



Evaluation in PRISM

Evaluation was planned with a number of components.

Process and impact evaluation

Process evaluation examines the reach of an intervention, how well it is implemented, the quality of its components and the satisfaction of various groups associated with it. Impact evaluation examines the immediate effect of the intervention and the achievement of its objectives. In PRISM we sought information on:

- participation in, and participant views of, the training programs for maternal and child health nurses and general practitioners;
- uptake of vouchers offered to mothers in the information kits;
- views of mothers about the value of the information kits and the responsiveness of maternal and child health nurses and general practitioners;
- the range and nature of befriending opportunities initiated and/or promoted for mothers;
- views of maternal and child health nurses and general practitioners about participating in PRISM;
- initiation/development of collaborative activities in primary care, particularly between GPs and maternal and child health nurses;
- how the Community Development Officers saw the intervention unfolding in each community (collected in records of conversations with the PRISM co-ordinators and in PRISM team meetings);
- the Steering Committee's views of the project (mid-project postal survey);
- the views of other key informants and parties (mid-project postal survey); and
- how the local media portrayed issues for mothers during the project.

Outcome evaluation

Outcome evaluation assesses the goal of the intervention, in our case, to have a measurable improvement in maternal health. In both intervention and comparison communities postal surveys of all mothers who gave birth over an 18 month period beginning in February 2000, measured:

at six months after birth:

- maternal physical health (utilising the SF 36 a well validated health status measure, plus individual items relating to particular health issues)
- the prevalence of maternal depression (utilising the Edinburgh Postnatal Depression Scale)
- women's views and experiences of contacts with health services
- women's views about their own health and recovery after childbirth, and strategies for dealing with health issues
- women's views about how mother-friendly their local communities are

at two years after birth:

- the prevalence of depression and physical health status
- women's experiences of health issues and their contacts with health services
- women's views of their local communities
- measurement of toddler temperament (utilizing the Australian Toddler Temperament Questionnaire)
- measurement of parenting stress (utilizing the Parenting Stress Index – Short Form)
- women's experience of life with a two year old (utilising the Experience of Motherhood Questionnaire)

Context evaluation: Mapping State and Commonwealth policies and programs to promote maternal health

It is important in a project like PRISM, occurring over a number of years, that we are able to describe the context in which the study is happening and any important changes which may have occurred in service delivery in participating communities (both intervention and comparison) over the study period. Mapping State and Commonwealth policies and programs relevant to the health of mothers has been undertaken, so that the outcomes of PRISM can be viewed in the context of broader developments and changes in the service delivery system.

Context evaluation: Assessment of activity in comparison communities

A final component of evaluation in PRISM has involved the monitoring and assessment of activities relevant to maternal health in comparison communities during the PRISM study period. Collection of publicly available council documents, a brief survey about maternal and child health service delivery to maternal and child health team leaders, monitoring of local press coverage of mothers' issues and documentation of GP divisional activities formed part of this aspect of evaluation.