Community engagements to support Quality Use of Medicines in rural areas with hard-to-reach communities

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This presentation is about a model for working with your community in a way that releases ownership to consumers and the community in your local area. It’s about letting community members know about health discussions that may be of interest to them and inviting them to share their knowledge, experience and strategies for managing their health.

The model that has been used successfully with the national Community Quality Use of Medicines (QUM) Program in rural and regional areas, largely because of the strengths of rural communities. Strengths such as the willingness of people to be involved and use their networks to get others involved. Examples of community engagements in a number of rural communities are used to outline how the Consumers’ Health Forum of Australia (CHF) partnered with local communities to encourage QUM.

Consumers’ Health Forum of Australia

CHF is made up of member health consumer organisations. Some are formed around population groups like Council on the Ageing and Health Consumers of Rural and Remote Australia; others around illness groups – such as Diabetes Australia, Arthritis Australia and the Mental Illness Fellowship of Australia. Through these networks CHF reaches nearly 1 million health consumers, all experienced users of the health system.

CHF was established to represent consumers on national health issues. The CHF vision is “Consumers shaping health in Australia”. We know that we can’t improve the health system alone, we need to work with health providers, health services, and the community but it’s our health that we take home with us at night, and need to manage on our own when our health care providers are not around. We want to optimise our health rather than focus on an illness system.

Community Quality Use of Medicines engagements

The CHF Community QUM Project in 2004–05 and again in 2005–07, is part of the Community QUM Program, which was developed in response to consumer needs and expectations regarding QUM. The Australian Government Department of Health and Ageing funded the National Prescribing Service (NPS) to undertake the Community QUM Program in partnership with CHF and other consumer groups and organisations.

CHF conducted community engagements on QUM across Australia with a focus on people who live in rural and remote areas, including those who live with chronic conditions or mental illness.

The CHF approach involves letting community organisations know about the opportunity to request a community engagement on some aspect of QUM, identifying a local liaison person(s) and then working with them on the way the community works and what they want to achieve through the activity. CHF visited every state and territory — more than thirty communities from places as diverse as Bunbury, Tennant Creek, Moree, Narrabri, Launceston and Pomona.

The three examples used in this presentation are Bunbury (coastal WA) where we worked with the Bunbury Consumers and Carers Mental Health Reference Group; Moree (on the NSW-Qld border) where we focused on people with chronic conditions and worked with the Arthritis Foundation of NSW; and Tennant Creek (almost midway between Alice Springs and Katherine in the Northern Territory) where we worked with Health Consumers Voice NT. Engagements which required long distance travel by the CHF facilitator were made possible by grouping these with other engagements in the same area.
Some of the reasons people were keen to run a Community QUM engagement were:

“There are large waiting lists to get appointments for treatment. This then places people in a position of finding solutions for themselves, including the use of medicines.” Arthritis Foundation of NSW

“Our members are interested in Community Quality Use of Medicines because of the huge impact medicines have for this group of users, for example access and side effects.” Bunbury Consumers and Carers Reference Group

“People in Tennant Creek have little exposure to a lot of information about medicines and opportunities to have face to face meetings because they are seen as out of the way.” Local liaison person Health Consumers Voice NT

Local champion and partnerships

Every engagement is different but in all cases a local person or consumer group has ownership of the engagement. A partnership is formed with CHF and sometimes other agencies, such as Divisions of General Practice, to organise, promote and run the workshops.

Moree is situated on the NSW and Queensland border about 650 km from Sydney. The Arthritis Foundation of NSW responded to a CHF survey about medicines and requested a Community QUM engagement. A working group consisting of two people from the Arthritis Foundation of NSW, a local Arthritis NSW Voluntary Field Officer and the CHF Project Officer formed a four person working group to plan the engagement. Communication occurred by email and telephone with two teleconferences.

The Bunbury Consumers and Carers Mental Health Reference Group in Bunbury, which is 180 km south-west of Perth, were approached by a CHF Organisational (non-voting) member, the Greater Bunbury Division of General Practice to hold a QUM engagement. Members of the group immediately saw the value and one member liaised with the CHF Project Officer to discuss the format of the engagement and what was appropriate for the group. In this case a very casual format was agreed with no audiovisual materials but a “sit round and chat” style.

In Tennant Creek, 510 km north of Alice Springs, the engagement was hosted by the Health Consumers’ Voice of NT. A local representative determined the objectives of the engagement as well as the preferred format, time of day, date and venue in conjunction with the CHF Project Officer.

In other places the local liaison person suggested inviting people such as a local pharmacist or other health professionals to speak to participants and participate in discussions. The level of involvement can depend on the capacity of the group or individuals. For example, the McLaren Vale the local person, an older lady with all the contacts, made it happen.

Sharing responsibilities and costs

The engagements are a partnership not just in terms of sharing responsibilities but often sharing costs. For example the Bunbury Pathways group that supports carers and people living with mental illness provided refreshments and the local Council provided the venue.

In Tennant Creek, CHF covered costs of room hire, refreshments and postage for invitations while the local group organised free promotion of the engagement. In other places Divisions of General Practice, Councils, and groups such as Rotary have helped with costs as well as participating in the engagement. While all engagements cost something, cost does not have to be a barrier. Through the project CHF covers the costs of travel and accommodation for the CHF Project Officer who is an experienced facilitator, and can help with some expenses.
**How the partnership let people know**

The promotion of the event is obviously important to how many people attend and the outcomes. Promotion can be as simple as letting members of a particular group know such as in Bunbury where the Bunbury Pathways group alerted all members of their Carer and Consumer Reference Group. In Moree as many opportunities for promotion were used as possible including:

- A4 flyers on community notice boards and shop windows
- pharmacist inserted flyers with patient prescriptions
- the CHF Project Officer was interviewed on local community radio
- advertisements were placed in two editions of the local newspaper
- word of mouth.

Generally the places where people go for their health care such as pharmacies or, in remote places, the local store as well as word of mouth, seem to be the most important avenues of promoting the event.

**What happened at the engagements**

Engagements varied but they all contained some things in common. These were:

- *Presentation* about CHF and information on medicines use, risk and adverse events
- *Group discussion* on medicines issues in that community
- *Participant sharing of strategies* for managing medicines and where to get reliable information
- *Small group discussion* about a number of Community QUM resources such as a pamphlet titled *Medimate* with medicines information, a flyer explaining the role of Consumer Medicines Information and a flyer with fridge magnet giving information on *Medicines Line*. Participants always acknowledge that the opportunity to discuss whether the resources would work for them is a useful way of learning about the resources.

- *Communication role play*—depending on the group and time, a role play highlighting good and poor ways of communicating with health professionals is conducted by some participants who have primed prior to the engagement. Participants always enjoy this presentation and many stories about the value of communicating well and strategies to assist consumers, such as taking a list of questions into a doctors appointment are suggested.

- *Other presentations*—take place depending on the group and timing. For example a pharmacist may be invited to participate as a resource for participants with questions about programs such as Home Medicines Review or about a specific medicine; a local support group might talk about the opportunities with their group if the engagement has been held for the general public rather than members of their group specifically.

**What was shared about QUM**

Participants at the engagements were very forthcoming with local issues that affected their medicines use. Some of the issues that were identified are:

- *Isolated Patients’ Travel and Accommodation Assistance Scheme (IPTAAS)*—in Moree participants talked about their frustrations with this scheme stating that the process was too complicated and restricted for a relatively small reimbursement. Other participants did not know of the existence of the scheme.
• **Home remedies and bush medicines**—in Tennant Creek participants said they felt compelled to self-manage their illness or condition due to the lack of appropriate access to professional medical advice.

• **Access to professional advice** was an issue for all communities due to their isolation and lack of professionals or sometimes due to the high turn over of rural health professionals.

• **Cost** was also an issue talked about by many people—especially those with chronic conditions requiring a number of ongoing medicines but also people who had to travel long distances to the closest pharmacy or other health provider.

• Generally participants at most engagements expressed confusion over the safety and efficacy of **generic medicines** compared to known brands.

• General comments about the **lack of medicines information** were also made. For example, many consumers had never seen a Consumer Medicines Information sheet.

During the sessions on Community QUM resources participants reported both positive and negative responses. For example the NPS **Medicines Line** was considered a great way for country people to gain information when they didn’t have easy access to a pharmacist but they wished it could be a 24 hour hotline. The idea of a Home Medicines Review was always warmly welcomed although in some places, including Moree, there was no pharmacist accredited to conduct a review at the time of the engagement.

**Participant feedback**

Participants in the engagements let CHF know that they valued the opportunity to get information about QUM, many indicating that they did not know so much information was available. They appreciated the easy to understand language and the interesting, informative speakers. The fact that attendance at the sessions was free and everyone encouraged to join in the discussion also received positive comment. As is often the case, the venue and catering arrangements also were frequently commented on.

In summary, catering is important, people have to feel at home and valued for their contribution—this helps them to give input. Participants wanted to know that CHF would take their input forward.

**Why CHF community engagements work**

Both the CHF evaluations completed at the end of each engagement and an independent evaluator employed by NPS, identified the following components of the engagements as contributing to their success:

• **Shared ownership**—There is a collaborative approach between the community group or local liaison person and CHF to work together for shared outcomes. The strengths of both parties are used. The community group/liaison person uses their knowledge about what will work for local people including timing, venue, objectives and format for the engagement while the CHF Project Officer uses the experience of what has worked previously, assists with administration and project management and, often, with costs.

• **Partnership**—trusted community health providers such as a local pharmacist add their knowledge to the event. All the pharmacists CHF has worked with have been happy to answer specific questions, often to talk about Home Medication Reviews or other ways they can help locally, sometimes to help publicise the engagement and all have been interested in what consumers have to say.

• **Experienced and trusted CHF facilitator**—the evaluator identified that the input of the CHF facilitator (Project Officer) was an important ingredient to the success of the engagements. This should not be
seen as an impediment to other groups or individuals running QUM or other health related sessions. The sessions need to be conducted by someone who is trusted by participants and willing to conduct the sessions in a consultative manner. The kit *Get to know your medicines* which was developed by CHF, National Rural Health Alliance and Health Consumers of Rural and Remote Australia is available from NPS and could be used by health providers or community members to conduct community engagements. CHF also has a publication *A guide for community organisations running health workshops for consumers* that provides useful information for people organising community meetings.

- **Consultative approach**—consumers reported that the manner in which the engagements were conducted allowed them to both share and learn. They appreciated it wasn’t all ‘top-down’ information but they had the opportunity to share effective health management strategies with one another and with health professionals in their area. They were also encouraged to identify health issues that may then be part of national advocacy and policy via CHF. They also evaluated whether Community QUM resources were of use to them, and gave feedback for future developments. This was seen as preferable to simply being presented with the information and resources.

Both participants and the evaluator agreed that community engagements are important and valuable for understanding the needs and experiences of health consumers living in rural and remote Australia.

**Better health outcomes**

This model enables consumers to share their strategies for managing their health with health providers and other consumers for the benefit of all. Consumers are more likely to change their health management strategies when they feel they have a part to play. People are pleased to pick up a new strategy or become more confident that they can use suggestions made by other consumers.

They discuss issues around medicines use such as access, cost and availability of accurate information. Consumers ask questions and obtain accurate information or find out where to go for it. For example talking to the pharmacist that only comes once a week may not be possible but phoning the national Medicines Line at a time convenient to them may be.

CHF understand that consumers want to be part of the solution for their own health and they want solutions that are appropriate to where they live and work and obtain their health care.

The information obtained through community engagements can be used to change the health system locally and nationally. The information gained at CHF Community QUM engagements is taken back to CHF policy officers to inform consumer representatives on national committees and CHF submissions to government. Local health services should also ensure that consumer suggestions to improve existing resources are incorporated and will find consumer input is critical to their health policy development.

Ultimately the model for engaging consumers around health issues of relevance to them results in better health awareness. CHF is convinced increased awareness about how to participate in their own health care helps consumers to achieve better health outcomes.

**Further information**

Reports of each of the CHF community QUM engagements are available on the CHF website at [www.chf.org.au](http://www.chf.org.au) from the Community QUM Project pages.

The national Medicines Line number is 1300 888 763. More information about the NPS and other partner consumer organisations in the Community QUM Program is available at [www.nps.org.au](http://www.nps.org.au).
Acknowledgments

CHF would like to acknowledge Yvonne Solly, the former Community QUM Project Officer at CHF for her work in developing and facilitating many Community QUM engagements and Melanie Cantwell, the former Director of Policy and Projects who guided the Community QUM Project.

Presenter

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