

## Valuing prevention: finding common ground

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With help from Lauren Cordwell and Jackie Mansourian

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The Conference Pears made many fruitless attempts to send and receive e-mails on their new Blackberries...



## Health Issues Centre

- Independent NGO,
- Board = consumers & health workers
- Consumer participation support, training, planning research
- policy analysis / advocacy
- Health Issues journal, eNews, library
- [www.healthissuescentre.org.au](http://www.healthissuescentre.org.au)  
(now incorporates www.participateinhealth.org.au)

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## Key messages

- Community members value prevention but not necessarily the 'what' or 'how'
- Community members want to be part of the solution and the decision-making
- Equitable outcomes are valued by most

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## Consumers / Community members overlap

- Consumers ....all people who use health services (or sometimes who could use...)
- Carers .... Family and friends
- Community members are any people from the community who have an interest in their own health or the way that their health and other community service systems are planned, developed and delivered
- Taxpayers and citizens

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## 1- People value prevention

- Many consultations/studies show this, eg Australian Health Care Reform Alliance consultation in 2007:
- Third most important feature of future health system (after accessible and equitable) was:
  - A stronger focus on prevention
    - 'prevention should have a higher priority than cure'
    - 'promotes health, not just treats illness'
- Echoed by range of other similar exercises (Capp, Wiseman)

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## Community supports by willingness to change too

- ☑ Citizens have accepted (and sometimes led) considerable changes to prevent accidents and ill-health in last 30 years, eg
  - ☑ Smoking rates
  - ☑ Safe sex
  - ☑ Changed diets
  - ☑ Changed attitudes, eg to domestic violence, bullying
  - ☑ Driving and drinking

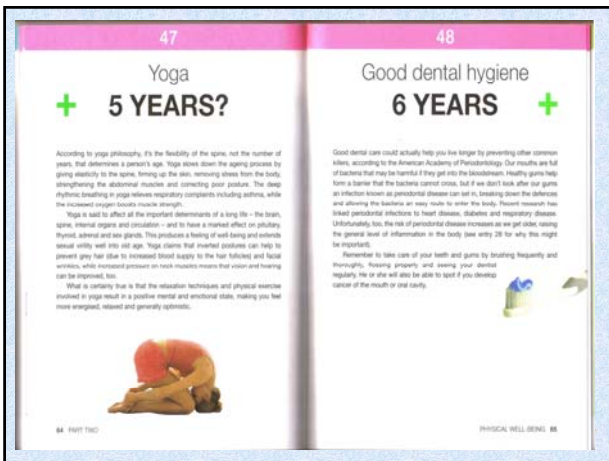
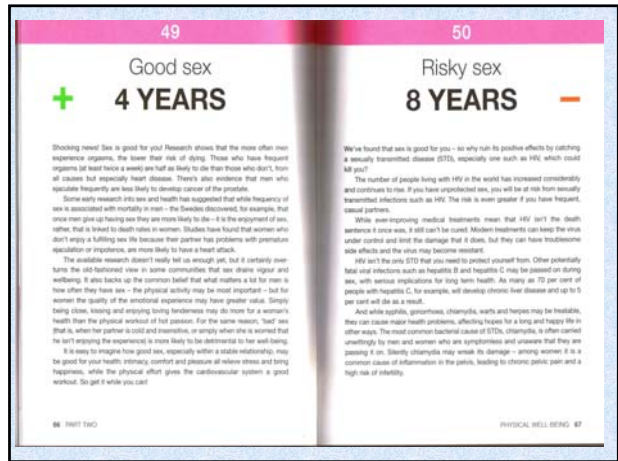
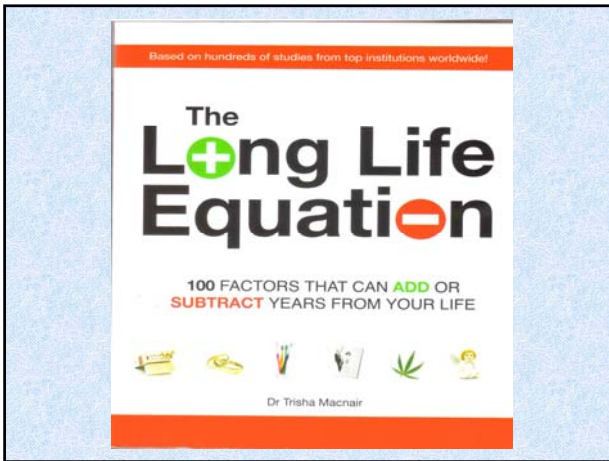
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## Preventing what?

- ☑ The community can be divided on what it sees as important to prevent
  - ☑ Obesity?
  - ☑ Lack of exercise?
  - ☑ Poverty?
  - ☑ Violence?
  - ☑ Social isolation?
  - ☑ Racism?

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## Good but not preventable

- ☑ Long living parents (+10)
- ☑ Being a woman (+10)
- ☑ Bad jeans (-10)
- ☑ Sorry, bad genes (-10)
- ☑ Stay short! (+5)

## Difficult to influence

- ☑ Happiness (+9),
- ☑ Faith (+7)
- ☑ Optimism (+8)
- ☑ Marriage (+7)
- ☑ Divorce (-3)

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## Possible to influence?

- ☑ Sense of community (+6)
- ☑ Red wine (+3)
- ☑ Binge drinking (-3)
- ☑ Cancer (-3)
- ☑ Low self esteem (-4)
- ☑ Couch potato (-8)
- ☑ Smoking (-8)

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- ☑ Mediterranean diet (+5)
- ☑ Yoga (+5)
- ☑ Physical exercise (+4)

- ☑ Stress (-2)
- ☑ Workplace hazards (-4)
- ☑ Depression (-5)
- ☑ Heart disease (-7)

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## Preventing what?

- ☑ Not enough sleep (-5)
- ☑ Good sex (+4)
  - ☑ (maybe its worth it?)

- ☑ Recreational drugs (-4)
- ☑ Extreme sports (-5)
  - ☑ Don't tell the kids

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## Spot the problem



- ☑ But people have a more holistic view of their health than implied by these risk factors

- ☑ Who's main goals in life are covered by any of those last set of risk factors above

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## What is your service doing #1?

- How are you taking opportunities to build upon this support for preventive activity?
- Are you working with people in a holistic way, addressing the issues your community and consumers think are important?
- Are you leading not waiting?
- Are you partnering not pushing?
- Are you advocating?

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## 2 - Equitable outcomes are valued by most

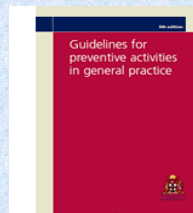
- Citizens value equity and want equitable outcomes
- Eg three themes emerged from a review of literature on citizen engagement by HIC .
  - Citizens want to be involved in priority setting for health
  - Citizens identify equity and access as issues of significant importance.
  - Citizens want greater emphasis placed on prevention

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## What is your service doing #2?

- To work with the most disadvantaged?
  - Building capacity of disadvantaged groups
  - Culturally appropriate programs
  - Young mother education / support sessions
  - For GPs to routinely use the RACGP Red Book
- To use your power and influence
  - Advocating for fluoridation with local groups



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## 3- People want to be part of solution and decision-making

- This evident at range of levels
- Want more information (PWP's / IPP's)
- Want more decision-making
- at different levels, including prevention (but often don't know how)
- Difficult to understand system
  - among most complicated health system in world
- Community has different agendas

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## Various consumer/community roles

### Citizens as:

- Drivers** (eg in breast cancer field, complaints processes, better information, privacy legislation, violence against women, culturally appropriate health care)
- Collaborators** (eg HIV/AIDS services and prevention, cancer service reform, walking buses)
- Contributors** (with knowledge not held by providers, eg community priorities and norms, understanding of experiences of receiving services or undertaking preventive behaviours, safer driving)

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## But joined up approach, not necessarily on single issue

- Empowering approach
- Improving capacity (and health literacy)
- Focus on issues as community sees them, not health services (although may well overlap)
  - Eg community safety, a place to meet, to share culture
- Exact issue may not matter, eg
  - SW Health Care consumer involvement in mental health clinician training
  - Residency security (Darebin CH work with Iraqi TPV community)

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## Relationships crucial - not just one night stands

- North Yarra Community Liaison Committee Forum
- Western Region Health Centre work with newly emerging communities (eg nutrition peer education)
- Gippsland Lakes CHS work with Indigenous Communities (through Lakes Entrance Koori Elders Group)
- Western District Sustainable Farming Families, and
- 10MMM The 10MMM (Multi Media Mayhem) project since 2002 Talking Families Talking Cultures Program at Dousta Galla
- Good Food-Great Kids in partnership with local Indigenous Elders at Yarra Valley Health
- Prahran Second Storey
- Choirs (eg of Hard Knocks)
- And a long way back
- Molar Energy Campaign
- Hep B immunisation with Vietnamese community
- West Brunswick, Dunstan Reserve as focus for community building

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## What is your service doing #3?

- To build long term relationships?
- To work on community's issues , not just narrow 'health' issues?
- To integrate consumer, community participation, health promotion, community engagement, membership and 'organisational citizenship'?

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## Although there is always more to do....

### NSW Milk Bar story

- Sandwiches
- Drinks
- Smokes

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Sandwiches

Drinks



Ammo

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## More Information on participation

[www.healthissuescentre.org.au](http://www.healthissuescentre.org.au)

- Including hundreds of articles and resources re participation material

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## END OF PRESENTATION

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## Extra slides if needed

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## Levels of participation

- Individual – on decisions about own care, self management
- Program – feedback, service improvement, new care approaches
- Organisational – policy, new services, access, staff selection, Quality Committee, Community Advisory Committee
- Community, statewide – in support / advocacy in consumer and community groups/organisations, broader networks, statewide organisations, government department processes inc influencing policy, resource allocation

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## .. at community/regional/national level

- Community Consultative Committee (Medical Practitioners Board Victoria)
- Consumers on national committees eg Cancer Australia – consumers/carers involved in all 23 committees, and supported to do so
- Consumer organisations (eg HCRRA, CHF, Cancer Voices)
- Citizens Juries-priority setting/resource allocation (SW WA)
- Broad engagement exercises to elicit broad principles for system change, resource allocation etc (eg Australian Health Care Reform Alliance proposal)
- Consumers Health Queensland (Ministerial advisory committee)

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## Limited health literacy

- The ABS 2006 Adult Literacy and Life Skills Survey showed **60% of Australians have limited health literacy** (scoring 1-2 or a five point scale).
- (Level 3 is regarded as the “minimum required for individuals to meet complex demands of everyday life and work in the emerging knowledge based economy)

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## Multiple complementary methods

- Citizens juries
- Deliberative councils
- Televoting
- Consumers on committees
- Focus groups
  
- Distinct audiences:
  - Citizens (select randomly)
  - High-use consumers (via consumer groups)
  - Under-users (eg homeless)

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