strategies into brochure for stream 3. The project officer conducted at least 4 workshops across the PCP outside of WFD team activities.

##### *Central Victorian Health Alliance*

In Central Victorian Health Alliance the needs analysis session was held in October 2003. Two workshops around social marketing and risk factor screening were conducted (January 2004, August 2004). Two behaviour change workshops were conducted, one in November 2004 and another on May 24, 2005. The first workshop was conducted for project reference group and as a result of the perceived value of the workshop a second was conducted for the wider PCP. These workshops addressed integrating strategies for promoting behaviour change into current practices with an emphasis on self-management and self-efficacy. The project officer also arranged workforce development

activities outside of WFD team activities, of particular note a one-day diabetes forum with DAV and the Heart Foundation.

### *Central West Gippsland PCP*

In Central West Gippsland two workforce needs analysis workshops were held in two separate areas of the PCP (both in September 2003). Two workshops regarding the development of a foot care assessment tool were also conducted in these two areas (May, June, 2004). A half-day workshop regarding behaviour change strategies was planned to occur in conjunction with the launch of the lifestyle program however a combined launch of a second program prevented this. The workshop did not proceed in February 2005 due to a lack of interest.

Overall across the program, four needs assessment workshops were conducted between June and October 2003 and seven content or topic-based workshops were delivered to individual projects by the WFD team between January 2004 and July 2005. Two workshops involving all LDS projects were held in March and June 2004. The workshops for individual projects were regarding: self-management and behaviour change (3 workshops), social marketing and risk factor screening (2 workshops) and foot care assessment and referral (2). The combined sessions were a recall and reminder systems presentation and project planning workshop for steams two and three.

### ***Learning session evaluations***

Satisfaction with most workshops and learning activities was high as measured by post-program survey. One exception was the recall and reminder workshop which although valued was attended by only 1 participant per project and it was noted by participants that more practical examples of working systems were needed and that the workshop would have been more useful at an earlier stage of project development. The planning workshop, which was evaluated by in depth interviews, also produced qualified responses from participants in regard to timing. In self-assessment survey returns projects reported that learning outcomes were identified for the workshops and for each professional development opportunity offered. Learning objectives were generally achieved to a large degree, or with some progress towards achieving them.

### **Project interviews - assessment of workforce development learning outcomes and support**

The planning workshop of the Workforce Development Team was considered a very important aspect of WFD activities. In this context, each project worker was interviewed regarding the planning workshop, as well as the activities of the WFD team in general. The interview was comprised of three sections based on the objectives of the workshop and the role of the WFD team in the program. Each question is presented below with the responses of project workers.

All participants saw the planning workshop as a valuable activity. The background information presented was familiar to most participants, with some questioning its value. Despite this appraisal, it seems that the sessions contained information that extended participant knowledge in some areas such as identifying areas of diabetes management that GPs could be assisted to improve, and the importance blood pressure and cholesterol management for persons with pre-diabetes.

The sessions for discussion and problem solving drew universal praise from the group, assisting with the identification of missing project components that had not been identified.

Overall the session assisted in the advancement of planning, clarification of project gaps and improved planning decisions already made. These changes were made during the workshop and continued after the workshop. No project had documented these planning decisions other than some documentation for evaluation matrices.

The day also reduced participants' feelings isolation. The day provided participants with a forum to recognise that other projects having the same problems and areas of difficulty.

The projects were also unanimous in their thoughts regarding the timing of the workshop. All thought that the session was too late and would have been better to run at the early stages of planning, not in the midst of implementation of stream 2. They also thought that it would be better to conduct the workshop at the beginning of each stream. This was even more important for those combining streams 2 and 3 as many planning decisions had been made and implemented prior to the workshop. It was also thought that better planning decisions could have been made with an earlier workshop and that some time consuming mistakes could have been avoided.

One worker proposed that a small number of generic workshops relevant to all projects could have been conducted early in the program to assist and advance planning. This strategy could be complemented by individual workshops tailored to project needs.

Relating to the WFD role as a whole it was very clear that the team provide a strong support role to project workers.

At the time of the interview projects had received work force development relating to stream 1, however, other than the planning day, they had received any WFD activities for streams 2 and 3. One project had only received a social marketing workshop up until the planning day. It was noted by another project that that some of the WFD completed related to streams two and three such as the behaviour change workshop.

The projects reported that they were not confident with prevention in terms of streams 2 and 3, but were happy with the familiar areas of clinical work within stream 1. In this context all thought that the planning day, and other activities relating to streams 2 and 3 needed to occur before implementation and closer to the time of planning.

All projects mentioned a need for assistance with the planning with stream 2, stream 3 or both.

### ***Workforce Development News***

The quarterly newsletter/information resources produced by the WfD team was valued by LDS project staff. All rated highly its relevance and its importance as a source of information and evidence and reported using web-sites and resources flagged in the newsletter. Two of three project officers circulated the newsletter more widely in their agency or among stakeholders.

### **3.3 Increased capacity**

Two projects reported that their local primary care workforce had increased capacity for management, prevention and early detection as a function of the workforce development delivered. One of the two further stated that it was the combination of workforce development offered, project activities and the systems developed that improved their chances of increasing PCP workforce capacity. The third project noted that requiring workshop attendees to complete case studies and prompts prior to the workshop allowed opportunities to clarify areas where increased knowledge was necessary.

#### ***Capacity change in areas as identified as gaps in the initial skills analysis phase***

All projects agreed that capacity has increased in those areas identified as gaps and/or needs in the initial skills analysis phase. The Central West Gippsland PCP noted that developing the foot assessment tool and up-skilling health professionals has increased diabetes awareness and referral procedures therefore decreasing complications.

Table 3 presents project staff assessments of the workforce development program's contribution to a number of dimensions of capacity for health promotion as defined by Hawe et al (1999): workforce knowledge and capacity; organisational development, resources for diabetes prevention, management and detection and partnership development with services with a shared interest in diabetes.

**Table 3: Project ratings of WfD contribution to PCP capacity for diabetes prevention, detection and management.**

<b>Capacity for health promotion</b>	Total (average)
To what extent has the WfD team project contributed to the development of your agency's workforce?	7 (2.3)
To what extent has the WfD team contributed to the organisational development of your PCP with regard to service delivery systems?	8 (2.7)
To what extent has the WfD team contributed to your agency's resources for diabetes prevention, detection and management (with regard to improved staff skills, new materials etc)?	9 (3)
To what extent has the WfD team contributed to your agency's partnerships with other services & organisations that contribute to work force development?	6 (2)
<b>Total (average)</b>	<b>30 (7.5/3 = 2.5)</b>

Rating: 1 = A little, 2 = Somewhat, 3 = A lot

The strongest rated area for the WfD team was their contribution to agency's resources for diabetes prevention, detection and management in terms of improved staff skills and new materials. An example of this area is the development of the foot assessment and referral workshop module for the Central West Gippsland PCP and being a major part of the development of the self-management education manual for Hume Moreland. The next strongest rated area of performance was the contribution to the organisational development of the PCP in relation to service delivery systems. The weakest rated area was the extent that the WfD team had contributed to agency's partnerships with other services & organisations that contributed to work force development. The next weakest rated area was the extent that the WfD team project contributed to the development of their agency's workforce. The average project rating of 2.5 across all areas for WfD activities indicates that projects thought the WfD program had improved capacity for diabetes prevention, detection and management.

## 4.0 Discussion

It is apparent from the findings that projects valued the workforce development program and the support provided by the WfD team and identified improved capacity for health promotion and diabetes management, prevention and detection in the 3 PCPs, particularly in the lead LDS agency.

However projects also identified the timing and timeliness of WfD activities, from the needs assessment through to delivery of learning activities, as a weakness. When the evaluators look more systematically at the objectives and intended outcomes of the WfD program and the promised deliverables compared with actual outputs and outcomes it is apparent that the WfD program had a more limited effect than the projects' favourable assessments would suggest. Outputs from the program were fewer and less intensive than those specified in the program deliverables. On the evidence available it appears that a delayed and possibly limited needs assessment established a structural flaw in the subsequent development and delivery of the WfD program.

The objectives of the program are examined below in relation to the evaluation findings.

### 4.1 Achievement of objectives

The WfD program objectives are listed below, accompanied by a summary on the degree to which each was achieved.

- *To actively engage and consult with LDS service providers in the development of a workforce training needs assessment tool.*  
The level of consultation with funded projects in the development of the tool was satisfactory to projects. However the process of development took 12 months and produced a modest tool of 3 sections focused on agency capacity; provision of planned care according to best practice guidelines and planning and provision of health promotion and early intervention. The tool was adapted from the DHS Health Promotion Skills Assessment tool (provided to the WfD by the evaluator at the beginning of the program). The evaluator notes that the adaptation took a very long period of time and resulted in the workforce skills assessment being undertaken in funded PCPs well past the opportunity for timely input to project planning and development.
- *To ensure that the workforce training needs assessment is inclusive of service providers and consumers throughout the continuum of care for people with diabetes.*  
A representative group of agencies participated in each workforce skills analysis
- *To develop and document an agreed workforce development plan for each project, taking into account the local context and priorities of the funded projects.*  
Agreed plans were developed for each project, but as noted above these were established 12 months and more after project commencement. Further only one needs assessment was conducted over the life of the project, during which projects

evolved substantially and gained a better understanding of what their needs might be, particularly in relation to streams 2 and 3 focussing on early detection and prevention of diabetes. Needs assessments were undertaken within pre-specified categories that may have limited opportunity for specific local issues to be addressed, such as rural multi agency engagement. The specified categories may also have excluded consideration of specific expertise or technical knowledge of both diabetes and health promotion that were deficient in the PCP.

- *To develop and document learning/process outcomes for each workforce module or activity.*  
Each learning session had specified learning objectives and was evaluated on content and achievement of learning objectives at the end of each session and participant satisfaction was generally high.
- *To provide practical tools and resources that can be used in delivery of diabetes care in participating PCPs.*  
Four enduring tools/resources were produced or contributed to by the WfD program: the Workforce Skills Assessment tool; a manual documenting the One Step Ahead program developed by Hume Moreland PCP; a Footcare training workshop package produced in conjunction with the Diabetes Technical Working Group of Central West Gippsland PCP, and a Behaviour Change workshop package focused on self-management of diabetes and risk factors. On face value this falls short of the 8 training modules and accompanying manuals specified in the project deliverables.
- *To identify strategies for adoption of diabetes care tools and resources in participating agencies and in other health services in the PCP.*  
An explicit adoption strategy was not formulated, rather, the documentation of program or learning activities by the WfD program team has established resources for which the PCPs are individually responsible for dissemination and adoption across local agencies.
- *To deliver diabetes workforce development modules/ activities in a timely fashion, at appropriate venues, taking into account the geographic locations of the funded projects.*  
Workforce development activities were delivered in appropriate venues in locations convenient to the funded PCPs. However, it is apparent that the 2 rural PCPs, while arguably having the highest needs for workforce development, received lesser input from the WfD program than the metropolitan PCP and at a later stage in the life of the LDS program, with neither receiving any learning activities until 2004, and with one PCP receiving no workforce development until 2 years into the program.

## **4.2 Workforce skills analysis**

As noted in relation to achievement of objectives, the workforce skills assessment was a crucial factor shaping the WfD program. The following discussion compares areas identified by projects as needing improvement or of high importance in the needs

assessment process with the learning activities delivered to each project over the course of the program.

#### *Hume Moreland PCP*

Care planning, coordination of care and behaviour change were identified as areas for improvement for most agencies and of high priority.

Workshops for behaviour change/ self-management education were conducted however there were no workshops regarding care planning and coordination of care.

#### *Central Victorian Health Alliance*

Planning and undertaking social marketing and risk factor screening were identified as needing improvement and were a high priority particularly as these were the areas that the agencies needed to concentrate on in relation to the implementation of the work of the LDS project for 2004. Behaviour change was also identified as a high priority. A workshop regarding social marketing and risk factor screening was conducted, as well as 2 workshops focusing on behaviour change, all between August 2004 and May 2005.

#### *Central West Gippsland PCP*

Assessment and care planning were clearly identified as areas for improvement for most agencies as were providing education about diabetes and supporting behaviour change for people with diabetes. Evaluation of services and behaviour change strategies were seen as areas of high priority.

Two footcare workshops were conducted and intensive contribution was made towards a foot care assessment and referral training module and assessment protocol and form. Workshops regarding care planning and evaluation of services were not conducted, and the behaviour change workshop was cancelled due to a lack of interest. It should be noted that PEU conducted evaluation workshops in each PCP in each stream of the program as part of their evaluation support role, so incorporation of evaluation in the WfD program was not necessary.

The WFD program methodology of a single needs analysis may have been inadequate to accurately identify project work force development needs over the life of the LDS program. None of the projects had clearly developed plans of what was required for streams 2 and 3 at the time of the workforce skills analysis and continued to develop and change over the remainder of the program. The workforce skills analysis process also considered needs identification in a restricted range of pre-determined content areas. The 'closed' nature of the needs analysis process restricted enquiry into other needs of the projects and was inadequate to establish what technical or expert input might be required in order to enhance projects for each stream of work. Health workers can not be expected to identify 'what they do not know' and it may well have increased the relevance and utility of workforce development if the WfD had incorporated into the

needs assessment, and ultimately, the learning activities, the topics tentatively identified in their original project brief which reflected a mix of generic health promotion capacity and expert diabetes content. The delayed and limited application of needs assessment both in relation to content and its one-off nature significantly reduced what potentially could have been a broader and more intensive WfD program

### **4.3 Learning activities and resources**

The most intensive focus of work force development was in relation to stream 1 of the LDS program - the management of diabetes and prevention of complications of diabetes. Streams 2 and 3 related topics were not clearly identified in the needs analysis process and were not intensively addressed by WfD. Given the familiarity of most project staff with the type of activity required in stream 1 it could be argued that that the areas of highest skill and knowledge deficit - early detection and prevention - received the least WfD input.

The WfD program placed a great deal of emphasis on individual behaviour change. While this component is important, it is one element in a larger program (the LDS program) that was focused fundamentally on service and systems development. The behaviour change input enabled projects to learn about and extend areas closest to clinical practice. While the WfD team made a presentation regarding recall/reminder systems this was insufficient to up-skill project officers to design and implement a recall/reminder system.

In this context it can be argued that WfD facilitated maintenance of existing workforce routines and missed an opportunity to assist projects to develop sustainable systems to support early detection and prevention of diabetes. There was clearly scope for development of more extensive learning materials around systems to support screening, early detection and prevention and to develop the clinical knowledge and expertise required to identify and manage pre-diabetes states. The broader LDS program evaluation identified both these areas as weaknesses in the overall implementation of the program. The evaluation of the WfD program suggests that more targeted, timely and intensive WfD may have helped to strengthen the LDS in these important areas of service reform and systems development.

### **4.4 Development of health promotion capacity**

Projects identified increased health promotion capacity as a result of WfD and the evaluators found evidence of strong well designed health promotion activity in the overall LDS program. However, the preceding discussion suggests that there may have been even greater increases in workforce capacity, particularly in the relatively new areas of screening, detection and prevention of diabetes, had a more intensive and appropriately targeted effort been made to provide workforce development activities specifically

addressing these areas, and the systems required to support them. In the absence of comparator projects, this interpretation cannot be proved but it is a logical conclusion to reach given the available evidence.

## **5.0 Conclusions and Recommendations**

### **5.1 Conclusions**

The Workforce Development Program achieved modest success in meeting its aim of increasing organisational and service provider capacity to undertake diabetes health promotion and diabetes prevention and management activities. The program was valued by the PCPs participating in the Local Diabetes Service Development program and a number of important resources were produced that may be adopted more widely in PCPs and in other primary care settings.

However the program was slow to make progress on the fundamental task of needs assessment. The implementation of a needs based Workforce Skills Analysis was well behind the planning and development of local projects and subsequent delivery of learning activities was not matched to the progressive development of the multi-streams model of the LDSD program. Whilst there was a high degree of satisfaction with the learning opportunities provided and the resources produced, there was scope to do more, both in terms of addressing other needs or skill deficits not identified in the Workforce Skills Analysis and in relation to providing more intensive coverage of topics related to service and systems development. Most of the workforce development outputs dealt with stream 1 activities focused on management of diabetes and prevention of complications, while the more challenging but increasingly important areas of pre-diabetes screening and diabetes prevention received less in-depth coverage.

Ultimately, whilst undertaking some useful resource development and capacity building in diabetes management, and some aspects of detection and prevention, the Workforce Development Program missed an opportunity to make a more substantial contribution to the development of workforce skills and knowledge in detection and prevention of diabetes in at risk groups. The evaluation suggests that more targeted, timely and intensive WfD may also have helped to strengthen the Local Diabetes Service Development program in the important areas of service reform and systems development.

## 5.2 Recommendations

- Designated workforce development activities should aim to directly enhance project planning and optimise the knowledge and skills required for successful project or program implementation.
- Workforce development should use a mix of expert knowledge and workforce reported needs. A workforce driven needs analysis excluding the expert knowledge of what may be necessary for successful project implementation may not be optimal for project and program impact.
- A workforce skills assessment should occur early in the life of a designated program and be repeated over programs with multiple phases or of long duration.
- The following elements should be considered in undertaking a workforce training needs or skills assessment:
  - Required knowledge and skills to enable projects to meet program objectives and optimise implementation
  - The learning needs and skills/knowledge deficits that are apparent in a review of project plans
  - Expert knowledge from the literature and from expert practitioners
  - Feedback from evaluators of similar programs.
- In developing a Workforce Development brief the funding body should scope the content and skill areas of workforce development required and contract experts in specialist areas to ensure high quality and relevant learning activities.

## 6.0 References

Hawe, P., King, L., Noort, M., Jordens, C., Lloyd, B., 1999. *Indicators to Help with Capacity Building in Health Promotion*. NSW Department of Health, Sydney.

NSWHealth, 2001. *A Framework for Building Capacity to Improve Health*. Sydney.