



Consumer engagement and empowerment: the role of self-care in effective preventive health action

Position Paper

Introduction

The need for an informed and engaged consumer for effective prevention is pressingly obvious, made even more explicit by the health response to the ongoing COVID-19 pandemic. Australia's largely successful suppression strategy has relied on individuals taking greater responsibility for the management of their physical and mental health, and proactively engaging with public health information and preventive health activities.

However, despite Australians' growing capacity and enthusiasm to engage in greater preventive health action, our current healthcare structures and culture do not encourage or enable people to fully participate in preventive health and their own health management.

COVID-19 has shown that we need our health and care systems to provide a much more person-engaged model of care - encouraging greater partnership and participation between healthcare professionals (HCPs) and consumers to understand what keeps them healthy and to help people to take informed action to avoid infection and preventable poor health.

Self-care is the most logical, cost-effective and comprehensive approach to help drive consumer engagement and empowerment in health care, and, if properly supported, could be one of the strongest influences in preventive health awareness, engagement, and action by individuals.

While the term 'self-care' implies the responsibility of individuals, the potential for individuals to be informed and able to undertake self-care of their health is dependent on underlying environmental and external factors that sit beyond the individual. Individual capability is influenced by where individuals live, access to education, employment and financial resources, and other socioeconomic circumstances.

The Australian Self-Care Alliance has been established to support and promote this re-orientation of Australia's healthcare structures and culture, and to work with health organisations and professionals to develop the benefits of greater self-care for both individuals and

government.

July 24 has been designated International Self-Care Day (ISD) by the [International Self-Care Foundation](#) to provide an annual focus on the importance of self-care as a vital foundation of health.

Last year, the Alliance highlighted the role of self-care in infectious diseases, endorsing the Mitchell Institute's report, [Self-care and health: by all, for all. Learning from COVID-19](#). The report, authored by Maria Duggan, illustrated how self-care offers an explicit strategy for combating COVID-19, and building a more resilient and healthy population.

To mark International Self-Care Day 2021, this paper examines how engaging, supporting, and empowering individuals to participate in the proactive management of their health through greater self-care is essential to effective preventive health action, and should be reflected in all aspects of Australia's health care and preventive health services.

Promoting the importance of access by all to effective supports to undertake self-care of their health, and self-care and self-management of established health conditions is a goal of the Australian Self-Care Alliance.

It is time for a systematic approach to build self-care capability and enhance self-care activity in all aspects of health and healthcare.

Self-care in prevention

Self-care describes the role of individuals in preventing disease, managing their health and mental wellbeing, and actively participating in their healthcare. Self-care is a comprehensive, evidence-based, and complementary component of health, and offers an explicit approach to:

- enhancing preventive health engagement and action,
- limiting the impact of infectious diseases,
- supporting better chronic condition management, and
- creating and supporting a more health resilient population.

In 2009, the World Health Organisation endorsed self-care as a fundamental component of health policy and health care, contributing to illness prevention and improved health outcomes, better chronic condition management, and fostering a more cost-effective healthcare system.

Evidence for the contribution of self-care in prevention policy can be found in previous successful national initiatives addressing specific health risks, including sustained campaigns to engage individuals in reducing their risks of tobacco harm and skin cancer. Public health

campaigns have included direct and indirect elements of self-care – improving health literacy, responsible use of medicines, informed self-protection and risk avoidance (such as actions to quit smoking and use of sunscreens and sun protection clothing).

Additionally, the current best-practice for mental health care aligns strongly with a person centred and engaging self-care model, acknowledging the most effective treatment and management strategy requires a partnership between health care professionals and people with mental health conditions engaged in their own care.

To date in Australia there has been little policy attention directed towards the potential to use similar approaches to engage and support individuals with their health management more broadly.

There is evidence that up to 80% of heart disease, stroke, and type 2 diabetes, and over a third of cancers, could be prevented through evidence-based self-care – eliminating or reducing exposure to the risk factors of tobacco use, unhealthy diet, physical inactivity, and excessive alcohol consumption¹.

Encouraging individuals to understand their capacity to be engaged in their own health and health care should be a defining characteristic of Australia's health and care systems, as it is necessary component to effectively reduce the prevalence of preventable poor health and disease into the future.

Indeed, self-care has been the central and fundamental factor in previous public health campaigns. Without explicit recognition of the importance of self-care, our public health policies and ambitions, however admirable and necessary, will be unachievable.

As the Health Minister, Hon Greg Hunt MP, said in October 2020 when he launched the Mitchell Institute's landmark report, [Self-care for health: a national policy blueprint](#), "*self-care is the key to effective prevention*".

Enhancing preventive health action

COVID-19 has demonstrated how, by empowering individuals with an understanding of how to prevent illness or infection and engaging them as equal partners in their own health management, health authorities can reduce preventable health problems.

It has also shown Australians' capacity to assume greater responsibility for their health, and eagerness to be engaged in preventive self-care.

- 86% reported taking steps to manage their physical health, and 67% taking steps to

¹ World Health Organization, *Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020*. 2013: Geneva, Switzerland.

- manage their mental health,
- 95% reported practicing social distancing measures, with 77% cancelling personal gatherings,
- 84% reported washing their hands or using sanitiser more than usual,
- Four times as many Australians are trying to quit smoking,
- More Australians are proactively seeking out reputable health information with health.gov.au experiencing a 760 per cent increase in traffic,
- More than 7.3 million flu vaccines were administered in 2020, compared to 4.5 million and 3.5 million administered for the same period in 2019 and 2018, respectively.

That said, despite Australians' growing enthusiasm to engage in greater preventive self-care, the current healthcare system and culture contains embedded structural issues, and socioeconomic barriers that limit individuals' capacity to fully participate in preventive health and their own health management.

The Australian Government has an opportunity, through the National Preventive Health Strategy, to implement the necessary structural and cultural changes needed to foster and capitalise on this capacity and enthusiasm for greater self-care, and address the barriers limiting participation.

Addressing barriers to self-care

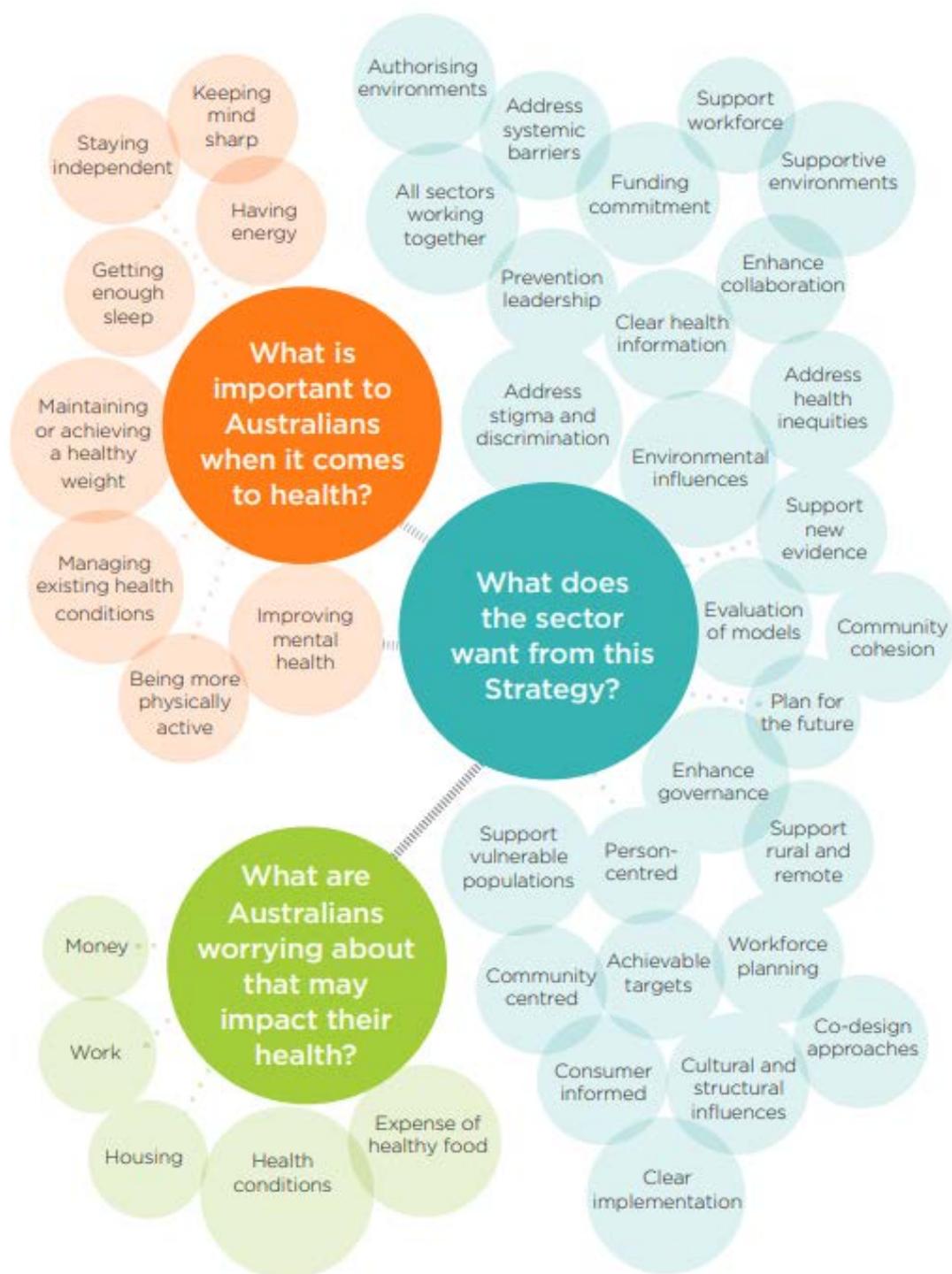
The benefits of Australia's world class health care system, and previous investments in preventive health have not been evenly distributed across the Australian community.

Higher rates of poor health and preventable chronic disease occur among communities in Australia with lower socio-economic status. Poorly constructed or flawed policy, disablers and barriers to participation continue to fail many of Australia's disadvantaged and vulnerable health populations, and even well constructed policy or best-practice isn't always universally accessible or successful.

The Draft National Preventive Health Strategy's "[*Listening to the Community*](#)" diagram starkly reminded us of the scope and weight of the disablers and barriers to better health, entrenching health inequity. The majority of disablers identified are well-documented and longstanding deficiencies within our health and care systems that we are yet to successfully address.

Two-thirds of the factors highlighted in this diagram relate to the individual, their behaviours, preferences, and concerns. With individual engagement and empowerment therefore essential to success, policymakers and health care professionals should recognise the importance of supporting self-care capabilities in the design and implementation of preventive health initiatives.

Listening to the community



However, as explained and examined by the Mitchell Institute:

“While the term ‘self-care’ implies a focus on the autonomy and actions of individuals, it is influenced, enabled and informed by a range of external forces that sit beyond the individual.

The underlying socioeconomic, geographical and cultural factors which significantly affect health status and health outcomes are also closely linked to an individual’s capacity to self-care....

It is important to think about self-care from two complementary perspectives, one focused on the capacity of individuals to self-care, and another focused on how self-care is supported through policy and within the health system.”

The well-recognised negative impact of poor health on quality of life, economic and intergenerational disadvantage cannot be ignored. There is a moral obligation as well as a sound economic obligation to address the impacts of these health inequities, and the barriers that continue to entrench them, as a national priority.

In Australia, as elsewhere, the divisions between those with adequate resources and, on average, lower rates of health risks and poor health, and those with fewer resources and higher rates of health risks and poor health, are increasing. Without action to implement preventive health measures that include addressing the support needed for individuals to engage in self-care for better health, these divisions will persist and potentially increase.

Re-orientating our health and care systems

Currently, there is limited attention to self-care in Australian health policy, and healthcare practices and policy discussions often do not acknowledge how people care for themselves. Instead, disproportionate focus and emphasis is placed on the role of the health care system and health care professionals as the ‘providers’ of preventive health actions.

This absence of the consumer, and lack of attention to how primary and secondary care health services and professionals can better facilitate person-engaged care, runs counter to current ideas of best-practice for effective health management, which advocates for bidirectional, collaborative, and patient engaged care.

The lack of professional support also contributes to an ongoing frustration expressed by clinicians of being unable to address the underlying cause of many of the health problems they encounter among their patients. It also underscores the need for greater involvement of individuals and communities in the development of health and care policies that can deliver more meaningful, long-term change.

Additionally, our current health and care services are geared to primarily engage individuals when they are already unwell with preventable conditions, rather than incentivising practice models that help people to be healthier and to avoid preventable health risks and conditions.

Health and health care should be regarded as co-produced by health professionals with individuals and communities. As national strategies for primary care and preventive health are being shaped, this is a timely opportunity to acknowledge and cement self-care's crucial place in health policy and practice.

Effective self-care involves a collaboration between individuals, healthcare systems and services. This, in turn, requires a social context in which self-care is acknowledged, supported and enabled as a key component of health care.

A comprehensive re-orientation of our health care systems and services towards prevention and self-care for the communities and individuals in our society is long overdue.

However, critical structural and cultural reforms are necessary if we want to ensure people and living in good health are at the centre of our health and care systems.

Supporting greater self-care

Australians living longer with good health should be the core and overriding objective of Australia's public health and prevention policies over the next decade.

Endorsed by more than 50 health experts and stakeholders, the landmark report by the Mitchell Institute for Education and Health Policy, [Self-care for health: a national policy blueprint](#), outlines a national policy approach to building self-care capability and enhancing self-care activity in all aspects of health and health care, and provides a framework for action.

Led by health policy expert, Professor Rosemary Calder AM, the Blueprint offers a suite of evidence-based, feasible policy proposals to support self-care through health policy and practice, developed in collaboration with a network of health, self-care and policy experts.

However, as the Blueprint makes clear, the benefits associated with self-care cannot be achieved for the whole population through a singular focus on individuals' health behaviours and lifestyle choices. Equal focus should be applied to enable and facilitate the provision of self-care support throughout the health system and broader community, including targeted approaches for individuals and groups requiring more support to effectively self-care.

The Blueprint outlines five priority policy proposals for implementation that, if combined with the four structural policy approaches recommended, will:

- improve health literacy for all,
- build self-care into health care practice
- enable consumers to be active partners in health care,
- assure the quality and accessibility of digital health information, and
- create a benchmark for individual self-care and self-care support by health services.

Properly supported, self-care can be a game changer for public health, with benefits being shared by individuals and government.

Conclusion

Active engagement of individuals must be systemic, multifaceted, continuous, and lifelong to enable and promote individual engagement and behaviours so that people are equipped, supported, and empowered to be their own health advocates. Embedding greater self-care in health care and public policies is required to facilitate and support this objective.

About the Australian Self-Care Alliance

The Australian Self-Care Alliance is a collaboration between healthcare consumers, health promotion charities, policy experts and industry partners that promotes the adoption of self-care and its implementation as a core element of a sustainable National Health and Care Sector policy for Australia.

References informing this paper

- Mitchell Institute for Education and Health Policy “Self-care and health: a national blueprint” - <https://www.vu.edu.au/sites/default/files/mitchell-institute-self-care-for-health-a-national-policy-blueprint.pdf>
- Mitchell Institute for Education and Health Policy “Self-care and health: by all, for all. Learning from COVID-19” - <https://www.vu.edu.au/sites/default/files/mitchell-institute-self-care-and-health-learning-from-covid-19.pdf>
- World Health Organisation. Self-care in the context of primary health care - <https://apps.who.int/iris/handle/10665/206352>
- Mitchell Institute for Education and Health Policy “The State of Self-Care in Australia” - <https://www.vu.edu.au/sites/default/files/the-state-of-self-care-in-australia.pdf>
- Hibbard, J.H., J. Greene, and V. Overton, *Patients with Lower Activation Associated with Higher Costs; Delivery Systems Should Know Their Patients' 'Scores'*. *Health Affairs*, 2013. 32(2): p. 216-222.
- Brady, T.J., L. Murphy, B.J. O'Colmain, D. Beauchesne, B. Daniels, M. Greenberg, M. House, and D. Chervin, *A Meta-Analysis of Health Status, Health Behaviors, and Health Care Utilization Outcomes of the Chronic Disease Self-Management Program*. *Prev Chronic Dis*, 2013. 10: p. 120112
- Willcox, S., *Chronic Diseases in Australia: The Case for Changing Course: Background and Policy Paper*. 2014.
- World Health Organization, *Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020*. 2013: Geneva, Switzerland. - https://www.who.int/nmh/countries/2018/aus_en.pdf?ua=1.
- The Hon Greg Hunt MP launching The Mitchell Institute's Self-Care Policy Blueprint - https://youtu.be/N_oof8_lts
- Institute of Medicine. *Health Literacy: A Prescription to End Confusion*. 2004 May 23]; Available from: <http://www.nationalacademies.org/hmd/Reports/2004/Health-Literacy-A-Prescription-to-End-Confusion.aspx>.
- Ishikawa, H. and E. Yano, *Patient Health Literacy and Participation in the Health-Care Process*. *Health Expectations*, 2008. 11(2): p. 113-22.
- van der Heide, I., E. Uiters, J. Rademakers, J.N. Struijs, A.J. Schuit, and C.A. Baan, *Associations among Health Literacy, Diabetes Knowledge, and Self-Management Behavior in Adults with Diabetes: Results of a Dutch Cross-Sectional Study*. *Journal of Health Communication*, 2014. 19 Suppl 2: p. 115-31.
- Berkman, N.D., S.L. Sheridan, K.E. Donahue, D.J. Halpern, A. Viera, K. Crotty, A. Holland, M. Brasure, K.N. Lohr, E. Harden, E. Tant, I. Wallace, and M. Viswanathan, *Health Literacy Interventions and Outcomes: An Updated Systematic Review*. *Evidence Report/Technology Assessment*, 2011(199): p. 1-941.
- Palumbo, R., *Examining the Impacts of Health Literacy on Healthcare Costs. An Evidence Synthesis*. *Health Services Management Research*, 2017. 30(4): p. 197-212.
- Eichler, K., S. Wieser, and U. Brügger, *The Costs of Limited Health Literacy: A Systematic Review*. *International journal of public health*, 2009. 54(5): p. 313.
- Stormacq, C., S. Van den Broucke, and J. Wosinski, *Does Health Literacy Mediate the Relationship between Socioeconomic Status and Health Disparities? Integrative Review*. *Health Promotion International*, 2018. 34(5): p. e1-e17.
- World Health Organization, *Who Health Evidence Network Synthesis Report 65. What Is the Evidence on the Methods, Frameworks and Indicators Used to Evaluate Health Literacy Policies, Programmes and Interventions at the Regional, National and Organizational Levels? Copenhagen Who Regional Office for Europe*, 2019.