

**A Guide for
Community Organisations
Running
Health Workshops
with Consumers**

May 2003

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Consumers' Health Forum of Australia

The Consumers' Health Forum of Australia Inc, established in 1987, is Australia's leading non-government organisation representing consumers on health care issues. CHF establishes policy in consultation with its members, more than 100 health consumer organisations. It provides a balance to the views of government, industry, service providers and health professionals.

The vision of CHF is to see consumers shaping health policy and health delivery systems in Australia. Our mission is to provide a respected and informed national voice for health consumers. CHF works collaboratively with other health consumer organisations providing a leadership role in representing the views of consumers at a national level.

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The Aim of the Guide

The Aim of this Guide is to provide advice to national community organisations, foundations and associations to use when coordinating, planning and conducting workshops with local community organisations on health topics or issues.

Community workshops are a commonly used technique for raising consumer awareness of a health topic or issue, facilitating the learning of new information and skills and encouraging behaviour change.

The Guide provides practical tips and advice on running successful workshops. By this we mean workshops that consumers will enjoy; that will help build the capacity of local communities to deal with health issues; and that will help equip consumers to exercise more control over their own health, make choices conducive to health and cope with illness, injury or disability.

The Guide is not intended to be a one-size fits all plan as the structures, networks and capacity of community organisations involved in running health workshops vary widely. Workshop design will also depend on which section of the community you hope to involve - workshops with young parents in a rural town may look rather different to workshops with older people from a non-English speaking background in the inner city. The Guide provides advice for those organising a program of workshops on who to involve, how to promote, workshop design and facilitation, evaluation; also checklists and references to sources of more information.

The Guide is particularly aimed at workshop coordinators in national organisations whose task is to organise a series of workshops with consumers around a particular health topic or issue. State-based, regional and local community and consumer organisations will also find it useful when planning and conducting health workshops as the same principles apply.

The idea to write this Guide resulted from a series of ten successful community workshops that the Consumers' Health Forum of Australia (CHF) developed with its member organisations on the topic of *Cholesterol Management and Quality Use of Medicines*. The Commonwealth Department of Health and Ageing provided funding for the workshops, which were held in each State and Territory during 2002¹.

Some examples of how CHF conducted its community workshops are used to illustrate one way a successful workshop might be run.

¹ Consumers' Health Forum, *Community Workshops on Cholesterol Management and Quality Use of Medicines*. December 2002

Before You Start

Some guiding principles

Running effective health workshops in local communities does not just happen by sending out a few fliers, turning up on the day and talking at people from a podium. If health promotion is to reach those most in need, some effort must be made so that it is appropriate, effectively delivered, well attended, and accepted by the community.

CHF's approach when developing the Cholesterol Management workshops was to draw on evidence-based research in the areas of **health promotion**, **community capacity building** and **adult education**. These are explained briefly below. For further or more detailed explanations see the reference list at the end of each section.

Health promotion

Traditional approaches to health education emphasise providing people with the facts about a particular health topic assuming that they will then adopt appropriate attitudes and behaviour. Another approach involves the use of marketing techniques in which consumers are bombarded with information through mass media and elsewhere. More recently there has been an appreciation of the value of incorporating adult learning principles and of including consumers as active participants in the education process.

Health education can be described as one component of health promotion. Health promotion is the process of enabling people to increase control over and improve their health. There is recognition that social and environmental factors are determinants of health. Health promotion strategies may involve:

- ◆ strengthening community action or empowering communities
- ◆ developing personal skills, providing education and information
- ◆ creating supportive environments
- ◆ reorienting health services, and
- ◆ building healthy public policy.

Consumer health workshops can be a useful strategy for strengthening community action or empowering communities and for developing personal skills, providing education and information.

Community capacity building

Workshops that have little or no enduring effect beyond conveying some information on a particular health topic are of little value. By contrast 'community capacity building' interventions change a communities' ability to address health issues². Crisp et al lists important factors for community capacity building to occur:

- ◆ Resources need to be more than sending an expert person to the community. They can be non-personal resources such as equipment, time, facilities and tools.
- ◆ Coordination and planning are needed to ensure resources are easily accessible to the community when they are required.
- ◆ Providing two-way communication flow to build partnerships in the community that might not otherwise occur.
- ◆ Providing appropriate length of time for program development and evolution.
- ◆ Providing for continuous learning and improvement for people in the community.

Another example of a 'community capacity building' intervention is the Being in Control: Older People and their Medicines project, a partnership between the Council of the Ageing (Australia) and the Pharmacy Guild³ which used *peer educators*. Well selected and trained peer educators have increased knowledge and skills on a particular health issue and are a valuable resource. They are well placed to reach groups within their community such as older people, people from metropolitan, rural and remote areas and people from diverse cultural, linguistic and indigenous backgrounds.

For more information on Community Capacity Building:

ACT Health, *Healthlink Journal of the ACT*, Winter 2002. This edition is about capacity building. <http://www.healthpromotion.act.gov.au/research/journals/healthlink.htm>

NSW Health, *Capacity Building in Health Promotion?* www.health.nsw.gov.au/public-health/health-promotion/hpss/capacitybuilding/comcap.htm

NSW Health, *A Framework for Building Capacity to Improve Health*, 2001

Community Builders NSW, *Get Organised: Simple Group Workshops*.
http://text.communitybuilders.nsw.gov.au/getting_organised/people/Groupwork.html
May 2001

...continued over

² Crisp B.R., Swerissen H and Duckett SJ. Four approaches to capacity building in health: consequences for measurement and accountability. *Health Promotion International*, Vol. 15, No.2, 99-107, Oxford University Press, June 2000

³ Skinner J., Being in control: older people and their medicines. *Australian Health Consumer* 2002-03, No. 3, 9-11, Consumers' Health Forum of Australia, 2003.

Australian Council of Social Service (ACOSS) has done a lot of work on community capacity building. www.acoss.org.au

McCallum A. *Community Capacity building-where to from here?* p3 Impact. Sept 2002

Macfie, G. *Building community capacity: the case of CDEP.* p8 Impact. Sept 2002

Principles of adult learning

It is generally accepted that Malcolm Knowles⁴ was the first person to describe the characteristics of adult learning, as distinct from the teaching/learning of children. He described adult education as a process of self directed inquiry.

The box below is an extrapolation of Knowles' understandings of adult learning⁵.

- ◆ The adult has to consider it important to acquire the new skill, knowledge or attitude.
- ◆ The information needs to be relevant and meaningful to them.
- ◆ Adults have a need to be self-directing and decide for themselves what they want to learn.
- ◆ Opportunities for discussion and reflection can enhance learning.
- ◆ Adults have a far greater volume and different quality of experiences than young people. Connecting learning experiences to past experiences can make adult learning more meaningful and assist in knowledge acquisition. Adult learning is also referred to as experiential learning.
- ◆ Adults become ready to learn when they experience a life situation where they have a 'need to know'.
- ◆ Adults enter the learning process with an outcome in mind.
- ◆ Adults are motivated to learn by internal and external factors.

⁴ Knowles M. S., *The Modern Practise of Adult Education: Andragogy Versus pedagogy.* New York Associated Press. 1970

⁵ O'Brien G., *What are the Principles of Adult Learning?*
website:http://www.med.monash.edu.au/faculty/cpme/articles/adult_learning.htm

For more information on Adult Education:

Cross, K P. *Adults as Learners*. San Francisco: Jossey-Bass, 1970.

Foley, G. (ed) *Understanding Adult Education and Training*. Sydney, Allen and Unwin 2000

Lieb S. *Principles of Adult Learning. Adults as learners*. www/hcc.hawaii.edu

Rogers, C.R. *Freedom to Learn*. Columbus OH: Merrill, 1969.

World Wide Web (Google) using search words

- adult education

- principles of adult education

Most teaching universities have reliable up-to-date information on adult education principles.

Key features of CHF community workshops

Although it was hoped that the Cholesterol Management and Quality Use of Medicines workshops would be 'educational' for participants and coordinators, they were not designed to be formal educational experiences. The table below lists key features that distinguished CHF workshops from formal education.

- ◆ There was an emphasis on learning together, group participation rather than teaching.
- ◆ Open and respectful discussion between the participants was central.
- ◆ The workshops occurred in non-traditional educational settings such as a hotel or community centre, using low level technologies such as overhead projectors.
- ◆ Participants could expect the session to be personally useful. The sessions were intended to provide practical strategies each person could use or react to straight away.
- ◆ The workshop structure was flexible and open to allow full involvement by the participants.
- ◆ CHF endeavoured to provide a consumer driven program not a pre-packaged program with fixed objectives and strategies. The participants had control over how much information they wanted and how long they wished to spend on each activity.
- ◆ Participants measured their own achievements and the suitability of the approaches/strategies offered to them.
- ◆ Relevant community organisations (a local support group) were involved in planning each workshop to help ensure it would suit their local community.

Getting started

Assume that there is already an agreed health issue, an overall set of objectives, a plan to coordinate a series of workshops, a budget and a workshop **coordinator** within the organisation.

The budget will obviously depend on the scale of the program of workshops, how many are to be held, where and with whom, the other resources of your organisations and resources of the community organisations you hope to involve in the workshops. The budget may need to cover items such as:

- ◆ venue, equipment and catering
- ◆ phone and photocopying costs of local organisations
- ◆ other out-of-pocket costs for their staff and/or volunteers
- ◆ printing, mail out/insertion costs
- ◆ advertising
- ◆ interpreters
- ◆ participants' transport or other expenses
- ◆ skilled workshop facilitator.

This doesn't include staffing, travel and overheads costs of the organisation you are working with. These will depend on things such as the scale of the program, whether volunteers or paid staff are involved, where the workshops are to be held and the resource capacity of the organisation to participate.

Involving existing community networks

Community organisations, programs, groups and resources already available in the community will then need to be identified taking into consideration who is most affected by the health problem or issue.

To identify potential local partner organisations for the cholesterol workshops, CHF began by developing a list of established community health organisations, foundations and associations in the health area being focussed on. Examples of the groups that were contacted included Heart Support Australia, Diabetes Australia, Carers Australia, self-care networks and Council On The Ageing Australia.

The workshop coordinator within CHF gathered State and then local-level contact names and telephone numbers through phone contact with national secretariats of these organisations. Making these telephone calls enabled the CHF coordinator to engage each of these contact people in a conversation that explored whether (and how) the workshops could meet the needs of their particular group.

Protocol suggests informing all levels of national organisations about any intended community workshops involving branches or members of their organisations.

Useful first points of contact into other established networks include local councils, local consumer organisations, hospitals, senior citizens' clubs, sporting clubs and community health centres. The local council can often provide leads on who's who among community groups such as local older people's clubs, self help groups and ethnic community organisations. Local councils and community health centres also often publish directories of local community organisations with an interest in health issues. Increasingly there are community directories on the internet although their coverage is patchy across the country.

Making this contact by phone, rather than by letter or email, was an important – although time-consuming – process in the CHF project. Time and effort taken by the coordinator to discuss tailoring of the workshops to the needs of the particular groups ensured uptake of the program by smaller community networks.

Identifying local partner organisations and liaison people

After identifying the key community groups that may want to be involved in the workshops, a likely next step is finding the right local support. Without the support of a local person (or people) to champion the project and to provide advice on how best to organise a workshop it is very difficult to develop a program that will meet the needs of the local community and attract participants.

One of the key success factors of the CHF Cholesterol Management and Quality Use of Medicines Community Workshops was the support, advice and networking provided by local people who we will call the **Liaison People**. The liaison people can ensure application of local knowledge and smooth communication between the local consumer groups and yourself, the coordinator within your organisation – who we will refer to as the **Coordinator**.

Telephoning the local organisations identified above, is a good place to find the names of community leaders who might become the local liaison people. The liaison people need to be familiar with the community and have good access to local networks. In rural and remote areas, it may be particularly important to ensure that the local liaison people are respected and can be looked upon as trustworthy and relatively independent.

The telephone conversation is another opportunity for the coordinator to have informal discussion about the direction and promotion of the workshop. During these informal chats the program coordinator can also make some assessment of the resource capacity of the community or organisation. Examples of resource capacity include existing, active networks in the region, the facilities available, preferred communication method and motivation of the community.

If hoping to organise a workshop from a distance, in a community that you are not already very familiar with, it can be wise to identify more than one local liaison person to champion the project and give you advice. Otherwise there is a danger you may fall foul of local rivalries between organisations or discover too late that, for example, your primary liaison people networks are not as comprehensive as you were led to believe.

Steckler and Goodman⁶ recommend the nurturing and support of *at least* one person who will be a champion for the project. If at all possible, a second liaison person will provide an extra contribution to the project by way of local knowledge of people and other resources as well as helping with promotion, bargaining, negotiating and leadership.

The table below contains a list of questions that local liaison people will probably want to ask the workshop coordinator before committing themselves and their organisation to the workshop project. A coordinator should be prepared to provide this information during early discussions.

Local organisations and liaison people will want to know...

- ◆ Why would we want to be involved?
- ◆ What do we need to do?
- ◆ How much time will we need to give?
- ◆ What will it cost? Can you cover these costs?
- ◆ What can you provide?
- ◆ How much help/support can we expect from you?
- ◆ How flexible is the workshop program? Can we change it?
- ◆ Who is funding the program and why?
- ◆ What input will we have into the evaluation of the program?
- ◆ Will we get a copy of the evaluation?
- ◆ What are you going to do with information that you get from our workshop?
- ◆ Do you expect any long-term benefit to our community?
- ◆ Is there a chance of an ongoing relationship with your organisation?
- ◆ How does our community provide input into the final outcomes?

The liaison people will usually need the agreement of other people from their community before they can accept an offer to participate in community workshops. It may help to provide them with a draft workshop flier. This can be a persuasive tool when they present the idea to their organisation/community group. For more about preparing a flier see page 12.

The organisations contacted will probably also need some more background information about the topic and its relevance to them.

⁶ Steckler, A., R.M. Goodman, M. Alciati The impact of NCI's data based intervention research program on state health departments Health Education Research: 12 , 2 , 199-212 , 1997

Background Paper

A background paper is a useful way of presenting facts and figures to justify the community's involvement in the project. Sources of information include the Australian Bureau of Statistics, the Australian Institute of Health and Welfare, the area health service, the local hospital or community health centre and local health consumers. It is helpful to identify and include some health priorities for the specific community, rather than relying solely on national data.

A background paper can also increase understanding of the principles behind the project such as community capacity building and adult learning. The Cholesterol Management and Quality Use of Medicines Community Workshops background paper is provided as an example at Appendix 1.

Further References:

Australian Bureau of Statistics website: www.abs.gov.au

Australian Institute of Health and Welfare: www.aihw.gov.au

Illness based organisations such as Heart Foundation, Asthma Foundation of Australia, Diabetes Australia and Juvenile Diabetes Foundation.

Phone the local hospital or talk to people at the local community health centres in the targeted area.

Firming-up understanding about who's doing what

An important next step is *firming-up* the understanding reached through the initial phone calls between the workshop coordinator and the local partner organisations and liaison people.

A simple phone conversation initiated by the workshop coordinator – although critical to gauging interest and compatibility of the local group/person – is not always a fair indicator of the liaison people's commitment to the workshop. Written confirmation from the community liaison people ensures they are making a pro-active choice to become involved. In the case of CHF's workshops the local liaison people were sent a 'workshop registration paper' inviting them to confirm their interest in helping organise a workshop.

The time interval between the phone calls and receiving the registration paper gives the liaison people a 'cooling-off' period as well as time to investigate the practicality of the coordinator's request for assistance.

For the workshop coordinator, the information given in the registration paper also provides a useful start to a contact database. Details such as the liaison people's title, contact phone numbers, hours of work, organisation name and address and community resources and facilities might be recorded on this form. See page 11 for some advice about the privacy issues to consider when collecting and holding personal information.

The workshop registration paper that CHF used is at Appendix 2. It included space for a second contact person to be used if the key liaison person was unavailable for extended periods such as holidays or sickness. However, if at all possible, a second liaison person will provide more than just backup – offering a different perspective, different networks and a further support for the project.

Working with the local liaison people

The liaison people will ideally have bargaining, negotiation and leadership skills, which can help the project run smoothly and should assist with implementation.

As mentioned earlier, the biggest risk in the planning stages of the workshop is losing the support of the liaison people. To reduce the likelihood of losing their involvement it is important that there is a clear understanding of what you are asking them to do. It might be helpful to include some of the activities and levels of participation expected of the liaison people in the background paper. The capacity of any liaison people to contribute to the project will be varied; therefore assessment of this at the outset is encouraged.

How liaison people might help develop the workshop

This will vary depending on the program, your resources and their resources but would typically include:

- ◆ Providing input into the format of the flier and sending these out in usual mail outs.
- ◆ Promotion of the event through existing community networks.
- ◆ Liaison with potential workshop participants.
- ◆ Advising on appropriate venue, day of the week and time of day, format of the session, special requirements such as diet and access to venues.
- ◆ Collecting and recording RSVPs. It is generally much more successful if local people collect RSVPs rather than expecting people to phone a national number and an organisation they may not have heard of.
- ◆ Arranging local media coverage (if relevant and if they feel comfortable with this).
- ◆ Advising and helping to access the facilities required, such as audiovisual equipment.
- ◆ Advising on best catering options.
- ◆ On the day of the workshop the local people may choose to introduce the participants to each other and/or the coordinator and will be a familiar, trusted face for the participants to meet when they arrive.

Personal information

People involved in the workshops should know what the coordinator will do with the personal information they provide. Privacy is particularly important in rural, remote and smaller communities where individuals may know each other.

When establishing a database, it is important to consider privacy and confidentiality concerns surrounding the storage, use and disposal of the personal information provided by people involved in the project. This includes participants, liaison people, health professionals and any other people that provide personal information. Many organisations have established privacy policies and procedures that govern how this material is handled. The CHF privacy policy guides the use and storage of personal information provided to our organisation. A copy of the privacy policy is available on the CHF website. Generally speaking, it is important to be able to reassure the people involved in the program that the information that they provide will be used for its intended purpose only and that it won't be passed on to anyone else without their consent.

Further information on privacy of personal information

Consumers' Health Forum website: www.chf.org.au

Office of the Federal Privacy Commissioner website: www.privacy.gov.au or phone 1300 363 992 and 1800 620 241 (TTY only)

Timing

Running a community-based workshop effectively takes time. Time is required to gain support; to secure appropriate venues, facilitators and caterers; time for media releases; time for approval of the workshop through a range of networks and meetings as well as time to slot into relevant newsletters etc. You will need to consider whether it is appropriate to hold workshops in school holidays or around the time of major public events. Some community groups will have activities planned months ahead. Some halls and venues are booked well in advance. For maximum turnout, participants will appreciate at least one month's notice of the workshop.

Promoting the workshop

The local liaison people will be able to advise you on what promotional strategies will work best in the particular community. Commonly used low-cost methods for promoting workshops include:

- ◆ distributing a flier about the workshop through existing mailing lists and networks
- ◆ word of mouth, for example, arranging for the workshop to be mentioned at relevant meetings, church gatherings, club events, by relevant health professionals or community care service providers
- ◆ placing short articles in newsletters
- ◆ getting mentioned in the local media.

Workshop Flier

Workshop fliers were used to promote the CHF workshops to consumers. The flier set out in plain English the purpose of the workshop, who was behind it and where and when the event was to occur.

Fliers may be distributed with newsletters, with other regular mailouts, put up on notice boards or read out at meetings. Be aware, however, that community organisations newsletters/mail outs may only occur bimonthly, quarterly or less, so it is critical to find out when their deadlines are for inclusion of a flier. The organisation will most likely require funding for special mail-outs and photocopying of fliers.

Providing a short article for relevant organisations' newsletters can also be an effective promotional strategy.

Fliers should reach potential participants around 4-6 weeks before the event, so that there is time for them to be passed around and for your workshop to be mentioned at meetings. Consider using e-mail to send fliers as well, and posting it on any relevant websites.

National community organisations are large networks of people and contacting their members can appear to be a slow process as information may well have to pass from national to State to local branches before it reaches individual members. Others have newsletters that go directly to all members. It is wise to allow at least 6-8 weeks for communication to be completed.

The workshop flier should be attractive and easy to read. Below are a number of points worth considering in the design of workshop fliers.

Pointers for designing workshop fliers

Information to include:

- ◆ Details about the purpose of the workshop and what's in it for participants.
- ◆ Who is sponsoring the event?
- ◆ When it is to be held.
- ◆ Where it is to be held.
- ◆ Start and finish time.
- ◆ How much it will cost - if it's free, say so.
- ◆ Whether refreshments will be provided (very strongly recommended).
- ◆ Who to contact for further information – the liaison peoples contact details (make sure they have agreed).
- ◆ Whether there is wheelchair access at the venue and/or a hearing loop.
- ◆ What language the workshop will be conducted in.
- ◆ Directions to the venue, parking, other transport information if relevant.
- ◆ Whether participants' transport or other attendance costs will be reimbursed or whether you can arrange transport for those who need it.
- ◆ Do people need to RSVP? If so, by when and to whom?
- ◆ Invite people to say whether they have any special requirements (e.g. access, food) when they RSVP.
- ◆ Whether there is childcare available.

Design considerations:

- ◆ Make the flier eye-catching.
- ◆ Use pictures, photos or logos to get people's attention but avoid clutter. Too many graphics on the page make it hard for readers to concentrate on what the flier is trying to say.
- ◆ Use plain English, no jargon, acronyms or fancy long words.
- ◆ Use point form, verbs and short sentences.
- ◆ Use black and white so that it can be easily photocopied.
- ◆ Use large font, not less than 12 pt, preferably larger (an A4 version should be easily read at arm's length).
- ◆ Use only two (or at the most three) font styles.
- ◆ Avoid writing in ALL CAPITAL LETTERS as it is hard to read (and on-line it is considered shouting).
- ◆ Make it culturally and linguistically relevant (provide in languages other than English if relevant).
- ◆ Collect samples of successful or appealing fliers to use as a template.
- ◆ Provide paper for the fliers if you are expecting the local group to make copies (not always white).

Further references for making fliers:

Collect some successful ones and use them as a guide or as a template.

There are some templates in Microsoft Publisher 2000 and in Microsoft Front Page.

Using the media

Media involvement in the CHF Cholesterol Management and Quality Use of Medicines workshops was mainly during the promotion of the workshops. As is often the case for community workshops, there was no budget for media promotion (or advertising) but it is often possible to get free editorial mention in local media, especially in rural areas, in free suburban newspapers and on ethnic radio.

In the CHF project several of the local liaison people had established contacts with the local media including radio and newspapers and therefore passed on the information as a matter of course. On one or two occasions the liaison people sent the workshop flier to the newspaper and radio and these were promoted in the local *What's Happening/Community notice* segments of the radio and newspaper. Another way is to prepare a media release and send it to the local media, although personal contact will probably be more effective.

Important Logistics

Venues

Local liaison people are ideal to provide advice on the selection of venues. CHF used a variety of venues that were suitable for conducting the workshops. These ranged from community centres, hotel, motel or office meeting rooms, hospital sites and rooms belonging to health organisations. The costs associated with using the various rooms ranged from no cost for those at the organisation's own meeting rooms to \$600 for a half day at large hotels.

In choosing the venue consider whether it is possible to use a place that participants will already be familiar and comfortable with. Can the workshop be held somewhere people will already be, rather than having to go somewhere else? Ensure that you or the liaison people visit the venue before you sign up.

It would be unwise to assume that the venue has access to *working* overhead projectors, televisions, video players and screens. It might be necessary and inclusive to borrow equipment from places around the community. Schools, church groups and senior citizens' groups helped out with the CHF workshops.

Checklist for selecting a venue:

- ◆ Is it accessible for the participants? Is there wheelchair access and proximity to public transport?
- ◆ Is it clean and comfortable?
- ◆ Do the participants like using it?
- ◆ Are there any obstacles to impair viewing of the presenter/s (pillars, plants)?
- ◆ Can it accommodate the number of participants, including room for easy wheelchair access?
- ◆ Is there enough space to work in groups *without* hearing the activity of other groups (separate rooms would be preferable)?
- ◆ Are there enough chairs and tables?
- ◆ Does the venue provide catering, and do they cater for special dietary needs?
- ◆ Is there a cost to hire the venue?
- ◆ Have you or the liaison people visited the venue and meeting rooms (this is essential to ensuring there are no surprises when you arrive)?
- ◆ Is there good lighting and acoustics? Is there a hearing loop?
- ◆ Who is responsible for setting up and packing up at the venue?

Catering

The quality of the refreshments provided at the workshops can impact greatly upon participants' level of satisfaction. Good quality and choice of refreshments gives the participants an indication of the value the coordinator places upon their attendance and the time they have given up to attend. If the workshop has a health focus, appropriately healthy foods should be provided.

The CHF workshops included funds to arrange appropriate healthy, low cholesterol refreshments at the workshop venues. The cost ranged from no cost at one workshop in which the members provided their own lunch to \$10 per head at larger, professionally catered hotels. The liaison people suggested the types of refreshments most suitable for workshop participants and indicated any special dietary requirements. The workshop coordinator and liaison people purchased and prepared low cholesterol food at a number of venues.

Keeping track of developments

More detailed, specific workshop planning and design can begin once the key groups and liaison people have been identified. The coordinator will need to keep track of developments. A running sheet is one way for the workshop coordinator to record communication between the various people connected to the planning of the community workshops.

A running sheet can record date of contact, person contacted, abbreviated notes of phone discussions and can track actions arising from the communication. It is also useful to record other pieces of data such as phone and email details, messages left and so on.

Appendix 3 gives an example of running sheet records that were used in the Cholesterol Management and Quality Use Of Medicines project to track contacts and commitments. Separate running sheets were kept for each workshop. The running sheet can be stored either as a paper copy or as a computer file.

Email is a convenient form of communication when arranging workshops across time zones. Emails can be stored in electronic files or as paper copy. Remember to also save copies of *Sent* email in these records.

Designing The Workshops

Meeting community needs and expectations

In the development of the workshops on Cholesterol Management and Quality Use of Medicines the local liaison people and the workshop coordinator worked together to identify the likely workshop participants, decide on an appropriate timeframe for rolling out the program and determine the likely needs and expectations of the participants.

The coordinator should provide time for the liaison people to consult local networks before confirming the possible participant needs. For the CHF workshops this process took between two and six weeks for each workshop.

Below are the Goals, Aims and Objectives from the Cholesterol Management and Quality Use of Medicines workshops. The objectives were specific to each community with which workshops were run and were modified in consultation with the local partner organisations to suit the needs of individual groups.

The Goal, Aims and Objectives of the CHF Cholesterol Management and Quality Use of Medicines Community Workshops

Goal

Through its network of consumer member organisations and other consumer groups, CHF plans to engage with consumers at the community level to encourage:

- consumer involvement as key partners in Quality Use of Medicine (QUM) initiatives, and
- the development of an environment that supports informed health choices and safe and effective use of medicines.

Aims

The aim of this project is to encourage consumers to discuss with their health care provider the option of lifestyle changes such as diet and physical activity as a way to reduce their blood cholesterol level and raise awareness of factors associated with high blood cholesterol and heart disease.

Workshop Objectives

At this workshop participants will be provided opportunities to:

- identify various risk factors involved in high blood cholesterol and suggest ways to minimise risk or prevent this health problem
- discuss the nature and value of lifestyle change and complementary therapies
- discuss the extent to which individuals have control over their own health (including communication with GPs)
- identify sources of health information including health service providers.

Making a Workshop Program Plan

Once the objectives have been agreed upon a workshop program plan can be developed. As a written document it lists the strategies that will be used to meet the objectives, the resources that will be required and how and when it will be evaluated. Depending upon the level of participation anticipated, the program plan may also indicate who is to participate in each activity.

The Facilitator

The facilitator is the person who will coordinate your workshop presentation on the day and will be the public face of your workshop. The facilitator needs to have a clear understanding of the hosting organisation's philosophy, goals, aims and objectives. They need to be included in the development of the workshop program including selecting strategies and planning the agenda and they need to develop a relationship with the liaison people.

The facilitator's role is crucial and therefore their selection should be well thought out. They will need to be skilled at running a varied program that has a key strategy of delivering health messages. Always seek names of referees from your chosen facilitator and follow them up so that you know if their style and approach will match your audience.

On the day of the workshop the facilitator will be responsible for setting and explaining the ground rules for the workshop. These include:

- ◆ Going through the agenda including the start and finish times.
- ◆ Keeping an eye on the time and on the topics under discussion.
- ◆ Encouraging everyone's participation - if necessary, encouraging quieter people and preventing others from dominating discussion.
- ◆ Reassuring participants that there are no right or wrong views, all are valid, and that it is alright to express differing views.
- ◆ Ensuring appropriate language and tone is maintained and that participants respect differences of opinion around the room.
- ◆ Ensuring that participants respect the confidentiality of any personal health details that are divulged during the course of the workshop.
- ◆ Covering housekeeping matters such as the location of the toilets.

It is important that the facilitator does not put themselves forward as 'the expert'. Many older people, for example, will tend to defer to those who they see as 'experts' and deny their own experiences and expertise. The facilitator should focus the meeting and keep an eye on the time but not dominate discussion. The facilitator needs to be aware of participants' reluctance to express a differing opinion or fear of saying the wrong thing.

The facilitator should try to fit into the group by sharing duties such as preparing food and stacking chairs and dressing appropriately (not too formally).

Useful techniques when facilitating discussion include:

- ◆ Rephrasing points made to encourage new people to add and to clarify points being made.
- ◆ Acknowledging and providing positive feedback, a nod or smile or even asking another question such as “Interesting, has anyone else had a similar experience?”
- ◆ Identifying consensus of opinion or the range of opinions expressed.
- ◆ Using open-ended questions to move discussion on, that is, questions that require more than a yes/no answer.

If issues come up that cannot be answered or dealt with during the workshop, participants should be pointed in the direction of sources of further information.

The facilitator is usually also responsible for taking good quality notes at the workshop - unless you have a separate note taker. Writing up key points on butcher's paper, overheads, or a whiteboard for all participants to see are a way of acknowledging participants' contributions as well as providing a record of the discussion.

The facilitator chosen to run the workshop should not only be able to provide input into the development of workshop strategies but should also be able to provide advice on the evaluation of the workshop. They may be sufficiently skilled to prepare the evaluation as well as complete a report on the evaluation.

Questions to consider when choosing workshop strategies

Which strategies are right for your workshop? The following list of questions might provide some guidance on choosing workshop strategies.

- How does the strategy provide scope for self-directed learning?
- How does the strategy draw out participants' life experiences and knowledge, for example, work-related, cultural experiences, family life and so on?
- How does it work towards the agreed goal, aims and objectives?
- How does the strategy and activity reflect the participants' own interests? How practical is it? How is the activity relevant to the participants' life?
- How do the activities respect individual differences (e.g. cultural, educational, economic, racial, religious)?
- How will the strategy motivate participants?

The most appropriate strategy for any workshop will depend upon the aims and objectives that have been set, the capacity of the facilitator to use the approach, the time available and the size of the group.

Some strategies used in the CHF workshops are discussed below:

Brainstorming

Conducting a brainstorming session is a good way for a facilitator to get the participants talking and to determine participants' prior knowledge on the subject of the workshop.

The facilitator can use the responses to guide the subsequent direction of the workshop according to the prior knowledge and interest displayed. Brainstorming can also indicate gaps in participants' knowledge that can be explored later. Other advantages of this strategy are that it is inclusive, non-judgmental and encourages involvement.

How to

One way to conduct a brainstorm session is to break into groups of 3-8 people, and to provide each group with something to write on and with (paper, computers, overhead transparencies, butchers paper, chalk boards, white boards). Next the purpose of the brainstorm is given and the participants are asked to record as many things that come to mind on the subject within a short time. Usually 5 minutes is enough, but flexibility is important and the session should stop if most groups run out of ideas before time is up. One person from each group needs to be the recorder and write down every idea that is mentioned.

Discussion and clarification of issues and ideas can begin at the completion of the brainstorm session. A good facilitator should be able to distil common ideas and themes and be able to prioritise them. The facilitator can also identify gaps in knowledge in the follow-up discussion.

Role-plays

Using role-plays involves participants acting out a scenario. Role-plays can be *either* scripted or improvised. Role-plays can be highly motivating and useful for teasing out behaviours and attitudes in particular circumstances. However, the place of role-play should be considered carefully, because if managed inappropriately it can be uncomfortable and even detrimental to some participants.

How to

The role-play should proceed without interruption if possible. The facilitator's role is then to ask clear questions that involve as many participants as possible. The role-play is usefully employed in situations where there are no single solutions because it can reveal a number of strategies that workshop participants may try out later.

The role-plays developed for the CHF Cholesterol Management and Quality Use of Medicines workshops had a dual purpose – to explore communication barriers between patients and doctors and to tease out some solutions to these barriers as well as presenting up-to-date information about blood cholesterol and management options (Appendix 4).

A few props helped participants assume their characters – for example, the doctor sat behind a desk with telephone, prescription pad and pen. Other props might be hats, coats, bags and equipment.

Framework for writing a role-play

- Write the purpose.
- Describe the characters and why they are included.
- Set the scene – time and place.
- Keep it short (5-15 minutes).
- Write the part as the person would actually talk.
- Try it out a few times.
- Get health professionals to check validity of the information.

Debrief

The debrief is an important component in role-play in order to avoid any lingering attachments to any of the characters played. During de-brief, workshop participants are encouraged to discuss what they had observed and 'actors' are encouraged to separate themselves from any character that they may have played. This was also the point in the CHF workshops where the solutions and barriers to communication were considered.

To be successful a role-play should resonate with participants. The CHF workshop role-play was judged by participants as successful for a number of reasons - it was realistic (although a greatly exaggerated moment in time), it was humorous and entertaining, and it was informative.

Using overhead transparencies

At several of the Cholesterol Management and Quality Use of Medicines workshops, invited health professionals used overhead transparencies to present information to the workshop participants. Overhead projectors and screens may be available or can be borrowed from community organisations and centres but it would be unwise to expect more technical devices such as data projectors to be readily available.

How to

Important things to remember:

- use large print (test readability by holding your overhead sheet at arm's length)
- limit the amount of information on each transparency to 6-8 lines
- use short, punchy points and elaborate during the discussion
- use no more than 2-3 colours (must be solid and dark colours) if you wish to distinguish sections
- keep it relevant.

Group discussion

Workshop participants are invited to talk about an issue in small groups. For group discussion to be successful the participants should respect each person's right to speak. A good facilitator will ensure that all participants have an opportunity to talk.

How to

- Ensure people can see and hear each other. This means asking and being aware of any special needs. Some older people might have difficulty hearing in group situations in a large open space.
- Provide time at the start of the discussion for people to get to know each other. At least allow people to introduce themselves by name. Name cards or labels are helpful (using large print).
- Choose a facilitator who works to the same principles as the host organisation.
- Agree on how participants can add to the discussion, by just calling out, indicating with a hand signal or using eye contact.
- Decide how the outcomes will be agreed upon and reported back.
- Keep discussion topics short (15-30 minutes).

Involving health professionals in the workshop

Using the agreed understandings about the principles of the program, the liaison people and coordinator need to agree on the topic of the workshop and consider other potential partners. In the CHF workshops the additional partners were health professionals who could provide more technical or medical information and advice to consumers. National Prescribing Service (NPS) facilitators frequently participated as partners in a voluntary capacity.

In other circumstances the local liaison people may recommend local health professionals who would communicate effectively with the workshop participants. Make sure in your discussions with health professionals that they understand the type of workshop that it is and who the participants will be. Discreetly ask around about their style and be aware of any professional tensions.

The topic of the workshop will determine what type of health professional, if any, it may be useful to invite to take part in a workshop. The following are some ideas used during the CHF Cholesterol Management and Quality Use of Medicines workshops:

- ◆ National Prescribing Service facilitators (See www.nps.org.au)
- ◆ Local Pharmacists
- ◆ Hospital staff
- ◆ Diabetes educators
- ◆ Local dietitian

Evaluating what you did and what you achieved

Evaluation may well be a requirement of the body that funded your program of workshops, but aside from this, evaluation can help you judge how you might adjust later workshops in the series, what worked well and what didn't, who you reached, as well as telling you how you might do it better next time.

If your health program involves a series of educational workshops (as discussed here) you will not be able to assess or measure any effect on people's health status (outcome evaluation) but you can evaluate what actually happened, the quality of the workshops and who they reached (process evaluation). You may also be able to undertake some assessment of the immediate effects such as changes in participants' knowledge or attitudes (impact evaluation).

Deciding how the workshop program will be evaluated is an important part of the planning process. Appropriate evaluation will show whether the workshop was successful in reaching the stated objectives. It is best to choose both the evaluation and learning strategy at the same time.

There are four main dimensions to process or formative evaluation as follows:

Assessing the reach of the program

This can be as simple as a head count of the numbers at each workshop. Another common approach is for participants to write their name on a register when they arrive. At large workshops that require RSVP simply ticking off participants' names may be enough. Or depending on the purpose of the workshop it may be useful to collect more information about the participants such as age range, gender, ethnicity, or which organisation they came from (remember to reassure about and ensure privacy and confidentiality of this information).

Collecting demographic information will help you assess which groups within the community you reached and which you didn't and whether you may need to change some aspect of the program or the promotion, in future (again, be careful and respectful of privacy).

Assessing participant satisfaction

Did the workshop work for the participants? Remember that motivation is important for learning, therefore it is important to find out what the participants thought about the workshop, if they believed it was valuable and why. The most common method of eliciting this kind of information is through an evaluation form that participants are asked to complete, anonymously, at the end of the workshop. Appendix 5 gives the form that was used in the CHF workshops.

Aspects of the workshop that you could measure this way might include:

- ◆ Whether the workshop met participants' expectations.
- ◆ The perceived relevance and usefulness of the content, whether it was interesting.
- ◆ The duration and pace.
- ◆ The complexity of the content, how easy or difficult it was to follow, things left out or not covered in enough detail.
- ◆ What they did and did not like about the methods and activities employed at the workshop, such as the opportunities for audience discussion.
- ◆ Feedback on the suitability of the venue such as the timing, the facilities, the food.
- ◆ The quality of the facilitation and presenters.

The design of the participant evaluation form should take into account the needs of the group, for example participants with limited eyesight, manual dexterity, muscular control or literacy skills may find writing long answers difficult. If so they will probably leave it blank. Another option is to use rating scales that ask people to rate a particular feature of the workshop (for example on a score of 1-5).

Be aware that assessing participant satisfaction has its pitfalls as people may be reluctant to provide negative feedback, especially if it involves telling the person or organisation responsible for the workshop. Asking consumers for feedback on *particular* features of the workshop is generally a better way of gaining an accurate picture of its strengths and weaknesses and how it might be improved, rather than asking for feedback on their *overall* satisfaction with it.

Other methods of obtaining feedback from participants are through informal chat (during breaks or after the workshop) or conducting phone interviews after the workshop, providing the participants are prepared to leave their names and contact details.

You might also want to ask participants how they heard about the workshop, as this will help you with the promotion of community workshops in the future.

Assessing program materials

If your program involves the use of written or audio-visual materials you should do an assessment of the quality and presentation. You would assess things like the readability, how comprehensive the information was, what people like/dislike about them, whether they are perceived as believable and relevant, preferably while they are still being developed so that you can make adjustments.

Assessing the program implementation

This refers to assessing whether the program or workshop went as intended and reflects on what you would do differently in future, if it didn't. For example, did you cover all the things you said you would? Did things go according to plan? Were there any organisational issues that need to be attended to later workshops?

In the CHF cholesterol management workshops evaluation was undertaken using:

- ◆ observational notes taken by the coordinator through discussions and activities like the role-play
- ◆ the work sheets produced by the participants during brainstorm activities
- ◆ participants' completed evaluation forms.

For more information about evaluation:

Hawe P, Degeling D and Hall J., (1990) *Evaluating Health Promotion: A health worker's guide*, MacLennan and Perry Ltd, Sydney.

Conclusion

Effective health promotion does not just happen by putting up a few fliers for a meeting, turning up on the day and talking from a podium. If health promotion is to reach those most in need, enough effort has to be put in so that it is appropriate, effectively delivered, well attended, and accepted by the community.

You will need to work **with** the community, linking into existing community networks and organisations and developing good working relationships.

You will need to get your facts right and learn as much as you can about what aspects of the health issue are of interest to or concern people. Ensure that you have an accurate picture of the health issue, the numbers and type of people likely to be affected and who the key networks are.

You will need to ensure that the workshop program itself is appropriate, varied and appealing.

You should aim to help build the capacity of the local community to address or learn about the particular health issue after the program of workshops is over. Ensure that you have handed over as much as possible to the community. Establish ongoing communication channels so that there can be further information sharing between yourself or your organisation, local community groups and workshop participants.

Finally, evaluation at every opportunity will allow the program to be constantly reviewed, with the program being flexible enough to adapt to local needs.

APPENDICES

Appendix 1 Cholesterol Management and Quality Use of Medicines Community Workshops Background Paper

Background

Consumers' Health Forum

The Consumers' Health Forum of Australia (CHF) established in 1987, is the national peak non-government organisation representing consumers on health care issues. CHF represents over 100 consumer organisations including illness groups such as diabetes, asthma and HIV/AIDS, and specific population groups such as older people, women, men, people from non-English speaking backgrounds and people living in rural and remote areas.

CHF and promotion of awareness about Quality Use of Medicines

CHF has been involved in promoting better use of medicines for many years. In a recent submission to the external review of consumer outcomes on the Quality Use of Medicines (QUM) strategy in Australia, CHF offered a number of proposals to increase consumer awareness of QUM.

One of these proposals suggested that CHF together with other relevant organisations develop a method of coordinating the delivery of consumer messages, between health consumers and providers. For example, community programs to support National Prescribing Service prescriber messages. (*The Australian Health Consumer, Autumn, 2001*) The cholesterol reducing medicines (CRM) project is one program stemming from this principle.

The Health Message of the Cholesterol Reducing Medicines (CRM) Project

The aim of this project is to encourage consumers to discuss with their health care provider the option of lifestyle changes such as diet and physical activity as way to reduce their blood cholesterol ahead of cholesterol reducing medicines.

The Department of Health and Ageing has appointed the National Prescribing Service (NPS) to coordinate the CRM message to health professionals. The National Heart Foundation of Australia (NHFA) is responsible for the consumer communication component of the project. CHF is providing input to the NHFA project and is conducting its own communication with health consumer organisations.

Key Australian Facts that Lead to this Initiative

Cardiovascular disease kills more people than any other disease.

In 1999-00, over six million Australian adults (aged 25 years and older) had blood cholesterol levels higher than the upper limit recommended by the National Heart Foundation of Australia.

Almost a quarter of all prescriptions dispensed in 1998 was for cardiovascular drugs.

In 1998 more than 43.4 million prescriptions for cardiovascular drugs were dispensed.

Lifestyle changes such as eating foods low in saturated fat and cholesterol, increasing physical activity and reducing excess body weight can also lower blood cholesterol.

(National Centre for Monitoring Cardiovascular Disease, April 2001)

Communicating health messages to consumers

Often health promotion campaigns increase awareness in the general community, but may not be especially effective in reaching particular consumer groups, such as those whose cultural or language backgrounds are not English, older people or those who are socially isolated.

Consultation with CHF members has identified the importance of community level involvement in information and education initiatives for influencing changes in behaviour. Therefore, one of the key components of this project for CHF is to conduct *community workshops* involving member organisations and local consumer groups.

CHF proposes to conduct one *community workshop* in each Australian State and Territory between July and September 2002, including regional areas. The CHF will develop community workshops, in consultation with local consumer groups using the Principles of Adult Learning (ATTACHMENT 1).

Selecting the locations for Community Workshops

CHF is limited by funding to holding one community workshop in each State and Territory. When selecting the locations for the community workshops, CHF will:

- Consult with the National Prescribing Service (NPS) and its facilitators to target specific regions that have had a high level of health provider involvement in their program on CRM.
- Also consider holding Community Workshops at times that coincide with the National Heart Foundation of Australia's (NHFA) public relation campaign.

Consumers' Health Forum of Australia

- Contact CHF member organisations in those places identified above, that are likely to have members that use CRM, for example Heart Support Australia, Diabetes Australia and Council on the Ageing; and
- Overall, take into account factors such as local interest of consumer groups, equity and diversity as well as budget, time and practical limitations.

Outcomes for participating consumer groups

It is anticipated that each *community workshop* will provide consumers with:

- Strategies to open discussion about medicines with their health care providers, especially on how lifestyle changes could reduce their need for or improve the effectiveness of cholesterol reducing medicines.
- NHFA fridge magnet and brochure that present tips on low-cholesterol eating and healthy diet.
- Input from Consumer Groups

To ensure application of local knowledge and smooth communication between the consumer group and CHF, each participating group will be invited to identify a community liaison people. Together, the liaison people and the CHF project officer will develop a tailor-made workshop for that region.

Input by the community liaison people is integral to decisions about:

- Where to hold the community workshop-venue
- When month, time of day and duration of the workshop
- Who will attend the workshop as consumers and health care providers
- What format the group would prefer. (Discussion, presentation, Q&A, multi-media, guest speakers, demonstrations, role-play...)
- Other outcomes the group might expect from the session
- Special requirements the group might have (eg dietary -snacks for diabetics, access - for those with restricted mobility)

Further information

If you would like any further information or have any questions or comments regarding the project please contact the CHF Project Officer on 02 6281 0811 or by email on info@chf.org.au STD callers can leave their name and number for a return call.

ATTACHMENT 1

Principles of Adult Learning

Adults should know **why** they should learn something. That is, should consider it important to acquire the new skill, knowledge or attitude.

Adult education should be **self-directing**. Adults should decide for themselves what to learn, how and at what pace.

Adult education should connect the learning experience to **past knowledge** and experience.

The experience should be relevant to **life situations**. They should need to know.

Adults are **motivated** by both intrinsic and extrinsic factors.

(Extrapolated from; M.S. Knowles, 1970)

Appendix 2 Workshop Registration Paper

Consumers' Health Forum of Australia
Cholesterol Reducing Medicines
and Quality Use of Medicines
Community Workshops

Fax to: 02 6281 0959 or Email: info@chf.org.au

Name of your organisation
Address
Contact person's name
Phone number of contact person
Another contact name (when you're not there)
Email address

Consumers' Health Forum of Australia

Preferences of your group

Venue
Time of day
Day of the week
Length of workshop (number of hours)
Suggestions - (format, guests)

For further information phone 02 6281 0811

STD callers can leave their name and number for a return call.

Appendix 3 Example of running sheet for recording contacts

date	Contact	number	note	Follow-up
14/5	Xxx	xxx	CEO Diabetes	
14/5	Xxx	xxx	Health promotions diabetes	Will call back.
14/5	Xxx	xxx	Carers Australia National	Contact xxx
	Xxx	xxx	Will e-mail invite and will then contact State people	
14/5	Xxx	xxx	Executive Director Carers ACT	Left phone message
14/5	Xxx	xxx	Executive Officer Heart Support Australia. Will send on State contacts by afternoon	
15/5	Xxx Xxx	xxx xxx	President ACT Heart Support Counsellor manager	Monthly meetings, evenings. Need to call xxx tomorrow before meeting. e-mail sent to xxx.
20/5	Xxx xxx xxx	Heart support xxx	Pharmacist from Canberra hospital	Exercise 3x week Cooking demo Advice was.....
29/5	Bill Smith		Not in Wednesday will call on Thursday	
31/5	Xxx Health Cons of R& R Australia	Xxx Ph, email...		
4/6	Xxx		Gave contact name for Qld. Will be able to put information for feedback into next weeks newsletter if I get it to her this wk.	Put together info for feedback on QUM

Consumers' Health Forum of Australia

NOTE: Further running sheet entries were removed which included reference to contacts such as:

- catering arrangements,
- details of facilities/venues,
- newsletter opportunities,
- suggested changes to program,
- suggestions for community contacts,
- contacts with Department, etc.

State	
Organisation	
Contact	

Appendix 4 Role plays developed for the Cholesterol Management and Quality Use of Medicines Community Workshops

ROLE PLAY (1)

The scene

Mr Col Esterol had a blood cholesterol test taken last week and has returned to his GP, Dr Rush today to get his results.

Col made a 2:30pm appointment. He has to collect his two children from the primary school ten minutes away at 3:00pm.

Col arrives at the surgery at 2:30 exactly. The waiting room is full so after notifying the receptionist of his arrival, Col steps outside and has a quick cigarette.

At 2:40pm someone pops their head outside and asks Col if his name is Cholesterol.

Col stubs out his cigarette, looks at his watch and hurries inside.

In the doctor's surgery, Col stands in front of the doctor's desk (the closest chair is some distance away against the wall.) Seated behind her desk, the doctor looks at Col over the rim of her spectacles.

DOC: What can I do for you Mr eeh?

The doctor looks at the card and reads the name.

DOC: Mr eh... eh... Esterol wasn't it?

Col: *Yes, (Col replies and waits.)*

DOC: What seems to be the matter?

The doctor then returns to the card and begins reading the back two pages. The doctor makes reading noises.

Col: *I have come for the blood test results.*

DOC: Yes, yes, I sent you to have a blood cholesterol test. Now let me see if the results are back.

The doctor rummages around in her files.

DOC: I can't see them here, just a minute.

The doctor picks up the phone and asks the receptionist to bring in the results. Whilst waiting for Suzie the doctor begins talking to Col.

DOC: So have you stopped smoking yet Mr Esterol?

Col: *I've cut back a bit*

DOC: Oh here are the results. Thanks Suzie.

The doctor sneakily looks at the papers, keeping them well out of Col's vision and nods

DOC: Now let me see. Have you had a myocardial infarction Col?

The doctor's desktop telephone rings and the doctor speaks to the caller:

DOC: Alright, come in, I have a repeat ready for Mrs Jones. Now where was I? You've not had a Myocardial infarction Col?

Col: *I don't think so.*

Suzie, the receptionist walks into the doctor's room. The doctor gives Suzie a script to give to Mrs Jones.

DOC: Now Mr Esterol, the results indicate that your total blood cholesterol level is 5.5. Your low-density lipoprotein reading is 4.2 and high density lipoprotein 1.3. ..Okay?

Now I am going to write you a prescription for some lipid-modifying therapy.

If this doesn't work I can add a second agent and treat you with combination drug therapy.

Looking at her watch the doctor asks:

Is there anything else I can get you while you are here?
Do you need a repeat of that last script?

Col: *No thanks, I'm all right for now.*

The doctor rips off the prescription and stands.

DOC: You can make an appointment for another blood test in six weeks' time on your way out Mr Esterol. Goodbye.

Col Esterol leaves the surgery at 2:50pm happy that he will have time to pick up his children.

Role-Play (2)

The scene

Mr Col Esterol 45 yrs had a blood cholesterol test taken last week and has returned to his GP, Dr Rush today to get his results.

Col made a 2:00pm appointment. He has to collect his two children from the local primary school ten minutes away at 3:00pm.

Col arrives at the surgery five minutes before his scheduled appointment. He checks in at the reception, and asks the receptionist if the results of his blood test are in.

The doctor is running right on schedule and after watching 2 minutes of Good Health Television in the waiting room Col is called by the doctor.

DOC: Hello Col, please come in.

Col follows the doctor into her room and takes a seat on the chair placed beside the doctor's desk.

DOC: How have you been?

Col: *Well, I have given up smoking so was a bit edgy at first but I'm feeling okay now.*

DOC: So how did you manage to quit?

Col: *I just went cold turkey.*

DOC: Excellent. You are doing extremely well to give up by going cold turkey. Have you noticed any improvement in your health generally?

Col: *Yes, I have noticed that I don't get as puffed-out when I take the dog for a walk or go up stairs.*

DOC: Now Col, I have the results of the blood test we had taken last week.

The doctor positions the paper on the table between Col and herself so that they can both see the paper and she begins explaining the results.

DOC: Your total blood cholesterol is 5.5 which is within the normal range, but we measure not only total blood cholesterol, but also levels of LDL and HDL.

Here you can see your LDL, the 'bad' cholesterol measurement is 4.2 and the HDL, the 'good' cholesterol reading is 1.3.

What we want are higher levels of the good HDL and lower levels of bad LDL. If you could get your LDL readings to less than 4 it would be very good.

Col, your record doesn't show any other risk factors for heart disease - you've stopped smoking, blood pressure is okay and weight is within normal range for your height.

Col: *What can I do to lower my cholesterol?*

DOC: Well Colin some of the first things that you might try to reduce the LDL levels are avoiding the foods that have high levels of saturated fats (like butter and animal fats) and replace them with poly-unsaturated fats and oils and mono-unsaturated fats and oils which can reduce LDL.

Physical activity tends to increase good HDL cholesterol levels. Do you exercise regularly?

Col: *Yes, I take the dog for a walk pretty well every day and that probably takes me half an hour or so.*

DOC: Great. The guidelines recommend thirty minutes of brisk exercise each day.

I would suggest trying the dietary changes and keeping up the exercise for six weeks and then have another blood test to see if the changes have had any effect.

Col: *Should I take something to lower my cholesterol? I have heard that fish oil capsules are good for lowering cholesterol?*

DOC: There hasn't been any conclusive proof about the benefits of taking fish oil capsules in managing blood cholesterol. But eating fish of any kind twice a week is recommended.

And there are a variety of medicines available to help manage blood cholesterol levels if these changes don't work.

Here is a brochure that the National Heart Foundation has just published about managing blood cholesterol. You can have this to read later. You can also ring Heart line if you have any questions about it. (Doctor points to the phone number on the back of the brochure) The number is on the back.

Are you taking any medications that I haven't prescribed like over-the-counter medicines or complementary and herbal remedies?

From his pocket, Colin pulls out a list of all the medicines he is taking and passes it to the doctor. After quickly browsing through the list the doctor suggests Colin have his medicines reviewed. She writes down a number for Colin to ring to arrange this.

DOC: You are taking a number of medicines Col so I think that it is time that you had your medicines reviewed. This is a phone number for you to ring and make an appointment. A pharmacist will usually visit you at home to do the review. You won't be charged for this.

Is there anything else today Colin?

Col: *No, not today. Do I need a referral to have the next blood test?*

DOC: Yes here it is. If you don't have any other problems I won't need to see you for another six weeks.

Col: *Shall I make another appointment for 6 weeks then?*

DOC: Yes. If you make the appointment for a long consultation we can go through the results of your review as well as the next blood test.

The doctor stands and walks out of the surgery with Col.

(Audience cheers)

Appendix 5 Evaluation form used in the Cholesterol Management and Quality Use of Medicines Community Workshops

Consumers' Health Forum of Australia

Community Workshop on Cholesterol Management and Quality Use of Medicines

**Evaluation Form
Sapphire Coast
Sunday 11 August 2002**

Please complete this form to help us determine the extent to which the workshop met its objectives and your expectations.

The objectives of the workshop were to:

- Identify the risk factors and facts about high blood cholesterol
- Explore the nature and value of lifestyle change to minimise risk or prevent high blood cholesterol using National Heart Foundation materials
- Discuss the extent to which individuals have control over their own health. This includes discussion and decision-making with doctors.
- Identify and practice communication skills necessary for effective interaction with the health service providers in the community.

1. Do you think the objectives were reached? Please comment.

2. What were your expectations?

3. Did the workshop meet your expectations? Please provide details.

4. How do you think the workshop could be improved to meet the objectives and your expectations?

5. Please comment on the facilitation of the workshop.

6. What were the most useful/enjoyable parts of the workshop?

7. Which parts of the workshop were least useful/enjoyable?

8. Please comment on the usefulness of the National Heart Foundation brochure about cholesterol management - Enjoy Healthy Eating.

9. Please comment on the usefulness of the National Heart Foundation fridge magnet about cholesterol management – Enjoy Healthy Eating.

10. Please provide any other comments that may help in the organisation of future workshops.

Thank you for taking the time to complete this evaluation.