

Committed to Participate Session 6: The CAC and the Health Professionals

Health Organisations and CAC Members in Harmony: Can we do it?

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Health Organisations and CAC Members in Harmony: Can we do it? In other words are Health Organisations from Mars and CAC's from Venus as previously entitled? Let's look at this concept of being from Mars or Venus. Is it by any chance referring to the Greco-Roman mythic concept of the relationship between Venus/Aphrodite goddess of love and her lover Mars/Ares god of war? The relationship myth upon which the psychological concepts described by Dr John Grey in his book *Men are from Mars and Women are from Venus* is based?

Let's unpack this a bit to see what it might mean for us consumers, carers and community who are on Community Advisory Committees.

If that is the case then we are looking at an intense close relationship which isn't quite legitimate (Venus/Aphrodite was married to Vulcan/Ephaestos not Mars/Ares) but certainly a volatile and overwhelmingly powerful one. We all know that Mars was the god of war. But do we also know that Venus/Aphrodite goddess of love and beauty wasn't backward at initiating a war? After all Homer's Trojan war was triggered by Helen's kidnapping, (as a result of her famed beauty) who was a protege of the goddess Aphrodite. A war that lasted 10 years and destroyed the Trojan civilisation. Quite a devastating accomplishment! At least that's what the myth suggests.

I would hope that as CAC members we no longer subscribe to the adversarial model instead we are committed to a model of partnership and cooperation leading to improved outcomes for consumers using health services.

So what are we looking at when we consider the relationship between the CAC and the Health Service?

We are looking at a power relationship between what could at times be perceived as one of 'unequal' parties. Of course we do need to be cognisant of the fact that it is a power relationship if we are to achieve better health outcomes. But is it really one of unequal partners?

Firstly, let's examine this power relationship that exists between the Health Service and the CAC. What exactly is it?

It is a model of power which could be described as one of:

- Sharing of power or
- Control of power by one party-usually the Health Service or
- Agreed limited sharing of power-determined by the Health Service with the agreement of the CAC (tacit or otherwise)

This notion of 'unequal' power relationship is a bit of a fallacy. This arises because the power base of each party comes from a different source. We have numerous examples of individuals/communities that have brought about major change to socio-political systems. The secret is that no institution is going to tell you, the individual or community, that you do have the power to bring about change.

Often we ourselves are not aware of that or maybe don't quite understand how it works and can be taken in by the size of the organisation that we might be trying to influence or change.

So how do we develop a relationship that ensures an effective partnership for the improved outcomes for health consumers?

The key to an effective relationship is Communication.

Communication to be successful it should be:

- Clear
- Unambiguous
- Based on clearly defined roles
- Follows agreed protocols
- Open & transparent
- Respectful
- Understanding
- Supportive
- Rewarding
- Based on mutual trust
- Accessible to people and resources
- Patient
- Persistent
- Resilient

We could keep adding to the list.

Within the context of communication we also need to consider the function of roles and how they are played out. Understanding roles is an important component of effective communication within any partner relationship.

The Importance of ROLES

When we consider the roles of both the Health Service and the CAC we need to have a clear understanding of these if we are to avoid misunderstandings. Roles should define scope and boundaries.

Roles to be effectively enacted have to be:

- Defined
- Unambiguous
- Articulated (expectations/assumptions stated)
- Supported
- Legitimate
- Reviewed

It is important for us to remember that no or inadequate communication can give rise to misinformation and frustration. Lack of access to information and resources can give rise to or reinforce barriers and prevent appropriate role fulfillment.

The challenge for us is how to fulfill our roles when we are officially in contact with the Health Service six times per year for approximately 2 hours per contact?

Are there Potential Barriers to achieving this?

CACs are aware that Health Services are institutions and we know that:

- Institutions can be slow to respond
- Are restricted by certain rules and conventions
- Have a culture of their own with sub-cultures throughout
- Regulated by Government Legislation

As CAC members we should also be aware that Health Services can be subject to conflicting demands. Health Services have significant pressures and demands put upon them by:

- Governments
- Budgets
- Boards
- Consumers and the community
- Staff
- Unions
- Infrastructure
- Information technology
- Systems and protocols
- Department of Human Services
- Policies
- Benchmarks and standards
- Professional Associations

I am certain there are more that we could all think of to add to the list.

What about potential barriers that might arise from us the CAC?

AS CAC members we bring with us our:

- Personal history
- Experience with health services
- Knowledge
- Skills
- World view
- Values
- Personalities

Juggling all of these can be pretty difficult at times. The varied inputs and outputs can cause conflict which often is not that simple to resolve. We as CAC members need to be aware of this if we are to be effective in our role in working with the Health Service.

Overcoming these potential barriers

How do we make this relationship between the Health Organisation and the CAC members work effectively?

- We need to remember that we choose/volunteer to be in that role because we want to improve health outcomes
- We need to undertake our role in a 'responsible' manner
- We should have an understanding of the environment in which Health Services work in

- We should ask for the necessary support and training
- We should remember that as community members/consumers and carers we do have 'power' to influence the Health Service and bring about change for better health outcomes
- We should be united and focused on our aim which is to improve health quality and safety outcomes for consumers and their families

In conclusion, I will briefly share an example with you of a successful partnership to demonstrate how this was achieved in the cultural diversity area at a Health Service. An area which has its own challenging complexities and we are all still learning how to do it better.

The Health Organisation developed and introduced 'cue cards' as a tool of communication with individuals who do not speak English who present at the Emergency Department and or are admitted to the hospital. For those of us who don't know 'Cue Card' are icons/images of a number of the most frequently used words identified within a culturally appropriate framework. This project was initiated in partnership between the CAC, the community, a range of other stakeholders and the Health Organisation. It took 5 years to complete because of the emphasis on the consultative/communication process that was undertaken. It was also a new concept never attempted before and had to be tested to ensure its effectiveness. Since it was launched over 12 months ago it has been a huge success. It has generated interest from a variety of organisations. Furthermore, this resource has been made available by the Health Service at no cost to other services who require it so long as they do not charge for it.

Ultimately, good will and commitment from both sides ensured the success of the project therefore, better health outcomes for consumers.