Day 2 – Concurrent Session 1

Facilitated by Dr Erin Evans, Health Consumers Queensland Board

Bridging cultural barriers: Designing breast screening health literacy resources through consumer engagement

BreastScreen Queensland Northside Service

- **Anna Voloschenko, Project Officer**
- **Rose Carlo, Consumer Representative**

Words for wellbeing: A partnership approach to improving community health literacy

Redland Hospital, Metro South Hospital and Health Service

- **Kim Guerrara, Librarian**
- **Monique Whitewood, Team Leader, Community Program**

Dr Erin Evans: Thanks for joining this concurrent session. We've got a great line-up, of course. The first presentation will be on bridging cultural barriers of designing breast screening health literacy resources through consumer engagement. I have here Anna, who's a Project Officer with BreastScreen Queensland, Brisbane northside service. We're still waiting for another participant to arrive and hopefully she will join us soon, but otherwise Anna is fully able to give us a fantastic presentation. Please join me in welcoming Anna.

Anna Voloschenko: Good morning, everyone. I'm waiting for my slides to come on, but before they do and before we start, I will have time to acknowledge the traditional owners of the land on which we meet today, but I also like to acknowledge all the other community leaders who are here with us, but not only that, I think I need to acknowledge all of you, as well, because some of you are working countless hours on various projects

and this is what makes the whole health system perhaps a little bit better in the long run. We haven't been doing this for a long time, but we are contributing to making the health system a lot better. What I'm going to do this morning is talk about the breast screening in culturally and linguistically diverse communities which was a very interesting project, because it's been initiated through Metro North Hospital and Health Services. They have what's called a SEED innovation fund and that particular fund allows people to do little projects which the health services don't have money for, but they feel that it might be of a little bit of help, or we might start to find things that could be included in some of the plans later.

So what I will do this morning is to tell you about all of that and the overview of the presentation would be I guess, why we have decided to do this, how we participated with culturally and linguistically diverse communities in co-designing this resource and some of the barriers that we have found while we were doing that. And the barriers I feel are very important, because they are not just about CALD communities. They could be barriers to other communities, as well. Okay, what's the situation at present? There is something like one in eight women that have a risk of developing breast cancer in their lifetime which is actually getting a little bit more common in that when I started in this business some years ago it was 1 in 13 women. It's possibly because of the population is getting older and it's certainly a disease of people who are over 50. But nevertheless, there is a way of getting early detection and that early detection can virtually find that the treatment is easier, it's better and the outcomes are a lot better, as well, because early detection very often means early treatment and then the potential to saving lives.

We've also through various discussions that we've had over the years found that women from culturally diverse backgrounds find it very difficult to understand the brochures and the materials that are written. It's not because they are perhaps they can't read particular language, but a lot of those were translations from English and very often you'll find that is not terribly appropriate, because some of the words that are in English don't have any equivalence in other languages. So you sometimes could be reading and just to give you an example “breast” in parts of Afghanistan and Iraq, has two meanings. There is the breast that is used for the animals and the breast that is used for humans and

if you use the word for the breath which is the animal equivalent it's a swear word. So it's really quite interesting to give people the literature which they have translated to native speakers so they can make sure that the wording is correct and the meaning is correct, as well. Following on at the age of 50, women are invited by the government to come and screen. It is a free service and everyone's invited and women from 40 to 50 can also attend and it is also free. Screening finishes at the age of 74 and there are quite a lot of services.

In fact, there are 22 static services and something like 260 mobile services throughout the State. Why the project? To be effective, the screening needs to be participating or women need to participate in 70 per cent. If it's less, then it's not really that effective. For women during the 2014 and 2015 year, the screening rates were only 59.9 per cent, but the new figures which are not official yet, but we are looking at them, are finding that's not the case at all, it's less than that. So existing resources as we have found through literature review just did not, they just weren't there and also women were finding them difficult to read. So what is the status of people from culturally diverse backgrounds in Queensland at the moment? The figures vary depending where you go. This is an average, but if you go to Metro South it's something like 28.9 per cent and in the northern areas it's about 23, 24 per cent. So the people are certainly there and it's estimated roughly that 1 in 3 people speak a language other than English at home and 3.8 per cent don't speak English or very little.

So why the resources then? Well the resources were designed to assist women in understanding breast screening and to increase participation. Breast screen northside service applied for the funding as I've mentioned and funding was granted which we were very happy about. So the project started in January 2017 and as any project, it needs a reference group from wide sections of the community and draft resources which involved women from CALD backgrounds were also started and that was important, because it's after all, for them that the resources were being created. As you can see, there is an extensive information gathering that has happened.

In fact, we've had something like 85 interviews with many, many different people from different backgrounds. And the analysis of information then led into the design of

resources and their production. Now, the development of new resources were guided by women during information gathering session and for example, it was something like the type of resources. What is it that they wanted? Was it a video, or was it a DVD? Was it a piece of paper, or booklet or pamphlet? So they've told us that they really wanted something that they could keep and something that they could understand and something that was useful. The size was important, too. They didn't want a huge book, but they wanted something that they could put into their handbag. Hence, that's the size, so brochure they wanted, as well. We didn't think initially that the brochure would be necessary, but the brochure is something that they can fold in half and in half again so it's easy to carry in the handbag and have it somewhere handy. So that was the size.

Now, illustrations was also very interesting because they didn't want to be photographed. They felt that it was important to illustrations on the front of the booklet to show that there is a variety of people that we are talking through those particular resources and, of course, cultural issues were very much a part of it. So that wishes and suggestions and cultural sensitivities which are important of the women were respected and incorporated into the new resources. We have found a huge number of barriers that we didn't expect were there and those barriers have been addressed through the resource. Now, these are some of the barriers and the reason for the red font on this particular slide is that these were the barriers and these were addressed in the resource. So the first barrier was no word for cancer in some languages. Well, that's really important, because if you can't name something it's a little bit difficult to deal with it. Word breast cancer is not in an English dictionary believe it or not, so even if people want to look up breast screen what it is if it's written like that and it is a national program, they haven't got a clue what it is. The women did not understand causes or risk factors for breast cancer and the reason for breast screening and that's not that uncommon, because many other women even from Australian background they sometimes don't know what these risk factors and reasons for breast screening are. Importantly, they didn't know how to find the information.

Well, I'm not really surprised, because if they can't read the booklet and if it's not in the dictionary and there is no other information there, how would they know? They did not

realise how serious the disease was. They didn't know how to make appointments, something so simple and yet they didn't know how to do that. They did not understand a consent form. A consent form is a minefield of problems, because it has a legal implication, it has legal language. How can anyone know what it means if your language isn't up to scratch? Many of them did not like to put signatures on documents, because in the home country it could mean that they could be deported, they could be jailed, a signature is not a good thing to have in some of those countries. What about aetiology of cancer? They did not know what cancer was. They knew there was this horrible disease that people die of, but they didn't know what it was called and what it was. Some thought it was a punishment from God or bad deeds. There were some sceptical, they were very sceptical about treatment and whether it will work, because it uses technology which they're not familiar with.

Traditional treatments were still very common and most of the time, sometimes and most of the time depending on where they came from they were using it together with the conventional treatment. They also thought that cancer was inherited and if that's the case that makes things very, very serious and some thought it was infectious and hence even within our own communities we find that people somehow are very reluctant to go and visit people who have cancer, because they think "Well, what if I catch it? " But it is not infectious. A cyclical view of life was rather interesting, because their attitude towards life and death is very different in that they would think well, all of us are born, and we die at some stage and in between there is disease and some of the things such as colds and flus we can cope with. There are some more serious diseases that we can't and treatment is necessary, but most of them would say "Well you've got to die some time, so if you die of breast cancer, so be it", so having that sort of belief, it really makes it different and difficult, because they think well you can't really change the course of the disease so, therefore, if you can't change the course of it, why bother?

Fatalism which was informed by religious beliefs and cultural beliefs such as witchcrafts was really very common. I had no idea there were people here who do that sort of thing and they believe, the women believe very strongly that sometimes it's the evil eye that causes it, or some of you may not realise that going to hospital to have the blood

collected for analysis is a really traumatic experience, because they believe that that blood can go to a witch doctor or someone who has power over these things and they just die.

So there is a certain amount of fatalism that's involved in this. What about the stories? Now, these are the major stories, but the stories that I've heard while doing this research was just really amazing, but wearing a bra was a really, really important one. They felt that if they were wearing a bra they were stopping the flow of the body fluids around the upper part of the body and they thought that this might have been a cause of that. Visiting someone with cancer, as I've mentioned. Bump on the breast, amazing how many women found that a bump on the breast or a hit in the breast could have caused it. The reason is that sometimes if they did something and they hurt their breast, they probably would be feeling if it's getting any better and that could be the time where they actually find a lump. Fear of mammography equipment. Most women talking about mammography equipment were thinking in terms of the CT scan machines, you know those really big machines and yet the mammography machine is not like that. Having a stressful life was mentioned by a lot of them.

Talking about cancer, that means if you talk about it you might get it and reading about it is probably just as bad. All of those issues have been addressed in the book. There is still a lot of stigma associated with cancer. Community members tend to disassociate themselves from the patient and the patient and the family when diagnosis occurs. That's very sad, because they feel very lonely, because as I've mentioned they fear they might catch cancer. Fear of the equipment. They think that mammography causes cancer because a lot of them... I shouldn't say "a lot", some have had mammography and they were diagnosed afterwards with third or fourth degree of breast cancer which meant that treatment would have been a lot more difficult, but not only would it be a lot more difficult, it probably would not have prevented much of the pain, and certainly the life span would have been reduced. Now if women went and mad a mammogram, the breast cancer was say in Stage Three or four, chances are they would have died very quickly and when they died, that information would have gone into the community and then the community would have said "Well, what's the point of going there, you die of cancer afterwards?"

So, that is really quite important. They also are afraid of the pain that they might endure while this particular procedure is being done. They were really not aware what happens at breast screen, had no idea and also too the fear that the cancer might be found and that's not only the fear among the CALD communities. It's also a fear in the general community in that people think well, what if cancer is found? So they'd rather not know. There were other things and the reason that there is a blue font there is that we can't do much about it or put any kind of solutions, because that's something that's very individual. Child minding, family commitments, cultural and religious events for those of you who work with CALD communities please do remember there is a special calendar that you can buy in the newsagents which lists all the different festivals, both religious ones and cultural ones. If you're going to try to do something in that time, the audience will be very small and also, many women were not aware that breast cancer is a problem in their own particular country.

So, the new resource has 51 pages, because we've taken all those barriers into consideration and put them in pictorial form so they could understand and the 6-page D L brochure which is this one, this one is in English, but we have 11 languages in that, and these are the most commonly spoken languages in Queensland. So we have translated that into those languages and as I've mentioned before, native speakers had actually read it to make sure that all the cultural expressions and sensitivities are being taken care of. That's the 11 languages. We've launched it a year after almost to the date. It was a very joyous event, in that we've invited the women who have participated in the focus groups or information sessions. We've also found that other dignitaries came, as well so that was really a very, very good turnout.

Okay, what are some of the lessons that we've learned? That can be probably applied to other issues, as well and not just within the CALD communities, but in other communities as well. Preventative behaviours are not practiced as prevention of disease is poorly understood. It is something that unfortunately we don't have much information about. It's good to have hospitals and it's good to have treatment centres, but unless we do something about prevention those hospitals are going to keep on increasing in their

numbers. Screening for breast, cervix and bowel and other conditions are uncommon and in many countries, hence not understood and that was something very important, because in most of the countries where some of the refugees and other migrants come from, the health services are so overburdened with treating the disease that they really just don't have time to talk about prevention.

Breast cancer was also perceived as cancer that cannot be detected early and treated. Now how can we change that perception, is going to be very difficult but if you believe that early detection is not going to do anything well it's difficult to invite people for screening. What sort of other lessons have we learnt? We've learnt that spiritual and cultural beliefs play an important part in health-related behaviours. And that goes for diet, it goes for exercise, it goes for all sorts of other things that people need to observe. Going to hospitals, and some of the issues that need to be observed there, but that's probably for another time. Simple messages are important, because we tend to overcomplicate things sometimes by trying to condense them. Condensing doesn't always mean that it's not going to be confusing. Certainly a fear of cancer overshadowed the acquisition of knowledge. Now, there are positive titles that are necessary for brochures and this is probably the best example. Women told us that if we have cancer on the front of this brochure or the booklet, it wouldn't be read. So we've turned it in a positive way in that it says "your guide to breast health", because we are really talking about breast health and we are really talking about looking after your breasts. You don't go to breast screen to find a cancer. You sort of do, but it shouldn't be the major reason for screening. You're making sure that your breasts are healthy.

So, and also too they told us they don't want the new resource to look like a medical book. Well, medical jargon is difficult to understand at any point. There were some other really important lessons we have learnt about simple correspondence from the Government to people from culturally and diverse backgrounds. Use of calendar has very little meaning for them. What's 3rd of July or 25th of March is just a figure. Many communities do not use calendars, they use cultural or religious events as a guide. So we've tried to figure out, what is the best way to determine how to go about doing awareness test of breasts and so forth? We are yet to find, how is the best way to do this

that would be good for everyone. Most are very confused about getting a letter from the Government on the 50th birthday to invite them to come for screening. They had no idea what that letter meant and what it said. They were fearful how the Government found their address. Because they thought well, they're going to come and take me to jail. Maybe, maybe not, but they were fearful. They didn't know why they got this particular letter. Then they were fearful that there was something wrong with their breasts. Well, how did the Government wrote to them if there was something wrong with their breasts, how did they know that? They were also fearful of consequences if they did not attend.

So that was another thing that really caused them quite a bit of dilemma. Did not understand the letter, because it does have some medical jargon and I think as consumers we have to be very careful that medical jargon and acronyms are not used in correspondence, because not only the Australian community, but the others have no way of understanding what it is about. They also were fearful that the benefits could be cut if they don't go. Did not realise that the letter was an invitation for an appointment and that goes not only for the breast screen, but it also goes for cervical screening although there have been some changes as you know and there might be changes to the correspondence as well and that's being discussed at the moment as I'm part of that committee. We're trying to make it as less confusing or simple as possible so that people don't get confused because the cervical screening is a lot more complicated in its wording than the breast screening is and, of course, because it was a fear-presenting thing they just often threw it in the bin and that's how it ended up.

So in conclusion, to create this resource we partnered with women every step of the way to develop a culturally appropriate and culturally sensitive resource. We listened, we consulted and collaborated with women from CALD backgrounds in the development of this new resources as by now I'm sure you know and this resulted in the 51-page booklet and 6-page D L brochure in 11 languages. Now we hope this is going to do a lot of good and women will increase their participation and at the moment we are in the process of distributing this information through the GPs, we're preparing a USB for people who want to have it in their surgery so they can print it out if necessary. We've gone through to TAFE and the teachers of English language will also be able to avail themselves of that. Last but

not least, I would like to thank Metro North health services for providing that particular grant, because without that, that probably would not have been possible. And I would also like to thank director of breast screen northside Dr Jane Brazier for her support and my two health promotion officers who have been not only of moral support, but a lot of other support while we were working on this particular resource and I'm sorry they can't be here with us today. But they have been really very helpful and always, always supported and it's important that this particular project continues through the efforts of people like yourselves. I've got some copies if you wanted to take them with you, but I think it would be good if you could distribute them. If everything else fails just ring 132050 which is the breast screen number and the telephone will recognise where you're phoning from so that they will direct you to the appropriate breast screening services. So thank you, and we have Rose with us, who will be one of those co-presenters I guess at the end when you're asking questions, so if you have any questions of Rose or any questions of me for that matter, we'll be very happy to answer them. Thank you. (APPLAUSE)

Dr Erin Evans: Thank you Anna, thank you. Yes, as Anna mentioned Rose has just been able to join us. Just to let you know of the format, we're going to have the two presentations run concurrently and then leaving 30 minutes at the end for questions and there'll be roving mics coming around. So please take some time to think of the questions that you have for Anna and also for Rose. It will be a great opportunity for us to hear from Rose and her experience of developing this resource and this wonderful project that's been done.

Words for Wellbeing

Dr Erin Evans: But now I'd like to welcome to the stage Kim, who's a librarian with Redlands City Council and Monique Whitewood who is the community program's team leader at the Redlands City Council libraries and they will be presenting on Words for Wellbeing, a partnership approach to improving community health literacy. Please join me in welcoming both Kim and Monique to the stage today. (APPLAUSE)

Kim Guerrara: Hello, everybody. I'm the librarian at Redlands Hospital and we two years ago in Metro South hospital and health service embraced person-centred care and

we tried to follow the Planetree initiative and they came over and did an audit and asked us, evaluated different things that they thought the hospital could improve on to make things better for consumers, patients and carers coming into the hospital and we had to look at all our departments and usually the hospital library I just service the doctors and nurses and Allied Health people, but the director of medical services came to me and said "I think the library can do more for consumers for the consumers, the patients coming into the hospital, so have a think about what you can do." That is basically how Words for Wellbeing was born and brought into Redlands Hospital and the Redland City Council area. So, we will start. So basically it's a regional program for trying to improve consumers' health literacy. It's a self-help program, so lots of people - it won't help everybody. There's lots of people that don't like to read, but there are people who often do read a lot and like self-help books and are always - the doctor tells them they've got a condition and they'd actually like to read some more about it. Often people go into a library and they'll choose a book, but they won't know if it is a good book. So it's trying to get a lot more books into the public libraries that have been recommended by health professionals. So in 2009, a program called Books on Prescription was launched in the UK and it was developed by Professor Neil Frude who was a psychologist and he found he just had a lot of patients that were saying, " Okay, I've got bipolar" or "I've got schizophrenia, I'd like to read more about it". He developed a list of books for his patients and it was such a success that it spread throughout England and England ended up adopting it as a national program. And they call it Reading Well in the UK and it spread to New Zealand in 2011 as a national program. And in Australia, it was brought into NSW and into Western Australia. Still just focusing on mental health not the physical health components. With Queensland Health, the Books on Prescription, the Ipswich Hospital librarian heard about the program and decided she was going to implement it into Ipswich Hospital. So she worked with her hospital team. They found a lot of the English books probably weren't quite appropriate for Australia, so they amended the list, looked at Australian content and redid the lists and they implemented it all across the Lockyer Valley, the Scenic Rim because that's called "west M Moreton Hospital and health service. They wanted to include physical components like ART riots, diabetes and so they decided in that case they'd better change the name of the program to encompass the physical, as well. So they changed it and called it Words for Wellbeing. So they launched it out at Ipswich and it was a success and then I was attending a medical

librarians conference and heard the librarian talk about the program and thought it was something I could bring into Redland Hospital, so I approached the hospital executive, had a talk to them. They were very excited and so we made contact with Redland City Council libraries, which is Monique. Sorry... there we go.

Monique Whitewood: So in March Kim actually contacted Redland City Council and was talking about the program and for us, literacy is really important. We have reference librarians all the time being asked what books are recommended for people with particular conditions. For us, having our reference librarians who are very qualified to recommend books they're not really sure which ones were recommended by health professionals this program actually really ticked a box for us and it helps our reference librarians to be able to make those recommendations by provided recommended books by our local professionals. So our acquisitions team have come on board and our Web developer and we have developed a list of books that have been recommended by Australian local doctors, but also a couple of the doctors overseas. We have now purchased all those books that have been recommended, that Kim has actually helped us find and we've put them in the collection. Some of them are available on our bookshelves, but we've also got some available, as well. All of those resources are put together on our website, so there is a topic on each of them then a list of books, then we label those books with a Words for Wellbeing sticker on our shelves, so it's worked really well for us.

>>: That's how the catalogue looks. This is our website and what it looks like, so people will easily be able to identify how to find those books and those resources.

>>: So that's the tab that you can click on. That's the physical list, that's the mental health list there and we also have recommended apps too, because we're finding more and more doctors and health professionals are recommending apps for consumers, as well.

Kim: So we launched the program we hospital on 30 November 2017, the public librarians came up with some of the books and we launched it in the main foyer. That's the boss of the hospital at the time Dr Brian Belle. There's lots of evidence about whether

books can help. Monique will talk more about that.

>>: We know that there's lots and lots of evidence out there about how books can help people, but then there's those soft-sell benefits. It's about literacy, it's about social inclusion. Someone is really unwell and often looking for help and they come into our libraries and reach out. So it's that social inclusion side you can't get from looking up something on-line. It's about touching base. Our libraries are hubs. We know the people in our community, those community groups so we can make those referrals to specific community groups if they're having trouble maintaining themselves at home, we can actually link them with transport companies. We can link them with some of those services that are out there. We can link them with cleaners, those sorts of things. So it's really quite beneficial.

>>: So how does the program work? When the patients come into the hospital or their carers, the doctor if he does happen to have one of the cheats can tick and flick, but we're finding the doctors are very busy and not having as much time to tick and flick the prescription flyer. We're just training all the junior doctors and the nurses to just recommend the program. Like if they say "I'd really like to know more about this", we're telling the junior doctors to say there's a Words for Wellbeing program at your local library and if you go down there you'll learn more about it. The younger ones we can give them the website. The older ones perhaps aren't as confident on a consumer, we're just telling them to go down to the public library and they'll get help with finding good quality books on their conditions. They were the original lists that Ipswich Hospital developed and one on physical health and one on mental health. But we found that because of the rate that books change, the labour intensive time for us to keep continuously changing the titles on the list when we've got other work to do has just been too much. We've actually, it's an evolving program. We've actually changed the hand-outs now. We also do an on-line one as well that gives the apps and evidence-based, good-quality health websites for them to go to.

>>: So how does it work from a library perspective? Patients, our clients, they can come into any of our libraries. It's all free, it's all there, it's personal service. We've got so

many libraries within Redlands, three mainland libraries plus four on our islands, we've got a mobile service. So we've got a mobile library that could be parking down the road from someone that's unwell. We've got home delivery services so for people that can't get out, we'll select the books for them or we'll put them on hold and we'll knock on there and giving them that companion as well as delivering the resources for them.

>>: In a perfect world the patient would read the book and get something from it and get better.

>>: Make changes to their behaviour. And if it doesn't work well it's the normal they think. We put disclaimers on the flyers, because nothing should replace health professional's advice.

>>: The benefits to the consumer is they join a public library. They just don't have these health books available. They've got all books available. Lots of resources, audio books, they've got on-line books. They've got their general fiction, nonfiction books. So they can come into their library at any point in time and pick something up for their health, but also for them. It's private. They've got the confidentiality. Nobody else is going to know what they're reading which is really important. There's no cost, it's free, we're air-conditioned we've even got coffee shops in our libraries now. They can come in at any point in time and feel they're part of the community. We can link them to other programs as well. Anna was talking about literacy. Some people can't even read a book and we're about to start our first adult literacy program which is really low-level literacy. We'll actually help people teach them to read, help them to find those resources and actually run through the program with them. We've got senior groups so they can link to somebody that can actually help them with that literacy, as well.

>>: So the benefits of the program for Redland Hospital was that the council buys the books on behalf, so there's no cost to the hospital which is really good. The council manages and updates the website. It helps with our hospital accreditation. We get accredited all the time, so it matches one of our key standards which is partnering with consumers. And it's a health promotion strategy and hopefully some patients will increase

their health literacy.

>>: I've already talked about these things. It talks about community literacy objectives for Redland City Council. Having our community involved, keeping them, pulling them together and making sure that they're well. Hopefully it puts these patients on a wellness plan that they're responsible for.

>>: So has the program been evaluated? Well the UK just released a report evaluating the program in its fourth year as a national program and it was all very positive so you'll get all these slides so you can click on the link when they put the presentations up and you can read the evaluations. New Zealand just did an evaluation, as well. So far it's going really well with the evaluation and with the councils, they can be keeping statistics on the books being borrowed so we're keeping an eye on that at the moment. And so what did I need from the hospital staff? I needed them to be aware of the program. So I've been going to a lot of team meetings, different Allied Health meetings, junior doctors' meetings asking them, telling them about the program so that they're aware of it and to recommend it and I needed them to be proactive in recommending the books. The problems I found with the doctors is when they come into the hospital library they're more wanting books for themselves that are medical books. They don't tend to read consumer books. So I find that we're getting more help by linking out to GPs, getting recommendations from the local GPs, but also more from our Allied Health people that are in rehab dealing with stroke patients from the bayside mental health team dealing with parents, who are dealing with the child and youth mental health who are using books in that regard and they're giving us recommendations which is really good. And also I've found a lot of the Allied Health people are asking if any of the books are available as audio and e-books as well so we're looking into that a lot more.

>>: So where do we go to next? It's actually trying to get it out there in the community.

>>: So we've recently Redlands has this little book that we produce once a quarter so we've done articles in this and we've also got our reference librarians talking about the

program on a regular basis. So for Redland libraries working with the hospital we will be doing more advertising, making community aware of the program. We'll end up taking it out to the GPs and dropping into GPs whenever we can and getting it out into those local community groups all of our allied services, just to help and make sure that people make sure that the program's available.

>>: So that was just the article, and that Redlands magazine is dropped into everyone's letterbox in the Redlands City Council area.

>>: So that's good.

>>: So our goals for this year is I've been liaising with the Metro South GP liaison in the health network. Also, we're reorganising the packs and organising to have them in the discharge lounge kiosk, the rehab unit, information stands all through the hospital, palliative care so they're quite easy for people to see. Also, I've joined a lot more consumer networks in the Redlands city area. So I've recently joined the Redlands Dementia Alliance and working with consumers to find out what dementia books they have found really helpful and we're going to add a lot more on dementia into our Words for Wellbeing program. Also, one of the things we do really well at Redlands Hospital is we birth babies, lots of babies. In our women and birthing unit we've got a lot of really experienced lactation consultants and midwives and so we've started a women and birthing topic list and I worked with some midwives and we came up with this list of books that they want to see put into Redlands City Council of books they would recommend, because they're the books they're my learned friending to women in the birthing unit. And the lactation consultant, she's been evaluating breastfeeding apps and she actually recommends these three apps all the time to the women when she's teaching them how to breastfeed. Two are free and one is $12 and she said most of the women don't mind paying the $12 for that breastfeeding app. That's just again, working with the Dementia Alliance. We've found that the UK is a little bit ahead of us and they've developed a really good dementia book list. So we're currently with Redlands City Council libraries evaluating that list and seeing if we can get a bit more Australian content. They've got four headings that are really great. The maintenance issues I've talked about, just we're getting more feedback from the Allied

Health people rather than the doctors. And the other thing we got feedback was that the packs were a little bit big. Initially we were giving them out in the hospital to people and they were in an A4 and then when we talked to some GPs they said "They're too big to have in the GP community", so we've readjusted them and we're going to go down to an A5-size envelope. So it's just, because the program's quite new it's just going to take a little bit of finetuning to get it exactly right.

>>: To start with as well we actually had full book lists, so we were putting every single book on a list, that maintenance was a little bit cumbersome and time-consuming so we've had to bring it down to that topic list and that way we can put more resources on that list at any point in time.

>>: So these are what the new hand-outs look like, so they don't have the individual titles of the books, they've just got the topics of books that we have that Allied Health and doctors and nurses and other health professionals have recommended the books. And that was just references and thank you for listening. (APPLAUSE) We also have hand-outs there. One's a project summary and one is the mental health condition list and one's the physical health condition list. Anybody can go to the Redlands City Council website and see the Words for Wellbeing. It's on the front page of the Redlands City Council library and you can click on it and have a look at it.

Dr Erin Evans: So now we're going to have all of the speakers come up and sit on a panel so that you can ask questions of them.

Continued in Day 2 Concurrent Session 1 Q&A >