

Pictorial Physical Health Prompt: A co-design process

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March 2019



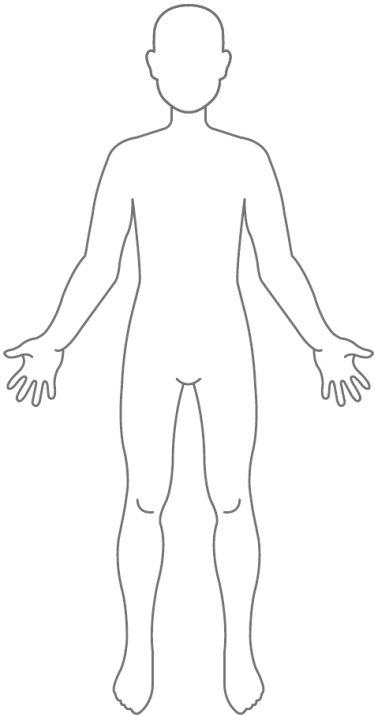
Contents

- Health Prompt Journey
- Consumer Participation at Neami National
- Co-designing the Pictorial Health Prompt
- Learnings



HEALTH PROMPT

PLEASE INDICATE ON THE PICTURE BELOW AREAS ON YOUR BODY THAT YOU MAY BE FEELING WORRIED OR CONCERNED ABOUT:



Please share any other health concerns:

HEALTH PROMPT

INTRODUCTION *(Please read to consumers)*
Thank you for agreeing to take part in this brief prompt about your health. I am going to ask you some questions to help establish whether your health needs are being met and identify areas you may like support with. Whilst we are interested in knowing about your health, please be assured that this information will be treated as strictly confidential.

Consumer Name:		Service Site:	
Gender/Sex:		Age:	
Date Completed:		Review Date:	

Questions		Yes	No	N/A
1.	Do you have a regular GP?			
2.	Are you satisfied with the relationship you have with your GP?			
3.	Have you had your blood pressure checked in the last 6 months?			
4.	Have you had your cholesterol checked in the last year?			
5.	Have you had your blood sugar levels checked in the last 3 years?			
6.	Do you do 30 minutes of moderate exercise 5 days per week?			
7.	Do you have at least 2 alcohol free days per week?			
8.	Do you eat 2 serves of fruit per day? <i>Example of 1 serve of Fruit: 1 medium apple/banana or a handful of grapes</i>			
9.	Do you eat 5 or more servings of vegetables per day? <i>Example of 1 serve of veg: ½ cup of cooked veg or 1 cup of salad</i>			
10.	Do you feel you drink enough water? <i>2L or 8 glasses is the average recommendation</i>			
11.	Is your waist measurement below 88cm (women) or 102cm (men)?			
12.	Have you checked your skin for changes in the last 3 months?			
13.	Have you had your eyes checked in the past 2 years?			
14.	Can you hear and understand things easily?			
15.	Are you a non-smoker?			
16.	Have you had a dental check-up in the last 6 months?			
17.	Are you able to keep your balance and have not fallen recently?			
18.	Are your feet free from sores, blisters and swelling?			
19.	Are you satisfied with the quality of your sleep?			
20.	Do you feel you have enough information about the medications you are currently taking?			
21.	When feeling stressed or emotionally unwell, do you have someone you can contact?			
22.	Do you feel that you have healthy bladder and bowel function?			
23.	If over 50, have you spoken to your doctor about bowel cancer?			
24.	Do you have anyone to contact regarding your sexual health?			
25.	Is your pap smear/cervical screening test up to date?			
26.	Have you had your breasts checked by a doctor in the last year?			
27.	If over 50, have you had a mammogram in the last 2 years?			
28.	If over 50, have you discussed prostate cancer screening with your doctor in the last year?			

If you answered no to any of these questions, it is important for you to follow up with your G.P. and talk to your support worker regarding any support you may require.

Health Prompt

..is a Physical health screening resource

- Designed to reflect a:
 - Strengths-based approach
 - Recovery orientate approach
 - Holistic approach
- 28 questions
- National recommendations for screening, administering and consuming
- Information and Practice Guidelines Document



健康提示

介绍 (请读给消费者听)

感谢您同意参加这一简短的健康提示调查。我会问您一些问题，这些问题有助于确定您的健康需要是否得到满足，并且找出您可能希望获得支持的方面。我们有意了解您的健康情况，但请放心我们将对这些信息严加保密。

消费者姓名:		服务地点:	
性别:		年龄:	
完成日期:		调查日期:	

问题	是	否
您是否有固定的全科医生 (GP)?		
您对自己与全科医生 (GP) 的关系是否感到满意?		
您在过去 6 个月中是否检查过血压?		
您在过去一年中是否检查过胆固醇?		
您在过去一年中是否检查过血糖水平?		
您是否每周 5 天、每天做 30 分钟中度锻炼?		
您是否每周至少有 2 天不喝酒?		
您是否每天吃 2 份水果? 例如: 1 份水果 = 1 个中等大小的苹果 / 香蕉或一把葡萄		
您是否每天吃 5 份以上的蔬菜? 例如: 1 份蔬菜 = ½ 杯煮熟的蔬菜或 1 杯色拉		
您是否觉得自己喝的水足够? 建议平均喝 2 升或 8 杯水		
您的腰围是否低于 88 厘米 (女) 或 100 厘米 (男)?		
您在过去一年中是否检查过皮肤?		
您在过去两年中是否检查过眼睛?		
您是否可以轻松地听明白事情?		
您是否不吸烟?		
您在过去 6 个月中是否做过牙科检查?		
您是否能保持平衡并且最近没有跌倒过?		
您的足部是否有脚疮、水泡和肿胀?		
您是否对自己的睡眠质量感到满意?		
您是否觉得自己对目前所服用的药物掌握有足够的信息?		
在感到精神紧张或不适时, 您是否有可以联系的人?		
您是否觉得自己的大小便功能正常?		
如果您年满 50 岁, 您是否向医生咨询过肠癌的情况?		
对于自己的性健康, 您是否有可以联系的人?		
仅限女性回答:		
您在过去 2 年中是否做过巴氏涂片检查?		
您在过去一年中是否找医生检查过乳房?		
如果您年满 50 岁, 您在过去 2 年中是否做过乳房 X 光检查?		
仅限男性回答:		
如果您年满 45 岁, 您在过去一年中是否检查过前列腺?		

如果您对其任何问题回答“否”，请务必找全科医生跟进，并向支持工作者查询您可能需要的任何支持。

18. Are your feet free from sores, blisters and swelling?



neami national

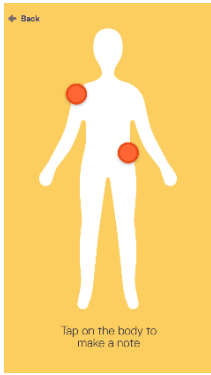
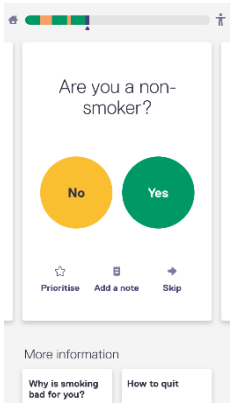


My Physical Health Prompt
Pictorial Guide

neami national
improving mental health
and wellbeing

Health Prompt Types

- Pictorial
 - (low literacy)
 - Aboriginal and Torres Strait Islander
- App
 - (my e-health prompt)
- Translations
 - Somali
 - Mandarin
 - Auslan
 - <https://youtu.be/GFU1FRNyxDO>



Health Prompt - Auslan version



Consumer Participation Framework

- *Neami has a long history of consumer participation*
- *It's embedded in our organisational practice*
- *Developed by Expert Working Group with people using their lived experience*



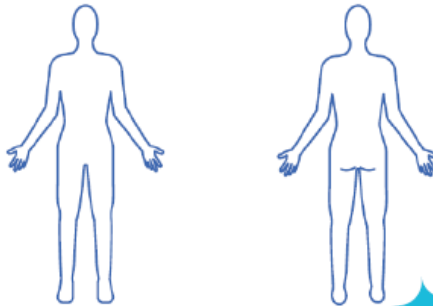
Principles of Consumer Participation



Pictorial Health Prompt Workshop

Are you interested in
Health?

Mark on the body any areas you might be concerned or
worried about:



Neami
National
Mental Health
Commission

Do you enjoy being
creative?

Location and Time

Neami Smithfield

10:00 – 14:00

Thursday 28th September, 2017

Lunch provided.

You will be paid \$40 per hour for your time.
Public transport (bus, train) will be paid for
Pick up from Seven Hills train station will be
available.



Return to Support Worker

Name: _____

Phone number: _____



* DENTAL CHECK UP: PHOTO OF DENTIST
+ PATIENT

* BALANCE: RE-TAKE PHOTO AS "SEE-SAW"

* FEET: HEALTHY vs UNHEALTHY

* SLEEP: SOMEONE ASLEEP IN BED
W SMILE + "Zzz"

* MEDICATION: BACK/FRONT OF BOX?

* CONTACT: TWO PEOPLE TOGETHER -
ONE CONCERNED + ONE WORRIED

* BOWEL FUNCTION ✓ CONTINENCE FOUNDATION
BOWEL ON PAGE 6 WITH ✓
BREAST CHECK:
INCLUDE HAND

* BOWEL CANCER:

* SEXUAL HEALTH

* PAP SMEAR + PROSTATE: INCLUDE BODIES

MAMMOGRAM: LADY
WALKING ON
TO BUS

DO YOU DO 30min+ moderate exercise for 5 days per week?

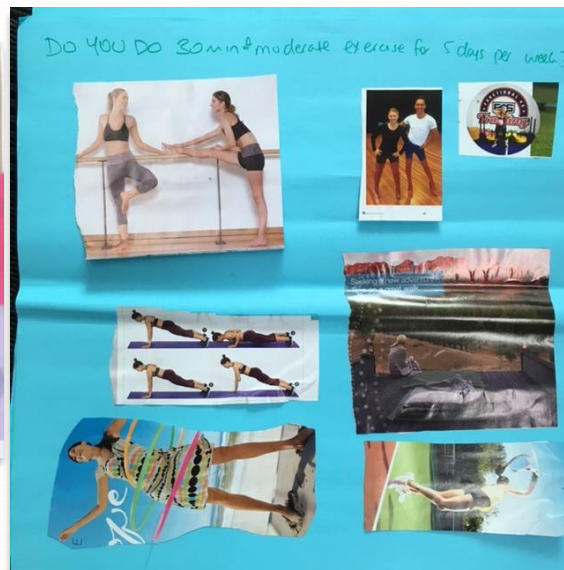
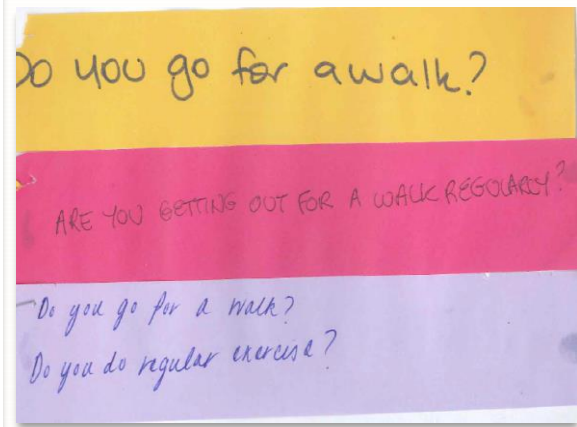






Do you do **30 minutes** of moderate exercise **per week**? ✓ X

Moderate exercise is anything that gets you moving (including things like; walking, stretching, dancing, and gardening)



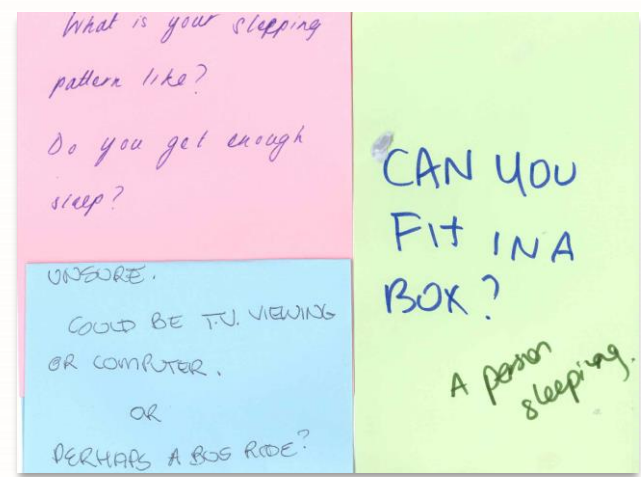
6 Do you do **30 minutes** of moderate exercise **5 days per week**? ✓ X

Moderate exercise is anything that gets you moving (including things like walking, stretching, dancing, and gardening)



Are you satisfied with your quality of sleep? ✓ X

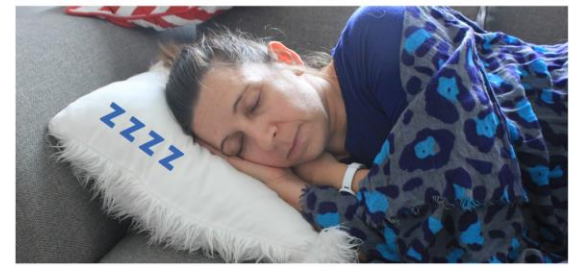
6 hours of sleep is the recommended minimum amount of sleep you should have.



- ✓ Add "ZZZ" next to person asleep
- ✓ Have person lengthwise

19 Are you satisfied with your quality of sleep? ✓ X

6 hours of sleep is the recommended minimum amount of sleep you should have.



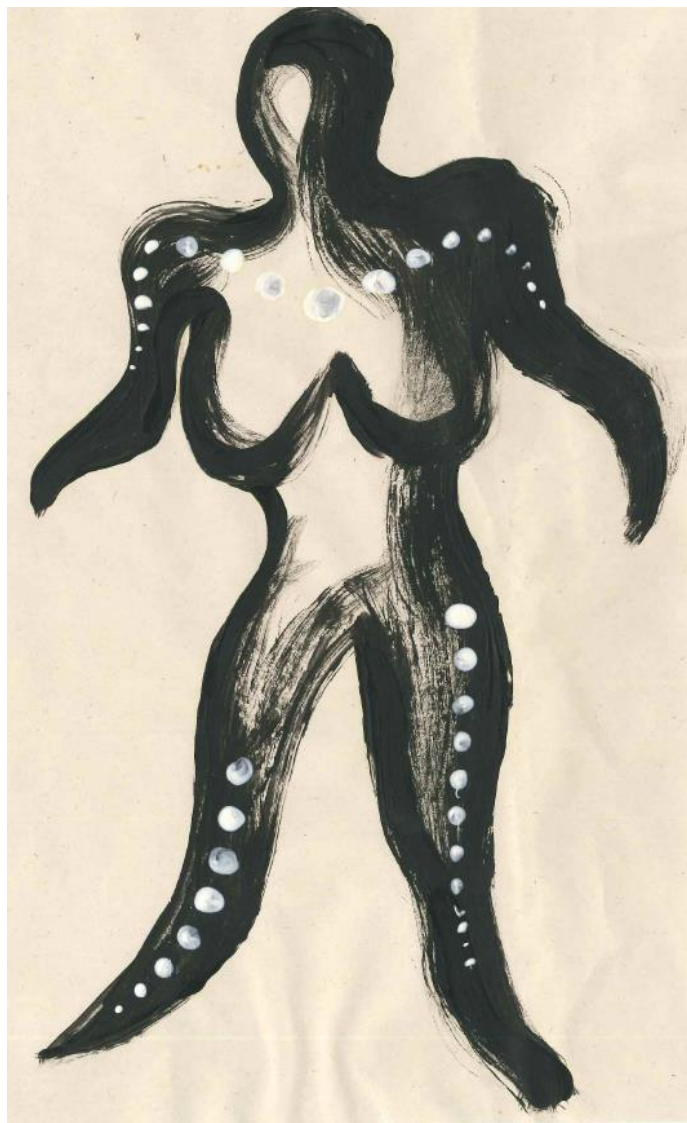




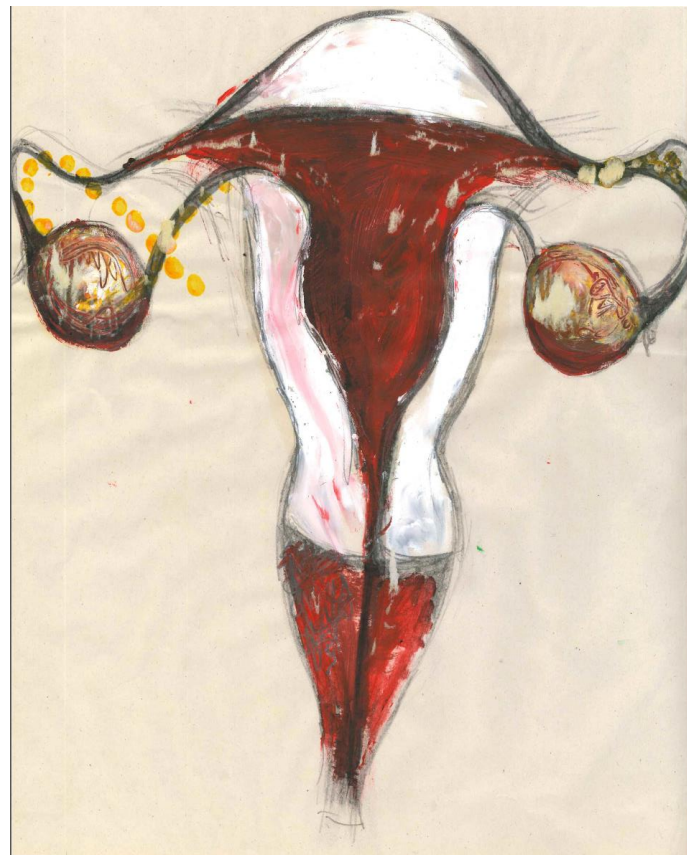
Wayne and Grace



Wayne



Carly

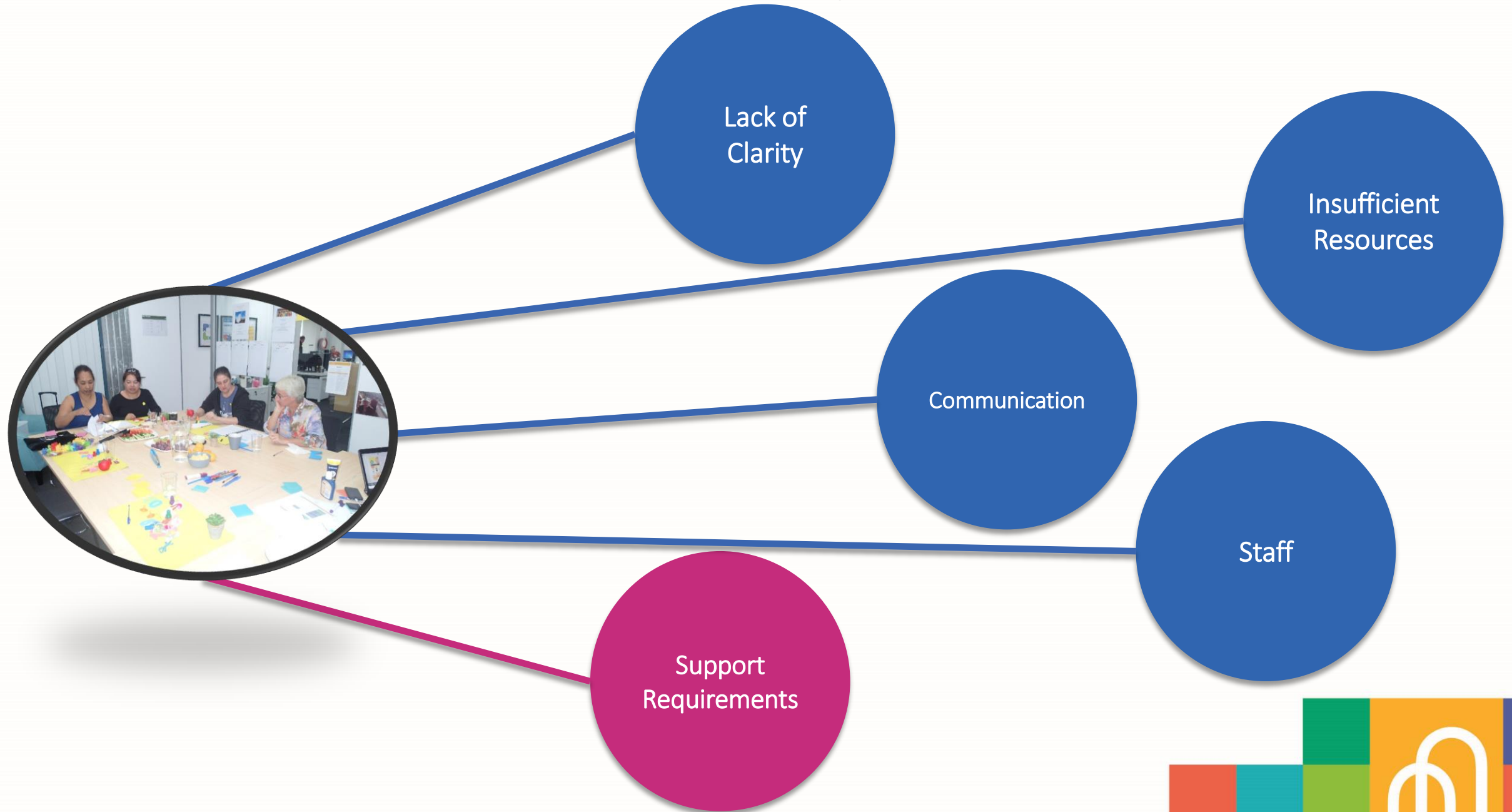


Lorna

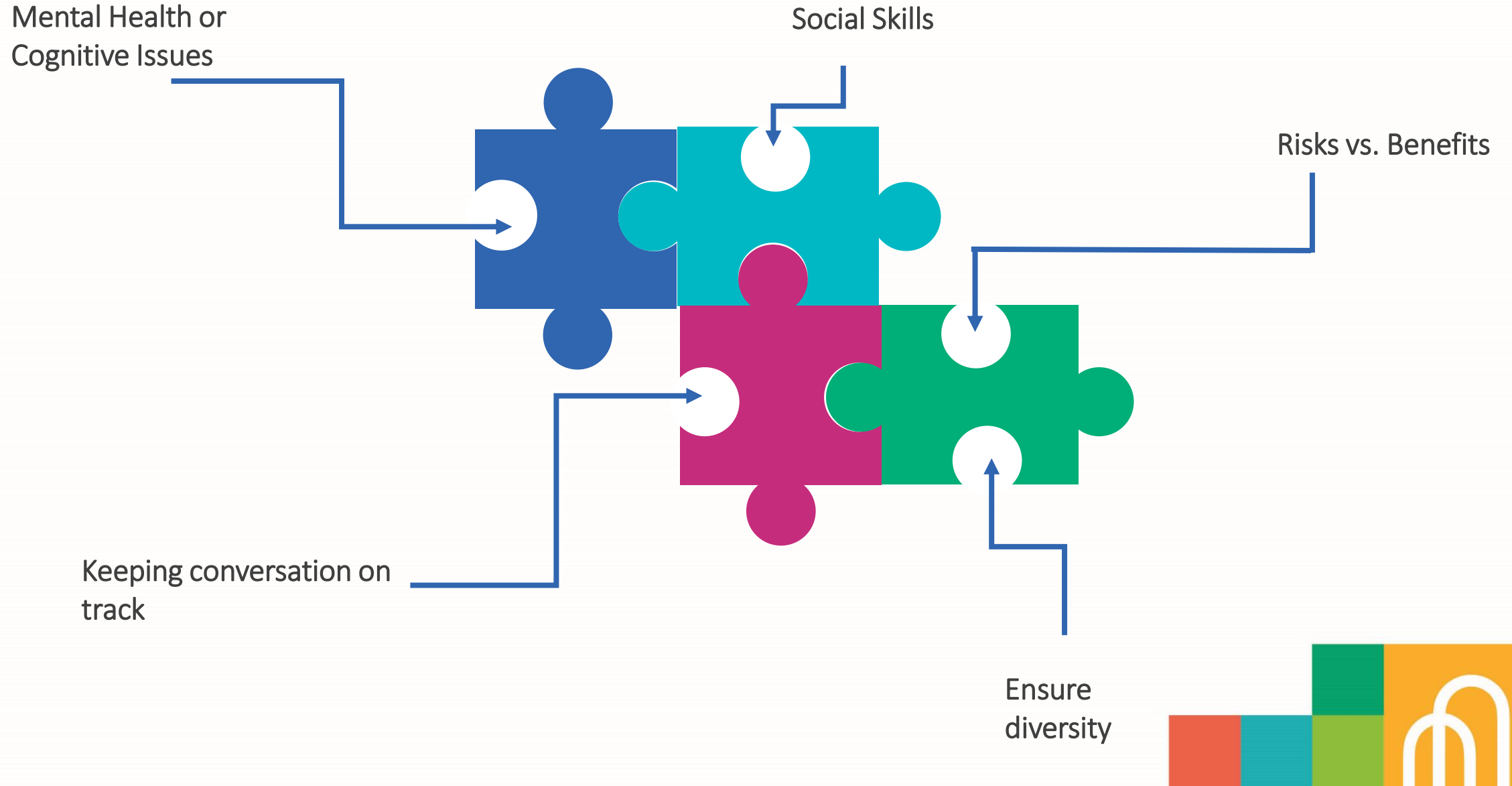


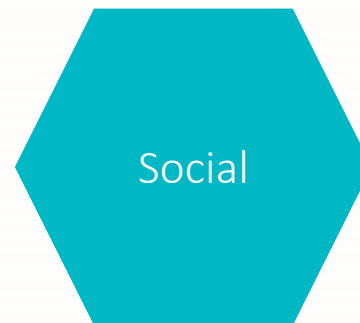
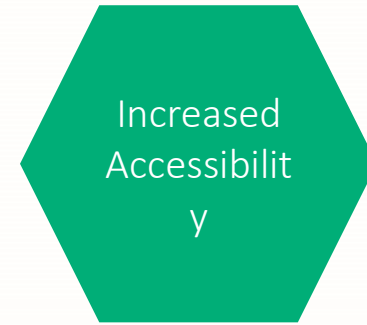
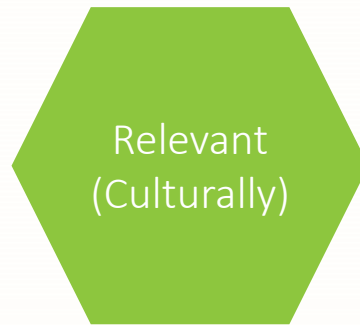
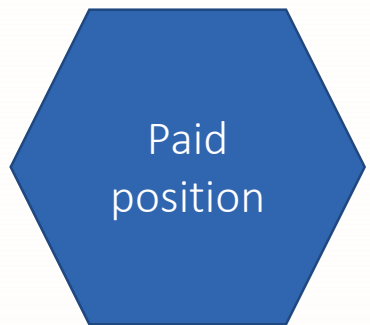
Major Findings

Barriers to Consumer Participation



Challenges to the Co-Design Process







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