



Government of **Western Australia**
Department of **Health**

Summary report: Disability and health café

What is health promotion for people with disability?

Disability Health Network

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The Disability Health Network acknowledges the assistance of Zel Iscel from Inclusive World in ensuring the accessibility of this document.

1. Summary of event

'There was great energy in the room' was one of the comments that came from participants at the **Disability and Health Café** on Tuesday 23 September at Bendat Parent and Community Centre, Wembley.

The café was convened and hosted by the Department of Health in partnership with the Disability Services Commission and the Ministerial Advisory Council on Disability (MACD).

The **aim** of the café was to start the conversation about what is health promotion for people with disability. The café **project objectives** were to:

1. Create a space to bring people together to discuss challenges and share ideas on health promotion in the disability sector.
2. Increase understanding and recognition of disability as a vulnerable population group in relation to health promotion areas.
3. Foster partnership with MACD to broaden sphere of potential influence.
4. Foster collaborative connections with Chronic Disease Prevention Directorate (CDPD).

The **café program** featured presentations from:

1. **Ms Cindy Evans**, Ministerial Advisory Council on Disability, who presented 'Consumer's perspective: The needs and challenges for a healthy lifestyle with disability'.
2. **Professor Tarun Weeramanthri**, Chief Health Officer / Executive Director Public Health and Clinical Services, WA Health, who presented 'Disability as difference: Learning from other lenses'.
3. **Ms Holly Coopes**, Coordinator Adult Services and Senior Physiotherapist, Senses WA, who presented 'Case example of a health promotion initiative in the disability area'.

Each presentation was followed by a '**buzzing session**'. The 'buzz session' questions were:

1. If you think there are challenges for people with disability to have the healthiest lifestyle possible, what would they be? Consider the diversity of disability and the diversity of having a healthy lifestyle.
2. Explore ideas on how to get health promotion messages to this 'hard to reach' group. Consider what some of the barriers might be and how they can be overcome.
3. Do you know of health promotion activities that are inclusive of people with disability? Share something that you can take from today.

Attendees were encouraged to network and share the great work they are doing in this area.

An **online survey** was emailed to attendees post-event. The survey was completed by 31 respondents and provided information on the café attendees, what they thought of the café content and format, key learnings from the café and suggestions for future engagement strategies and activities relating to health promotion and disability.

A key point raised when asked **what was missing** in the café topics, buzz sessions and overall format was that there appeared to be assumed knowledge as to what is disability and what is health promotion.

Key points raised when asked for the **learnings about health promotion for people with disability** included that people with disability have a right to access health and wellbeing opportunities the same as everyone else and should be included when planning health promotion programs and services (nothing about me without me).

The **suggestions for the future** based on the project objectives, evaluation results and discussions post-event include:

1. Develop the invitation strategy to target non-government health promotion organisation staff to increase their attendance at future disability health promotion activities.
2. Explore whether the space to bring people together to discuss challenges and share ideas on disability health promotion needs to be a physical space, or whether further conversations can happen in different formats.
3. Include a greater number of people with disability as presenters to speak of their experiences and challenges with health promotion.
4. Continue to foster collaborative connections with MACD and CDPD.
5. Host further disability health events with a focus on:
 - a. Clear messages on health promotion principles.
 - b. The breadth of scope of disability and its challenges.
 - c. Targeted health promotion topics i.e. women's health, obesity etc.
 - d. Longer buzz sessions.

This report includes a summary of the café attendance, an overview of the presentations and buzzing sessions, key themes from the summary wall, results and discussion from the evaluation, suggestions for future disability health promotion events and appendices including the list of attendees, the program and survey questions.



2. Attendance

A total of 62 people attended the café including people with disability, families, carers, health and dental professionals, university professors, and disability service organisations. Below is a summary of the café attendance:

- 86 people registered to attend the café.
- 62 people attended the café (72 per cent of those that registered).
- 31 people completed the online survey to evaluate the event (50 per cent of attendees).
- 32 people were added to the Disability Health Network database as a result of the café.

3. Presentations and buzzing sessions

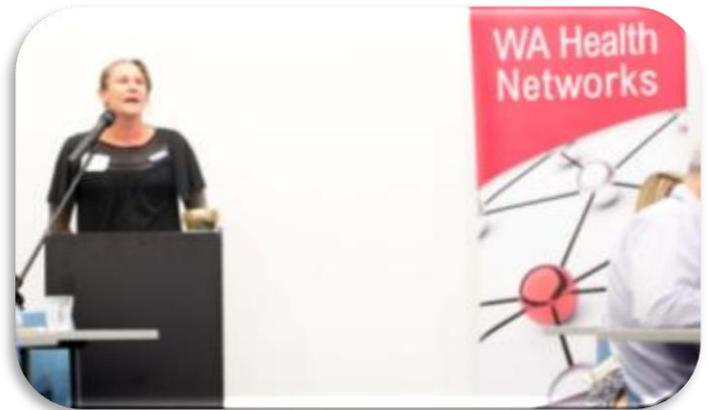
The café format featured presentations followed by 'buzzing' sessions. This was based on the world café method to promote group dialogue. The method includes creating a café setting, small group conversations of about 20 minutes (buzz sessions), questions in the buzz sessions reflecting the context of the café topic, movement between the tables after each buzz session and capturing the information to display in some form to the larger group at the conclusion of the café.

The Disability and Health Café incorporated the world café principles of creating a hospitable space, exploring questions that matter, encouraging everyone's contribution, providing opportunity for movement, listening and sharing, and bringing the conversations together at the end of the event.

On arrival, guests were given a name tag with one of four fruits (orange, banana, apple and pear) with instructions to sit at a table with other fruits to make a 'fruit salad' which followed the healthy eating theme. Each table had a maximum of five attendees and a table facilitator.

The **three guest speakers** were Ms Cindy Evans from MACD; Professor Tarun Weeramanthri from Public Health and Clinical Services, WA Health; and Ms Holly Coopes from Senses WA.

- **Cindy Evans** spoke from a personal perspective from working in the disability health area and reflected on the results of the recent MACD survey of people with disability, families and carers on the needs and challenges for a healthy lifestyle with disability. Cindy spoke of ‘over-bearing, over-caring health professionals’.



- **Tarun Weeramanthri** spoke from a professional perspective and posed questions about disability, what health and wellness might look like, social determinants of health and individual verses environment responsibility to achieve the healthiest life possible. Tarun also discussed the application of the WA Health Promotion Strategic Framework 2012-2016 in the disability area.



- **Holly Coopes** presented a range of case examples of health promotion initiatives that Senses WA provides, with a focus on three areas: healthy eating, physical activity and social engagement. Holly also discussed new technology they use including the ‘Food Switch’ app, which can be used to assist with making the switch to similar foods that are healthier choices.



The **three buzz sessions** to generate conversation were:

1. If you think there are challenges for people with disability to have the healthiest lifestyle possible, what would they be? Consider the diversity of disability and the diversity of having a healthy lifestyle.
2. Explore ideas on how to get health promotion messages to this 'hard to reach' group. Consider what some of the barriers might be and how they can be overcome.
3. Do you know of health promotion activities that are inclusive of people with disability? Share something that you can take from today.

Table facilitators captured the notes from each session. The table summarised their discussion into their top three points that were displayed on the Summary Wall.

Particular 'fruits' were asked to move tables after each buzzing session to give people a chance to interact with others at the café.

4. Key themes from the Summary Wall

The key themes identified from the Summary Wall included:

- Resources and services
- Accessibility
- Attitudes
- Education and research
- Communication

The top three points from each buzzing session have been grouped according to these key themes.

Buzz session one

If you think there are challenges for people with disability to have the healthiest lifestyle possible, what would they be? Consider the diversity of disability and the diversity of having a healthy lifestyle.

Resources and services

- Lack of exercise services.
- Availability of resources and services to provide advice and guidance of workforce knowledge and education of disabilities.
- Service provision – enabling services to be delivered in a flexible way – duty of care versus dignity of risk.
- Legislation
 - Equality i.e. Pension supports between aged and disability.
 - Person with disability only being able to go away for 4 weeks from January 2015.
- Balance of consumer priorities and hospital/health service priorities.
- What facilities are available for children with disability – parent driven.

Accessibility

- Restricting 'red tape' making access difficult.
- Accessibility – financial (funding) and physical (overcome restraints).
- Physical access to healthy food options in shops i.e. healthy food on top shelves.
- Isolation – healthy lifestyles and connections to community/relationships.
- Funding is focused on sickness rather than health and wellness.
- Access to information. Lots of barriers exist. Physical barriers e.g. transport and cost.
- Accessibility -
 - To services, buildings.
 - Transport.
 - General community facilities and environments that promote a healthy lifestyle.
- Expense/cost (additional) – transport, access, support and housing.
- Lack of -
 - Access to information and resources.
 - What comes 'next' with new disability?
- Inaccessibility of information and infrastructure for people with a visual impairment.
- Diet -
 - Limited ability to prepare meals.
 - Convenience.
 - RPH – cost and nutritional value.
- Integrate into community and physical access -
 - Intimidating to start exercise.
 - Need someone to help get started.
- CALD – knowing how to access services and overcoming language barriers.

Attitudes

- Lack of empowerment.
- Attitudes –
 - People make assumptions based on what they see.
 - Get stared at, at the gym.
- "I am my own worst barrier to healthy living" (as is often the case for everyone).
- Attitudes and knowledge of key people with disability.
- Embracing change.
- Enabling autonomy.
- Diversity of disability is not dealt with well i.e. blind, not sick.
- Social isolation – not asked/invited/included in physical activities or social outings.

Education and research

- Education – individual, family, carers and health professional.
- Perception and education to increase client education and empowerment.
- Lack of informed choices for nutrition and healthy lifestyle.

- Re-prioritising health issues that people with disability are faced with.

Communication

- Knowledge of what 'they' want and how to seek assistance from appropriate resources.
- Communication –
 - Information gets lost in translation – you end up having to repeat yourself over and over.
 - People don't recognise that a person with a disability could have other ways of communicating e.g. facial expressions.
 - English as a second language can create barriers (often don't understand the person with a disability, especially if their communication is affected).
- Client/family centred. Communication is a key component to improving healthy living and lifestyle.
- Communication pathways -
 - People with disability, carer and services.
 - Expectation to be conduit between services.
 - Conflicting information.

Buzz session two

Explore ideas on how to get health promotion messages to this 'hard to reach' group. Consider what some of the barriers might be and how they can be overcome.

Resources and services

- Decrease vulnerability – Companies targeting people with disability to sell items, legislation to protect person with disability.
- Health checks – familiarisation of the medical procedure through Flip Charts etc. CHAP.
- Government holding disability specific events – provide transport, food, weekend day.
- Set aside programs/times at the gym for person with disability.
- Adequate resources including time for all components of the system – individual, family, carers and health professionals.

Accessibility

- Accessibility of educational material with multiple formats – use of pictures, simple English, and sound considers the complexity of individuals.
- Access - not via GP. Material, promotions accessible to person with disability e.g. physical limitation, hearing, blindness. Free internet access. One stop shop like central 'Cancer' facilities being built (make a disability hub).
- Accessibility for sensory and intellectual impairment - must be multi-modal messages.
- Overloading of information – prioritisation of information for the individuals contexts.

Attitudes

- Inclusion – using people with disability in co-production/design and research of services.
- Involving people with disability in the planning process - Give them confidence to communicate.
- The person developing the ideas/health promotion officer should experience disability for a day i.e. use a wheelchair.
- It is everybody's/all workplaces responsibilities – embed it in programs.
- Attitude of 'hard to reach' - it should be about making health promotion easier to reach.
- Policy planning to be inclusive of consumers at every stage.
- Motivation across the system to include health promotion.
- Holistic:
 - Incorporate health professional messages into existing programs.
 - Don't just treat presenting symptom.

Education and research

- Research – People with disability need to be involved in research and to consider:
 - Mental health.
 - Data.
 - Careful consideration for who represents disability – selection process which is truly representative of the specific disability issue (i.e. credible consultants).
- Education to service provider and carers.
- Target individuals, people who care for them and staff management to promote importance of messages.
- Increase confidence of health professionals to ask what 'they' want.

Communication

- Why are they hard to reach – can we change the language?
- Health promotion – photos and visuals need to include a person with an actual disability.
- Technology:
 - Embrace as enabler.
 - Communication.
 - Target young people.
- Utilise social media.
- Communication between health and services:
 - One resource to link.
 - Overcome fragmentation.
- Use role models – work together to achieve results.
- Way to deliver the message in an authentic way, using people as the experts of their own disability.
- Mainstream messaging – simple. Less judgemental, and focus on 'role models' not 'inspirations'.

- Messaging – HOW rather than what?
- Consistent messages delivered by different people, in different ways and different contexts.
- Communication – development of unique person centred ways to communicate.



Buzz session three

**Do you know of health promotion activities that are inclusive of people with disability?
Share something that you can take from today.**

Resources and services

- Disability Health Network – promoting activity itself.
- Skill acquisition. Rocky Bay Therapy (non-smoking) and professional services.
- Get healthy, stay healthy.
- Masters swimming WA (Superfin masters Club).
- Local government initiatives and council programs e.g. local pools.
- Disability specific programs e.g. surfing programs.
- Sporting associations adapting disability programs.
- Oral health professional strategy.
- Stirling Council Gyms – people with disability.
- Rama Lamb Women with Disability Association.
- Local governments – swimming lessons e.g. Wanneroo, Bayswater.
- Intework Inc.
- HBF fitness programs – flexibility and adaptability.
- InclusionWA, Identity.
- LAC roles – linking range agencies.
- Cooking classes – for people with disability – Annalakshmi vegetarian restaurant.
- Foodswitch app.
- TCCP – community access program – sports leisure buddies.

Accessibility

- Existing gap between health professionals and people with disability in regards to knowing what programs exist. Creating a list of services and programs available.
- Gyms (examples) 3 days a week:
 - The Blind Association has a gym.
 - A lot of mainstream gyms and community centres have inclusive programs, but people don't know about them.
 - Health funds should pay for healthy lifestyle programs because they end up paying for bad lifestyle choices.
- Dependant on social support in that whether it is inclusive or specific.
- Transport – Crossing Roads, TransperthWA website not disability friendly.
- Clinicals – special beds for physical disability i.e. pap smears.

Attitudes

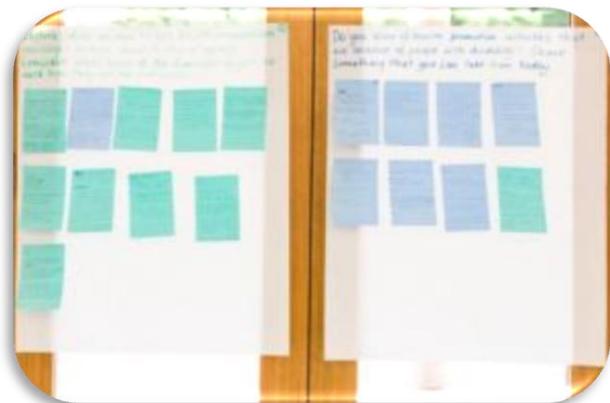
- Programs need to be tailored to the individual and person-centred.
- Advocacy support shift.
- Food at WA events reflects healthy eating.
- Healthy lifestyle needs to acknowledge people with disability who want to be independent.
- Involve consumers at every step of program design.
- Continual learning space for all of us – together.
- Activities target families, carers, support worker.

Education and research

- Start training and sensitising people with and without disability early in schools – experiential where possible.
- Education of staff working with public in any capacity of disability and basic understanding/communication.

Communication

- Broad advocacy campaigns – health promotion – ALS ice bucket campaign raised awareness (although not without problems). Need to include disability as part of mainstream e.g. Very powerful Guinness ad from the US mixes people in wheelchairs and people not in wheelchairs together.
- How to better frame language used in different contexts.

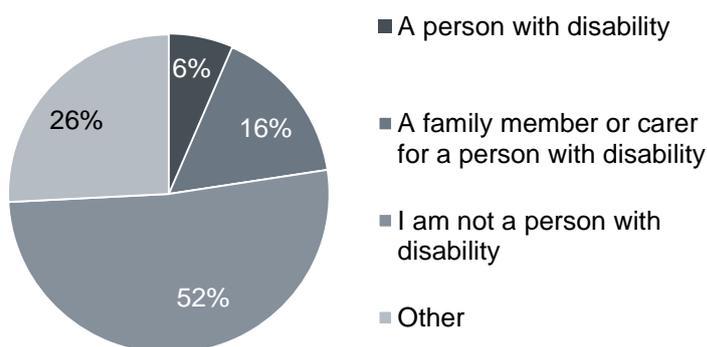


4. Evaluation results

An online survey was emailed to all café attendees the day after the event. The response rate was 50 per cent (31 respondents). See Appendix C for the questions asked in the survey.

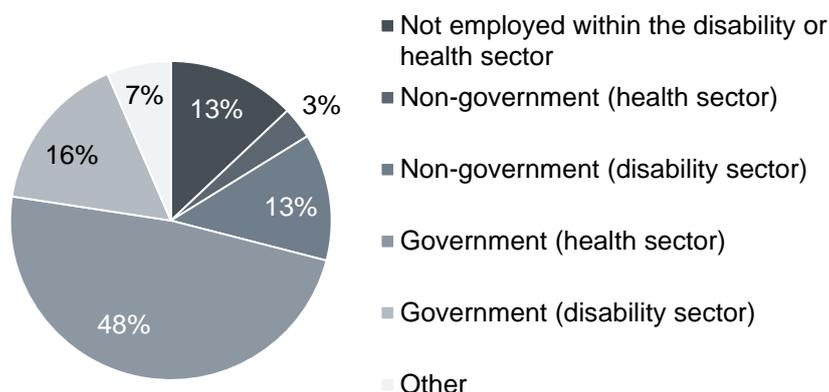
The café evaluation consisted of a debrief with table facilitators and quantitative and qualitative data analysis of the survey responses. Responses to the survey questions are detailed below.

Figure 1: Category of people attending the café



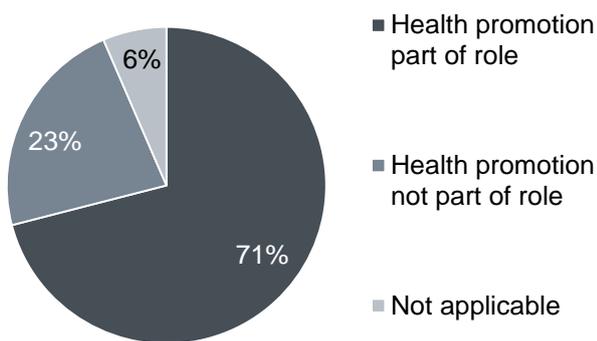
Two people self-reported that they were a person with disability; five people reported they were a family member or carer for a person with disability; 16 people reported that they were not a person with disability; and eight people selected 'other'. Those that selected 'other' stated that they were employed in the health or disability sector.

Figure 2: Employment category of attendees



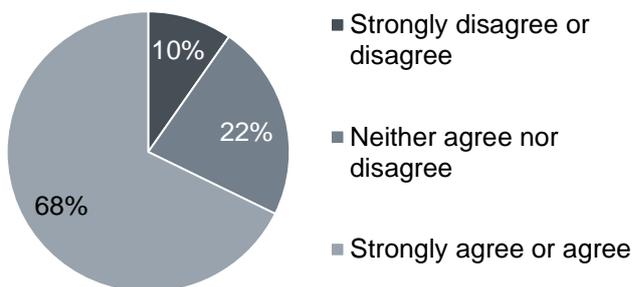
The majority of responders stated that they were employed within the government health sector (15 out of 31 responders), followed by the government disability sector (5 out of 31 responders). Of the two responders who selected 'other', one stated they were a student and the other worked across health and disability. Only one person working in the non-government health sector completed the survey.

Figure 3: Attendees' identification of whether health promotion was a part of their role



The majority of responders stated that health promotion was a part of their role (22 out of 31 responders), with seven responders stating that health promotion was not a part of their role and two stating it was not applicable.

Figure 4: Attendees' agreement with the statement 'The Disability and Health Café increased my understanding of disability as a vulnerable population group in relation to health promotion'



The majority of responders agreed with the statement 'The Disability and Health Café increased my understanding of disability as a vulnerable population group in relation to health promotion' (21 out of 31 responders). Of those that agreed with the statement, nine strongly agreed and 12 agreed. Three people disagreed with this statement.

Graph A: Category of people attending the café against the statement ‘The Disability and Health Café increased my understanding of disability as a vulnerable population group in relation to health promotion’

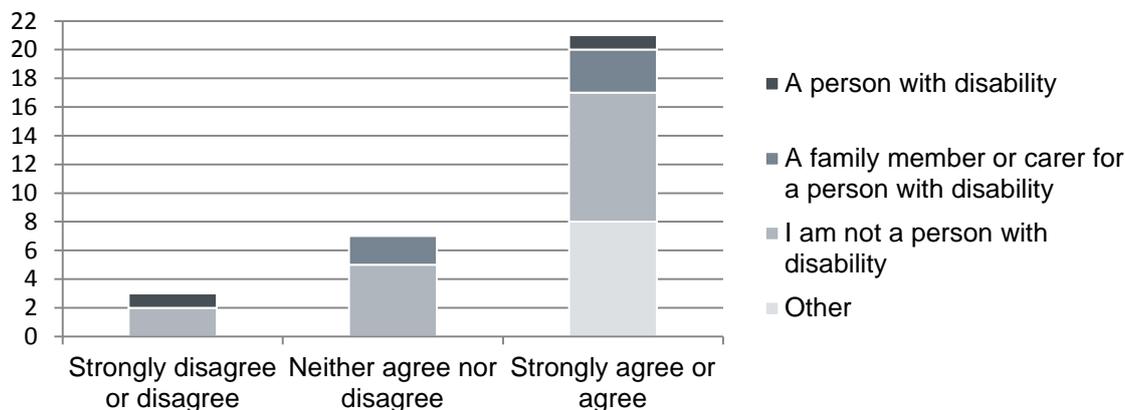


Table A: Category of people attending the café against the statement ‘The Disability and Health Café increased my understanding of disability as a vulnerable population group in relation to health promotion’.

	A person with disability	A family member or carer for a person with disability	I am not a person with disability	Other	
Strongly disagree or disagree	1	0	2	0	3
Neither agree nor disagree	0	2	5	0	7
Strongly agree or agree	1	3	9	8	21
	2	5	16	8	31

Cross-analysis of the self-reported category of people attending the café against the statement ‘The Disability and Health Café increased my understanding of disability as a vulnerable population group in relation to health promotion’ reveals that of those that agreed with the statement (21 out of 31 responders), one was a person with disability, three were a family member or carer for a person with disability, nine stated they were not a person with disability and eight selected ‘other’ (employed in the health or disability sector).

Of those that disagreed with the statement (three out of 31 responders), one was a person with disability and two stated that they were not a person with disability.

Graph B: Employment category against the statement ‘The Disability and Health Café increased my understanding of disability as a vulnerable population group in relation to health promotion’.

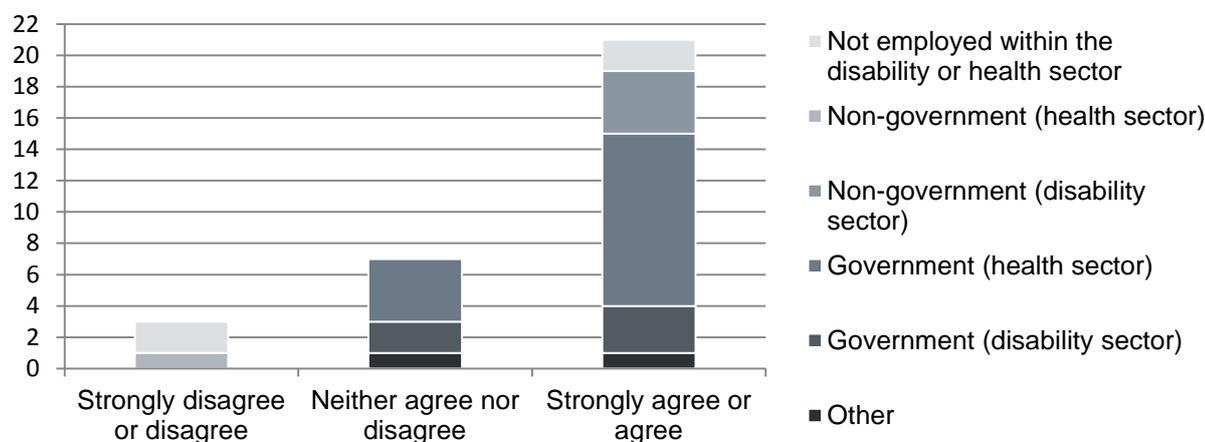


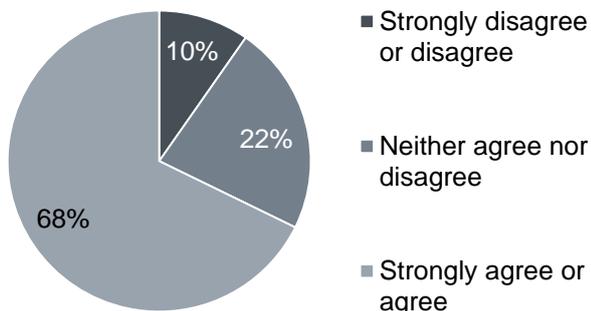
Table B: Employment category against the statement ‘The Disability and Health Café increased my understanding of disability as a vulnerable population group in relation to health promotion’.

	Not employed within the disability or health sector	Non-government (health sector)	Non-government (disability sector)	Government (health sector)	Government (disability sector)	Other	
Strongly disagree or disagree	2	1	0	0	0	0	3
Neither agree nor disagree	0	0	0	4	2	1	7
Strongly agree or agree	2	0	4	11	3	1	21
	4	1	4	15	5	2	31

Cross-analysis of employment category against the statement ‘The Disability and Health Café increased my understanding of disability as a vulnerable population group in relation to health promotion’ reveals that of those that agreed with the statement (21 out of 31 responders), the majority of responders were employed in the government health sector (11 responders), followed by the non-government disability sector (four responders).

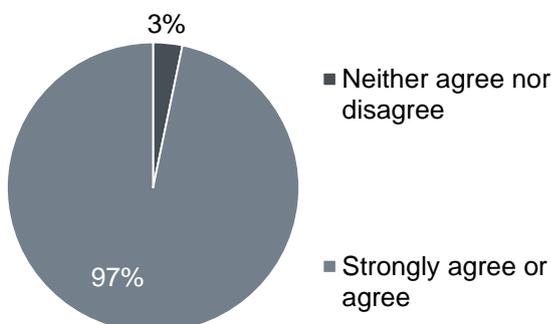
Of those that disagreed with the statement (three out of 31 responders), two stated that they were not employed within the disability or health sector, and one stated that they were employed in the non-government health sector.

Figure 5: Attendees' agreement with the statement 'The Disability and Health Café increased my knowledge of health promotion in the disability sector.'



The majority of responders agreed with the statement 'The Disability and Health Café increased my knowledge of health promotion in the disability sector' (21 out of 31 responders). Of those that agreed with the statement, 14 strongly agreed and seven agreed. Three people disagreed with this statement.

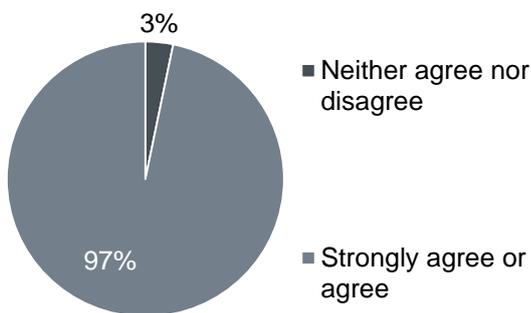
Figure 6: Attendees' agreement with the statement 'The Disability and Health Café provided me with opportunity to discuss challenges and share ideas on health promotion in the disability sector'.



No-one disagreed with the statement 'The Disability and Health Café provided me with opportunity to discuss challenges and share ideas on health promotion in the disability sector', with the vast majority of responders agreeing with the statement (30 out of 31 responders). Of those that agreed with the statement, 19 strongly agreed and 11 agreed. One person stated that they neither agreed nor disagreed with the statement.

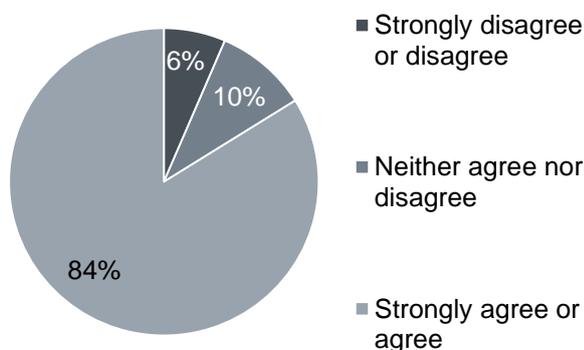
All responders agreed with the statement 'The Disability and Health Café provided me with opportunity to actively contribute during the buzz sessions' (31 out of 31 responders), with 21 people strongly agreeing and 10 people agreeing with the statement. No-one disagreed with this statement.

Figure 7: Attendees' agreement with the statement 'The Disability and Health Café provided me with opportunity to connect with new people'.



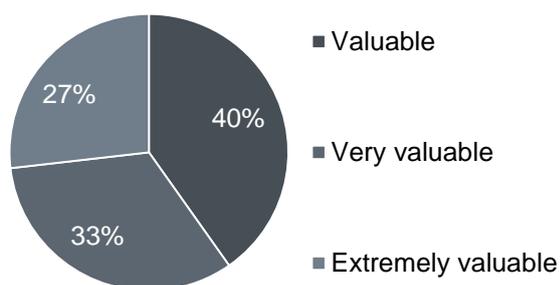
No-one disagreed with the statement 'The Disability and Health Café provided me with opportunity to connect with new people', with the vast majority of responders agreeing with the statement (30 out of 31 responders). Of those that agreed with the statement, 19 strongly agreed and 11 agreed. One person stated that they neither agreed nor disagreed with the statement.

Figure 8: Attendees' agreement with the statement 'Overall, the café lived up to my expectations'.



The majority of responders agreed with the statement 'Overall, the café lived up to my expectations' (26 out of 31 responders). Of those that agreed with the statement, 17 strongly agreed and nine agreed. Two people disagreed with this statement.

Figure 9: How valuable attendees found the presentations.



The majority of responders reported that they found the presentations valuable (40 per cent of responders), followed by those that rated it very valuable (33 per cent of responders).

Comments from attendees about the presentations

Some of the key comments made by attendees about the presentations included:

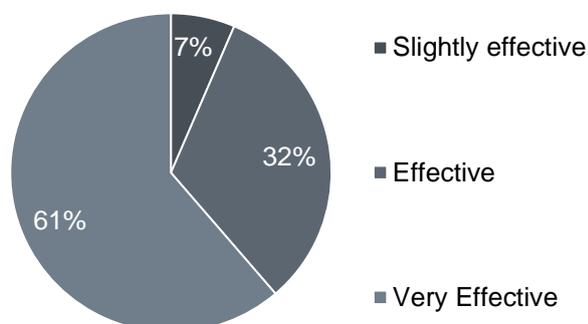
It would have been good to have a consumer deliver the consumer perspective.

None of the presenters had a disability - which is what the cafe was all about.

Tarun provided an extremely thoughtful and thought provoking presentation looking at the place of disability within the context of health which still has me thinking about various issues.

Holly provided an inspiring session about the 'how to', which was very informative and I think a session on initiatives in the future would be really helpful.

Figure 10: Effectiveness of the café format (presentations followed by buzzing sessions) to explore issues in relation to people with disability and health promotion.



No-one stated that the café format (presentations followed by buzzing sessions) was not at all effective to explore issues in relation to people with disability and health promotion. The majority of responders stated that they found the café format very effective to explore issues in relation

to people with disability and health promotion (19 out of 31 responders), followed by 10 people who stated it was effective. Two people stated it was slightly effective.

Comments from attendees about the café format

Some of the key comments made by attendees about the café format included:

It was an excellent method - all people got to be heard by others, not just the people they know who they sat next to when they got there. The speakers were excellent at bringing up issues and questions, and everyone felt safe and confident to speak openly and honestly about the issues.

A bit of a challenge in a tight space, which meant it was a bit noisy and at times hard to hear group members, but obviously there were lots of ideas in the room which created a good atmosphere. Having an allocated scribe/facilitator really assisted things.

It was a great way to ensure that we had the opportunity to hear the opinions / experiences of the presenters as well as ensuring ample opportunities to participate in discussions on the area.

Key points on what was missing in the café topics, buzz sessions and overall format

Some of the key points that were raised by participants when asked what was missing in the café topics, buzz sessions and overall format included:

For health professionals who have limited direct dealing with the disability sector, there may have been some assumed knowledge as to what is disability; who are the people with disability; how do you define health, health and wellbeing for people with disability; how do you best engage with the disability sector (consumers, carers and key agencies); how do people living with disability prefer to be talked about?

All reference to 'health promotion' related only to lifestyle education such as physical activity and diet. Health promotion was not approached from its real holistic sense. Health promotion may be advocacy, service development, community engagement, and a million other things, with education only being one minute part of that. I felt this context was lacking from the café.

It would be good to include more information about current achievements in the field of improving health outcomes for people with a disability.

Venue and venue access

Attendees were asked to rate the venue and venue access (special needs, parking, public transport etc.). The majority of responders stated that they found the venue excellent (17 out of

31 responders), followed by 10 people who stated it was very good. One person rated the venue as fair and no-one rated it as poor.

The majority of responders stated that they found access to the venue (special needs, parking, public transport etc.) as excellent (18 out of 31 responders), followed by eight people who stated it was very good. One person rated the venue as fair, one rated it as poor and one stated it was not applicable.

This information was included in the 'Lessons Learnt Report' for future Disability Health Network events.

Key learnings about health promotion for people with disability

Some of the key learnings about health promotion for people with disability attendees took away from the day included:

It reinforced the importance for everyone to be taking action in this area. It was useful to learn from others their experiences and challenges. The importance to consider what sort of 'lens' we use when viewing people with a disability.

That it is not a homogenous group; that educating support staff is equally important in trying to foster health promotion with people with disability, especially those with intellectual disability.

Health professionals need to include people with disability when planning health promotion programs.

Both key types of health promotion - information and intervention - are often inaccessible to people with disability. The reasons vary with type of disability, and from person to person. Any changes will need to be specific and equally varied.

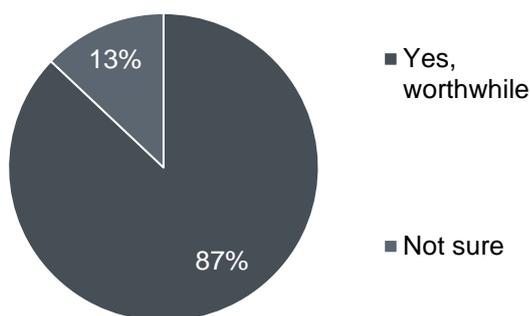
That people are people and have similar needs whether they have a disability or not. That people with disability wish to have access to health and wellbeing opportunities like anyone else.

A change towards 'person-centred' approach needs to happen (nothing about me without me). Education of carers and workers is crucial for people with disability to make good health choices.

That very little specific health promotion work is currently in existence for people with disability.

Health promotion for people with disability doesn't need to be a special separate program, but can be incorporated into existing programs/care.

Figure 11: Whether it would be worthwhile holding more disability and health promotion cafes.



The majority of responders stated that they thought it would be worthwhile holding more disability and health promotion cafés (27 out of 31 responders). Four responders said they were not sure, and no-one stated that it would not be worthwhile.

Comments from attendees about whether it would be worthwhile holding more cafés

Some of the key comments made by attendees about whether it would be worthwhile holding more disability and health promotion cafés included:

Yes - But it's also important to use other ways to engage people with disability, families and carers.

Not sure - I think a second one would need to build on the first and include asking people for specific examples of how they could improve their practice. Developing the relationships created today would be another reason to host one.

Not sure - It would be worthwhile if it was to tease out some of the issues raised in the initial café to identify appropriate strategies - find out from others what worked for them and what didn't work.

Yes - It is difficult to rationalise the concepts discussed around health promotion with the services being provided by health at the ground level. It feels there is a disconnect between planning at WA Health level and health services being provided.

Other strategies that could be used

Other strategies that attendees listed could be used for health promotion and disability engagement included:

Have one café where a whole range of best practice health promotion services are highlighted (like Holly Coopes talk - but more of them). Include health promotion activities that are not for people with disability and debate what would need to be changed to make

them more widely accessible. This would reflect positively on those services that are doing their (sometimes little but important) bit to promote better health and wellness as well as allowing people with similar cohorts to see solutions to their issues in action.

Competition for public health/health promotion students to design accessible information and other materials, maybe for specific groups. Sponsorship from relevant organisations, maybe through Lotteries West. For example, Activ could sponsor Easy Read health information brochures.

Longer buzz times.

Poster presentations or 5 minute presentations from different groups with current activities and how they relate to health and disability along with the café session.

Topics suggested for future disability and health promotion activities

Some topics suggested by attendees for future health promotion and disability activities included:

Suggestions of what disability services can do to make their service incorporate health promotion principles and be more person-centred i.e. incorporating simple things that can make an immediate difference. This may be in the form of focusing on programs and supports available.

Other types of health promotion such as promotion, importance and availability of women's services or sexual health (i.e. pap smear services) that are wheelchair accessible. Some of these needs were discussed at the July 2014 Clinical Senate debate: http://www.clinicalsenate.health.wa.gov.au/debates/july14_presentations.cfm.

Would have been good to hear how DSC promotes health of its clients through policies, contracts, etc.

It would be interesting to have Sharleen Chilvers speak on DSC's (Disability Service Commission) health promotions team, which is now not in existence, to see what used to be promoted and how this occurred and DSC's decision not to continue funding this team.

This was a good start, but maybe need to reflect on topics for future sessions that get a broader mix of people to the sessions over time (e.g. TAFEs, local governments, education, primary care).

Something focusing on obesity, as this stigmatises people and increasingly people with disability who are often not presented with the same options as other members of the public, or have access to sufficient support to act on options.

Inviting people with disability to talk to health professionals about their experiences with health promotion.

What health promotion activities are already in place in specific organisations (presentations of representatives from various organisations).

Introduction to the disability area - who are the key players in this sector, the different types of disability etc.

A session around needs assessment, planning, implementation and evaluation to ensure that needs-led intervention is being developed.

More specific issues regarding health challenges faced by people with disability and ways we can actually reduce the challenges. How can we achieve goals to improve health outcomes for people with disability.

Additional comments and suggestions

Positive feedback received included:

I am just so glad this initiative has got off the ground. Congratulations to all the organising group.

It was a great way to ensure that we had the opportunity to hear the opinions/experiences of the presenters as well as ensuring ample opportunities to participate in discussions on the area.

Some suggestions for future cafes included:

May be rethink framing and how to promote future cafés so as to appeal to a broader mix of participants.

Inviting people with disability who work in the sector of health promotion to share their experiences and present their knowledge on the topic.

5. Discussion

In 2010, 43 per cent of Australians with disability rated their health as very good or good compared with 96 per cent without disability, and over half (57 per cent) rated their health as fair or poor compared to 4 per cent without disability (ABS, 2012). There is an assumption that people with disability do not require access to health promotion and disease prevention services and programs (WHO). Health promotion and prevention activities seldom target people with disability and there is a lack of health promotion material in an accessible format, particularly for people with an intellectual disability (WHO).

Anecdotal evidence suggests that health promotion is a gap area for people with disability. The Disability Health Network agreed to undertake an activity that focused on health promotion as an initiative to identify and address this gap.

The Disability and Health Café project objectives were to:

1. Create a space to bring people together to discuss challenges and share ideas on health promotion in the disability sector.
2. Increase understanding and recognition of disability as a vulnerable population group in relation to health promotion areas.
3. Foster partnership with the Ministerial Advisory Council on Disability (MACD) to broaden sphere of potential influence.
4. Foster collaborative connections with Chronic Disease Prevention Directorate (CDPD).

The following is a discussion on whether the café met its project objectives.

1. Create a space to bring people together to discuss challenges and share ideas on health promotion in the disability sector.

A total of 62 people attended the café including people with disability, families, carers, health and dental professionals, university professors, and disability service organisations.

Non-government health promotion organisations were sent targeted invitations to the café. While a number of non-government health promotion organisation staff registered, few attended on the day. Feedback on this included:

I was not aware of any NGO (non-government organisation) sector health promotion representatives in attendance - they may have been there. However, if not this group would have added value.

What also struck me was that there appeared to be, although I might have just missed them, none of the main stream agencies that provide health promotion activities present e.g. Heart Foundation, Cancer Council WA, Diabetes WA, Arthritis & Osteoporosis WA, Asthma Foundation WA and the local councils.

A recommendation for future events is to increase the targeted invitation strategy for this cohort of people.

The café format (presentations followed by buzzing sessions) was well received by attendees, and they appreciated the use of the 'fruit name tags' to encourage movement. It was noted that physical events are not always the most appropriate way to engage with people with disability or their families or carers. A recommendation for future activities to discuss challenges and share ideas on health promotion in the disability sector is to explore whether it needs to be a physical space, or whether further conversations can happen in different formats.

The presentations were rated highly by attendees and it was noted that some greatly encouraged discussion on the issues. A number of attendees commented that it would have had a greater impact if more of the presenters were people with disability. A recommendation for future events is to include a greater number of people with disability as presenters to speak of their experiences and challenges with health promotion.

2. Increase understanding and recognition of disability as a vulnerable population group in relation to health promotion areas.

Cross-analysis of the data reveals that the majority of responders agreed that the café increased their understanding of disability as a vulnerable population group in relation to health promotion (21 out of 31 responders). Cross-analysis reveals that of those that disagreed with the statement, one was a person with disability, two stated they were not a person with disability, two were not employed within the disability or health sector, and one was employed in the non-government health sector.

It was reported that café attendees could have had:

- more opportunity to develop a clearer understanding of health promotion.
- more opportunity to develop a clearer understanding of the disability sector.

This was reported as one of the key points on what was missing from the café.

The health staff that I met on the tables did not have contemporary views of working with people with disability. The disability staff did not have an understanding about what health promotion was.

Overall, it appears that the café increased understanding and recognition of disability as a vulnerable population group in relation to health promotion areas. A recommendation for future events is to provide a clear message on health promotion principles and the breadth of scope of people with disability.

3. Foster partnership with MACD to broaden sphere of potential influence.

The café was convened and hosted by the Department of Health in partnership with the Disability Services Commission and MACD.

The event and café summary report was planned and developed in collaboration with the Chair of MACD, and the evaluation data was shared post-event.

Financial contributions to the event were made by MACD and the Disability Services Commission (DSC).

MACD were able to bring the learnings from the consumer survey into the conversation through the presentation by Cindy Evans on a 'Consumer's perspective: The needs and challenges for a healthy lifestyle with disability' and the buzzing session that followed.

MACD's objectives for the Disability Health Café were to explore whether there were gaps in health promotion access for people with disability, identify potential barriers to mainstream access, identify potential areas requiring targeted health promotion strategies and scope what is already happening in the area of health promotion and disability to advise the Minister for Disability. It is acknowledged that the café was just the beginning in terms of exploring these areas.

A recommendation is to continue to foster collaborative connections with MACD to broaden the Disability Health Network's sphere of potential influence and increase understanding and recognition of disability as a vulnerable population group in relation to health promotion areas.

4. Foster collaborative connections with CDPD.

This project fit within the *WA Health Promotion Strategic Framework 2012-2016* developed by CDPD that identified people with disability as a vulnerable population group by stating that 'People who are disadvantaged or live outside major cities, and people who live with a disability or mental illness are generally at greater risk of chronic disease or injury.'

The café was planned and developed based on the learnings of CDPD's Multicultural Health Diversity Cafés.

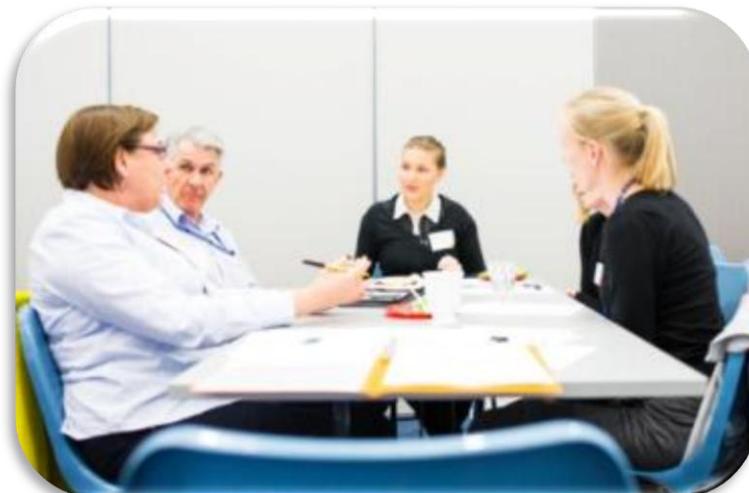
CDPD were able to bring a fresh perspective to health and disability with Tarun Weeramanthri's presentation on 'Disability as difference: Learning from other lenses'. Tarun Weeramanthri and a number of CDPD staff attended and participated in the café buzz sessions.

A recommendation is to continue to foster collaborative connections with CDPD to increase understanding and recognition of disability as a vulnerable population group in relation to health promotion areas.

6. Suggestions for the future

The **suggestions for the future** based on the project objectives, evaluation results and discussions post-event include:

1. Develop the invitation strategy to target non-government health promotion organisation staff to increase their attendance at future disability health promotion activities.
2. Explore whether the space to bring people together to discuss challenges and share ideas on disability health promotion needs to be a physical space, or whether further conversations can happen in different formats.
3. Include a greater number of people with disability as presenters to speak of their experiences and challenges with health promotion.
4. Continue to foster collaborative connections with MACD and CDPD.
5. Host further disability health events with a focus on:
 - a. Clear messages on health promotion principles.
 - b. The breadth of scope of disability and its challenges.
 - c. Targeted health promotion topics i.e. women's health, obesity etc.
 - d. Longer buzz sessions.



7. Appendices

Appendix A: List of attendees

Below are the café attendees who gave permission for their name and organisation to be listed in the Summary Report.

	First name	Surname	Organisation
1	Michelle	Atkinson-de Garis	Community
2	Marcia	Bargh	The Centre for Cerebral Palsy
3	Klair	Bayley	Duchenne Foundation
4	Rowena	Budd	Intework Inc.
5	Megan	Burley	Disability Health Network
6	Matt	Burrows	Therapy Focus
7	Siobhan	Cadogan	Child and Adolescent Community Health, WA Health
8	Angela	Caple	Health Strategy and Networks, WA Health
9	Sharleen	Chilvers	Disability Services Commission
10	Jason	Chua	Health Strategy and Networks, WA Health
11	Richard	Clark	Mental Health Network
12	Holly	Coopes	Senses WA
13	Maxine	Croft	The University of Western Australia
14	Erica	Davison	Chronic Disease Prevention Directorate, WA Health
15	Kerry	Deakin	Identitywa
16	Tricia	Dewar	Disability Health Network
17	Ve	Divincenzo	Community
18	Robert	Divincenzo	Community
19	Elizabeth	Edmondson	Community
20	Cindy	Evans	Ministerial Advisory Council on Disability
21	Stephanie	Fewster	Carers WA
22	Tracy	Foulds	Headwest
23	Bronwyn	Gledhill	Rehabilitation in the Home, WA Health
24	Martin	Glick	Dental Health Services, WA Health
25	Kim	Goodman	Health Strategy and Networks, WA Health
26	Deborah	Gordon	Continenence Advisory Service of WA Inc.
27	Sam	Grech	Sir Charles Gairdner Hospital
28	Ryszarda	Gruszecka	Ruah
29	Sam	Harris	Disability Services Commission
30	Lanny	Hoskin	WA Cervical Cancer Prevention Program, WA Health
31	Zel	Iscl	Inclusive World
32	Wendy	Jones	Rocky Bay
33	Michelle	Lane	Disability Services Commission

34	Angela	Lee	Curtin University
35	Fiona	Leverington	South Metropolitan Health Service, WA Health
36	Meg	Littlejohn	Royal Perth Hospital
37	Ruth	Lopez	Chronic Disease Prevention Directorate, WA Health
38	Gitana	Matthews	Health Strategy and Networks, WA Health
39	Estelle	McDonald	Silver Chain Group
40	Sarah	McKerracher	Health Strategy and Networks, WA Health
41	Calina	Montebello	Disability Services Commission
42	Karina	Moore	Health Strategy and Networks, WA Health
43	Pat	Niadu	Disability Services Commission
44	Pui (Cherry)	Nock	Rocky Bay
45	Joy	Norton	National Disability Insurance Scheme
46	Marlene	Parry	Health Strategy and Networks, WA Health
47	Fiona	Payne	Disability Health Network
48	Frances	Powell	Disability Health Network
49	Penny	Rogers	Community
50	Barbara	Singer	The University of Western Australia
51	Mark	Slattery	Health Strategy and Networks, WA Health
52	Denise	Sullivan	Chronic Disease Prevention Directorate, WA Health
53	Zhao Lin	Teoh	Rocky Bay
54	Allyson	Thomson	Curtin University
55	Andrea	Triffitt	WA Country Health Service - South West, WA Health
56	Melissa	Trivic	Health Strategy and Networks, WA Health
57	Rosanna	Turner	Dental Health Services, WA Health
58	Jacqueline	Valentine	Disability Services Commission
59	Ann	Walker	Sir Charles Gairdner Hospital
60	Jennifer	Watchorn	Health Strategy and Networks, WA Health
61	Tarun	Weeramanthri	Public Health and Clinical Services, WA Health
62	Jennifer	Weir	Royal Perth Hospital

Appendix B: Program



Disability and health café

What is health promotion for people with disability?

10.00 am–1.00 pm

Tuesday 23 September 2014

Bendat Parent and Community Centre, 36 Dodd St, Wembley

Program

Time	Program	Presenter
9.30 am	Registration	
10.00 am	Introduction to disability and health café	Ms Megan Burley , Senior Development Officer, Health Strategy and Networks, WA Health
10.05 am	Acknowledgement of country Opening the café	Ms Fiona Payne , Co-Lead, Disability Health Network
10.15 am	Speaker 1: Consumer's perspective: The needs and challenges for a healthy lifestyle with disability	Ms Cindy Evans , Ministerial Advisory Council on Disability
10.35 am	Buzz session 1: If you think there are challenges for people with disability to have the healthiest lifestyle possible, what would they be? Consider the diversity of disability and the diversity of having a healthy lifestyle.	

health.wa.gov.au

Time	Program	Presenter
10.55 am	Speaker 2: Disability as difference: Learning from other lenses	Prof. Tarun Weeramanthri , Chief Health Officer / Executive Director Public Health and Clinical Services, WA Health
11.25 am	Buzz session 2: Explore ideas on how to get health promotion messages to this 'hard to reach' group. Consider what some of the barriers might be and how they can be overcome.	
11.40 am	Speaker 3: Case example of a health promotion initiative in the disability area	Ms Holly Coopes , Coordinator Adult Services and Senior Physiotherapist, Senses WA
12.00 pm	Buzz session 3: Do you know of health promotion activities that are inclusive of people with disability? Share something that you can take from today.	
12.15 pm	Café summary	Ms Megan Burley , Senior Development Officer, Health Strategy and Networks, WA Health
1.00 pm	Close	



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Appendix C: Survey questions



Department of Health
Disability Services Commission



<https://consultation.health.wa.gov.au/>

Disability and Health Cafe Evaluation

Overview

Thank you for participating in the Disability and Health café at Bendat Parent and Community Centre on 23 September 2014.

Please assist us to evaluate whether you thought the café was of value by providing your feedback. This information will be analysed and used to shape recommendations in the café summary report. This report will be sent to all attendees and available on the **Disability Health Network** <http://www.healthnetworks.health.wa.gov.au/network/disability.cfm> webpage.

All individual responses remain confidential. It would be appreciated if you could complete the survey by **Friday 26 September 2014**.

Demographics

1 Which category best describes you? Please select only one answer.

(Required)

Please select only one item

- A person with disability A family member or carer for a person with disability
 I am not a person with disability Other (please specify)

2 Are you currently employed within the disability or health sector? Please select only one answer.

(Required)

Please select only one item

- No, not employed within the disability or health sector
 Yes, non-government (health sector) Yes, non-government (disability sector)
 Yes, government (health sector) Yes, government (disability sector)
 Other (please specify)

3 Would you say health promotion is a part of your role?

(Required)

Please select only one item

Yes No Not applicable

Event content

4 To help us understand how valuable you found the café, please rate the extent to which you agree/disagree with the following questions. The Disability and Health Café:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Not applicable
Increased my understanding of disability as a vulnerable population group in relation to health promotion. <i>Please select only one item</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased my knowledge of health promotion in the disability sector. <i>Please select only one item</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided me with opportunity to discuss challenges and share ideas on health promotion in the disability sector. <i>Please select only one item</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided me with opportunity to actively contribute during the buzz sessions. <i>Please select only one item</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided me with opportunity to connect with new people. <i>Please select only one item</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, the café lived up to my expectations. <i>Please select only one item</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5 To help us understand how valuable you found the topics at the café, please rate each presentation.

Least valuable Somewhat valuable Valuable Very valuable Extremely valuable Not applicable

Presentation 1

by Cindy Evans

- Consumer's perspective:

The needs and challenges for a healthy lifestyle with disability.

Please select only one item

Presentation 2

by Tarun

Weeramanthri -

Disability as difference:

Learning from other lenses.

Please select only one item

Presentation 3

by Holly

Coopes - Case

example of a health

promotion initiative in the

disability area.

Please select only one item

Comments

Event format

6 To what extent was the café format (presentations followed by buzzing sessions) an effective way to explore issues in relation to people with disability and health promotion?

(Required)

Please select only one item

Not at all effective Slightly effective Effective Very Effective

Not applicable

Comments

7 What (if anything) was missing in the café topics / buzz sessions / overall format?

8 Please rate the venue for the café on the following aspects using the scale provided.

	Poor	Fair	Good	Very good	Excellent	Not applicable
Venue <i>Please select only one item</i>	<input type="checkbox"/>					
Venue access (special needs, parking, public transport etc.) <i>Please select only one item</i>	<input type="checkbox"/>					

Comments

Comments

9 What were the key learnings about health promotion for people with disability you took away from the café?

(Required)

10 Do you think it would be worthwhile holding more disability and health promotion cafés?

(Required)

Please select only one item

Yes No Not sure

If no, please explain your reasons

11 What (if any) other strategies could be used?

12 What other topics do you suggest for future disability and health promotion activities?

13 Do you have any additional comments or suggestions?



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