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Social Marketing @ Griffith

ASTHMA AUSTRALIA CCS PROJECT

Creating Collective Solutions Summary Report

Australian Government
Department of Health

ASTHMA AUSTRALIA

The Creating Collective Solutions Project received funding from the Australian Government.

Asthma Australia CCS Project:
Creating Collective Solutions Summary Report

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Contents

Background

The Creating Collective Solutions (CCS) Project received funding from the Australian Government and is conducted by Asthma Australia together with Social Marketing @ Griffith.

The Creating Collective Solutions (CCS) Project set out to tackle the issues or problems linked to asthma in children. The CCS research process has been selected as it brings together different disciplines to agree on areas for action and identify solutions. The process provides an opportunity to better understand the barriers to progress.

This report outlines the ideas generated by stakeholders involved in the process.

Creating Collective Solutions

The Creating Collective Solutions (CCS) approach involves bringing together different stakeholders to identify and agree upon solutions that help children with asthma in NSW to live their best life.

Step 1: Working Group

A working group of 8 stakeholders was established to support the CCS process. The stakeholders represented a variety of backgrounds:

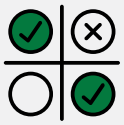
- NSW Health
- Asthma Australia
- Air quality research
- Parent of a child with asthma
- GP
- Pharmacy

The working group identified additional stakeholders to participate in the CCS process and through a consensus process agree on the trigger question.

Step 2: Trigger Question

What can we do as a community to support children aged 5-9 years living with asthma in NSW to live their best life?

The trigger question was sent out, via an online survey, to stakeholders who were identified by the working group. Additional stakeholders were also contacted by Social Marketing @ Griffith and Asthma Australia to reach a wide variety of responses from various sectors. People were asked to list up to 5 actions to support children living with asthma in NSW to live their best life. Over 230 stakeholders responded to the trigger question including all of the working group members.



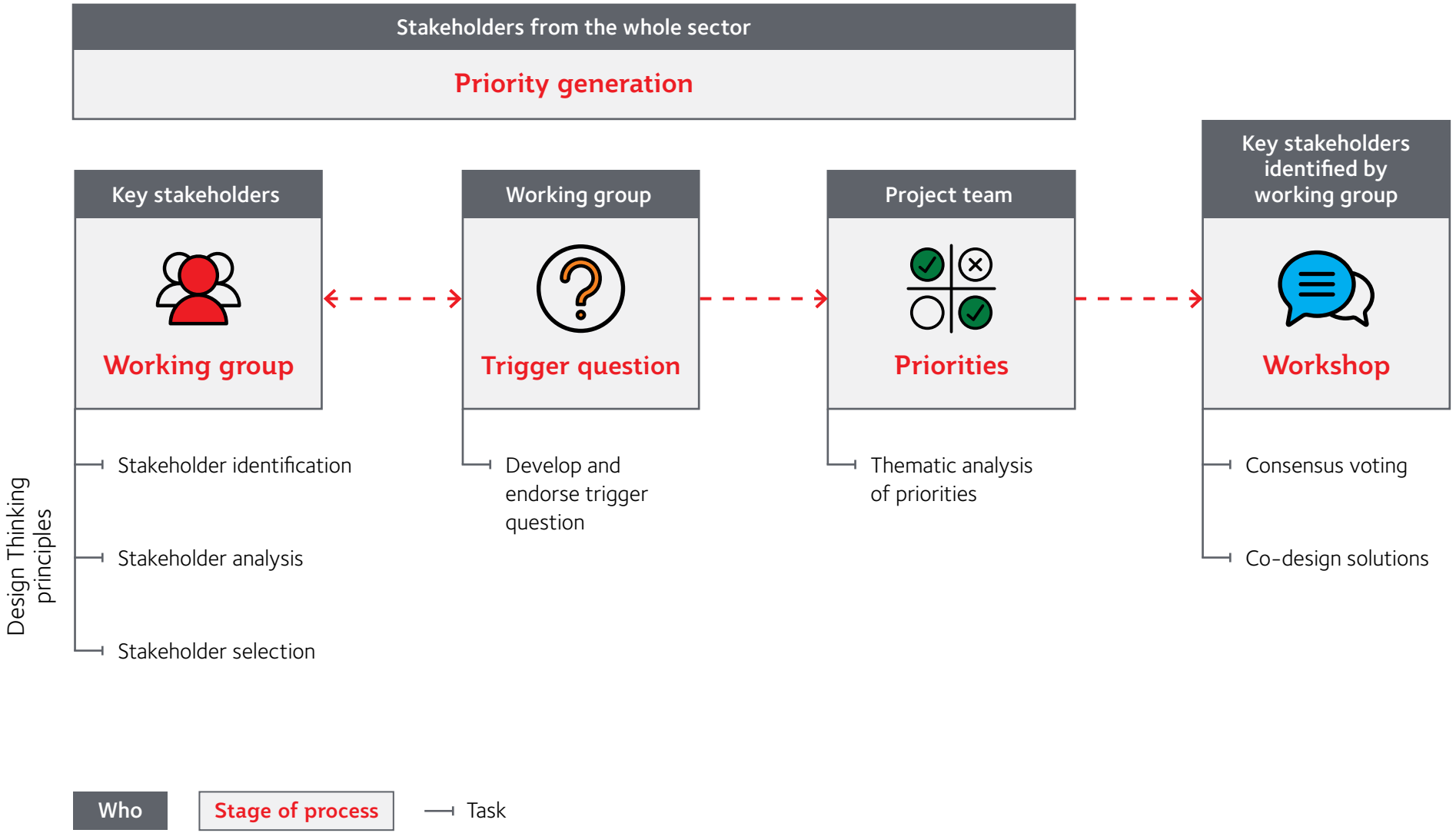
Step 3: Priority Setting

The responses were collated and duplicate responses were removed. All unique responses were categorised according to the Social Determinants of Health model and shared with the wider stakeholder group. Stakeholders were asked to nominate their most important priorities for each category via a second online survey before the workshop.

Step 4: Workshop

A half-day online workshop was hosted via Zoom due to COVID-19 restrictions. A diverse group of stakeholders attended the workshop and worked together to reach consensus on priorities and develop solutions for helping children living with asthma in NSW to live their best life.

Creating Collective Solutions Process



The overarching project governance group

Asthma Australia and Social Marketing @ Griffith actively worked together to deliver the CCS process.

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- Identified stakeholders for the working group
- Invited stakeholders to attend the working group meeting
- Distributed trigger question survey to wide range of stakeholders via email, phone, newsletter and social media
- Distributed priority selection survey to wide range of stakeholders
- Invited stakeholders to the workshop
- Facilitated co-design groups in the workshop

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- Prepared materials for the working group meeting and facilitated the online meeting
- Created trigger question survey and distributed it to working group members and wider stakeholder group via phone and email
- Analysed and cleaned the trigger question survey data
- Created and distributed priority selection survey to wide range of stakeholders
- Prepared materials and co-design group Padlets for the workshop
- Facilitated the online workshop
- Analysed the co-design data and prepared a report outlining the CCS process

Project working group

Online via Zoom due to COVID-19 border closures

7th July 2021

2 hours

8 people from 6 stakeholder groups

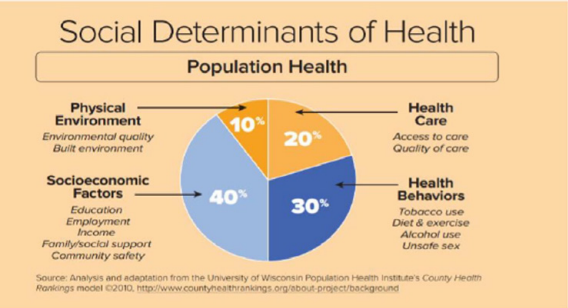
Stakeholder groups

- NSW Health
- Asthma Australia
- Air quality research
- Parent of a child with asthma
- GP
- Pharmacy

Stakeholder classification

The social determinants of health are central to the health of people with asthma. Therefore, this lens was applied in the CCS process to classify both stakeholders and priorities according to these quadrants to ensure a wide representation of solutions beyond health focus.

Initially the Project Working Group was tasked to identify key stakeholders from each quadrants to respond to the trigger question and participate in the workshop. The priorities were also categorised into these quadrants to determine the focus of solutions that help children with asthma in NSW to live their best life.



Project working group tasks

The purpose of the project working group in the initial meeting was to:

- Identify organisations
- Classify organisation types
- Select people to invite to final workshop
- Develop trigger question

The working group classified organisations and stakeholders in to 4 separate categories based on the Social Determinants of Health model.

The project working group was also asked to complete the survey and attend the final workshop.

Organisations identified

A total of 64 organisations and community members across the 4 cohorts of Social Determinants of Health model were identified by the working group and the trigger question survey was sent to them for input.

The working group also specified 18 organisations and community members that they wished to be invited to the workshop.

Trigger question and priorities

What can we do as a community to support children aged 5-9 years living with asthma in NSW to live their best life?

List up to
5 priorities

232 stakeholders
responded

441 priorities
↓
344 priorities

Trigger question distribution

150+ emails were sent inviting people to respond to the trigger question via a self administered survey

4 stakeholders distributed the survey link on behalf of the research team

4 social media posts on Facebook, Twitter and LinkedIn were used to distribute the survey

Survey was promoted on Asthma Australia website

6 newsletters in total were sent to QLD and NSW OnAir, Asthma Education and Asthma Link with the survey invitation

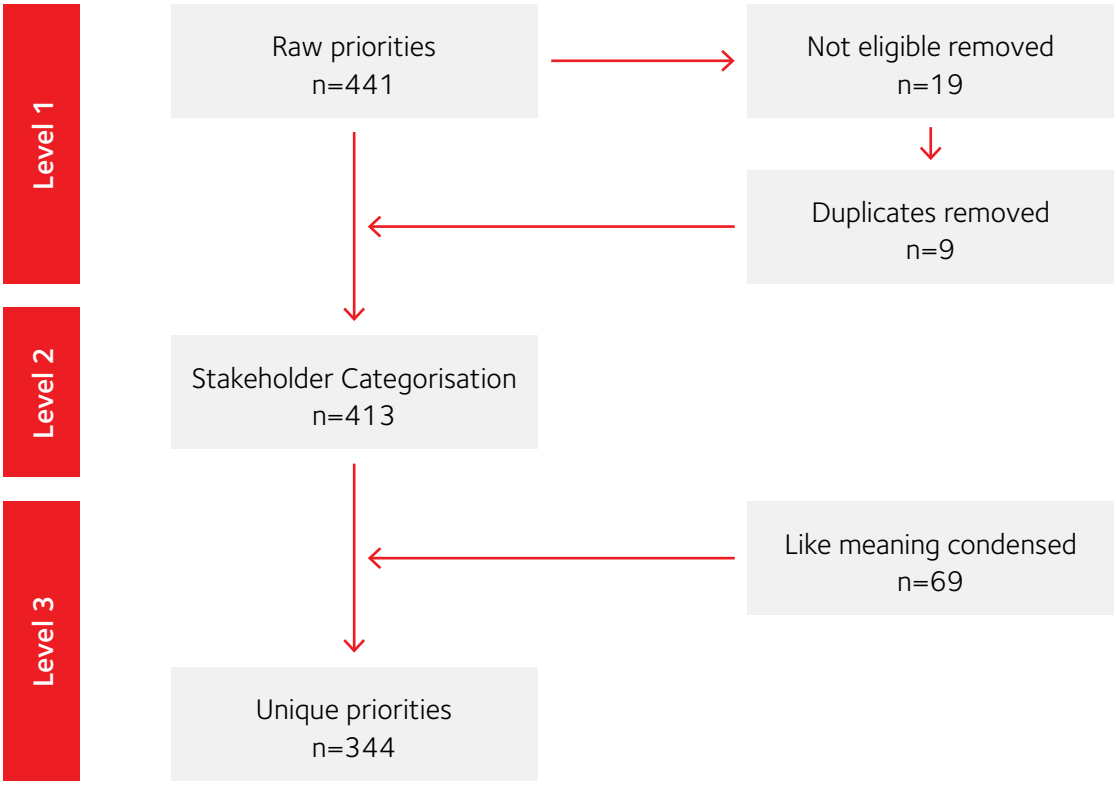
Survey was shared with the QLD Respiratory Clinical Network, NCOSS Health Equity Alliance and NSW Aboriginal Chronic Conditions Network

Types of stakeholders responding to the trigger question*

- Department of Health:
  - NSW Health
- Pharmaceutical Industry:
  - Community pharmacist
  - Asthma educator
- Health Care:
  - General Practice
  - Registered nurse
- Health Systems Research:
  - University researcher
- Paediatric Asthma
- Environmental Health:
  - Clean Air Australia
- Food and Nutrition:
  - Nutrition Australia
- Education Sector:
  - Community preschool
  - Secondary school
- Urban Planning:
  - Parks and Wildlife
- Aboriginal Health and Medical Research Council of NSW:
  - Aboriginal Health

**The list is an excerpt and not the complete list*

Breakdown of condensing priorities



Examples of removed/condensed priorities

Not eligible removed

- Lots of sunshine. Sit in the sun and relax when they have asthma
- Define 'best life'
- I don't know a 3rd
- Not sure
- N/A

Duplicates removed

- Education
- Access to medication

Like meaning condensed

- Make medication affordable (Included: Ensure that asthma medications are affordable)
- Address the emotional symptoms (Included: Run support groups for children)
- Support groups for carers (Included: Peer support group for parents)

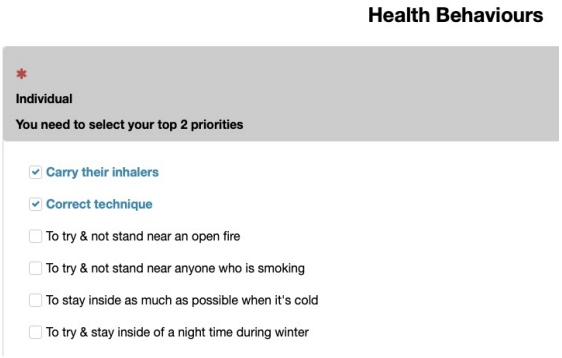
Priority setting survey

Priorities were grouped into 4 categories based on the Social Determinants of Health Classification.

Participants were given a number of votes to cast in each category in an online survey.

Each person could vote for 43 priorities out of the 344 total priorities in the survey.

38 participants casted their votes



Creating Collective Solutions workshop

Online via Zoom due to COVID-19 border closures

4th November 2021

3 hours

20 people from 9 stakeholder groups

Participating stakeholder groups

- Housing
- Community Pharmacist
- Scientists/researchers
- People with asthma
- Aboriginal Health
- Education representatives
- Not for profit organisation representatives
- Health care representatives
- Food security representatives

Priority setting

Top 12 priorities were inserted into the Interpretive Structural Modelling (ISM) software that automatically generates consensus voting rounds based on the priorities.

No. of votes	Top 12 priorities
18	Know what to do during an asthma attack
17	Carry their inhalers
17	Encourage the child to be involved in their asthma care
16	Correct technique
16	Increase Asthma education
15	GPs to ensure each asthma patient has an Asthma Action Plan
13	Understand the triggers that cause an attack
11	Access to asthma educators
10	Appropriate use of medications such as oral steroids
10	Reduce children's exposure to air pollution and respiratory allergens in the outdoor environment
9	Know how to implement an Asthma Action Plan
9	Notifications of controlled burns in the area

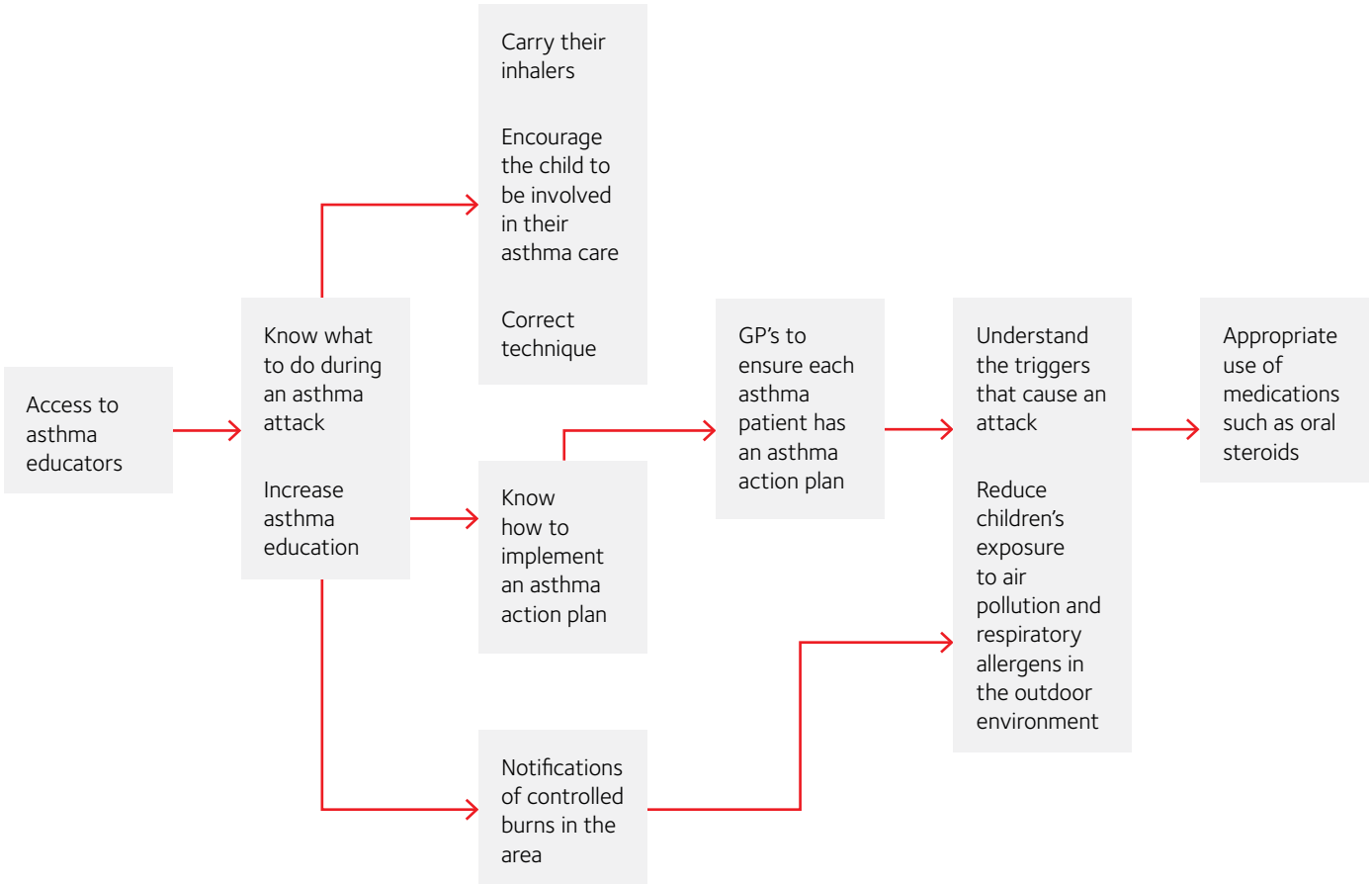
Consensus voting

- 12 priorities – Voting rounds test whether priorities improve each other
- ≥ 70% - Minimum of 70% consensus before continuing

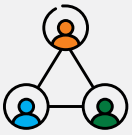
Does carry their inhalers **improve** access to asthma educators **= YES/NO**

The CCS workshop group spent 2 hours and 10 minutes agreeing on the action map.
A total of 68 consensus votes led to the final Action Map.

Action map



Co-designing solutions



5 groups with diverse stakeholder representation provided solutions using the Action Map on Padlet collaborative online tool

Groups focussed on solutions that can create measurable change

Group 1

Asthma educator governing group: Sets standards and competencies for asthma education. Accountable for outcomes and effectiveness of the role of the educator in the health system they operate.

Asthma educator college: Membership based collaboration of shared interests, values and standards. Advocates for change, and implementation of asthma education. Represents asthma educators in Australia.

Continuous development: Asthma education supported by the group needs to be delivered by appropriate skills and qualifications. Potential to be part of service delivery model and funded similar to how diabetes educators are funded by Medicare.

Patient experience: Not a cookie cutter model. Use of person centred frameworks to identify needs, gaps and preferences.

Group 2

How to find asthma educators: Can be challenging to find. Looking via LinkedIn or specific website such as hnekidshealth.nsw.gov.au.

Access to education: Culturally safe programs that are tailored to different needs. Dedicated asthma educator that can connect with families and ensure two way communication is in place throughout their asthma experience to deliver strong consistent asthma education. Asthma educator to connect families with other professionals to ensure families have access to different resources.

Quality of education: Trained asthma educators with accurate health literacy levels and current best practice information for asthma care to communicate what is best for families and communities.

Group 3

Leveraging and expanding existing programs: Online workshops and webinars for parents, carers and schools. Bring asthma educators to schools and ensure schools get a letter that shows a child has an asthma action plan.

Mini pilot: Using already existing resources to create a more connected model. Launch in a small regional town with existing network with 10 patients from the target age group over 12 months aiming to reduce hospital presentation. After pilot rollout expand in other areas upon successful delivery.

Greater awareness of environmental aspects: Increase awareness of the role of environment in asthma care rather than merely notifying the community about controlled burns.

Access: Culturally appropriate information and asthma resources translated to multiple languages to ensure access.

Group 4

Broader approach on asthma education: Use existing resources to maximise benefits as funding is hard to get.

Aboriginal health workers: Too much expectations on content knowledge which might not be fair. Bring in something instead of expecting more and work with them more broadly to ensure access to asthma care.

Engage key stakeholders: Work with local stakeholders (community pharmacists, GPs, community leaders) within the community to ensure implementation of asthma education and improved outcomes to provide access.

Work with others: Find the best way to reach priority populations. No one size fits all approach on asthma education.

Group 5

Storytelling: Parents to provide good and bad experiences and examples to enhance learning and engage other parents. Parents might be more likely to listen to their peers rather than a health professional.

Tech innovations: Use AI or similar to recognise sounds, such as wheezing. Recognise symptoms and signs, and enable and empower patients to implement their action plans using videos.

Additive learning: Engage different aspect of the community recognising translating resources to other languages. Engage Aboriginal and Torres Strait Islanders around storytelling.

Short sharp intervention: Tackle the issue of when to use action plan, and empower young children with different tools so everyone is on the same page.

Workshop feedback

Likes

Interactive nature

Interesting methodology, seems an improvement and better able to give results than traditional delphi. Good mix of people

I liked the structure and tools used

Thorough and well set up to achieve it's needs

Very interactive - moved through at a good speed for the first sections. Process explained well

The workshop was run very well and I was impressed with the relationship between Griffith University and Asthma Australia, and the representation from Asthma Australia. Michelle Goldman's slides at the start of the presentation were very good. It was great to brainstorm with likeminded people who have a passion for improving asthma management in children. The flow chart developed for the polls was very interesting. The interactive workshop groups at the end of the session were great and so many different ideas came from the different groups

Having the mind map made at the end

Criticism

The first section was long particularly over zoom. I can see that it would have been much more engaging and enjoyable face to face where you could have robust debate! I was disappointed not to have been able to stay for the second section

The phrasing we are asked to vote on is not grammatically correct. I know you are following a process, ie using the priorities verbatim as established by surveys, but one question is when the question is not quite correct in grammar, does that change understanding of the question. I would say yes. The computer screen interface is not inviting, font too small and also the bridging word is incorrect [aggravates], again the risk in misunderstanding of what is being asked

Could have been broken up into two session- the long session was tiring and rushed at the end

Last section felt rushed

A poll on who was participating would have been interesting and what field they worked in at the start or a quick intro from everyone

Found some of the questions difficult to answer due to the ambiguity

Questions

Probably more once we know results of today's work

May I please have a copy of Michelle's slides from the beginning of the presentation?

Will we get told the follow up results of the use of the mind map?

Ideas

I would love to see where it all ended up!

Improve presentation of computer screen

Nothing at this time but think lots of great ideas generated today

I would be happy to be involved in any further way from a pharmacist/asthma educator perspective in regional area in a pilot or larger trial

Applying the mind-map to children AND older teenagers/young adults

Acknowledgments

Project working group attendees:

- Alyssa Fitzgerald, Marathon Health
- Tracy Ellem, Asthma Australia's Consumer Advisory Council member
- Kelly Hayes, NSW Health
- Kingsley Coulthard, PAC member
- Helen Kulas, Agency for Clinical Innovation
- Sotiris Vardoulakis, Australian National University
- Timothy Senior, Aboriginal Health
- Anthony Flynn, Asthma Australia

CCS workshop attendees:

- Vanessa Cecchini, NSW Health
- Amy Main, Australian Government: Department of Health
- Tracy Ellem, Asthma Australia's Consumer Advisory Council member
- Victoria Adams, Asthma Australia's Consumer Advisory Council member
- Peter Gibson, Hunter New England Local Health District
- Anthony Flynn, Asthma Australia
- Nusrat Homaira, Research Paediatric Asthma
- Adam Jaffe, Professor Paediatric Asthma
- Ryan Mackle, Dr Paediatric Asthma
- Sotiris Vardoulakis, Australian National University
- Kiel Hennessey, Aboriginal Health
- Vita Christie, The POCHE Institute; University of Sydney
- Alyssa Fitzgerald, Marathon Health
- Kelly Hayes, NSW Health
- Sally Lloyd, Education
- Mohamed Kaoud, Community Pharmacist
- Sherri Barden, Community Pharmacist
- Tegan Macdonald, Northern Sydney LHD
- Marina Wise, AHMRC (NSW)
- Kate Hunter, George Institute
- Melinda Gray, Sydney Children's Hospital

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Thank you for your valuable contributions
throughout the project.

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