
Changing health behaviours in the Maranoa region

Initiative Type

Service Improvement

Status

Deliver

Added

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URL

<https://cnxp3cuvtvrn68yjaibaht5ywrxspj7m.clinicalexcellence.qld.gov.au/improvement-exchange/changing-health-behaviours-maranoa-region>

Summary

The Maranoa Healthy Communities collaborative recognised the opportunity to initiate health promotion activities and initiatives that are responsive to community self-identified needs that are sustainable and improve the health demographic of the Maranoa communities. The team assisted community groups and individuals to participate in activities that contribute to healthy lifestyle

behaviours at a time, place and in a way that creates a lasting change in lifestyle and ultimately reduce the burden of chronic disease. The project has successfully navigated healthcare system challenges to deliver change, improvement and innovation in the health service and has presented at the Clinical Excellence Queensland Showcase 2019.

Key dates

Mar 2019

Implementation sites

South West Hospital and Health Service

Partnerships

Consumers, Community Groups, Local Businesses, Schools, Universities, Research groups, Primary Health Network, Heart Foundation, 10,000 steps, Local Government and a Local Government Area collaborative - Be Healthy & Safe Maranoa

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Aim

Improvement in broad health outcomes encompassing social, mental and physical health.

Benefits

- Increased community ownership of social, mental and physical health.
- Reduces chronic disease such as diabetes, heart disease, obesity and some cancers.
- Using a collaborative and evidence-based approach to health promotion.
- Improves knowledge and resilience, teaching new skills and encouraging healthy lifestyle and wellness.

Background

In 2010, through the Healthy Communities Initiatives, Maranoa Regional Council was one of twelve pilot sites within Australia to undertake strategies aiming at addressing a variety of health behaviours related to the issue of overweight and obesity.

Solutions Implemented

Outcomes of the Maranoa Healthy Communities Initiative included positive community engagement toward the initiative, especially in the health and wellbeing needs assessment, resulting in community felt needs being strongly expressed. This has resulted in subsequent community focus groups being hosted, and the formulation of action plans and activity toward improvement in each of the communities. This has fostered relationships and partnerships to provide ongoing focus towards shared action to reduce the burden of disease within each of the communities. Additionally, the Maranoa Healthy Communities Initiative has resulted in the delivery of place-based initiatives to sectors of the community that historically do not engage with the healthcare system (including workplaces). This has resulted in the discovery of several 'at risk' individuals and allowed orientation to appropriate health services to assist with improving health status. Finally, the Maranoa Healthy Communities Initiative served as a pilot for community based preventive health activity, that can now be scaled and reproduced in other sectors within the health service.

Evaluation and Results

Though formal evaluation of the Maranoa Healthy Communities Initiative is yet to occur, the creation of an evaluation and reporting framework has commenced, constructed using a range of short, medium and long-term performance indicators, aligned in many cases with the Queensland Government's Health and Wellbeing Performance Measurement Strategy 2017 to 2026.

Lessons Learnt

The Maranoa Healthy Communities Initiative was a challenging yet extremely rewarding initiative to be involved in. The initiative challenged the team in the grand scale of community engagement that was required. This was rewarding in the sense that it provided deep perspective of the importance of the role all staff play not only in their work, but also within the community as community members. This understanding can lead to improved job satisfaction for workers when they begin to see their contribution to community. The Maranoa Healthy Communities Initiative provided a great opportunity to hear the voice of the community across a range of different contexts and provided the invitation to build non-traditional working relationships for greater community health and wellbeing. By taking a strengths-based approach, acknowledging that communities often inherently know solutions to their own issues, the community is empowered to work together to achieve positive and sustainable outcomes. This focus gained traction around "What is strong, not what is wrong" in communities. The Maranoa Healthy Communities Initiative also provided insight that though digital technology solutions are evolving at a rapid rate, the application and uptake of these in rural and remote contexts can be challenging and may not always be an upgrade on previous iterations of similar concepts. The Maranoa Healthy Communities Initiative also demonstrated the value of a diverse working team, bringing together a unique range of skills and abilities, allowing for cross-pollination of ideas and synergistic effects. The characteristics of this team, combined with the employment of an Agile approach to project management provided freedom for the team to work iteratively and adaptively, resulting in the rapid development of high value outcomes aligning with consumer needs to be obtained. This has subsequently resulted in the Agile approach to be accepted as the WOW (way of working) within South West Hospital and Health Service. It must be acknowledged that ongoing executive support and involvement was also essential in providing and maintaining direction that aligned with HHS values.

References

According to the Queensland Government's Chief Health Officer's Report 2018, the South West Hospital and Health Service is faced with low levels of health literacy and a high burden of disease across a geographically dispersed population. <https://www.health.qld.gov.au/research-reports/reports/public-health/cho-report/current>

Initially, the concept of a Healthy Communities place-based initiative was discovered in a review of several key documents including:

Place-based systems of care: A way forward for the NHS in England - <https://www.kingsfund.org.uk/publications/place-based-systems-care>

American Hospital Association: Community Health Assessment Toolkit -

<http://www.healthycommunities.org/Education/toolkit/#.XS6mFeQ7bVg>

Centres for Disease Control and Prevention: Healthy Community Design Checklist Toolkit -

<https://www.cdc.gov/healthyplaces/toolkit/>

Canterbury District Health Board: Canterbury Wellbeing Index - [https://www.cph.co.nz/your-](https://www.cph.co.nz/your-health/canterbury-wellbeing-index/)

[health/canterbury-wellbeing-index/](https://www.cph.co.nz/your-health/canterbury-wellbeing-index/)

Following this, a literature review was conducted to examine the evidence-base that exists for action, including:

Seguin, R. A., Paul, L., Folta, S. C., Nelson, M. E., Strogatz, D., Graham, M. L., ... & Parry, S. A. (2018). Strong Hearts, Healthy Communities: a community?based randomized trial for rural women. *Obesity*, 26(5), 845-853.

Tsai, T. H., Wong, A. M. K., Hsu, C. L., & Tseng, K. C. (2013). Research on a community-based platform for promoting health and physical fitness in the elderly community. *PLoS One*, 8(2), e57452.

Kim, S., Adamson, K. C., Balfanz, D. R., Brownson, R. C., Wiecha, J. L., Shepard, D., & Altes, W. F. (2010). Development of the Community Healthy Living Index: a tool to foster healthy environments for the prevention of obesity and chronic disease. *Preventive medicine*, 50, S80-S85.

Santos-Burgoa, C., Rodríguez-Cabrera, L., de la Concha, E. M., García, E. Á., & Gómez, A. C. (2009). Healthy communities program. *Preventing chronic disease*, 6(1).

Koehler, K., Latshaw, M., Matte, T., Kass, D., Frumkin, H., Fox, M., ... & Burke, T. A. (2018). Building healthy community environments: a public health approach. *Public Health Reports*, 133(1_suppl), 35S-43S.

Butler, S. M. (2015). Can hospitals help create healthy neighborhoods?. *Jama*, 314(23), 2494-2495.

Trowbridge, M. J., & Schmid, T. L. (2013). Built environment and physical activity promotion: place-based obesity prevention strategies. *The Journal of Law, Medicine & Ethics*, 41(2_suppl), 46-51.

Rubin, I., & Johnson, V. (2017). Community engagement: A commentary on promoting the health of communities. *International Public Health Journal*, 9(2), 131.

McDonald, E. L., Bailie, R., & Michel, T. (2013). Development and trialling of a tool to support a systems approach to improve social determinants of health in rural and remote Australian communities: the healthy community assessment tool. *International journal for equity in health*, 12(1), 15.

Pestronk, R. M., Elligers, J. J., & Laymon, B. (2013). Collaborating for Healthy Communities. *Health progress*. January-February, 21-25.

Further Reading

[Queensland Government: Health and Wellbeing Strategic Framework 2017 to 2026](#)

[Queensland Government: Performance Measurement Strategy 2017 to 2026](#)