

RESEARCH PRIORITIES IN THE SOUTH METROPOLITAN POPULATION HEALTH SERVICE 2004

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Research Priorities in the SMPHS

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1.0 EXECUTIVE SUMMARY

This project, to review research priorities of community health, child health and school health nurses, Aboriginal health workers and allied health professionals was initiated to inform the strategic direction for research within the South Metropolitan Population Health Service (SMPHS). This review was conducted by the collaborative partnership between Curtin University of Technology School of Nursing and Midwifery and the Professional Development and Evaluation Unit within the South Metropolitan Population Health Service, with a view to continuous improvement and the provision of evidence-based health care.

An extensive review and consultation process ensued with input from multi-disciplinary health professionals from the Peel and Rockingham/Kwinana (PARK), Armadale and Fremantle regions. A Delphi Study was conducted to provide all health service professionals with the opportunity to have input into the development of research priorities.

The most important population health issues were outlined by staff in Round one of the Delphi Study and a number of topics were identified as potential research projects to improve 'best practice' (see Attachment C). Eight individual health issues were derived in the analysis around which the survey for Round two was developed. Participants ranked the eight individual health issues in the following order of importance, highest to lowest: Elderly Issues; Health Service Reorientation; Lifestyle Issues; Partnership; Youth Health; Mental Health; Aboriginal Health and Family Health. The data suggests that respondents rate the first four health issues as more collectively important than the last four issues.

Participants also rated the 47 research topics, synthesised from Round one, which were clustered within the eight individual health issues. The overall findings of Round two suggest five major research priorities. These are: 'explore strategies for increased mental health wellbeing in the community'; 'explore the feasibility of providing education on coping skills in schools to decrease the incidence of mental health in later life (e.g., depression)'; 'research into identifying key strategies to engage Aboriginal people in planning, decision-making and development of programs'; 'examine programs in the community to reduce family stress, marital breakdowns and child abuse'; and 'explore stress and depression in adolescents.

The analysis of responses from the PARK, Armadale and Fremantle regions, and according to nursing and non-nursing personnel, show that some differences exist in the

'strength' of the ratings for the 47 research priorities. There are, however, few differences in the most important research topics identified by the Peel and Rockingham/Kwinana, Armadale and Fremantle areas. The findings also show that there is remarkable consensus in the four most important health issues between nursing and non-nursing health personnel. The only major exception to this is Lifestyle Issues, where nursing health professionals do not rate this as a particularly important health issue. However, in the rating of the 47 research topics, it appears that non-nursing health professionals more strongly support the need for research into issues related to Aboriginal Health than do nursing health professionals.

It is suggested, that the results of this study are interpreted cautiously and any future research plans derived from the list of research priorities be considered within the context of the strategic direction of the Health Service and the needs of the health service regions.

2.0 INTRODUCTION AND BACKGROUND

The South Metropolitan Population Health Service (SMPHS) provides health services for the Peel and Rockingham/Kwinana, Armadale and Fremantle areas. Changes in the structure of health services in Western Australia have seen the development of Population Health Services that oversee the delivery of community and public health within a given designated area. For example, there are Population Health Units within the South Metropolitan Health Service, the North Metropolitan Health Services and the East Metropolitan Health Services. This has involved the separation of community health services from the acute sector and their realignment with Public Health Units into a single area-wide organisation. These changes equate with expansion of geographical areas for community health, child health and school health nurses, Aboriginal health workers and allied health professionals working in these regions. Allied health professionals comprise of physiotherapists, occupational therapists, social workers, clinical psychologists, speech pathologists, audiologists, asthma educators, dietitians, diabetes educators, paediatricians, and public health and health promotion officers. As the Department of Health in Western Australia requires multi-disciplinary health service programs, it is appropriate that research priorities are identified from the perspective of health service professionals.

As the landscape of health service delivery changes, nurses, Aboriginal health workers, and allied health professionals need to become judicious in setting research priorities

within the context of limited funds (Broome, Woodring & O'Connor-Von, 1996). Research is important to health service delivery as research findings assist to inform evidence-based practice and spearhead best practice and positive client outcomes. Prior to identifying research priorities, it is essential that input be obtained from a wide and varied group of key stakeholders in the health service field.

It has now been five years since the previous review of research priorities was conducted in 1998 to identify research priorities for Community and Women's Health Service, Fremantle. The decision to review the community health nursing research priorities, at that time, evolved from the accreditation process. A Delphi study was conducted to give community health nurses the opportunity to identify research priorities within the Health Service. The research priorities that ranked highly in the 1998 assessment were 'exploring stress and depression in adolescents', 'determining the value of postnatal support/parenting courses for the family' and 'exploring what nursing care the community wanted from the Fremantle Health Service' (Downie, 1998). The need for 'best practice initiatives' was also identified. Many identified priorities from that assessment have now been researched. In addition, the Professional Development and Evaluation Unit (previously the Community and Women's Health Primary Health Care Research Network) has now become the unit for strategic research projects.

With the establishment of the new area-wide South Metropolitan Population Health Service as the organisational structure for community and public health, it is timely that a further assessment of research priorities be conducted to encompass the whole area and its staff. This will underpin the provision of services by health service professionals from different disciplines and Aboriginal health workers that are not only cost effective, but evidence-based and within the strategic directions of the Health Service. There is a need for increased involvement of community health, school health, and child health nurses, Aboriginal health workers and allied health professionals in improving public health outcomes supported by research and theories in the context of primary health care (Edward, 1993).

To accomplish this review, the collaborative partnership between Curtin University of Technology School of Nursing and Midwifery and the Professional Development and Evaluation Unit conducted a Delphi study of research priorities between 2003 -2004.

2.1 The Delphi Technique

The Delphi technique was chosen for this qualitative study as a method of accessing and integrating the thoughts and ideas of nursing, Aboriginal health workers, and allied health professionals in relation to research priorities for the SMPHS region. Using this method, it was anticipated that multi-disciplinary health professionals, working in different geographical locations, would achieve group consensus concerning the strategic issues that the South Metropolitan Health Service should pursue in research (Lynn, Layman & Englehardt, 1998).

The Delphi technique, developed by the Rand Corporation in the 1950s, has been adapted for use in areas such as industry, management, government, and education (Oberst, 1978). "This technique facilitates repeated questioning and reflective feedback from a panel of experts on specific issues" (Beech, 1998, p. 322). An expert has been variously defined as a group of 'informed individuals' or 'specialists' in their field (Keeney, Hasson & McKenna, 2001). Moreover, the Delphi technique has been reported to be particularly useful for surveying mutli-disciplinary teams. Many studies in various health contexts have used this method in determining research priorities (Benedict 1990; Broome, Woodring, & O'Connor-Von 1996; Butterworth & Bishop, 1995; Hinds, Anthony, Fattuso, Riggins, Wentz & Fairclough, 1990). For example, a Delphi study conducted by Lemmer (1998) using health visitors in England showed that decision-making required not only technical skills but intuition and reasoning in health visitor practices. An earlier study, Oberst (1978) sought research priorities in cancer nursing. The author used a panel of 575 nurses, deemed to be specialists in cancer nursing, to determine cancer research priorities. Pain management was ranked highly followed by patients' responses to cancer treatment. The findings assisted nurses to provide nursing care that was more appropriate for cancer patients. It seemed reasonable therefore to replicate this approach in this current study to identify research priorities for the SMPH Service.

The goals of the research, as negotiated between the parties, were as follows:

- To produce a report identifying and prioritising the major research priorities in the South Metropolitan Population Health Service (SMPHS) area, from the perspective of health service professionals.
- To identify and describe the specific areas of research perceived to be important by nurses, allied health professionals and Aboriginal health workers in the regions of Fremantle, Armadale, Peel and Rockingham/Kwinana.
- To initiate research projects commensurate with the identified priorities in the South Metropolitan Population Health Service (SMPHS).

A 'Research Reference Group' was established in 2003 to offer support and guidance to the health researchers undertaking the project. This group comprised key stakeholders from the various disciplines in the SMPHS area, as well as research experts and community practice specialists. The 'Research Reference Group' contributed in refinement of the proposal, review of the analysis and feedback on report writing. Developing collaborative research initiatives between the key stakeholders from the various disciplines has been recognised as an important strategy in the development of evidence-based practice (Martin, Boirman, Knight & Thompson, 1998).

3.0 REVIEW AND CONSULTATION PROCESS

To review the research needs of the SMPHS, a sequential process was planned and implemented to ensure all relevant data was collected and analysed. To access the majority of health service professionals for the review, four information sessions were arranged in Fremantle, Armadale, Peel, Rockingham and Kwinana. These sessions included a review of primary health care principles, reflection on the goals of population health and an outline of the proposed research. The purpose, benefits and timeframe of the proposed research were explained and the first round survey presented. All health service staff who attended the information sessions were encouraged to participate.

3.1 Ethics

Permission to conduct the research was sought from and granted by the Executive and the 'Research Reference Group'. The Fremantle Human Research Ethics Committee also

approved the proposal. Risks with participation were judged to be minimal. Consent to participate was implied by return of the survey. All information obtained from participants was confidential and no names were used to identify participants in interim and final reports with only aggregate data reported. Participants were free to withdraw from the study at any time without repercussion. All data was accessible only to the research team, which comprised two health researchers from Curtin University of Technology, a Staff Development Project Officer from the SMPHS and two research assistants. All data has been locked in a safe cupboard. All hard copies of the data will be destroyed five years following completion of the study in keeping with NHMRC guidelines.

4.0 METHOD

In this Delphi study two rounds of surveys were used. As indicated by Butterworth and Bishop (1995), two rounds of questioning is usually sufficient to achieve agreement among the groups.

The Round one survey was given to participants at the information session in each health region with a pre-paid, return envelope to facilitate a prompt reply. Reminder slips were mailed two weeks later to encourage participants to return their surveys and demographic data. The second round survey, which included a list of main health issues and research topics identified by participants in the first round, was distributed to the relevant health services. The managers in each health region distributed the second round survey to each staff member. Each survey included a self-addressed return envelope.

4.1 Sample

The sample for this two-round Delphi study included managers, registered community health, school health and child health nurses, allied health professionals and Aboriginal health workers working in the SMPHS. All health service professionals were invited to participate. A covering letter accompanied the survey and was provided to all participants in the first round. In the letter included the purpose of the study, its proposed benefits and a statement ensuring confidentiality of responses. Consent to participate was considered implicit upon staff returning the survey. The estimated population sample size was 297 with participants from various disciplines and across the three health regions.

4.2 Instruments

Two surveys, Round one and two, were developed by the researchers for this study, based on previously used tools (Downie, 1998; Lynn, et al, 1998; and Oberst, 1978). In the first round, participants were asked to provide demographic information, including information concerning their education and experience. The survey asked participants to provide three population health issues that they considered important to their area of work. Participants were also asked to indicate, of the health issues identified, which two issues needed to be researched within SMPHS. Data from the first round (see Attachment B) were analysed using the Statistical Package for the Social Sciences (SPSS, version 11.5) and considered by the 'Research Reference Group'. From this, the second round survey was developed (see Attachment E). Details of the process undertaken to develop the surveys are presented in section 5.

In the second round, based on the first round responses, participants were requested via a cover letter to rank order eight health issues in order of importance. Also, they were asked to rate 47 identified research topics, which clustered under the eight health issues, in terms of the questions '*value of this topic for population health*', '*impact of this topic on client care*' and '*should SMPHS research this topic*'

4.2.1 Validity and reliability

To ensure validity and reliability of survey development in Round one and two the structure and formation of the questions for the two rounds were carefully considered by the research team and the 'Research Reference Group'. This ensured understanding of key concepts and gained group consensus as per the Delphi Technique (Oberst, 1978).

The researchers ensured that the questions were deliberately broad and the in-built system of checking back with participants over the second round reduced risks of researcher biases. Furthermore, inter-rater reliability between the research team was established during the analysis by discussion of any discrepancies discussed until consensus was reached. The 'Research Reference Group' further checked the findings of both Round one and two for accuracy.

5.0 ANALYSIS

Analysis of the surveys (Round one and two) involved the use of SPSS version 11.5. Qualitative data from Round one was analysed based on a process outlined by Burnard

(1991). A staged, reductive method of content analysis was used whereby themes and common concepts were identified, organised, categorised and labelled. Sub-categories were identified and clustered into a number of research topics and classified accordingly to identify patterns or relationships to enable more sophisticated interpretation. Descriptive statistics (eg., mean and frequency data) were used to describe participants' demographic and work experience, in both rounds.

Following the second round survey, the ranking of the eight health issues identified was computed as per the mean scores and tested using the Friedman test. An overall topic score, for each of the 47 research topics, was calculated by averaging participant's ratings of the 'value' and 'impact' questions. Mean scores were also calculated for the 47 identified research topics for the questions 'value of this topic for population health' and 'impact of this topic on client care'. Percentages were used to analyse the question 'should SMPHS research this topic'. Mean rank scores and percentages were also calculated separately for nursing and non-nursing health professionals and for SMPHS regions. Where appropriate, post-hoc analyses were performed using the Wilcoxon Signed-Rank and the Mann-Whitney tests.

6.0 RESULTS

Round One - Descriptive statistics

There were 297 surveys sent to all health service professionals in the South Metropolitan Population Health Service (SMPHS), with a 36% response rate to the first round. Of these, 61 (58%) worked either in school health, child health or generalist nursing. A smaller percentage of respondents worked in public health (9%), occupational therapy (9%), health promotion (8%), speech pathology (6%), physiotherapy (5%), dietetics (4%), social work (3%), and clinical psychology, podiatry and diabetes education (1% respectively). A further ten percent of respondents indicated they worked in a different category, but no further information was available for analysis. It should be noted that the percentages total more than 100% because respondents were allowed to select more than one category in order to reflect the variety of positions held.

The mean age of respondents in the first round was 43 years, ($M = 43.1$, $SD = 10.5$). Qualifications included 42% with a tertiary degree, 29% with a postgraduate degree and 27% hospital based trained. Two percent of respondents stated they had completed alternative education/training. The experience of staff who were informing the Delphi

project was evidenced by the number of years most had worked post initial qualification, ($M = 19.9$, $SD = 10.3$). The mean number of years respondents had worked in community/public health was less than half of their total experience, ($M = 9.0$, $SD = 6.6$).

Most of the staff worked as Level 2 registered nurses (55%), while only a small percentage worked as Level 1 registered nurses (2%). Three percent of respondents indicated they worked as senior registered nurses, but specified no level. Thirty-nine percent of respondents indicated they worked under HSOA categories: Levels 1-3 (5%); Levels 3.1-5 (15%) and Levels 5.1-8 (19%). One respondent (1%) selected the 'other' category, but no further information was available for analysis. Of the staff who participated, 56% were full-time, 43% part-time and one percent casual employees with respondents from all three regions: Armadale (24%), Fremantle (27%) and Peel/Rockingham, Kwinana (42%). A further 8% of respondents indicated they worked Area wide.

In response to the population health issues staff considered 'most important to their area of work', respondents in the Round one survey identified approximately 22 broad health categories. Clustering of these categories resulted in the identification of eight individual health issues. These included Mental Health, Youth Health, Health Service Reorientation, Partnership, Elderly Issues, Aboriginal Health, Family Health and Lifestyle Issues (see Attachment E).

Analysis, by the research team and 'Research Reference Group', of the health topics that 'need to be researched by the SMPHS' revealed 19 categories incorporating 65 research topics. These research categories were as follows:

- Hearing loss
- Teenage parenting / adult parenting
- Postnatal depression
- Health service availability
- Nutrition – infant and youth
- Youth drugs and alcohol use
- Obesity in childhood / youth / elderly
- Aboriginal health
- Low income families
- Social isolation

- Elderly physical inactivity / falls
- Sexual health in adolescents and young adults
- Diabetes in the community
- Health education and health lifestyle
- Antenatal – assessment and education
- Enuresis
- Immunisation
- Evaluation of clinical programs / health service reports
- Depression and mental health

These topics were subsequently collapsed into the 47 research topics rated by participants in Round two of the Delphi study (see Attachment E).

Round Two - Descriptive Statistics

The sample in Round two consisted of 120 surveys, which constituted a response rate of 40%. Complete demographic data was available for 114 (95%) respondents. Of the valid cases ($N = 116$), 55% indicated they worked in school, child or generalist nursing. A smaller percentage of respondents worked in health promotion (8%), public health (7%), occupational therapy (7%), speech pathology (7%), physiotherapy (7%), social work (5%), dietetics (3%), podiatry (2%), diabetes education (2%) and clinical psychology, audiology and paediatrics (1% respectively). Staff indicated that they worked in a combined role, across positions, in 9 (8%) cases. Table 1 data demonstrates the variety of positions held by respondents. It should be noted that the percentages total more than 100% because respondents were allowed to select more than one category in order to reflect the variety of positions held.

Table 1 Percentage of respondents in current position ($N = 116$)

| Current position | Cases % |
|-------------------------|--------------------|
| School Health Nurse | 26.7 |
| Child Health Nurse | 25.9 |
| Health Promotion | 7.8 |
| Occupational Therapist | 6.9 |
| Public Health | 6.9 |

| | |
|-------------------------|-----|
| Speech Pathologist | 6.9 |
| Physiotherapist | 6.9 |
| Social Worker | 5.2 |
| Dietician | 2.6 |
| Generalist Nurse | 2.6 |
| Podiatrist | 1.7 |
| Diabetes Education | 1.7 |
| Clinical Psychologist | .9 |
| Audiologist | .9 |
| Paediatrician | .9 |
| Project Officer | .9 |
| Quality Co-ordinator | .9 |
| Early Discharge Midwife | .9 |
| HS Manager | .9 |
| CNM/S | .9 |

* The above table represents a multiple response set.

The percentages shown included 9 staff who held 18 positions.

The mean age of respondents was 43 years ($M = 43.5$, $SD = 10.6$). Qualifications included 45% with a tertiary degree, 28% with a postgraduate degree and 25% with hospital training only. A small percentage of respondents (2%) indicated they had completed other forms of initial education (eg., TAFE, Associate diploma). Over 50% of staff also had completed a variety of courses, program training or other qualifications. Table 2 shows a small selection of these.

Table 2 Percentage of other courses and qualifications completed ($N = 62$)

| Other courses and qualifications completed | Cases* % |
|---|---------------------|
| Midwifery | 51.6 |
| Child Health | 46.8 |
| Community Health | 19.4 |
| Family Planning | 11.3 |
| School Health | 6.5 |
| Lactation Consultant | 6.5 |
| Family Health | 6.5 |
| Health Visitor | 6.5 |

* The above table represents a multiple response set.

Other courses, program training or qualifications completed, as reported by respondents, included: diabetes education; first aid certificate; immunisation certificate; family therapy; women's health; paediatric certificate; protective behaviours; health promotion certificate; counselling; psychomotor therapy; neuro-developmental therapy; RAINBOWS; substance misuse; Triple P; reproductive health; nurse practitioner; workplace training and support; professional development.

The experience of respondents was evidenced by the number of years they had worked post initial qualification ($M = 19.5$, $SD = 9.9$). The mean number of years worked in community/ public health was less than half of their total experience ($M = 9.4$, $SD = 7.4$).

Of the respondents, 54% identified themselves as registered nurses and 46% as HSOA workers. It should be noted that respondents identified themselves as nurses or HSOA workers, no other categories of employment were indicated in the data. Table 3 shows the number of percentage of respondents in different categories of employment. The percentages are reported in descending order for registered nurses and HSOA workers, respectively.

Table 3 Number and percentage of respondents working in category of employment ($N = 115$)

| Registered Nurses | % |
|--------------------------|----------|
| RN level 2 | 42.6 |
| Senior RN level 2 | 5.2 |
| Senior RN level 3 | 2.5 |
| RN level 3 | 1.7 |
| RN level nos | 1.7 |
| HSOA Workers | % |
| HSOA level 5.1-8 | 23.5 |
| HSOA level 3.1-5 | 18.3 |
| HSOA nos | 2.6 |
| HSOA level 8.1-11 | 1.7 |

Of the staff, 51% worked full time and 49% part-time. There were no casual employees represented in this sample. Surveys were received from all regions within SMPHS: Peel

and Rockingham/Kwinana 51, Fremantle 29 and Armadale 27. A further 7 respondents indicated they had an area wide role. Table 4 shows the response patterns of the SMPHS regions surveyed.

Table 4 Number and percentage of respondents from SMPHS regions surveyed

| SMPHS region | Distributed | Returned | % |
|----------------------------|--------------------|-----------------|-----------|
| Armadale | 76 | 27 | 36 |
| Fremantle | 74 | 29 | 39 |
| Peel, Rockingham & Kwinana | 97 | 51 | 53 |
| Public Health* | 30 | 7 | 23 |
| Missing | na | 6 | 5 |
| Total | 297 | 120 | 40 |

* The response format in the survey was set to Area Wide and not Public Health.

Most staff indicated that they worked in the 0-8 year old program (30%), while 11% worked with Youth (9-25 years) and 10% worked with Adults only (25+ years). Five per cent of respondents identified different programs entirely. The combined nature of respondents' work was further highlighted by the fact that 43% indicated that they worked across more than one program. For example, eighteen percent of staff indicated they worked across the 0-8 and 9-25 year old programs, 13% worked across all programs, 5% across Youth and Adults, 4% across 0-8 years and Adults, and 3% across 0-8 years and a different program bracket entirely.

Overall Analysis – Health Issues

In the analysis of Round two, mean rank scores were calculated using SPSS version 11.5 for each of the eight health issues identified from Round one of the Delphi Study:

- Mental Health
- Youth Health
- Health Service Reorientation
- Partnership

- Elderly Issues
- Aboriginal Health
- Family Health
- Lifestyle Issues

Respondents were asked to rank each of the issues in order of importance for their area of work, from lowest to highest. Respondents' ranking of the eight health issues were compared using the Friedman test, which is the non-parametric equivalent of a two-way analysis of variance, using ranks (ordinal data).

The results of the Friedman test indicated that respondents did not rate the importance of the eight health issues equally, $X_r^2(7) = 17.0$, $p = .017$. Table 5 reports the findings in descending order of priority.

Table 5 Mean rank of eight health issues

| Health Issue | Rank | Mean |
|------------------------------|-------------|-------------|
| Elderly Issues | 1 | 5.07 |
| Health Service Reorientation | 2 | 4.75 |
| Lifestyle Issues | 3 | 4.72 |
| Partnership | 4 | 4.70 |
| Youth Health | 5 | 4.29 |
| Mental Health | 6 | 4.19 |
| Aboriginal Health | 7 | 4.15 |
| Family Health | 8 | 4.14 |

Post-hoc analysis contrasting the health issues was conducted using the Wilcoxon Signed-Rank test, the non-parametric equivalent of a *t*-test for a dependent sample design, involving $k = 2$ samples. This test showed that the mean ranking for Elderly Issues was significantly higher than the mean ranking for Youth Health ($z = -2.512$, $p = .012$), Mental Health Issues ($z = -2.268$, $p = .023$), Aboriginal Health Issues ($z = -2.853$, $p = .004$) and Family Health Issues ($z = -2.327$, $p = .020$). No difference was found between Elderly Issues, Health Service Reorientation, Lifestyle Issues, or Partnership. This suggests that respondents rate the first four health issues as collectively more important than the last four issues.

Overall Analysis - Research Topics

Mean research topic scores (i.e., *value* and *impact*) and percentages were calculated for the 47 topics included within the eight health issues. Where appropriate, mean scores and percentages were also calculated for each of the three questions asked of respondents concerning each topic included under the health issues. These questions were '*what is the value of this topic for population health*', '*what is the impact of this topic on client care*', and '*should SMPHS research this topic*'. Data from each of these areas has been considered separately.

Table 6 reports the overall rank of the mean for research topics (*value* and *impact*) and the percentage of respondents who stated SMPHS should research the topic. The *health issues* are presented in the order they appeared in the survey but the results for the *research topics* are shown in descending order according to the mean.

Table 6 Overall rank of the means for research topics (*value* and *impact*) identified according to health issues

| Overall research topics | Mean | YES % |
|---|------|-------|
| MENTAL HEALTH | | |
| 1. Explore strategies for increased mental health wellbeing in the community. | 5.93 | 87 |
| 2. Explore the feasibility of providing education on coping skills in schools to decrease the incidence of mental illness in later life (e.g., depression). | 5.85 | 86 |
| YOUTH HEALTH | | |
| 1. Determine mental health resilience and coping skills in daily life. | 5.72 | 79 |
| 2. Examine ways to teach/educate adolescents to improve self-esteem, reduce self-harm. | 5.58 | 77 |
| 3. Explore stress and depression in adolescents. | 5.57 | 81 |
| 4. Examine drug and alcohol use in adolescents. | 5.00 | 52 |

| | | | |
|----|---|------|----|
| 5. | Develop an 'at risk' tool to determine youth who are vulnerable to antisocial behaviour. | 4.93 | 62 |
| 6. | Explore sexual health education programs in high schools. | 4.75 | 48 |
| 7. | Identify the Incidence/Prevalence of Sexually Transmitted Disease. | 4.19 | 37 |
| 8. | Examine ways to improve school attendance for students at all levels of academic studies. | 4.15 | 35 |

HEALTH SERVICE REORIENTATION

| | | | |
|-----|--|------|----|
| 1. | Identify factors that promote community social and emotional wellbeing. | 5.41 | 65 |
| 2. | Needs assessment to determine education programs and funding to help in early intervention strategies. | 5.25 | 68 |
| 3. | Identify ways to reduce wait times for referrals | 5.18 | 64 |
| 4. | Explore relevant programs for healthy lifestyle (e.g., walking and exercise programs). | 4.97 | 47 |
| 5. | Identify services in terms of location, integration, referral and cost to improve health of the population and promote equity. | 4.91 | 58 |
| 6. | Evaluate educational programs to increase drug and alcohol awareness in the community. | 4.47 | 38 |
| 7. | Explore the need to employ more speech pathologists in schools. | 4.44 | 47 |
| 8. | Explore a framework for best practice in public health via an audit tool. | 4.30 | 45 |
| 9. | Determine the effectiveness of programs to enhance community awareness of dental health. | 3.83 | 23 |
| 10. | Research learning outcomes for students with English as a Second Language in conjunction with the Education Department. | 3.45 | 25 |

PARTNERSHIP

| | | | |
|----|--|------|----|
| 1. | Determine availability of services to enhance coping skills in disadvantaged families. | 5.40 | 75 |
| 2. | Identify strategies to increase services to youth. | 4.84 | 51 |

ELDERLY ISSUES

| | | |
|--|------|----|
| 1. Identify ways to improve health in the elderly. | 4.86 | 53 |
| 2. Explore factors impacting social isolation. | 4.63 | 39 |
| 3. Examine available programs to address falls in the elderly. | 4.30 | 38 |

ABORIGINAL HEALTH

| | | |
|---|------|----|
| 1. Research into identifying key strategies to engage Aboriginal people in planning, decision-making and program development. | 5.96 | 84 |
| 2. Evaluate existing Aboriginal programs to determine their effectiveness. | 5.61 | 78 |
| 3. 'Aboriginal effective' health education programs to be identified and deployed. | 5.61 | 73 |
| 4. Determine ways to deliver culturally appropriate programs. | 5.56 | 70 |
| 5. Research into Aboriginal physical and mental wellbeing to reduce mortality/morbidity rates and inequity. | 5.43 | 67 |

FAMILY HEALTH

| | | |
|---|------|----|
| 1. Examine programs in the community to reduce family stress, marital breakdowns and child abuse. | 5.93 | 82 |
| 2. Explore parenting skills in families. | 5.75 | 67 |
| 3. Identify factors that increase child's self-esteem, physical activity and learning opportunities. | 5.68 | 76 |
| 4. Examine ways to teach positive parenting skills to raise self-esteem and mental health in teenage mothers. | 5.64 | 71 |
| 5. Identify issues that lead to domestic violence in order to improve family life and wellbeing. | 5.52 | 63 |
| 6. Determine the need to develop support systems to replace the 'old extended family' in order to provide support for families. | 5.47 | 64 |
| 7. Investigate the need to develop early intervention programs to enhance speech and language. | 5.23 | 64 |
| 8. Identify factors to decrease Postnatal Depression. | 5.14 | 60 |

| | | |
|--|------|----|
| 9. Identify factors to increase breastfeeding in young mothers. | 5.13 | 56 |
| 10. Explore factors that decrease teenage pregnancy rates. | 5.01 | 57 |
| 11. Examine the impact of unemployment on family wellbeing. | 4.95 | 45 |
| 12. Develop a tool to measure speech and language literacy in primary schools. | 4.16 | 39 |
| <hr/> | | |
| LIFESTYLE ISSUES | | |
| <hr/> | | |
| 1. Identify key areas that need to be addressed to promote behaviour change towards better health. | 5.46 | 68 |
| 2. Explore factors surrounding childhood obesity in Australia. | 5.44 | 66 |
| 3. Identify barriers to participating in health activity and eating healthy diet to obtain positive impact on chronic disease. | 5.38 | 64 |
| 4. Examine ways to increase awareness of healthy lifestyle issues for all ages. | 5.26 | 61 |
| 5. Research into lifestyle related chronic disease via physical activity and good nutrition. | 5.16 | 55 |
| <hr/> | | |

The five most important research topics (i.e., supported by at least 80% of respondents) included topics from four of the eight individual health issues: Mental Health, Youth Health, Aboriginal Health and Family Health. Overwhelmingly, (87%) staff believed it a responsibility of SMPHS to ‘explore strategies for increased mental health and wellbeing in the community’, ($M = 5.93$). Respondents also strongly endorsed the related Mental Health topic of ‘exploring the feasibility of providing education on coping skills in schools to decrease the incidence of mental illness in later life (e.g., depression)’, (86%, $M = 5.85$). The Aboriginal Health topic of ‘identifying key strategies to engage Aboriginal people in planning, decision-making and program development’ was also firmly endorsed, (84%, $M = 5.96$). Eighty two percent of respondents also suggested SMPHS should research ‘programs in the community to reduce family stress, marital breakdowns and child abuse’, ($M = 5.93$). ‘Stress and depression in adolescents’ (81%) was also rated highly as a topic to be researched, ($M = 5.57$).

Overall Analysis – Value of this topic for population health

Mean scores and percentages were calculated for the 47 research topics in response to the questions ‘*what is the value of this topic for population health*’ and ‘*should SMPHS research this topic*’. Table 7 reports the responses to ‘*what is the value of this topic?*’ in descending order of priority. Only the first ten research topics are displayed. The full table is to be found in Appendix A.

Table 7 Overall rank of the means for ‘value of this topic for population health’

| Overall research topics | Rank | Mean |
|---|-------------|-------------|
| Value of exploring strategies for increased mental health wellbeing in the community. | 1 | 5.99 |
| Research into identifying key strategies to engage Aboriginal people in planning, decision-making and development of programs. | 2 | 5.99 |
| Explore the feasibility of providing education on coping skills in schools to decrease the incidence of mental health in later life (e.g., depression). | 3 | 5.95 |
| Examine programs in the community to reduce family stress, marital breakdowns and child abuse. | 4 | 5.95 |
| Explore parenting skills in families. | 5 | 5.77 |
| Determine mental health resilience and coping skills in daily life. | 6 | 5.76 |
| Identify factors that increase child’s self-esteem, physical activity and learning opportunities. | 7 | 5.72 |
| Examine ways to teach positive parenting skills to raise self-esteem and mental health in teenage mothers. | 8 | 5.69 |
| ‘Aboriginal effective’ health education programs to be identified and deployed. | 9 | 5.67 |
| Evaluate existing Aboriginal programs to determine their effectiveness | 10 | 5.65 |

The highest mean rank topic was ‘value of exploring strategies for increased mental health wellbeing in the community’, ($M = 5.99$). Equal highest priority was also given to ‘research

into identifying key strategies to engage Aboriginal people in planning, decision-making and development of programs', ($M = 5.99$). Second priority was given to 'exploring the feasibility of providing education on coping skills in schools to decrease the incidence of mental health in later life (e.g., depression)', ($M = 5.95$) and 'examining programs in the community to reduce family stress, marital breakdowns and child abuse', ($M = 5.95$). The value of 'exploring parenting skills in families' was also strongly supported, ($M = 5.77$).

When the findings for the 'value' question were related to the question 'should SMPHS research this topic', slightly different research priorities emerged. Whilst the position of the top four research topics changed very little, 'explore stress and depression in adolescents' (81%), ranked 11th according to its mean was deemed to be of higher priority for research than 'exploring parenting skills in families' (67%), which was ranked fifth according to its mean.

Table 8 reports the percentages in descending order of priority as to 'should SMPHS research this topic?'. For ease of comparison, the ranking shown in the table is the mean rank of the topic in Table 7. Only the first ten research topics are displayed. The full table is to be found in Appendix B.

Table 8 Topics ranked by overall percentage on 'value of this topic for population health'

| Overall research topics | Mean Rank | YES % |
|---|-----------|-------|
| Value of exploring strategies for increased mental health wellbeing in the community. | 1 | 87 |
| Explore the feasibility of providing education on coping skills in schools to decrease the incidence of mental health in later life (e.g., depression). | 3 | 86 |
| Research into identifying key strategies to engage Aboriginal people in planning, decision-making and development of programs. | 2 | 84 |
| Examine programs in the community to reduce family stress, marital breakdowns | 4 | 82 |

| | | |
|---|----|----|
| and child abuse. | | |
| Explore stress and depression in adolescents. | 11 | 81 |
| Determine mental health resilience and coping skills in daily life. | 6 | 79 |
| Evaluate existing Aboriginal programs to determine their effectiveness | 10 | 78 |
| Examine ways to teach/educate adolescents to improve self-esteem, reduce self-harm. | 12 | 77 |
| Identify factors that increase child's self-esteem, physical activity and learning opportunities. | 7 | 76 |
| Determine availability of services to enhance coping skills in disadvantaged families. | 21 | 75 |

Overall Analysis – *Impact of this topic on client care*

Mean scores and percentages were calculated for the 47 research topics in response to the questions ‘*what is the impact of this topic on client care*’ and ‘*should SMPHS research this topic*’. Table 9 presents, in descending order, the mean score in response to the question ‘*what is the impact of this topic on client care*’. Only the first ten research topics are displayed. The full table is to be found in Appendix C.

Table 9 Overall rank of the means for ‘*impact of this topic for client care*’

| Overall research topics | Rank | Mean |
|---|-------------|-------------|
| Research into identifying key strategies to engage Aboriginal people in planning, decision-making and development of programs. | 1 | 5.92 |
| Examine programs in the community to reduce family stress, marital breakdowns and child abuse. | 2 | 5.92 |
| Impact of exploring strategies for increased mental health wellbeing in the community. | 3 | 5.87 |
| Explore the feasibility of providing education on coping skills in schools to decrease the incidence of mental health in later life (e.g., depression). | 4 | 5.75 |
| Explore parenting skills in families. | 5 | 5.73 |

| | | |
|--|----|------|
| Determine mental health resilience and coping skills in daily life. | 6 | 5.68 |
| Identify factors that increase child's self-esteem, physical activity and learning opportunities. | 7 | 5.65 |
| Examine ways to teach/educate adolescents to improve self-esteem, reduce self-harm. | 8 | 5.64 |
| Examine ways to teach positive parenting skills to raise self-esteem and mental health in teenage mothers. | 9 | 5.59 |
| Evaluate existing Aboriginal programs to determine their effectiveness | 10 | 5.57 |

The findings showed remarkable consensus in the five highest research topics as those rated by respondents when asked *'what is the value of this topic to population health'* (Table 7). There was considerable discrepancy, however, in the order of other priorities. For example, 'examine ways to teach/educate adolescents to improve self-esteem, reduce self-harm' was eighth in relation to *'what is the impact of this topic on client care'* but 12th in terms of *'what is the value of this topic to population health'*.

The question *'what is the impact of this topic on client care'* was also related to the question *'should SMPHS research this topic'* for each of the 47 research topics. Table 10 reports the responses to these questions in descending order of priority of respondents who believed SMPHS should research the topic. For ease of comparison, the ranking shown in the table is the mean rank of the research topic held in Table 9. Only the first ten research topics are displayed. The full table is to be found in Appendix D.

Table 10 Topics ranked by overall percentage on *'impact of this topic on client care'*

| Overall research topics | Mean Rank | YES % |
|---|------------------|--------------|
| Exploring strategies for increased mental health wellbeing in the community. | 3 | 87 |
| Explore the feasibility of providing education on coping skills in schools to decrease the incidence of mental health in later life (e.g., depression). | 4 | 86 |

| | | |
|--|----|----|
| Research into identifying key strategies to engage Aboriginal people in planning, decision-making and development of programs. | 1 | 84 |
| Examine programs in the community to reduce family stress, marital breakdowns and child abuse. | 2 | 82 |
| Explore stress and depression in adolescents. | 14 | 81 |
| Determine mental health resilience and coping skills in daily life. | 6 | 79 |
| Evaluate existing Aboriginal programs to determine their effectiveness | 10 | 78 |
| Examine ways to teach/educate adolescents to improve self-esteem, reduce self-harm. | 8 | 77 |
| Identify factors that increase child's self-esteem, physical activity and learning opportunities. | 7 | 76 |
| Determine availability of services to enhance coping skills in disadvantaged families. | 18 | 75 |

The four most important research topics according to the question ‘*should SMPHS research this topic*’, were the same four highest topics when ranked according to their mean. However, there was considerable discrepancy in the order of other priorities. For example, 81% of respondents believed ‘explore stress and depression in adolescents’ should be a SMPHS priority topic, yet it was rated 14th in terms of the mean score for ‘*impact*’. Similarly, ‘explore parenting skills in families’, was rated fifth in terms of its mean score but deemed to be a topic of importance for research by only 67% of respondents.

Summary of Overall Analysis of Research Topics

The data presented in the preceding section suggests a remarkable congruence between the ‘*value*’ and ‘*impact*’ of research topics and their importance as SMPHS research priorities. However, the slight differences noted suggest a need for clarity when determining research priorities. That is, the importance given to a research topic, based on its mean ranking, does not necessarily reflect the belief that it is also a topic that SMPHS should research. For example, if you apply an arbitrary cut-off ($M = 5.7$) to the data presented in Table 6 so that only the six highest research topics (*value* and *impact*), based on their mean scores, are considered, the following six research topics emerge:

- Research into identifying key strategies to engage Aboriginal people in planning, decision-making and development of programs ($M = 5.96$);
- Explore strategies for increased mental health wellbeing in the community ($M = 5.93$);
- Examine programs in the community to reduce family stress, marital breakdowns and child abuse ($M = 5.93$);
- Explore the feasibility of providing education on coping skills in schools to decrease the incidence of mental health in later life (e.g., depression) ($M = 5.84$);
- Explore parenting skills in families ($M = 5.75$); and
- Determine mental health resilience and coping skills in daily life ($M = 5.72$).

However, if you apply an arbitrary cut-off to the table and only include the research topics that at least 80% of respondents believe SMPHS should research, the following topics emerge:

- Explore strategies for increased mental health wellbeing in the community (87%);
- Explore the feasibility of providing education on coping skills in schools to decrease the incidence of mental health in later life (e.g., depression) (86%);
- Research into identifying key strategies to engage Aboriginal people in planning, decision-making and development of programs (84%);
- Examine programs in the community to reduce family stress, marital breakdowns and child abuse (82%); and
- Explore stress and depression in adolescents (81%).

Discipline Specific Analysis – Nursing and Non-Nursing Health Professionals

The purpose of the study was to identify and prioritise major research initiatives in the SMPH service from the perspective of nurses, allied health professionals, and Aboriginal health workers. In order to provide a more detailed picture of the data, analysis was conducted from the perspective of two main groups, nursing health professionals and non-nursing health professionals, using the item 'current level of employment' as the coding variable.

All registered nurses and senior registered nurses, regardless of level, were grouped together to form the nursing health professional group, and all HSOA levels were grouped

to form the non-nursing health professionals group. It should be noted that respondents selected no other employment categories.

Descriptive Statistics – Nursing and Non-Nursing Health Professionals

When the data was analysed using the new category, it was found that the proportion of nursing health professionals and non-nursing health professionals did not vary greatly across the SMPHS regions, although formal testing of this was not possible because of the small number of Area wide respondents. Table 11 reports the number of nursing and non-nursing health professionals by SMPHS region.

Table 11 Number of nursing and non-nursing health professionals by SMPHS region

| SMPHS region | Nursing | Non-nursing | Total |
|----------------------------|-----------|-------------|------------|
| Armadale | 16 | 10 | 26 |
| Fremantle | 19 | 10 | 29 |
| Peel, Rockingham & Kwinana | 25 | 26 | 51 |
| Area wide | 1 | 6 | 7 |
| Missing | unknown | unknown | 7 |
| Total | 61 | 52 | 113 |

When analysed by the discipline specific category, a significant difference was found in the mean age of nursing health professionals and non-nursing health professionals, $t(81.239) = 5.706$, $p = .000$. The mean age for nursing health professionals was 48 years ($M = 48.3$, $SD = 6.9$), compared to 38 years in non-nursing health professionals ($M = 37.9$, $SD = 11.5$).

There was also a significant difference between the two groups in the mean number of years worked post initial qualification, $t(97.998) = 7.898$, $p = .000$, and in the mean number years worked in community/public health, $t(96.210) = 4.276$, $p = .000$. On average, nursing health professionals had worked 25 years post initial qualification ($M = 25.2$, $SD = 7.2$) and 12 years in community/public health ($M = 12.0$, $SD = 8.5$). Whereas, the non-nursing health professional group had worked 13 years ($M = 13.0$, $SD = 8.9$) and 7 years

($M = 6.5$, $SD = 4.9$), respectively.

Interestingly, although nursing and non-nursing health professionals differed significantly in their mean age, mean number years worked of post initial qualification, and mean number years worked in community/public health, these variables did not differ across the SMPHS regions. That is, nursing and non-nursing health professionals working across the SMPHS regions did not differ significantly in age, numbers of years post initial qualification or number of years worked in community/public health.

Health Issues – Nursing and Non-Nursing Health Professionals

Mean rank scores and percentages were calculated separately for nursing and non-nursing health professionals for each of the eight health issues. The results of the two Friedman tests indicated that non-nursing health professional differed significantly in the importance they attached to the eight health issues, $X_r^2(7) = 15.64$, $p = .029$, but that nursing health professionals did not, $X_r^2(7) = 10.42$, $p = .166$. Tables 12 and 13 reports the findings for non-nursing health professionals and health professionals, respectively. The rank in each table represents the rank this issue held in the original analysis for all respondents (Table 5).

Table 12 Mean rank of the eight health issues for non-nursing health professionals

| Health Issue | Rank | Mean |
|------------------------------|------|------|
| Lifestyle Issues | 3 | 5.41 |
| Elderly Issues | 1 | 5.04 |
| Partnership | 4 | 4.71 |
| Health Service Reorientation | 2 | 4.45 |
| Family Health | 8 | 4.18 |
| Youth Health | 5 | 4.14 |
| Mental Health | 6 | 4.12 |
| Aboriginal Health | 7 | 3.96 |

Post-hoc analysis of the health issues showed that for non-nursing health professionals the mean ranking for Lifestyle Issues was significantly higher than the mean ranking for Family Health ($z = -2.438$, $p = .015$), Youth Health ($z = -2.792$, $p = .005$), Mental Health

($z = -2.504$, $p = .012$), and Aboriginal Health ($z = -2.923$, $p = .003$). No difference was found between Lifestyle Issues, Elderly Issues, Health Service Reorientation, or Partnership. This suggests that respondents rated the first four health issues as collectively more important than the last four issues.

Whilst there were some discrepancies in the priority given to the health issues by non-nursing and nursing health professionals when compared to the original ranking, there was remarkable consensus in the four most important issues. The only major exception to this was Lifestyle Issues. This issue was ranked third in the original ranking but has been ranked first by the non-nursing health professional group (Table 12) and ranked as the sixth most important health issue by nursing health professionals (Table 13).

Table 13 Mean rank of the eight health issues for nursing health professionals

| Health Issue | Rank | Mean |
|------------------------------|-------------|-------------|
| Elderly Issues | 1 | 5.10 |
| Health Service Reorientation | 2 | 4.93 |
| Partnership | 4 | 4.74 |
| Youth Health | 5 | 4.51 |
| Aboriginal Health | 7 | 4.28 |
| Lifestyle Issues | 3 | 4.15 |
| Mental Health | 6 | 4.15 |
| Family Health | 8 | 4.15 |

Research Topics – Nursing and Non-nursing Health Professionals

Mean scores and percentages were also calculated for nursing health professionals and non-nursing health professionals for the 47 research topics. Where appropriate, mean scores and percentages were also calculated for each of the three questions asked concerning each topic included under the eight health issues. Again, these questions were *'what is the value of this topic for population health'*, *'what is the impact of this topic on client care'* and *'should SMPHS research this topic'*.

Table 14 shows the rank of the mean for the 47 research topics (*value* and *impact*) across each of the eight health issues, and the percentage of respondents who stated SMPHS

should research the topic for nursing and non-nursing health professionals. The *health issues* and *research topics* are presented in the order they appeared in the survey. The data are then discussed separately for nursing health professionals and non-nursing health professionals.

Table 14 Rank of means for research topics (*value* and *impact*) identified by nursing and non-nursing health professionals according to health issue

| Overall research topics by health issue | Employment category | | | |
|---|------------------------------|-------|----------------------------------|-------|
| | Nursing Health Professionals | | Non-nursing Health Professionals | |
| | <i>M</i> | YES % | <i>M</i> | YES % |
| MENTAL HEALTH | | | | |
| 1. Explore strategies for increased mental health wellbeing in the community. | 6.11 | 88 | 5.77 | 90 |
| 2. Explore the feasibility of providing education on coping skills in schools to decrease the incidence of mental illness in later life (e.g., depression). | 6.15 | 92 | 5.56 | 77 |
| YOUTH HEALTH | | | | |
| 1. Explore stress and depression in adolescents. | 6.06 | 90 | 5.04 | 73 |
| 2. Examine drug and alcohol use in adolescents. | 5.52 | 66 | 4.45 | 39 |
| 3. Explore sexual health education programs in high schools. | 5.17 | 49 | 4.27 | 49 |
| 4. Determine mental health resilience and coping skills in daily life. | 6.02 | 85 | 5.41 | 75 |
| 5. Develop an 'at risk' tool to determine youth who are vulnerable to antisocial behaviour. | 5.34 | 68 | 4.54 | 60 |
| 6. Examine ways to teach/educate adolescents to improve self-esteem, reduce self-harm. | 5.98 | 85 | 5.15 | 66 |
| 7. Examine ways to improve school attendance for students at all levels of academic studies. | 4.37 | 40 | 3.84 | 29 |

| | | | | |
|--|------|----|------|----|
| 8. Identify the Incidence/Prevalence of Sexually Transmitted Disease. | 4.44 | 38 | 3.87 | 35 |
| HEALTH SERVICE REORIENTATION | | | | |
| 1. Determine the effectiveness of programs to enhance community awareness of dental health. | 4.10 | 22 | 3.50 | 26 |
| 2. Explore relevant programs for healthy lifestyle (e.g., walking and exercise programs). | 4.87 | 39 | 5.04 | 58 |
| 3. Identify factors that promote community social and emotional wellbeing. | 5.58 | 61 | 5.24 | 73 |
| 4. Evaluate educational programs to increase drug and alcohol awareness in the community. | 4.77 | 43 | 4.14 | 34 |
| 5. Explore a framework for best practice in public health via an audit tool. | 4.31 | 41 | 4.26 | 49 |
| 6. Needs assessment to determine education programs and funding to help in early intervention strategies. | 5.17 | 64 | 5.35 | 75 |
| 7. Explore the need to employ more speech pathologists in schools. | 4.53 | 48 | 4.36 | 49 |
| 8. Identify ways to reduce wait times for referrals (e.g., specialist services) | 5.41 | 70 | 4.92 | 56 |
| 9. Research learning outcomes for students with English as a Second Language in conjunction with the Education Department. | 3.60 | 21 | 3.28 | 32 |
| 10. Identify services in terms of location, integration, referral and cost to improve health of the population and promote equity. | 4.82 | 57 | 4.95 | 62 |
| PARTNERSHIP | | | | |
| 1. Determine availability of services to enhance coping skills in disadvantaged families. | 5.55 | 73 | 5.25 | 73 |
| 2. Identify strategies to increase services to youth. | 5.18 | 52 | 4.39 | 47 |

| | | | | |
|---|------|----|------|----|
| ELDERLY ISSUES | | | | |
| 1. Explore factors impacting social isolation. | 4.83 | 42 | 4.49 | 38 |
| 2. Identify ways to improve health in the elderly. | 4.98 | 50 | 4.78 | 57 |
| 3. Examine available programs to address falls in the elderly. | 4.41 | 32 | 4.10 | 45 |
| ABORIGINAL HEALTH | | | | |
| 1. 'Aboriginal effective' health education programs to be identified and deployed. | 5.34 | 58 | 5.95 | 92 |
| 2. Determine ways to deliver culturally appropriate programs. | 5.30 | 64 | 5.92 | 78 |
| 3. Research into Aboriginal physical and mental wellbeing to reduce mortality/morbidity rates and inequity. | 5.44 | 68 | 5.43 | 67 |
| 4. Research into identifying key strategies to engage Aboriginal people in planning, decision-making and program development. | 5.74 | 71 | 6.20 | 98 |
| 5. Evaluate existing Aboriginal programs to determine their effectiveness. | 5.63 | 77 | 5.60 | 82 |
| FAMILY HEALTH | | | | |
| 1. Investigate the need to develop early intervention programs to enhance speech and language. | 5.46 | 68 | 5.02 | 64 |
| 2. Develop a tool to measure speech and language literacy in primary schools. | 4.30 | 35 | 4.07 | 46 |
| 3. Identify factors to decrease Postnatal Depression. | 5.30 | 59 | 5.04 | 62 |
| 4. Identify factors to increase breastfeeding in young mothers. | 5.59 | 53 | 4.70 | 62 |
| 5. Identify factors that increase child's self-esteem, physical activity and learning opportunities. | 5.87 | 72 | 5.54 | 79 |
| 6. Explore factors that decrease teenage pregnancy rates. | 5.34 | 55 | 4.65 | 61 |
| 7. Identify issues that lead to domestic violence in order to improve family life and wellbeing. | 5.69 | 64 | 5.34 | 60 |

| | | | | |
|--|------|----|------|----|
| 8. Explore parenting skills in families. | 5.84 | 67 | 5.70 | 66 |
| 9. Examine the impact of unemployment on family wellbeing. | 5.17 | 41 | 4.74 | 51 |
| 10. Examine ways to teach positive parenting skills to raise self-esteem and mental health in teenage mothers. | 5.85 | 75 | 5.48 | 72 |
| 11. Examine programs in the community to reduce family stress, marital breakdowns and child abuse. | 6.23 | 84 | 5.62 | 79 |
| 12. Determine the need to develop support systems to replace the 'old extended family' in order to provide support for families. | 5.85 | 71 | 5.10 | 58 |
| LIFESTYLE | | | | |
| 1. Explore factors surrounding childhood obesity in Australia. | 5.75 | 71 | 5.06 | 59 |
| 2. Research into lifestyle related chronic disease via physical activity and good nutrition. | 5.38 | 55 | 4.85 | 54 |
| 3. Identify barriers to participating in health activity and eating healthy diet to obtain positive impact on chronic disease. | 5.41 | 60 | 5.32 | 68 |
| 4. Identify key areas that need to be addressed to promote behaviour change towards better health. | 5.54 | 65 | 5.35 | 71 |
| 5. Examine ways to increase awareness of healthy lifestyle issues for all ages. | 5.41 | 58 | 5.12 | 65 |

Research Topics - Nursing Health Professionals

The six highest rankings (i.e., supported by at least 80% of respondents) by nursing health professionals included topics from three of the eight individual health issues: Mental Health, Youth Health and Family Health. As would be expected, these three topics were also found amongst the highest priorities in the original ranking of whether SPMHS should research the topics (Table 6). Overwhelmingly, (92%, $M = 6.15$) of nursing health professionals believed it a responsibility of SMPHS to 'explore the feasibility of providing education on coping skills in schools to decrease the incidence of mental illness in later life

(e.g., depression)'. Nursing health professionals also strongly endorsed the topic 'explore stress and depression in adolescents', (90%, $M = 6.06$). The other Mental Health topic of 'explore strategies for increased mental health wellbeing in the community' was also firmly endorsed ($M = 6.11$), and given third priority, by nursing health professionals (88%). Eighty five percent rated the topics 'determine mental health resilience and coping skills in daily life', ($M = 6.02$) and 'examine ways to teach/educate adolescents to improve self-esteem, reduce self-harm' ($M = 5.98$), as topics to be researched. Eighty four percent of nursing health professionals also rated highly the topic 'examine programs in the community to reduce family stress, marital breakdowns and child abuse', ($M = 6.23$). These results are interesting given the nursing health professionals' global ratings of importance shown in Table 13. However, it should also be remembered that no statistical difference was found in their preferences for the eight health issues.

Research Topics - Non-Nursing Health Professionals

The analysis was repeated for non-nursing health professionals. Mean scores were calculated for each of the 47 research topics (*value* and *impact*). In addition, percentages were calculated for the question '*should SMPHS research this topic*'.

The six highest rankings (i.e., supported by at least 80% of respondents) for this question by non-nursing health professionals included topics from three of the eight individual health issues: Mental Health, Family Health and Aboriginal Health. As would be expected, the three topics were also represented in the original ranking of this question (Table 6). Interestingly, only Mental Health and Family Health were the same as those topics ranked highest by nursing health professionals (Table 13). Overwhelmingly, (98%) of non-nursing health professionals believed it a responsibility of SMPHS to 'research into identifying key strategies to engage Aboriginal people in planning, decision-making and program development', ($M = 6.20$). Non-nursing health professionals also strongly endorsed the topic 'Aboriginal effective health education programs to be identified and deployed' (92%, $M = 5.95$). The Mental Health topic of 'explore strategies for increased mental health wellbeing in the community' was also firmly endorsed (90%, $M = 5.77$). Eighty two percent rated 'evaluate existing Aboriginal programs to determine their effectiveness' as a priority topic for SMPHS research, ($M = 5.60$). Seventy nine percent rated 'examine programs in the community to reduce family stress, marital breakdowns and child abuse' and 'identify factors that increase child's self-esteem, physical activity and learning opportunities' as topics to be researched, ($M = 5.62$, $M = 5.54$, respectively). These results are interesting

given the non-nursing health professional’s global ranking of health preferences shown in Table 12. In fact, the topics most highly prescribed as SMPHS topics to be researched, were ranked lowest in the global ranking of health issues.

Value of this topic for population health – Nursing and Non-nursing Health Professionals

Analysis was also conducted on the 47 topics ranked according to the mean score for each item in response to the question ‘*what is the value of this topic for population health*’. Table 15 reports the mean rank for the question and percentage of nursing and non-nursing health professionals who believed SMPHS should research the topic. The *research topics* are presented in the order they appeared in the survey. The data are then discussed separately for nursing health professionals and non-nursing health professionals.

Table 15 Mean rank for topics on ‘value of this topic for population health’ and percentage of nursing and non-nursing health professionals wanting SMPHS to research it

| Research topics | Employment category | | | |
|--|------------------------------|-------|----------------------------------|-------|
| | Nursing Health Professionals | | Non-nursing Health Professionals | |
| | <i>M</i> | YES % | <i>M</i> | YES % |
| Explore strategies for increased mental health wellbeing in the community. | 6.13 | 88 | 5.92 | 90 |
| Explore the feasibility of providing education on coping skills in schools to decrease the incidence of mental illness in later life (e.g., depression). | 6.26 | 92 | 5.68 | 77 |
| Explore stress and depression in adolescents. | 6.18 | 90 | 5.08 | 73 |
| Examine drug and alcohol use in adolescents. | 5.56 | 66 | 4.52 | 66 |
| Explore sexual health education programs in high schools. | 5.16 | 49 | 4.42 | 49 |
| Determine mental health resilience and coping skills in daily life. | 6.00 | 85 | 5.52 | 75 |

| | | | | |
|--|------|----|------|----|
| Develop an 'at risk' tool to determine youth who are vulnerable to antisocial behaviour. | 5.33 | 68 | 4.62 | 60 |
| Examine ways to teach/educate adolescents to improve self-esteem, reduce self-harm. | 6.05 | 85 | 5.21 | 66 |
| Examine ways to improve school attendance for students at all levels of academic studies. | 4.36 | 40 | 4.00 | 29 |
| Identify the Incidence/Prevalence of Sexually Transmitted Disease. | 4.47 | 38 | 3.94 | 35 |
| Determine the effectiveness of programs to enhance community awareness of dental health. | 4.15 | 22 | 3.56 | 26 |
| Explore relevant programs for healthy lifestyle (e.g., walking and exercise programs). | 4.89 | 39 | 5.18 | 58 |
| Identify factors that promote community social and emotional wellbeing. | 5.63 | 61 | 5.37 | 73 |
| Evaluate educational programs to increase drug and alcohol awareness in the community. | 4.80 | 43 | 4.25 | 34 |
| Explore a framework for best practice in public health via an audit tool. | 4.41 | 41 | 4.32 | 41 |
| Needs assessment to determine education programs and funding to help in early intervention strategies. | 5.18 | 64 | 5.42 | 74 |
| Explore the need to employ more speech pathologists in schools. | 4.56 | 48 | 4.32 | 48 |
| Identify ways to reduce wait times for referrals (e.g., specialist services) | 5.45 | 70 | 4.80 | 56 |
| Research learning outcomes for students with English as a Second Language in conjunction with the Education Department. | 3.62 | 21 | 3.35 | 32 |
| Identify services in terms of location, integration, referral and cost to improve health of the population and promote equity. | 4.89 | 57 | 4.96 | 62 |
| Determine availability of services to enhance coping skills in disadvantaged families. | 5.55 | 73 | 5.30 | 73 |

| | | | | |
|--|------|----|------|----|
| Identify strategies to increase services to youth. | 5.20 | 52 | 4.44 | 52 |
| Explore factors impacting social isolation. | 4.83 | 42 | 4.61 | 38 |
| Identify ways to improve health in the elderly. | 5.03 | 50 | 4.85 | 57 |
| Examine available programs to address falls in the elderly. | 4.39 | 32 | 4.15 | 32 |
| 'Aboriginal effective' health education programs to be identified and deployed. | 5.41 | 58 | 5.98 | 92 |
| Determine ways to deliver culturally appropriate programs. | 5.32 | 64 | 5.92 | 78 |
| Research into Aboriginal physical and mental wellbeing to reduce mortality/morbidity rates and inequity. | 5.45 | 68 | 5.43 | 67 |
| Research into identifying key strategies to engage Aboriginal people in planning, decision-making and program development. | 5.77 | 71 | 6.25 | 98 |
| Evaluate existing Aboriginal programs to determine their effectiveness. | 5.67 | 77 | 5.65 | 82 |
| Investigate the need to develop early intervention programs to enhance speech and language. | 5.50 | 68 | 5.08 | 64 |
| Develop a tool to measure speech and language literacy in primary schools. | 4.33 | 35 | 4.08 | 35 |
| Identify factors to decrease Postnatal Depression. | 5.25 | 59 | 5.10 | 62 |
| Identify factors to increase breastfeeding in young mothers. | 5.57 | 53 | 4.68 | 62 |
| Identify factors that increase child's self-esteem, physical activity and learning opportunities. | 5.88 | 72 | 5.64 | 79 |
| Explore factors that decrease teenage pregnancy rates. | 5.43 | 55 | 4.70 | 61 |
| Identify issues that lead to domestic violence in order to improve family life and wellbeing. | 5.68 | 64 | 5.38 | 60 |
| Explore parenting skills in families. | 5.83 | 67 | 5.77 | 66 |
| Examine the impact of unemployment on family wellbeing. | 5.20 | 41 | 4.87 | 51 |

| | | | | |
|--|------|----|------|----|
| Examine ways to teach positive parenting skills to raise self-esteem and mental health in teenage mothers. | 5.84 | 75 | 5.62 | 72 |
| Examine programs in the community to reduce family stress, marital breakdowns and child abuse. | 6.19 | 84 | 5.74 | 79 |
| Determine the need to develop support systems to replace the 'old extended family' in order to provide support for families. | 5.85 | 71 | 5.13 | 58 |
| Explore factors surrounding childhood obesity in Australia. | 5.78 | 71 | 5.19 | 59 |
| Research into lifestyle related chronic disease via physical activity and good nutrition. | 5.35 | 55 | 5.00 | 54 |
| Identify barriers to participating in health activity and eating healthy diet to obtain positive impact on chronic disease. | 5.45 | 60 | 5.38 | 68 |
| Identify key areas that need to be addressed to promote behaviour change towards better health. | 5.57 | 65 | 5.33 | 71 |
| Examine ways to increase awareness of healthy lifestyle issues for all ages. | 5.43 | 58 | 5.20 | 65 |

Value of this topic for population health – Nursing Health Professionals

The highest ranking topic was for the question 'what is the value of this topic for population health' was 'explore the feasibility of providing education on coping skills in schools to decrease the incidence of mental health in later life (e.g., depression), ($M = 6.26$). Nursing health professionals also deemed this topic the highest priority for research (92%). A high ranking was also given to 'examine programs in the community to reduce family stress, marital breakdowns and child abuse', ($M = 6.19$). Eighty four percent of nursing health professionals also believed that this topic should be researched. The third highest mean score for the 'value' question was given to 'explore stress and depression in adolescents', ($M = 6.18$). Interestingly, this topic was rated as the second highest priority for SMPHS research (90%). 'Value of exploring strategies for increased mental health wellbeing in the community' was also strongly supported by nursing health professionals, ($M = 6.13$). Eighty five percent of nursing health professionals stated that both the 'value' topics 'examine ways to teach/educate adolescents to improve self-esteem, reduce self-harm'

($M = 6.05$) and 'determine mental health resilience and coping skills in daily life' ($M = 6.00$) should be SMPHS research priorities. This is in spite 'determining mental health resilience and coping skills in daily life' having the higher mean rating.

Value of this topic for population health – Non-Nursing Health Professionals

The highest ranking topic for the question '*what is the value of this topic for population health*' as reported by non-nursing health professionals was 'research into identifying key strategies to engage Aboriginal people in planning, decision-making and development of programs', ($M = 6.25$). Non-nursing health professionals also rated this as the highest priority issue for research (98%). A high rating and research priority was also given by non-nursing health professionals to 'Aboriginal effective' health education programs to be identified and deployed', ($M = 5.98$, 92%). The third highest mean score and research priority for non-nursing health professionals was 'exploring strategies for increased mental health wellbeing in the community', ($M = 5.92$, 90%). An equally high mean score was given to 'determine ways to deliver culturally appropriate programs', ($M = 5.92$). Although, interestingly, non-nursing health professionals gave this topic less support as a SMPHS research priority topic (78%), than they did for other topics with lower mean scores. For example, 'evaluate existing Aboriginal programs to determine their effectiveness' had a mean score of 5.65 but 82% of non-nursing health professionals believed it should be a research priority. The fifth ranked topic was 'explore parenting skills in families' with a mean score of 5.77. Again, non-nursing health professionals gave this topic less support as a priority research topic (66%), than other topics with lower mean scores. For example, 'identify factors that increase child's self-esteem, physical activity and learning opportunities' had a mean score of 5.64 but 79% believed it should be researched. Also highly ranked by non-nursing was the topic 'examine programs in the community to reduce family stress, marital breakdowns and child abuse', ($M = 5.74$, 79%).

Impact of this topic on client care - Nursing and Non-Nursing Health Professionals

Table 16 presents the rank order of the 47 research topics in terms of the mean score in response to the question '*what is the impact of this topic on client care*' and the percentage of nursing and non-nursing health professionals who believed SMPHS should research this topic. The *research topics* are presented in the order they appeared in the survey. The data are then discussed separately for nursing health professionals and non-nursing health professionals.

Table 16 Mean rank for topics on ‘*impact of this topic on client care*’ and percentage of nursing and non-nursing health professionals wanting SMPHS to research it

| Research topics | Employment category | | | |
|--|------------------------------|-------|----------------------------------|-------|
| | Nursing Health Professionals | | Non-nursing Health Professionals | |
| | <i>M</i> | YES % | <i>M</i> | YES % |
| Explore strategies for increased mental health wellbeing in the community. | 6.10 | 88 | 5.63 | 90 |
| Explore the feasibility of providing education on coping skills in schools to decrease the incidence of mental illness in later life (e.g., depression). | 6.03 | 92 | 5.43 | 77 |
| Explore stress and depression in adolescents. | 5.93 | 90 | 5.00 | 73 |
| Examine drug and alcohol use in adolescents. | 5.49 | 66 | 4.32 | 66 |
| Explore sexual health education programs in high schools. | 5.17 | 49 | 4.10 | 49 |
| Determine mental health resilience and coping skills in daily life. | 6.03 | 85 | 5.31 | 75 |
| Develop an ‘at risk’ tool to determine youth who are vulnerable to antisocial behaviour. | 5.35 | 68 | 4.45 | 60 |
| Examine ways to teach/educate adolescents to improve self-esteem, reduce self-harm. | 5.92 | 85 | 5.08 | 66 |
| Examine ways to improve school attendance for students at all levels of academic studies. | 4.39 | 40 | 3.62 | 29 |
| Identify the Incidence/Prevalence of Sexually Transmitted Disease. | 4.41 | 38 | 3.76 | 35 |
| Determine the effectiveness of programs to enhance community awareness of dental health. | 4.05 | 22 | 3.39 | 26 |
| Explore relevant programs for healthy lifestyle (e.g., walking and exercise programs). | 4.85 | 39 | 4.86 | 58 |
| Identify factors that promote community social and emotional wellbeing. | 5.52 | 61 | 5.52 | 73 |

| | | | | |
|--|------|----|------|----|
| Evaluate educational programs to increase drug and alcohol awareness in the community. | 4.74 | 43 | 4.00 | 34 |
| Explore a framework for best practice in public health via an audit tool. | 4.21 | 41 | 4.24 | 41 |
| Needs assessment to determine education programs and funding to help in early intervention strategies. | 5.17 | 64 | 5.27 | 74 |
| Explore the need to employ more speech pathologists in schools. | 4.51 | 48 | 4.40 | 48 |
| Identify ways to reduce wait times for referrals (e.g., specialist services) | 5.37 | 70 | 5.04 | 56 |
| Research learning outcomes for students with English as a Second Language in conjunction with the Education Department. | 3.57 | 21 | 3.16 | 32 |
| Identify services in terms of location, integration, referral and cost to improve health of the population and promote equity. | 4.75 | 57 | 4.92 | 62 |
| Determine availability of services to enhance coping skills in disadvantaged families. | 5.55 | 73 | 5.17 | 73 |
| Identify strategies to increase services to youth. | 5.17 | 52 | 4.33 | 52 |
| Explore factors impacting social isolation. | 4.83 | 42 | 4.37 | 38 |
| Identify ways to improve health in the elderly. | 4.93 | 50 | 4.72 | 57 |
| Examine available programs to address falls in the elderly. | 4.42 | 32 | 4.06 | 32 |
| 'Aboriginal effective' health education programs to be identified and deployed. | 5.26 | 58 | 5.92 | 92 |
| Determine ways to deliver culturally appropriate programs. | 5.27 | 64 | 5.90 | 78 |
| Research into Aboriginal physical and mental wellbeing to reduce mortality/morbidity rates and inequity. | 5.43 | 68 | 5.42 | 67 |
| Research into identifying key strategies to engage Aboriginal people in planning, decision-making and program development. | 5.72 | 71 | 6.15 | 98 |

| | | | | |
|--|------|----|------|----|
| Evaluate existing Aboriginal programs to determine their effectiveness. | 5.60 | 77 | 5.53 | 82 |
| Investigate the need to develop early intervention programs to enhance speech and language. | 5.42 | 68 | 4.94 | 64 |
| Develop a tool to measure speech and language literacy in primary schools. | 4.28 | 35 | 4.06 | 35 |
| Identify factors to decrease Postnatal Depression. | 5.35 | 59 | 4.98 | 62 |
| Identify factors to increase breastfeeding in young mothers. | 5.58 | 53 | 4.69 | 62 |
| Identify factors that increase child's self-esteem, physical activity and learning opportunities. | 5.86 | 72 | 5.42 | 72 |
| Explore factors that decrease teenage pregnancy rates. | 5.25 | 55 | 4.58 | 61 |
| Identify issues that lead to domestic violence in order to improve family life and wellbeing. | 5.71 | 64 | 5.27 | 60 |
| Explore parenting skills in families. | 5.85 | 67 | 5.63 | 66 |
| Examine the impact of unemployment on family wellbeing. | 5.14 | 41 | 4.53 | 51 |
| Examine ways to teach positive parenting skills to raise self-esteem and mental health in teenage mothers. | 5.85 | 75 | 5.33 | 72 |
| Examine programs in the community to reduce family stress, marital breakdowns and child abuse. | 6.27 | 84 | 5.53 | 79 |
| Determine the need to develop support systems to replace the 'old extended family' in order to provide support for families. | 5.85 | 71 | 6.05 | 58 |
| Explore factors surrounding childhood obesity in Australia. | 5.72 | 71 | 4.90 | 59 |
| Research into lifestyle related chronic disease via physical activity and good nutrition. | 5.40 | 55 | 4.66 | 54 |
| Identify barriers to participating in health activity and eating healthy diet to obtain positive impact on chronic disease. | 5.37 | 60 | 5.22 | 68 |

| | | | | |
|---|------|----|------|----|
| Identify key areas that need to be addressed to promote behaviour change towards better health. | 5.52 | 65 | 5.35 | 71 |
| Examine ways to increase awareness of healthy lifestyle issues for all ages. | 5.38 | 58 | 5.02 | 65 |

Impact of this topic on client care – Nursing Health Professionals

The findings showed remarkable consensus across all 47 research topics when nursing health professionals were asked the question ‘*what is the value of this topic to population health*’. However, there were some slight discrepancies in the order of the six highest priority topics. For example, ‘examine programs in the community to reduce family stress, marital breakdowns and child abuse’ was ranked first in terms of ‘*impact*’, ($M = 6.27$) but second in terms of ‘*value*’, ($M = 6.19$). ‘Explore the feasibility of providing education on coping skills in schools to decrease the incidence of mental health in later life (e.g., depression)’ was ranked third by nursing health professionals in terms of ‘*impact*’, ($M = 6.03$) but first in terms of ‘*value*’, ($M = 6.26$).

Impact of this topic on client care – Non-Nursing Health Professionals

The findings shown in Table 16 illustrate a high degree of similarity across all 47 research topics as when non-nursing health professionals were asked the question ‘*what is the value of this topic to population health*’. Indeed, the highest two ranked research topics were identical. However, there were some minor discrepancies in the order of the other topics that made up the top six most important research topics. For example, ‘exploring strategies for increased mental health wellbeing in the community’ was ranked third in terms of ‘*value*’, ($M = 5.92$) but fifth in terms of ‘*impact*’ ($M = 5.63$). ‘Determine ways to deliver culturally appropriate programs’ was ranked third in terms of ‘*impact*’, ($M = 5.90$) but fourth in terms of ‘*value*’, ($M = 5.92$). The order of ‘explore parenting skills in families’ was directly transposed from fourth rank in ‘*impact*’ and fifth rank in ‘*value*’.

What is most striking about the presentation of data in Table 16, is the difference in the order of research topics ranked according to mean scores compared with the percentage of non-nursing staff who believe the topic should be researched.

Summary of Nursing Health Professionals

The data presented in the preceding section suggests that nursing health professionals showed similarity in their rating of the *'value'* and *'impact'* of research topics and their importance as SMPHS research priorities. Indeed, the six highest ranked *'value'* and *'impact'* topics according to their means were also determined to be in the top 20% of SMPHS research priorities.

- Examine programs in the community to reduce family stress, marital breakdowns and child abuse, ($M = 6.23$, 84%);
- Explore the feasibility of providing education on coping skills in schools to decrease the incidence of mental health in later life (e.g., depression) , ($M = 6.15$, 92%);
- Explore strategies for increased mental health wellbeing in the community, ($M = 6.11$, 88%);
- Explore stress and depression in adolescents, ($M = 6.06$, 90%);
- Determine mental health resilience and coping skills in daily life, ($M = 6.02$, 85%); and
- Examine ways to teach/educate adolescents to improve self-esteem, reduce self-harm, ($M = 5.98$, 85%)

Readers are reminded, however, that the slight differences noted between the order of research topics, according to the mean score, and the order of topics based on the percentage of nursing health professionals who believe the topic should be researched, suggests a need for clarity when determining research priorities.

Summary of Non-Nursing Health Professionals

The data presented in the preceding section suggests that non-nursing health professionals show similarity in their rating of the *'value'* and *'impact'* research topics. Indeed, the six highest ranked *'value'* and *'impact'* topics, according to the mean scores, were very similarly ordered. These six most important research topics were:

- Research into identifying key strategies to engage Aboriginal people in planning, decision-making and development of programs, ($M = 6.20$);
- 'Aboriginal effective' health education programs to be identified and deployed, ($M = 5.95$);
- Determine ways to deliver culturally appropriate programs, ($M = 5.92$);
- Explore strategies for increased mental health wellbeing in the community, ($M = 5.77$);

- Explore parenting skills in families, ($M = 5.70$); and
- Examine programs in the community to reduce family stress, marital breakdowns and child abuse, ($M = 5.62$)

However, non-nursing health professionals appeared to apply a stricter criterion for their rating of the question '*should SMPHS research this topic*'. For non-nursing health professionals only four research topics were considered worthy of SMPHS research, using the previously established criterion of 80% support. Furthermore, the research topics ranked most important in terms of their mean were not necessarily considered the most important topics for SMPHS research. The following four research topics were endorsed for research:

- Research into identifying key strategies to engage Aboriginal people in planning, decision-making and development of programs, (98%);
- 'Aboriginal effective' health education programs to be identified and deployed, (92%);
- Explore strategies for increased mental health wellbeing in the community, (90%);
- Evaluate existing Aboriginal programs to determine their effectiveness, (82%).

The last research topic is of particular interest because whilst 82% of non-nursing health professionals believed it should be researched, its mean (5.60) was ranked eighth in terms of '*value*' and seventh in terms of '*impact*'.

Again, the slight differences observed between the order of research topics, according to the mean scores, and the order of topics based on the percentage of non-nursing health professionals who believe the topic should be researched, suggests a need for clarity when determining research priorities.

Summary of Analysis Nursing and Non-Nursing Health Professionals

Examination of the data in Table 14 showed that there are some differences between nursing health professionals and non-nursing health professionals in the research topics they rate as important and of priority for research. Indeed, nursing health professionals believed that topics from the Mental Health, Youth Health and Family Health areas were the most important and of highest priority for research. Whereas, non-nursing health professionals believed topics from the Aboriginal Health, Mental Health and Family Health areas were of highest importance.

Whilst, there is overlap between the areas deemed important by both nursing and non-nursing health professionals, a final round of analysis was conducted to determine if the variations noted, in the mean rankings and research topic order was, in fact, statistically significant. A Mann-Whitney non-parametric test was conducted on the questions '*what is the value of this topic to population health*' and '*what is the impact of this topic on client care*' for all 47 research topics for both groups of health professionals.

Results of this test showed that nursing health professionals and non-nursing health professionals did differ significantly on their mean ranking of several '*value*' and '*impact*' topics (Tables 18 and 19, Appendix E and F). Examination of these results demonstrated that nursing health professionals rated several topics as of higher '*value*' and '*impact*' than do non-nursing health professionals.

Taken together, these results suggest that whilst nursing and non-nursing health professionals display some differences in the topics they believe are research priorities for SMPHS in fact, the two groups are strikingly similar in terms of the topics they rate as important.

Overall Analysis –SMPHS Regions

A final round of comparisons were conducted to determine if there were any regional differences in the research topics respondents rated as important and of priority for research. Table 17 reports the findings of these comparisons. The *health issues* and *research topics* are presented in the order they appeared in the survey.

Overwhelmingly, there were more similarities amongst the regions in terms of the research topics they believed were of the highest priority for research, than differences. For example, using the previously set cut-off of 80%, Armadale (92%), Fremantle (96%) and Peel/ Rockingham and Kwinana (85%) believed the topic 'explore strategies for increased mental health wellbeing in the community' should be researched. Of similarity priority, was 'explore the feasibility of providing education on coping skills in schools to decrease the incidence of mental illness in later life (e.g., depression)', with 93% of respondents in Armadale, and 86% in both Fremantle and Peel/ Rockingham/Kwinana agreeing it was a topic of priority. The three regions similarly believed that the topic 'explore stress and

depression in adolescents' should also be a SMPHS region priority, with over 80% of respondents across the regions supporting this topic.

There were, however, some differences. For example, Armadale and Fremantle strongly believed (over 80%) that 'determine mental health resilience and coping skills in daily life' was a topic of importance for research, but the Peel/Rockingham area did not (77%). Similarly, respondents from Armadale and Fremantle also strongly endorsed (over 80%) 'examine programs in the community to reduce family stress, marital breakdowns and child abuse', but the Peel and Rockingham/Kwinana area did not endorse this topic (78%).

There were also a number of topics that individual regions believed were very important to research. For example, 83 percent of respondents from Fremantle stated that 'examine the ways to teach/educate adolescents to improve self-esteem, reduce self-harm' was a topic that should be researched by SMPHS, but neither Armadale (74%) nor the Peel area (76%) strongly believed this should occur. Similarly, Fremantle (86%) believed 'determine availability of services to enhance coping skills in disadvantaged families' should be a priority research topic. Eighty six percent of respondents from Fremantle also supported the topics 'evaluate existing Aboriginal programs to determine their effectiveness' and 'identify factors that increase child's self-esteem, physical activity and learning opportunities'.

Peel and Rockingham/Kwinana gave 'Research into identifying key strategies to engage Aboriginal people in planning, decision-making and program development' the highest priority for research, with 90% of respondents supporting it. The other regions however, did not give this topic such a strong endorsement.

Table 17 Overall rank of means for research topics (*value* and *impact*) and percentage of respondents wanting SMPHS to research it, according to SMPHS regions

| Overall research topics by health issue | SMPHS regions | | | | | |
|--|---------------|--------------|-----------|--------------|---------------------------|--------------|
| | Armadale | | Fremantle | | Peel, Rockingham, Kwinana | |
| | <i>M</i> | <i>YES %</i> | <i>M</i> | <i>YES %</i> | <i>M</i> | <i>YES %</i> |
| MENTAL HEALTH | | | | | | |
| Explore strategies for increased mental health wellbeing in the community. | 6.28 | 92 | 5.90 | 96 | 5.88 | 85 |
| Explore the feasibility of providing education on coping skills in schools to decrease the incidence of mental illness in later life (e.g., depression). | 6.04 | 93 | 5.97 | 86 | 5.78 | 86 |
| YOUTH HEALTH | | | | | | |
| Explore stress and depression in adolescents. | 5.59 | 88 | 5.74 | 83 | 5.61 | 88 |
| Examine drug and alcohol use in adolescents. | 5.06 | 54 | 5.12 | 69 | 5.06 | 48 |
| Explore sexual health education programs in high schools. | 4.67 | 39 | 4.48 | 41 | 4.93 | 57 |
| Determine mental health resilience and coping skills in daily life. | 5.85 | 85 | 6.09 | 83 | 5.52 | 77 |
| Develop an 'at risk' tool to determine youth who are vulnerable to antisocial behaviour. | 4.94 | 58 | 5.05 | 62 | 4.85 | 67 |
| Examine ways to teach/educate adolescents to improve self-esteem, reduce self-harm. | 5.76 | 74 | 5.66 | 83 | 5.57 | 76 |
| Examine ways to improve school attendance for students at all levels of academic studies. | 3.96 | 27 | 4.02 | 21 | 4.16 | 45 |
| Identify the Incidence/Prevalence of Sexually Transmitted Disease. | 4.00 | 26 | 4.07 | 31 | 4.36 | 45 |
| HEALTH SERVICE REORIENTATION | | | | | | |
| Determine the effectiveness of programs to enhance community awareness of dental health. | 3.93 | 19 | 3.88 | 24 | 3.73 | 28 |
| Explore relevant programs for healthy lifestyle (e.g., walking and exercise programs). | 4.69 | 54 | 4.80 | 38 | 5.18 | 51 |
| Identify factors that promote community social and emotional wellbeing. | 5.44 | 76 | 5.33 | 69 | 5.40 | 60 |

| | | | | | | |
|--|------|----|------|----|------|----|
| Evaluate educational programs to increase drug and alcohol awareness in the community. | 4.63 | 44 | 4.07 | 21 | 4.62 | 46 |
| Explore a framework for best practice in public health via an audit tool. | 4.13 | 42 | 4.45 | 43 | 4.32 | 48 |
| Needs assessment to determine education programs and funding to help in early intervention strategies. | 5.44 | 70 | 5.52 | 76 | 5.15 | 69 |
| Explore the need to employ more speech pathologists in schools. | 4.17 | 44 | 4.36 | 45 | 4.62 | 50 |
| Identify ways to reduce wait times for referrals (e.g., specialist services) | 5.15 | 67 | 5.33 | 76 | 5.37 | 60 |
| Research learning outcomes for students with English as a Second Language in conjunction with the Education Department. | 3.26 | 11 | 3.83 | 41 | 3.38 | 26 |
| Identify services in terms of location, integration, referral and cost to improve health of the population and promote equity. | 5.02 | 56 | 4.86 | 61 | 4.91 | 60 |
| PARTNERSHIP | | | | | | |
| Determine availability of services to enhance coping skills in disadvantaged families. | 5.54 | 74 | 5.55 | 86 | 5.31 | 69 |
| Identify strategies to increase services to youth. | 4.67 | 46 | 4.60 | 52 | 5.06 | 55 |
| ELDERLY ISSUES | | | | | | |
| Explore factors impacting social isolation. | 4.63 | 41 | 4.41 | 41 | 4.97 | 39 |
| Identify ways to improve health in the elderly. | 4.83 | 56 | 4.76 | 55 | 5.07 | 53 |
| Examine available programs to address falls in the elderly. | 4.31 | 39 | 4.10 | 31 | 4.43 | 42 |
| ABORIGINAL HEALTH | | | | | | |
| 'Aboriginal effective' health education programs to be identified and deployed. | 5.48 | 76 | 5.43 | 64 | 5.78 | 76 |
| Determine ways to deliver culturally appropriate programs. | 5.28 | 64 | 5.53 | 66 | 5.73 | 77 |
| Research into Aboriginal physical and mental wellbeing to reduce mortality/morbidity rates and inequity. | 5.66 | 75 | 5.34 | 61 | 5.42 | 71 |
| Research into identifying key strategies to engage Aboriginal people in planning, decision-making and program development. | 5.81 | 77 | 5.81 | 76 | 6.12 | 90 |
| Evaluate existing Aboriginal programs to determine their effectiveness. | 5.48 | 77 | 5.64 | 86 | 5.73 | 75 |

| FAMILY HEALTH | | | | | | |
|--|------|----|------|----|------|----|
| Investigate the need to develop early intervention programs to enhance speech and language. | 5.24 | 68 | 5.29 | 65 | 5.23 | 64 |
| Develop a tool to measure speech and language literacy in primary schools. | 4.13 | 44 | 4.00 | 31 | 4.35 | 42 |
| Identify factors to decrease Postnatal Depression. | 5.13 | 63 | 4.98 | 55 | 5.39 | 67 |
| Identify factors to increase breastfeeding in young mothers. | 4.96 | 46 | 5.10 | 59 | 5.38 | 60 |
| Identify factors that increase child's self-esteem, physical activity and learning opportunities. | 5.72 | 70 | 5.62 | 86 | 5.72 | 68 |
| Explore factors that decrease teenage pregnancy rates. | 5.00 | 68 | 4.67 | 41 | 5.21 | 60 |
| Identify issues that lead to domestic violence in order to improve family life and wellbeing. | 5.41 | 63 | 5.36 | 59 | 5.83 | 66 |
| Explore parenting skills in families. | 5.83 | 73 | 5.83 | 66 | 5.71 | 67 |
| Examine the impact of unemployment on family wellbeing. | 4.92 | 46 | 4.59 | 28 | 5.20 | 51 |
| Examine ways to teach positive parenting skills to raise self-esteem and mental health in teenage mothers. | 5.56 | 70 | 6.07 | 76 | 5.51 | 71 |
| Examine programs in the community to reduce family stress, marital breakdowns and child abuse. | 6.20 | 85 | 5.97 | 86 | 5.86 | 78 |
| Determine the need to develop support systems to replace the 'old extended family' in order to provide support for families. | 5.43 | 62 | 5.50 | 72 | 5.57 | 64 |
| LIFESTYLE | | | | | | |
| Explore factors surrounding childhood obesity in Australia. | 5.43 | 59 | 5.22 | 64 | 5.56 | 71 |
| Research into lifestyle related chronic disease via physical activity and good nutrition. | 5.15 | 56 | 4.95 | 59 | 5.19 | 52 |
| Identify barriers to participating in health activity and eating healthy diet to obtain positive impact on chronic disease. | 5.19 | 62 | 5.12 | 55 | 5.52 | 71 |
| Identify key areas that need to be addressed to promote behaviour change towards better health. | 5.39 | 76 | 5.36 | 68 | 5.49 | 64 |
| Examine ways to increase awareness of healthy lifestyle issues for all ages. | 5.15 | 65 | 5.03 | 55 | 5.43 | 65 |

7.0 DISCUSSION

The goals of this Delphi study was to identify and describe the major research priorities in the SMPHS from the perspective of nurses, allied health professionals and Aboriginal health workers in the regions of Fremantle, Armadale, Peel and Rockingham/Kwinana. Completed surveys were received from all the regions and from 15 of the 19 health service employment categories identified within the SMPHS. Data derived from Round two of the study demonstrated a level of consensus in terms of the identified research priorities of health service professionals in the SMPHS.

In Round one, eight health issues were identified from 22 categories, as 'important to participant's area of work'. Results of Round two shows that on a scale of one to eight, lowest to highest, participants ranked the eight individual health issues between 4.14 and 5.07. This suggests that participants agreed the eight health issues identified from Round one of the Delphi were indeed of at least moderate importance.

Approximately 19 health issues were acknowledged by participants as 'important topics to research' and, within these clusters, 65 research topics were identified in Round one. These topics were subsequently collapsed into 47 research topics rated by participants in Round two of the Delphi study. Participants were asked to rate each of these 47 research topics on a scale of one to seven, lowest to highest. Results show that participants rated each topic with a mean score between 3.45 and 5.96. Similar ranges for mean scores were found to both the '*value of this topic for population health*' (3.50 – 5.99) and '*impact of the topic on client care*' questions (3.38 – 5.92). This suggests that staff critically evaluated the research topics identified from the first round of the survey, rating some topics as of low importance. Likewise, respondents critically evaluated topics in terms of whether the SMPHS should give them research priority: Over 80% of respondents wanted the SMPHS to research only five of the 47 topics suggested; approximately 70% wanted 13 of the 47 topics; approximately 60% wanted 27 topics researched, and approximately 51% wanted 34 of the 47 topics identified researched. Interestingly, the importance given to a research topic, based on its mean score, does not necessarily reflect the belief that it is also a topic that should be researched. This suggests that any research plans in the future need to consider both the mean score of the research topics and the percentage of health service professionals who believe the topic should be researched.

Another interesting finding was the difference noted between the overall ranking of the eight individual health issues made by participants, and the categories to which the research topics selected as major research priorities belonged. It appears that while participants identified areas such as: Elderly Issues, Health Service Reorientation, Lifestyle Issues and Partnership as the most important areas related to their work, they were more discerning in the selection of research topics in the areas of Mental Health, Youth Health, Aboriginal Health and Family Health. This possibly reflects the complexity of issues faced by community and public health staff in their routine practice with a focus on broad community issues and simultaneously immersed in individual concerns.

The results of Round two were also analysed according to two groups, nursing and non-nursing health professionals, and according to the SMPHS regions. The result of first analysis (i.e., by group) shows that differences exist between the two groups of health service professionals in their support for research topics. Non-nursing health professionals more strongly support the need for research into issues related to Aboriginal Health than do nursing health professionals, perhaps reflecting the different nature of the client care provided and/or the differential availability of appropriate research. However, the similarities observed between the two groups is perhaps more striking than the differences. The findings of the analysis of the regional data for Round two also yielded more similarities than differences, which suggests that health service professionals across the regions have similar priorities for research.

Both the review and consultation process and the findings of the Delphi study support the notion that SMPHS health service professionals appear to recognise the need for change to ensure the continued provision of quality health services. Furthermore, in terms of prioritising research initiatives, these findings suggests that staff appear to be prepared to critically evaluate their need for evidenced-based research against the available literature and existing services and have identified gaps where specific research is required. Thus, the goal of the study to identify and describe the specific areas of research perceived to be important by nurses, allied health professionals and Aboriginal health workers has been achieved.

A recent review of the electronic databases for Delphi literature shows that this study sits comfortably within the existing literature. That is, adherence to the Delphi technique resulted in a level of consensus in terms of the research priorities identified by participants.

The current Delphi study, however, is somewhat unique in that it has sought input from multi-disciplinary health professionals working within a regional Health Service. Recent Delphi studies have tended to focus on discipline-specific research priorities across locations, multi-disciplinary teams within specific health contexts, and determining the health priorities in specific regions. For example, Sadhra, Beach, Aw and Sheikh-Ahmed (2001) reported that participants, with professional interests in the field of occupational health and safety, reached consensus (at least 25% of participants) in the broad priority areas for occupational health research. Interestingly, the authors also reported that, in spite of consensus, participants differed noticeably in their ranking of research priorities depending on whether they worked in private or government organisations. In another study, Soanes, Gibson, Hannan and Bayliss (2003) surveyed doctors, nurses and parents regarding the key areas for research in paediatric oncology. Whilst consensus was not the main goal of this study, the results highlighted that nurses, doctors and parents generally agreed on the key areas that should take priority for research but, there were some areas where the views differed in particular, in relation to the different primary focus of the individual groups.

In a more directly related study, the Delphi method was used to determine health priorities in the Swiss canton of Geneva. The opinion of political leaders, the directors of medical and social institutions, medical and paramedical professionals in private practice, the managers of non-governmental health-related organisations and selected leaders of community groups was surveyed regarding the health determinants and problems perceived as most important. In this study, at least 30% of participants, identified physical problems (e.g., cardiovascular disease, respiratory and breast cancer, AIDS, injuries due to road accidents, chronic back pain), psychosocial disorders (depression, suicide, violence in the family, stress) and problems of substance abuse (alcohol and tobacco) as health priorities. This study also found some divergence between the groups. For example, community leaders perceived AIDS and social determinants such as unemployment, social exclusion and a deteriorated family environment as generally more important than the health providers group (Schopper, Ammon, Ronchi & Rougemont, 2000).

The current Delphi study identified a comparable list of health problems to the Swiss study and demonstrated a high level of consensus in terms of the research priorities of health service professionals in the SMPHS. However, consistent with the literature, it also identified areas where the views, or research priorities, varied. This is perhaps not

surprising considering that there are still areas such as, Aboriginal Health where research is needed.

The results of this two-round Delphi study must be viewed cautiously given the limitations of the research design. Although all health service professionals employed in the SMPHS were given the opportunity to participate in the research, the response rate across both rounds was less than optimal and non-response bias represents a major limitation of the study.

In summarising, the following five research areas are put forward with respect to the outcome of the Delphi study:

- Explore strategies for increased mental health wellbeing in the community;
- Explore the feasibility of providing education on coping skills in schools to decrease the incidence of mental health in later life (e.g., depression);
- Research into identifying key strategies to engage Aboriginal people in planning, decision-making and development of programs;
- Examine programs in the community to reduce family stress, marital breakdowns and child abuse, and
- Explore stress and depression in adolescents.

It is important to note, however, that the existence of consensus for research priorities does not mean that the correct answer has been found (Keeney, Hasson & McKenna, 2001). Rather, it suggests that any research plans derived from this list of priorities must be formulated within the context of the strategic direction of the Health Service, and must include the operational definitions of the concepts nominated by the Delphi participants.

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9.0 APPENDICES

APPENDIX A

Table 7 Overall rank of the means for ‘value of this topic for population health’

| Overall research topics | Rank | Mean |
|---|------|------|
| Value of exploring strategies for increased mental health wellbeing in the community. | 1 | 5.99 |
| Research into identifying key strategies to engage Aboriginal people in planning, decision-making and development of programs. | 2 | 5.99 |
| Explore the feasibility of providing education on coping skills in schools to decrease the incidence of mental health in later life (e.g., depression). | 3 | 5.95 |
| Examine programs in the community to reduce family stress, marital breakdowns and child abuse. | 4 | 5.95 |
| Explore parenting skills in families. | 5 | 5.77 |
| Determine mental health resilience and coping skills in daily life. | 6 | 5.76 |
| Identify factors that increase child’s self-esteem, physical activity and learning opportunities. | 7 | 5.72 |
| Examine ways to teach positive parenting skills to raise self-esteem and mental health in teenage mothers. | 8 | 5.69 |
| ‘Aboriginal effective’ health education programs to be identified and deployed. | 9 | 5.67 |
| Evaluate existing Aboriginal programs to determine their effectiveness | 10 | 5.65 |
| Explore stress and depression in adolescents. | 11 | 5.64 |
| Examine ways to teach/educate adolescents to improve self-esteem, reduce self-harm. | 12 | 5.64 |
| Determine ways to deliver culturally appropriate programs | 13 | 5.57 |
| Identify issues that lead to domestic violence in order to improve family life and wellbeing. | 14 | 5.53 |
| Explore factors surrounding childhood | 15 | 5.53 |

| | | |
|--|----|------|
| obesity in Australia. | | |
| Identify factors that promote community social and emotional wellbeing. | 16 | 5.49 |
| Determine the need to develop support systems to replace the 'old extended family' in order to provide support for families to promote emotional health and wellbeing. | 17 | 5.48 |
| Identify key areas that need to be addressed to promote behaviour change towards better health. | 18 | 5.47 |
| Identify barriers to participation in health activity and eating healthy diet to obtain positive impact on chronic disease. | 19 | 5.44 |
| Research into Aboriginal physical and mental wellbeing to reduce Mortality/Morbidity rates and inequity. | 20 | 5.43 |
| Determine availability of services to enhance coping skills in disadvantaged families. | 21 | 5.42 |
| Examine ways to increase awareness of healthy lifestyle issues for all ages. | 22 | 5.32 |
| Needs assessment to determine education programs and funding to help in early intervention strategies. | 23 | 5.29 |
| Investigate the need to develop early intervention programs to enhance speech and language | 24 | 5.28 |
| Research into lifestyle related to chronic diseases via physical activity and good nutrition. | 25 | 5.22 |
| Identify ways to reduce wait times for referrals (e.g., specialist services). | 26 | 5.15 |
| Identify factors to decrease Postnatal Depression. | 27 | 5.13 |
| Identify factors to increase breastfeeding in young mothers. | 28 | 5.10 |
| Explore factors that decrease teenage pregnancy rates. | 29 | 5.08 |
| Examine the impact of unemployment on family wellbeing. | 30 | 5.06 |
| Examine drug and alcohol use in adolescents. | 31 | 5.05 |
| Explore relevant programs for healthy lifestyle (e.g., walking and exercise programs). | 32 | 5.03 |
| Develop an 'at risk' tool to determine youth who are vulnerable to antisocial | 33 | 4.97 |

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| behaviour. | | |
| Identify services in terms of location, integration, referral and cost to improve health of the population and equity. | 34 | 4.95 |
| Identify ways to improve health in the elderly. | 35 | 4.92 |
| Identify strategies to increase services to youth. | 36 | 4.87 |
| Explore sexual health education programs in high schools. | 37 | 4.82 |
| Explore factors impacting social isolation. | 38 | 4.69 |
| Evaluate educational programs to increase drug and alcohol awareness in the community | 39 | 4.53 |
| Explore the need for more speech pathologists in schools. | 40 | 4.44 |
| Explore a framework for best practice in public health via an audit tool. | 41 | 4.38 |
| Examine programs to address falls in the elderly. | 42 | 4.32 |
| Identify the Incidence/Prevalence of Sexually Transmitted Disease. | 43 | 4.25 |
| Examine ways to improve school attendance for students at all levels of academic studies | 44 | 4.21 |
| Develop a tool to measure speech and language literacy in primary school. | 45 | 4.18 |
| Determine the effectiveness of programs to enhance awareness of dental health. | 46 | 3.88 |
| Research learning outcomes for students with English as Second Language in conjunction with the Education Department. | 47 | 3.50 |

APPENDIX B

Table 8 Topics ranked by overall percentage on ‘value of this topic for population health’

| Overall research topics | Mean Rank | YES % |
|---|------------------|--------------|
| Value of exploring strategies for increased mental health wellbeing in the community. | 1 | 87 |
| Explore the feasibility of providing education on coping skills in schools to decrease the incidence of mental health in later life (e.g., depression). | 3 | 86 |
| Research into identifying key strategies to engage Aboriginal people in planning, decision-making and development of programs. | 2 | 84 |
| Examine programs in the community to reduce family stress, marital breakdowns and child abuse. | 4 | 82 |
| Explore stress and depression in adolescents. | 11 | 81 |
| Determine mental health resilience and coping skills in daily life. | 6 | 79 |
| Evaluate existing Aboriginal programs to determine their effectiveness | 10 | 78 |
| Examine ways to teach/educate adolescents to improve self-esteem, reduce self-harm. | 12 | 77 |
| Identify factors that increase child’s self-esteem, physical activity and learning opportunities. | 7 | 76 |
| Determine availability of services to enhance coping skills in disadvantaged families. | 21 | 75 |
| ‘Aboriginal effective’ health education programs to be identified and deployed. | 9 | 73 |
| Examine ways to teach positive parenting skills to raise self-esteem and mental health in teenage mothers. | 8 | 71 |
| Determine ways to deliver culturally appropriate programs | 13 | 70 |
| Identify key areas that need to be addressed to promote behaviour change | 18 | 68 |

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| towards better health. | | |
| Needs assessment to determine education programs and funding to help in early intervention strategies. | 23 | 68 |
| Explore parenting skills in families. | 5 | 67 |
| Research into Aboriginal physical and mental wellbeing to reduce Mortality/Morbidity rates and inequity. | 20 | 67 |
| Explore factors surrounding childhood obesity in Australia. | 15 | 66 |
| Identify factors that promote community social and emotional wellbeing. | 16 | 65 |
| Determine the need to develop support systems to replace the 'old extended family' in order to provide support for families to promote emotional health and wellbeing. | 17 | 64 |
| Identify barriers to participation in health activity and eating healthy diet to obtain positive impact on chronic disease. | 19 | 64 |
| Investigate the need to develop early intervention programs to enhance speech and language | 24 | 64 |
| Identify ways to reduce wait times for referrals (e.g., specialist services). | 26 | 64 |
| Identify issues that lead to domestic violence in order to improve family life and wellbeing. | 14 | 63 |
| Develop an 'at risk' tool to determine youth who are vulnerable to antisocial behaviour. | 33 | 62 |
| Examine ways to increase awareness of healthy lifestyle issues for all ages. | 22 | 61 |
| Identify factors to decrease Postnatal Depression. | 27 | 60 |
| Identify services in terms of location, integration, referral and cost to improve health of the population and equity. | 34 | 58 |
| Explore factors that decrease teenage pregnancy rates. | 29 | 57 |
| Identify factors to increase breastfeeding in young mothers. | 28 | 56 |
| Research into lifestyle related to chronic diseases via physical activity and good nutrition. | 25 | 55 |
| Identify ways to improve health in the elderly. | 35 | 53 |
| Examine drug and alcohol use in | 31 | 52 |

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| adolescents. | | |
| Identify strategies to increase services to youth. | 36 | 51 |
| Explore sexual health education programs in high schools. | 37 | 48 |
| Explore relevant programs for healthy lifestyle (e.g., walking and exercise programs). | 32 | 47 |
| Explore the need for more speech pathologists in schools. | 40 | 47 |
| Examine the impact of unemployment on family wellbeing. | 30 | 45 |
| Explore a framework for best practice in public health via an audit tool. | 41 | 45 |
| Explore factors impacting social isolation. | 38 | 39 |
| Develop a tool to measure speech and language literacy in primary school. | 45 | 39 |
| Evaluate educational programs to increase drug and alcohol awareness in the community | 39 | 38 |
| Examine programs to address falls in the elderly. | 42 | 38 |
| Identify the Incidence/Prevalence of Sexually Transmitted Disease. | 43 | 37 |
| Examine ways to improve school attendance for students at all levels of academic studies | 44 | 35 |
| Research learning outcomes for students with English as Second Language in conjunction with the Education Department. | 47 | 25 |
| Determine the effectiveness of programs to enhance awareness of dental health. | 46 | 23 |

APPENDIX C

Table 9 Overall rank of the means for ‘*impact of this topic for client care*’

| Overall research topics | Rank | Mean |
|--|-------------|-------------|
| Research into identifying key strategies to engage Aboriginal people in planning, decision-making and development of programs. | 1 | 5.92 |
| Examine programs in the community to reduce family stress, marital breakdowns and child abuse. | 2 | 5.92 |
| Impact of exploring strategies for increased mental health wellbeing in the community. | 3 | 5.87 |
| Explore the feasibility of providing education on coping skills in schools to decrease the incidence of mental health in later life (e.g., depression). | 4 | 5.75 |
| Explore parenting skills in families. | 5 | 5.73 |
| Determine mental health resilience and coping skills in daily life. | 6 | 5.68 |
| Identify factors that increase child’s self-esteem, physical activity and learning opportunities. | 7 | 5.65 |
| Examine ways to teach/educate adolescents to improve self-esteem, reduce self-harm. | 8 | 5.64 |
| Examine ways to teach positive parenting skills to raise self-esteem and mental health in teenage mothers. | 9 | 5.59 |
| Evaluate existing Aboriginal programs to determine their effectiveness | 10 | 5.57 |
| ‘Aboriginal effective’ health education programs to be identified and deployed. | 11 | 5.55 |
| Determine ways to deliver culturally appropriate programs | 12 | 5.53 |
| Identify issues that lead to domestic violence in order to improve family life and wellbeing. | 13 | 5.51 |
| Explore stress and depression in adolescents. | 14 | 5.50 |
| Determine the need to develop support systems to replace the ‘old extended family’ in order to provide support for families to promote emotional health and wellbeing. | 15 | 5.46 |

| | | |
|---|----|------|
| Identify key areas that need to be addressed to promote behaviour change towards better health. | 16 | 5.44 |
| Research into Aboriginal physical and mental wellbeing to reduce Mortality/Morbidity rates and inequity. | 17 | 5.42 |
| Determine availability of services to enhance coping skills in disadvantaged families. | 18 | 5.37 |
| Explore factors surrounding childhood obesity in Australia. | 19 | 5.35 |
| Identify factors that promote community social and emotional wellbeing. | 20 | 5.32 |
| Identify barriers to participation in health activity and eating healthy diet to obtain positive impact on chronic disease. | 21 | 5.30 |
| Identify ways to reduce wait times for referrals (e.g., specialist services). | 22 | 5.22 |
| Needs assessment to determine education programs and funding to help in early intervention strategies. | 23 | 5.21 |
| Examine ways to increase awareness of healthy lifestyle issues for all ages. | 24 | 5.20 |
| Investigate the need to develop early intervention programs to enhance speech and language | 25 | 5.17 |
| Identify factors to decrease Postnatal Depression. | 26 | 5.15 |
| Identify factors to increase breastfeeding in young mothers. | 27 | 5.12 |
| Research into lifestyle related to chronic diseases via physical activity and good nutrition. | 28 | 5.09 |
| Explore factors that decrease teenage pregnancy rates. | 29 | 4.93 |
| Examine drug and alcohol use in adolescents. | 30 | 4.93 |
| Develop an 'at risk' tool to determine youth who are vulnerable to antisocial behaviour. | 31 | 4.90 |
| Explore relevant programs for healthy lifestyle (e.g., walking and exercise programs). | 32 | 4.88 |
| Identify services in terms of location, integration, referral and cost to improve health of the population and equity. | 33 | 4.85 |
| Examine the impact of unemployment on family wellbeing. | 34 | 4.83 |
| Explore sexual health education programs | 35 | 4.82 |

| | | |
|---|----|------|
| in high schools. | | |
| Identify ways to improve health in the elderly. | 36 | 4.81 |
| Identify strategies to increase services to youth. | 37 | 4.81 |
| Explore factors impacting social isolation. | 38 | 4.57 |
| Explore the need for more speech pathologists in schools. | 39 | 4.44 |
| Evaluate educational programs to increase drug and alcohol awareness in the community | 40 | 4.38 |
| Examine programs to address falls in the elderly. | 41 | 4.28 |
| Explore a framework for best practice in public health via an audit tool. | 42 | 4.23 |
| Develop a tool to measure speech and language literacy in primary school. | 43 | 4.14 |
| Identify the Incidence/Prevalence of Sexually Transmitted Disease. | 44 | 4.13 |
| Examine ways to improve school attendance for students at all levels of academic studies | 45 | 4.06 |
| Determine the effectiveness of programs to enhance awareness of dental health. | 46 | 3.75 |
| Research learning outcomes for students with English as Second Language in conjunction with the Education Department. | 47 | 3.38 |

APPENDIX D

Table 10 Topics ranked by overall percentage on ‘*impact of this topic on client care*’

| Overall research topics | Mean Rank | YES % |
|---|------------------|--------------|
| Exploring strategies for increased mental health wellbeing in the community. | 3 | 87 |
| Explore the feasibility of providing education on coping skills in schools to decrease the incidence of mental health in later life (e.g., depression). | 4 | 86 |
| Research into identifying key strategies to engage Aboriginal people in planning, decision-making and development of programs. | 1 | 84 |
| Examine programs in the community to reduce family stress, marital breakdowns and child abuse. | 2 | 82 |
| Explore stress and depression in adolescents. | 14 | 81 |
| Determine mental health resilience and coping skills in daily life. | 6 | 79 |
| Evaluate existing Aboriginal programs to determine their effectiveness | 10 | 78 |
| Examine ways to teach/educate adolescents to improve self-esteem, reduce self-harm. | 8 | 77 |
| Identify factors that increase child’s self-esteem, physical activity and learning opportunities. | 7 | 76 |
| Determine availability of services to enhance coping skills in disadvantaged families. | 18 | 75 |
| ‘Aboriginal effective’ health education programs to be identified and deployed. | 11 | 73 |
| Examine ways to teach positive parenting skills to raise self-esteem and mental health in teenage mothers. | 9 | 71 |
| Determine ways to deliver culturally appropriate programs | 12 | 70 |
| Identify key areas that need to be addressed to promote behaviour change towards better health. | 16 | 68 |

| | | |
|--|----|----|
| Needs assessment to determine education programs and funding to help in early intervention strategies. | 23 | 68 |
| Explore parenting skills in families. | 5 | 67 |
| Research into Aboriginal physical and mental wellbeing to reduce Mortality/Morbidity rates and inequity. | 17 | 67 |
| Explore factors surrounding childhood obesity in Australia. | 19 | 66 |
| Identify factors that promote community social and emotional wellbeing. | 20 | 65 |
| Determine the need to develop support systems to replace the 'old extended family' in order to provide support for families to promote emotional health and wellbeing. | 15 | 64 |
| Identify barriers to participation in health activity and eating healthy diet to obtain positive impact on chronic disease. | 21 | 64 |
| Identify ways to reduce wait times for referrals (e.g., specialist services). | 22 | 64 |
| Investigate the need to develop early intervention programs to enhance speech and language | 25 | 64 |
| Identify issues that lead to domestic violence in order to improve family life and wellbeing. | 13 | 63 |
| Develop an 'at risk' tool to determine youth who are vulnerable to antisocial behaviour. | 31 | 62 |
| Examine ways to increase awareness of healthy lifestyle issues for all ages. | 24 | 61 |
| Identify factors to decrease Postnatal Depression. | 26 | 60 |
| Identify services in terms of location, integration, referral and cost to improve health of the population and equity. | 33 | 58 |
| Explore factors that decrease teenage pregnancy rates. | 29 | 57 |
| Identify factors to increase breastfeeding in young mothers. | 27 | 56 |
| Research into lifestyle related to chronic diseases via physical activity and good nutrition. | 28 | 55 |
| Identify ways to improve health in the elderly. | 36 | 53 |
| Examine drug and alcohol use in adolescents. | 30 | 52 |

| | | |
|---|----|----|
| Identify strategies to increase services to youth. | 37 | 51 |
| Explore sexual health education programs in high schools. | 35 | 48 |
| Explore relevant programs for healthy lifestyle (e.g., walking and exercise programs). | 32 | 47 |
| Explore the need for more speech pathologists in schools. | 39 | 47 |
| Examine the impact of unemployment on family wellbeing. | 34 | 45 |
| Explore a framework for best practice in public health via an audit tool. | 42 | 45 |
| Explore factors impacting social isolation. | 38 | 39 |
| Develop a tool to measure speech and language literacy in primary school. | 43 | 39 |
| Evaluate educational programs to increase drug and alcohol awareness in the community | 40 | 38 |
| Examine programs to address falls in the elderly. | 41 | 38 |
| Identify the Incidence/Prevalence of Sexually Transmitted Disease. | 44 | 37 |
| Examine ways to improve school attendance for students at all levels of academic studies | 45 | 35 |
| Research learning outcomes for students with English as Second Language in conjunction with the Education Department. | 47 | 25 |
| Determine the effectiveness of programs to enhance awareness of dental health. | 46 | 23 |

APPENDIX E

Table 18 Statistical differences for topics on ‘value of this topic to population health’ for nursing and non-nursing health professionals

| ‘Value’ topic | Group | Mean | z-score | p-value |
|---|----------------------------------|-------------|----------------|----------------|
| Explore the feasibility of providing education on coping skills in schools to decrease the incidence of mental health in later life (e.g., depression). | Nursing health professionals | 6.26 | -2.448 | .014 |
| | Non-nursing health professionals | 5.68 | | |
| Explore stress and depression in adolescents | Nursing health professionals | 6.18 | -4.570 | .000 |
| | Non-nursing health professionals | 5.08 | | |
| Examine drug and alcohol use in adolescents | Nursing health professionals | 5.56 | -3.619 | .000 |
| | Non-nursing health professionals | 4.52 | | |
| Explore sexual health education programs in high schools | Nursing health professionals | 5.16 | -2.824 | .005 |
| | Non-nursing health professionals | 4.42 | | |
| Determine mental health resilience and coping skills in daily life | Nursing health professionals | 6.00 | -2.591 | .010 |
| | Non-nursing health professionals | 5.52 | | |
| Develop an ‘at risk’ tool to determine youth who are vulnerable to antisocial behaviour | Nursing health professionals | 5.33 | -2.453 | .014 |
| | Non-nursing health professionals | 4.62 | | |

| | | | | |
|---|----------------------------------|------|--------|------|
| Examine ways to teach/ educate adolescents to improve self-esteem, reduce self-harm | Nursing health professionals | 6.05 | -3.029 | .002 |
| | Non-nursing health professionals | 5.21 | | |
| Determine the effectiveness of programs to enhance awareness of dental health | Nursing health professionals | 4.15 | -2.513 | .012 |
| | Non-nursing health professionals | 3.56 | | |
| Evaluate educational programs to increase drug and alcohol awareness in the community | Nursing health professionals | 4.80 | -2.376 | .018 |
| | Non-nursing health professionals | 4.25 | | |
| Identify ways to reduce wait times for referrals (e.g., specialist services) | Nursing health professionals | 5.45 | -2.119 | .034 |
| | Non-nursing health professionals | 4.80 | | |
| Identify strategies to increase services to youth | Nursing health professionals | 5.20 | -2.872 | .004 |
| | Non-nursing health professionals | 4.44 | | |
| 'Aboriginal effective' health education programs to be identified and deployed | Nursing health professionals | 5.41 | -2.199 | .028 |
| | Non-nursing health professionals | 5.98 | | |

APPENDIX F

Table 19 Statistical differences for topics on ‘*impact of this topic on client care*’ for nursing and non-nursing health professionals

| ‘Impact’ topic | Group | Mean | z-score | p-value |
|---|----------------------------------|-------------|----------------|----------------|
| Impact of exploring strategies for increase mental health wellbeing in the community | Nursing health professionals | 6.10 | -2.384 | .017 |
| | Non-nursing health professionals | 5.63 | | |
| Explore stress and depression in adolescents | Nursing health professionals | 5.93 | -3.558 | .000 |
| | Non-nursing health professionals | 5.00 | | |
| Examine drug and alcohol use in adolescents | Nursing health professionals | 5.49 | -3.870 | .000 |
| | Non-nursing health professionals | 4.32 | | |
| Explore sexual health education programs in high schools | Nursing health professionals | 5.17 | -3.817 | .000 |
| | Non-nursing health professionals | 4.10 | | |
| Determine mental health resilience and coping skills in daily life | Nursing health professionals | 6.03 | -3.021 | .003 |
| | Non-nursing health professionals | 5.31 | | |
| Develop an ‘at risk’ tool to determine youth who are vulnerable to antisocial behaviour | Nursing health professionals | 4.45 | -2.960 | .003 |
| | Non-nursing health professionals | 5.35 | | |
| Examine ways to teach/ educate adolescents to improve self-esteem, reduce self-harm | Nursing health professionals | 5.92 | -2.942 | .003 |
| | Non-nursing health professionals | 5.08 | | |

| | | | | |
|---|----------------------------------|------|--------|------|
| Examine ways to improve school attendance for students at all levels of academic studies | Nursing health professionals | 4.39 | -2.816 | .005 |
| | Non-nursing health professionals | 3.62 | | |
| Identify the Incidence/Prevalence of Sexually Transmitted Disease | Nursing health professionals | 4.41 | -2.123 | .034 |
| | Non-nursing health professionals | 3.76 | | |
| Determine the effectiveness of programs to enhance awareness of dental health | Nursing health professionals | 4.05 | -2.882 | .004 |
| | Non-nursing health professionals | 3.39 | | |
| Evaluate educational programs to increase drug and alcohol awareness in the community | Nursing health professionals | 4.74 | -2.707 | .007 |
| | Non-nursing health professionals | 4.00 | | |
| Identify strategies to increase services to youth | Nursing health professionals | 5.17 | -2.813 | .005 |
| | Non-nursing health professionals | 4.33 | | |
| 'Aboriginal effective' health education programs to be identified and deployed | Nursing health professionals | 5.26 | -2.757 | .006 |
| | Non-nursing health professionals | 5.92 | | |
| Determine ways to deliver culturally appropriate programs | Nursing health professionals | 5.27 | -2.419 | .016 |
| | Non-nursing health professionals | 5.90 | | |
| Research into identifying key strategies to engage Aboriginal people in planning, decision-making and development of programs | Nursing health professionals | 5.72 | -2.183 | .029 |
| | Non-nursing health professionals | 6.15 | | |

| | | | | |
|---|----------------------------------|------|--------|------|
| Identify factors to increase breastfeeding in young mothers | Nursing health professionals | 5.58 | -3.056 | .002 |
| | Non-nursing health professionals | 4.69 | | |
| Explore factors that decrease teenage pregnancy rates | Nursing health professionals | 5.25 | -2.497 | .013 |
| | Non-nursing health professionals | 4.58 | | |
| Examine programs in the community to reduce family stress, marital breakdowns and child abuse | Nursing health professionals | 6.27 | -2.746 | .006 |
| | Non-nursing health professionals | 5.53 | | |
| Determine the need to develop support systems to replace the 'old extended family' in order to provide support for families to promote emotional health and wellbeing | Nursing health professionals | 5.85 | -2.688 | .007 |
| | Non-nursing health professionals | 5.04 | | |
| Explore factors surrounding childhood obesity | Nursing health professionals | 5.72 | -2.560 | .010 |
| | Non-nursing health professionals | 4.90 | | |
| Research into lifestyle related to chronic disease via physical activity and good nutrition | Nursing health professionals | 5.40 | -2.566 | .010 |
| | Non-nursing health professionals | 4.66 | | |

10.0 ATTACHMENTS

ATTACHMENT A

| |
|---|
| <p style="text-align: center;">SURVEY OF RESEARCH PRIORITIES IN SOUTH METROPOLITAN POPULATION HEALTH SERVICE</p> |
|---|

INFORMATION LETTER

Dear colleague

We are part of the research team with Population Health in the South Metropolitan Health Service under the directorship of Dr Mandy Seel. We are currently seeking to identify and prioritise major research initiatives from the perspective of Population Health staff. We acknowledge your expertise and experience with working in health and thus ask for your valuable input by agreeing to participate in this study. Identification of research priorities is essential if health service providers are to continue to provide quality service and meet the diverse needs of the community, based on research evidence.

The study uses a Delphi approach and will include two survey rounds. The first survey asks questions related to areas of research perceived to be important by you in the regions of Fremantle, Armadale, Peel, Rockingham and Kwinana. In answering this question it is important that you include potential research with respect to primary health care principles (refer to glossary of terms attached). You may want to consider universal prevention, high-risk clients or targeted clients in your response. You will also be asked to complete a demographic sheet to describe your background and work experience. Following this initial questionnaire, a second survey developed from responses to the first round questionnaire will be forwarded, and you will be asked to rank the importance of topics categorised from the initial survey. The benefit of this approach is that everyone has input into identifying the research needs for the area and each individual has equal representation. Once the research categories are ranked they will inform the strategic direction of Population Health in the South Metropolitan Health Service.

There is no need to include your name on the survey and all data will be kept confidential. The findings will be used to compile a report on the identified research priorities in the South Metropolitan Population Health Service and a plan will be formulated for future research initiatives.

Please forward the completed questionnaire to Woodside in the self-addressed envelope provided. If you have any questions concerning the study please contact a member of the research team:

Dr. Saras Henderson, telephone 9339 1362, mobile 0413585277

Associate Professor Dr Jill Downie 93391362, 92663024

Ms Dianne Juliff 93391362, mobile 0404890210

Thanking you in anticipation

Glossary of Terms

Delphi Study

The Delphi technique, developed by the Rand Corporation in the 1950's, has been adapted for use in areas such as industry, management, government, and education (Oberst, 1978). "This technique facilitates repeated questioning and reflective feedback from a panel of experts on specific issues" (Beech, 1998, p. 322). Moreover, the Delphi technique has been reported to be particularly useful for surveying multi-disciplinary teams as being proposed in this current study. As well many studies in various health contexts have used this method in determining research priorities (Benedict 1990; Broome, Woodring, & O'Connor-Von 1996; Butterworth & Bishop, 1995; Hinds, Norville, Anthony et al 1990).

Population Health

"Population health refers to the health of a population as measured by health status indicators and as influenced by social, economic and physical environments, personal health practices, individual capacity and coping skills, human biology, early childhood development, and health services"(Canadian Advisory Committee on Population Health, 1997).

Population health focuses on the entire population in order to reduce health inequities among groups within the community. Population health is predicated on the view that a range of factors and conditions referred to as 'determinants of health' have a strong influence on the health of people.

Primary Health Care Principles

The declaration of Alma-Ata (WHO, 1978) states:

"Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part of the country's health system. It is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work. The philosophy of primary health care embraces the principles of equity, access, participation, empowerment, multi-disciplinary teamwork, accountability and social justice".

ATTACHMENT B

SURVEY OF RESEARCH PRIORITIES IN THE SOUTH METROPOLITAN HEALTH SERVICE

ID Code (Office Use Only)

Demographic Data

The following questions relate to demographic data

Please answer the questions by filling in the space provided or ticking the box

1. What is your age in years? _____ years

2. Describe your highest level of education?

Hospital based nursing

Tertiary degree

Postgraduate degree

Other (Specify) _____

3. Other courses undertaken or qualifications attained?

4. How many years post initial qualification working experience have you had?

_____ years

5. How many years experience have you had working in community/public health?

_____ years

You may tick more than one box in answering the following question

6. What is your current position?

School Health Nurse Speech Pathologist Physiotherapist

Child Health Nurse Paediatrician Podiatrist

Generalist Nurse Social Worker Dietitian

Clinical Psychologist Audiologist Diabetes Ed

Occupational Therapist Health Promotion Other (Specify)

Public Health Liaison Officer _____

Aboriginal Health Worker Asthma Ed

7. What is your current level of employment? Example

Registered nurse: Level____

HSOA: Level____

Senior Registered Nurse Level____

Aboriginal Health Worker Level ____

Enrolled nurse Level ____

Other (Specify)_____

8. What Program/s do you work in? You may tick more than one box

0-8 years

Other (Specify)_____

Youth (9-25 years)

Adult (25>)

9. Do you work?

Full time

Part time

Casual

10. What region of the South Metropolitan Health Service do you belong to? (example Armadale, Fremantle, Peel/Rockingham/Kwinana, or area wide role)

Round 1 Delphi questions

The following questions relate to research priorities within the South Metropolitan Health Service. With respect to primary health care principles please answer the following questions that may relate to universal prevention, high risk clients or targeted clients

1. Tell me about the three most important health issues that affect population health in your area of work.

2.Of the health issues you have identified which two (2) of these issues need to be researched within the South Metropolitan Health Service?

3.How do you consider the research you are suggesting might impact on population health?

Thank you for your time
Please put completed questionnaire in the self-addressed envelope provided and send it back to the researchers within 2 weeks

ATTACHMENT C

List of Health and Research Issues, Round 1 of Delphi Study

Youth Health

"Hit the youth" - youth friendly focus. "Limits" - work for the dole program currently running in Rockingham.

Assist to help us target priority issues within these broad areas (mental health amongst youth r/t resilience& coping with stress and Drug & alcohol use).

Attitude of students at risk-need a tool for determining cause apathy-find ways addressing causes.Frustration staff,patients,community dealing with antisocial beh would be addressed by target youth develop interests s/esteem employment

By addressing the problems in adolescence improvements in future health will be made. Mental - improved coping skills etc. Sexual- decreased incidence STD's, pregnancy with associated health problems.

Decrease teenage pregnancy rate. Increase drug and alcohol awareness.

Increase services for youth in PEEL region

Info on improvement resiliency young people.-social connectedness, control. Involving disengaged in service planning-connectedness and involvement decisions.

It would lead to improved school attendance for students at all levels of academic studies. It could lead to healthier population.

Long term-improvement for society.Fewer probs in schools,kindy,uni.Better comm between older child/teens/parents.Less subst abuse,STD,unplanpreg,antisocial beh.Poor parent/child rlnships=poor child dev stim, school work/dropout.

Address falls in elderly&awareness

mental health-research into causes of teen stress may lead to early ID/strategies that can be taught&with parents in the form of PPP progs.Userfriendly for teens/parents. Unplanned preg-more teaching re conseq sex,STD,Preg,BBV,life impact

primary health care to address mental health issues for youth prior to them developing into major problems which then impact on a new generation.

Reduce adolescent mental health probs by improving s/esteem & decrease suicide. Reduce increasing obesity stats with long term healthier diet&heart disease

Reduce incidence/prevalence STI in high school groups&impact in morbidity resulting for STI.

Improve imm uptake amongst SMPHU pop resulting in increase level of immunity and reduce morbidity assoc with vaccine preventable diseases.

Mental Health

community social&emotional wellbeing

Decrease in PND will improve child dev. Well mothers can parent better&early Intervention increases baby's future health/wellbeing. Identified probs should have early intervention-not to wait 10 months so problems become harder to correct.

Ed to avoid stress,anxiety depression thru healthy lifestyle changes booklet (nutrition,ex,rest etc).

Acknowledge limited resources affordable by Rock/Kwinana pop. Written guidelines outlining dynamics healthy rlnship/families

If society re eval priorities&make parenting No1 priority-better physical health, mental health, less drug&alcohol,crime,obesity. Sexual abuse causes-need more resources

Improve understanding at comm health level importance all staff having part to play in mental wellness-improve all comm health. Wellbeing in all areas of life would improve if we could get it right in early yrs & in family life.

long term reduce the risks & poor outcomes faced by people impacted by mental health issues/aboriginality.

May ratify areas where service delivery be improved-may increase BF practices-increasing No. babies BF. Create understanding mental health issues, may optimise parent support & child dev outcomes

Mental health-plan and conduct research to increase mental health

Poor mental health impacts-prog's addressing s/esteem, coping strategies etc may prevent morbidity & mortality. Obesity-education & early intervention may prevent morbidity.

provide basis for advocacy for funding prog's & services relating to mental health & wellbeing & prevention risk factors.

Research into depression would lead to a coordinated approach & develop health promotion & early ID/programs into the prevention of depression.

Strengthen mental health early int & treat will ID areas of need & give more strategies for change. Communication-relationships fundamental to wellbeing. One or more trial communities incl schools with effort to strengthen comm/relations

es developed to improve E□

Nutrition/illness related to nutrition eg diabetes

*Obesity-need to understand location disadv-investigate phys/social infrastr-work in partnership building supportive env for phys activity.

Child nutrition-may help reduce obesity & help narish children learn better/better lives/standard living. If communitie better equipped for healthy lifestyle eg walk places there may be decrease in obesity/leifestyle diseases.

Obesity has impact on longevity, health. Possibly reduce cardiac, type11, high BP

Help overcome domestic violence and improve family life & wellbeing of children & general relationship in community. Nutrition-increase level of BF in community & improvewhole health status of children with long term benefits.

If BF rates increased you could expect to see in the long term a decline in rates of obesity, diabetes type 1, asthma.

Improve knowledge & influence prog planning for staff providing services for health issues where overweight/obeseity a significant risk factor. Obesity/overweight-this research can influence future service delivery thru more informed and better planned prog

Knowledge of output ie Increase in B/F in local area-how effective is the lact.clinic. CHNurses more accessible than lact.clinic-affects duration B/F. Better knowl.of our role, compare to community needs-?targeting those needing pop health.

Long term benefits to health is obesity is targeted as a cause to many health probs. Reduce obesity, health probs may reduce, less money on medical probs. Aggressive beh's-if changed & research results in reduction-decrease in m/health, injuries, family probs

Obesity - reduction leads to better physical health, reduces riks heart disease, cancer, diabetes. Mental health-improvement leads to better ed, less crime, breaks poverty cycle, higher chance emply, better phys health, reduces legal/illegal drug reliance

Prevention childhood obesity into adulthood. To do diabetes ed better, more cost effectively & universal service delivery to all over 40 for prevention.

Reduce risk of adult obesity and associated health problems. Increase child's self esteem, physical activity and learning oportunities.

research into obesity in children help reduce type11 diabetes & other health issues like heart disease, stroke. Managing obesity help to increase s/esteem, reduce anxiety/depression.

Research into obesity in children will impact on diseases related to obesity, ie heart disease, hypertension, diabetes. Research into anxiety & depression in young adolec could pinpoint ways to increase resilience & capability, prev mental health

Research into prevention diabetes thru exercise & good nutrition would impact on a large proportion of the population. Spin off would be improved physical activity, weight loss, impaired wellbeing.

Work away spouses-special short stints away from homes eg 2w on 2w off for families with young children. Not 6w on & 10 days off-more stable home supports, less divorce. Eating more nutritious, less expensive food. Sense achievement in making h/cooked foods.

Health education

Coping skills, availability of services, support. 2. free care, checks, education for 0-4 dental. Evidence for 1. universal/indicated prevention; 2. meaningful, effective early detection, 3. early intervention. All leading to Evidence Based Practice
Improved health ed/health care. resource allocation.

Increased perception safety & community feeling will allow group support & sharing health info- increased healthy activity & long term health

Parenting

Improve parenting skills of parents with limited positive parenting practices

Multidisciplinary approaches to early ID & their effectiveness on client outcomes/efficiency of resources. Lack of empowerment of parents-decreased outcomes of programs.

Often the psychosocial issues dominate the lifeskills of parents & health prom advice becomes too difficult for parents to deal with. Parenting skills are having a large effect on psychosocial & future parenting skills & ability to socialise to societal norms.

Prevention means early ID & getting in early to break negative parenting cycles. Research may indicate a more effective use of resources. This may mean more resources at key stages of development leading to savings & better outcomes later on.

Health Services

By the community ID their health needs, it will assist their health by directing our efforts to what they feel they need.

clients will be seen sooner & education/learning will not be at such a large risk!!

Create more effective prog's. Find new ways improving health-progs that are connected. Reduce STI/HIV/BBV adolesc & target groups. Improve self-esteem, self harm. Influence politicians re prev prog's. Ackn sexual health as priority health issue.

Employment of more speech pathologists particularly in educational settings.

Evidence for reducing wait times will direct funding into staff & resources to change this or into progs to combat this. Time allocation to families where parental ed low needs to be looked at. Need to be able to support these families

ntion; 2. meaningful, effective

F. Stanley has right idea between ed & health. B/Beginnings literacy prog a simple example where health can work coll with communities to make difference. Need to find effective ways/resources to reach out. Collect data, dev progs, give resources.

Follow up mental health clients. Integrate this role with early detection health, sensory motor school age ESL students, research measuring learning outcomes. Access mainstream allied health services, collab approach with ed dept

Highlight link between speech & lang & literacy. May increase funding for this area, push for speech paths in schools, ID need to work on phonological aware preliteracy early at school, early ID school literacy prog. At risk prog

Hope to show that increased community/outreach activities can result in stronger families/strengthened communities, costing society less in the long term.

ID core business of service providers & 1. Develop personal skill eg health ed 2. Build healthy policies eg support adol & families 3. Create supp. env's eg safe afford. access to service providers 4. Strength. comm action eg creatyouth social activ. 5. Inc serv & staff

ID&dev services in terms of location,integration,referral&cost,leading to improve in health of pop&equity.Dev of 2 tier ed prog 1.Adult-manage existing conditions2.Youth-prevent/delay dev of condition leading to symptom.Improve in foot health

Improve service

Info&research results not reaching people for informed decision making.A framework for best practice would help Public Health facilitate knowledge transfer.An audit tool would help practitioners in decision making,prog eval&operate within PHC principles

Middle ear path-improves systems of ID,prev&management to improve l/term outcomes r/tdev speech, lang&listening skills. School age lang difficulties-improved ID,management,interventionto improve l/term outcomes r/tsocial,emotional health,employment.

More resources may then be available for the clients.

Needs analysis to determine 1.severity health issue 2.resources available at staff specialised in areas 3. education programs and funding to help in prevention strategies.

Poor helth needs to look at issues of inequity to work with sectors outside health. To demonstrate how progs focussing on prevention are multistrategic&bring together workforce with range skills.To engage ATSI pop to empower local community.

Provide evidence for effective universal&indicated prev,meaningful&effective early detection,early intervention.To ensure our practice in evidence based in line with international.Improve health outcomes for child&families-Raise social/emot resilience

Provide evidence to justify reorientation h/service to focus on health prom&disease risk factor&physical activity.Facilitate partnerships between pop health&community health&put healthy lifestyle on agendaPrevention reduces diet diseases

Uncover projects already established that could be considered for implementation with the health service.

Waiting lists hopefully will be reduced

Elderly issues

IOverall, improved health in general! In an ageing population, exercise is vital to help improve general wellbeing, heart disease risk etc.

Lead to development pf programs to address falls in elderly&awareness back care. egbetter falls screening&balance classes&community awareness campaigns.

Aboriginal Health

Ab health-urban areas needs to be way in which Ab helped to better health.Probably by their own people&culturally approp wqay.Let's find the right way.

Aboriginal-effective programs developed in partnership with the community need to be developed&evaluated. Sexual health education programs in schools has the potential to reduce prevelence STD/HIV rates in future yrs.

Allow us to provide a meaningful&timely service to our extremely needy population. Help keep staff who are extremely dedicated but rapidly burning out.

Are these programs helping? What else can we do?

Change service delivery for Ab pop.Prev/raise early intervention for speech&lang delay.Provide info for health prof's working with Ab pop. Target prevention of child lang delay-reducing referrals. Find appropriate ways of dealing with Ab health issues&youth health issues in ways acceptable to clients. Ongoing funding for above and coord/integration between services/multidisc approach. research to best approach these.Would improve l/term pop health

If Ab health is researched & recommendations caome out of this. it may reduce helth inequities&improve the health of the group of people & increase their lifespan. Resources need to be looked at & possible increased.

Improve imm to Ab by asking clients how they feel about service provision. Increased imm could be achieved by mobile service. Free ental provision to preschoolers, free toothbrushes for attendance.

Involving Ab people in decision making/prog dev has empowering impact on community. More resouces&research into ID key strategies to engage Ab in plan/dev. Via audit, ID strategies/prog for poverty&improve social/ec det health. Helps planners add/improve

May result in a more general approach to improving the quality of Ab peoples lives & increase happiness in Ab peoples lives.

Maternal / childhealth

*Family dysf/children with beh/emotional/phys issues increasing, making large proportion paed cases&impact on type interv/outcomes. Better early ID models&support ofr paed allied health would help. Quality-all new progs need eval built in-need time&effort

Better understanding causes/continuing factors leading to child distress used to plan effective interv on a global leveleg PPP. More successful prog's to prevent unprotect sex&teen preg's based on research into adolesc sexual beh's&effect interve

Could ID gaps in the population's knowledge about general health issues and child development, which could led to improved prevention strategies/education.

Early ID. Validate&provide evidence for our current area of work. To keep up to date with international standards&practices for infant&mental health. Reduce PND, child abuse, marriage stress/breakdown, demand for school health services esp beh issues

encoporesis-many children seem have bowel probs, what reason? Highlight problem-cause. What can we do to educate parent about normal development-diet, exercise. Therefore less need for problems in later life.

Establishing a relationship prior to the birth of a baby allows access postnatally to high risk mothers. Also allows for health ed, support, ID individual needs&need for referral

From young age, if children developed good coping&life skills eg friendship building, conflict res, as teens/adults have a huge effect on health. Delivery existing health ed needs attn. Early ID mental h strategies

Happier parent if we could help parents interact well with their children-children with healthy self esteem-stable mental health.

If this research shows need for parental ed of school age children, family relationships should improve, reduced child mental health probs. Improved ed & making easier for parents to provide healthy food&play outside-reduce obesity

Improve A/N ID of depression. Improve parenting experiences, maternal infant

attach, confidence&s/esteem parents, all reduce child abuse stats. Improve overall support for young families-reduces stress affecting children&learn.

Improve time with at risk mother&family (Social issues). U/employment-impact on long term child dev&family issues.

mental health impacts on ongoing child learning. Some school progs running address these issues in small way but prev better than cure. More time/resources needed& giving children coping skills. Parent progs ID benefits early interv&support parents/child opt

mental health research would ID needs possibly staff shortcomings, provide opportunity staff dev. Impact on family wellbeing. Encourage parent/child relationships. Reduce PND, adjustment to parenting. Effectiveness service provide adeq Bfsupport

Strategies developed to improve supports already in place. Funding for continuation or expansion eg new mother supports, PND supports, BF supports, availability Lactation consultants.

Volunteer recognition. Will normalise CMP to increase 1st time mother acceptability. I Will icrease volunteer no's. Will help shift consumer perception of child health nurses weighing babies.

Evidence shows CMP families have better dev, nutr. emot. outcomes

Family issues

By providing evidence to back up primary health care work ie validate what many practitioners are already doing in terms of service to children&families. Research-increased funding for prog's: reduce family stress, marital breakdown, improvesocial, cognitive, ph

Family culture&role modelling changes leads to failure to parent&model approp. TV meals, poor dietary habits, lack interaction/communication. A diary of child/parent beh from 3.30-8pm measuring interaction a good study.

More focus on improving emotional health. Will have knock on effect of improving overall family health. Develop ideas to provide support&systems to replace the old extended family&to provide necessary support families need to achieve optimum emot health

Sexual health-may decrease unplan preg, increase knowledge STD&avail family planning&choices.

Sexual issues-increase in employment/training/education, increase healthy relationships, provide more spec services&staffing

validate effective practice. Up to date at an international level. universal&indicated progs to be developed. Early ID&early interv. Reduced PND, marriage&family breakdown, child abuse.

Lifestyle

ID barriers to participation in health activity&eating healthy diet will guide prog dev across all ages&have positive impact on chronic disease. Ab&CALD not accessing comm health services.

Research to ID barriers and prog development.

ID key areas that need to be addressed to promote behaviour change towards better health. ID key issues that need to be addressed within the community to promote better health

eg employment, ed, access to health.

Increased awareness healthy lifestyle issues from grassroot level. 1. Fostering partnerships with comm agencies 2. Better understanding and dealing with mass media r/thealth prom 3. Improve access to services/prog's.

Needs sustained&repeated activity to change behaviour incl education. School venue for generational change.

Reduction in population at risk chronic disease. Healthy lifestyle would be more acceptable to society.

ATTACHMENT D

Survey of Research Priorities in the
South Metropolitan Population Health Service
Round 2 of Delphi Study

February 2004

Dear Colleague,

The first round of the Delphi study examining research priorities in the South Metropolitan Population Health Service has been completed. We would be pleased if all staff would now complete the second round of questionnaire. This is important regardless of whether or not you were able to complete the first round.

From the first round, responses were categorised and the resulting issues are now presented. This questionnaire asks you to rank the topics, in order of priority, that you believe need to be researched in population health. The benefit of a Delphi study is that everyone in the South Metropolitan Health Service has input into identifying the research priorities for the area and that each individual has representation. As such, it is important that you take the time to respond to this questionnaire.

There is no need to include your name on the survey and all data will be kept confidential. The findings will be used to compile a report on the research priorities in the South Metropolitan Population Health Service.

Please forward the completed questionnaire to Woodside by 19th March in the envelope provided. **If you have any questions concerning the study please contact a member of the research team:**

Dr Saras Henderson, Ph: 9339 1362, mobile 0413585277

Associate Professor Jill Downie, Ph: 93391362, 92663024

Ms Dianne Juliff, Ph: 93391362, mobile 0404890210

Thanking you in anticipation

ATTACHMENT E

**SURVEY OF RESEARCH PRIORITIES IN THE SOUTH METROPOLITAN
POPULATION HEALTH SERVICE
Round 2 of Delphi Study**

ID Code (Office Use Only)

Demographic Data

The following questions relate to demographic data

Please answer the questions by filling in the space provided or ticking the box

1. What is your age in years? _____ years

2. Describe your highest level of education?

Hospital based nursing

Tertiary degree

Postgraduate degree

Other (Specify) _____

3. Other courses undertaken or qualifications attained?

4. How many years post initial qualification working experience have you had?

_____ years

5. How many years experience have you had working in *community/public* health?

_____ years

You may tick more than one box in answering the following question

6. What is your current position?

School Health Nurse Speech Pathologist Physiotherapist

Child Health Nurse Paediatrician Podiatrist

Generalist Nurse Social Worker Dietitian

Clinical Psychologist Audiologist Diabetes Ed

Occupational Therapist Health Promotion Other (Specify)

Public Health Liaison Officer _____

Aboriginal Health Worker Asthma Ed

7. What is your current level of employment? Example

Registered nurse Level_____

HSOA Level_____

Senior Registered Nurse Level_____

Aboriginal Health Worker Level _____

Enrolled nurse Level _____

Other (Specify)_____

8. What Program/s do you work in? **You may tick more than one box**

0-8 years

Other (Specify)_____

Youth (9-25 years)

Adult (25>)

9. Do you work?

Full time

Part time

Casual

10. What region of the South Metropolitan Health Service do you belong to?
(eg. Armadale, Fremantle, Peel/Rockingham/Kwinana, or area wide role)

Round 2 Delphi questions

The following questions relate to research priorities within the South Metropolitan Population Health Service (SMPHS). With respect to primary health care principles please answer the following questions that may relate to universal prevention, high risk clients or targeted clients

The following is a list of important health issues that have been identified from Round One of the Delphi Study. According to how important you believe these Health issues to be, please rate the following topics from lowest (1) to highest (8).

MENTAL HEALTH

YOUTH HEALTH

HEALTH SERVICE REORIENTATION

PARTNERSHIP

ELDERLY ISSUES

ABORIGINAL HEALTH

FAMILY HEALTH

LIFESTYLE ISSUES

Below is a list of the research topics under the eight distinct headings, which have been identified from Round One of the Delphi Study.

According to how important you believe it is to research these topics, please rate the following statements from lowest (1) to highest (7) by circling the corresponding number or response.

MENTAL HEALTH

- 1.** Explore strategies for increased mental health wellbeing in the community.

| | Lowest | | | | | | Highest |
|--|---------------|---|---|---|---|---|----------------|
| What is the value of this topic for population health? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| What is the impact of this topic on client care? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Should SMPH research this topic? | Yes / No | | | | | | |

- 2.** Explore the feasibility of providing education on coping skills in schools to decrease the incidence of mental illness in later life (eg depression).

| | Lowest | | | | | | Highest |
|---|---------------|---|---|---|---|---|----------------|
| What is the value of this topic for population health | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| What is the impact of this topic on client care? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Should SMPH research this topic? | Yes / No | | | | | | |

YOUTH HEALTH

1. Explore stress and depression in adolescents.

| | Lowest | | | | | | Highest |
|--|---------------|---|---|---|---|---|----------------|
| What is the value of this topic for population health? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| What is the impact of this topic on client care? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Should SMPH research this topic? | Yes / No | | | | | | |

3. Examine drug and alcohol use in adolescents.

| | Lowest | | | | | | Highest |
|--|---------------|---|---|---|---|---|----------------|
| What is the value of this topic for population health? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| What is the impact of this topic on client care? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Should SMPH research this topic? | Yes / No | | | | | | |

4. Explore sexual health education programs in high schools.

| | Lowest | | | | | | Highest |
|--|---------------|---|---|---|---|---|----------------|
| What is the value of this topic for population health? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| What is the impact of this topic on client care? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Should SMPH research this topic? | Yes / No | | | | | | |

5. Determine mental health resilience and coping skills in daily life.

| | Lowest | | | | | | Highest |
|--|---------------|---|---|---|---|---|----------------|
| What is the value of this topic for population health? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| What is the impact of this topic on client care? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Should SMPH research this topic? | Yes / No | | | | | | |

6. Develop an ‘at risk’ tool to determine youth who are vulnerable to antisocial behaviour.

| | Lowest | | | | | | Highest |
|--|---------------|---|---|---|---|---|----------------|
| What is the value of this topic for population health? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| What is the impact of this topic on client care? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Should SMPH research this topic? | Yes / No | | | | | | |

7. Examine ways to teach/educate adolescents to improve self- esteem, reduce self harm.

| | Lowest | | | | | | Highest |
|--|---------------|---|---|---|---|---|----------------|
| What is the value of this topic for population health? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| What is the impact of this topic on client care? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Should SMPH research this topic? | Yes / No | | | | | | |

8. Examine ways to improve school attendance for students at all levels of academic studies.

| | Lowest | | | | | | Highest |
|--|---------------|---|---|---|---|---|----------------|
| What is the value of this topic for population health? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| What is the impact of this topic on client care? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Should SMPH research this topic? | Yes / No | | | | | | |

9. Identify the Incidence/prevalence of sexually transmitted disease.

| | Lowest | | | | | | Highest |
|--|---------------|---|---|---|---|---|----------------|
| What is the value of this topic for population health? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| What is the impact of this topic on client care? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Should SMPH research this topic? | Yes / No | | | | | | |

HEALTH SERVICE REORIENTATION

1. Determine the effectiveness of programs to enhance community awareness of dental health.

| | Lowest | | | | | Highest | |
|--|---------------|---|---|---|---|----------------|---|
| What is the value of this topic for population health? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| What is the impact of this topic on client care? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Should SMPH research this topic? | Yes / No | | | | | | |

2. Explore relevant programs for healthy lifestyle (eg walking and exercise programs).

| | Lowest | | | | | Highest | |
|--|---------------|---|---|---|---|----------------|---|
| What is the value of this topic for population health? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| What is the impact of this topic on client care? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Should SMPH research this topic? | Yes / No | | | | | | |

3. Identify factors that promote community social and emotional wellbeing.

| | Lowest | | | | | Highest | |
|--|---------------|---|---|---|---|----------------|---|
| What is the value of this topic for population health? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| What is the impact of this topic on client care? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Should SMPH research this topic? | Yes / No | | | | | | |

4. Evaluate educational programs to increase drug and alcohol awareness in the community.

| | Lowest | | | | | Highest | |
|--|---------------|---|---|---|---|----------------|---|
| What is the value of this topic for population health? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| What is the impact of this topic on client care? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Should SMPH research this topic? | Yes / No | | | | | | |

5. Explore a framework for best practice in public health via an audit tool.

| | Lowest | | | | | Highest | |
|--|---------------|---|---|---|---|----------------|---|
| What is the value of this topic for population health? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| What is the impact of this topic on client care? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Should SMPH research this topic? | Yes / No | | | | | | |

6. Needs assessment to determine education programs and funding to help in Early prevention strategies.

| | Lowest | | | | | Highest | |
|--|---------------|---|---|---|---|----------------|---|
| What is the value of this topic for population health? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| What is the impact of this topic on client care? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Should SMPH research this topic? | Yes / No | | | | | | |

7. Explore the need to employ more speech pathologists in schools.

| | Lowest | | | | | Highest | |
|--|---------------|---|---|---|---|----------------|---|
| What is the value of this topic for population health? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| What is the impact of this topic on client care? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Should SMPH research this topic? | Yes / No | | | | | | |

8. Identify ways to reduce wait times for referrals (eg specialist services).

| | Lowest | | | | | Highest | |
|--|---------------|---|---|---|---|----------------|---|
| What is the value of this topic for population health? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| What is the impact of this topic on client care? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Should SMPH research this topic? | Yes / No | | | | | | |

9. Research learning outcomes for students with English as Second Language (ESL) in conjunction with the Education Department.

| | Lowest | | | | | Highest | |
|--|---------------|---|---|---|---|----------------|---|
| What is the value of this topic for population health? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| What is the impact of this topic on client care? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Should SMPH research this topic? | Yes / No | | | | | | |

10. Identify services in terms of location, integration, referral and cost to improve health of the population and promote equity.

| | Lowest | | | | | Highest | |
|--|---------------|---|---|---|---|----------------|---|
| What is the value of this topic for population health? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| What is the impact of this topic on client care? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Should SMPH research this topic? | Yes / No | | | | | | |

PARTNERSHIP

1. Determine availability of services to enhance coping skills in disadvantaged families.

| | Lowest | | | | | Highest | |
|--|---------------|---|---|---|---|----------------|---|
| What is the value of this topic for population health? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| What is the impact of this topic on client care? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Should SMPH research this topic? | Yes / No | | | | | | |

2. Identify strategies to increase services for youth.

| | Lowest | | | | | Highest | |
|--|---------------|---|---|---|---|----------------|---|
| What is the value of this topic for population health? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| What is the impact of this topic on client care? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Should SMPH research this topic? | Yes / No | | | | | | |

ELDERLY ISSUES

1. Explore factors impacting social isolation.

| | Lowest | | | | | Highest | |
|--|---------------|---|---|---|---|----------------|---|
| What is the value of this topic for population health? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| What is the impact of this topic on client care? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Should SMPH research this topic? | Yes / No | | | | | | |

2. Identify ways to improve health in the elderly.

| | Lowest | | | | | Highest | |
|--|---------------|---|---|---|---|----------------|---|
| What is the value of this topic for population health? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| What is the impact of this topic on client care? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Should SMPH research this topic? | Yes / No | | | | | | |

3. Examine available programs to address falls in the elderly.

| | Lowest | | | | | | Highest |
|--|---------------|---|---|---|---|---|----------------|
| What is the value of this topic for population health? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| What is the impact of this topic on client care? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Should SMPH research this topic? | Yes / No | | | | | | |

ABORIGINAL HEALTH

1. 'Aboriginal effective' health education programs to be identified and deployed.

| | Lowest | | | | | | Highest |
|--|---------------|---|---|---|---|---|----------------|
| What is the value of this topic for population health? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| What is the impact of this topic on client care? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Should SMPH research this topic? | Yes / No | | | | | | |

2. Determine ways to deliver culturally appropriate programs.

| | Lowest | | | | | | Highest |
|--|---------------|---|---|---|---|---|----------------|
| What is the value of this topic for population health? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| What is the impact of this topic on client care? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Should SMPH research this topic? | Yes / No | | | | | | |

3. Research into Aboriginal physical and mental wellbeing to reduce mortality/morbidity rates and inequity.

| | Lowest | | | | | | Highest |
|--|---------------|---|---|---|---|---|----------------|
| What is the value of this topic for population health? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| What is the impact of this topic on client care? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Should SMPH research this topic? | Yes / No | | | | | | |

4. Research into identifying key strategies to engage Aboriginal people in planning, decision-making, and development of programs.

| | Lowest | | | | | | Highest |
|--|---------------|---|---|---|---|---|----------------|
| What is the value of this topic for population health? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| What is the impact of this topic on client care? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Should SMPH research this topic? | Yes / No | | | | | | |

5. Evaluate existing Aboriginal programs to determine their effectiveness.

| | Lowest | | | | | | Highest |
|--|---------------|---|---|---|---|---|----------------|
| What is the value of this topic for population health? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| What is the impact of this topic on client care? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Should SMPH research this topic? | Yes / No | | | | | | |

FAMILY HEALTH

1. Investigate the need to develop early intervention programs to enhance speech and language.

| | Lowest | | | | | | Highest |
|--|---------------|---|---|---|---|---|----------------|
| What is the value of this topic for population health? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| What is the impact of this topic on client care? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Should SMPH research this topic? | Yes / No | | | | | | |

2. Develop a tool to measure speech and language literacy in primary school.

| | Lowest | | | | Highest | | |
|--|---------------|---|---|---|----------------|---|---|
| What is the value of this topic for population health? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| What is the impact of this topic on client care? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Should SMPH research this topic? | Yes / No | | | | | | |

3. Identify factors to decrease Postnatal Depression.

| | Lowest | | | | Highest | | |
|--|---------------|---|---|---|----------------|---|---|
| What is the value of this topic for population health? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| What is the impact of this topic on client care? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Should SMPH research this topic? | Yes / No | | | | | | |

4. Identify factors to increase breastfeeding in young mothers.

| | Lowest | | | | Highest | | |
|--|---------------|---|---|---|----------------|---|---|
| What is the value of this topic for population health? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| What is the impact of this topic on client care? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Should SMPH research this topic? | Yes / No | | | | | | |

5. Identify factors that increase child’s self esteem, physical activity and learning opportunities.

| | Lowest | | | | Highest | | |
|--|---------------|---|---|---|----------------|---|---|
| What is the value of this topic for population health? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| What is the impact of this topic on client care? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Should SMPH research this topic? | Yes / No | | | | | | |

6. Explore factors that decrease teenage pregnancy rates.

| | Lowest | | | | Highest | | |
|--|---------------|---|---|---|----------------|---|---|
| What is the value of this topic for population health? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| What is the impact of this topic on client care? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Should SMPH research this topic? | Yes / No | | | | | | |

7. Identify issues that lead to domestic violence in order to improve family life and wellbeing.

| | Lowest | | | | Highest | | |
|--|---------------|---|---|---|----------------|---|---|
| What is the value of this topic for population health? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| What is the impact of this topic on client care? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Should SMPH research this topic? | Yes / No | | | | | | |

8. Explore parenting skills in families.

| | Lowest | | | | Highest | | |
|--|---------------|---|---|---|----------------|---|---|
| What is the value of this topic for population health? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| What is the impact of this topic on client care? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Should SMPH research this topic? | Yes / No | | | | | | |

9. Examine the impact of unemployment on family wellbeing.

| | Lowest | | | | Highest | | |
|--|---------------|---|---|---|----------------|---|---|
| What is the value of this topic for population health? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| What is the impact of this topic on client care? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Should SMPH research this topic? | Yes / No | | | | | | |

- 10.** Examine ways to teach positive parenting skills to raise self esteem and mental health in teenage mums.

| | Lowest | | | | | Highest | |
|--|---------------|---|---|---|---|----------------|---|
| What is the value of this topic for population health? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| What is the impact of this topic on client care? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Should SMPH research this topic? | Yes / No | | | | | | |

- 11.** Examine programs in the community to reduce family stress, marital breakdowns and child abuse.

| | Lowest | | | | | Highest | |
|--|---------------|---|---|---|---|----------------|---|
| What is the value of this topic for population health? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| What is the impact of this topic on client care? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Should SMPH research this topic? | Yes / No | | | | | | |

- 12.** Determine the need to develop support systems to replace the ‘old extended family’ in order to provide support for families to promote emotional health and wellbeing.

| | Lowest | | | | | Highest | |
|--|---------------|---|---|---|---|----------------|---|
| What is the value of this topic for population health? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| What is the impact of this topic on client care? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Should SMPH research this topic? | Yes / No | | | | | | |

LIFESTYLE

- 1.** Explore factors surrounding childhood obesity in Australia.

| | Lowest | | | | | Highest | |
|--|---------------|---|---|---|---|----------------|---|
| What is the value of this topic for population health? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| What is the impact of this topic on client care? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Should SMPH research this topic? | Yes / No | | | | | | |

- 2.** Research into lifestyle related to chronic diseases via physical activity and good nutrition.

| | Lowest | | | | | Highest | |
|--|---------------|---|---|---|---|----------------|---|
| What is the value of this topic for population health? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| What is the impact of this topic on client care? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Should SMPH research this topic? | Yes / No | | | | | | |

- 3.** Identify barriers to participation in health activity and eating healthy diet to obtain positive impact on chronic disease.

| | Lowest | | | | | Highest | |
|--|---------------|---|---|---|---|----------------|---|
| What is the value of this topic for population health? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| What is the impact of this topic on client care? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Should SMPH research this topic? | Yes / No | | | | | | |

4. Identify key areas that need to be addressed to promote behaviour change towards better health.

| | Lowest | | | | Highest | | |
|--|---------------|---|---|---|----------------|---|---|
| What is the value of this topic for population health? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| What is the impact of this topic on client care? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Should SMPH research this topic? | Yes / No | | | | | | |

5. Examine ways to increase awareness of healthy lifestyle issues for all ages.

| | Lowest | | | | Highest | | |
|--|---------------|---|---|---|----------------|---|---|
| What is the value of this topic for population health? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| What is the impact of this topic on client care? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Should SMPH research this topic? | Yes / No | | | | | | |

Thank you for your time

Please put completed questionnaire in the self-addressed envelope provided and send it back to the researchers by 19th March.