POSTER ABSTRACT

Good Start to Life: Co-designing a maternal and infant preventative health strategy with the Maori and Pacific Islander community in Queensland.

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Introduction: Maori and Pacific Islander adults in Queensland experience significantly higher rates of chronic disease and obesity compared to the rest of the Queensland population with the trend in obesity also seen in Maori and Pacific Islander children.1-6 Addressing childhood obesity during the perinatal period and throughout infancy has been found to contribute to reducing the prevalence of chronic disease and obesity.7 The lack of culturally appropriate healthcare services and resources, low levels of health literacy and a cultural reluctance to seek support presents challenges in addressing these health issues within the community.5, 7

Practice change: The Good Start program is a Queensland Health initiative which aims to improve the health and wellbeing of Maori and Pacific Islander children and families. In order to address maternal and childhood health inequalities, the Good Start program established a consumer engagement strategy and subsequently created the Good Start to Life project. Good Start to Life is a preventative health strategy that promotes optimal maternal and infant nutrition.

Aim and theory: To co-design with Maori and Pacific Islander consumers in Queensland, a culturally-tailored maternal and infant health strategy to promote appropriate maternal nutrition and infant nutrition guidelines.

By involving consumers from the outset, the project will develop from the consumer perspective and, by utilising a strong co-design process, will raise community awareness and build ownership.8-10

Target population and stakeholders: The target population included parents-to-be, parents and carers of Maori and Pacific Islander children aged 0-4 years living in Queensland. Additional stakeholders include maternal and child health services, and medical and allied health professionals.

Timeline: Over a 12-month period the full consumer engagement strategy was developed and implemented.

Highlights: Through the design of a dynamic, flexible and culturally appropriate consumer engagement strategy, various consumers were provided an opportunity to be part of the project. Different approaches were utilised in the form of forums, steering committee, and consumer review and participant groups. Each required different time investment, education background, literacy level and personal involvement. The initial stage of the project has been completed with the creation of educational resources prioritising areas identified as contributing to childhood obesity. A total of 95 consumers were directly involved, having dedicated a total of 133 hours of their time.

Sustainability and transferrability: In the Good Start to Life project an additional 118 consumers have been involved thus highlighting the sustainability of the strategy. Furthermore the learning's from this project have been applied to all projects within the Good Start program highlighting the strategy's transferrability. As consumer engagement is a fundamental aspect of the National Safety and Quality Health Services Standards, the learning's from this project can extend to other health services.

Conclusion: Consumer engagement led to the creation of user-friendly, consumer driven, culturally appropriate, low literacy resources. These resources will improve the knowledge, skills and confidence around maternal and infant nutrition and ultimately contribute to addressing childhood obesity in a vulnerable population. Building strong partnerships with consumers proved vital and set a strong precedence for future preventative healthcare strategies.

Keywords: consumer; preventative; engagement; infant; maternal