



Based on initial feedback from the Community Advisory Council (CAC) and Clinical Council, members of the CAC were presented with updated options of a proposed elevator pitch (long and short options). CAC members provided their feedback.

## GENERAL COMMUNITY - PROPOSED SHORT OPTIONS

### OPTION 1:

“Gold Coast Primary Health Network works with the local community and health services to meet the health needs of Gold Coast residents.”

**1 out of 9** CAC members preferred for Option 1.

### OPTION 2:

“Gold Coast Primary Health Network works with the health sector and local community to plan, invest and improve health services to meet local needs.”

**6 out of 9** CAC members preferred for Option 2.

### OPTION 3:

“Gold Coast Primary Health Network works with the health sector and local community to plan, invest and improve health services to meet local needs to

**2 out of 9** CAC members preferred for Option 3.

## ALTERNATIVE ELEVATOR PITCHES PROPOSED BY CAC MEMBERS:

- Gold Coast Primary Health Network (GCPHN) plans and works to improve health services for the Gold Coast.
- Gold Coast Primary Health Network (GCPHN) is devoted to developing partnerships between our Gold Coast community and the health sector, to assist you and your family to confidently plan and navigate your health care needs.

The updated options of the pitch were presented and overall, CAC members felt these versions were an improvement and not as wordy as the previous ones. In addition, CAC members provided feedback on elements of the wording:

- Exclude the word “local” as this is already implied when “Gold Coast” is mentioned.
- Remove “world class” from options as it tends to be heavily overused and has become outdated. Perhaps the word “best” would work better instead.
- Include the word “people” in the pitch.
- Use “partners” as opposed to “works with”.
- Add acronym after Gold Coast Primary Health Network.
- There was cynicism from some CAC members around the use of the words “investing” and “improving”. Some CAC members suggested the word “invest” be removed.
- The pitch needs to be concise that makes community members want to read on.
- Needs to ensure it maintains a “positive spin”.
- Size of these sentences are just right to start with.

Based on initial feedback from the Community Advisory Council (CAC) and Clinical Council, members of the CAC were presented with updated options of a proposed elevator pitch (long and short options). CAC members provided their feedback.

### Proposed Long Option for the General Community

Gold Coast Primary Health Network works with the health sector and local community to plan, invest and improve health services to meet local needs.

This is achieved by:

- Identifying local solutions to local needs.
- Funding new health services. e.g. headspace, persistent pain program, mental health services.
- Help the health system work better together for you and your family e.g. My Health Record.

We are helping to build one world class health system for the Gold Coast.



# 71%

of CAC members said that they **WOULD become a supporter of GCPHN** based on the proposed long option.

# 89%

of CAC members felt the proposed long option was **easy to understand**.

### CAC members stated the proposed long option made them feel:

- Partially-informed or well-informed.
- It gives a clinical vibe and comes across as very formal.
- Confident that GCPHN serves its purpose.
- Statement makes it clear about what GCPHN does.

### Alternative proposed elevator pitch by CAC member:

Gold Coast Primary Health Network works with the health sector and community to plan, invest and improve health services to meet people's needs.

**We can achieve this by:**

- identifying local solutions
- funding health services. e.g. headspace, persistent pain program, mental health services; and
- helping the health system work better for you and your family e.g. My Health Record.



One of the Primary Health Networks (PHN)'s National Priority areas is Aged Care and will be providing a submission to the Royal Commission into Aged Care Quality and Safety. GCPHN asked members of the Community Advisory Council (CAC) for their input on what they think GCPHN should focus on for the upcoming submission.

# 1 Access to Care

- Need to ensure that those people in aged care have **access to flexible** Home Support Programme services.
- Those needing access to care sometimes stay with the National Disability Insurance Scheme as going to a residential aged care facility costs more money.
- Access needs to be **easier and more affordable**.

# 2 Quality and Safety

- Focus on keeping people **safe and respectful** once in a facility.
- **Staffing ratios** and **nursing qualifications** required.
- **Screening of workforce** required to ensure appropriate people who are **empathetic** are being employed in these roles.
- Some CAC members felt that currently, there are no consequences for failure and no accountability on the **“ground level”**.
- Facilities are notified of accreditation visits and therefore have the ability to ensure **“things are correct”** for the visit date.
- If an individual facility loses accreditation, the overall company which owns that facility does not and can still operate. This makes the patients **vulnerable**.
- Compliance is **too complex**. There is a focus on process, not on outcomes.



# 3 Aged Care Funding

- Costing system is too confusing.
- As it stands the structure includes a range of providers such as: not-for-profit and private, providers who pay tax and those who don't, and it's not working as well as it should be.

“We need to look after seniors like we would our children”  
- CAC member

## ADDITIONAL FEEDBACK FROM CAC MEMBERS:

- The Tenancy Act should be right next to **human rights** and help **empower our older community** to stand up for themselves.
- The government should consider **subsidised accommodation** for aged care and include childcare centres in these communities (similar to that in dementia care) and **try to engage younger people**.
- The **Charter of Aged Care Rights** should be the basis of making changes going forward.
- New communities could be council-funded.
- **Inside advocacy** should be explored and encouraged.

Gold Coast Primary Health Network (GCPHN) have begun an extensive review of their HealthyGC website with the aim of restructuring it in 2019. The website, as well as the HealthyGC service directory was presented to the Community Advisory Council (CAC) for their feedback.

### BUTTON STYLE 1



# 50%

of CAC members chose **Button Style 1** as their preferred style.

### BUTTON STYLE 2



# 50%

of CAC members chose **Button Style 2** as their preferred style.

### CAC MEMBER FEEDBACK ON BUTTON STYLES 1 & 2

- **Flashing buttons** would be effective.
- The **arrow** on both buttons needs to be **differentiated** from the background.

### HEADER FONT STYLE 1

Explore popular Resources

# 60%

of CAC members chose **Header Font Style 1** as their preferred style.

### HEADER FONT STYLE 2

Explore popular Resources

# 40%

of CAC members chose **Header Font Style 2** as their preferred style.

### CAC MEMBER FEEDBACK ON HEADER FONT STYLES 1 & 2

- The selection of the header would ultimately depend on **webpage size and other fonts used**.
- Header Style 2 is easier to see when you **squint** (good for vision impaired and older consumers).

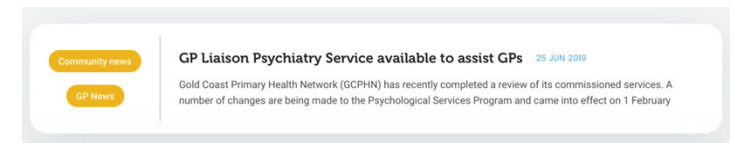
### NEWS BANNER STYLE 1



# 78%

of CAC members chose **News Style 1** as their preferred style.

### NEWS BANNER STYLE 2



# 22%

of CAC members chose **News Style 2** as their preferred style.

### CAC MEMBER FEEDBACK ON NEWS BANNER STYLES 1 & 2

- The Serif font used in News Style 2 is **easier to read**.
- The tags used make it **easier to identify** what the story is about.
- If an image is used, it should be **simple** like an emoji.
- Consider implementing **vibration tools** for people with **sensory difficulties**.



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### BUTTON STYLE 3

See all resources →

# 30%

of CAC members chose Button Style 3 as their preferred style.

### BUTTON STYLE 4

See all resources >

# 70%

of CAC members chose Button Style 4 as their preferred style.

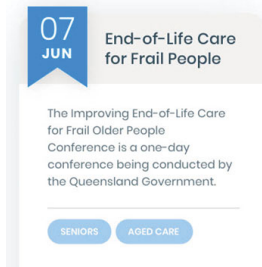
### CAC MEMBER FEEDBACK ON BUTTON STYLES 3 & 4

CAC members who selected Button Style 4 as their preferred style noted that this button was **easier to see** and was **clearly an interactive button**. They also noted the colour was consistent with other elements on the website.

Concerns from CAC members around Button Style 4 was that on some devices and websites, this style can be **difficult to 'slide'** and the button should be accessible on all devices.



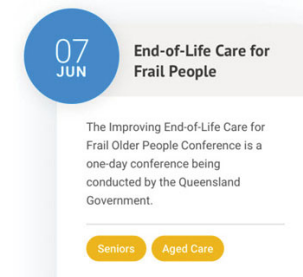
### EVENT STYLE 1



# 70%

of CAC members chose Event Style 1 as their preferred style.

### EVENT STYLE 2



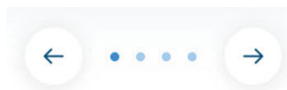
# 30%

of CAC members chose Event Style 2 as their preferred style.

### CAC MEMBER FEEDBACK ON EVENT STYLES 1 & 2

CAC members who selected Event Style 1 because the **font was appealing**, the **flag stood out** and as a whole, this style was more **visually pleasing**.

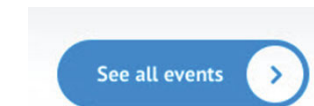
### SLIDER STYLE 1



# 80%

of CAC members chose Slider Style 1 as their preferred style.

### SLIDER STYLE 2



# 20%

of CAC members chose Slider Style 2 as their preferred style.

### CAC MEMBER FEEDBACK ON SLIDER STYLES 1 & 2

CAC members who voted for Style 1 said the **indicator of how many pages/slides were on the slider**, was the main reason they chose this.



Gold Coast Primary Health Network (GCPHN) have been awarded funding to develop a Gold Coast Greater Choices for at Home Palliative Care Strategy including a comprehensive Needs Assessment and Regional Plan for Palliative Care. One of the priorities outlined in the Regional Plan is to support the Gold Coast community to increase their awareness about palliative care and death and end of life planning. Members of the Community Advisory Council (CAC) were asked the question: **What do we need to do to normalise death and dying?**



### What do we need to do to normalise death and dying?

- As the topic of death encompasses many experiences (including suicide) some CAC members suggested the word **“normalise”** be reviewed and replaced with something more appropriate.
- **Open and candid** discussion is needed.
- “Sugarcoating” of the topic needs to stop.
- The topic needs to be raised with **all age groups**.
- Starting the conversation with family and friends to **remove the stigma**.



### What are the best mechanisms to communicate our messages to normalise death and dying?

- Word of mouth, newsletters and via media students in **schools**.
- Using **social media** to get the message out in the community e.g. Facebook ads, Snapchat.
- **Using a myth-busting approach** might appeal to a broader audience.
- Gold Coast Health hubs.
- **Death cafes** / death and celebration of life cafes.
- Personal discussion with **qualified counsellors**.
- HealthyGC website.

### Suggested messaging around ‘normalising’ death:

**“Celebration of life, rather than death.”**

**“Embracing the journey of life and celebrating the destination of death.”**

**“I haven’t met anyone yet who isn’t dying.”**

**“Forever in a temporary world.”**

**“Death is a direct result of being born.”**

**“Death is a part of life.”**



**CAC members noted that any messages relating to death should be separated to reflect age/stage of life and should be positive and realistic.**

# CHRONIC OBSTRUCTIVE PULMONARY DISEASE DIAGRAM

CAC RESULTS, JUNE 2019

Gold Coast Primary Health Network (GCPHN) has worked with practices to develop a diagram to be used by patients in general practices dealing with Chronic Obstructive Pulmonary Disease (COPD). The Practice Support Team presented the latest update of the diagram to members of the Community Advisory Council (CAC) for their feedback.

# 100%

of CAC members said they **WOULD NOT** print this at home and take it to GP appointments because ...

- Printing at home takes **effort**.
- It's not a suitable size for handbags.
- Some members would rather **wait for their GP to text them** so they could discuss current health issues.
- They'd prefer it on a **smartphone**.



# 78%

of CAC members said they **WOULD** keep the diagram at home for reference.

**However** the preferred format differed in terms of size printed and style. Magnet and soft copies (e.g. on an app) were highly favoured amongst CAC members.



## Should this diagram be in printed or in electronic format?

CAC members had a variety responses to this question including: it should be available in **both formats**, **electronic-only**, as an **SMS reminder**, in **magnet form**, **different forms for different age groups** and in an **app**.

## Additional suggestions from CAC members:

- Design a wallpaper for people to use on electronic devices.
- Consider having the writing always facing the right way up (so people don't have to spin to read it).
- Image in the centre does not really relate to people who would suffer from COPD. Perhaps an image such as lungs could be there instead.
- More room is needed to write things down so some details could be removed.

