

# Submission to Our Healthcare Future

## Immediate Actions and Consultation Paper

**Public Health Services, 19 February 2021**

## Summary of Recommendations

### Introduction – General Comments

#### Recommendation:

1. Greater clarity around prevention across the continuum of healthcare, and collaboration with Local Government and community sector organisations.
2. Leverage from existing Tasmanian health and wellbeing focused cross-sector platforms already in place through Public Health initiatives.
3. Clearly articulate and recognise the roles of public health and prevention across the continuum of health.

### What are the key issues impacting healthcare in Tasmania in 2020 and beyond?

#### Recommendation:

4. Recognise the predicted impact of climate change on health and healthcare systems and incorporate relevant actions, including from the Tasmanian Climate Change and Health Roundtable into next steps.

### I. Improvement area I Better Community Care- Reform Initiative

#### Recommendation:

- 1.2.1 Acknowledge and build on the strengths of existing local health and community services, including local government. Build on existing community infrastructure and networks to support health.
- 1.2.2 Develop policy and practices that are respectful of identity, culturally safe and timely. This includes patient records and identifiers that acknowledge the person's identity preference.
- 1.2.3 Implement the recommendations and actions from the Aboriginal cultural respect framework, and from other groups including the LGBTIQ+ community.
- 1.2.4 Advocate for the implementation of Anticipatory Care recommendations, including the proposal to develop local Health Connector Hubs under the next Healthy Tasmania strategy.
- 1.4.1 Invest in community-based care pathways
- 1.5.1 Consult with a diverse range of consumers about the use of telehealth in Tasmania.
- 1.5.2 Invest in accessing a diverse and truly indicative consumer voice about the use of telehealth in Tasmania.

- 1.10.1 Embed cultural competency, health literacy and consumer centred care in roles and accreditation processes, show commitment through leadership and valuing this way of working.
- 1.12.1 Trial Health Connectors as per findings of Anticipatory Care Project.
- 1.12.2 Invest and implement Health Literacy action plan system wide.

## **Improvement area 3 Planning for the Future**

### **Recommendation:**

- 3b.1.1 Further define the public health and prevention workforce and their role across the healthcare system.

Implement strategies to employ more Aboriginal people across the registered health professions in Tasmania. It is essential to include strategies to improve the cultural competence and reflective practice of the health workforce to create culturally safe health services, environments and workplaces for Aboriginal people.

- 3b.4.1 Support and encourage embedded research practices (such as translational research projects) e.g. Anticipatory care action project with ongoing training and development opportunities, including to build systems thinking capacity.
- 3b.4.2 Recognise, support and promote (through recognition and award programs) the significant role of community-based organisations that support health and wellbeing.
- 3b.4.3 Organisational policy that supports culturally safe and responsive practice in health services and systems, including support for training and professional development towards cultural capabilities.
- 3b.4.4 Establish new and improve existing partnerships with Aboriginal and Torres Strait Islander Health Organisations (ACCHOs) to collaborate and share best practice in supporting health professionals to provide culturally safe and responsive health services to communities.

## Introduction

Public Health Services (PHS) welcomes the opportunity to contribute to the Our Healthcare Future process. We work with government and communities to protect and promote good health and prevent disease and injury.

We work to

- protect Tasmanians from public and environmental health hazards
- prevent and reduce chronic diseases and injuries
- prepare for and respond to public health emergencies like pandemics
- promote good health
- reduce inequalities in health.

Our submission is in line with the priorities in our strategic plan:

- Protecting health
- Building and sharing evidence
- Improving health and wellbeing and reducing the effect of chronic conditions.
- Encouraging healthy liveable communities

Tasmanian Government's commitment to prevention is incorporated in the *Healthy Tasmania Strategic Plan*. This plan is led by Public Health Services and is currently being renewed in consultation with key stakeholders. The new Healthy Tasmania Strategic Plan with support a comprehensive approach to promotion of health and prevention of avoidable ill health across the healthcare system.

The structure of this submission is in two parts. Firstly, we provide general comments for consideration on the issues facing Tasmania's health system. Secondly, we respond to specific questions. We welcome the opportunity to discuss our submission and contribute to the development of next steps. We have kept our submission brief and our purpose is to signal areas where we can provide further input.

## General Comments:

We will continue to work together as one health system to deliver healthcare in a COVID-19 environment.

The COVID-19 pandemic re-set healthcare in 2020 and beyond, and made the work of public health and prevention visible and prominent within the healthcare system.

Our key health partners in prevention work include local government and community sector organisations. Local government's role in health includes water quality, food safety, sanitation, immunisation, facilitating community connections, community engagement, provision of community infrastructure to support healthy lifestyles, and preventive health programs. Public Health commissions a range of preventive health activities from community sector organisations.

Public health practice is about 'Protecting Health, Saving Lives – Millions at a Time' and the work encompasses programs, policy and activity that is generally outside of healthcare, such as health surveillance and monitoring, environmental standards and food safety. Prevention is a core sub-set of

our work that aims to reduce the risk of ill-health or disability across the population. Unlike individual health care that focuses on the treatment of illness, public health initiatives work in a preventative way on three levels;

- primary prevention - preventing or delaying disease in healthy people, for example vaccination programs and health literacy initiatives to enable access and empowerment for self-management
- secondary prevention – including programmes for early detection of disease and initiatives to delay the progression of chronic diseases. Also, infection prevention and control, and initiatives focused on increasing people’s understanding, access and empowerment to act and manage conditions (health literacy initiatives)
- tertiary prevention – improving well-being and quality of life by reducing the impact of persistent or chronic disease, for example, persistent pain management programmes, ongoing support and information after a stroke, diabetes management support through coaching and health literacy initiatives aimed at providing clear accessible information for people to be empowered to self-manage their condition.

### **Recommendation:**

- 1. Greater clarity around prevention across the continuum of healthcare, and collaboration with Local Government and community sector organisations.**

There are many areas of healthcare that actively engage in prevention action. For example; endocrinology, nephrology, oncology, women’s and children’s health.

The Healthy Tasmania Chronic Conditions working group successfully brings people together from across DoH, Primary Health Tasmania, Tasmanian Health Services, Health Consumers Tasmania, and the community sector. This group is highly successful in collaborating on initiatives like Anticipatory Care, health literacy and maternal health. It is a great example of working together, combining expertise and skill to improve healthcare for Tasmanians.

### **Recommendation:**

- 2. Leverage from existing Tasmanian health and wellbeing focused cross-sector platforms already in place through Public Health initiatives.**

### **Recommendation:**

- 3. Clearly articulate and recognise the roles of public health and prevention across the continuum of health.**

## **What are the key issues impacting healthcare in Tasmania in 2020 and beyond?**

Public Health Services agrees with the main sentiments expressed in this section about the significant challenges facing the healthcare system now and into the future.

A key challenge to address is the impact of climate change on health. The Tasmanian Department of Health recognises this issue and has responded through various initiatives, including participation in

the Tasmanian Climate Change Health Roundtable 2019 event, and contributing to Tasmania's climate action plan (Climate Action 21).

The Department of Health is a member on the Climate Change Interdepartmental Committee, which supported the Tasmanian Health Service to establish a sustainability working group at the Royal Hobart Hospital, and membership of the Global Green Healthy Hospitals initiative. Climate change is the greatest challenge of the 21st century, and the negative health impacts are predicted particularly within specific vulnerable populations (including the elderly, the sick, the poor and those in regional areas), with heat health and mental exacerbation likely to severely increase demand on health care.

Through Climate Action 21: Tasmania's Climate Change Action Plan 2017-2021, the importance of framing climate change through a health lens has been identified. The Tasmanian Climate Change and Health Roundtable (2019 and funded through the Climate Action 21, DPAC) identified over 40 health-oriented actions across seven broad priority areas, aimed at reducing emissions and adapting to the impact of a changing climate. This includes action in the healthcare sector. It also incorporates health impacting initiatives like active travel planning, housing support and promotion of local healthy food options—policies and programs with substantial health co-benefits.

#### **Recommendation:**

- 4. Recognise the predicted impact of climate change on health and healthcare systems and incorporate relevant actions, including from the Tasmanian Climate Change and Health Roundtable into next steps.**

## **I. Improvement area I Better Community Care- Reform Initiative**

- I.1 How can we target better our current investment as well as future investments in health to ensure a sustainable and balanced mix of services is delivered across the whole of the health system to provide right care in the right place at the right time?**

We need to increase genuine engagement with clients, patients, families, and carers to contribute and help shape the future.

The Anticipatory care project provides recommendations about barriers for Tasmanians in accessing health services and the importance of patient-centred relationships.

There is an opportunity to improve mental health and wellbeing in the Tasmanian community – linking with national and state priorities to support suicide prevention and management of mental health in day to day work and community life.

Making services accessible for all Tasmanians. There is a need for cultural safety, respect, diversity, and inclusion. This includes people of all backgrounds and experience, such as people who are LGBTIQ+, people who have a disability, and those with a mental health issue. Health care should acknowledge and address the need for inclusive services and avoidance of stigma and discrimination. For example, all government agencies are responsible to ensure Aboriginal people, migrants and refugees can access the services they need in a culturally safe and timely way. For Aboriginal people, good health is a holistic concept that includes physical, social, emotional, cultural, spiritual,

and ecological wellbeing, for both the individual and the community. To develop respectful and effective partnerships and collaborations between Aboriginal community-controlled organisations and mainstream hospitals and health services is critical. Public Health Services has evidence-based knowledge and skill in this area.

## **1.2 How can we shift the focus from hospital-based care to better community care in the community?**

There is opportunity for greater focus on rural and community health services. This could be done through a stronger investment in district hospitals and community health centres. There are examples of community advisory groups and a long history of local partnership and collaboration that includes local government, GP practices and community sector organisations that provide health related services. There is the existing formal trilateral partnership between the Department, Primary Health Tasmania and the Australian Government to prevent chronic disease and develop community-based commissioning for preventive health. The opportunities from this partnership can be strengthened to achieve real improvements.

The best way to improve the health and wellbeing of Aboriginal people is through Aboriginal community-controlled organisations – putting Aboriginal health in Aboriginal hands. There could be investment in the Aboriginal community controlled primary health care sector to continue to (and expand) delivery of high quality comprehensive primary health care services that meets the needs of Tasmanian Aboriginal people.

The Anticipatory Care Project was funded by the Australian Government and managed by the Healthy Tasmania Steering Committee, and included active engagement across the Department and with Primary Health Tasmania and UTAS. Recommendations from the Anticipatory Care Project include the need for more local leadership, and to strengthen the linkages between services at the local level. One of the recommendations is for the development of Health Community Connectors to support individuals in their health literacy and to access and find their way through healthcare services. Health Connectors would also connect services and strengthen referral pathways, improving community trust and efficient use of services. The Healthy Tasmania Steering Committee is likely to make recommendations for the District Hospitals and Community Health Centres to become Health Connector Hubs. This is subject to approval and a successful budget bid.

### **Recommendation:**

**1.2.1 Acknowledge and build on the strengths of existing local health and community services, including local government. Build on existing community infrastructure and networks to support health.**

### **Recommendation:**

**1.2.2 Develop policy and practices that are respectful of identity, culturally safe and timely. This includes patient records and identifiers that acknowledge the person's identity preference.**

### **Recommendation:**

**I.2.3 Implement the recommendations and actions from the Aboriginal cultural respect framework, and from other groups including the LGBTIQ+ community.**

**Recommendation:**

**I.2.4 Advocate for the implementation of Anticipatory Care recommendations, including the proposal to develop local Health Connector Hubs under the next Healthy Tasmania strategy.**

**I.4 The UCC Feasibility Report 2019 identifies UCCs as a feasible service model for Tasmania. Are there other barriers and opportunities for implementing a model of urgent care in Tasmania not identified by the study?**

In addition to the Urgent Care Centres proposed as hospital avoidance, consider feasibility of primary or community health partnerships. While there is reference to a project for the North West (p26) the focus appears to be on clinical healthcare settings, rather than strengthening the foundational primary/community health system. A more ambitious approach would strengthen community-based relationships at the regional level between PHT and General Practice, RFDS and other key community sector organisations, DoH and LGAT - so that:

- older Tasmanians and can remain independent for longer
- Tasmanians with disabilities can receive appropriate care in their community
- the valuable insights from the anticipatory care project learnings can be applied to enable people to determine needs, literacy and agency for access
- people with co-morbidities do not get unnecessarily re-admitted because of the lack of local care or access to advice.

**Recommendation:**

**I.4.1 Invest in community-based care pathways**

**I.5 How can we make better use of telehealth, so people can receive care closer to home, and what are the barriers preventing utilisation of telehealth?**

A survey of the local government sector in Tasmania conducted in November 2020 by Public Health Services found there was significant support for continuing and expanding telehealth, particularly with specialists for those in regional and remote areas. Many people in regional and remote areas travel up to four hours for 10 to 15-minute consultations, which were felt could be done via telehealth. It was reported that sometimes travel itself has a negative impact on a person's health if they are already unwell. There are many benefits of expanding telehealth, including:

- travel is reserved only for specific procedures
- less unnecessary travel time for patients
- reduced financial cost on the health system due to a reduction in reimbursing patient travel costs.

Consumer voice and authentic engagement is needed to understand the impact of telehealth. Issues such as digital literacy, poor hearing in the elderly, the true impact of not having a face-to-face interaction still need to be identified, explored, and addressed for the Tasmanian environment.

## Recommendation

**I.5.1 Consult with a diverse range of consumers about the use of telehealth in Tasmania.**

**I.5.2 Invest in accessing a diverse and truly indicative consumer voice about the use of telehealth in Tasmania.**

**I.6 How can we make better use of our District Hospitals to enable maximum utilisation of beds in these facilities as a step-down from public hospitals and a step-up from the community to improve patient flow in acute hospitals and care in the community?**

Refer to our response to question 2 regarding local government and district hospitals have a long history of local partnership that may be worth considering in relation to improving patient flow and preventive and health promoting service delivery. An enhanced state-wide approach needs to be supported by consistent systems.

**I.7 How can we improve integration across all parts of our health system and its key interfaces (e.g. primary health, mental health, disability services, aged care and acute care)? What should be our priorities for integration?**

A better understanding of the different parts of the health system and their interrelationships from all members of the system. An integrated communication strategy would be useful to contribute to this understanding. Improved booking and scheduling systems and integrated health records would also be helpful.

**I.8 How can we strengthen the interface between hospital services and aged care to improve community healthcare for older Tasmanians?**

There is an opportunity to strengthen community-based relationships at the regional level between PHT and General Practice, RFDS and other key community sector organisations, DoH and LGAT - so that older aged Tasmanians can remain independent for longer.

**I.10 How can we build health literacy, self- management and preventative health approaches into the day-to-day practices of our health services across the whole of the health system?**

Public Health Services and Health Promotion staff within DoH and the THS have a wealth of experience and understanding of this aspect and can provide a range of relevant examples for consideration. There is a relatively small Health Promotion FTE to support the whole THS so we need to develop ways to enhance health promotion capacity through whole health system workforce. The Working in Health Promoting Ways Framework, which was updated in 2019

[\(Working in Health Promoting Ways\)](#) has proven very successful in building this capacity, and continues to be rolled out throughout the system.

Pre- as well as post- surgical therapy and access to Stamford and other rehabilitation and self-management programs, transport and links to local communities – all very important for further consideration for a Healthcare Future.

Leadership and role modelling- i.e. provision of healthy food in health services; food. staff are trained about them and there is an ongoing communication/promotion strategy to staff.

Support prevention approaches through accreditation where available for examples – Breastfeeding Friendly Hospital Initiative (BFHI) and Health Literacy.

Some of the key issues in promoting and enabling breastfeeding are: -

- maintaining BFHI accreditation for all maternity services
- creating breastfeeding-friendly environments in community health services and the community
- supporting the transition from hospital to home and ensuring access to the right care at the right time in the early weeks/months
- providing breastfeeding-friendly workplaces
- improving data collection and reporting

Build on the best practise models of Aboriginal community-controlled health organisations – accessible, effective, appropriate, needs-based health care with a prevention and social justice focus. We need trauma- and culturally-informed approaches to health care that understand the context and impact of colonisation, cumulative and historical trauma as well as current day trauma for Aboriginal people and how this impacts access to services and seeking help.

### **Recommendation:**

**1.10.1 Embed cultural competency, health literacy and consumer centred care in roles and accreditation processes, show commitment through leadership and valuing this way of working.**

**1.11 How can we better incorporate preventative health and health literacy initiatives into current and future care, across the range of settings, including acute, community, primary and private?**

Some of the initiatives referenced above in question 10 can be implemented in these diverse settings covered in the section as well.

There are many ways that health promotion and a population approach are being applied within our health services, and this could be highlighted and strengthened to reduce the burden on healthcare over time. PHS has a strong track record of implementing or supporting preventive health strategies across issues including tobacco, nutrition, physical activity, health literacy and more.

Need to strengthen referral pathways to community-based health and wellbeing initiatives (healthcare/patient focus).

A good example is in maternity services and the inclusion of a population approach in the Women's Health Plan, with the longer-term aim of reducing pre-term birth and low birth weight.

Health promotion and prevention approaches need to recognise culture as a protective factor and prioritise strategies that drive improved outcomes across the social determinants of health.

Accountability and value on these health promotion/prevention activities in health and community workforce (PDs, workflows, PDAs, SoDs).

Health promotion has evolved internationally over the past three decades; the concept reflects the changes in thinking about the root causes of health and wellness. These changes have been accompanied by new approaches and principles to improve the health of communities and individuals.

### **1.12. How do we provide clear pathways into our health system so that patients are accessing the most appropriate care for them?**

Health Connectors work on making it easier for individuals and communities to access, understand and use health information. Health Connectors have also been shown to be an effective strategy in improving access to health services, particularly for those people who find accessing services more difficult. The [Tasmanian Anticipatory Care project](#) (2020) : Action Learning to Improve Health in Tasmanian Communities, examined local community based approaches to understand what models of anticipatory care could prevent and reduce the impact of chronic conditions.

The project researchers UTAS and the Sax Institute recognised that health is shaped by the social, economic, and psychological experiences people have. UTAS (2019) in their reported findings recommended that decentralised, flexible and locally driven models of health care should be funded. These local models would empower community led responses that build connections between organisations and localised preventative health responses. Community Connectors for health based in local communities is a key recommendation put forward.

#### **Recommendation:**

#### **1.12.1 Trial Health Connectors as per findings of Anticipatory Care Project.**

#### **Recommendation:**

#### **1.12.2 Invest and implement Health Literacy action plan system wide.**

## **Improvement area 2 Modernising Tasmania's Health System**

## **Improvement area 3 Planning for the Future**

### **3a Develop a long-term health infrastructure strategy for Tasmania**

**What are the key factors that should be considered in the development of modern health facilities in a community setting – e.g. location, proximity to other community services?**

Cultural visibility in all government buildings to create welcoming environments for Aboriginal people, people from LGBTIQ+ communities, people with disabilities and other minority/vulnerable groups.

Adoption of Healthy by Design principles, particularly relates to transport and active living.

Healthy Public Procurement principles should apply in providing/delivering food for staff, visitors and patients, which should be in line with healthy living and not undermine health.

Green Hospitals (see above GGHHI)

## Recommendation

**3.a.1.1 Specifically consider non-health infrastructure that impacts health. Consider the factors that underpin our health, the social and other determinants, in designing health infrastructure.**

**3b Build a strong professional workforce, aligned to a highly integrated health service, to meet the needs of Tasmanians**

**3b.1 How should the *Health Workforce 2040* strategy be further refined to guide and inform the development of a strong and sustainable professional workforce that is aligned to meeting the future health needs of Tasmanians?**

The Workforce strategy needs to consider the full continuum of the health workforce, which includes public and preventive health and the role of community-based organisations.

The scope of the strategy needs to be clarified, e.g. articulating the different parts of the health workforce, such as public, private, and community; being clear about what parts of this workforce are included in this strategy; and if appropriate renaming to 'healthcare' workforce strategy; and the parts of the health workforce that the strategy does not include should be specified e.g. components of the community health workforce, such as local governments and community sector, and possibly PHS workforce.

## Recommendation:

**3b.1.1 Further define the public health and prevention workforce and their role across the healthcare system.**

**Implement strategies to employ more Aboriginal people across the registered health professions in Tasmania. It is essential to include strategies to improve the cultural competence and reflective practice of the health workforce to create culturally safe health services, environments and workplaces for Aboriginal people.**

**3b.2 How do we work with the private sector, as well as other levels of government, to ensure our combined workforce serves the future needs of our community?**

**3b.4 What innovations or changes are needed to our health workforce to more closely align our professional health teams with the future needs of Tasmanians?**

**Recommendation:**

**3b.4.1 Support and encourage embedded research practices (such as translational research projects) e.g. Anticipatory care action project with ongoing training and development opportunities, including to build systems thinking capacity.**

**3b.4.2 Recognise, support and promote (through recognition and award programs) the significant role of community-based organisations that support health and wellbeing.**

Working in Health Promoting Ways is a framework to evidence that has been widely used and applied by THS staff and up-dated in 2019 [Working in Health Promoting Ways](#)

The plan acknowledges that the implementation of Working in Health Promoting Ways is not intended to transform each and every staff member into a qualified health promotion practitioner; however it is expected that there will be a broader awareness and understanding of core health promotion theory and concepts particularly in the context of Working in Health Promoting Ways.

- Workforce development (building understanding, skills and knowledge at the workforce level)
- Organisational development (building the capacity of health and human services in Tasmania)
- Leadership and commitment (recognising the importance of management level support to achieve outcomes).

**Recommendations**

**3.b.4.3 Organisational policy that supports culturally safe and responsive practice in health services and systems, including support for training and professional development towards cultural capabilities.**

**3.b.4.4 Establish new and improve existing partnerships with Aboriginal and Torres Strait Islander Health Organisations (ACCHOs) to collaborate and share best practice in supporting health professionals to provide culturally safe and responsive health services to communities.**

**3b.5 How do we support health professionals to work to their full scope of practice?**

Programs, policies and services prioritise social and emotional wellbeing through strengths-based approaches that embrace a holistic view, harness the protective factors of culture and promote inclusive and non-discriminatory practice.

**3b.6 How do we support Tasmanians to access the education and training they need to be part of the State's future workforce?**

- Generous and innovative professional development opportunities
- Mentoring programs
- involvement in codesign and action and translational research opportunities.

Aboriginal Tasmanian health professionals need to be actively supported and retained in the health system through capacity building, mentoring initiatives, and ongoing career progression, in both targeted and mainstream positions.

### **3c Strengthen the clinical and consumer voice in health service planning**

#### **3c.2 How can we better engage meaningfully and effectively with consumers and other key stakeholders in health service planning, delivery and quality improvement?**

Invest in and build genuine relationships; listen to their feedback and involve them in coming up with solutions. Local government could be a valuable stakeholder to “optimise consumer engagement and participation at all levels of healthcare”.

The Aboriginal community-controlled health sector (ACCHS) initiated and led the development of culturally respectful health services for Aboriginal and Torres Strait Islander people and communities. We need to learn from these services. We need to listen to the voices of Aboriginal people as detailed in Aboriginal Cultural Respect in Tasmania’s Health Services – Community Consultation Report (2018).

#### **3c.3 How can we strengthen and optimise consumer engagement and participation at all levels of healthcare including:**

- a. **Personal: participation and engagement in a person’s own care**
- b. **Local: participation and engagement in service improvement at a local level**
- c. **Policy and service system: participation and engagement in planning, developing, reviewing, evaluating and reforming services at a system level?**
  - (a) health literacy – Public Health Services has led the work for the Dept working closely with THS staff, and in collaboration with the 26TEN adult literacy program. Tasmania has been recognised by the Australian government for taking an active implementation approach to health literacy, though there is an on-going need for awareness raising and education as new staff and consumers come into the system. [Health Literacy Action Plan](#)
  - (a) Optimal consumer-centred care includes acknowledging the philosophies of holistic health and wellbeing, and the role of Aboriginal knowledge, values, beliefs, cultural needs and health history in decision-making about treatment and ongoing care. Patient-centred care also considers the impact of family structures and

responsibilities. Need an understanding of the cultural construct of health for Aboriginal people

- (b) local government could be a valuable stakeholder to work with on this. As described earlier, they have existing local networks that can be leveraged.
- (c) Governance structures should support membership of, and partnerships with Aboriginal communities, consumers and carers.

### **3c.4 Are there particular models of consumer engagement and participation that we should consider?**

Participatory and collaborative partnerships with communities and a variety of formal and informal mechanisms should be utilised to facilitate community involvement in developing and implementing cultural safety and responsiveness related activities.

Individual- engage with Aboriginal youth and elders

Programs and Services- Implement strategies outlined in the *Improving Aboriginal Cultural Respect Across Tasmania's Health System Action Plan 2020-2026*

Consider use of citizen science methodology for evaluation and feedback for continuous improvement of the health care system.

### **3c.6 How do we strengthen education and training for health professionals and health policy makers and planners in relation to the importance of consumer engagement and participation across all levels of healthcare?**

Consumer engagement and participation needs to be at various levels, taken seriously, and done in flexible and adaptive ways. We also need to acknowledge and understand the benefits of proper consumer engagement and participation. Evidence shows, for example, that Aboriginal and Torres Strait Islander people are more likely to access health services where service providers communicate respectfully, build good relationships, have an awareness of the underlying social issues, as well as some understanding of culture, and where Aboriginal and Torres Strait Islander people are part of the health care team. This also applies to other groups in our community.

## **References and further information**

[https://www.health.tas.gov.au/publichealth/health\\_literacy](https://www.health.tas.gov.au/publichealth/health_literacy) and action plan:

[https://www.health.tas.gov.au/\\_data/assets/pdf\\_file/0006/383379/Health\\_Literacy\\_Action\\_Plan\\_20192024\\_accessible.pdf](https://www.health.tas.gov.au/_data/assets/pdf_file/0006/383379/Health_Literacy_Action_Plan_20192024_accessible.pdf)

[https://www.dhhs.tas.gov.au/wihpwAboriginal\\_Cultural\\_Respect\\_in\\_Tasmania's\\_Health\\_Services\\_Community\\_Consultation\\_Report\\_\(July\\_2018\)](https://www.dhhs.tas.gov.au/wihpwAboriginal_Cultural_Respect_in_Tasmania's_Health_Services_Community_Consultation_Report_(July_2018))  
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Wallace, C; Farmer, J; White, C; & McCosker, A; (2020); Collaboration with community connectors to improve primary care access for hardly reached people: a case comparison of rural Ireland and Australia; *BMC Health Service Research*; 20:172; <https://doi.org/10.1186/s12913-020-4984-2>



