Self-care and Health

- Learning from COVID-19

Summary

Public messaging from Australian governments in response to the COVID-19 pandemic has emphasised the importance of self-care. Self-caring activities such as social distancing, wearing face masks and other preventative hygiene measures have been pivotal to the response to the disease by Australian governments and many others worldwide.

Healthcare systems and organisations have undergone extraordinary and rapid transformation, implementing with speed and at a scale changed that were unimaginable a few months ago. The changes include telemedicine, digital triage, and integrated care systems to assist in the management of caseloads and new workforce models involving multi-disciplinary teamwork and role flexibility. These changes have the potential to address a range of long-standing inefficiencies and inequities in current operational models, and have been embraced by healthcare professionals and services.

Three important observations emerge from the experience of the pandemic:

1. The management of health risks arising from infectious diseases necessarily involves actions by individuals as well as by health services and governments.

2. Health services have demonstrated through changed processes and practices that they have a role in helping people to prevent communicable disease and to remain healthy during a public health crisis. Health services can apply the evidence emerging from these innovations to work differently to prevent and manage both communicable and chronic disease and support better self-care and self-management by individuals and communities.

3. The strong emphasis by health leaders and policy makers that self-care happens in a social context and that the benefits of good self-care reach far beyond the individual to society at large. This has clear implications for the priorities of future health policy.

Key messages

- Staying home and observing government guidelines is 'doing your bit' for others as well as yourself.

- The lessons of the COVID-19 pandemic highlight a necessary direction for health policy - investing in prevention by enabling better self-care by all.

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> _Self-care is the ability of individuals, families and communities to promote health, prevent disease, and maintain health and to cope with illness and disability with or without the support of a health-care provider._[1]

Benefits of self-care

Self-care begins with everyday behaviours, usually learned in childhood, such as washing your hands after visiting the toilet, cleaning your teeth, eating fruit, taking regular exercise or appropriately using over-the counter-medications for minor illnesses.[2]

As the COVID-19 pandemic has demonstrated, self-care also contributes to preventing infections and chronic diseases and improving the health and wellbeing of people recovering from acute conditions and trauma and enabling people to live with chronic health conditions.

The concept of self-care is complementary, and central, to the concept of prevention of both infectious and chronic diseases. People living with long-term chronic conditions are both the most frequent users of health care services in Australia and some of the most vulnerable individuals when it comes to being infected by, or dying from, COVID-19 infection. Therefore, chronic disease prevention should be considered an essential component of reducing the impacts of future pandemics.

There is evidence that up to 80% of heart disease, stroke and type-2 diabetes, and over a third of cancers could be prevented through effective self-care, by eliminating or reducing exposure to the risk factors of tobacco use, unhealthy diet, physical inactivity and excessive alcohol consumption.[3]

In Australia, this would mean that by 2025, an estimated 29,300 lives could be saved via the effective prevention of chronic disease.[4] Improving self-care practices and behaviours related to existing chronic conditions is also associated with reduced numbers of hospital admissions and the occurrence of major health events.[5-7]

After COVID-19: A new business model for health care

Australia's health and government leadership successful response to the COVID-19 pandemic has shown that health policies and health system arrangements are able to respond and adapt quickly.

This transformational process has taken place despite the persistence of well-recognised barriers to innovation imposed by the long-standing fragmentation between primary and secondary health systems, federal and state-level health systems and between public and private health systems.[8]

Australia's response to COVID-19 had the dual aims of maintaining and expanding existing health system capability whilst mitigating the spread of the virus and protecting the health of the most vulnerable.[9] The Government embraced digital health care and took the historic step of announcing that, within the $2.4 billion health package to combat COVID-19, $100 million would fund a 'new Medicare service', at no cost for patients.

This was followed by the national roll out of a universal telehealth model for all Australians to enable health care access for both COVID-19 & non-COVID-19 symptoms through tele- or video consultations from home until September 30, 2020. A further $74 million was provided to support telehealth consultations for those with mental health needs.[10]

These incentives have had a dramatic impact on practice. Medicare Benefits Schedule activity figures for April 2020 reveal a steep rise in the number of consultations delivered by telehealth, comprising 36% of all general practitioner consultations and 37% of specialist consults that month.[11]

The experience of the pandemic must become a catalyst for a new healthcare business model where the achievement of health and wellbeing by individuals and populations is valued and incentivised as much as the treatment of illness and injuries.

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Embracing digital health care - implications for self-care

The rapid adaptation to digital health care, made by health and care services in response to COVID-19, have had many benefits.

Shifts to digital health care have reduced COVID-19 exposure for both patients and health care providers and have contributed to maintaining the primary health care frontline, diverting people from hospitals, and reducing the demand for personal protective equipment. These developments have also helped people to stay at home, supporting compliance with self-isolation and quarantine requirements.

Beyond COVID-19, telemedicine can help to improve access to health services that would otherwise be unavailable or inaccessible for patients and carers to use because of distance, time or cost, which can inhibit the delivery of timely and appropriate health care. The use of apps can enable people to share information such as heart rate and respiration with health services, even when these are accessed remotely, and receive support to safely manage health condition at home. These supports are of great importance when people are isolating and are demonstrably of value in all future health care.

Self-care needs to become one of the norms that inform human social and political life, underpin human dignity, and support the common good. This requires all of us, individuals, organisations, institutions and governments, to do their bit.
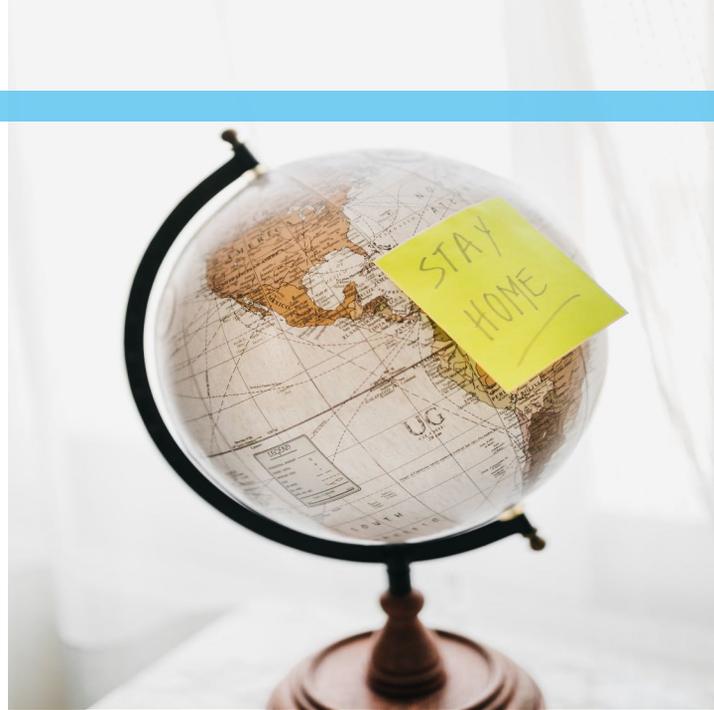
Key observations

> There is a clear relationship between the risks of severe illness and death from COVID-19 and the presence of underlying and preventable chronic diseases.

> Governments and policymakers are largely responsible for creating environments which either inhibit or enable self-care and play a major role in the development of self-care capabilities at the population level.[12]

> Governments have the primary role in working with industries and health professionals to ensure the quality of new services and technologies through robust regulation.

> Enabling all Australians, individually and collectively, to undertake better self-care has been shown to be a necessary pillar of a comprehensive strategy to strengthen resilience and health protection.

> There is a vital role for community organisations and local governments in involving individuals in the co-production of self-caring communities, tailoring these to meet the distinct needs of heterogeneous communities and places.

About us

The Mitchell Institute for Education and Health Policy at Victoria University is one of the country's leading education and health policy think tanks and trusted thought leaders. Our focus is on improving our education and health systems so more Australians can engage with and benefit from these services, supporting a healthier, fairer and more productive society.

The Australian Health Policy Collaboration is led by the Mitchell Institute at Victoria University and brings together leading health organisations and chronic disease experts to translate rigorous research into good policy. The national collaboration has developed health targets and indicators for preventable chronic diseases designed to contribute to reducing the health impacts of chronic conditions on the Australian population.

About the author

Dr Maria Duggan is a Policy Fellow and Adjunct Associate Professor at the Mitchell Institute. She has an extensive track record in health policy development and implementation in the UK, Germany and the USA, as well as in Australia. In a long career she has been a practitioner, service manager and an academic, and she was a mental health policy adviser to the UK Government from 1998 to 2007. Maria was the Director of Policy at the UK Public Health Association until its closure in 2010.

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References

1. World Health Organization, What do we mean by self-care. 2020; Available from: https://www.who.int/reproductivehealth/self-care-interventions/definitions/en/

2. Duggan, M., W. Chislett, and R. Calder, *The state of self-care in Australia, Australian Health Policy Collaboration Commissioned Paper no. 02/2017.* 2017, AHPC: Melbourne.

3. World Health Organization, *Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020.* 2013: Geneva, Switzerland.

4. World Health Organization. *Noncommunicable Diseases (Ncd) Country Profiles 2018: Australia* 2018; Available from: https://www.who.int/nmh/countries/2018/aus_en.pdf?ua=1

5. Ditewig, J.B., H. Blok, J. Havers, and H. van Veenendaal, *Effectiveness of Self-Management Interventions on Mortality, Hospital Readmissions, Chronic Heart Failure Hospitalization Rate and Quality of Life in Patients with Chronic Heart Failure: A Systematic Review.* Patient Educ Couns, 2010. 78(3): p. 297-315.

6. van der Wal, M.H., D.J. van Veldhuisen, N.J. Veeger, F.H. Rutten, and T. Jaarsma, *Compliance with Non-Pharmacological Recommendations and Outcome in Heart Failure Patients.* Eur Heart J, 2010. 31(12): p. 1486-93.

7. Purdy, S., *Avoiding Hospital Admissions: What Does the Research Evidence Say?*, T.K.s. Fund, Editor. 2010.

8. Economist Intelligence Unit. *Healthcare; How Will Covid-19 Reshape Key Australian Industries?* 2020 June 10th 2020; Available from: https://eiuperspectives.economist.com/healthcare/healthcare-how-will-covid-19-reshape-key-australian-industries

9. Tanne, J.H., E. Hayasaki, M. Zastrow, P. Pulla, P. Smith, and A.G. Rada, *Covid-19: How Doctors and Healthcare Systems Are Tackling Coronavirus Worldwide.* BMJ, 2020. 368: p. m1090.

10. Fisk, M., A. Livingstone, and S.W. Pit, *Telehealth in the Context of COVID-19: Changing Perspectives in Australia, the United Kingdom, and the United States.* Journal of Medical Internet Research, 2020. 22(6): p. e19264.

11. Pulse IT. *April MBS figures show steep rise in consultations by telehealth.* 2020 June 24th 2020 [cited 2020 July 4th]; Available from: https://www.pulseitmagazine.com.au/australian-ehealth/5566-april-mbs-figures-show-%20steep-rise-in-consultations-by-telehealth

12. Narasimhan, M., P. Allotey, and A. Hardon, *Self Care Interventions to Advance Health and Wellbeing: A Conceptual Framework to Inform Normative Guidance.* BMJ, 2019. 365: p. l688.

This summary is based on the full paper: *Self-care and health: by all, for all. Learning from COVID-19* available at: https://www.vu.edu.au/mitchell-institute/health/self-care-a-game-changer-for-everyones-health