From Crops to Care: The Changing Nature of Health Care in Rural Australia

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Will Rural Health Care Make the Shift in Time?

The nature of life in the classic Australian rural town is changing, and fast. Where once the farm and the family formed the centre of life and the community, now family-run farms find it hard to survive as a consequence of an ageing population and the young leaving to study and find work elsewhere. In Yarriambiack Shire in Victoria's northwest there is also the additional challenge of a growing low socio-economic group, and it is clear that change needs to occur if the ongoing viability and sustainability of this rural town is to be ensured. The questions workers at Rural Northwest Health now face are: Can we shift the culture of health care from cure to prevention in time? Who is going to look after us? Will technology help us win back our youth or will it create an even greater divide?

It was these questions, and more, that prompted the CEO of Rural Northwest Health (RNH) to organise a futures workshop with Professor Sohail Inayatullah in Yarriambiack Shire to be held on 23-24 September, 2013. In May of that year Professor Sohail Inayatullah had run a foresight workshop organised by Foresight Lane on behalf of a group of their clients, seventeen regional Victorian health services. RNH was one of these seventeen.

The workshop was staged to support the development of a regional plan to improve health outcomes and enhance health service viability. Health services in the northwest face a range of significant challenges, including ongoing fiscal constraints and population decline in parts of the region. Over forty executive staff from health services in the region gathered over two days to apply foresight processes to the futures of health in rural Victoria. The results were clear. Participants determined there was a need for a systemic shift to balance the current focus on the treatment of illness with an increased emphasis on prevention and the promotion of well-being. The "used" future of "Doctor knows best" was no longer best for all. It was from this position that the CEO of Rural Northwest Health returned to the Yarriambiack Shire, aware more than ever of the need for her organisation and community to evolve if they are to meet the changing health needs of community members.

Over the two days of deliberations in Yarriambiack there were approximately thirty participants present, including board members, Department of Health team members, various managers and CEOs, nurses and other health professionals. Through a series

of practical foresight exercises, led by Professor Sohail Inayatullah, and a very democratic process involving all of the professionals present, alternative and preferred futures emerged. The 'six pillars' futures approach (Inayatullah, 2008) provided a framework for these future-oriented discussions, resulting in healthy conversations and some promising visions of the future. These futures also provided strategic pathways that Rural Northwest Health could decide to follow. Through the exploration of alternative scenarios, Rural Northwest Health's planning process has the potential to become more robust and resilient to changes in demography, technology, political-economy and culture.

The Map

The six pillars foresight process provided the group with the framework through which they could freely explore their questions and alternative futures. The six pillars process explores the future by: providing a structured way to map the past, present and future; anticipating the future; timing the future; deepening the future; creating alternatives to the present; transforming the present, and; creating the future. Each pillar contains a number of sub-processes which can be used according to the purpose and needs of the group.

Although causal layered analysis (CLA) and scenario planning are the most relevant methods for this report, it is important to note that it was the preliminary questioning that laid the foundations for the CLA and scenarios work. The first step was getting participants to question how they and RNH had arrived at the present. Follow-up questions were then asked: what do you think the future will be like and what are the critical assumptions behind your forecasts? After this, participants were asked to describe their preferred future and to think about how they would get there. The futures triangle was used to stimulate further questions and understanding around how the past, present and future dimensions interact and compete with one another. It was through this understanding that the participants were able to work towards envisioning a more plausible future and, in the case of the scenarios, what a range of alternative futures might look like.

From here anticipating the future involved widening the horizon of participants through emerging issue analysis and the futures wheel, so that they could see what is emerging and what the seeds of change are that could affect them and their organisation in the years to come.

After expanding the horizon, it was a natural step to next move vertically, into the depths of the futures using CLA. Through a process of deconstructing current reality – the litany, systems, paradigms, worldviews and underlying myths and metaphors – of the organisation were revealed, in some cases from a multi-stakeholder perspective. CLA theory argues that the way a problem is framed changes the policy solution and determines the actors responsible for creating transformation (Inayatullah, 2007). To instigate real, systemic change a new narrative, a new frame, is required.

There are a number of different scenario methods; for the purpose of this workshop the "integrated" method (Inayatullah, 2009) was used. We start with the "preferred future", that which is desired by the organisation. This is followed by the 'disowned' future. The disowned is the future that is being pushed away, often opposed to the desired future. The preferred and the disowned both give rise to the third scenario, the integrated. The integrated future combines the preferred

and disowned to provide a more credible and robust future. Lastly, the fourth scenario is the "outlier", which, Inayatullah says, addresses the unknown unknowns (Inayatullah, 2012). By stepping into scenarios that require different frames of thinking, organisations can determine the effectiveness of current decisions and on that basis decide whether they wish to be the outlier or whether a more integrated approach is needed.

The levels and various stakeholder perspectives revealed through CLA (Inayatullah, 1998)provide a depth of understanding beyond superficial headline problems, that then can be used to describe the details of the various alternative scenarios. Thus CLA and scenarios interact to create a diversity of information that helps participants to explore alternative futures and to develop strategies that challenge the "business as usual" approach.

For the duration of the workshop the participants were divided into five working groups. These were: (1) Primary Health Care in Yarriambiack Shire 2025, (2) Community Wellness Futures in Yarriambiack Shire 2025, (3) Acute Care in Yarriambiack Shire 2025, (4) Children's Health Literacy 2025, and (5) Mental Health 2025. In the section that follows I present key aspects of the groups' findings.

Primary Health Care in Yarriambiack Shire 2025

Table 1. *CLA of Primary Health Care*

	CURRENT REALITY	RECONSTRUCTED
LITANY	"People fall through health service gaps"	"People drive their own health"
SYSTEMIC	• 3 levels of money • System encourages competitiveness • Policy uncertainty • Silos (no MD teams) • Cure not prevention	• Healthy health system • Integrated Care models • Latest technology used • Resource allocation meets needs • Develop community leaders • Peer-to-peer education • Funding from acute to primary health
WORLDVIEW	Health is not worth investing in: • Treatment costs too much • Too many old people • Increased chronic disease	Health is worth investing in: • Healthy community • More active lifestyles • Security of services • Value placed on social connectedness
MYTH-METAPHOR	If you're well informed you'll be well treated	Our health is our wealth

The Primary Health Care group started their analysis with CLA and saw their desired future as being driven by the core metaphor of "your health is your wealth". The key narrative here is that health is something worth investing in, an asset not only to the individual but also to the community. The focus has moved from acute

to primary health care with a clear emphasis on prevention. This future is based on strong strategic partnerships in concert with a community-driven approach and new emerging technology. Social connectedness, well-being and more active lifestyles are central to the community with community champions leading the way to inspire all, while the elderly take pride in being health-focussed and in aging well at home longer. Health literacy has improved with the support of communications technology such as social media and online collaboration tools that involve all stakeholders (e.g. Loomio). Peer-to-peer support and education is a major factor with a social media and communications strategy focussed on promoting preventative health and literacy. This vision requires stronger collaboration and improved accreditation, with health professionals trained in e-health and new accreditation focussed on prevention and early diagnosis (e.g. the expert online). Health apps will also be used to encourage peer-to-peer education and support networks, bringing the focus back to the empowerment of the individual. Technology (e.g. telehealth, robots) is used to streamline services along with apps helping both individuals and communities to move towards health and wellness as a way of life. In 2010, sports, fitness and wellness apps were downloaded 154 million times, and this is predicted to explode to 908 million downloads by 2016 (Carroll, 2013). The outlier scenario here describes what would happen if technologies end up creating an even greater divide between lower socio-economic groups and the rest of the community.

Community Wellness Futures in Yarriambiack Shire 2025

As with the first, this group focussed their analysis on the power of the community to come together to facilitate positive change.

Table 2. *Community wellness futures in Yarriambiack Shire*

Preferred – Love-in	**Disowned – No Love**
» Flood Model (2011 – one in a hundred year flood): all differently skilled members of the community respecting one another and working towards a common goal » MALT Factory: Mixed and multi-skilled people working together. An opportunity to give unskilled people a job. More jobs arise out of an increase in population, value adding, increase in well-being, financially a stronger community.	» Not working together » Segregated services » De-population » Aging population
Integrated – Share the Love	**Outlier – Tough Love**
» Working together: local government/health services/education » Integrated model of care » Working collectively, sharing information, ideas and equipment » Diverse and engaged growing community inspired by community champions » Strategic partnerships	» Targeted » Only offer opportunities to people trying to help themselves » E.g. cheaper health services for those that don't smoke » Or user pays

Four aggregate scenarios were developed to articulate the futures of community wellness in Yarriambiack. In the first, individuals work together in respect and love, as they did during the 2011 flood. On the other hand, in the disowned scenario services continue to be more segregated and competitive. The aged will continue to be pushed aside and the young will continue to leave in search of education and work elsewhere. In the integrated scenario, local government, health services and the education sector all work together. Individuals also work collectively through the building of a community foundation by the people, for the people. Finally, in the outlier scenario the health services are like a caged animal, their workers don't feel like there are many alternatives, and out of fear they turn to a tough love approach wherein community members who don't help themselves don't receive support.

This group went onto build the powerful metaphor "from missing links to chain reaction". Although the vision they had of Yarriambiack was grand, with them being national leaders in health and preventative care, the key to this metaphor was that they only needed to focus on taking the first steps because sparks have the potential to create a chain reaction. In this vision there is an emphasis on the power of collaboration and a systemic shift through the forming of partnerships. Local government, the hospital and education centres co-ordinate their efforts; sharing ideas and information as well as equipment and spaces. By 2025 Yarriambiack is being recognised as a national leader in health and preventative care. Yarriambiack will become a centre to which other health professionals from around the country will travel for training and to observe outstanding models for the creation of healthy communities. Yarriambiack could also be a place to which people would choose to move to as part of a shift towards better health and living, offering affordable land and housing and green, open landscapes known to be conducive to mental health and well-being. Come to Yarriambiack and "design your old age" with peer-to-peer education and support. Rural Northwest Health would be available to support and assist individuals in getting their needs met before they get sick. Fewer people in the community suffer from chronic health problems as people self-manage their health, supported by the latest technology e.g. health apps, telehealth, robots and bionomics.

Finally, the group developed the narrative "From crop to care" as a new organising meme that could potentially lead Yarriambiack Shire and its residents out of the shire's dying past and into the future. Where once Yarriambiack was known for its farming, it would now be known for its healthy, vibrant community that leads the way in health care. Yarriambiack will be a place where the aged will choose to live for its thriving community, affordable housing and focus on health and wellness.

Acute Care in Yarriambiack Shire 2025

Group three focussed their analysis on the role of acute care in an ageing community.

Table 3. *Acute Care in Yarriambiack Shire*

Preferred	Disowned
» The need for acute care has decreased and thus so has the need for hospitals » Health care is focussed on prevention and wellness » The community lives longer and is well longer	» Not enough beds » Community lives longer and is sick longer » Nurses overworked, undertrained » Can't find enough nurses
Integrated	**Outliers**
» Integrated services » Hospitals are a place to get well – green focus that improves patient well-being and staff productivity » Ageing members of the community are wellness focussed and end up living at home longer » Montessori principles throughout hospitals » Acute care is embedded within health team » Nurses empowered, trained	» Acute care is only for the wealthy » De-population as people migrate to the cities » The dying rural town

The preferred scenario describes a future in which the need for acute care is greatly reduced due to the shift from curing to preventing health problems and a strong focus on wellness in the community. The disowned future depicts hospitals full of aged patients who live longer and are sick longer, staff that are hard to find and a system that is failing. In contrast to the outlier scenario, in which the population of Yarriambiack continues to decrease and health care costs continue to rise. The rural town is dying. The last scenario, the integrated approach, looks to a future in which the Yarriambiack community responds to change and acute care is integrated with other services.

This group came up with the metaphor of "coming out of the dark into the light" which speaks to a desired future of integration of acute and non-acute modes of care. This vision to become the national leader in aged care by using Montessori principles is built on awards won by the RNH Memory Support Unit in 2012, the work of which is based on those principles. Health services are green-focussed with an emphasis on improving patient well-being and staff productivity. As with the other groups, group three saw their desired future as based on the nurse practitioner model and person-centred care. The hospital offers an Activities of Daily Living (ADL) unit so that patients can be tested accurately by Occupational Therapists before going home, thus lowering rates of re-admission. Technology once again plays a part in this picture, making procedures and systems more streamlined with biotechnology, robotic surgery and teleconferencing. Due to a community and individual emphasis on health and wellness, less acute care is needed and thus fewer beds are needed. New measures, such as successful discharge tracking and the happiness index, will also be put in place to ensure that the new systems will be focussed on patient well-being.

Children's Health Literacy 2025

Group four began their analysis by looking at alternative scenarios for the future.

Table 4. *Children's Health Literacy 2025*

Preferred – Empowered children	Disowned – Breakdown
» Children have the tools to make decisions, influence and manage their health » Children have a sense of being and belonging in the community	» Overloaded health system » Lack of social cohesion » Social inequality worsens » The low socio-economic group continues to grow
Integrated – Linked Services	**Outlier – New Problems**
» Link early development, education and local government with health systems » High health literacy » "Meeting Place" is virtual and physical » Youth engaged in the community	» New online technologies lead to further isolation, online bullying » Mental health issues increase further » Youth services require even more funding to cope with new problems

The first scenario explores the idea of the "empowered child" who has access to knowledge, is supported to make "good" decisions and is provided with engaging opportunities to move towards health and well-being. The second scenario, the "breakdown", depicts a future with an over-loaded health system and in which the lack of social cohesion continues to worsen over time. Compare this to the third scenario, in which new technologies are implemented to support youth health but also end up giving rise to increases in online bullying and social isolation. Finally, the integrated scenario speaks to a future of linked services with various organisations and bodies working cohesively and collaboratively.

This group went from the metaphor of "being thrown to the lions" to "taming the lion". They saw a shift from a fragmented, reactive service that is fair game for attacks by various stakeholders to a situation in which services are linked and in which there is a shared understanding amongst health professionals, allied bodies and the community of what health literacy is. They even went so far as to invite the lions – the multinationals, such as Coca-Cola – into the community (on the service's terms) to promote health. This is a vision in which young people go from being passive consumers to productive collaborators. Empowered children who have the authority to make decisions and manage their own health. "Meeting places" are both physical and virtual, giving an opportunity both for young people to connect in various ways and for a strong sense of community to be developed. Members of this group went on to see the potential for intergenerational sharing with the young teaching the aged how to use technology and the aged sharing their wisdom and experience with the young.

Mental Health 2025

Group five began their CLA with the clients preferred future; members of the community with mental health problems are placed at the centre of client care. In this future these community members take control of their health and use technology

to make decisions and be informed. However, this future disowned best practice of care and community safety. While it may be suitable for some community members with mental health issues, for others it may not be. Will the wider community be put at risk? The group used the metaphor of "orchestral dendrites and a healthy brain" to speak to their reconstructed future, describing a "healthy" mental health program in the community that is focussed on social inclusion, high mental health literacy, community support and a celebration of diversity. Further funding and support for health care and health promotion initiatives is provided, involving various community organisations (e.g. sporting clubs) to encourage participation and inclusion. Consumer participation programs are developed to ensure that community members with mental health problems have a say and that their needs are being met, with an emphasis on living well and on prevention rather than cure. Integrated and streamlined services provide prompt referral and access to care. The arts and creativity has also increased in the community to support well-being, and happiness is measured on an ongoing basis in order to see where services can be improved.

Table 5. *CLA of Mental Health Care*

	PREFERRED	CURRENT REALITY	RECONSTRUCTED
LITANY	"Client at the centre of Care"	"The waiting list"	"Clients receive prompt referrals and access"
SYSTEMIC	• Integrated health system • Consumer participation programs	• Complicated health system • Health system struggling to keep up with demand	• Prompt assessment and checklists • Streaming of services • Community included in shaping care
WORLDVIEW	• I know best for me	• Medical Model of care • Doctor empowered–Client disempowered • "They will fix me"	• Evidence-based model of care • Community supports collaborative care
MYTH-METAPHOR	• Dr Google	• Separate Cogs – disjointed	• "Orchestral dendrites and healthy brain"

Drivers and Strategies for Rural Northwest Health

There are a number of drivers that are rapidly changing the nature of health care in Yarriambiack Shire, while some are pushing Rural Northwest Health towards the desired visions discussed above, others are not:

1. Yarriambiack, like many other rural areas in Australia, is faced with the reality of an ageing population. For example, in 2011 a demographic review indicated that almost 25% of the population of Yarriambiack is in the 65+ age group (Morely, 2013). According to the Australian Bureau of Statistics (ABS) the population in the shire aged between 70-74 is projected to increase from 423 people in 2011 to 666 people in 2031, a rise of 57.6%, while those 85 and over will increase from 259 people to 386, a change of 48.7% (Morely, 2013). One scenario is that there will not be enough aged care staff to look after them and that people will therefore need to move, however, given the visions mentioned above, the residents of Yarriambiack have the opportunity to change their

current story and make it a place known for its empowered, connected and well ageing population.

2. De-population is increasing as many young people leave the region to go to university and to find jobs elsewhere, and later find that there is nothing to come back for. In 2011 there were only 472 people (6.7%) aged 25-34 years in Yarriambiack Shire compared to 1029 people (14.5%) in the 55-64 age bracket (Morely, 2013). The ABS (2007) projects that by 2056 in the area outside greater Melbourne there will be less than two people of working age for every person aged 65 and over. Can Yarriambiack create a new story where people are drawn back to the region by its focus on lifestyle and health?
3. Yarriambiack has a growing low socio-economic group that is dependent on the public health system; some residents are now third generation unemployed. According to the Socio Economic Indexes for Areas (DPCD, 2011), Warracknabeal, for example, is below the national average (of 1,000) with a score of 952, indicating that the region is "more disadvantaged". Can a more integrated health system, focussed on wellness and collaboration, help shift these demographics, or will they continue into a fourth generation and beyond?
4. A drive towards flatter, more collaborative peer-to-peer systems where the capacity to share knowledge and empower each other is growing and is shown to improve productivity and well-being (see, for example, www.patientslikeme.com)
5. Bio-, nano-, keyhole, bionomic and robotic technologies have the potential to further reduce costs, save lives and improve the quality of treatment.
6. Communication technologies, such as social media, and big data technologies are helping communities and individuals to become more connected and more informed.

Reflections on the journey

What became apparent through the course of the workshop was the trust and respect the participants had for CEO Catherine Morley, and this was reflected in the level of commitment and depth of contribution by those present. Not only was there a willingness to turn up, there was also an openness to question beyond the superficial, evident in the depth of the CLA work.

The CLA method offered participants an opportunity to really understand what was at play beneath the surface of the current health system. From here they could reconstruct a new future and were able to see that if they wanted real systemic change then they needed to change the narrative, to work from "bottom up" from a deep level of narrative reframing. Scenarios allowed them to further see the implications of different narratives driving change. The participants also realised that they were the agents for change, that they could themselves create a new organising meme that could provide the RNH and the community with a healthy new sense of direction.

Additionally, anticipatory action learning played a powerful role in this workshop by creating opportunities for both content and process learning (Inayatullah, 2006). As Professor Sohail Inayatullah says, anticipatory action learning is very much about creating real alternative futures in the context of the participants in a project (2006). Thus the diverse range of stakeholders in this

workshop worked collaboratively to develop probable, possible and preferred visions of the future.

One group, however, were initially challenged to see beyond "business as usual". The Acute Care group was smaller than the other groups and consisted of staff who all worked together. There was a particular lethargy in this group during day one of the workshop that did not seem to shift despite dynamic futures questioning of programmed knowledge and practical application of the various futures tools mentioned previously. On day two, though, when other stakeholders with different perspectives and epistemologies joined the group, a stronger sense of the group's preferred future emerged and the group appeared to become more energised. The inclusion of multiple stakeholders is a key to the success of any anticipatory action learning, as the future is enriched and deepened by the authentic understanding of the other.

Collectively there were some key outcomes for the workshop participants, the first being that they realised that they do have a degree of control over their destiny and that they can create the community that they want to live in. They also realised that they have the power to harness their organisation, the community and other stakeholders to enable and facilitate positive change. Most importantly, many left with clear health goals, a sense of agency and the realisations that health starts with them and that they can be the change that they want to see in the community.

Figure 1. From Crops to Care (Sources: Getty; Bonar-Parkdale Presbyterian Church)

Where to from here?

After four months some concrete outcomes had already emerged from this two day workshop. The RNH accountant has now been given approval to teach yoga and meditation classes for staff as part of a move towards an RNH staff wellness program. A community garden is being developed to foster community health and collaboration and CEO Catherine Morley is working with the Board to incorporate key workshop outcomes and strategies into the RNH strategic plan.

What became evident over the two day workshop was that Yarriambiack has a strong sense of community and an empowered group of health professionals driving it forward. While these professionals may be all too familiar with the burdensome aspects of the current systems and institutions, they have idealistic visions of where they would like to go, as well as a strong sense of agency and a healthy set of drivers that may well help them to achieve those visions if they use them to their advantage. Additionally, there were a number of factors common to all of the visions that have the potential to pull Rural Northwest Health towards the desired future: strong strategic alliances; technology that inspires and educates, and; a collaborative community effort focussed on caring for the aged and engaging the young. Although

many powerful metaphors were explored during the workshop there was one that spoke with particular clarity to these key aspects: "from crops to care". This metaphor has the power to be a new organising meme for the shire of Yarriambiack, describing a shift from a farming community to one focussed on caring and wellness.

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