

Health Prompt Review

Evaluation Report

Service Development

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Acknowledgments

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Abbreviations/glossary

ATSI	Aboriginal and/or Torres Strait Islander
CALD	Culturally and Linguistically Diverse
CL+	Carelink + (database used by Neami to record consumer and staff data)
MDS	Minimum Data Set
HP	Health Prompt
HPO	Health Promotion Officer
Active consumer	Carelink term for a consumer who is using Neami services on specified date
CRSW	Community Rehabilitation Support Worker
PSW	Peer Support Worker
PIR	Partners in Recovery

Executive summary

The Neami Health Prompt is a physical health screening resource developed by Neami National in response to the physical health needs of individuals accessing Neami services. The resource was developed with the primary purpose of supporting health conversations between staff and consumers. This is the final report of a 6-month Health Prompt Review.

The Review aimed to explore:

- The reach of the Health Prompt
- Staff and consumer satisfaction with the Health Prompt
- Whether or not the objectives of the Health Prompt have been achieved
- Success factors and barriers to achieving objectives
- The effectiveness and appropriateness of training sessions
- The effect of the Health Prompt on partnerships and collaboration.

Data was collected via a variety of methods including:

- An online staff survey was developed and distributed to Community Rehabilitation and Support Workers (CRSWs) and Peer Support Workers (PSWs)
- Semi-structured interviews and conversations with key staff members
- Staff and consumer focus groups
- Structured phone interviews with Service Managers and Senior Practice Leaders (SPLs).
- Health Prompt and Camberwell Assessment of Need (CANSAS) analysis via Carelink+.

The results of this Review have resulted in a number of recommendations being made including:

- Strengthening the reach of existing Health Prompt resources
- The development of a communications strategy for the Health Prompt
- Development of physical health resources and information for consumers
- Increase opportunities for peer support in regards to physical health
- Review the Health Prompt in the context of sub-acute services; and in Culturally and Linguistically Diverse (CALD) and Aboriginal and Torres Strait Islander (ATSI) communities
- Review the Health Prompt in 5 years' time
- Review Health Prompt questions after the release of this report.

1.Introduction

The Neami Health Prompt is a physical health screening resource which was developed by Neami National in response to evidence that people with mental illness have mortality rates that are 2.5 times greater than the general population in Australia, equivalent to life expectancy of 50-59 years¹. There is also evidence that the number of deaths for people with mental illnesses due to physical causes far exceeds the number of hospital admissions for related conditions. This indicates that conditions such as heart disease are not being picked up or treated before it is too late. ²

The development and implementation of the Health Prompt was a 4-year process by the Health Promotion Team and was designed with reference to existing tools such as the One Minute Health Check and Rethink Health Check. In late 2012 the Health Prompt Initiative was implemented across the whole organisation. This included training, resources and incorporation of the Health Prompt into consumer data collection processes. The Health Prompt Review evaluated the impacts, outcomes and barriers of the Health Prompt and its implementation from late 2012 to October 2014.

The Health Prompt is a resource comprising of 28 questions which generate a 'yes' and 'no' answers. Questions cover a range of areas relating to holistic health care and have been designed to meet nationally recognised standards and consumer needs. In addition to the questionnaire the resource contains a body chart which provides the image of a body onto which individuals can identify areas of concern. The body chart allows space for written notes or comments in regards to other concerns in relation to physical health or health care.

The Health Prompt aims to improve physical health outcomes by acting as a prompt to promote guided conversations between staff and consumers to address their physical health needs. The Health Prompt aims to:

- Improve the physical health outcomes of consumers
- Increase the regularity and quality of physical health checks
- Increase awareness of physical health issues and health check processes
- Improve consumer self-management of physical health
- Increase confidence of staff in providing physical health information and interventions
- Increase referral pathways and community links to physical health, nutritional, and emotional/psychological support services

The objectives of the Health Prompt Initiative were to:

- Ensure that Neami National consumers are offered the opportunity to complete the Health Prompt every six months.
- Increase the confidence of staff in using the Health Prompt and in having conversations around physical health.

¹ **VICSERV**, "Pathways to Social Inclusion: Health Inequalities", August 2008

² As above

- Increase referral pathways and community links to physical health, nutritional and emotional/psychological support services.
- Increase consumers' awareness of physical health issues.

Neami aims to offer the Health Prompt to all consumers at their initial assessment and every 6 months subsequently.

The Health Prompt Review evaluated the Health Prompt and its use across Neami. This is the final evaluation report of this 6-month project.

2. Methods

2.1. Research questions

The Health Prompt Review evaluated the implementation and use of the Neami National Health Prompt.

The evaluation explored the following Key Evaluation Questions:

1. Has the Health Prompt achieved its planned reach?
2. Have staff and consumers been satisfied with the Health Prompt?
3. Have the resource objectives been achieved?
4. Have all strategies (i.e. training, booster sessions, etc.) been appropriate and effective in supporting the objectives?
5. What have been the critical success factors and barriers to achieving the objectives?
6. Have levels of partnership and collaboration increased?

2.2. Methods

Service Development recruited a project officer at 0.6 EFT for six months to conduct the evaluation of the Health Prompt implementation and its use across the organisation. A mix of quantitative and qualitative methods was used to address the Research Questions.

2.2.1. Quantitative data collection

Carelink+ Data Analysis

Carelink+ software is used by Neami to record consumer and staff data. It is Neami policy that each time a Health Prompt is offered and/or completed by a consumer, this data is entered into Carelink+. Health Prompt Data Reports are able to be generated for an individual or group of consumers.

Health Prompt data was analysed to measure if the Health Prompt achieved its planned reach; uptake by consumers; impact on physical health outcomes and physical health needs identification. The 1st of February 2013 (approximate date when Health Prompt data was first entered by staff) to the 31st August 2014 was used as the time period representative of the implementation of the Health Prompt.

Camberwell Assessment of Need (CANSAS) data was also analysed in order to explore the impact of the Health Prompt. Customised data reports were extracted by the Reporting Analyst.

Staff Survey

An online staff survey was developed and distributed to Community Rehabilitation Support Workers (CRSWs) and Peer Support Workers (PSWs) via Survey Monkey. The survey contained 49 closed and open-ended questions about staff satisfaction with the Health Prompt; knowledge and resources; attitudes and perceptions of the impact of the Health Prompt.

Recruitment

Recruitment of respondents was via email from the Chief Executive Officer to all staff with the survey link. State, Regional and Service Managers were also sent the email link and asked to forward this to all CRSW's and Peer Support Workers. Health Promotion Officers (HPOs) and Health Promotion Site Champions (HPSCs) were also asked to support recruitment.

One hundred and twenty-three responses were received. Four respondents were excluded from the analysis because they were not in a role working directly with consumers.³ The total number of survey respondents included in the analysis was 119.

³ Excluded respondents: 2 Service Managers, 1 SPL, 1 Head Office staff member

a. Participants

Table 1 outlines the sample characteristics of the survey respondents.

Table 1. Survey sample characteristics

Sample Characteristics	Response Percent	Response Count
Length of employment at Neami		
Less than 6 months	7.6%	9
6 months-1 year	21.8%	26
1-5 years	56.3%	67
5 years or more	14.3%	17
State		
VIC	26.9%	32
SA	22.7%	27
WA	5.0%	6
QLD	10.9%	13
NSW	34.5%	41
Gender		
Female	68.1%	81
Male	31.9%	38
Other	0.0%	0
First language		
English	87.3%	103
Other	12.7%	15
Main service role		
Outreach	66.4%	79
Sub-acute	8.4%	10
Homeless	1.7%	2
Peer Support	5.9%	7
Arts/Group programs	1.7%	2
PIR	10.1%	12
Other	5.9%	7

b. Analysis

Analysis of responses was conducted using the Survey Monkey tool. Rating scale responses included 6 options. For example, respondents were given the following rating scale to indicate agreement with a statement:

- Strongly Disagree
- Disagree
- Slightly Disagree
- Slightly Agree
- Agree
- Strongly Agree

Analysis defined negative agreement to be in the first three responses and positive agreement as the last three responses.

2.2.2. Qualitative data collection

Staff and consumers' experiences of the Health Prompt implementation and of its use in practice were collated through focus groups, structured phone interviews and informal consultations. Qualitative data collected informed each of Key Evaluation Questions outlined in Section 2.1.

Staff experiences

a. Conversations and semi-structured interviews

Initial scoping of the project was conducted via informal consultation with key staff members. The project worker conducted conversations and semi-structured interviews with the following key staff members:

- Chief Executive Officer
- State Managers
- Service Managers and Senior Practice Leaders
- Health Promotion Officers and Site Champions
- Service Development Manager
- Manager of Projects, Innovation and Research
- Manager of Consumer Participation
- Operational Support Team
- CRSW's
- Other staff members involved in developing and implementing the Health Prompt.

b. Focus groups

Focus groups with support workers were conducted in each state (Victoria, New South Wales, Western Australia, South Australia and Queensland). Focus groups were facilitated by the Project Worker. The Service Development Manager and Manager of Projects, Innovation and Research attended 2 staff focus groups. Staff were asked a range of open-ended questions exploring what was working well and the barriers and challenges being encountered (refer to the Appendix 4 for the schedule of focus group questions). Staff were encouraged to discuss experiences outside of the question schedule. CRSWs were recruited via an email invitation sent to each State and Regional Managers inviting staff representatives from each Outreach site to participate in a focus group.

Table 2 outlines the focus group participants. A total of 41 staff members contributed to focus groups, with 39 CRSW's, 1 PIR Support Facilitator and 1 Peer Health Coach. There were 3 CRSWs supporting individuals in boarding houses and 2 CRSWs who worked in short term programs with consumers.

Table 2. Staff focus group participant characteristics

State	Regional focus group	Number of staff
NSW	Wollongong	8
	Ashfield	7
	Newcastle	5
QLD	Brisbane	6
SA	Seacliff	4
WA	Perth	4
VIC	Blackburn	3
	Heidelberg	4
	Total	41

c. Phone interviews

Structured phone interviews were conducted with Service Managers and Senior Practice Leaders (SPLs). A full list of interview questions is included in the Appendix 3. Participants were randomly selected from each state. Three Service Managers and 3 SPL's were invited and 3 interviews were realised (1 SPL and 2 Service Managers).

Consumer experiences

a. Recruitment

Consumers were recruited via promotion through CRSWs. An information flyer and consent form was emailed to CRSWs to discuss with potential participants. CRSWs were asked to approach consumers whom they thought would be interested in participating. This method was chosen over random selection due to time constraints. Transport support was provided via Cab charges, reimbursement of public transport costs or transportation of participants. Consumers were paid for their participation.

b. Focus groups

Focus groups were conducted with consumers in each state to gain consumer perspectives of the Health Prompt and identify challenges and support areas. The Project Worker asked a range of open-ended questions that are outlined in the schedule (see Appendix 5). A range of engagement activities were employed to facilitate conversations including small groups and visual aids

Table 3 outlines participant characteristics:

Table 3: Consumer focus group participants

State	Regional focus group	Number of consumers
NSW	Wollongong	8
	Ashfield	7
	Newcastle	4
QLD	Brisbane	8
SA	Seacliff	6
WA	Perth	5
VIC	Blackburn	4
	Heidelberg	1
	Total	43

Focus groups were digitally recorded and, in most cases, transcribed through a contracted transcription service. Summary notes were taken by the scribe if present. Thematic analysis was conducted identifying key patterns which are summarised as themes in the chapters that follow.

3. The reach of the Health Prompt

3.1. Who has been offered the Health Prompt

A key objective of Health Prompt Initiative was that all Neami National consumers be offered the opportunity to use the Health Prompt. The Health Prompt has most consistently been offered in outreach services due to the longer term nature of outreach work and the capacity for workers to assist consumers with follow up support in comparison to sub-acute services. Even though all consumers who access any of the Neami services have the opportunity to do the Health Prompt, it is not as consistently delivered across the other programs. It is for this reason that the analysis focuses mainly on outreach services.

Health Prompt data collected on the Carelink+ database is able to provide some insight into the proportion of Neami National consumers who have been offered the Health Prompt compared to the number of consumers using Neami National services. For the purposes of Carelink+ data analysis, the Health Prompt 'implementation period' is defined as the period between the 1st of February 2013 (date of first Health Prompt data entry onto Carelink+) and the 31st of August 2014. The term 'active consumer' refers to an individual who was accessing Neami services within the date range. Table 4 shows the numbers of consumers across Neami sites and services during this time period.

Table 4: Active consumers who were offered the Health Prompt since its implementation

No. of consumers since implementation who were offered a Health Prompt	1683⁴ (90 declined)
No. of HPs completed since implementation	2473⁵
Average no. of HP's per consumer with HP record	1.5 HP's
Total no. of all active consumers	4449⁶.
No. of active consumers in Outreach Services	3331⁷
% of all active consumers who have been offered the Health Prompt	38%
% of active Outreach consumers who have been offered the Health Prompt	50%

⁴ CL+ Health Prompt Aggregate Report 01/02/2013 to 31/08/2014 all consumers

⁵ CL+ Health Prompt Aggregate Report 01/02/2013 to 31/08/2014 all consumers

⁶ CL+ Minimum Data Set (MDS) Report 01/02/2013 to 31/08/2014 total number of active consumers for all states. This count excludes active consumers of MHCSS Intake and Moorabbin, Seaford, Noble Park and Hawthorn Youth Residential Respite Services which commenced on 1/08/14. This count includes: Aboriginal Assertive Outreach, Way2Home, PIR,SA Crisis Respite,VIC-Housing, Unknown, Wadamba Wilam, Joondalup, VIC Northern PARC, Broken Hill, Dubbo, Service Coordination and Pathways.

⁷ CL+ Customised report extracted by Reporting Analyst specific to the requirements to calculate Completion Rates for Outreach Services in Figure 1.(Date range: 01/02/2013 to 31/08/2014). This count excludes Aboriginal Assertive Outreach, Way2Home, PIR,SA Crisis Respite,VIC-Housing, Unknown, Wadamba Wilam, Joondalup, VIC Northern PARC, Broken Hill, Dubbo, Service Coordination and Pathways in addition to the exclusions listed in Footnote 3.

According to the Health Prompt aggregate report for the time period in question⁸, a total of 1683 consumers have been offered the Health Prompt since it was introduced. Table 5 shows staff survey responses in regards to the number of active consumers who were offered the Health Prompt since implementation. These figures are similar to long-standing tools used at Neami such as the CANSAS.

Table 5. Percentage of consumers offered the Health Prompt by staff (as a percentage of all consumers worked with)

Answer Options	Response Percent	Response Count
None	11.6%	13
25%	8.9%	10
50%	11.6%	13
75%	25.9%	29
All	42.0%	47
	Total	112

Eighty percent of respondents who offered the Health Prompt to most of their consumers worked in outreach services. This is consistent with the Carelink+ analysis.

Staff and consumer focus group data was consistent with quantitative findings with regards to overall Health Prompt uptake across services. The small number of staff from services who worked on a shorter term basis with consumers stated that they offered the Health Prompt on intake at least once. Interviews with outreach Service Managers and SPLs indicated that the expectation at sites was for outreach CRSWs to deliver the Health Prompt with consumers. PSWs and PIR Support Facilitators were not expected to offer the Health Prompt to consumers. In some cases, non-outreach staff did offer the Health Prompt to consumers.

⁸ Health Prompt Aggregate Report, Carelink +, 01/02/2013 to 31/08/2014, all consumers

3.2. Completion rates of the Health Prompt

3.2.1. Consumers

The following figures show the proportion of active consumers with ‘up-to-date’ Health Prompts in each state from January 2013 to August 2014. An ‘up-to-date’ Health Prompt refers to an active consumer who has completed a Health Prompt within the last 6 months. For example, if a consumer was using Neami services in April 2014 and their last Health Prompt record was in December 2013, they have an ‘up-to-date’ Health Prompt (their next 6-monthly Health Prompt would be due in June 2014). Figure 1 shows the proportion of active consumers of outreach services in each state each month who have an up-to-date Health Prompt.

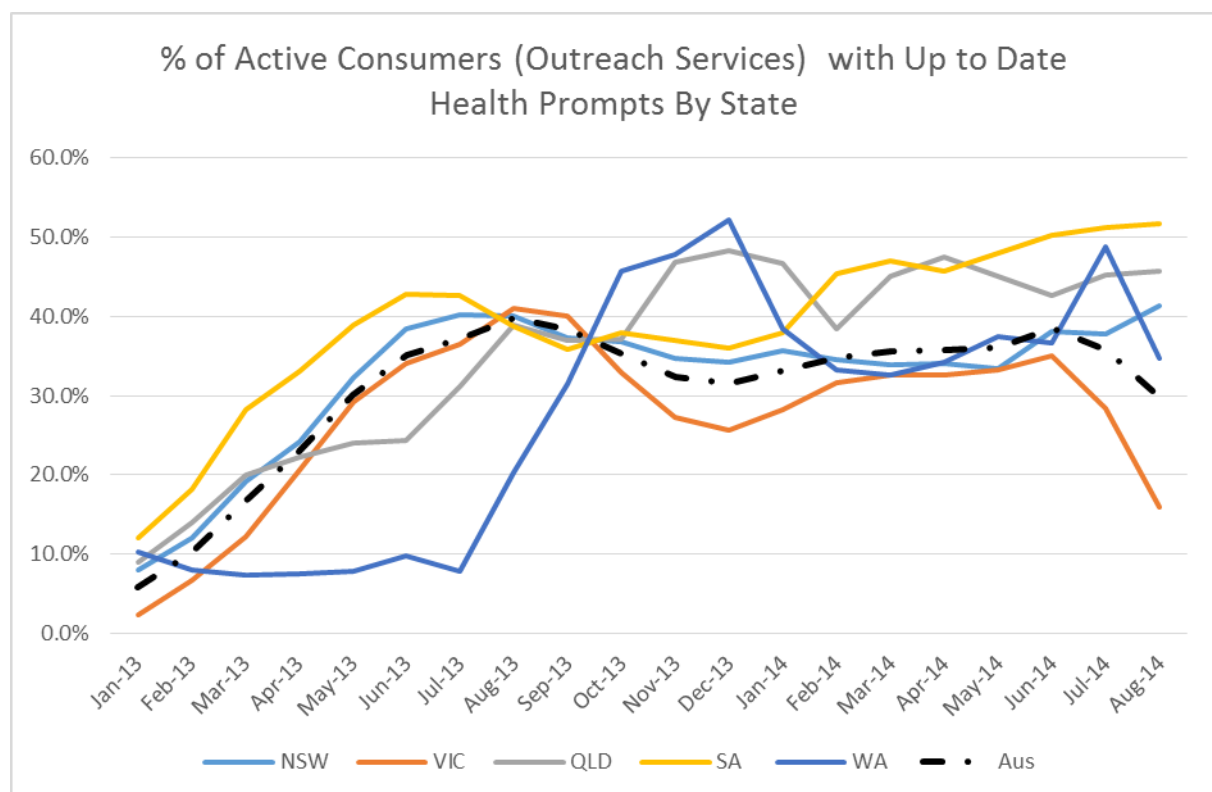


Figure 1. Proportion of active consumers with an ‘up-to-date’ Health Prompt record on CL+ (Outreach Services only)⁹

Completion rates of the Health Prompt were lower in the first half of 2013 in WA compared with the national average. There was a 40% increase in completion rates in WA from July to December 2013. This is likely to be explained by the timing of recruitment of a HPO in April and promotion of the Health Prompt.

In September 2013 the state completion rates met the average line at around 37%, which remains approximately the average until June 2014. As seen from the graphs, the rate at which the percentage completed plateaus between 30-50% depending on the state. This is similar to what is

⁹Customised chart developed by Reporting Analyst, data extracted from Carelink+. (Outreach Services only)
Excludes: MHCSS Intake and Moorabbin, Seaford, Noble Park and Hawthorn Youth Residential Respite Services
NSW AAOS, NSW Way 2 Home, PIR, SA Crisis Respite, YRR Services, VIC Housing, Intake, VIC Northern PARC,
Broken Hill, Dubbo, Joondalup, Pathways, Service Coordination

seen with other practice tools. With turnover of staff and changes these dips and plateaus are to be expected.

There is a sudden drop in percentage completed in August 2014 for Victoria which dips down to 16%. This corresponds to the time when the recommissioning changes were at their height and significant organisational change is likely to have affected the number of HP completion rates.

3.2.2. Staff Views of Uptake

Table 6 shows that 60% of staff survey respondents said they offered the Health Prompt to the same consumer every 6 months as per the Health Prompt Guidelines. Of the respondents who indicated they were offering the Health Prompt every 6 months, 85% worked in outreach services.

Table 6. Number of Times staff are offering the Health prompt to the same consumer

Answer Options	Response Percent	Response Count
Once every 6 months	60.2%	65
Once and subsequently only if a health need is identified	13.9%	15
Once	10.2%	11
None of the above: please specify	15.7%	17
Total		108

From this we can see a difference between staff perceptions of offering the Health Prompt at a higher rate than what we see in completion rates on Carelink+. Staff perceptions are an estimate of what they perceive to be doing in regards to offering the Health Prompt which may be different to what is actually happening. There may also have been a lag between when a Health Prompt is offered and/or completed and entering this onto Carelink +.

3.3. What are the decline rates of the Health Prompt?

Only 5% of all consumers who were offered the Health Prompt since its implementation have declined.¹⁰ Figure 2 illustrates that 67% of consumers who declined to do a Health Prompt still had a discussion about physical health even if they did not do the Health Prompt.

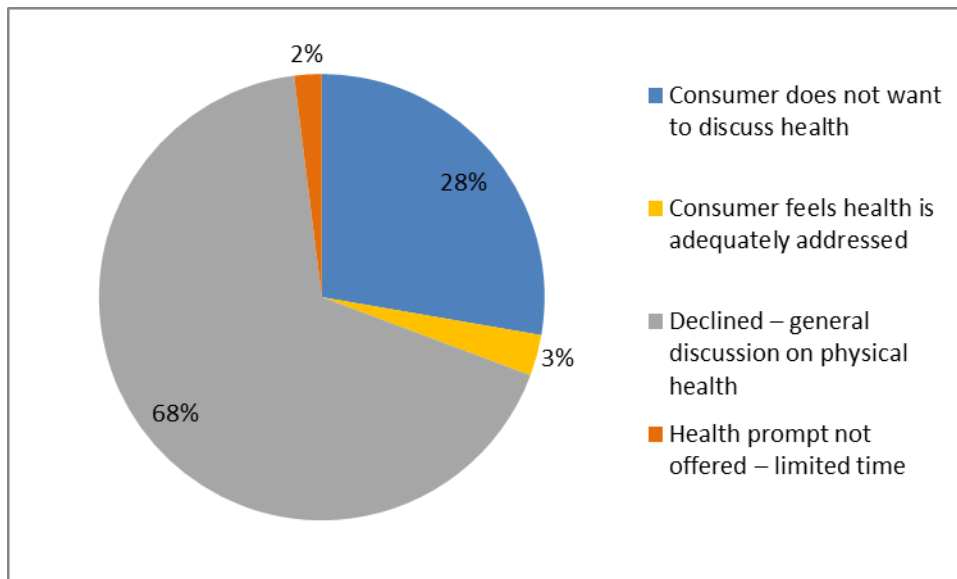


Figure 2 . Reasons for declining a Health Prompt (Carelink+ Health Prompt Decline Records)¹¹

Survey analysis showed that staff perceptions of decline rates was also very low, with 67% of respondents indicating that none of the consumers they had offered a Health Prompt had declined. Staff perceptions of reasons for decline showed a similar distribution of responses to Figure 2.

3.4. The Health Prompt in sub-acute services

Whilst the evaluation focused mainly on outreach services we also mention sub-acute services as an example of the Health Prompt uptake in a different context.

Table 7. Reach of the Health Prompt in Sub-Acute Services

No. of active consumers in Sub-Acute Services	474 ¹²
# of consumers who were offered a HP	86
#HP's completed	105
% Sub Acute consumers offered the HP	18%

Approximately 18% of consumers who used sub-acute services were offered the Health Prompt since it was implemented. Anecdotal evidence suggests that consumers who were receiving outreach support, and then subsequently entered sub-acute services, may already have been

¹⁰ Taken from CL+ Health Prompt Declined Report, 01/02/2013 to 31/08/2014, all consumers

¹¹ As per Footnote 6 and 7

¹² Taken from CL+ MDS Report, Active consumers within date range 01/02/2013 to 31/08/2014. This figure includes active consumers from the following subacute services: Joondalup, Northern VIC PARC, Broken Hill and Dubbo sites.

offered a Health Prompt by their outreach worker. This may explain the lower uptake rates in sub-acute services for the time period in question.

Only 10 staff survey responses were received from sub-acute services. However; 8 out of 10 respondents indicated they offered the Health Prompt to 75% or all consumers and that there was a low decline rate (78 % of respondents indicated that no consumers had declined the Health Prompt when offered).

3.5 The Health Prompt and CALD and ATSI consumers

Table 8 shows that 31% of all ATSI consumers of Neami Services during the implementation period were offered the Health Prompt by their worker at least once. CALD consumers were identified in Carelink+ by country of birth data for the purposes of this analysis. Forty-six percent of consumers who were born outside Australia were offered the Health Prompt. This indicates that the Health Prompt is reaching ATSI and CALD consumers in similar rates as to other consumers.

Table 8. Reach of Health Prompt to CALD AND ATSI consumers¹³

% of Active ATSI consumers offered the Health Prompt	31%
% of Active CALD consumers born outside Australia offered the Health Prompt	46%

Summary of chapter

According to Carelink+ data, the Health Prompt has been offered at least once to 38% of Neami consumers across all services since its implementation. Within outreach services it has been offered to 50% of all consumers.

Completion rates over time show a similar trend to those of longer standing Neami tools, reaching an average plateau rate of around 37% of consumers. This indicates a good rate of uptake of the resource.

Staff perceptions of uptake are that the Health Prompt has been offered to most consumers in outreach services on a 6-monthly basis as per its objectives. Decline rates are low.

¹³ Sources of data for this table:

ATSI active consumer data taken from MDS Report 01022013 to 31082014. Consumers filtered by Indigenous Status: Aboriginal but not TS Origin, Both Aboriginal and TSI Origin or TSI but not Aboriginal Origin.

ATSI Health Prompt data taken from Health Prompt Aggregate Report 01/02/2013 to 31/08/2014 filtered by Indigenous Status: Aboriginal but not TS Origin, Both Aboriginal and TSI Origin or TSI but not Aboriginal Origin.

Active no. of consumers born outside Australia data taken from Crystal Report generated by Reporting Officer 01022013 to 31082014 This data includes people born in all other than : Australia, NZ, UK, USA, England, Scotland, Ireland

Country of Birth Health Prompt data taken from Aggregate Report 01022013 to 31082014, consumers born in all countries other than those listed above.

The Health Prompt is being offered to consumers in sub-acute services at a lower rate than in other services. However, in those sub-acute services where the Health Prompt is administered, similar gains in health literacy are made and the resource is reported to be useful for consumers in having conversations with their GP post-discharge.

The Health Prompt is being offered at least once to CALD and ATSI consumers at similar rates to consumers across all Neami Services

4. Impacts of the Health Prompt

4.1. Identifying physical health needs

The Health Prompt was developed in response to a current Neami Health Promotion priority area “Physical Health Needs Identification”. Response changes from ‘no’ to ‘yes’ or vice-versa can be interpreted to identify consumer physical health trends. Significant increases in ‘no’ responses between first and last Health Prompt records would suggest a physical health priority area. Figure 3 shows that 26 consumers changed their response to ‘no’ between their first and last Health Prompt record for the waist measurement question, and 10 consumers for the eye check question. This is calculated as a percentage point change (the difference between the percentage of consumers who answered ‘no’ to the question the first time, and the percentage of consumers who answered ‘no’ on their most recent Health Prompt).

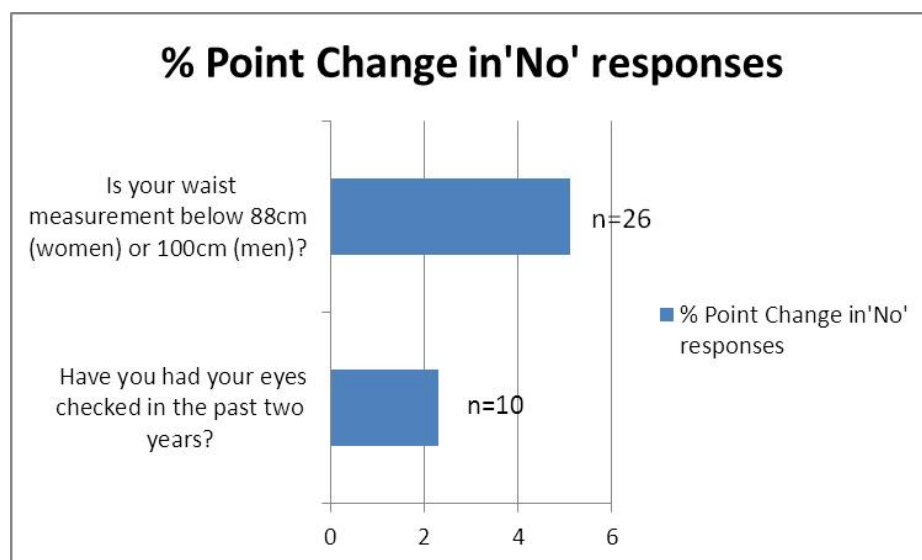


Figure 3: Increases in ‘no’ responses ¹⁴

This result indicates that 26 consumers identify as having a waist measurement above the recommended health standard for their gender. Other questions which had shown small increases in consumer ‘no’ responses over time were not included as the sample size was negligible. As more Health Prompt data is collected over time these trends are likely to become more visible.

¹⁴ Customised data from the Reporting Analyst showing percentage point changes, First and Last Record Health Prompt data, 01/01/2013 to 30/06/2014

Table 9 shows the Health Prompt aggregate reports for the 2013/2014 financial year and shows the questions most commonly answered ‘no’ by consumers.

Table 9. Top 10 ‘No’ responses¹⁵

Health Prompt Question	n = 1,575	rank
12. Have you had your skin checked in the last year?	70.1%	1
09. Do you eat 5 or more servings of vegetables per day?	59.7%	2
28. MEN ONLY: If over 45, have you had your prostate checked in the last year?	57.2%	3
26. WOMEN ONLY: Have you had your breasts checked by a doctor in the last 2 years?	53.4%	4
08. Do you eat 2 serves of fruit per day?	53.3%	5
23. If over 50, have you spoken to your doctor about bowel cancer?	52.3%	6
16. Have you had a dental check-up in the last 6 months?	52.3%	7
06. Do you do 30 minutes of moderate exercise 5 days per week?	50.4%	8
15. Are you a non-smoker?	47.0%	9
11. Is your waist measurement below 88cm (women) or 100cm (men)?	46.1%	10

Table 9 indicates that 70.1% of consumers have not had their skin checked in the last year and 59.7% do not eat 5 servings of vegetables according to their Health Prompt responses. The top 10 ‘no’ responses provide some insight into where Health Promotion target areas should be in terms of overall responses, but the paired data analysis and qualitative data is able to provide more insight into how consumers are progressing over time.

4.2.Improving health literacy

Responses to the staff survey indicated that 92% of staff felt that they had had an increased knowledge of consumer physical health needs since using the Health Prompt.

This was reflected in staff experiences shared during focus groups. Workers described how the Health Prompt had prompted them to conduct their own research into health topics in order to be more informed of consumer physical health issues and also for themselves.

“It’s a very good way of increasing health literacy for everybody involved. (I) come to a question and I have no idea what mine would be, (so) I go and research that for myself” (CRSW)

“If they got to a question I never really thought about before, (I thought) ‘why not go and find out?’” (CRSW)

‘One of the things I wasn’t really aware of was that people with a mental illness can have physical factors that lead to a shorter lifespan by 20 years’. (CRSW)

¹⁵ Drawn from Health Prompt Aggregate Reports for the 2013/2014 financial year . Data was adjusted to only include relevant gender and/or age groups for screening questions.

At a site level workers and managers described initiatives to increase their health knowledge and literacy. Organising health information sessions led by a guest speaker (someone from the team or the HPO) was one way that sites had initiated their own health education.

“Within our meetings here we’ve got reflective practice and we try and get (a guest speaker) in around health or smoking cessation or oral health” (CRSW)

Consumers described an increased general knowledge of health issues since using the Health Prompt. Consumers shared experiences of doing their own research into topics that had been raised through the Health Prompt including what constituted a healthy diet or the side effects of their medications. There was a sense that the conversations and topics generated by the Health Prompt had been a trigger for consumers to investigate ways of improving their health.

Conversations between consumers themselves during focus groups highlighted how they had undertaken research into health subjects and had been asking questions about physical health. This was evident in the conversation during one focus group:

Consumer 2: “Once I looked into it, diet is pretty much more important than exercise (to maintain a healthy weight). A lot of people have different ideas as to what the best nutrition is”

Consumer 3: “He’s totally correct. I mean, research shows that diet is about 80 or 90 percent, more so ... than exercise”.

Consumers indicated how they had sought more information to help them make more informed health choices.

“I find every day that I’m making choices and decisions about my health, so I’m not just going to the cupboard and thinking there’s some lolly. I’m thinking ‘I can have some fruit. Every choice that I make I try to make a positive health choice” (Consumer)

4.3. Having health conversations

The majority of the staff survey respondents indicated that they felt more confident in having health conversations with consumers and that they were having more frequent health conversations as a result of the Health Prompt. As demonstrated by Figure 4, over 90% of survey respondents agreed with statements regarding confidence and frequency of health conversations.

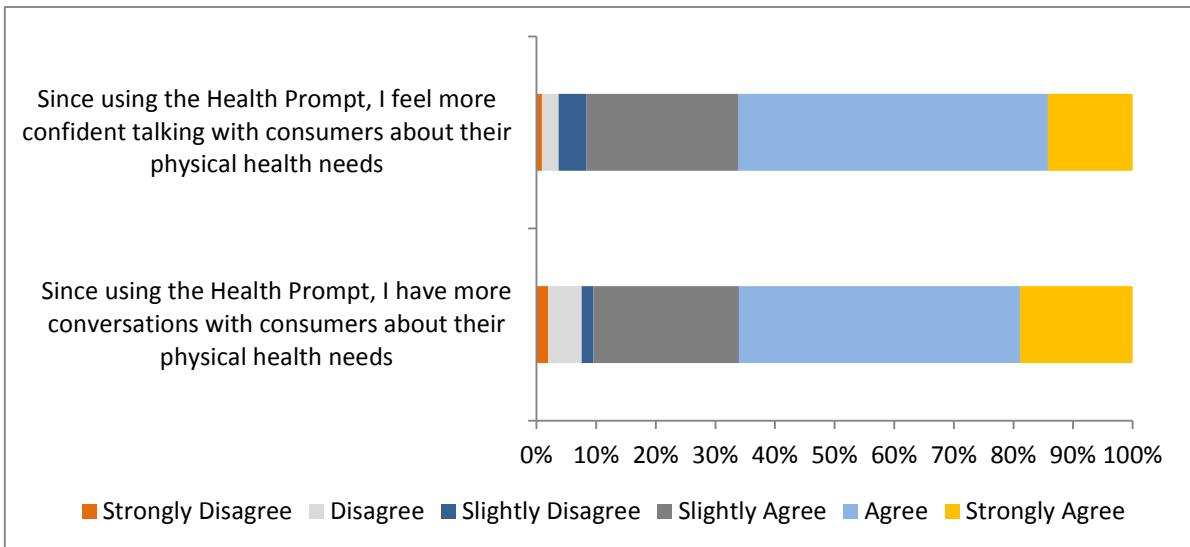


Figure 4: Staff perceptions of confidence and frequency of health conversations¹⁶

Staff described how the Health Prompt ‘planted the seed’ for consumers and staff to think about physical health issues and how this directed their future conversations. They talked about using the Health Prompt to raise a health topic with a consumer initially, and how they referenced it when following up with a consumer’s actions down the track. One CRSW stated:

“Even if (consumers) don’t follow up on it, they think of it, it’s that seed that’s been planted, it’s something that creates further conversation down the track’. (CRSW)

Staff talked about how the Health Prompt facilitated physical health conversations with consumers and described an increase in frequency of conversations. There was also a sense that the tool itself identified priority areas for staff to talk to consumers about and gave consumers an opportunity to elaborate on certain health areas if they wished to. It appeared that workers found the Health Prompt a good reference tool to use to bring up topics with consumers about physical health that were difficult to raise or would have been missed otherwise.

“It brings up stuff for women and their pap smears which is really important. It’s good to actually have it on the form so you remember (to talk about it).” (CRSW)

“The Health Prompt’s the first place that you are likely to find out about (health) issues. Even if it’s not particularly in depth or they don’t want to talk about it any further, it’s just a way to start a conversation and they might want to bring up another issue.” (CRSW)

“It just sort of starts conversations about general health ... it easily flows on from some of these questions and gets consumers thinking about it more.” (CRSW)

“I think the conversations have gotten better and they’ve increased.” (CRSW)

Workers described the importance of re-visiting health conversations on a regular basis, so that it became incorporated into the work with a consumer. Keeping the conversation going and referring to the physical health topics regularly was described as having positive outcomes.

“When you’re constantly talking about it, four months down the track, they’re starting to tell me, ‘You’ve got to make sure you have your fruit’. So we have those discussions and it’s really (good).” (CRSW)

¹⁶ Survey Monkey Summary Data, Staff survey

“Persistence over time doing Health Prompts and talking about issues he’s now started thinking ‘maybe I can do this, maybe I can walk. By doing this he’s gone from being stuck in a walker to getting around on his own legs.” (CRSW)

Staff who had seen positive outcomes from the Health Prompt, described linking the Health Prompt questions into a bigger conversation about mental health and physical health, and making it relevant to the consumer. They described explaining to the consumer why the questions were being asked and how they were part of the holistic view of well-being.

“I try to show the consumer how it is all connected, how it is all relevant. So if I’m asking you about your sleep, there’s a purpose behind me asking you. If you’re not sleeping well, it could affect your mood, your outlook, your goals....” (CRSW)

“I talk about the relationship between physical, mental and social health, the holistic view. Some consumers responded really well to that.” (CRSW)

Staff confidence in having health conversations was varied. Whilst workers talked about increased frequency of conversations, some described a lack of confidence linked to a lack of knowledge of certain health topics. This seemed to be dependent on the topic and the context. Workers talked about having difficulties in explaining the questions to consumers when they did not have the background or referral knowledge.

“I don’t usually talk to consumers if there is something that I’m not good at, because I don’t want to say the wrong thing or give them the wrong information.” (CRSW)

“Sure I can talk about a couple of things, but I’m not an expert.” (CRSW)

Some workers gave examples of using the Health Prompt to provide information to consumers about physical health. They described how the Health Prompt questions themselves assisted them to provide information to consumers. In other instances, they did their own research in order to be able to provide information.

“I had a conversation with one of my guys (about the water question). He (said) he had one cup before dinner. I said, ‘you’re actually meant to have 8 cups of water a day’, he just had no idea”. (CRSW)

“...So I got some information on alcohol, and we then talked about what drinking too much is actually doing. I found a liver brochure and just showed him.” (CRSW)

“It gives me a starting point when I’m not sure, it’s there on the form. ‘Do you have enough sleep?’ That’s one that I check on quite often because sleep is so important for your mental health.” (CRSW)

4.4. Raising awareness

The impact of the Health Prompt on raising consumer awareness of physical health is not clearly identifiable from the Health Prompt data captured on Carelink+. Health Prompt records only capture consumer changes to ‘yes’ or ‘no’ responses. However, data analysis of consumer responses to other Neami assessment tools such as the CANSAS tool provide some idea of how consumers have been prioritising their physical health since the Health Prompt was implemented.

The CANSAS tool covers a range of consumer health and social needs as rated by consumers and staff. By looking at how consumers rated their physical health as an ‘unmet need’ on CANSAS before, after and during the implementation of the Health Prompt, we are able to gain insight into

the extent to which the Health Prompt has had an impact on consumer awareness of physical health needs.

Figure 5 shows the percentage of consumers who selected physical health as an 'unmet need' on the CANSAS-P assessment from January 2011 to June 2014. The figure shows a 13% increase in consumers who identified physical health as an 'unmet need' from January 2013 to June 2014. This corresponds to the time when the Health Prompt became routine practice. This implies that the introduction of the Health Prompt has contributed to an increase in consumer awareness of physical health as a priority. This is consistent with staff and consumer feedback.

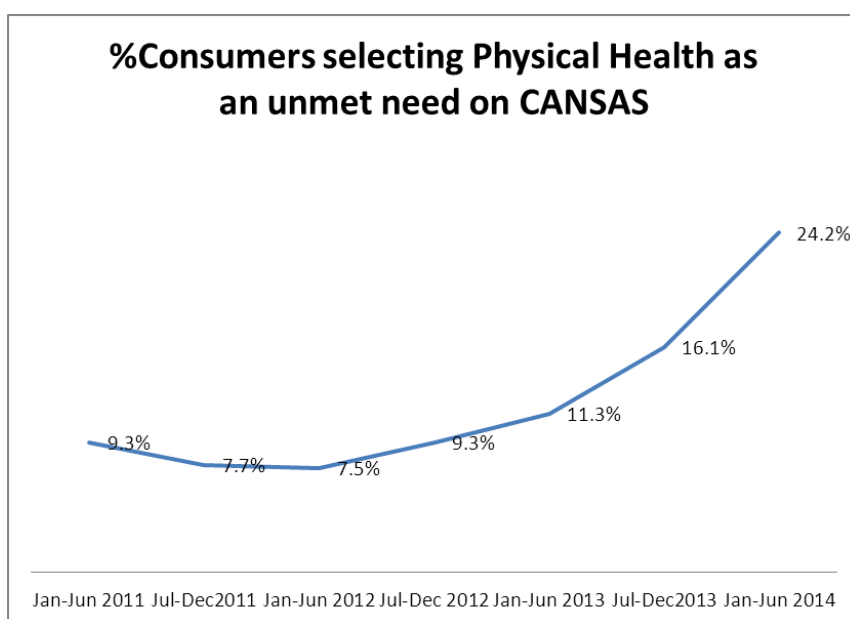


Figure 5. Proportion of consumers who selected Physical Health as an Unmet need on CANSAS¹⁷

Consumers shared experiences of how the Health Prompt had raised their awareness of their physical health issues and had helped them identify areas they wanted or needed to work on. In some cases, the Health Prompt had brought their attention to aspects of their physical health that until then, they had not thought about. Consumers described how the tool had made them become aware of the state of their physical health and the importance of addressing aspects which they had been neglecting. There was a sense that for many consumers, there had been a mental shift in the importance they placed on improving their physical health as part of their overall recovery. Many described this realisation as a confronting but important one.

“It was confronting because I’d neglected that side of my health for so long. Fortunately for me I was well enough mentally to follow through and get the checks done. It’s got me back on track.” (Consumer)

“There’s things on (the Health Prompt) that I would never have thought of. It gets me thinking about it. I’m just sick of my physical state and I’m trying to turn that around.” (Consumer)

¹⁷ Customised CANSAS data report generated by Reporting Analyst from CL+

“The Health Prompt raised my awareness and totally was a motivating factor in choosing to change my lifestyle.” (Consumer)

“I worry about my mental health all the time, and (I) forget about the rest). But I’ve noticed (since doing the Health Prompt), it’s all coming together.” (Consumer)

Workers also talked about how the Health Prompt had brought health into focus in their work and how as a result they felt more aware of the consumer’s physical health needs. Similar to consumers, they described how, due to competing priorities, they might not have realised that the consumer’s physical health needed to be prioritised. As related by consumers, workers talked about the Health Prompt raising their awareness of physical health and its link with mental health.

“We can be so caught up in the mental health or the drugs and alcohol or the homelessness and we haven’t really stopped and really noticed”. (CRSW)

“If you know how they’ve answered some of the questions you can be observant as to, for example, how far they can walk to the shop. (It helps you to be) conscious of their physical limitations due to medical health reasons.” (CRSW)

Workers also described how they were more aware of their own health as a result of the Health Prompt. They talked about the parallel process of being more mindful of their own health and how this was reflected in their work with consumers. This raised awareness led to staff attempts at modelling healthy behaviour for consumers.

“It gives me self-awareness, I need to practise what I preach with it, so that I’m demonstrating the good health behaviours as well. Then I know I can support consumers with that a lot better.” (CRSW)

4.5. Prompting action

Consumers’ increased awareness of their physical health needs and the importance of paying attention to these as a result of the Health Prompt led consumers and staff to take action in several ways. Consumers also described a sense of empowerment that came with taking action towards improving their health or being able to influence the conversations they had with their GP.

4.5.1 The Health prompt as reminder for action

Consumers and staff described the Health Prompt as a ‘prompt’, a tool that was used in a practical way to remind consumers and staff about physical health issues and related follow-up tasks:

“A good reminder of things that you should be doing that kind of get pushed to the side a bit.” (Consumer)

Consumers talked about the Health Prompt being helpful as a reminder of what they needed to do to take care of their physical health. Consumers described the Health Prompt as a ‘trigger’ to help remind them of areas of their health they wanted to follow up on. Some consumers had been keeping their own copy and described creative ways of using it as a practical tool themselves:

“I keep (the Health Prompt) on my dining table so that every morning when I get up it’s there and if I need to be aware of something ... I go and see the doctor ...and I can pick that up and have a quick look and say okay what else do I need to ask him.” (Consumer)

Consumers and staff noted that this function was most effective for individuals who responded to visual reminders. In particular they talked about it being helpful to have a visual reminder of their physical health 'to do list' when in an acute state of anxiety or depression:

"I pop (the Health Prompt) into my diary ...or else I just forget. I find that in the moment when I'm having anxiety attacks and things like that, I don't remember what I was going to take care of, so that way it keeps it here and now... I haven't just forgotten about it and I've taken care of me, which is key." (Consumer)

"For years I was unable to remember appointments.... and the Health Prompts are a handy reminder because I forget things so quickly and it's a reminder of things I need to do to go and see a doctor about. Without the Health Prompt I'd be lucky if I'd remember one." (Consumer)

4.5.2. Improving physical health

Findings from both the quantitative and qualitative data revealed that a significant impact of the Health Prompt was to enable consumers to take steps towards improving their health by going to health professionals and working towards specific health goals.

Consumer and Staff Experiences

Consumers and staff described significant consumer achievements of small and larger goals triggered by doing the Health Prompt. The Health Prompt gave consumers a sense of empowerment that came with taking action towards improving their health, or having a dialogue about what they felt was a priority for them.

"I talked about whatever was on here (the Health Prompt) and I saw the dietician, I saw the dentist, I got my eyes checked, stopped smoking" (Consumer)

"Up until last year I was still smoking 70 cones (of cannabis) a day. Now I might have 2 days a week where I'll have a smoke. So it's a massive difference. The next step is to get away from it all together" (Consumer)

"I've got a couple of consumers that stopped smoking for a year and a half. It's great to do the Health Prompt again and now they're saying 'yes, I'm a non-smoker'" (CRSW):

Apart from taking steps to reduce or stop smoking, some consumers had also had taken steps to make healthier diet choices after using the Health Prompt.

"Before I actually got one of these (Health Prompt, I never used to eat vegetables, but now I eat more fruit and vegetables, I am cooking a lot more for myself too." (Consumer)

Losing weight had been a goal for many consumers who participated in the evaluation and several of them talked about the Health Prompt leading them to change their lifestyle and lose weight.

"I've lost probably 20 kilos to date" (Consumer)

"Carly's helped me a lot with losing weight I've lost probably about 20 kilos up until this date" (Consumer)

*"That scared me knowing my obesity was a big factor in this (so) I changed my lifestyle"
(Consumer)*

Therefore; the Health Prompt enabled consumers to take control of their physical health by either taking active steps to address a physical health issue that they became aware of as the result of the

Health Prompt or by taking practical steps towards issues that they may have already been aware of but that they had not been able to work on until then.

Survey data

Increases in consumer ‘yes’ responses over time also give an indication of improvements in physical health outcomes, regularity of health checks, and consumer self-management of physical health.

Figure 6 shows questions where there have been increases in ‘yes’ responses since the implementation of Health Prompt. These increases are calculated as a percentage point change in ‘yes’ responses over time.

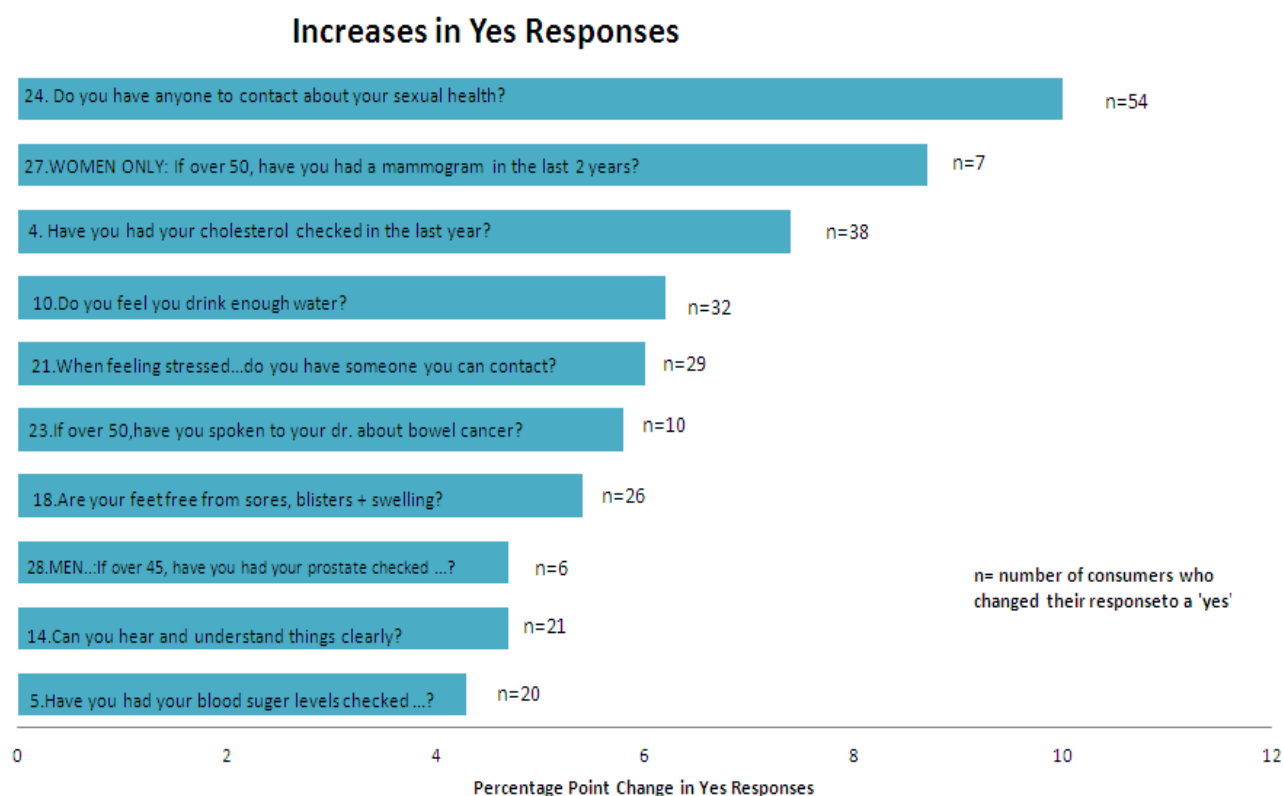


Figure 6. Top 10 Increase in ‘Yes’ responses¹⁸

Fifty-four consumers changed their response to ‘yes’ for the question ‘Do you have anyone to contact about your sexual health?’ between Health Prompts, indicating that they now had done something about it. This relates to a 10% percentage point increase in ‘yes’ responses to this question. Thirty-eight consumers indicated that they had had their cholesterol checked since their last Health Prompt. Twenty-nine consumers felt they had someone to contact when feeling stressed.

Whilst the number of consumers who changed their response to a ‘yes’ for having had a mammogram or prostate checked was relatively small, these corresponded to a large proportion of

¹⁸ Customised data from the Reporting Analyst showing percentage point changes, First and Last Record Health Prompt data, 01/01/2013 to 30/06/2014

the number of consumers who actually answered the question. This is because these questions were answered by only women (for the mammogram question) or men (for the prostate question).

Increases in 'yes' responses to other physical health check questions are outlined in Figure 7. These increases imply that there has been an increase in the regularity of physical health checks since the introduction of the Health Prompt.

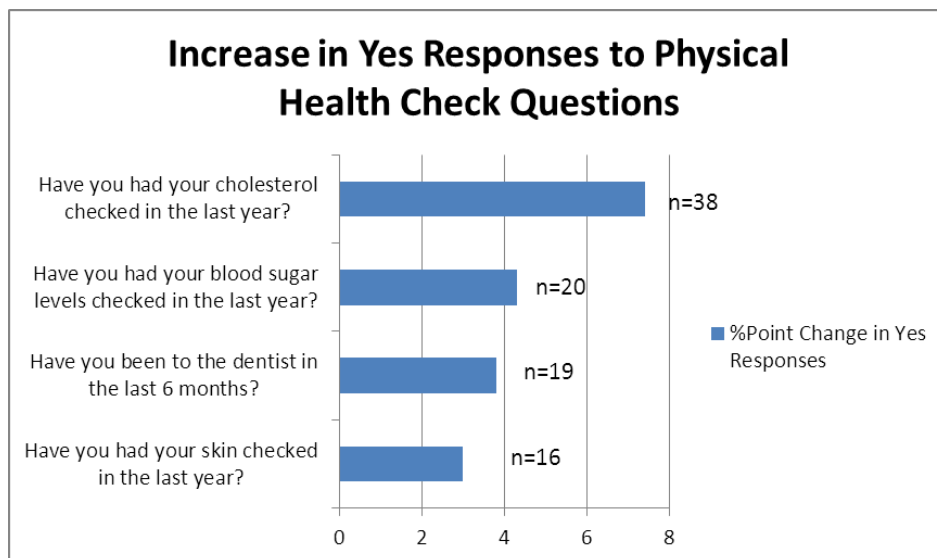


Figure 7. Increase in yes responses to Physical Health Check Questions¹⁹

Whilst the increases in 'yes' data does not capture the progress that a consumer has made that is not represented by a 'yes' response, it clearly shows the impact of the Health Prompt in improving physical health outcomes in these question areas.

¹⁹ Customised data from the Reporting Analyst showing percentage point changes, First and Last Record Health Prompt data, 01/01/2013 to 30/06/2014

Top 10 'Yes' responses

The most commonly answered 'yes' questions give us an idea of the health areas in which consumers perceive they are doing well. Table 10 shows the top 10 questions to which consumers have responded 'yes'.

Table 10. Top 10 'Yes' Responses, Financial Year 2013/2014²⁰

Health Prompt Question	n = 1,575	rank
07. Do you have at least 2 alcohol free days per week?	84.4%	1
01. Do you have a regular GP?	83.6%	2
02. Are you satisfied with the relationship you have with your GP?	80.1%	3
21. When feeling stressed or emotionally unwell, do you have someone you can contact?	78.8%	4
03. Have you had your blood pressure checked in the last 6 months?	76.9%	5
14. Can you hear and understand things easily?	76.7%	6
17. Are you able to keep your balance and have not fallen recently?	72.4%	7
20. Do you feel you have enough information about the medications you are currently taking?	72.0%	8
18. Are your feet free from sores, blisters and swelling?	70.4%	9
22. Do you feel that you have healthy bladder and bowel function?	69.5%	10

Table 10 shows that 84.4% of consumers stated they had at least 2 alcohol-free days a week; 84% indicated they had a regular GP; and 80% responded that they were satisfied with their GP.

However, there is an interesting discrepancy between the Top 10 'yes' response data and the experiences of consumers and staff with regards to the GP relationship question. This is inconsistent with the experiences shared by both staff and consumers that many consumers felt that they were not listened to by their GP or did not receive the information or care they needed. This will be elaborated upon further in Section 5.4.4.

Surprisingly, 72% of consumers responded 'yes' to feeling that they had enough information about their medication. A key theme raised by consumers who participated in focus groups was that they did not have enough information about side effects of medications. This is elaborated upon in Chapter 5.4.2. It is unclear why this discrepancy exists. One possible reason could be responding positively to questions as a strategy to avoid a conversation or to please the worker.

Staff perceptions

Staff perceptions of whether the Health Prompt had improved physical health outcomes for consumers were positive (see Figure 8). The vast majority of survey respondents indicated agreement that the Health Prompt had led to more referral pathways and more regular and better quality physical health checks for consumers.

²⁰ Drawn from Health Prompt Aggregate Reports for the 2013/2014 financial year. Data was adjusted to only include relevant gender and/or age groups for screening questions.

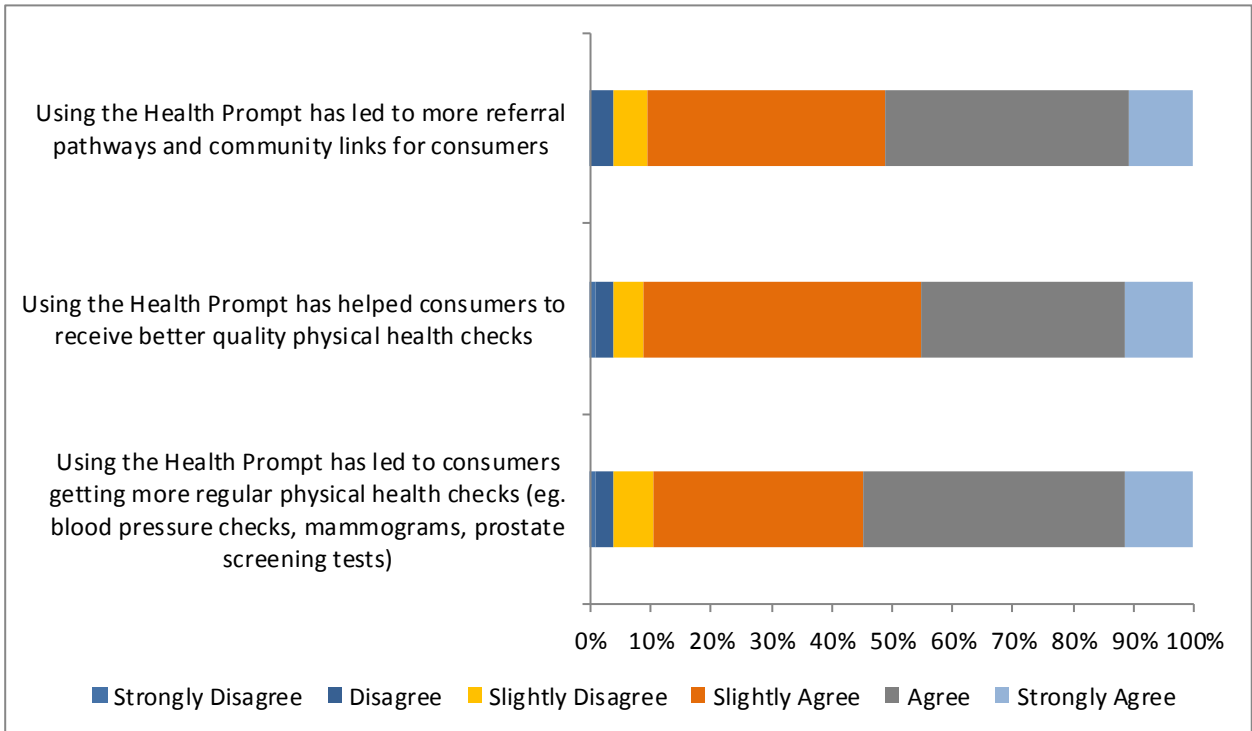


Figure 8. Staff perceptions of whether the Health Prompt is improving physical health outcomes²¹

4.6 Increasing referral pathways

There was limited information captured on Carelink+ to track if the Health Prompt is having an impact on consumer referrals to services. However; the staff survey and qualitative data are able to provide some idea of this.

About half of survey respondents indicated that they ‘sometimes’ referred a consumer to a relevant physical health service after doing a Health Prompt. However; 90.4% of respondents agreed that using the Health Prompt had led to more referral pathways and community links for consumers. This would suggest that staff perceived an improvement in overall community links and referral pathways, but they were not necessarily making more regular referrals as a result of the Health Prompt.

Table 11. Staff perceptions of whether or not using the Health Prompt has led to more referral pathways and community links for consumers

Answer Options	Response Percent	Response Count
Strongly Disagree	0.0%	0
Disagree	3.8%	4
Slightly Disagree	5.8%	6
Slightly Agree	39.4%	41
Agree	40.4%	42
Strongly Agree	10.6%	11
	Total	104

²¹ Staff Survey Data Analysis, Survey Monkey

Focus groups found mixed responses from staff as to whether or not they were making more direct referrals as a result of the Health Prompt. Some staff described significant increases in referrals and others said there was no difference.

“We’ve got 75% of our consumers from the dentist question all linked up with dentists, or they got linked in to the hospital dentist, from that question.” (CRSW)

“I think it’s the same as before, we always try to push it (referrals) but I haven’t noticed much of a difference” (CRSW)

“I think the conversations are better but the amount of referrals or contact with other organisations is about the same” (CRSW)

However; there was a sense that the increased conversations with consumers about physical health had led to more consumers accessing health and community services overall.

In some cases sites and individual workers described increases in consumers accessing relevant services through their GP, including being linked in with ‘Health Care Plans’.

“A couple of my consumers have been to the doctor and had Physical Health Care Plans created which gives them access to a mental health care plan, dieticians, podiatrists, optometrists, they get up to five visits.” (CRSW)

“All this led to the consumer seeing a GP and getting a care plan and referral for a podiatrist who covered a lot of things” (CRSW)

There was a sense that workers were having more frequent contact with health and community services. Workers described supporting consumers to attend appointments and how this had brought them in more regular contact with other services. Staff also described initiatives such as the Health Prompt Launch or other Health Prompt promotion opportunities in which they had sought to collaborate with other services to provide group activities or sessions with consumers and staff. Whilst the frequency of collaboration with other services was not consistent across all sites, there was an overall sense that collaboration was slowly increasing.

“From this (the Health Prompt), I’ve gone with people to get eyes checked, gone to the doctors with people and used the form, so I suppose that’s all part of that collaboration work, especially with the GP.” (CRSW)

“When we had the Health Prompt Launch Day we connected with lots of people. We had someone come and do something some really basic physical activities that people can do sitting down. “(CRSW)

“For Mental Health Day last year, we did maybe 200 Health Prompts with people that were at the Mental Health Day event.” (CRSW)

4.7. Consumer empowerment in relationship with GP

The empowerment of consumers in taking steps to manage their physical health mentioned earlier was also very evident in the ways in which, since doing the Health Prompt, consumers were able to advocate for themselves and navigate the health system to ensure that their needs were met. In particular, the GP questions and the medication question had been successful in prompting awareness, discussion, and action from consumers. Workers talked about how they had used this question as a way of engaging consumers in conversations that explored how well their GP was meeting their physical health needs.

One CRSW working with consumers in boarding houses described this:

“The biggest question for me ‘Are you satisfied with your GP’, it’s a great conversation starter that you work on for a long time after that. (For example,) what would you expect from a good GP, what would a good GP relationship look like, how would it be different to this one? (CRSW)

The questions relating to GPs had generated conversations with consumers and, in several cases, led consumers to take action to improve their GP relationship. After completing the Health Prompt some consumers actively looked for a GP:

“When I first filled this out I didn’t have a GP. I have a GP now. I found my local medical centre, saw a couple of different GP’s so I can be a bit more flexible.” (Consumer)

Several consumers described reflecting on their GP relationship because of the Health Prompt. They talked about realising that they had been with the same GP for many years and that they were not having their needs met. They described taking action to find a new GP that would meet their needs and how this had led to positive outcomes:

“I feel it’s made a difference in my recovery.... I’ve made leaps and bounds, isn’t that amazing what a difference a right GP can do.” (Consumer)

“This helped prompt me to go and make an appointment with this new GP, let’s try you on this one (a new medication) which is more specific to what I’m dealing with at present. And that’s worked for me and I’m feeling better.” (Consumer)

Several consumers talked about how after doing the Health Prompt they realised that they could not talk to their GP and were not being heard, which also prompted them to look for a new GP:

“My GP he’s just like “no it’s not important,” (when I raised an issue). I’m like, ‘Okay’. So (I) just shut up completely and just go.” (Consumer)

“It did prompt me to think about the GP, (how) they wanted to keep me on the same sort of medication that I was on for 10 years, they weren’t hearing me, and they were discounting it. But now I’ve got a GP, a regular GP that has been the best GP I’ve had in all my life.” (Consumer)

The majority (86.4%) of staff survey respondents indicated that they encouraged consumers to take a copy of their Health Prompt when attending medical or other specialist appointments, with more than half indicating that they ‘often’ or ‘always’ did this. Workers described how they talked to consumers about how to use it with their GP or other health service. They described positive results when consumers did this:

“We encourage them take a copy of the Health Prompt to give them some ideas on what to talk about, or show it to them” (CRSW)

“A couple of consumers have actually taken it to their GP’s, and it’s helped them to articulate what it is they need from their GP” (CRSW)

“I’ve gotten positive feedback from a GP who actually put it on file (when the consumer gave them the carbon copy)” (CRSW)

Positive outcomes as a result of taking the Health Prompt to their GPs were also expressed by consumers:

“The suggestion to take the Health Prompt form with me to the doctor was really helpful, because then I didn’t have to relay or try and have the conversation about all these different things”. (Consumer)

Consumers vocalised their right to ask for information from their doctor to make informed health decisions. There was a sense that their increased awareness of physical health had led to consumers seeking more information and there was a sense of ownership and control over their health:

“This kind of information is important, so I’m not taking things that are going to harm me, you know.” (Consumer)

Consumers also talked about wanting more information about psychiatric medications and, in particular, the side effects which could impact on their quality of life. Having a question on the Health Prompt dedicated to this was seen as a helpful trigger for consumers to question how they had been managed by their doctor in regards to psychiatric medication:

“I don’t understand how it works (the medication). It’s like I’m taking Tic Tacs, like it sends me to sleep, it might clear my head a bit but all I know is it could be a waste of time, I’m not 100% sure. I have been on it for over 22 years now.”(Consumer)

“So that question helps you identify maybe it’s time to talk to my doctor or my GP about the medications to try and get more information.” (Consumer)

The Health Prompt and the ways in which it was used by support workers enabled consumers to feel empowered to take steps to improve their physical health and take more control of their own physical health. Consumers took control by looking for a GP that would be responsive to their needs and initiating conversations with their GP about their physical health needs as identified on the Health Prompt.

Summary of Chapter

The Health Prompt has had a positive impact on improving physical health outcomes for consumers of Neami services. The implementation of the Health Prompt has allowed data to be collected to identify physical health trends of consumers and target Health Promotion initiatives. As more data is collected over time these trends will become more evident. Consumers and staff described increased Health Literacy since using the Health Prompt, more frequent health conversations and an overall increased awareness of physical health issues since using the tool. The Health Prompt has prompted consumers and staff to take action towards improving physical health outcomes. Consumers described empowerment through increased knowledge and confidence to manage their physical health and finding the health practitioner that suited their needs. Quantitative evidence showed that consumers had taken action between Health Prompts towards health goals and this was supported by consumer experiences. There appears to be an increase in referral pathways and community links for consumers overall, particularly when using the Health Prompt with their GP. There were some accounts of increased direct referrals from staff but this was not consistently heard. Staff feedback indicates an increased collaboration at a site level with other organisations.

5. Keys to success of the Health Prompt

5.1. Relationship with worker

The relationship between the worker and consumer was important in achieving outcomes for consumers. Staff and consumers talked about establishing a trusting relationship for consumers to be able to talk about their physical health and ask questions if they needed to. Common to staff focus groups was the importance of ‘setting the scene’ for consumers so that they understood what the Health Prompt was for, checking in with consumers on a regular basis and being flexible in their approach with different consumers.

5.1.1 Building rapport and setting the scene

Staff described how building rapport with consumers and setting the scene was a key success factor in helping consumers to make an informed choice when offered the Health Prompt. Establishing a relationship of trust with the consumer before conducting the Health Prompt was described by workers as being important, and that this might mean not offering the Health Prompt on their first interaction with a consumer:

“I’ll find maybe six months later once you’ve developed that rapport they might be able to bring it up.” (CRSW)

“I don’t like bringing it up as soon as you are introduced to the person. It’s a bit personal. It’s important, rapport building, before you start bringing out this” (CRSW)

Staff described the importance of being open with a consumer about the types of questions that they would be asking and why they were asked. In particular, workers talked about letting the consumer know that some questions might feel personal, like the sexual health question. They emphasised the importance of giving consumers the choice to elaborate on certain areas, or decline to answer them.

“I usually begin by saying look it’s quite a personal question, you don’t have to answer if you don’t want to, and some of them will just say no I don’t feel comfortable, others won’t really understand what the question means or want to know more, it depends on the individual” (CRSW)

“I really reassure them at the beginning that it is optional and that if they do say no I say let me know if you do want to later on”

When asked what they needed in order to feel comfortable having conversations about health, consumers talked about being able to trust their worker:

“It’s just all about trust in the person and feeling comfortable” (Consumer)

“Afraid of being judged, if you don’t trust them” (Consumer)

Workers also described how the Health Prompt had assisted in building the relationship by creating an opening for consumers to talk about more than just their mental health with them.

“Sometimes consumers are ‘Oh, someone is asking about my physical health and not just my mental health, there’s more to me than just my mental health” (CRSW)

5.1.2. Being flexible with the Health Prompt

Having a flexible approach with the Health Prompt and not asking the questions verbatim was integral to using it in a meaningful way. Engaging with a consumer around their unique circumstances when offering the Health Prompt was important according to both consumers and staff. Staff talked about going through the questions in more than one outreach meeting to allow time for discussion, speaking to the questions rather than asking the consumer to read them. If a consumer was having difficulties concentrating or had low levels of literacy, staff talked about changing the wording of the questions. They also talked about seizing the opportunity to have a conversation using the Health Prompt if a consumer indicated they wanted to discuss a health issue. Apparent from staff consultation was that the more experienced a staff member was in using the Health Prompt or a similar tool and the more established the consumer/worker relationship was, the easier it was for staff to be 'flexible' with the questions.

"I guess it's more about where things are for that particular consumer at a certain time, and you might only get through a third of it during the support visit and then come back later and complete the rest." (CRSW)

"It's easy to just target the conversation at those areas that need to be targeted once you've done it with someone a few times." (CRSW)

"You have to change the wording yourself and make it understandable for them, depending on who you're talking to." (CRSW)

5.1.3 Offering support

Staff talked about ways that they provided support to consumers towards achieving their health goals. Staff and consumers also talked about how workers had offered to attend appointments with consumers as a support. Consumers described this support as being important in helping them overcome fears.

"My worker came with me to the dentist...I got through it. It was fantastic in helping me get past my fear. Some things I can do myself, some I couldn't." (Consumer)

"(I) ask them if they want me to go to the doctor with them, the option is there. Getting your cholesterol checked is not fun" (CRSW)

5.2 Integration of the Collaborative Recovery Model (CRM) and Health Prompt training

Consumer and staff feedback indicated that using CRM protocols (Compass, Map, Camera, Good Life Album) with the Health Prompt had been effective in supporting consumer with planning towards their health goals. However; not all staff were integrating CRM and the Health Prompt in this way.

As shown in Figure 9, survey responses showed variation amongst respondents as to how frequently they were using CRM protocols to follow up on Health Prompt items. There was an even distribution between frequency responses, indicating staff are using CRM protocols with the Health Prompt with varying frequency. However; 80% of respondents indicated they had used the Health Prompt to support a consumer create goals around their physical health. This was also reflected in staff experiences.

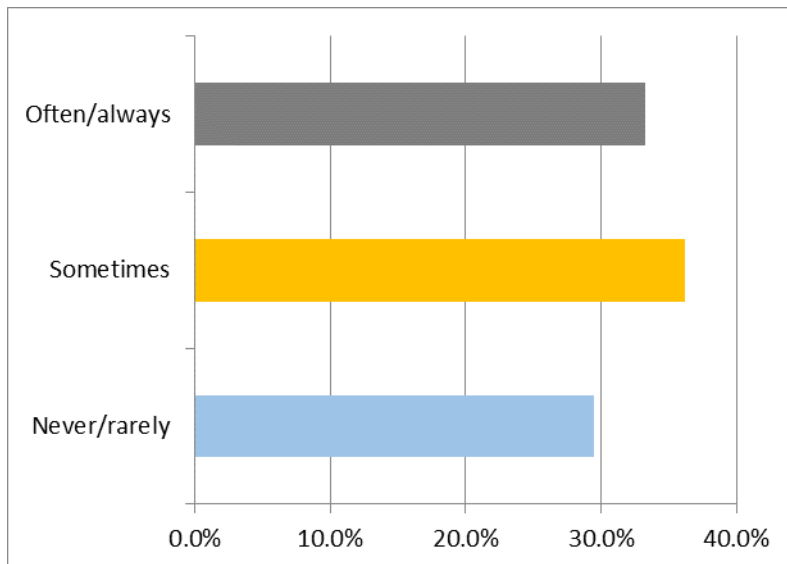


Figure 9. Staff responses to the question: “How often do you use CRM protocols to follow up on Health Prompt items?”²²

Staff experiences reflected this inconsistency. Whilst many staff shared experiences of helping consumers to set goals about their physical health, this was not being consistently done by all workers.

Staff who were not using CRM protocols with the Health Prompt indicated they were either not sure how to or hadn’t yet done so. Most indicated they had not attended training on this and had not seen the Health Prompt Guidelines with relation to using CRM with the Health Prompt.

Staff and consumers who were using CRM with the Health Prompt more regularly described its effectiveness in linking identified health needs back to consumers’ overall goal-planning through the Compass, Camera and Map protocols. Staff who used coaching methods with the Health Prompt and health goals, also reported positive outcomes:

“I have been using the Health Prompt within their goals on a week to fortnightly basis, just reviewing over it” (CRSW)

“From the Health Prompt, we did get goals to put into the CRM about unhealthy eating” (CRSW)

“I try to link it back to if there’s something in their camera that they’re focusing on” (CRSW)

“The coaching approach is really useful. Being curious, like ‘do you know much about cholesterol, what do you know about it?’ You’ve just got to ask those questions and be curious and kind of let them come to their own conclusions”. (Peer Health Coach)

Consumers described how the CRM protocols had helped them to achieve their goals when used:

“ I didn’t want to put down ‘ I’m a smoker’ forever... so then we would do a map then have it as a goal, then say how I was gonna do it... I said I would cut down, ten less, down to five a day, then stop..... it was really difficult, and then I just went cold turkey, made sure I had money... went to the deli to make sure I had some nice food....that definitely was a prompt to make it a goal.” (Consumer)

²² Staff Survey Data Analysis, Survey Monkey

5.3. Leadership and teamwork

Staff survey responses indicated that there was variation amongst sites as to how often the Health Prompt is prioritised in team meetings, professional development, and reflective practice. Over a third of respondents indicated that it was rarely or never discussed, over a third indicated it was sometimes discussed, and just under a third indicated it was often or always discussed.

Table 12. Frequency of Health Prompt discussion in team meetings, professional development and reflective practice²³

Answer Options	Response Percent	Response Count
Never	6.7%	7
Rarely	33.7%	35
Sometimes	41.3%	43
Often	14.4%	15
Always	3.8%	4
Total		104

This variation was reflected in staff focus groups. Some sites had the Health Prompt as standing agenda item for team meetings, but others described more informal ways such as conversations with colleagues or raising it as required at team meetings or reflective practice sessions.

SPLs and Service Managers talked about using professional development sessions or team meetings to support staff with issues that might arise such as challenges with certain questions. In particular, coaching with staff around having difficult conversations was effective. They also described initiatives such as tracking completion rates and using this as a way to raise discussion about the Health Prompt at team meetings. One site had an initiative to aim for all workers to offer to attend GP appointments. They also described the importance of having clear communication from an organisational level to ensure successful implementation of the Health Prompt.

Having clear leadership about using the Health Prompt had played an important role in developing and strengthening the Health Promotion culture at some sites, leading to successful implementation. This was described by staff as being important in keeping the message clear for themselves and for consumers. One CRSW talked about how SPLs supported staff to see the Health Prompt and other forms as a tool, not as paperwork:

“I think we all refer to it as paperwork but she reinforces that, it’s not just paperwork for the sake of paperwork, there’s actually a reason for why they’re there, the reason they’re there is to create questions and conversation and follow up. So they’re the tools that we use, they’re our way of supporting the consumer rather than just being a piece of paper that you fill out and it gets lodged.” (CRSW)

“We all (at our site) hold that holistic notion of wellness and see physical health as a major part of that and this is the only kind of tool I guess that supports that. These are tools to generate conversation and explore wellness. I would say that the Health Prompt has been readily kind of accepted and implemented among our practice, it’s become quite engrained” (CRSW)

²³ Staff Survey Data Analysis, Survey Monkey

5.4. Using the Health Prompt regularly

Completing a Health Prompt regularly was seen by staff as an effective way of validating successes and checking in with consumers.

Staff described how they provided positive reinforcement to a consumer to remind them how far they had progressed with their physical health goals. This encouragement and validation had helped consumers to focus on how far they had come and aided in breaking down goals into smaller steps. Staff emphasised the importance of acknowledging consumer milestones, not just 'yes' responses.

"When consumers make changes, where they've stopped smoking and I say 'Oh that's great', it's that real reinforcement" (CRSW)

This was reflected in consumers' experiences of workers validating their successes and feeling more confident in themselves that they could continue managing their physical health.

"My worker was excited and said to me... 'you're the first consumer who has done all the things they wanted to do (after a Health Prompt) and of course that (excitement) transferred to me. It really reinforced yeah, it has only been 6 months since I put these (goals) down.'

(Consumer)

"If I kept (my Health Prompts), comparing them I'd be actually surprised, and the worker would light up and say 'Wow'. You know, she'd see it as a result of something good that has come out of this. There's a recognition, prompting you to say 'Okay it's in your head, you've got this'. (Consumer)

"I've done it a few times with the support of the care worker. By seeing the ticks and the comparison (between Health Prompts), it gives me a better insight as to how far I've gone, it actually got me to think ahead rather than be stuck in a rut" (Consumer)

Consumers and staff described subsequent Health Prompts as being important for checking in with consumers to see how they were going with their plans and goals.

"We compare the two (Health Prompts and I might ask) that's kind of where you were at last time and you still haven't been to the dentist. What are your thoughts around that? It gives you things to follow up. " (CRSW)

5.5. Questions and format

There was a general sense that staff and consumers liked the scope of the questions on the Health Prompt, and the fact that they covered many aspects of physical health which they might not have thought about. As one consumer shared:

"I found it useful because it has a broader coverage of health issues... It just refreshes your general perspective of your health instead of getting stuck on a few narrow areas. Like I think the dental thing came up and I was like, 'Oh yeah, teeth are health too". (Consumer)

Consumers on the whole responded to the straightforwardness of the questions.

"I like how direct the questions are, they're straight to the point so you know what you're answer." (Consumer)

Staff survey responses indicated an overall satisfaction with the general format and usability of the Health Prompt. Ninety-two percent of respondents rated the format of the Health Prompt as 'good', 'very good' or 'excellent'. In addition, 90% agreed that the Health Prompt was easy to use.

Staff and consumer experiences confirmed this. In particular, having the ability to generate two copies (one to be given to the consumer) was generally well received as it allowed consumers to keep the copy and refer to it either on their own or with their GP.

Summary of Chapter

Several factors have contributed to the successful delivery of the Health Prompt and its objectives. A trusted relationship between the consumer and worker is key to successful delivery. In order to achieve this workers described building rapport and setting the scene for consumers so that they understand what the Health Prompt is. Being flexible with delivering the Health Prompt based on a consumer's circumstances was important. Using the CRM protocols to follow up on Health Prompt items was successful but not conducted consistently amongst staff. Leadership at a site and organisational level has been important in ensuring clear communication to staff and consumers. Certain aspects of the Health Prompt were deemed particularly useful by staff and consumers including using the Health Prompt on a regular basis to check in with consumers and validate progress and consumers taking a copy with them to the GP.

6. Obstacles and challenges to the Health Prompt

6.1. Challenging questions

Questions regarding waist measurement and sexual health were viewed as challenging for both staff and consumers.

6.1.1. Waist measurement

Both staff and consumers found the waist measurement question challenging. Feedback focused around the wording of the question being quite literal (*Is your waist measurement below 88cm or 100 cm?*). Both staff and consumers described not being able to answer the question due to lack of knowledge of one's waist measurement:

"The waist measurement, that question we can't really measure them." (CRSW)

"When we ask the question, and they don't really know (their waist measurement) we're like sort of guessing. It's not like we want to get a tape measure out." (CRSW)

"Because it says if our waist measure is over 80 a lot of people don't know how much their waist circumference is, so if you have a little tape measure" (Consumer)

Workers described a sense of discomfort with asking that question. Workers talked about feeling conscious that consumers were on medication which caused weight gain, and they felt that the wording of the question felt judgemental but difficult to re-word:

"You're sitting with a consumer that clearly is over 88 cm, what's the purpose in asking that, it seems rude." (CRSW)

"I feel silly asking it." (CRSW)

Consumers also described similar reactions to the wording of the question. They talked about not knowing their waist measurement to answer the question, and some also described not engaging with the question because it felt judgemental.

"I've never actually measured my waist." (Consumer)

"That's ridiculous. With my worker we laughed at it." (Consumer)

There was a sense that consumers and staff were aware of why the question was being asked, and participants discussed at length other ways of introducing the topic of obesity and risks for diabetes and metabolic disorders. When asked for suggestions on how to improve this question, staff and consumers acknowledged it was difficult because it is a sensitive topic to bring up, and also difficult to structure in a question. Some of the following alternatives were suggested:

"Healthy weight range for height would be better. It's tricky because you want to prompt them to talk about it." (Consumer)

"Do you think you're overweight, underweight?" (Consumer)

“Are you comfortable with your weight?” (CRSW)

6.1.2 Sexual health

There was variation amongst staff with regards to confidence in having conversations about sexual health with consumers. Some staff talked about consumers not feeling comfortable with being asked this question by a worker of the opposite gender, or feeling uncomfortable themselves:

“If there’s any sort of sexual questions for me as a female, I think it sort of throws my guys off a little bit as well, a younger lady asking them about you know.” (CRSW)

“As a male worker I’ve had female consumers say I don’t know if I can talk to you about this” (CRSW)

“One day (a male consumer) had his porn magazines out (when I did a home visit) and I had to address that...., so then going through the Health Prompt and asking him about sexual health (in that moment), I felt it was just wrong.... I didn’t ask it.” (CRSW)

Some workers described consumers refusing to answer the question.

“Some people say ‘mind your own business, my sex life is nothing to do with you.’ (CRSW)

“Most consumers will say no or I don’t want to tell you.” (CRSW)

“A lot of our clients have low libido due to medications and they can be quite sensitive to some of those questions.” (CRSW)

However, staff also stressed the importance of giving consumers the opportunity to talk about their sexual health, and that having a sexual health question on the Health Prompt was important. Some staff described situations where they felt the consumer wanted to talk more about their sexual health but that the worker felt limited by the wording of the question (*Have you got someone to contact about your sexual health?*) and unsure of how to proceed if the consumer responded ‘no’.

“It’s an issue that’s important to all of our consumers, but the only question we have is ‘Can you talk to anyone about your sexual health?’ and then it sort of stops” (CRSW)

“I’ve got no way of exploring it, we don’t have another form that explores it either. This is a big area that never gets explored”(CRSW)

“It’s an issue that’s important and it seems under-represented on this form.”(CRSW)

“That’s what I’m saying, for me it’s just an invitation for them to say yes I want to talk about it, or no I don’t want to, and then go from there.”(CRSW)

This was reflected in responses by some consumers that asking the question offers a chance to open up a conversation that might not happen without a worker asking:

“My caseworker used that (question) as a prompt to ask, ‘Do you want to discuss that?’ So for her it was an opening question, not a taboo subject but an unusual one. So it was different, gave her an opportunity to ask the question, so that was good”(Consumer)

6.2 Follow-up

Staff and consumers described obstacles to following up on Health Prompt items.

Challenges described by survey respondents included:

- *‘Finding the relevant follow-up service’*

- ‘Consumer not wanting to follow through with medical checks’
- ‘Not knowing whether matters have been followed up-remembering to follow up’.

6.2.1 Systemic barriers

Staff talked about the systemic barriers that pose a challenge to consumers when trying to improve their physical health outcomes. Financial strain, unstable housing, and long waiting lists for dentists or doctors were some of the barriers faced by consumers.

Staff described the complexities when talking to consumers about making healthy choices when they were experiencing significant financial stress. They described longstanding unhealthy behaviours related to financial barriers. These posed challenges for workers when trying to have conversations about making healthier choices:

“It might not be relevant to think about fruit if there is no fruit there and there’s no way they’re going to spend their money walking out and buying fruit” (CRSW)

“Because so much of their money goes into the boarding house, they’re left with so little, if they smoke they won’t have any money to make any choices to eat anything”(CRSW)

“Yeah so it’s just that choice for our guys, if they’ve got money I talk about healthy eating. They have the choice of going to Maccas or Subway, we try and talk about what’s the difference between Maccas and Subway, but Maccas is cheaper.”(CRSW)

Staff working with individuals living in boarding houses also described the lack of choice in the daily meals served in the boarding house:

“In terms of portion size being particularly small (in boarding house), the fruit and veg might be in there, but the portions are so small that you see the guys going and eating other junk and stuff just to get full.” (CRSW)

“The guys who have some money will have lunch and then go to Subway, because typically lunch at virtually all of them is (just) white bread.” (CRSW)

“In an institution a lot of it is out of their control. When you’re getting food from someone else you don’t really control what you’re eating. It might not be relevant to think about fruit if there’s no way of buying fruit” (CRSW)

6.2.2. Information needs

Many staff described needing more local referral knowledge of where to refer consumers to GPs and specialists who were able to support with the follow-up of health issues identified in the Health Prompt. Some sites had developed referral resources.

Staff suggested having an information sheet to accompany the Health Prompt in order to support health conversations. Staff described needing information on-hand about the questions on the Health Prompt including: why they were asked, what the health standards meant, and referral information.

“Sometimes people don’t know why it’s important to follow up with the GP. It would be good to have handouts we could give to consumers on why the questions are important. We could go through it together and if they’ve got more questions (suggest) they go to the GP.” (CRSW)

“The Health Prompt is prompting but 6 months later nothing’s changed. If you could give them a form saying why it’s important and numbers of skin care clinics that bulk bill, leave it with them, it might prompt them” (CRSW)

Consumers described wanting to take the next step after doing a Health Prompt but needing practical support with this. Remembering all the appointments they should make or goals and tasks they had set specifically around their health could be a challenge. This was also described by staff. Whilst CRM protocols were helpful, consumers and staff felt that it would help consumers to remember appointments and checks if they had a practical resource like a diary or a card.

Staff suggested a diary similar in format to The University of Western Australia diary used in the Peer Health Coaching Initiative which contains health information specific to people with a mental illness and a diary component to record appointments.

Some staff were already working on a resource for consumers to help them keep track of tests and checks they needed which they could then use when going to their doctor:

“We’re trying to create a card, that they can fold up and put in their wallet, so when they go to the doctor’s they’ve actually got questions they can ask. “ (CRSW)

Other suggestions from staff included making the Health Prompt available online so that consumers could track their own progress. This would enable other information such as referral or other health information to be accessed independently by the consumer if available.

“I think it would be really good with those consumers who want to take responsibility of their health to have some way of logging in and doing their own Health Prompt online, that would be generated to their file and, or also it might give them links to information. “ (CRSW)

6.3 Inconsistency of Access to training and resources

Another challenge was that not all staff had attended the Health Prompt training and were familiar with the Health Prompt guidelines.

6.3.1. Health Prompt Training

Staff survey responses suggested that Health Prompt training was very useful but was not being consistently accessed. Ninety percent of survey respondents who indicated they had received Health Prompt Training rated it as useful to some degree. No respondents found it ‘not at all useful’. However; only 61% of respondents indicated that they had attended training in using the Health Prompt.

There was inconsistency amongst staff regarding who had or had not attended Health Prompt training. Newer staff indicated they had attended a brief overview of the Health Prompt at induction training but there was variation in who had attended a session with their HPSC or HPO.

Many staff indicated they would like to have to have training or workshops on practice issues arising from particular questions such as the waist measurement and sexual health questions. Staff described wanting training on how to have health conversations and provide information to consumers based on the Health Prompt. They indicated that this would help them to have more background as to why they were asking the questions in order to explain to consumers.

“It’d be nice to have training with visuals, and where we go through each aspect of the Health Prompt, so that we can actually have a bit of a discussion. For example, about diabetes, or high blood pressure” (CRSW)

“We don’t have the medical knowledge behind us, so it’s something that is good to do but we need more training around the things that are on here, why they’re important and how they affect people” (CRSW)

“We need information about how it can affect your physical health (dental issues), and why it’s important to have your blood pressure checked. How the medication impacts on the things that are written here” (CRSW)

Workers described wanting training for new workers on how to approach health conversations and the Health Prompt. Some suggested having a DVD with good and bad practice examples.

“I would’ve loved to have sat down and watched a DVD of somebody conducting a not so good Health Prompt and someone conducting a really good Health Prompt.” (CRSW)

“In every single office they don’t know a lot about the questions that they’re asking on this sheet” (newer CRSW)

6.3.2. Information and Practice Guidelines

Many staff were unaware of the Health Prompt Guidelines. Only 11% of survey respondents indicated that they often referred to the HP guidelines for referral information.

As Neami continues to expand the delivery and consistency of the Health Prompt Initiative and the strategies with support will be a challenge. Staff turnover and changes are likely to continue to increase as Neami continues to grow and expand into service areas, so communication is of great importance in order to maintain and strengthen the reach of this Health Prompt initiative.

Diversification of services will mean looking at how the Health Prompt can be most effective and relevant in different settings. For example, in short term programs where staff tend to work less than six months with the same consumer it may not be possible to offer consumers the program every 6 months.

6.4. Body chart

Most consumers who participated in focus groups were not familiar with the body chart. There were varied responses from staff. Some sites were not aware that the body chart was intended to be used in conjunction with the questions each time a Health Prompt was conducted, and some sites did not have copies of the body chart.

However, many staff found the body chart helpful in giving consumers another option for communicating their physical health needs, and found that it picked up physical health needs that had not been picked up by the Health Prompt questionnaire. Staff gave examples of the body chart being particularly effective when working with consumers with limited English skills; consumers who did not like ‘lists’ or ‘paperwork’; and consumers with low literacy skills or cognitive impairment. One CRSW gave the following example of how the body chart can be effective:

“I find that....with (the Body Chart) you can give it to (the consumer) and say ‘Where in your body have you got any kind of concerns?’. (With the Health Prompt questions) they might not

focus on that (area), there's too many questions they can just look here and....just draw a line here, here, here, so it's a lot easier.” (CRSW)

“A powerful tool. I pull out the Body Chart and he says ‘Well, I’m not eating, I don’t like my body’. It turns out he’s anorexic.” (CRSW)

“We did it as an activity in the Life Album. We also tried a group activity, we traced one of the guys in the office and did a group collaging, and had discussions about where people had added stuff.” (Peer Health Coach)

“It’s been really good with consumers who don’t speak English. I’ve had a few ladies with issues they haven’t brought up with their GP (because of language). So we’ve worked together, drawn a diagram and written them down.” (CRSW)

However, other staff described not feeling comfortable using the body chart,

“Sometimes I find that a little bit patronising. I find it a little bit childish” (CRSW)

There was also variation in how often CRSW’s were offering the body chart to consumers. Some were offering it each time they did a Health Prompt with a consumer, others only offered it if they thought the consumer would respond better to this, or if a consumer had limited engagement with the questions.

“It varies from consumer to consumer but with the ones who do engage with it, it can have very good results, it can be a conversation piece. There was one consumer who actually talked about their identity and their health together. That was quite an interesting conversation, leading to explanations of self-harm”. (CRSW)

A common suggestion from both staff and consumers was that the body chart should have a front and back view of the body as currently it only shows the front. There was also the suggestion to have a section for the name of the consumer on the body chart for reference, as in its current form this is not catered for.

6.5 Working with Diversity/Training needs of staff

6.5.1. CALD and ATSI consumers

Fifty-three percent of respondents indicated they had conducted the Health Prompt with a consumer from a CALD or ATSI background. This is consistent with the relatively low representation of consumers from a CALD or ATSI background accessing Neami services, and the low response rate from workers who primarily work with ATSI consumers.

Whilst 81% of respondents agreed that the Health Prompt is culturally appropriate, staff provided comments indicating that further exploration into this area was needed:

“Similarly I think we should check with other bilingual workers about their views on accessibility for CALD consumers. We need to add to guidelines that for ATSI consumers we should gender match staff and consumer for the Health Prompt (this may be appropriate in other cultures as well)”

There was low representation of CALD and ATSI consumers and staff who support them in focus groups. However, some staff was able to give feedback about their experiences of working with the Health Prompt with consumers from a CALD background.

One staff member, who worked with consumers from CALD backgrounds, gave an example of consumers from a CALD background who did not want to answer the Pap smear question at first:

“They’ve told us from the beginning that they’re not comfortable with putting anything down on this. Some don’t answer the Pap smear question even though it’s a very important one, I can think of two consumers who refused it because of their culture.” (CRSW)

However, further down the track conversations do occur but taking action could be a challenge:

In conversations time after time they did open up and talk about it (having a pap smear), and we went back to the Health Prompt, but they didn’t want to do anything about it.” (CRSW)

There was a sense that staff was unsure if some questions were culturally appropriate in certain situations:

“I think (we) sort of offended (a consumer by) asking her if she had free alcohol days, because she was a Christian Indian background who doesn’t drink, things like that. With some I don’t know if it’s because it’s the first time we’re introducing this to them, but then even later on when it’s time for review they want to avoid these questions.” (CRSW)

6.5.2. Working with low literacy

Staff gave examples of working with consumers with low literacy with the Health Prompt by being flexible with the tool which was discussed earlier. However, staff also talked about the challenges of trying to support someone’s health literacy when literacy and numeracy is an issue.

Staff talked about making sure that the consumer was comfortable:

“It’s about making them comfortable to ask if they’re not sure, saying there are no silly questions.” (CRSW)

“Everyone’s got different levels of literacy, please ask because that’s the only way we can best support you.” (CRSW)

6.5.3. Working with Cognitive Impairment and Intellectual Disability

Staff and consumers described difficulties following up on the Health Prompt when the consumer had cognitive issues such as memory or concentration difficulties. Staff and consumers talked about strategies to support consumers to take ownership of their experiences, however; support and training for staff is needed in this area. Having health conversations with consumers who have an intellectual disability was also a support area identified by staff.

6.6. Keeping up with changing Health Promotion standards

During focus groups and interviews with staff, there was often discussion about whether the Health Prompt questions were up to date with health promotion standards. National and global standards for physical health checks, recommendations do change and the challenge for the Health Prompt will be important indicators for how and when to make changes.

Summary of chapter

There have been some challenges faced during the implementation of the Health Prompt.

Staff identified training needs around having health conversations, in particular, regarding the waist measurement or sexual health questions which have posed challenges. The wording of the waist measurement question was difficult for both consumers and staff. Challenges to follow-up included

systemic barriers such as financial stress which impact on physical health choices. Staff described needing more training and information about health topics and referral information to support conversations. There has been inconsistent access to training and resources by staff, likely due to staff turnover. Suggestions from staff and consumers for addressing some of these challenges include; developing an information and referral hand-out for staff and consumers, having an on-line Health Prompt for consumers with links to relevant information and having a DVD for staff training on delivering the Health Prompt.

7. Conclusion, limitations and recommendations

7.1 Conclusion

Quantitative and qualitative data analysis have shown that the average Health Prompt completion rates across the organisation over the last 18 months since its implementation are following a similar pattern to that of other more longstanding practice tools. This implies good uptake of the resource. Feedback from staff and consumers indicated that the Health Prompt is being offered to consumers in outreach services on a 6-monthly basis as intended. The Health Prompt is being offered to consumers to some extent in other settings but deeper exploration of this was outside the scope of this evaluation.

The Health Prompt has been very well-received by staff and consumers and decline rates have been low. The Health Prompt is seen as a practical tool for prompting conversations and action towards consumer health goals. There have been some tangible physical health outcomes which indicate that the Prompt is achieving its objectives. Outcomes include: increased consumer and staff awareness of physical health needs; increased staff confidence; frequency in having health conversations; and achievement of physical health goals. The Health Prompt data captured on Carelink+ is succeeding in identifying physical health trends as they arise, which will help to inform Health Promotion planning.

Consumers and staff identified the importance of several factors in successful delivery of the Health Prompt. Building rapport and establishing a trusting relationship is central to a consumer's experience of the Health Prompt. Using the Health Prompt on a regular basis to check in with consumers and validate successes was also a key to its success in improving health outcomes. The GP question has been very well received by staff and consumers. Leadership at an organisational and site level has been critical in achieving successful implementation.

There has been inconsistency in access to training and booster sessions, and awareness and use of the Health Prompt information and Practice Guidelines. This is likely due to staff turnover and will continue to be a challenge as the organisation grows. When training has been accessed, feedback has been that it was very useful. Most staff in focus groups had not seen the Practice Guidelines and were unable to provide feedback.

There are training and support needs around having health conversations and providing health information. There were some key conversation areas that staff indicated a need for support such as discussing the waist measurement and sexual health questions. Staff have indicated training needs around working with CALD and ATSI; consumers with low literacy; and consumers with cognitive impairment.

Both staff and consumers suggested that a document be developed for consumers to be given after doing a Health Prompt with information about health issues arising from the Health Prompt and referral details. They also suggested a practical tool like a diary to follow up on actions. Other suggestions from staff are outlined in the previous chapter.

There appears to be an increase in community links and referral pathways since the Health Prompt was implemented.

Communication of the Health Prompt initiative across an expanding organisation should be a priority to ensure consistency of approach by staff and access to supports.

7.2 Limitations

Given that consumer participants were recruited through support staff and HPOs, the consumer 'sample' had the potential to be biased. Consumers who volunteered to participate were more likely to have English as their first language and needed to have the ability to travel and engage with other consumers. This would have excluded consumers with language and significant cognitive barriers to attendance. It is also possible that consumers who had had positive experiences of the Health Prompt were more likely to attend. However, there was representation of consumers with a varied level of cognitive functioning. At least a quarter of all consumers who participated indicated that they had memory or concentration issues. Also, some participants could not recall if they had used the Health Prompt.

There was low representation of CALD and ATSI consumers in focus groups. This is reflective of their low representation amongst all consumers using Neami services in the period in question. Carelink+ data shows that ATSI consumers made up only 8% of all active consumers and CALD consumers only 16%.²⁴

Given that a senior manager was present at 3 staff consultations, there may have been some bias in what staff members chose to disclose.

7.3 Recommendations

Strengthening the reach of existing Health Prompt Resources

- Promote and distribute the current Health Prompt resources such as the Practice Guidelines via E-mi, through Service Managers via email or in paper form delivered to sites. This resource is currently underutilised due to lack of staff awareness.
- Review of Neami's current Health Prompt training schedule to ensure consistency of access to training in having health conversations and using the Health Prompt. Using the current model of HPSCs delivering training to staff, HPOs should coordinate the training schedule to ensure that every site be offered training at regular intervals (eg. annually).
- Offer the 'Health Prompt booster' session at more regular intervals so that staff can share and workshop practice examples such as having health conversations they are not confident in having. These sessions could also be used to gather feedback from staff.
- Develop an audio visual resource to be shown at induction training for new staff with examples of good practice with the Health Prompt. This could be made available on E-mi.
- Develop training for staff in having conversations with consumers about topics where staff have identified needing more support(such as sexual health and obesity). Supporting a consumer

²⁴ This is taken from customised Crystal report extrapolated by Carelink Training and Support Officer. CALD and ATSI consumers for the period 01/02/2013 to 31/08/2014. CALD in this case is defined as consumers who were born in countries other than Aus, NZ,UK,USA, England, Scotland, Ireland. ATSI consumers were consumers who identified as being one of : Aboriginal but not TS Origin, Both Aboriginal and TSI Origin or TSI but not Aboriginal Origin.

with significant cognitive impairment and working with CALD and ATSI consumers are other training areas needed.

Communication of the Health Prompt in a growing organisation

The Health Promotion team should develop a communication strategy to ensure the promotion of the Health Prompt. With numerous site and staff changes as a result of organisational expansion consistent and regular communication of the Health Prompt aims and supports to staff will be needed to ensure consistency of the delivery of the Health Prompt initiative.

Resources for consumers

- Develop and distribute an information sheet outlining key information about each of the questions and basic follow up areas is recommended.
- Source a 'diary' resource to give to consumers who wish to monitor their medical records including: appointments with the doctor; changes to medications and dosages; and physical health checks. This diary could also contain information about the health topics which are mentioned in the Health Prompt. An example of a resource like this is the University of Western Australia's 'Taking Care of Your Physical Health-Consumer Diary'.
- Increase opportunities for consumers to come together as a peer group related to the Health Prompt, or link consumers into groups based on common physical health goals (eg. diet, walking groups, exercise groups) .

Reviewing the Health Prompt in all contexts

- A closer review of how the Health Prompt is being delivered in the context of non-outreach services including: sub-acute services; PIR, homelessness; housing services; and peer support. A review of Neami's objectives for the Health Prompt to be offered to 100% of consumers should be considered depending on the outcomes of this.
- Further exploration into the use of the Health Prompt with CALD and Aboriginal and ATSI communities should be considered as part of the Diversity Project. The use of translation services and translation of the Health Prompt into community languages should be explored and incorporated into the development of Neami National Diversity Strategic Plan.
- Consider conducting another of the Health Prompt in several years' time.

Reviewing the Health Prompt tool

- Consider combining the questionnaire and body chart into a one-page document
- Add an additional diagram to the body chart showing the back of the body
- Add a section for consumers' name and date to the body chart if it remains a separate page
- Numbering the questions
- Re-word the waist measurement question to address the challenges described by staff and consumers. A suggestion is to consider a broader question regarding weight management or diet.
- Consider if the Health Prompt could be made available online for consumers to access with links to relevant health and referral information (ensuring that the data collection capabilities are not compromised).

Changing the questions based on Health Promotion standards

Consider reviewing the Health Prompt questions as health promotion standards and indicators change over time. It is difficult to give a timeline on how often the questions should be considered but the evaluation suggests:

- A review of all questions after the release of this report
- A follow-up planning session
- Keeping a running sheet tracking changing standards to be used by the Health Promotion team.

Appendix

Appendix 1: Health Prompt questionnaire

Appendix 2: Health Prompt Body Chart

Appendix 3: Phone Interview Questions (SPL's and Service Managers)

Appendix 4: Staff Focus Group Questions

Appendix 5: Consumer Focus Group Questions

Appendix 1: Health Prompt questionnaire



No. 1023

HEALTH PROMPT

INTRODUCTION *(Please read to consumers)*

Thank you for agreeing to take part in this brief prompt about your health. I am going to ask you some questions to help establish whether your health needs are being met and identify areas you may like support with. Whilst we are interested in knowing about your health, please be assured that this information will be treated as strictly confidential.

Consumer Name:		Service Site:	
Gender:		Age:	
Date Completed:		Review Date:	

Questions	Yes	No
Do you have a regular GP?		
Are you satisfied with the relationship you have with your GP?		
Have you had your blood pressure checked in the last 6 months?		
Have you had your cholesterol checked in the last year?		
Have you had your blood sugar levels checked in the last year?		
Do you do 30 minutes of moderate exercise 5 days per week?		
Do you have at least 2 alcohol free days per week?		
Do you eat 2 serves of fruit per day? <i>Example of 1 serve of Fruit: 1 medium apple/banana or a handful of grapes</i>		
Do you eat 5 or more servings of vegetables per day? <i>Example of 1 serve of Vegetables: ½ cup of cooked vegetables or 1 cup of salad</i>		
Do you feel you drink enough water? <i>2L or 8 glasses is the average recommendation</i>		
Is your waist measurement below 88cm (women) or 100cm (men)?		
Have you had your skin checked in the last year?		
Have you had your eyes checked in the past two years?		
Can you hear and understand things easily?		
Are you a non-smoker?		
Have you had a dental check-up in the last 6 months?		
Are you able to keep your balance and have not fallen recently?		
Are your feet free from sores, blisters and swelling?		
Are you satisfied with the quality of your sleep?		
Do you feel you have enough information about the medications you are currently taking?		
When feeling stressed or emotionally unwell, do you have someone you can contact?		
Do you feel that you have healthy bladder and bowel function?		
If over 50, have you spoken to your doctor about bowel cancer?		
Do you have anyone to contact regarding your sexual health?		
Women only:		
Have you had a pap smear in the last 2 years?		
Have you had your breasts checked by a doctor in the last year?		
If over 50, have you had a mammogram in the last 2 years?		
Men only:		
If over 45, have you had your prostate checked in the last year?		

If you answered **no** to any of these questions, it is important for you to follow up with your G.P. and talk to your support worker regarding any support you may require.

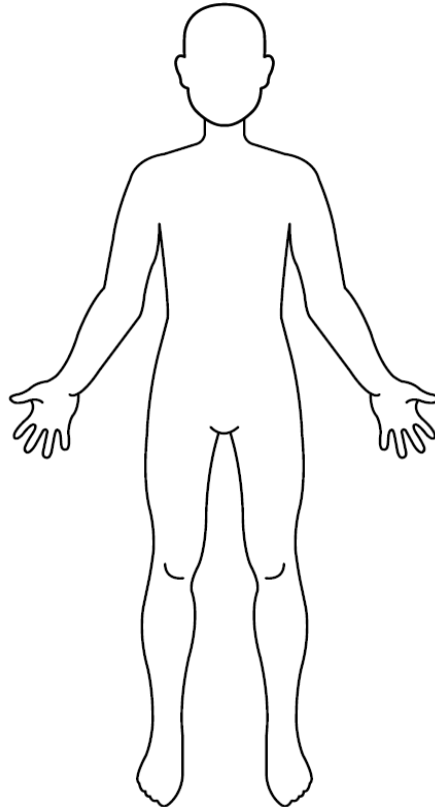
Appendix 2: Health Prompt Body Chart



No. 1056

HEALTH PROMPT

PLEASE INDICATE ON THE PICTURE BELOW AREAS ON YOUR BODY THAT YOU MAY BE FEELING WORRIED OR CONCERNED ABOUT:



Please share any other health concerns:

Appendix 3: Phone Interview Questions (SPL's and Service Managers)

Phone Interview Questions (SPL's and Service Managers)

1. What is your current role and how long have you worked in this role? Who do you support in your role?
2. What is the expectation at your site for staff using the HP What about PSW's?
3. What is your overall impression of how the implementation of the HP has gone at your site? What works well? Where are the challenges?
4. How has the HP been incorporated into the way your site works?
5. How is HP information communicated to staff?
6. How do you use the HP in your role?
7. Where do you think the support needs are for CRSW staff? What kinds of strategies have you used to support staff? *
8. Have you noticed an impact of the HP at your site/state? Has there been an increase in collaboration or partnerships with community health services? Other sites?
9. What are specific challenges for your site?
10. What are your support needs?
11. Other comments

Appendix 4: Staff Focus Group Questions

Staff Focus Group Questions

1. What works well? What are the challenges?
2. What do you think of the number of questions? Are there any questions that are missing?
3. Has HP changed focus of your work? How?
4. How do you currently follow up a no item?
5. Where do you go for information? What do you need to feel more confident in following up?
6. How do you want the information you need to follow up a HP item if it's not currently accessible to you?
7. What is your experience of asking the questions to consumers?
8. What is your understanding of how the questions should be asked?
9. What kinds of interactions are happening with consumers around these questions which are perceived as more difficult?
10. What kinds of conversations are you having?
11. What do you currently do if a consumer's responses to certain questions continues to be 'no' after 2 or more HP's?
12. 7. What kinds of partnerships have been developed with health professionals since using the HP? Are you making more referrals?
13. 8. Other feedback from sites?
14. 9. How has HP affected how your teams work? Discussions in team meetings, groups etc.
15. 10. Invite to share individual examples of how you have used the HP

Appendix 5: Consumer Focus Group Questions

Consumer Focus Group Questions

1. Do you remember doing the HP? How often have you used the HP?
2. What do you think of the HP? What do you like? What do you dislike?
3. Has it helped you?
4. How have you used it? (On your own? With your worker? With your doctor?)
5. How the HP has affected the way you work with your worker or support person?
6. Picture Cards Activities

Please pick a photo which describes how you felt before and a photo that describes how you felt after using the Health Prompt

7. (Other group activities were conducted with the above questions as appropriate)