



## 9.2 Health Promotion Framework for Health Care Consumers' Association of the ACT

### A. Purpose

1. This document is the framework which supports the purpose of Health Care Consumers' Association (HCCA) to empower consumers to have control and understanding of their own health and increase their awareness of, and ability to influence control over, the social determinants of health in our communities.
2. HCCA recognises that health is a fundamental human right and it is the essential foundation of social and individual development. According to the World Health Organisation, health is a state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity<sup>i</sup>. HCCA strives to foster good health and wellbeing by ensuring that our health system meets the needs of consumers throughout the different stages of life.
3. HCCA recognises that health promotion is a practical approach to achieving greater equity in health<sup>ii</sup>. HCCA advocates health promotion based on the principles of the Ottawa Charter and subsequent Charters and the Jakarta Declaration. HCCA's systemic advocacy work is essential to achieving a more efficient, accessible, equitable, consumer-centred and responsive healthcare system that achieves better health outcomes for ACT communities and region.

### B. Health Promotion as a core value for HCCA

4. Health promotion is most effective when consumers have good health literacy skills and when health services, activities and support groups have inclusive policies and practises to enable consumers to be empowered about their own health<sup>iii</sup>. The Ottawa Charter defines Health Promotion as the process of enabling people to increase control over, and to improve, their health<sup>iv</sup>. This concept is a core value for HCCA and is reflected in our organisational vision "*consumers in control of our own health*" and mission "*better health outcomes through consumer empowerment*".
5. Health promotion is not only the process of improving the skills, knowledge and capacity of consumers to maintain their own health and address their healthcare needs, but also advocating for the social, environmental and economic conditions which support good health across communities. Equity in healthcare ensures all consumers, especially

those who are disadvantaged or vulnerable, have equal opportunity and resources to access good healthcare and to have healthy lives.

### C. Key principles of health promotion at HCCA

- I. **Advocacy:** The Ottawa Charter cites advocacy as one of the main prerequisites for improving health<sup>v</sup>. HCCA represents health consumers' perspectives in political, economic, social and cultural environments to advocate for change that will benefit the health and wellbeing of all Canberrans and people from the surrounding region.
- II. **Equity in health:** HCCA is committed to achieving a political, economic, social and cultural environment in which all consumers have equal access to healthcare and equal opportunities to live a healthy lifestyle. HCCA achieves this through systemic advocacy, supporting consumers, representing their views and making health information accessible and easy to understand.
- III. **Consumers' empowerment supporting participation:** HCCA believes that all consumers need the skills and confidence to participate in decisions which affect their health and wellbeing at both an individual level and at a system level. HCCA supports consumers to develop an understanding of how the health system works and participate in policy development and decision-making processes affecting the health and wellbeing of their communities.
- IV. **Consumer-centred care:** HCCA works closely with different parts of the ACT healthcare system to advocate on behalf of consumers for a consumer-centred care approach that is respectful of, and responsive to, individual patient preferences, needs and values, and ensuring that patients' values are known and guide all clinical decisions<sup>vi</sup>.
- V. **Evidence-based policy practice:** HCCA recognises the importance of qualitative and quantitative data. HCCA uses research data, based on consumers' experiences, to provide an independent and informed voice for consumers on local and national health issues.
- VI. **Collaboration and sustainability:** Collaboration between individuals and organisations within and external to the healthcare system is an essential component of effective health promotion. HCCA continues to develop strong partnerships with key stakeholders within local communities, including consumers, ACT Government, health care professionals, policy makers and minority and marginalised groups. HCCA was founded in 1978, which makes it the oldest consumer healthcare advocacy organisation in Australia. Its continued strength and relevance reflects its ability to sustain productive partnerships with stakeholders over time.

## D. Health promotion in action at HCCA

6. HCCA activities are informed by the five key areas of action in the Ottawa Charter and the principles of Jakarta Declaration, to achieve an integrated approach to health promotion to achieve better health outcomes and wellbeing for all consumers in the ACT and surrounding region.

### Building healthy public policy

7. HCCA collaborates with communities and across all levels of the government to influence public policy to better meet the health needs of consumers. Incorporating health promotion principles in all policies will lead to an environment which enables people to make better health choices.
8. **Influencing policy through advocacy work:** HCCA advocates for a better health system for all consumers in Canberra and the surrounding region. HCCA works directly with a diverse range of consumers to gather and represent the broadest possible perspective of consumers. This enables HCCA to advocate on issues relevant to all consumers and to influence policy and program initiatives to better respond to the needs of our communities.
9. HCCA works to achieve systemic change through:
  - I. Recruiting, training and supporting consumer representatives to participate on boards, clinical governance committees, advisory groups, clinical networks, forums and community consultations to ensure the consumer voice is heard in policy development, planning and service decisions affecting consumers' health and wellbeing.
  - II. Writing submissions on government strategic health policy and health reviews to encourage integrated and consumer-centred services to foster better health outcomes and wellbeing for all consumers. Collaborating with other consumer groups and stakeholders in the ACT region and nationally to increase awareness of social and environmental factors such as housing, education, transport and cultural awareness.
  - III. Providing strategic, high-level advice to the ACT Government, including the Chief Minister, Health Minister and health policy makers, on consumers' perspectives of challenging health issues including but not limited to the achievements of integrated care, across care settings, the accessibility of services, chronic conditions and the prevention and control of diseases.
10. **Informing policy through research:** HCCA conducts regular research on consumer experiences of health care. HCCA also participates in and promotes research

undertaken by universities, research institutions, community groups, government and service providers. HCCA uses this research to advocate for positive changes to the health system, including equity in healthcare, and improving the quality, safety, effectiveness and appropriateness of health services.

### **Creating supportive environments**

11. HCCA recognises that the ACT health system operates within a larger complex of systems and environments which are interrelated and therefore influence each other and the health of individuals within our communities. HCCA advocates in a number of ways for environments which promote health.
12. We advocate for consumer interests in the design of health infrastructure and effective consumer and community participation in health services planning. HCCA's vision is that all health and community buildings are designed to facilitate consumer-centred care and are sensitive to, and respectful of, the cultural needs of our communities. This includes elements of environmental health literacy.
13. We advocate for environments that are supportive of everyone's health and are particularly keen to develop and participate in projects that increase public awareness and change community attitudes to certain issues, including but not limited to obesity, cancer, smoking, hygiene, chronic diseases and better aged care services.
14. HCCA supports its members and the wider community to take a proactive approach to their own health. This support is provided by disseminating information through our fortnightly newsletter about opportunities for consumer participation, health forums, and resources about health conditions. Information is also disseminated via social media and email networks.
15. HCCA believes that providing health information enables consumers to increase their health literacy and ability to manage their own health.

### **Strengthening community action:**

16. HCCA is committed to creating a system which supports consumers to increase their public participation to improve the health system to meet the needs of all consumers throughout the different stages of their lives.
17. **Providing training on individual advocacy skills:** HCCA provides free training to members of our communities to build effective advocacy skills, increase their knowledge about advocacy techniques, develop advocacy action plans and present their issues using effective communication strategies, including learning how to describe and present their experiences to influence change.

18. The aim of this advocacy training is to give participants the tools to influence the determinants of health, raise awareness and change attitudes, policy, and services and empower health consumers to be in control of their own health and promote change. This is also a platform for sharing information and influencing community attitudes to drive policy shifts that benefit the wellbeing of all people in our communities.
19. **Capacity building activities:** HCCA identifies community groups currently or at risk of experiencing disadvantage, such as people from multicultural backgrounds, older people and people, with limited health literacy skills, and works with them to build their skills, knowledge and confidence to access and navigate the health system.
20. The aim is to increase the ability of health consumers to participate in decision making processes that affect their own health, as well as health service delivery and broader health policy, planning and evaluation initiatives. This increases consumers' ownership of their health, and enhances wellbeing and social connectedness. HCCA actively works to build networks between individuals and groups to enhance collaboration, the sharing of information and support for people navigating the health system. I
21. **Collaboration:** HCCA builds and participates in networks with ACT Health, service providers, policy makers and consumers, not only in the health sector but across sectors and systems. We collaborate in order to share information, set priorities, make decisions, and plan and implement strategies in a coordinated and strong manner. When advocating for specific issues, HCCA works collaboratively with other community organisations to strengthen our community actions improving health and wellbeing for all members of our communities. This ensures that HCCA works with the community from the 'bottom up' to inform our advocacy agenda and to achieve progress through the sharing of experiences, skills and resources<sup>vii</sup>.

### **Developing personal skills**

22. HCCA is committed to increasing health literacy in our communities. HCCA works with people in small groups to develop the skills they need to engage with health services in their personal lives and also as consumer representatives.
23. **Health literacy for all in our community:** Health literacy is critical to consumer empowerment as it increases people's access to health information and their capacity to use it effectively and maintain good health<sup>viii</sup>. The health literacy level of many Australians is low, not permitting them to access, interpret, communicate and use health information.
24. This can affect their access to effective health care and health improvement activities.

25. As a health promotion charity, Health Care Consumers' Association of the ACT Inc. (HCCA)
- I. supports the Australian Commission on Safety and Quality in Health Care (ACSQHC) definition of health literacy,
  - II. acknowledges that some health consumers need support to attain the skills and confidence to improve their health literacy, and
  - III. is committed to becoming a health literate organisation.
26. HCCA has a health literacy program that aims to build the health literacy of all Canberrans, particularly those people at disadvantaged and marginalised health consumers, enabling them to build the skills and knowledge to choose and engage with appropriate health services for themselves and their families. HCCA aims to increase consumers' ability to identify their own needs and advocate for themselves and their family in health contexts.

HCCA has a Position Statement on Health Literacy that guides our work.

27. **Training consumer representatives to be effective health advocates:** HCCA provides free consumer representatives training to consumers interested in advocating for a more equitable, appropriate and accessible health system. This training enables consumer representatives to provide a broad perspective of consumers when working on ACT health committees, and influence the planning, design, delivery, monitoring and evaluation of health services to achieve better health and wellbeing for our communities. Additionally, HCCA consumer representatives have the opportunity to apply for sponsorship to health conferences and events, which results in those individuals and their communities and networks gaining access to information which can positively influence their health.
28. HCCA currently has consumer representatives working on over 100 health service committees at local and national levels. This skilled and committed network allows consumers to influence the creation of supportive environments for health, and ensure that healthcare services are provided in a way that meets their needs.

### **Reorienting health services towards health promotion**

29. HCCA is committed to the creation of a health system which, in addition to providing clinical care, prioritises health promotion.
30. **Advocacy on health promotion:** HCCA takes action to ensure health promotion remains a core agenda for ACT Government and the community generally, including an increased commitment to and investment in public policy initiatives, and the improvement of health promotion infrastructure<sup>ix</sup>. HCCA advocates for a focus on disease prevention and health promotion to ensure a comprehensive approach towards the health and wellbeing of the people in the ACT and region. Reorienting health services' understanding of their own role, to incorporate health promotion requires high

level policy change. HCCA achieves this in two main ways. Firstly, the Consumer Representative Program places experienced and effective consumer representatives on the highest level committees in the ACT Health Directorate. This ensures that health promotion remains visible as a consumer priority and is a core agenda for ACT Government which is incorporated into the overarching framework of all services. Secondly, HCCA has a policy team, whose role is to make written submissions to (primarily) government on issues which affect health care consumers and wellbeing.

31. **Research supporting health promotion:** HCCA conducts its own research, and also partners with universities including the Australian National University, the University of Canberra and Southern Cross University to include the perspective of consumers in research on health promotion. HCCA works with universities and health service training organisations to include health promotion principles and consumer-centred care in the curricula for educating and training all health professionals.

## **E. Relevant Policies**

- I. Community Development Policy

## Reference list

Australian Commission on Safety and Quality in Health Care (2011), *Patientcentred care: Improving quality and safety through partnerships with patients and consumers*, ACSQHC, Sydney, accessed July 2015, [http://www.safetyandquality.gov.au/wp-content/uploads/2012/03/PCC\\_Paper\\_August.pdf](http://www.safetyandquality.gov.au/wp-content/uploads/2012/03/PCC_Paper_August.pdf)

Australian Primary Health Care Research Institute (APHCRI), Video Interview *The role of primary health care in the context of the larger health system* Dr Dr Hernan Montenegro, Health Systems Advisor at World Health Organization, accessed May 2014-[http://www.youtube.com/watch?v=FHAwMo\\_8Q5E](http://www.youtube.com/watch?v=FHAwMo_8Q5E)

Health Care Consumers Association ACT, *Health Literacy Position Statement*, Health Care Consumers Association ACT, accessed October 2018, <https://www.hcca.org.au/wp-content/uploads/2018/09/Health-literacy-position-statement-FINAL.pdf>

Health Consumers Queensland, 2010, *Health Advocacy Framework: Strengthening health advocacy in Queensland*, Health Consumers Queensland, accessed July 2015, [https://www.health.qld.gov.au/hcq/publications/hcq\\_framework\\_may11.pdf](https://www.health.qld.gov.au/hcq/publications/hcq_framework_may11.pdf)

World Health Organization (1946), *Trade, foreign policy, diplomacy and health*, accessed July 2015, <http://www.who.int/trade/glossary/story046/en/>

World Health Organization, 1998, *Health Promotion Glossary*, Geneva, accessed July 2015, [http://whqlibdoc.who.int/hq/1998/WHO\\_HPR\\_HEP\\_98.1.pdf](http://whqlibdoc.who.int/hq/1998/WHO_HPR_HEP_98.1.pdf)

World Health Organization World Health Organization (2000), *Health Promotion, Track 2: Health literacy and health behaviour*, accessed July 2015, <http://www.who.int/healthpromotion/conferences/previous/jakarta/declaration/en/index1.html>

World Health Organization, 1997, *Jakarta declaration on leading health promotion into the 21st century*, 4th International conference on health promotion: New players for a new era – leading health promotion into the 21st century, accessed July 2015, <http://www.who.int/healthpromotion/conferences/previous/jakarta/declaration/en/index1.html>

World Health Organization, 1986, *Ottawa charter for health promotion*, 1<sup>st</sup> International conference on health promotion: The move towards a new public health, Ottawa, [http://www.who.int/hpr/NPH/docs/ottawa\\_charter\\_hp.pdf](http://www.who.int/hpr/NPH/docs/ottawa_charter_hp.pdf)



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- <sup>i</sup> World Health Organization (1946), Trade, foreign policy, diplomacy and health, accessed July 2015, <http://www.who.int/trade/glossary/story046/en/>
- <sup>ii</sup> World Health Organization World Health Organization (1997), Jakarta declaration on leading health promotion into the 21st century, 4th International conference on health promotion: New players for a new era – leading health promotion into the 21st century, accessed July 2015, <http://www.who.int/healthpromotion/conferences/previous/jakarta/declaration/en/index1.html>
- <sup>iii</sup> Australian Primary Health Care Research Institute (APHCRI) Video Interview *The role of primary health care in the context of the larger health system Dr Dr Hernan Montenegro, Health Systems Advisor at World Health Organization* accessed May 2014- [http://www.youtube.com/watch?v=FHAWMo\\_8Q5E](http://www.youtube.com/watch?v=FHAWMo_8Q5E)
- <sup>iv</sup> World Health Organization World Health Organization (1986), *Ottawa charter for health promotion*, 1<sup>st</sup> International conference on health promotion: The move towards a new public health, Ottawa, [http://www.who.int/hpr/NPH/docs/ottawa\\_charter\\_hp.pdf](http://www.who.int/hpr/NPH/docs/ottawa_charter_hp.pdf)
- <sup>v</sup> World Health Promotion (1998), Health Promotion Glossary, Geneva, accessed July 2015, [http://whqlibdoc.who.int/hq/1998/WHO\\_HPR\\_HEP\\_98.1.pdf](http://whqlibdoc.who.int/hq/1998/WHO_HPR_HEP_98.1.pdf)
- <sup>vi</sup> Institute of Medicine as cited in Australian Commission on Safety and Quality in Health Care (2011), *Patientcentred care: Improving quality and safety through partnerships with patients and consumers*, ACSQHC, Sydney, accessed July 2015, [http://www.safetyandquality.gov.au/wp-content/uploads/2012/03/PCC\\_Paper\\_August.pdf](http://www.safetyandquality.gov.au/wp-content/uploads/2012/03/PCC_Paper_August.pdf)
- <sup>vii</sup> World Health Organization World Health Organization (1997), Jakarta declaration on leading health promotion into the 21st century, 4th International conference on health promotion: New players for a new era – leading health promotion into the 21st century, , accessed July 2015, <http://www.who.int/healthpromotion/conferences/previous/jakarta/declaration/en/index1.html>
- <sup>viii</sup> World Health Organization World Health Organization (2000), Health Promotion, Track 2: Health literacy and health behaviour, accessed July 2015, <http://www.who.int/healthpromotion/conferences/previous/jakarta/declaration/en/index1.html>
- <sup>ix</sup> World Health Organization World Health Organization (1997), Jakarta declaration on leading health promotion into the 21st century, 4th International conference on health promotion: New players for a new era – leading health promotion into the 21st century, , accessed July 2015, <http://www.who.int/healthpromotion/conferences/previous/jakarta/declaration/en/index1.html>