

Respiratory Health Network Stakeholders Symposium

9th May 2008

Symposium Report

Prepared by the Health Network Branch
Health Policy and Clinical Reform Division





© Department of Health, State of Western Australia (2008).

Copyright to this material produced by the Western Australian Department of Health belongs to the State of Western Australia, under the provisions of the Copyright Act 1968 (C'wth Australia). Apart from any fair dealing for personal, academic, research or non-commercial use, no part may be reproduced without written permission of the Health Networks Branch, Western Australian Department of Health. The Department of Health is under no obligation to grant this permission. Please acknowledge the WA Department of Health when reproducing or quoting material from this source.

Suggested Citation

Department of Health, Western Australia. Symposium Report: Respiratory Health Network Stakeholders Forum 2008. Perth: Health Networks Branch, Department of Health, Western Australia; June 2008.

Important Disclaimer:

All information and content in this Material is provided in good faith by the WA Department of Health, and is based on sources believed to be reliable and accurate at the time of development. The State of Western Australia, the WA Department of Health and their respective officers, employees and agents, do not accept legal liability or responsibility for the Material, or any consequences arising from its use.



Table of Contents

1. OVERVIEW	4
1.1 Outcome of the Symposium	4
1.2 The Symposium Program.....	4
2. ATTENDANCE.....	6
3. PRIORITY AREAS IDENTIFIED BY GROUP DISCUSSION	7
4. EVALUATION	8
APPENDECIES	9
Appendix 1: Group discussion full text	9
Appendix 2: Symposium program	14

Index of Tables

Table 1: Group discussion summary.....	7
--	---



1. OVERVIEW

The Respiratory Health Network (RHN) Stakeholder Symposium was held on Friday 9 May 2008. The Network was successful in achieving its goals of:

- Providing an update on its achievements
- Engaging a diverse and broad range of stakeholders to focus on the current state and future needs to reduce the prevalence of tobacco smoking through smoking prevention and cessation programs.

Almost 100 participants attended from primary care, community, non-government organisations, area health services, consumers, population health and others involved in healthcare.

The number of registrations and level of participation demonstrates that in WA we have the collective knowledge, wisdom and expertise coupled with the dedication and enthusiasm to reduce the prevalence of tobacco smoking through community education and smoking cessation support services across all health settings.

1.1 Outcome of the Symposium

The outcome of the day was the establishment of a Smoking Prevention and Cessation Development and Implementation Group. This marks the beginning of a collaborative, coordinated and integrated approach to working across all health and social settings and Health Networks.

The Network is seeking representation from a wide range of people and has recently commenced an 'expressions of interest' process.

1.2 The Symposium Program

Introduction and RHN update

Professor Steve Stick, Clinical Lead introduced the Symposium and outlined the need to focus on tobacco smoking and cessation.

Associate Professor Peter Kendall, Clinical Lead, presented the RHN's progress to date.

Poster displays showcased the work of the RHN and its Working Parties: Cystic Fibrosis, Chronic Obstructive Pulmonary Disease, Asthma and A review of Home Oxygen prescription, including a consumer survey.

Presentations

Dr Tarun Weeramanthri, Executive Director, Public Health Division, WA Health presentation reminded everyone of WA's pioneering role in reducing smoking in the general population and encouraged them to apply their experience to disadvantaged populations: namely Aboriginal and Torres Strait Islanders (ATSI), prisoners and those with mental health issues.

A panel of experts provided a snapshot of the current status and what needs doing in the future to maintain the steady decline in smoking in Western Australia as set out in the objectives of the WA Health Tobacco Action Plan 2007-2011.



- Dishan Weerasooriya, Manager, Tobacco Control Branch, described how WA's Tobacco Control Policy, Regulation and Legislation have resulted in significant change in access to tobacco products and smoke free environments.
- Steve Allsop, Director, National Drug Research Institute, detailed the Brief Intervention workforce training developed and delivered to WA Health staff in tobacco dependence assessment and management of withdrawal in hospital settings
- According to Steve Hall, Australian Council on Smoking and Health, advocacy has played a major role in achieving past and future change.
- Achieving Smoke Free health in a mental health facility brings its own challenges, and Breda Ryan, North Metropolitan Area Health Service, spoke about the hard work involved in introducing and maintaining a smoke free environment at the Franklin Centre.
- The reality of implementing smoking prevention and cessation programs in ATSI communities was presented by John Bedford of the Office of Aboriginal Health (Presentations [hyperlink](#)).

Group discussion

Participants were asked to brainstorm and prioritise key actions and solutions to improve the tobacco smoking prevention and cessation services in both health settings and the broader community. These were prioritised by:

Population group

- Aboriginal and Torres Strait Islander,
- Low socio-economic status and
- Mental health.

Setting

- Primary and community settings;
- Secondary and tertiary hospitals and
- The interface between levels of health service provision.

The other priority area was workforce development, capacity building and resources.

Summary

In summary, the Symposium confirmed the Network's view that there is significant expertise, knowledge and resources across the health sector in WA in the area of smoking prevention, but that there is an urgent need to improve the coordination and integration of strategies and programs across the spectrum of prevention and to enhance and expand services.



2. ATTENDANCE

Over 80 people attended the symposium from a cross-section of professional disciplines, organisations, institutions and interests: academia, allied health, healthcare professionals, consumers, non-government organisations, primary care and hospitals.

20% from Rural or remote areas
16% from Population health/health promotion
14% from Non-Government Organisations
11% from Tobacco, Alcohol and Drug control
8% from Aboriginal Organisations
6% from Mental health



3. PRIORITY AREAS IDENTIFIED BY GROUP DISCUSSION

The table represents a summary of the group discussion. The information will form the basis for the work of the Smoking Prevention and Cessation Implementation Group. See Appendix 1 for the full text.

Resource implications were considered and will be taken into account when the group develops its strategies.

Table 1: Group discussion summary.

Priority groups (Community education & Smoking cessation)
Community education
<ul style="list-style-type: none"> ■ Consult priority groups/consumers for messages ■ Adopt Peer educator model <ul style="list-style-type: none"> ▪ Hold workshops with target group members & NGOs (urgent particularly mental health) ▪ Aboriginal - ground up local options, sustainability requires extensive community consultation, use elders
Smoking cessation
<ul style="list-style-type: none"> ■ Opportunistic screening in <u>all</u> settings <ul style="list-style-type: none"> ▪ Improve access to NRT: subsidized PBS/vouchers (include parents paediatric consumers) ▪ Test different models of smoking cessation ▪ Develop culturally appropriate materials ■ ICT solutions: include smoking information on birth notification, ante natal & child health records
Key areas: settings (Primary & community, Hospitals & Interfaces)
<ul style="list-style-type: none"> ■ Identification of smokers at every contact, by all staff ■ Extend BI training to all staff (& NGOs) ■ Develop tools questionnaires for ID ■ Targeted NRT offered ■ Consistency across all settings
Key areas: workforce
<ul style="list-style-type: none"> ■ BI training for all, mandatory, at induction, use less time consuming training methods ■ Train the trainer ■ Ongoing evaluation to ensure achieve outcomes



4. EVALUATION

Feedback was obtained through an evaluation form completed by participants at the end of the meeting. A third of eligible attendees responded. Overall eighty percent of respondents recorded that they were either satisfied or very satisfied with all aspects of the Symposium.

Many commented favourably on the ‘Welcome to Country’, suggesting that all events should commence with a similar ceremony.

“I thought the Aboriginal Welcome was great. Respectful, short and setting a good space for the commencement. Well done”

The valued aspects of the Symposium were: exposure to other views, the opportunity to network and information sharing across a range of disciplines and settings.

‘It is always good to be able to network and stretch the minds of people, whilst also having my own mind stretched’

Suggestions for the future included allowing more time for discussion, particularly around the panel, and broadening the base further to include cross government departments. People also provided input on achieving a further shift of focus from hospitals to communities and to deepen engagement with the most disadvantaged population groups.

‘For smoking cessation you must have community centre evening sessions for clients - cost implications currently stop people from lower socio economic groups from accessing services.’

Since the event there has been further indication of the positive outcomes generated by the Symposium with many follow-up calls regarding involvement with the Respiratory Health Network and a great response to the call for an Expression of Interest for the new Smoking Prevention and Cessation Development and Implementation Group.



APPENDICES

Appendix 1: Group discussion full text

Priority population groups

	Community Education:	Smoking cessation & support services:
Aborigine	<p>WHO</p> <ul style="list-style-type: none"> ■ Health Workers as first target backed up by support services ■ Approach Elders - reciprocal process ■ Entire community - ownership by community will make it sustainable ■ Will be different in each area ■ To consider - gender balance <p>WHAT-</p> <ul style="list-style-type: none"> ■ Funding to facilitate a Statewide approach ■ Policy changes -culturally appropriate ■ Will fall out from yarning <p>HOW-</p> <ul style="list-style-type: none"> ■ Elders, Yarning, Visual, Sharing - Oral culture ■ Must be inclusive for success (Respect) ■ Evaluation essential ■ Key is the Process - without appropriate process there will be no success <p>WHERE</p> <p>Prison, Rehabilitation and Youth Groups</p>	<p>WHO</p> <ul style="list-style-type: none"> ■ Priority groups to be identified by Elders ■ Overarching approach for all Aboriginal communities ■ Specific requirements per region to be adjusted accordingly <p>WHAT</p> <ul style="list-style-type: none"> ■ Process of community consultation is essential, fully inclusive & reciprocal process will aid sustainability ■ Use GP Federal funds (for chronic disease?) to test models where have dedicated tobacco professionals working with identified smokers ■ Improve access to NRT in local communities (ie poor access in rural areas) ■ Focus on harm reduction and behaviour change messages ■ Focus on immediacy, the benefits of quitting - specially financial <p>HOW</p> <ul style="list-style-type: none"> ■ Inclusion/engagement of Elders, permission <ul style="list-style-type: none"> ▪ Deliver messages 'tobacco control champions' ▪ two way flow of information and support ground up flexible models ■ Lack of culturally appropriate resources/ support to Include Aboriginal health workers/communities in development ■ Yarning process - culturally sensitive, ■ Coordinated approach - local voices, Use community radio ■ Listen to experiences of health workers ■ Network various programs together to share ideas/energy ■ Paying people to quit - compensating shopkeepers
Low socio-economic status	<p>WHO DELIVERS</p> <ul style="list-style-type: none"> ■ Need to empower health and social service workers to take responsibility to raise the smoking issues ■ Child Health Nurses, Aboriginal Health Workers, GPs and Divisions of General Practice staff, Midwives, Teachers, Community workers, NGO workers, Youth Groups <p>WHAT</p> <ul style="list-style-type: none"> ■ Agree that education should be targeted but identification of smokers 	<p>WHO</p> <ul style="list-style-type: none"> ■ Support for parents while children in hospital - opportunity for brief intervention and/or screening for nicotine dependence and NRT while in hospital setting ■ Targeted schools with high SEIFA index - <p>WHAT</p> <ul style="list-style-type: none"> ■ Isolated children and specific programs eg Keep Left ■ NRT subsidised or on the PBS or voucher system ■ Opportunistic screening at



	Community Education:	Smoking cessation & support services:
	<p>remains essential</p> <ul style="list-style-type: none"> Must provide a consistent message at all times and locations <p>WHERE</p> <ul style="list-style-type: none"> Kidsafe (in the house), SIDS and Kids Access to CALD communities through migrant health centres, Refugee clinics and ASSETTS. Extended family settings with grandparents and carers Centrelink NGOs Foodbank - messages in food packs about the cost of smoking Information at child and maternal health - parent information Question smoking status of all parents/carers at ED attendance or on admission of children to hospital GPs identify and support Play groups, Sports Centres Include in school programs and curriculum Birth notification record smoking status Ante natal and child health records include smoking status Health Direct <p>WHAT is the message? Do you smoke? Does anyone in your house or car smoke? Do any of your family or carers smoke?</p> <p>HOW</p> <ul style="list-style-type: none"> How did they get the message about Folate out into the community? What was the methodology? How did they get the buy in and community uptake Need to build the capacity of the workforce 	<p>vaccination/immunisation clinics</p> <ul style="list-style-type: none"> Explore the accident prevention model - protective behaviours NAPS program - offer Brief Intervention <p>Top 3 priorities</p> <ul style="list-style-type: none"> Maternal Health Access to subsidised NRT and planned program to support cessation Opportunistic identification and screening in existing child care programs, immunisation clinics and accident prevention
Mental Health	<p>WHO IS TARGETED : consumers / peer supporters and carers</p> <p>WHAT</p> <ul style="list-style-type: none"> get consumers to decide focus on positive -mental health assisted by good physical health <p>WHERE</p> <ul style="list-style-type: none"> All points where clients access services Wider community settings <p>Issues to take into account with mental health populations</p> <ul style="list-style-type: none"> Question of rights? Talk to consumers bottom up - facilitators of their own “transformation” 	<p>WHO DELIVERS PROGRAM</p> <ul style="list-style-type: none"> carers, peer supporters, not only clinical people, NGO outreach services, GPs, nurses Importance of peer support to help clients quit <p>WHAT -</p> <ul style="list-style-type: none"> BI training <p>WHERE</p> <ul style="list-style-type: none"> At all points where clients access services <p>Priorities</p> <ol style="list-style-type: none"> Greater targeted effort to the target groups that places an absolute premium on members of that group directing the cessation/reduction programs Peer educator model as a central part of both education and support services



	Community Education:	Smoking cessation & support services:
	<ul style="list-style-type: none"> ■ Greater involvement of clients in determining involvement in alternative activities eg OT ■ Importance of peer support to help clients quit <p>HOW - NGOs</p>	<p>3. Symposium workshop with the non-government organisations in the mental health sector</p>

SETTINGS

	Identification of smokers	Cessation and support services
Primary & community	<p>HOW CAN THEY BE IDENTIFIED</p> <ul style="list-style-type: none"> ■ Every contact with a health professional should be asked ■ New registration of patients ■ Using data extraction tools within general practice <p>WHO - CAN/SHOULD IDENTIFY THEM Every contact with a health professional Accreditation of practice - audit to ensure that GP practices are asking this information.</p> <p>WHERE - LOCATIONS</p> <ul style="list-style-type: none"> ■ GP Divisions & practices have IT tools to check status ■ As part of a health check <p>WHAT -SHOULD BE OFFERED</p> <ul style="list-style-type: none"> ■ Standardised questionnaires ■ GPs can offer immediate BI <p>Supporting items:</p> <ul style="list-style-type: none"> ■ MBS changes and using MBS items - Smoking Cessation items - spirometry and life scripts ■ IT solutions for identification of smokers in general practice ■ Extend BI training to primary care and NGOs. 	<p>WHO - SHOULD PROVIDE IT</p> <ul style="list-style-type: none"> ■ Leadership from across the sectors to reinforce the consistency of the message ■ Extend brief intervention training to others eg NGOs and resources to gain knowledge ■ From an Aboriginal perspective - The Indigenous Medicare Helpline is very friendly and non- judgemental (compared to the regular Medicare helpline) ■ Consider Indigenous Quitline or Indigenous staff - might be more culturally appropriate and therefore > acceptable ■ GP contracts ■ Community health professionals ED ■ Super clinics ■ Don't need to be a GP to do education/ cessation <p>WHERE SHOULD IT BE PROVIDED</p> <ul style="list-style-type: none"> ■ Community Health Settings ■ BI training module in all University/TAFE courses in human services ■ NGOs contact people in diff ways eg parent groups/schools ■ Adult learning courses <p>WHAT - SHOULD BE PROVIDED</p> <ul style="list-style-type: none"> ■ Access to spirometry in rural areas ■ Pathway for best practice ■ Promotion of the Quitline and Lifescripts ■ As policy now exists need to provide adequate training to provide core business ■ 5 A's clinical practice guidelines
Hospitals: secondary & tertiary	<p>HOW - CAN THEY BE IDENTIFIED</p> <ul style="list-style-type: none"> ■ Not rely on information available but ongoing assessment and ask each time enter system ■ People ID as smoker, non-smoker, ex-smoker (when quit) ■ Ask at all ages from 14 years ■ ID parents who smoke <p>WHO - CAN/SHOULD IDENTIFY THEM</p> <ul style="list-style-type: none"> ■ Anyone - include clerical staff in BI training 	<p>WHO - SHOULD PROVIDE IT</p> <ul style="list-style-type: none"> ■ Follow up people who receive pack - support habit change ■ Peer support ■ GP Practice smoking cessation clinics ■ Staff who know how to access resources ■ Staff training for everyone <p>WHAT & WHERE- SHOULD BE PROVIDED</p> <ul style="list-style-type: none"> ■ Resources accessible and available ■ DG performance indicator



	Identification of smokers	Cessation and support services
	<ul style="list-style-type: none"> ■ Are health professionals able to ask if person smoker <p>WHAT & WHERE -SHOULD BE OFFERED</p> <ul style="list-style-type: none"> ■ Preadmission telephone call pre surgery offer Quit resources ■ Admitted patients -smoking history ■ Outpatient Questionnaires ■ Consistency of approach ■ TOPAS Forms - outpatient forms mandatory fields ■ Develop processes for when you ID smokers 	<ul style="list-style-type: none"> ■ Online - self paced training program ■ Support information about smoke free policy ■ Handover - “goodie packs”, Starter Packs, DVD, free samples ■ Available information and NRT on all wards for smokers, carers, parents ■ Different messages ■ NRT, Quitline ■ Magnets
	Education	Linkages, Communication flow and referral pathways
Primary, Secondary and Tertiary Interface	<p>Community education</p> <ul style="list-style-type: none"> ■ Mass media ■ Schools ■ Cross community ■ Culturally appropriate NES, Aboriginal etc ■ Sporting and community groups and organisations ■ Early intervention and detection of social smokers ■ Intergenerational, Peer groups ■ Multi-disciplinary <p>Health Service delivered education</p> <ul style="list-style-type: none"> ■ Consistent messages across the settings ■ Culturally appropriate resources ■ Opportunistic ■ Communication of smoking status in various settings ■ Individual multidisciplinary plans ■ Education on use of tool (?) ■ Possible free education/cessation for financially disadvantaged 	<ul style="list-style-type: none"> ■ Electronic networks improved to identify and flag smokers ■ Plan development and review ■ Primary Care management systems to identify smokers and feed into cessation opportunities ■ Feedback to referrer on outcome /interventions

WORKFORCE This includes workforce development to train and support health staff, undergraduate and graduate training and support the development of an accreditation scheme for trained staff


	Workforce development & education	Building the capacity of the workforce
	<p>WHAT WORKFORCE DEVELOPMENT/EDUCATION IS REQUIRED?</p> <ul style="list-style-type: none"> ■ Brief Intervention for all Health care workers with mandatory ongoing updates ■ Compliance training & monitoring ■ Clinical Guidelines ■ Security staff - how to approach 	<p>HOW TO BUILD CAPACITY</p> <ul style="list-style-type: none"> ■ Must be delivered in an organisational context that promotes the aims of smoke free - part of the culture ■ Train the Trainer ■ Access to training course ■ Champions - lead by example ■ Video link



	Workforce development & education	Building the capacity of the workforce
	<p>people who are smoking - enforce compliance</p> <ul style="list-style-type: none"> ■ Planning <p>WHERE SHOULD IT BE PROVIDED?</p> <ul style="list-style-type: none"> ■ Must be delivered in an organisational context that promotes the aims of smoke free - part of the culture ■ Should be able to be replicated at a local level ■ Included as part of corporate induction ■ Workplaces - should be included in facilities infrastructure to make sure smoke free <p>WHO SHOULD ATTEND WHAT TRAINING?</p> <ul style="list-style-type: none"> ■ Anyone who comes in contact with people who smoke should have BI training ■ Don't leave out - Respiratory Scientist & Physiotherapists ■ Area Health Services staff ■ Consumers - Mental health, recent Quitters, CLAD communities, Aboriginal ■ General Practitioners ■ Social Service staff ■ Health Promotion staff ■ Education staff ■ Ground staff ■ All staff in compliance ■ Clinical and Allied health in BI ■ Facilitators trained can assist in cultural change <p>Is an accreditation scheme appropriate and if so how would it be managed?</p> <ul style="list-style-type: none"> ■ Hospitals have quality control that incorporates promoting health and well being of patients and staff ■ Must be credible and standardised, just make sure get the message across rather than accreditation ■ The simpler you keep it the better it is (question need for accreditation) ■ Maybe accreditation of "train the trainer" course (participants have to have Cert IV perhaps?) ■ Accreditation would standardise training and resources used across the State ■ Need to get message out (not an either or situation) 	<ul style="list-style-type: none"> ■ On line information and training ■ Included in induction course ■ Accessible resources <p>RESOURCES</p> <ul style="list-style-type: none"> ■ Mass media shown to be the most significant ■ Helpline ■ Culturally appropriate ■ Targeted education to priority groups ■ Change image of smoking ■ Aboriginal Health Workers 1 on 1 <p>PRIORITIES</p> <ul style="list-style-type: none"> ■ Brief intervention training for everyone ■ Organisational Context - cultural shift, people feel supported when they do the training ■ Ongoing research, evaluation and monitoring to ensure that training is appropriate and effective ■ Culturally appropriate resources -ongoing mass media



Appendix 2: Symposium program

Respiratory Health Network Stakeholder Symposium Program		
 Working Together to Create a Healthy WA		
Friday 9th May 2008 12.30 - 4.45 The Boulevard Centre		
Network Leads - Professor Steve Stick Assoc. Professor Peter Kendall		
12:30	Registration Lunch & Poster Expo	Foyer
1.30	Welcome	Steve Stick
	Welcome to Country	Richard Walley
1.40	Respiratory Health Network: update and achievements	Peter Kendall
2.00	Keynote Address: "A public health framework for smoking prevention and cessation".	Tarun Weeramanthri Executive Director, Public Health Division, WA Health
2.20	Panel Discussion: "Snapshot of where are we in WA in reducing the incidence of tobacco smoking"	PANEL: Chair: Steve Stick
Panel -	Steve Allsop National Drug Research Institute, Steve Hall Australian Council on Smoking & Health, Breda Ryan North Metropolitan Area Health Service, Mental Health, Dishan Weerasooriya Tobacco Control Branch, John Bedford Office of Aboriginal Health	
3.05	Afternoon Tea	Foyer
3.20	Facilitated small group discussion: "The way forward - building on the achievements, actions & solutions to reduce the incidence of tobacco smoking"	Facilitated discussion
4.00	Feedback from the groups	Facilitated discussion
4.30	Summary of symposium - where to from here?	Steve Stick
4.45	Close	Steve Stick
 Department of Health		



Delivering a Healthy WA

Health Networks Branch
Level 1, 1 Centro Ave
Subiaco
Western Australia 6008

