



Engaging communities for future health:

The Anticipatory Care Action Learning Project

EXECUTIVE SUMMARY

**ANTICIPATORY
CARE PROJECT**

ACTION
LEARNING TO
IMPROVE HEALTH
IN TASMANIAN
COMMUNITIES



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Summary

What is the Anticipatory Care Action Learning Project

Anticipatory care can support people's current and future health needs. An effective anticipatory care system relies on a combination of accessible, locally-appropriate services and facilities, and collaborative, trusting relationships between services and between services and citizens. The system is shaped by policy at all levels of government and within organisations but must reflect local ways of working and resources.

The Anticipatory Care Action Learning Project used action learning and systems thinking to:

- Aim 1—Increase our knowledge and understanding of how anticipatory care occurs in different communities
- Aim 2—Better understand the enablers and barriers to anticipatory care experienced by communities
- Aim 3—Increase our knowledge and understanding about how communities and health services can work together to engage 'at risk' Tasmanians in primary and preventative health care, including assessment and management of their health needs.

The project was a collaboration between four Tasmanian communities, a University of Tasmania research group, the Sax Institute, The Australian Prevention Partnership and the Chronic Conditions Working Group in the Tasmanian Department of Health. The project communities have high rates of chronic illness and potentially preventable hospitalisations, and factors that increase risk of developing chronic illness. The project sites were in urban (Clarence), regional (Launceston's northern suburbs), rural (Ulverstone and the 7315 postcode area) and remote (Flinders Island) communities, and were led by local government, neighbourhood

houses, a general practice clinic, and an Aboriginal Community Controlled Health Service, respectively. Local project teams were formed by the four lead organisations.

We used action learning and systems thinking to understand the nature of local anticipatory care systems and, using our analysis and causal loops diagrams, identified key opportunities to enhance the systems. Local teams developed and trialled activities to increase the system's effectiveness, including engaging the 'at risk'. We used causal loop analysis to assess the impact of the activities.

Findings

We made nine significant findings:

- Finding 1: Systems thinking reveals that the anticipatory care system is complex
- Finding 2: Place and belonging, and Policy and processes are two important additional anticipatory care system parts
- Finding 3: No single organisation has the full complement of attributes and qualities needed to be the ideal and only anticipatory care leadership organisation
- Finding 4: There are policy and practical barriers preventing GPs from being able to take a central role in anticipatory care
- Finding 5: Despite local differences in focus, access problems are undermining anticipatory care and excluding the 'at risk'
- Finding 6: The largest single change can be driven by Policy and processes

Finding 7: We need to replace 'doing to' with 'doing with'

Finding 8. The Anticipatory Care Framework needs revisions to reflect the system's complexity and breadth

Finding 9: The term 'anticipatory care' is not useful if we are to engage with 'at risk' Tasmanians and their communities.

Conclusions: Meeting the project aims

The anticipatory care system is very complex, with multiple causal relationships, enablers and barriers. People and their health, infrastructure, information, relationships, attitudes and beliefs and leadership are all system parts; we also found that there are two additional system parts: place and belonging, and policy and processes.

All four sites made improvements to their local anticipatory care system. Working together to better engage people 'at risk' in preventive health relies on a strengths-based (rather than deficit) approach, and a safe and accessible system, populated with adequate infrastructure, and the time and safety to build and nurture long-term trusting relationships. The anticipatory care system relies on place-based, culturally competent organisations that are engaged with and embedded in community, and that have open boundaries and the trust of other organisations and community members. No one person, service or organisation has the 'keys': all players in the anticipatory care system need to be safe, collaborative and accessible. This cannot be achieved within short timeframes, and without structural change that addresses the social determinants of health. External structural factors exert considerable force on the systems in each site. Chief among these is the policy and processes that drive

funding decisions, business models, and people's (in)equitable access to the social determinants of health.

Recommendations

The Tasmanian Government is at the forefront of investing in new approaches for the prevention of chronic disease, informed by new research and translation methods developed with the University of Tasmania. Anticipatory Care is an innovative community-driven approach to identifying and addressing barriers to better health and wellbeing, to reduce long-term chronic disease.

The AC project has demonstrated that enhancing the anticipatory care system is possible at the community level through locally-developed and delivered initiatives.

We make six high-level recommendations, supported by sub-level recommendations and steps to achieving recommended change. The high-level recommendations are:

1. Reflect the complex and multi-disciplinary nature of anticipatory care in local, state and commonwealth policy
2. Develop place-based commissioning and whole-of-community outcome indicators (e.g., OECD "better life") to measure progress towards addressing chronic illness
3. Create culturally safe health, education, and social services. (training, policy, engagement)
4. Ensure equitable access by addressing the structural and individual barriers and system road blocks to medical, psychological and dental services for preventive health
5. Increase awareness of the anticipatory care system and services
6. Revise the AC Framework in light of the AC Project findings.