

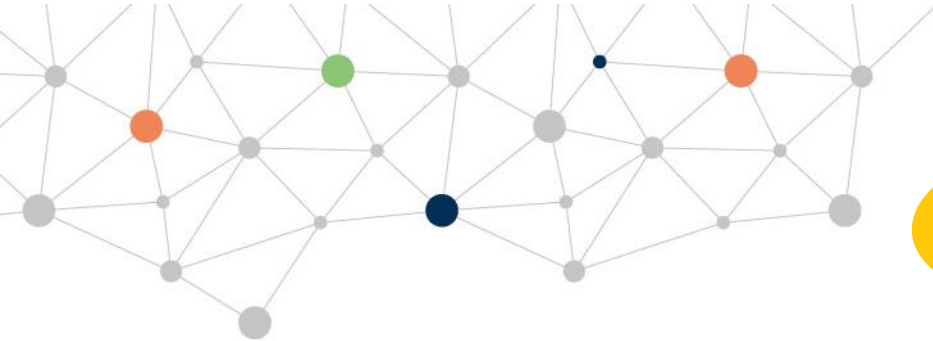
# **Final Report: Latrobe Health Innovation Zone: Early Detection and Screening including Tobacco**

## **Community consultation on opportunistic screening for risk factors for chronic disease**

**August 2021**

**Project conducted by Larter Consulting, report information provided by Larter Consulting.**

**Report adapted and presented by Gippsland Primary Health Network.**



## Introduction

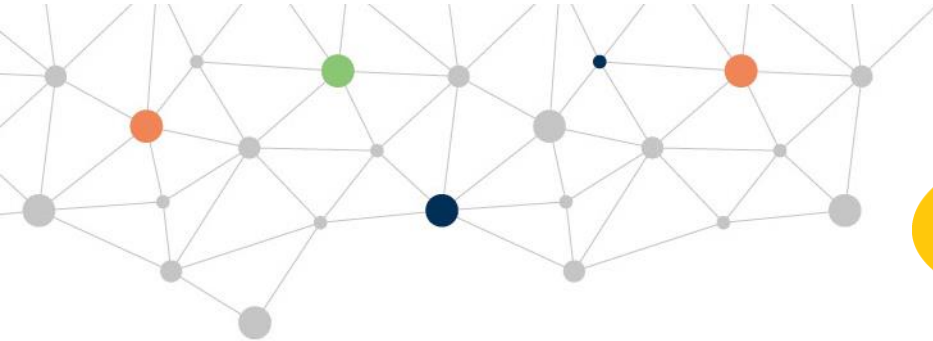
In June 2016, the Victorian Government released the '[Hazelwood Mine Fire Inquiry: Victorian Government Implementation Plan](#)', setting out 246 actions. 'Health in the Latrobe Valley' is a key response area within the 'Hazelwood Mine Fire Inquiry: Victorian Government Implementation Plan' supported by 68 dedicated Deliverables.

Gippsland Primary Health Network (Gippsland PHN) was identified by the Department of Health and Human Services (DHHS) as an appropriate agency to support the implementation of activities related to Deliverables 69–77 as a part of an initiative known as The Latrobe Health Innovation Zone: Early Detection and Screening including Tobacco Initiative.

The nine key deliverables (Deliverables 69–77) related to early detection and screening including smoking cessation include:

- Deliverable 69: Review current population and opportunistic screening rates, practices and services in the Latrobe Valley
- Deliverable 70: In consultation with the community and other relevant stakeholders, develop a plan for implementing a system-wide approach to encourage health professionals to ask patients about their smoking and offer support to quit
- Deliverable 71: Implement the smoking cessation initiative, in partnership with the Latrobe Health Assembly, the community and other stakeholders
- Deliverable 72: Based on the outcomes of the review of population screening rates, practices and services, develop a strategy and implementation plan to improve access to screening services for vulnerable and high-risk groups
- Deliverable 73: Based on the outcomes of the review of opportunistic screening rates, practices and services, support the Latrobe Health Assembly to develop a strategy and implementation plan to improve access to opportunistic screening and early intervention services for identified priority areas
- Deliverable 74: Support the Latrobe Health Assembly to commence a trial of integrated screening and assessment approaches for chronic disease
- Deliverable 75: Promote, and increase the use of, existing primary care systems to assist healthcare providers to identify clients for screening
- Deliverable 76: Partner with providers across the Latrobe Valley's health system to develop and implement recruitment and health promotion strategies to encourage community participation in available health screening opportunities
- Deliverable 77: Embed the smoking cessation initiative, in partnership with key service providers.

The overall aim of the Gippsland PHN LHIZ Early Detection and Screening including Tobacco Initiative is to support people to prevent illness before it occurs, detect illness early and make sure that those who need treatment and support services can access them locally.



An Australian Government Initiative

The program encompasses three project areas: Smoking Cessation, Population-based Cancer Screening (Breast, Bowel and Cervical) and Risk Assessment and Opportunistic Screening. Project activities are both community facing and health system facing.

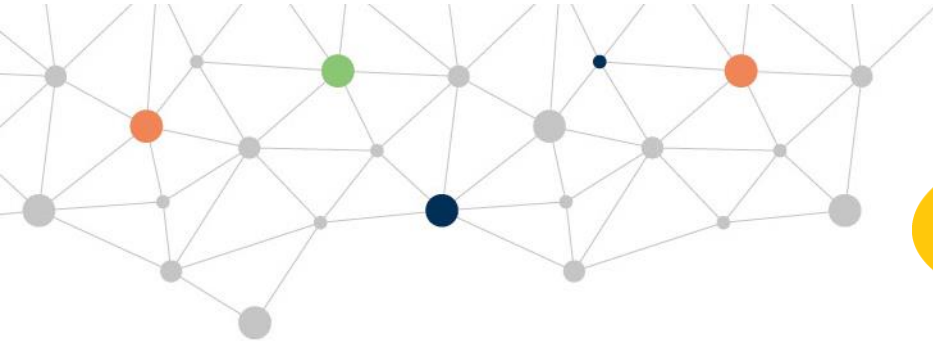
Within the project area of Risk Assessment and Opportunistic Screening there are three deliverables aiming to improve the provision of evidenced based health assessment and screening care to the community.

Deliverables include:

- D72: Improve access to opportunistic screening and early intervention services for identified priorities areas
- D75: Promote, and increase the use of, existing primary care systems to assist healthcare providers to identify clients for screening
- D76: Partner with providers across the Latrobe Valley's health system to develop and implement recruitment and health promotion strategies to encourage community participation in available health screening opportunities

As part of all Latrobe Health Innovation Zone: Early Detection and Screening including Tobacco Initiative activity, Gippsland Primary Health Network actively pursues ongoing community engagement, both through the Latrobe Health Assembly and its Working Groups, Gippsland PHN's community advisory groups, and with other people and communities living in Latrobe Valley.

Throughout 2019 – 2020 a review of the literature and sector scan was undertaken to identify best practice and emerging examples of activity in risk assessment and opportunistic screening from local and international settings. There has also been data collected from the local General Practitioner workforce to understand barriers, enablers and opportunities in the space of risk assessment and opportunistic screening. Several key gaps and opportunities have been identified therefore to inform and build on the development of interventions within the Latrobe Health Innovation Zone: Early Detection and Screening including Tobacco initiative. Local (Latrobe) community consultation was required to inform acceptability and feasibility of these ideas, and to further refine fit-for-purpose local intervention, and this report details the methodology, results and recommendations of the consultations conducted in Latrobe Valley in 2021.



## Recommendations

### Headline Recommendations

The following headline recommendations are made based on data collected during consultation with the Latrobe Valley community; an analysis of themes outlined within this report; and following discussion with the Project Control Group.

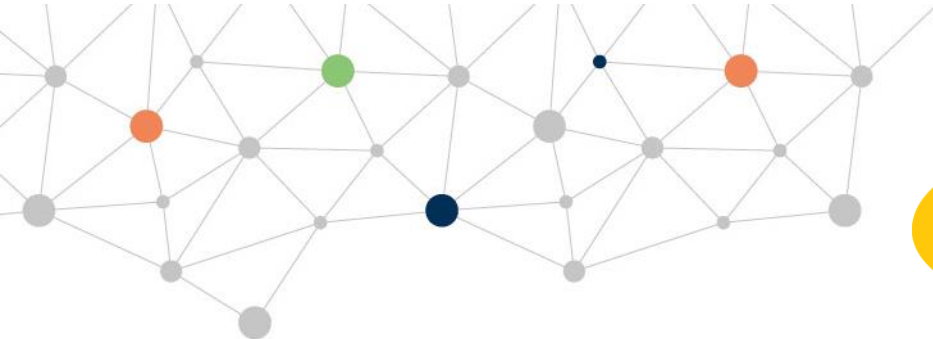
It is recommended that the following be considered in addressing opportunistic screening for risk factors for chronic disease in the Latrobe Valley community:

- The development of a community awareness campaign about the importance and availability of basic health checks in primary care and other community settings, including blood pressure, blood sugar, cholesterol, the 45-year health assessment and other health assessments. The campaign should consider a targeted approach and messaging (for example, by age, gender, other segments). It should normalise and routinise basic health checks in similar ways to other screening campaigns that are well-known and accepted in the community including for skin cancer, bowel cancer, breast cancer, prostate cancer and cervical screening.
- The development of a general practice-facing campaign to complement the community awareness campaign should be considered.
- Access to health checks should also be provided outside general practice settings in community settings.
- Mobilising nurses (primary care nurses where possible) to engage community members in preventative care and health checks.
- Working with local community members to develop and / or test the campaign and its messages.
- Advocating for a broader health promotion and education campaign on lifestyle modification and risk factors in the Latrobe Valley (for example, with state and local council partnerships). The campaign should build on the insights from this report regarding focused and effective reach mechanisms such as targeting tradespeople, mothers and grandparents. It should also have an equally strong focus on using multi-pronged platforms to reach specific population segments such as billboards, radio, mail drops, newspapers and social media.

### Additional findings

The following list provides a summary of findings that respond directly to the key themes described in this report.

- Community members want simple, actionable social marketing messaging (for example, using a traffic light signal approach: red to indicate 'avoid', green to indicate 'do more of').
- Social marketing campaigns should emphasise that prevention is possible, while acknowledging the gap for many people between knowledge and behaviour.
- Social marketing campaigns for health checks should draw on the most common motivators of maintaining good health (e.g. to 'be able to do what you want to do'). Campaigns could also draw on the two most common motivators for preventing illness - cost and inconvenience - to encourage prevention and early detection through participation in health checks.



- A community education campaign should feature local experience stories of people living with a long-term condition so that messaging is 'relatable'.
- The cost of health checks should be minimised and ideally should be delivered at no cost to the consumer.
- A social marketing campaign segmented by population cohort would optimise reach and calls to action for specific population groups by responding to barriers and enablers identified by Latrobe Valley community members. For example, the campaign should include a segment specific to men, using the key motivators identified within this report.
- Considerations for future action include upskilling other workforces such as ACCHO workers and mental health workers about the importance of risk factors and opportunistic screening.

## Background

To support the development of interventions, community consultation was required to inform the acceptability and feasibility of ideas, and to design fit-for-purpose local interventions. Consultation would also inform the development of social marketing and community-facing campaigns for risk factor screening.

For the purpose of this project, risk assessment and opportunistic screening activities will focus on people who live in the City of Latrobe and ensure priority consideration is given to population groups that experience poorer health outcomes and face systemic barriers to participation in opportunistic testing and risk assessment. Barriers may include lack of knowledge; poor access, availability, affordability and acceptability of services; stigma; and cultural, demographic and psychosocial factors. Population groups identified at the beginning of the project were:

- Aboriginal and Torres Strait Islander communities
- Culturally and linguistically diverse (CALD) communities
- Communities affected by social and economic disadvantage
- People with low health literacy
- People with disabilities
- Lesbian, gay, bisexual, transgender and intersex (LGBTI) communities.

The target audience for the community consultation were Latrobe community members who are:

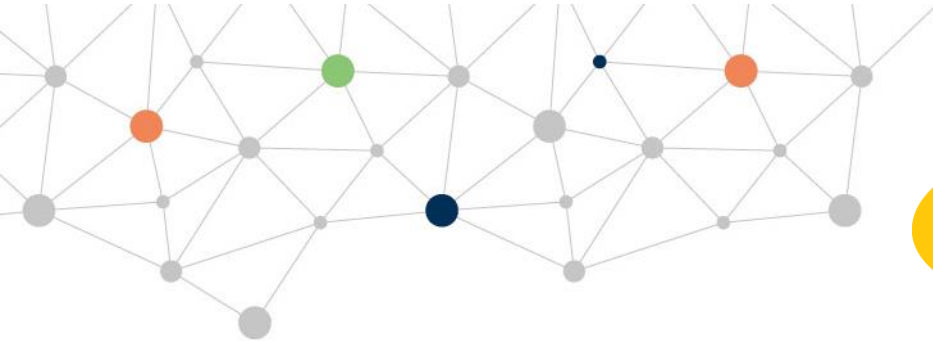
- living without a chronic disease or yet to be accessing primary care for chronic disease management<sup>1</sup>
- adults (age 20 plus, approximately)<sup>2</sup>

The consultation objectives were:

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<sup>1</sup> And exclusion of: people already on management plan for chronic disease

<sup>2</sup> A targeted age range was considered based on the Red Book (Guidelines for preventative activities in general practice, 9e) which suggests (i) 45-64 years for opportunistic preventative activity for low-risk populations, (ii) age 30 for Aboriginal and Torres Strait Islander community members; and (iii) 10-15 years younger (i.e. 30-35 years) for higher-risk groups living with social disadvantage. Responding to this, local clinical advice was sought from a GP Advisor, with recommendations to avoid limiting the age cohort in order to optimise the number of local insights gathered about prevention and risk factor comprehension.



- To understand what chronic disease prevention and role of risk factors means for the community, and to explore health literacy, including:
  - Understanding and value of prevention
  - Understanding of risk factors and their relationship to chronic disease
- Explore individual understanding of early detection and screening
- Explore knowledge, perceptions, value, screening attitudes and beliefs
- Explore personal susceptibility (i.e. Do they feel and/or understand they should be engaging in risk assessments and opportunistic screening?)
- To understand community readiness, acceptability for increased opportunistic screening in general practice (and / or other locations) and likely uptake, including uptake for different population cohorts and possible barriers.

## Method

Gippsland PHN Executive endorsed the start of phased community consultation in January 2021, subject to COVID safety planning and protocols.

A mixed methods approach was approved, consisting of:

- individual interviews (by videoconference, telephone, in person)
- group discussions with workplaces and community groups (by videoconference, in person)
- an online survey<sup>3</sup>.

Marketing materials were developed and bundled into a promotional kit that included a social media package, posters, and promotional cards. This was made available to stakeholders and promoted through: Gippsland PHN communications; via local stakeholders; in local cafes; in both small and large workplaces; in community service organisations; in general practice; and other community sites.

Recruitment strategies predominantly relied upon direct contact to organisations' communications platforms including social media and newsletters (e.g. Council newsletter). The call to action comprised: (a) a telephone number to text 'Better Health' for participation; and (b) a survey link (including QR code).

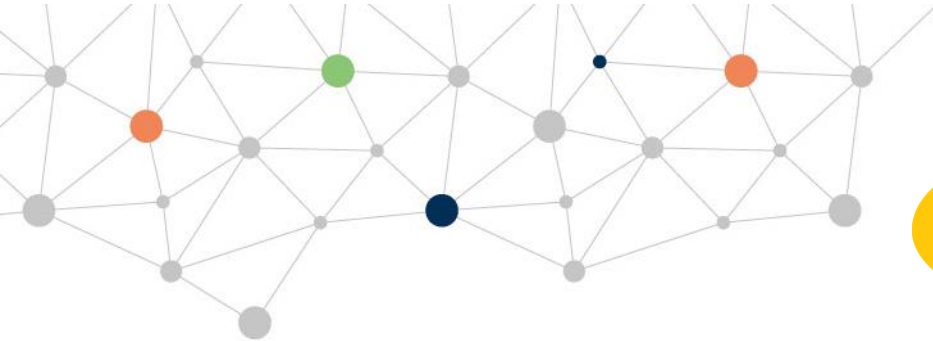
Meetings were held with key local stakeholders (Latrobe Health Advocate, Latrobe Health Assembly, Latrobe Community Health Service, and Latrobe City Council) to identify opportunities for alignment, promote the consultation and to recruit community members.

The key lines of enquiry explored in conversations with community members included:

- What does good health mean? How important is health? What motivators are at play?
- How important/relevant is future health? What are the motivators for future health?
- To what extent are long-term conditions (*LTCs – for the purpose of this consultation chronic diseases were referred to as long term conditions and defined as an illness that cannot be cured but can usually be controlled with medicines or other treatments.*)

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<sup>3</sup> [www.gphn.org.au/tell-gippsland-phn/](http://www.gphn.org.au/tell-gippsland-phn/)



*Examples of long-term conditions include arthritis, asthma, diabetes, epilepsy, angina, heart failure, and high blood pressure (hypertension)) and their risk factors known and understood?*

- Have you heard of health assessments and health checks? If so, what is your understanding and experience of them?
- What advice and recommendations do you have for community messaging and campaigns about prevention and health checks?

The full discussion guide is available as a separate document on request.

## Engagement summary

### Comments on engagement and participation

The bulk of the consultation data was collected between February and May 2021, with good participation rates achieved in the context of the COVID-19 environment. Initial strategies for workplaces and community groups were slow to achieve targets, as many organisations remained cautious about consultation in a period emerging from COVID lockdown, however data collection in situ in Latrobe Valley communities progressed well.

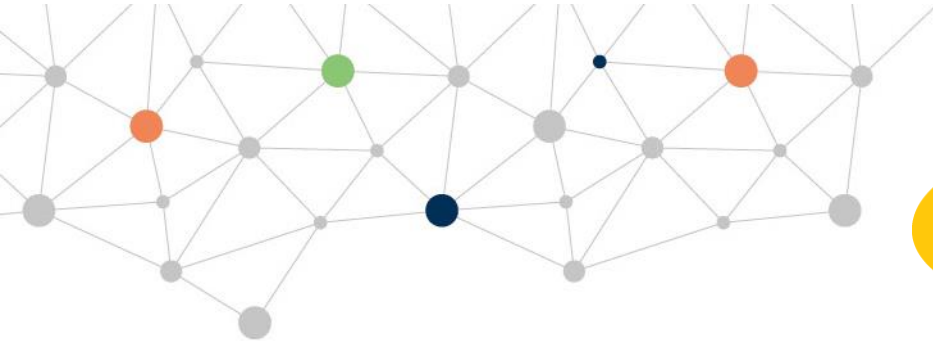
What worked well in recruitment and engagement:

- Going to people where they are (for example, at work, in retail environments)
- Reaching middle-aged and young men in retail and workplace environments
- Using people's age and life stage to start a conversation about health
- Briefer conversations (using randomised sections of the discussion guide rather than moving through the complete question set with everyone)
- Acknowledging people's time and expertise through reimbursement (\$5 café vouchers)
- Asking participants' advice on messaging for the community.

The engagement reached significant numbers of people who do not usually participate in community health surveys (see discussion below).

A total of 156 individuals participated.

Participation (at 30 June 2021)	
<b>Interviews</b>	
	<ul style="list-style-type: none"><li>• 124 interviews, including:<ul style="list-style-type: none"><li>○ 4 group discussions (at: indigenous community wellbeing centre, disability support group, neighbourhood house, international friendship group)</li><li>○ 14 responses to the 'Better Health' SMS call-back option</li></ul></li></ul>
<b>Surveys</b>	
	<ul style="list-style-type: none"><li>• 44 completed surveys</li></ul>



### Sample demographics and representation

The sample included representation from Moe, Morwell, Traralgon, Churchill, Yallourn North, Yinnar, and Boolarra. It represents the following Latrobe Valley locations:

Latrobe Valley location	% sample
Churchill	10%
Hazelwood	2%
Moe	21%
Morwell	24%
Traralgon	23%
Yallourn North	7%
Yinnar	56%

The sample comprised the following age groups and genders:

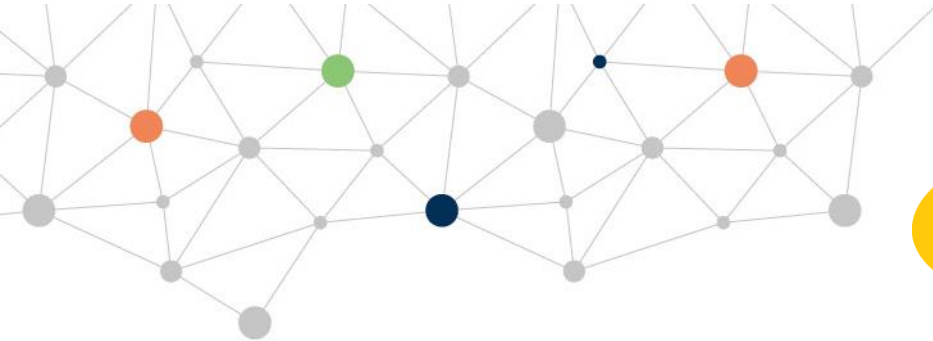
Participant age groups	% sample
Under 35 years	28%
36-59 years	49%
Over 60 years	20%
No response	3%

Genders	% sample
Female	74.3%
Male	22.5%
Identified as other / prefer not to say	<1%
No response	3%

The sample includes representation from the following population groups:

- under-served populations (i.e. people not engaged with general practice, or 'GP avoiders')
- people who self-reported as at-risk of diabetes, pre-diabetic or borderline diabetic
- middle-aged men and young men
- small business owners and staff





- culturally and linguistically diverse communities (including: Serbia, India, Pacific Islands, Pakistan, Philippines, Malaysia, Romania, Lebanon, Kenya, South Africa)
- young people (18-30 years)
- Aboriginal and Torres Strait Islander people.

Interview participants included community members who are vulnerable, hard-to-reach, and under-screened, including people who are experiencing financial distress, living with multiple co-morbidities, living with mental illness, living with disabilities, and carers.

Examples of locations where interviews were conducted include:

- Retail environments
- Neighbourhood houses (including community lunches)
- Workplaces
- Public places and venues including shopping centres, community hubs, bus stops, and leisure centres
- Retail environments<sup>4</sup>
- Community groups (e.g. friendship groups)
- Aboriginal Controlled Community Health Organisations (ACCHOs)
- Libraries
- Latrobe City Council (headquarters staff, depot staff, leisure centre).

## Key Findings

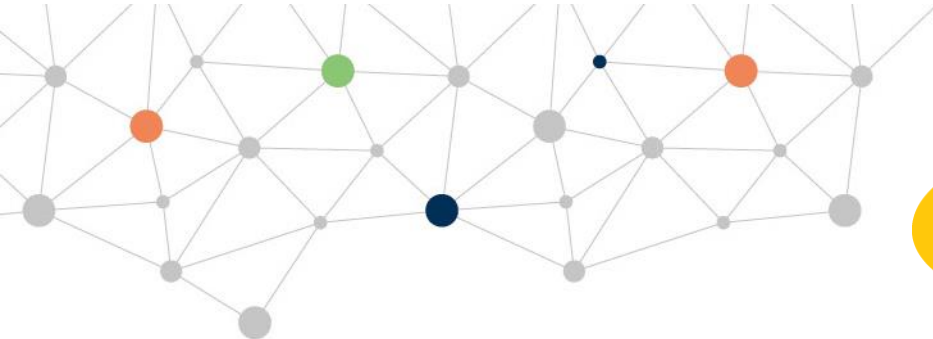
### Community survey

There were 44 online surveys completed.

The purpose of the survey was to provide an additional method of engagement with the issues and a data set that could support the qualitative insights with some quantitative metrics. Survey data should be interpreted with caution as the sample is not representative and reflects the views of community members who are 'early adopters' or already engaged in the issues. This is reflected in the data collected. Most respondents were well versed in issues of long-term conditions and/or public health and health promotion. Snapshot results from the survey are included in Appendix A.

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<sup>4</sup> Examples of participating retail environments include: florist, tobacconist, computers, optometrist, outdoor/camping, newsagency, variety store, tools, car accessories, plumbing, rubber store, mobility aids, car yards, opportunity stores, fast food, farm supplies, book stores, butcher, art gallery, stockfeed, Cash Converters, power services, framing, real estate, videos, fashion, laundromat, others

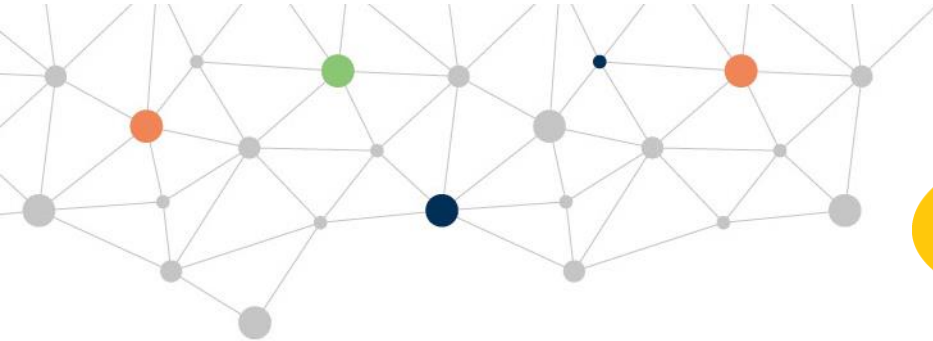


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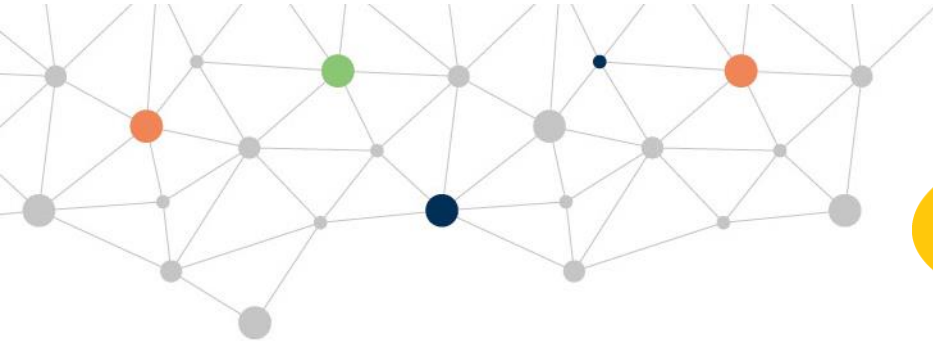
## Community conversations

The following table provides a summary of the thematic analysis of the qualitative interview data with Latrobe Valley community members.

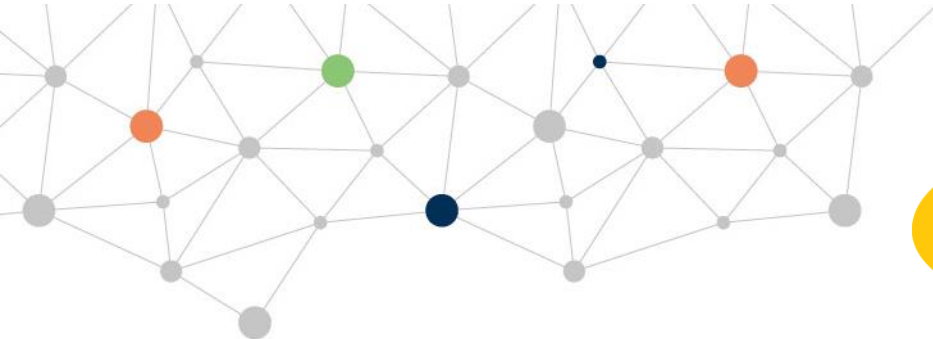
Theme	Comments
<b>Community is open to conversations about risk factors and prevention</b>	<p>There was a strong response rate from community members willing to talk about health when approached (approximately 95% participation rate).</p> <p>Many had not previously considered some of the issues (for example, preventing chronic disease and health checks). Generally, people appreciated being asked for their opinion and advice. Many held very strong beliefs about some of the gaps and opportunities.</p>
<b>Knowledge of long-term conditions (LTCs)</b>	<p>Participants can be categorised into two groups according to their knowledge:</p> <ol style="list-style-type: none"> <li>a. The majority had very little knowledge of conditions like diabetes, heart disease, lung disease, kidney disease. This included a poor understanding of the causes, symptoms, early signs, prevention and lived experience of LTCs.</li> <li>b. The minority had some knowledge, usually from familiarity through a family diagnosis or history of LTCs.</li> </ol> <p>There was universal consensus that the community receives little-to-no education about long-term conditions and their risk factors.</p> <p>Many people under 40 years had never given any thought to long-term conditions and their own risk or susceptibility.</p> <p><b>RECOMMENDATION:</b></p> <p>A community education campaign should be developed to increase community awareness of: long-term conditions; risk factors; and prevention.</p>



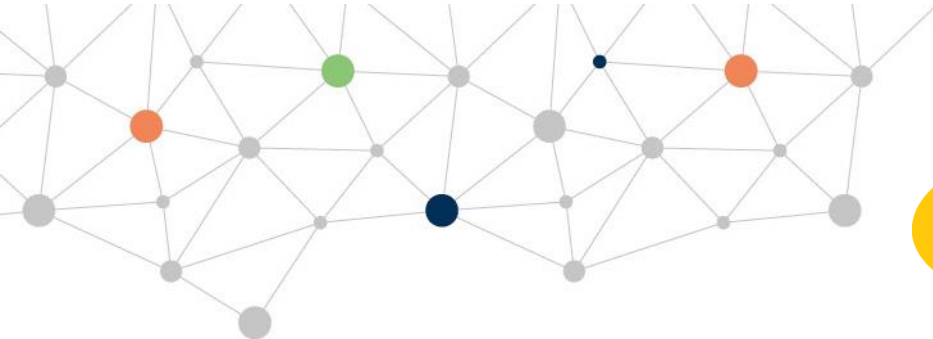
<p><b>Lack of health promotion education and activity in Latrobe Valley (LV)</b></p>	<p>Numerous respondents spoke of the lack of health promotion education in Latrobe Valley. With little to no education about LTCs in school settings and general health promotion awareness campaigns not reaching the community, people feel they do not necessarily have the information or tools to drive motivation or behaviour change.</p> <p><b>RECOMMENDATIONS:</b></p> <ul style="list-style-type: none"> <li>• Develop a lifestyle modification education campaign that reaches community members</li> <li>• Community members want simple, actionable health promotion messaging (for example, using traffic light signal approach i.e. red to indicate ‘avoid’, green to indicate ‘do more of’)</li> </ul>
<p><b>Definitions of good health</b></p>	<p>Most community members spoke of ‘good health’ in very similar terms:</p> <ul style="list-style-type: none"> <li>• “Being able to do what you want to do”; “living life to the fullest”; “participating in life actively”; “enjoying life”.</li> </ul> <p>Additional definitions included:</p> <ul style="list-style-type: none"> <li>• Having energy; being able to provide for family; feeling free, feeling well; keeping independent; being able to cope with life; getting through each day.</li> </ul> <p>Additional comments and priorities:</p> <ul style="list-style-type: none"> <li>• Not being sick; being free of pain; where any ailment does not interfere with everyday life; attending to healthcare and medications as required.</li> <li>• Health as a balancing act; ‘riskier’ choices should be balanced by ‘healthier’ behaviours; everything in moderation.</li> <li>• Definitions of ‘good health’ at different weights and sizes (overcoming assumptions that ‘good health’ appears one particular way).</li> <li>• Approximately one-fifth of participants included mental health in their definition of good health (with the highest use in the younger cohorts): “Being happy and healthy goes hand in hand”.</li> <li>• Holistic definitions of health, including social, emotional, economic, spiritual and environmental wellbeing.</li> </ul> <p><b>RECOMMENDATION:</b></p> <ul style="list-style-type: none"> <li>• Community social marketing campaigns for health checks should draw on the most common motivators of maintaining good health (i.e. maintaining health in order to ‘be able to do what you want to do’).</li> </ul>



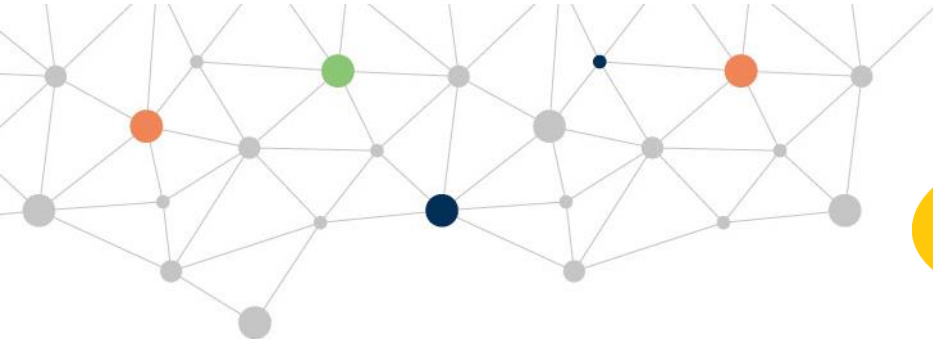
<p><b>Motivators for good health</b></p>	<p>There were some strong common themes about the motivations for aspiring to good health. A common motivator was being able to do what you enjoy doing in life (whether that is golf, sports, spending time with grandchildren, camping, fishing, gardening, visiting friends / family etc.). Motivators were also identified by age and gender.</p> <p><b>Young people</b></p> <ul style="list-style-type: none"> <li>• Maintaining appearance; optimising the ‘prime of life’; being well and having energy to engage in sports and activities, ‘living life to the fullest’</li> <li>• Knowing adults who have been significantly impacted or died prematurely from LTCs</li> <li>• Seeking happiness, confidence, good mental health, having things to look forward to</li> <li>• Knowing other young people with LTCs</li> <li>• Being able to work; being able to travel around the world</li> </ul> <p><b>Young parents</b></p> <ul style="list-style-type: none"> <li>• Maintaining health for families and children. Having energy, being alive, being able to provide for your family. Being well enough to see children grow up, get married</li> </ul> <p><b>Middle-aged people</b></p> <ul style="list-style-type: none"> <li>• Caring responsibilities (for own family, for parents)</li> <li>• Being able to do all the things you want to do in life, run a household, go to work, provide for family, do enjoyable things</li> <li>• Supporting children to be healthy at the same time as maintaining health to support children</li> <li>• Experiencing injury was a motivator, when experiencing the absence of good health</li> </ul> <p><b>Men</b></p> <ul style="list-style-type: none"> <li>• Remaining active, being healthy for their family</li> </ul> <p><b>Older people</b></p> <ul style="list-style-type: none"> <li>• Remaining healthy; having the energy to play with grandchildren</li> <li>• Remaining independent</li> </ul> <p><b>RECOMMENDATION:</b></p> <ul style="list-style-type: none"> <li>• Community campaign messaging should be targeted with an ‘ages and stages’ approach</li> </ul>
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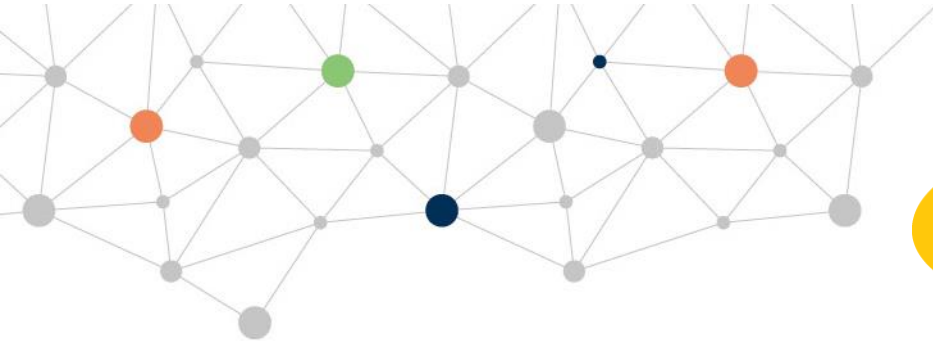
<p><b>Good health and risk factors</b></p>	<p>People almost universally suggested that preventing long-term conditions is possible (subject to family / genetic history). People also consistently identified: (a) weight, (b) food/diet and (c) exercise as the three key factors to maintaining good health. Some participants additionally spoke about smoking, movement, the environment, sugars, stress, sleep, drinking water, and remaining positive as important risk factors.</p> <p>Many people reported knowing ‘what they should do’ and identified the key determinants as: eating well, maintaining weight, keeping physically active. Many community members however reported being unable to achieve what they thought they should to maintain their health.</p> <p>The idea of moderation was important to some people (i.e. allowing for less healthy choices as long as the overall balance remained ‘healthy’).</p> <p>Examples of the way people spoke about ‘risk factors’ are provided in the ‘vernacular language’ section discussed further below.</p> <p><b>RECOMMENDATION:</b></p> <ul style="list-style-type: none"> <li>• Social marketing campaigns should emphasise that prevention is possible, while acknowledging the challenging gap for many people between knowledge and behaviour.</li> </ul>
<p><b>Understanding the role of risk factors</b></p>	<p>Some people emphasised the role of food and alcohol in comfort, self-care and stress mitigation for Latrobe Valley community, which requires a sensitive and nuanced acknowledgment in any health education campaign. This echoes the role of cigarettes in the daily lives of persistent smokers identified in previous LHIZ research in Latrobe Valley (i.e. in order to address smoking behaviours, the underlying causes of these behaviours must be acknowledged and addressed, for example stress).</p> <p><b>RECOMMENDATION:</b></p> <ul style="list-style-type: none"> <li>• The social marketing campaign should learn from the approach taken by the LHIZ Smoking Clinic model of care in acknowledging the role of lifestyle choices as stress management strategies for some individuals (i.e. role of food and alcohol for stress mitigation).</li> </ul>
<p><b>People are influenced by local lived experience stories</b></p>	<p>Many people spoke of being positively influenced in their attitudes and / or behaviours by the following:</p> <ol style="list-style-type: none"> <li>1. Family members with a recent diagnosis of LTC or living with LTC (which was particularly influential for those with a strong family history of LTCs). In particular, family members’ experience of amputation was reported repeatedly as a key motivating factor.</li> <li>2. Knowing people who had died prematurely .</li> <li>3. Positive life stories / case studies where peers have made lifestyle changes in response to a diagnosis (e.g. reversed the diagnosis or stopped</li> </ol>



	<p>medications, for diabetes) or to improve overall health and wellbeing (e.g. weight loss or starting exercise).</p> <p><b>RECOMMENDATION:</b></p> <ul style="list-style-type: none"> <li>• A community education campaign should feature local stories of lived experience that are ‘relatable’ (for example, living with an LTC; preventative behaviours; reversing a diagnosis; consequences of LTC)</li> </ul>
<p><b>Health checks: In the context of accessing local primary health care</b></p>	<p>Almost universally, conversations with community members about health checks/risk factor screening involved reference to (a) the barriers to accessing general practice in Latrobe Valley; and / or (b) individuals’ disillusionment and disenfranchisement from the general practice sector. (These GP access issues are explored in further detail elsewhere in LHIZ documents such as Latrobe Health Advocate publications).</p> <p>For many community members, their attitudes towards preventative health care including health checks are mediated by their relationship with the primary health care system overall.</p> <p><b>RECOMMENDATION:</b></p> <ul style="list-style-type: none"> <li>• Access to health checks should also be provided outside general practice settings.</li> </ul>
<p><b>GP avoiders and diagnosis avoiders</b></p>	<p>Numerous community members reported being ‘doctor avoiders’ (with 5 to 15 years as the range reported since last GP visit). Others identified symptoms or suspicions they might be living with an LTC but were not planning to investigate or see their doctor. The reasons cited by many people were: (a) financial barriers, and (b) service access issues (see previous comment).</p> <p><b>RECOMMENDATION:</b></p> <ul style="list-style-type: none"> <li>• Access to health checks should also be provided outside general practice settings.</li> </ul>
<p><b>Barriers to seeking diagnosis</b></p>	<p>People reported a number of different concerns and beliefs which served as barriers to help-seeking:</p> <ul style="list-style-type: none"> <li>• Cost (GP cost and treatment cost): basic healthcare was out of reach for some of the participating community members, who cannot afford GP visits or prescribed medications. A diagnosis would add additional and unaffordable financial burdens</li> <li>• Fear of diagnosis (including: impacts, prognosis, shame/stigma)</li> <li>• Fear of financial consequences through impacts on employment</li> <li>• Lack of trust in the healthcare system for support (e.g. no services available in Latrobe Valley)</li> <li>• General lack of motivation for ‘good health’.</li> </ul> <p><b>RECOMMENDATION:</b></p>

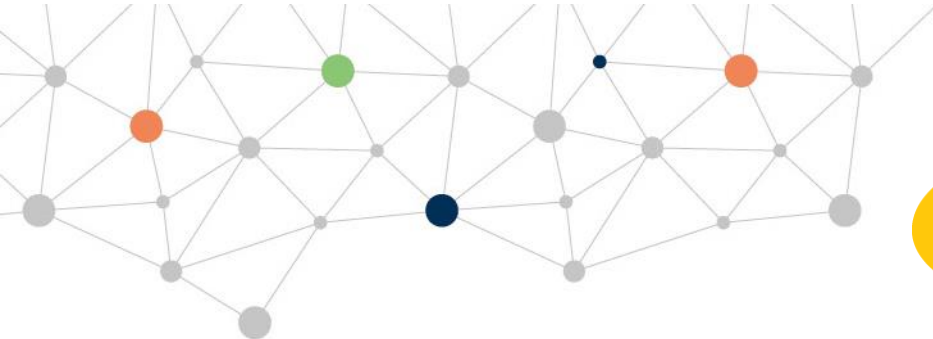


	<ul style="list-style-type: none"> <li>Costs of accessing health checks should be minimised and provided at no cost where possible.</li> </ul>
<p><b>Individual motivators to avoid LTCs</b></p>	<p>Community members were asked to identify which impacts of living with an LTC they might find most challenging, which could be used as incentives to encourage earlier detection and screening. The most motivating impacts were:</p> <ul style="list-style-type: none"> <li>the financial costs of ongoing treatment</li> <li>the inconvenience of ongoing care-seeking (for example, time and needing to travel to Melbourne)</li> <li>lost income, inability to work</li> <li>being medicated long-term</li> <li>disability (e.g. amputations, blindness, limbs/feet/joint issues)</li> <li>being misunderstood: people with lived experience reported that the mental health effects of living with LTCs are poorly understood and under-appreciated by others.</li> </ul> <p><b>RECOMMENDATION:</b></p> <ul style="list-style-type: none"> <li>Campaigns should use the two most common motivators (cost and inconvenience) to encourage motivation for prevention and early detection through participation in health checks.</li> </ul>
<p><b>Health checks</b></p>	<p>In exploring community understanding of health checks, individuals can be segmented into four broad groups:</p> <ol style="list-style-type: none"> <li>People who did not know the importance of regular basic checks</li> <li>People who are motivated to engage in proactive and preventative health care and who regularly participate in checks and screens</li> <li>People that avoid going to the doctor unless absolutely necessary, thus avoiding health checks</li> <li>People who engage in regular checks due to an existing condition or known risk.</li> </ol> <p>The importance of preventative health checks was a new subject for approximately half of the participants. Individuals were enthusiastic about being provided more education on the subject. Many people did not know that basic health checks are advisable above a certain age. For example, most did not have any knowledge of the 45-49-Year-Old Health Check that attracts a Medicare rebate and is available at general practice.</p> <p>Additionally, many people reported a belief that engaging GPs in preventative care takes valuable clinical time away from patients who need treatment more urgently. Others see doctors' roles as 'problem'-based rather than preventive.</p> <p><b>RECOMMENDATION:</b></p>



	<ul style="list-style-type: none"> <li>• A simple ‘health check awareness’ campaign should be developed for the community.</li> </ul>
<p><b>Improving access to health checks</b></p>	<p>Health checks need to be recommended by GPs:</p> <ul style="list-style-type: none"> <li>• Community members want to be advised by their GP to undertake checks; they place significant value on GP recommendations.</li> </ul> <p>Health checks should be normalised:</p> <ul style="list-style-type: none"> <li>• Many community members suggested that general health screening should be approached in the same way as other regular screening programs, such as skin cervical, bowel, breast and prostate checks.</li> </ul> <p>Ideally checks should be normalised, routinised and systematised, using reminders from the GP.</p> <p>Reducing financial barriers:</p> <ul style="list-style-type: none"> <li>• Free access / bulk-billing is important to overcome participation barriers.</li> </ul> <p>Availability outside of healthcare settings:</p> <ul style="list-style-type: none"> <li>• Many community members recommended that health checks should be available in community settings outside of primary health care, both to (i) overcome the system access issues, and (ii) improve access for people disengaged from primary healthcare</li> <li>• Some people reported increased motivation for completing a health check outside of general practice settings.</li> </ul> <p>Greater nurse role:</p> <ul style="list-style-type: none"> <li>• People recommend greater nurse involvement in preventative health care and health checks. Nurses are regarded as more accessible and more acceptable (“our Valley people”), with lower reported turnover rates than GPs. Community members want to build strong and influential relationships with their healthcare providers.</li> </ul> <p><b>RECOMMENDATIONS:</b></p> <ul style="list-style-type: none"> <li>• Health checks should be normalised and routinised through a social marketing campaign, which should in turn be supported by GPs actively recommending health checks to patients.</li> <li>• Nurses should play a greater role in promoting and delivering health checks.</li> <li>• Free or low-cost health checks should be made available outside of general practice settings.</li> </ul>

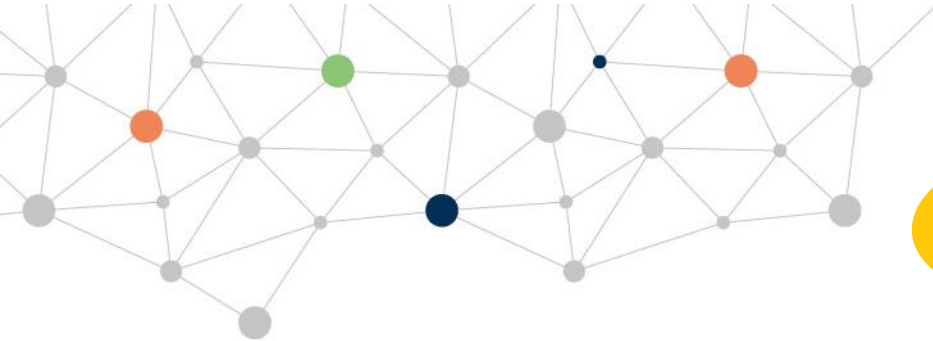




<p><b>Barriers to preventative healthcare seeking for men</b></p>	<p>Consultation targeted the participation of men, particularly working men, to better understand the enablers and barriers to prevention and early diagnosis of LTCs. Many men reported avoiding and delaying healthcare, with time and work pressures identified as the key barriers. This often results in healthcare access only during crisis.</p> <p>Motivators identified for a community campaign to encourage preventative care include: direct messaging to men (i.e. messages developed by men for men delivered by men); destigmatising health care access for men (i.e. breaking down stereotypes); using men’s perceived roles as providers for their families or their hobbies as motivation for participation; targeting men’s partners with messages to influence behaviour change.</p> <p><b>RECOMMENDATION:</b></p> <ul style="list-style-type: none"> <li>• The social marketing campaign should include a component that specifically encourages men to engage in preventative health care and health checks, using the key motivators identified.</li> </ul>
<p><b>Young people</b></p>	<p>Young people generally reported that they had little knowledge of long-term conditions and had not considered them, unless they had (a) family members affected or (b) friends who were diagnosed with type 2 diabetes. A significant portion of young community members knew people their age who had already been diagnosed with type 2 diabetes.</p> <p>Young people also reported that they had little motivation for accessing preventative healthcare. Most understand the role of food and exercise in maintaining health but were not aware of some of the other risk factors. Some had undertaken health checks for employment previously, but not independently.</p>
<p><b>Community involvement and codesign</b></p>	<p>There were a number of community members who expressed interest in being further involved in work on prevention and early detection of chronic disease.</p> <p><b>RECOMMENDATION:</b></p> <ul style="list-style-type: none"> <li>• The development of the social marketing campaign and other project activity should engage community members where possible for co-design and as community champions.</li> </ul>

## Developing a community social marketing campaign

During interviews, community members were asked for their advice on language and key messages for the design of a community education or awareness campaign about health checks in Latrobe Valley.



## Campaign development

Key points highlighted by community members about the development of a campaign include:

1. A campaign is much needed, and people need to be provided with targeted messages that reach them; they are unlikely to seek out health promotion messages proactively.
2. Messages should be targeted by population segment, and ages and stages
3. Local people and local stories have the greatest impact
4. COVID-19 has shifted community attitudes toward maintaining good health, health-seeking and prevention. The current pervasive health-sensitive social environment might be an opportunity to capitalise on a more favorable appetite for promoting health conscious behaviours.

## Effective messaging

In considering the most effective messaging for a campaign, two approaches were prioritised by community members:

- Direct instruction (i.e. 'Go get your blood pressure / cholesterol / blood sugars checked'; When did you last get a health check done?)
- Indirect or emotive motivation (i.e. Encouraging people to see their doctor or consider their health using motivators and triggers discussed in this report; using bystander methods by encouraging husband / parents / family members to complete a health check).

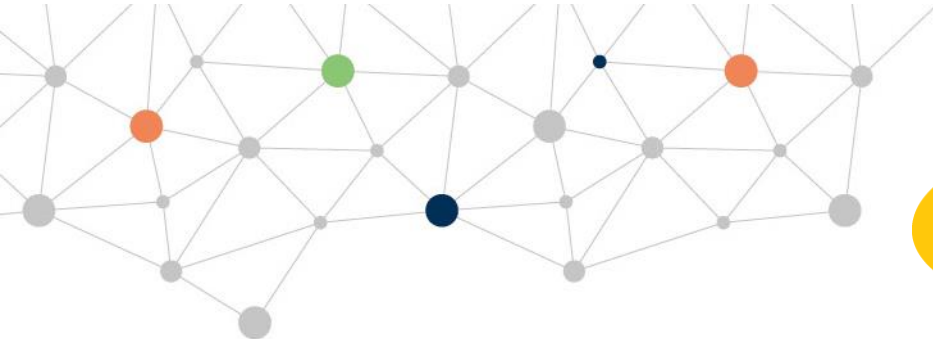
## Using local lived experience

Four opportunities were identified to use local lived experience voice and stories to develop messages for the community:

1. Use of lived experience voice of people living with LTCs in Latrobe Valley
2. Use of lived experience voice of (a) people who have had a diagnosis and reversed the diagnosis through lifestyle modifications, and (b) people who have successfully undertaken a general lifestyle modification change (e.g. weight loss; starting to exercise)
3. Use of local GPs and nurses to encourage health checks and screening
4. The use of intergenerational messaging:
  - a. Local older and ageing community members on the importance of health and encouraging younger people to look after their health
  - b. Younger people encouraging their parents and other family members to undertake health checks.

## Local language

The following table provides examples of the types of language community members used when discussing good health, long-term conditions, risk factors and health assessments. All the text includes direct quotes from community members.



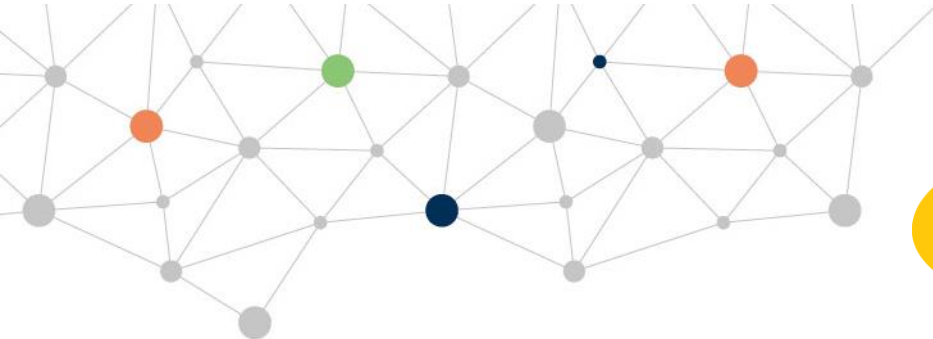
<b>Vernacular language examples</b>	<p>Examples regarding risk factors:</p> <ul style="list-style-type: none"> <li>Lifestyle, choices, coping mechanisms (“to get through the day, to make life bearable”), balance, ‘going hard’, bad diet, watch what you eat/drink/do, eating ‘right’, “smoke, drink, don’t exercise, don’t eat right”, putting yourself at risk, bad choices, day-to-day choices, conscious choices, self-medicating</li> <li>Note: CALD community members highlighted that ‘lifestyle’ can often refer to ‘family lifestyle’</li> </ul> <p>Examples regarding health assessments:</p> <ul style="list-style-type: none"> <li>Health checks, spot checks, get yourself checked, bloods, blood pressure, servicing your body, getting tested, checking the niggling feeling</li> </ul> <p>Examples regarding health:</p> <ul style="list-style-type: none"> <li>Wellbeing, being able to do what you want to do, having energy, being active, healthy body, not getting crook</li> </ul> <p>Examples regarding modifying behaviour:</p> <ul style="list-style-type: none"> <li>Look after yourself, take a look at yourself, care about yourself, taking health more seriously, get it on your radar, looking after me, looking in the mirror, listen to your body, making time for yourself.</li> </ul>
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### Example messaging

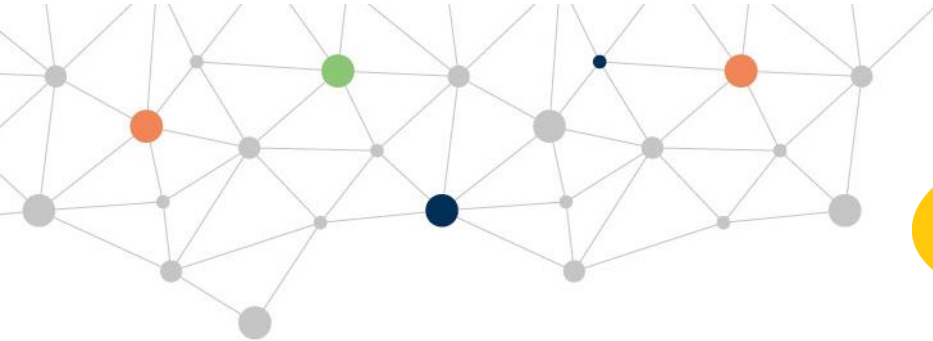
Several community members suggested that the messaging should be segmented by the following population groups.

The following table provides some examples (direct quotes) of the key messages and motivators for better health and health screening, reported by community members, by population segment.

Population segment	Message theme examples
<b>General audience</b>	<ul style="list-style-type: none"> <li>Catch it before it happens</li> <li>Use it or lose it. Keep your freedom, keep doing the things you want to do</li> <li>Just do it (the health check)</li> <li>Are you always putting it off till later? Always putting it off until it’s too late?</li> <li>We know you mean to, but it doesn’t always happen... (getting to the doctor, getting a health screen)</li> <li>Don’t put yourself at risk, make good choices</li> <li>If you find out early enough, nine times out of ten you can get treatment but if you let it go, then it’s too late and you can’t do anything</li> <li>It’s a small cost now compared to a big (and ongoing) cost later</li> </ul>



	<ul style="list-style-type: none"> <li>• It's simple, easy and quick and could save your life</li> <li>• For peace of mind</li> <li>• Don't just live for today, think about tomorrow</li> </ul>
<b>Middle aged people</b>	<ul style="list-style-type: none"> <li>• Consider the impact on your family</li> <li>• Stay on top of your health for your family, they need you</li> <li>• Business owners can be motivated by their business needs</li> </ul>
<b>Men</b>	<ul style="list-style-type: none"> <li>• ('Be blunt and in your face')</li> <li>• We know you're time poor and flat out. But get your blood pressure / blood sugar / cholesterol tested today</li> <li>• You might not value your own health much, but your health affects other people. Other people depend on your health</li> <li>• Take the stigma out of going to the doctor, take the sting out</li> <li>• Stop thinking it's not going to happen to me, just get it done, go there and get it done</li> </ul>
<b>Young parents</b>	<ul style="list-style-type: none"> <li>• Be there for your kids, have energy for your kids</li> <li>• Do your kids need you to be healthy?</li> <li>• Do it for your family / kids. Make sure your parents are doing it too</li> </ul>
<b>Young people</b>	<ul style="list-style-type: none"> <li>• Cue materialistic aspirations (looking good, being attractive, confident)</li> <li>• Has to be social media-based; be punchy and use questions. Messages need to be intriguing, attention-grabbing (in information-saturated market)</li> <li>• Could align with life skills (i.e. get your body serviced, like regular car services)</li> <li>• Becoming unwell could take away the freedom to do the things you love / enjoy, the stuff you enjoy doing</li> <li>• Traditional messaging (eat well, exercise more) needs to be updated</li> <li>• Focus on lifestyle and choices but also acknowledge use of food/alcohol in stress management as coping mechanisms</li> </ul>
<b>Women</b>	<ul style="list-style-type: none"> <li>• Use the context of women typically being time poor and prioritising others' health ahead of self</li> <li>• Being able to do all things you want to do in life, run the household, go to work, provide for your family, do the things you enjoy</li> <li>• I want my kids to be healthy and I want to be healthy for my kids</li> <li>• "Take your man to the doctor"</li> <li>• Weight management after having children</li> </ul>
<b>Ageing people</b>	<ul style="list-style-type: none"> <li>• Have the energy for living life to the fullest and for spending time with the grandkids</li> </ul>

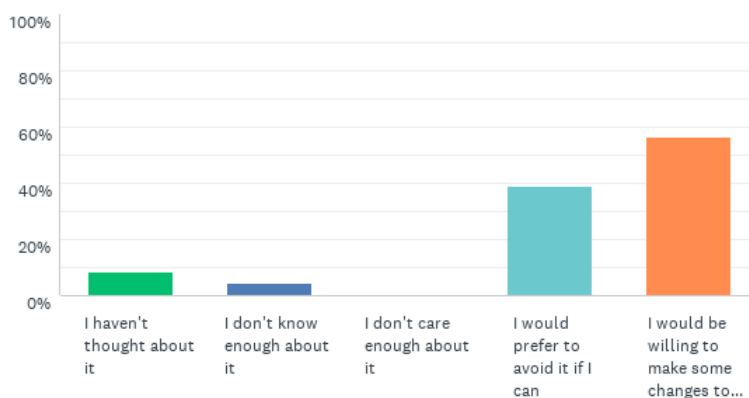


## Appendices

### Appendix A: Snapshot results from online community survey

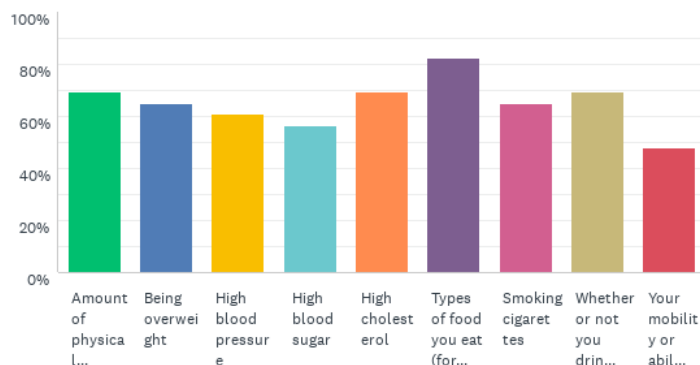
*How do you feel about developing a condition like diabetes or heart disease or lung disease?*

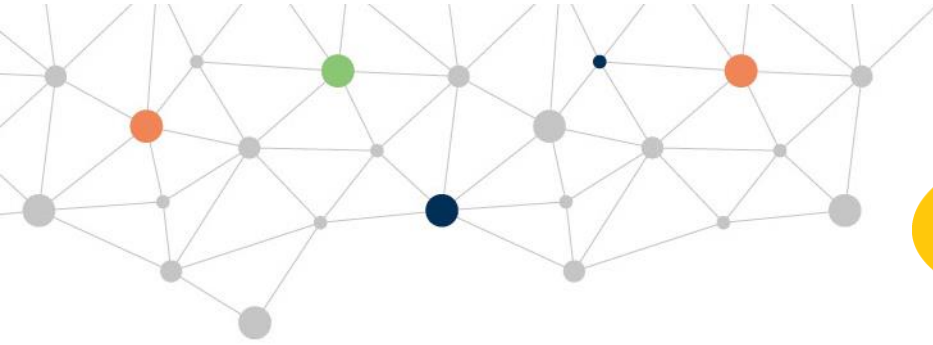
**Q13** How do you feel about developing a condition like diabetes or heart disease or lung disease?



*Please tick any of the following which you think might have an impact on your risk of developing a long-term health condition?*

**Q14** Some people can be more at risk of a long-term health condition. In some cases, this is related to family history. In other cases, this is related to modern lifestyles. Please tick any of the following which you think might have an impact on your risk of developing a long-term health condition? (Tick as many as apply)

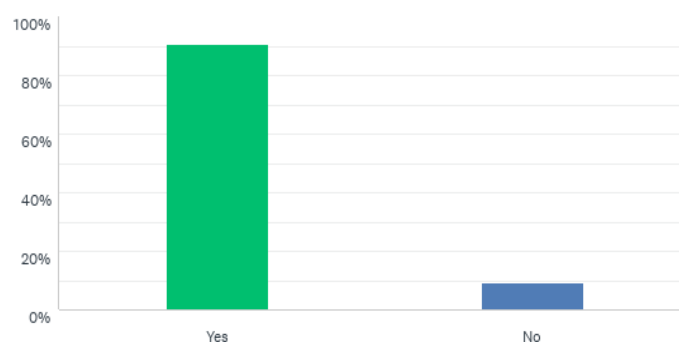


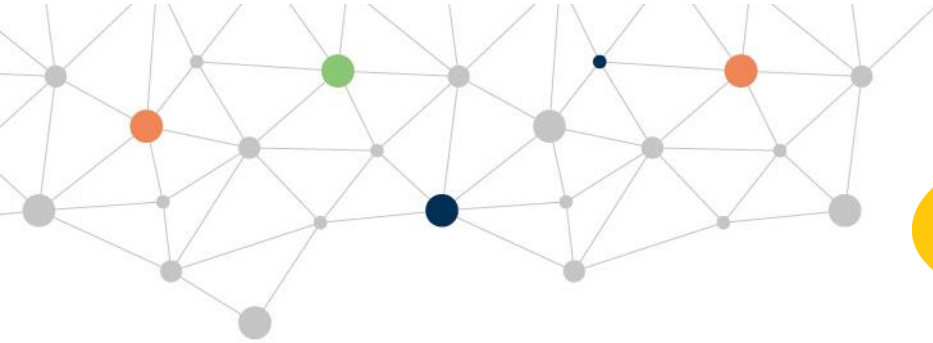


ANSWER CHOICES	RESPONSES
Amount of physical activity or exercise you d	69.57% 16
Being overweight	65.22% 15
High blood pressure	60.87% 14
High blood sugar	56.52% 13
High cholesterol	69.57% 16
Types of food you eat (for example; amounts of sugar, saturated fats and salt in your food)	82.61% 19
Smoking cigarettes	65.22% 15
Whether or not you drink alcohol	69.57% 16
Your mobility or ability to move around	47.83% 11
<b>Total Respondents: 23</b>	

*Do you think it's possible to avoid or prevent disease?*

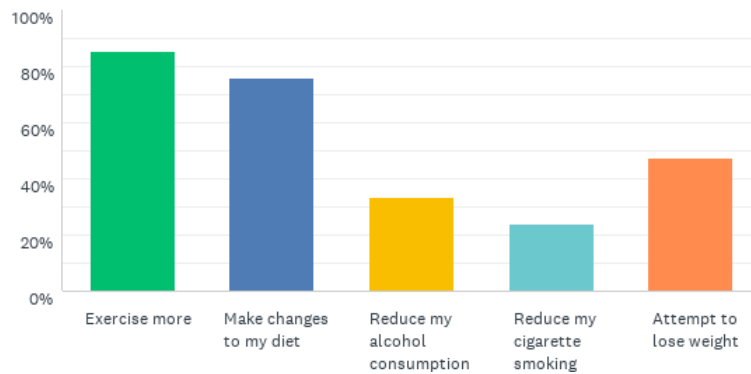
**Q16 Do you think it's possible to avoid or prevent disease?**





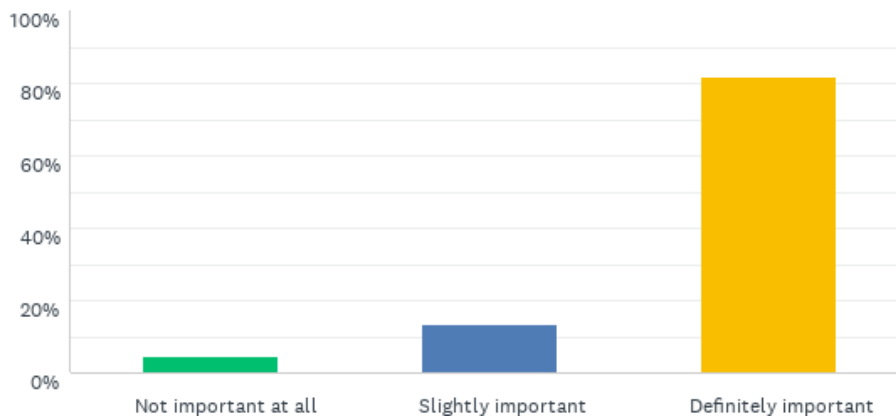
*What do you do, or what would you be willing to do, to try to keep your health as good as it can be?*

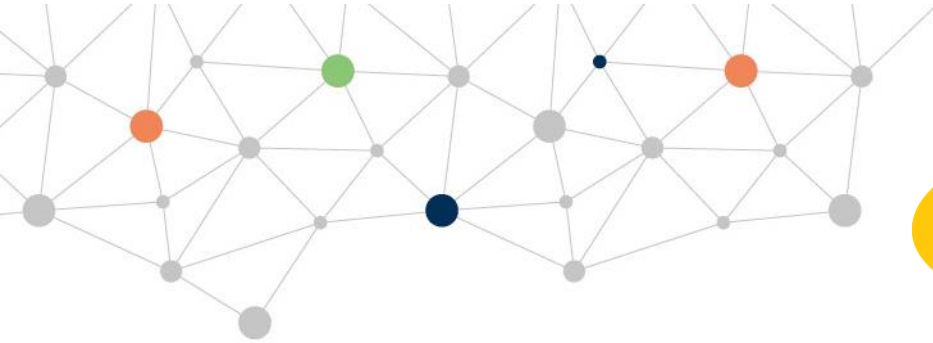
**Q17** What do you do, or what would you be willing to do, to try to keep your health as good as it can be? (Select all that apply)



*How important is avoiding a long-term health condition to you?*

**Q18** How important is avoiding a long-term health condition to you?

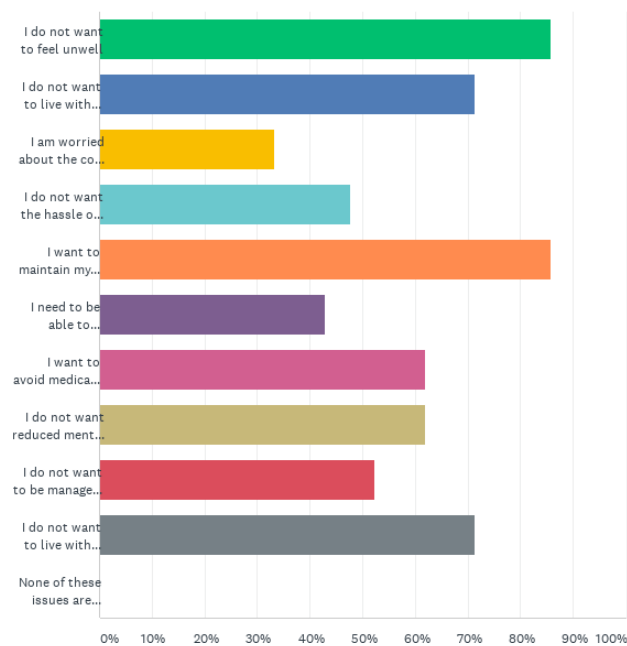




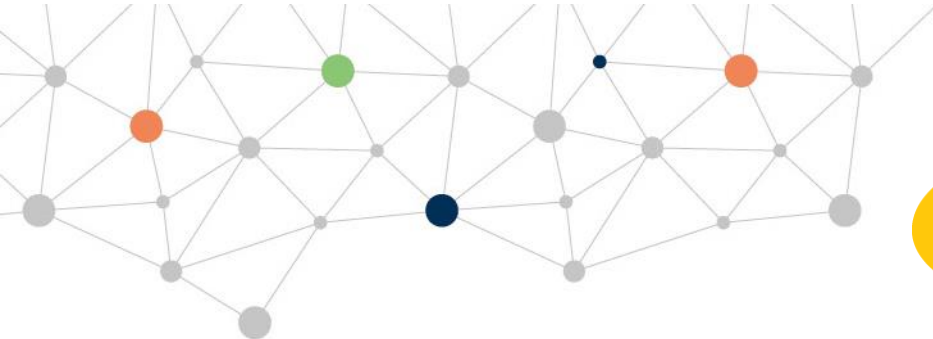
*When thinking about reasons to avoid developing a long-term health condition - which issues would be most important to you?*

ANSWER CHOICES	RESPONSES	
I do not want to feel unwell	85.71%	18
I do not want to live with a disability	71.43%	15
I am worried about the cost of ongoing treatment	33.33%	7
I do not want the hassle or burden of ongoing treatment	47.62%	10
I want to maintain my quality of life	85.71%	18
I need to be able to maintain my caring responsibilities	42.86%	9
I want to avoid medical complications	61.90%	13
I do not want reduced mental health or mood	61.90%	13
I do not want to be managed in hospital	52.38%	11
I do not want to live with a condition that might become terminal/fatal	71.43%	15
None of these issues are important to me	0.00%	0
<b>Total Respondents: 21</b>		

**Q20** When thinking about reasons to avoid developing a long-term health condition - which issues would be most important to you? (Select all that apply)







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*How would you know if you might be at risk of developing a long-term health condition at some stage?*

Responses
<ul style="list-style-type: none"> <li>• By getting sick and showing signs of a serious illness</li> </ul>
<ul style="list-style-type: none"> <li>• Change in health status, doctor alerting me</li> </ul>
<ul style="list-style-type: none"> <li>• Parents and two siblings who smoked and drank alcohol excessively are either dead as my parents are or have stents for heart disease and not regularly exercising.</li> </ul>
<ul style="list-style-type: none"> <li>• Lifestyle choices. Family history.</li> </ul>
<ul style="list-style-type: none"> <li>• Education on weight, exercise, diet, heart disease etc. Would tell me if I was not following good advice on living a healthy lifestyle. TV ads make me stop and think. Advice from GP is mostly what I would listen to.</li> </ul>
<ul style="list-style-type: none"> <li>• By keeping my routine of exercise, sensible eating and annual health checks.</li> </ul>
<ul style="list-style-type: none"> <li>• Through my regular checkups. Also, if family members develop certain conditions I am aware I could then be more at risk (genetically) and I would research preventative measures.</li> </ul>
<ul style="list-style-type: none"> <li>• By living in the Latrobe Valley, I have a higher chance due to pollution and poor management of heavy industry</li> </ul>
<ul style="list-style-type: none"> <li>• Family history or environmental factors</li> </ul>
<ul style="list-style-type: none"> <li>• Online quizzes (e.g. Cancer research institutes)</li> <li>• Discussing with my GP</li> <li>• Speaking to family</li> </ul>
<ul style="list-style-type: none"> <li>• I would rely on my doctor.</li> </ul>
<ul style="list-style-type: none"> <li>• You can't know for certain, as there are plenty of people with healthy lifestyles who develop long term health conditions. However, presence of any of the risk factors previously mentioned in this survey, especially if there are multiple factors present, indicates the risk is there.</li> </ul>
<ul style="list-style-type: none"> <li>• I try to be aware of any changes in my body/health and if there was something wrong I would likely get whatever concern I have checked out by my GP which would hopefully lead to seeing a specialist if necessary.</li> </ul>
<ul style="list-style-type: none"> <li>• Knowing my family medical history, my own medical history and understanding the lifestyle factors that are relevant to me.</li> </ul>
<ul style="list-style-type: none"> <li>• Lifestyle risk factors + being overweight or obese + family history</li> </ul>
<ul style="list-style-type: none"> <li>• Cholesterol checks, blood sugar, etc.</li> </ul>
<ul style="list-style-type: none"> <li>• Doctor</li> </ul>



## Appendix B: Example quote data from community members

- I feel like my body is older than my years. I'm not getting any younger, I want to lose some weight, Drs always say give up smoking. I know the right thing to do. At some stage you have to make the choice to do the right thing, to look after yourself (Female, 49, Traralgon)
- I have lots of diabetes in the family so I want to avoid that because I already have hypoglycaemia. All my family have problems with their limbs, their feet, joints, I want to avoid that (Male, 43, Churchill)
- I try to go to the gym because I don't want to look like my dad who is big and purple because he smokes, drinks, doesn't exercise, and doesn't eat right (Male, 31, Churchill)
- This could be a great way to let people know this is the answer to some of their problems. Life could be better if you could get help...it could take one phone call to fix something they've had for years (Female, 49, Churchill)
- I do other checks...skin, pap, breast, because I'm told to. I haven't been told to do a health check. If I was told to, I would... It should be automated, I should receive reminders (Female, 42, Moe)
- It's not important [health checks] until it's important. Don't put it off, it's so vitally important, prevention is better than cure, suck it up and get it done (Female, 47 Traralgon)
- To the blokes... get checked before it's too late... Don't make excuses. Stay healthy so you can continue to do the things you love...golf...running a business...camping (Male, 47, Moe)
- Men are tough, so use footballers, other sports people, tradies. The campaign needs to take the stigma out of going to the Dr – you're not a sook, you're not less of a man. It's time to take the stigma out of going. Guys need to get smarter like the ladies, like what we're doing the mental health...take the sting out. Stop thinking: it's not going to happen to me, just get it done, get out and get it done. Just get the message out, on radio, TV (Male, 50, Morwell)