



MUSCULOSKELETAL
AUSTRALIA

OWN YOUR HEALTH:

Implementing a comprehensive self- care initiative for Australians with musculoskeletal conditions

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**SUBMISSION TO THE
FEDERAL TREASURER FOR
THE FEDERAL BUDGET
2022-2023**



MUSCULOSKELETAL
AUSTRALIA

Musculoskeletal Australia (2022)

*Submission to the Federal Treasurer for the
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Musculoskeletal Australia is a member of the Australian Ethical Health Alliance (AEHA). AEHA represents 72 healthcare organisations that aim to improve healthcare in Australia through articulation and affirmation of a set of ethical principles, outlined in the Australian Consensus Framework. These principles promote the interests of patients and consumers, enhance access to safe and effective healthcare, encourage ethical collaboration in the healthcare sector, and build public trust.



Musculoskeletal Australia

Submission to the Federal Treasurer for the Federal Budget 2022-2023

Own Your Health: Implementing a comprehensive self-care initiative for Australians with musculoskeletal conditions

Table of Contents

1) Introduction.....	6
2) About Musculoskeletal Australia.....	6
3) Musculoskeletal conditions and their impact	7
4) The case for self-care.....	8
5) The rationale for a comprehensive self-care initiative for Australians with musculoskeletal conditions	9
6) Details about each component of the total package	13
6.1) Finalisation of the current suite of self-care plans and development of self-care plans covering other key musculoskeletal conditions	13
6.1.1 What does this component involve?.....	13
6.1.2 Why is this component important?	14
6.1.3 Deliverables for this component	15
6.2) Development of a digital self-care platform	15
6.2.1 What does this component involve?.....	15
6.2.2 Why is this component important?	15
6.2.3 Deliverables for this component	16
6.3) Integration of the MSK Help Line in the support and monitoring of people engaging in self-care	16
6.3.1 What does this component involve?.....	16
6.3.2 Why is this component important?	17
6.3.3 Deliverables for this component	17
6.4) Conduct of the Musculoskeletal Australia national consumer survey in 2022, 2024 and 2026 to increase the data informing the self-care initiative.....	18
6.4.1 What does this component involve?.....	18
6.4.2 Why is this component important?	18
6.4.3 Deliverables for this component	19

6.5)	Development and promotion of information resources in conjunction with Aboriginal and Torres Strait Islander (ATSI) communities detailing the key domains of self-care	19
6.5.1	<i>What does this component involve?</i>	19
6.5.2	<i>Why is this component important?</i>	20
6.5.3	<i>Deliverables for this component</i>	21
6.6)	Development and promotion of information resources in conjunction with and for culturally and linguistically diverse (CALD) communities detailing the key domains of self-care	21
6.6.1	<i>What does this component involve?</i>	21
6.6.2	<i>Why is this component important?</i>	22
6.6.3	<i>Deliverables for this component</i>	22
6.7)	Development and implementation of a self-care communication and education campaign	22
6.7.1	<i>What does this component involve?</i>	22
6.7.2	<i>Why is this component important?</i>	23
6.7.3	<i>Deliverables for this component</i>	23
6.8)	Conduct of research and program evaluation of the developmental phases, impact and outcomes of the initiative	23
6.8.1	<i>What does this component involve?</i>	23
6.8.2	<i>Why is this component important?</i>	24
6.8.3	<i>Deliverables for this component</i>	24
7)	Impacts and planned outcomes of the total project.....	24
8)	Summary of the total project budget.....	25
9)	References.....	26



Executive summary

Musculoskeletal Australia calls on the Federal Government to fund 'Own Your Health', a comprehensive self-care initiative for Australians with musculoskeletal conditions over the next four years. This submission details the development, implementation and evaluation of such an initiative and why it is needed.

Musculoskeletal conditions are the second largest contributor to disability worldwide, with low back pain being the single leading cause of disability globally. Almost 1 in 3 (29%) of Australians had a musculoskeletal condition in 2017–18, that is 7.0 million people (AIHW, 2019). Musculoskeletal conditions and injuries are not just conditions of older age – they are relevant across the life-course. In addition, the high prevalence of musculoskeletal conditions within the Australian population results in a \$9.2 billion direct health cost and further costs from reduced productivity.

'Self-care' has been in existence for some time and is synonymous with other terms such as self- management, self-monitoring, and self-help. The WHO also states that 'self-care recognises individuals as active agents in managing their own health care.' For the majority of people with a chronic illness, time spent having an illness managed by a health professional is vastly outweighed by time spent in self-care.

A comprehensive self-care initiative for Australians with musculoskeletal conditions will consist of the following integrated components:

- Finalisation of current suite of self-care plans and development of self-care plans covering other key musculoskeletal conditions
- Development and ongoing updating of a digital self-care platform
- Integration of the MSK Help Line in the support and monitoring of people engaging in self-care
- Conduct of the national consumer survey in 2022, 2024 and 2026 to further build the data informing the self-care initiative
- Development and promotion of video resources in conjunction with Aboriginal and Torres Strait Islander communities, detailing the key domains covered within the self-care plans
- Development and promotion of video resources in conjunction with and for culturally and linguistically diverse (CALD) communities, detailing the key domains covered within the self-care plans
- Development and implementation of a self-care communication and education campaign
- Conduct of research and program evaluation of the developmental phases, impact and outcomes of the initiative.

Comprehensive information resources providing personalised information on self-care for people with musculoskeletal conditions aren't available in the Australian context. In addition, Musculoskeletal Australia believes that such a comprehensive self-care initiative will, most importantly, address some key tenets in the provision of high quality and equitable healthcare:

- Value-based healthcare
- Equity of access
- Personalised care
- Ongoing innovation
- Responsible use of public funds.

Musculoskeletal Australia anticipates that the impacts for Australia and for Australians using the comprehensive self-care resource will be as follows:

- People will experience an improved sense of physical and mental health and well-being
- People will perceive a reduction in the severity of their symptoms, including pain
- People's compliance with medicine regimens will improve
- People's use of medical services will remain stable or decrease
- People will have greater confidence and sense of control in the management of their health conditions
- Valuable data and lessons will be gained from this project for the benefit of other organisations developing self-care resources and the Australian Government.

Musculoskeletal Australia further anticipates the planned outcomes in the longer term for the Australian community from the implementation of this initiative will be that the pain and disability reported by people with musculoskeletal conditions will decrease, as will the use of primary health services and avoidable hospitalisations.

Musculoskeletal Australia therefore recommends that the Australian Government provide \$4.42m over the next four years to fund a comprehensive self-care initiative for Australians with musculoskeletal conditions.

1) Introduction

Musculoskeletal Australia welcomes the opportunity to detail the implementation of 'Own Your Health', a comprehensive self-care initiative for Australians with musculoskeletal conditions over the next four years.

As a member of the Australian Self-care Alliance (ASCA), Musculoskeletal Australia believes that the initiative outlined within this submission complements and expands upon the pre-budget submission of the ASCA, for which Musculoskeletal Australia provides endorsement. The latter aims to address several broader, structural elements as outlined within the [Self-care for health: a national policy blueprint report](#) (Nichols et al., 2020) launched by the Hon Greg Hunt in October 2020. Our submission takes the implementation of self-care a step further by truly 'putting theory into practice' in developing a self-care initiative for a defined and large group of Australians with specific health conditions (i.e. people with musculoskeletal conditions).

Our proposed initiative has been conceptualised and will be implemented in line with relevant Australian Government health strategies, policies and guidelines. These include:

- Australian Guide to Healthy Eating
- National Aboriginal and Torres Strait Islander Health Plan 2021-2031
- National Mental Health Strategy
- National Pain Strategy
- National Preventive Health Strategy 2021-2030
- National Statement on Health Literacy – Taking action to improve safety and quality
- National Strategic Action Plan for Arthritis
- National Strategic Framework for Chronic Conditions
- Physical Activity and Exercise Guidelines for all Australians
- Self-care for Health: A national policy blueprint.

2) About Musculoskeletal Australia

[Musculoskeletal Australia](#) is a national, consumer-driven organisation working to support people for better musculoskeletal health. We work on behalf of the 7 million Australians living with conditions such as osteoarthritis, back pain, rheumatoid arthritis, gout, osteoporosis, fibromyalgia and more than 150 different musculoskeletal conditions. Musculoskeletal Australia has been supporting people with arthritis and musculoskeletal conditions for over 50 years and our vision is that the quality of life of people who have or are at risk of musculoskeletal conditions is improved.

Our focus is on providing information, education, and empathetic support for individuals and families: we care about people and their personal conditions and circumstances. We also undertake policy and advocacy work on behalf of all Australians who have musculoskeletal conditions.

The promotion and support of self-care is at the centre of all that Musculoskeletal Australia does and we are proud to be a member of the Australian Self-care Alliance (ASCA), which has given endorsement for this submission.

To help people who have musculoskeletal conditions and those that support them, we currently provide:

- comprehensive and freely accessible information and resources on our website (www.msk.org.au) and via our social media channels
- a national Help Line staffed by nurses and by volunteers who are living with musculoskeletal conditions
- webinars providing the latest information on conditions, treatments and living well, delivered by top experts in their fields
- resources specifically designed for children with juvenile arthritis and their families and teachers.
- a network of peer support groups to help alleviate the isolation and loneliness experienced by many people with these conditions.

In 2020, we also conducted the first and largest national survey of people with musculoskeletal conditions ever undertaken in Australia. The report of the survey, '[Making the invisible visible: Australians share the impact of musculoskeletal conditions on their lives](#)' (Musculoskeletal Australia, 2021) is based on the responses of 3,453 Australians with musculoskeletal conditions and covers the impact of these conditions on their daily living, social life, mental health, study and work, leisure time and financial circumstances. The report also details what people do to currently manage their conditions and what they need to better manage them. 'Six steps to ease the pain' detailing actions to address the findings of the survey are then defined.

Musculoskeletal Australia works in partnership with other relevant groups, including health professionals, universities, research organisations and government to achieve our aims. As an example, Arthritis Australia has also provided their endorsement for this submission.

Importantly, Musculoskeletal Australia has a Consumer Advisory Committee that supports the Musculoskeletal Australia Board and management on the strategic direction and future planning of our programs and services.

Musculoskeletal Australia is a member of the Australian Ethical Health Alliance (AEHA). AEHA represents 72 healthcare organisations that aim to improve healthcare in Australia through articulation and affirmation of a set of ethical principles, outlined in the Australian Consensus Framework. These principles promote the interests of patients and consumers, enhance access to safe and effective healthcare, encourage ethical collaboration in the healthcare sector, and build public trust.

3) Musculoskeletal conditions and their impact

Musculoskeletal conditions are the second largest contributor to disability worldwide, with low back pain being the single leading cause of disability globally. Almost 1 in 3 (29%) of Australians had a musculoskeletal condition in 2017–18, that is 7.0 million people (AIHW, 2019).

Musculoskeletal conditions and injuries are not just conditions of older age – they are relevant across the life-course. They significantly limit mobility and dexterity, leading to early retirement from work, reduced

socio-economic circumstances and reduced ability to participate in social roles. The greatest proportion of persistent pain conditions is accounted for by musculoskeletal conditions (WHO, 2019).

Musculoskeletal Australia's 2020 National Consumer Survey confirmed these impacts with 76% of people reporting their conditions had affected their ability to be physically active; 54% reporting their conditions had affected their ability to undertake everyday activities, such as grocery shopping and cooking; and 66% indicating that their ability to work had been impacted by their condition.

Most people with a musculoskeletal condition, such as arthritis or back pain, also have at least one other chronic disease. AIHW data show that almost 4 in 5 (79%) people with arthritis and 2 in 3 (65%) people with back problems had at least 1 other chronic condition. More than half (54%) the hospitalisations for musculoskeletal conditions involved at least one other chronic condition (AIHW, 2019). Of the people responding to Musculoskeletal Australia's 2020 National Consumer Survey, 80% indicated they had other health conditions in addition to their musculoskeletal conditions.

Musculoskeletal conditions are often linked with depression with one in five Australians with arthritis experiencing high or very high levels of psychological distress (AIHW, 2019). Again, the results of Musculoskeletal Australia's 2020 National Consumer Survey indicated that 50% of respondents said their conditions had a negative impact on their mental health and 52% that their condition affected their ability to enjoy life in general (Musculoskeletal Australia, 2021).

The exceedingly high prevalence of musculoskeletal conditions within the Australian population results in a \$9.2 billion direct health cost and further costs from reduced productivity (MOVE muscle, bone & joint health and PWC, 2017).

4) The case for self-care

The concept of 'self-care' has been in existence for some time and is synonymous with other terms such as self-management, self-monitoring, and self-help (Riegel et al., 2021). The term 'self-care' was added to the Medical Subject Headings of the National Library of Medicine in 1981 and defined as caring for self when ill, or positive actions and adopting behaviors to prevent illness (Riegel et al., 2021).

Another definition of self-care describes it as 'individuals actively choosing and implementing strategies to reduce their symptoms and live as well as they can with their illness' (Leese et al., 2021) and yet another distinguishes the approach as being '... led, owned and done by the people themselves' (United Kingdom Department of Health, 2006). Importantly, the World Health Organization describes self-care as '... the ability of individuals, families and communities to promote health, prevent disease, maintain health, and cope with illness and disability with or without the support of a health worker. The WHO also states that 'self-care recognises individuals as active agents in managing their own health care.' (World Health Organization, 2021)

The reason why self-care is so important is that health services do not always do enough to support people to manage their own chronic conditions (Productivity Commission, 2021). For the majority of people with a chronic illness, time spent having an illness managed by a health professional is vastly outweighed by time spent in

self-care. It has been estimated that most people with a chronic illness spend only about 0.001% or 10 hours per year of their time with a healthcare provider (Riegel et al., 2017). There is no cure for chronic disease; instead, management over time is essential. For effective treatment of chronic disease, the patient must engage continuously in different health care practices. The patient knows the most about the consequences of their chronic disease and its therapies and must apply that knowledge to guiding the management over time (Holman and Lorig, 2004).

Self-care is also seen as a partial solution to the global rise in health care costs that is placed on governments worldwide (Holman and Lorig, 2004). Supporting people with chronic conditions to be more active in their health management can be a low-cost way to keep people healthier and prevent hospitalisations (Productivity Commission, 2021).

The social and economic value of self-care has been demonstrated in several studies and has been acknowledged for some time. There is convincing evidence that better self-care by people with chronic diseases reduces costs in primary and secondary care (Begum et al., 2011; Greene and Hibbard, 2012). People who lack the skills to undertake self-care effectively incur higher health service costs (Hibbard et al, 2013; Brady et al., 2013). Patient activation scores and cost correlations show less activated patients have initial costs approximately 8% higher than more activated patients, and 21% higher a year later (Hibbard et al., 2013). At the same time, studies of interventions to improve engaged self-care show that those who start with the lowest activation scores tend to increase their scores the most, suggesting that effective interventions can help even the most disengaged (Rask et al., 2009).

Self-care is a fundamental and integral part of treatment and patients who engage in self-care have significantly improved clinical outcomes, with better quality of life and longer survival (Riegel et al., 2021). When people self care and are supported to do this, they are more likely to experience better health and well-being; reduce the perceived severity of their symptoms, including pain; improve medicines compliance; have better planned and coordinated care; have greater confidence and a sense of control; and have better mental health and less depression (United Kingdom Department of Health, 2006).

It is important that self-care initiatives empower people by supporting them in a proactive, timely and accessible way to self-manage their chronic conditions. It is important that these initiatives focus on understanding the needs of consumers and meeting people where they are (Productivity Commission, 2021).

5) The rationale for a comprehensive self-care initiative for Australians with musculoskeletal conditions

Musculoskeletal conditions are generally chronic and lifelong. It is common for people to live with multiple musculoskeletal conditions and/or other chronic conditions (e.g. diabetes, heart disease). Therefore, self-care is essential to effectively manage their condition/s, as it has long been espoused as a key component of chronic disease management.

Musculoskeletal Australia's 2020 National Consumer Survey also revealed that people employ a wide range of approaches to manage their musculoskeletal condition/s, with many using multiple methods.

These include:

- working with medical and health professionals
- appropriate use of pharmaceuticals and supplements, and
- adopting lifestyle strategies.

Survey respondents showed a clear interest in understanding their musculoskeletal condition/s and how to manage them (35%) and wanting information resources that are easy to access and understand (24%).

The survey showed that 54% of people sourced their information through online searches and 10% used social media. Although these are rich sources of information, the volume can be overwhelming. It can also be challenging to find and identify credible information. People are often time-poor and may lack the skills to critically appraise the information they access online.

People with musculoskeletal conditions need authoritative information sources that provide them with everything they need to know about their condition/s, the treatments and support services available to them and the many options they can try to make the most informed choices regarding their self-care.

The [Self-care for health: A national policy blueprint report](#) released in 2020 provides a framework for action to integrate self-care across Australia's health system.

One of the key strategic priorities of the Blueprint is to 'promote and support informed self-care and health behaviours for all individuals' with the key actions for this priority listed as follows:

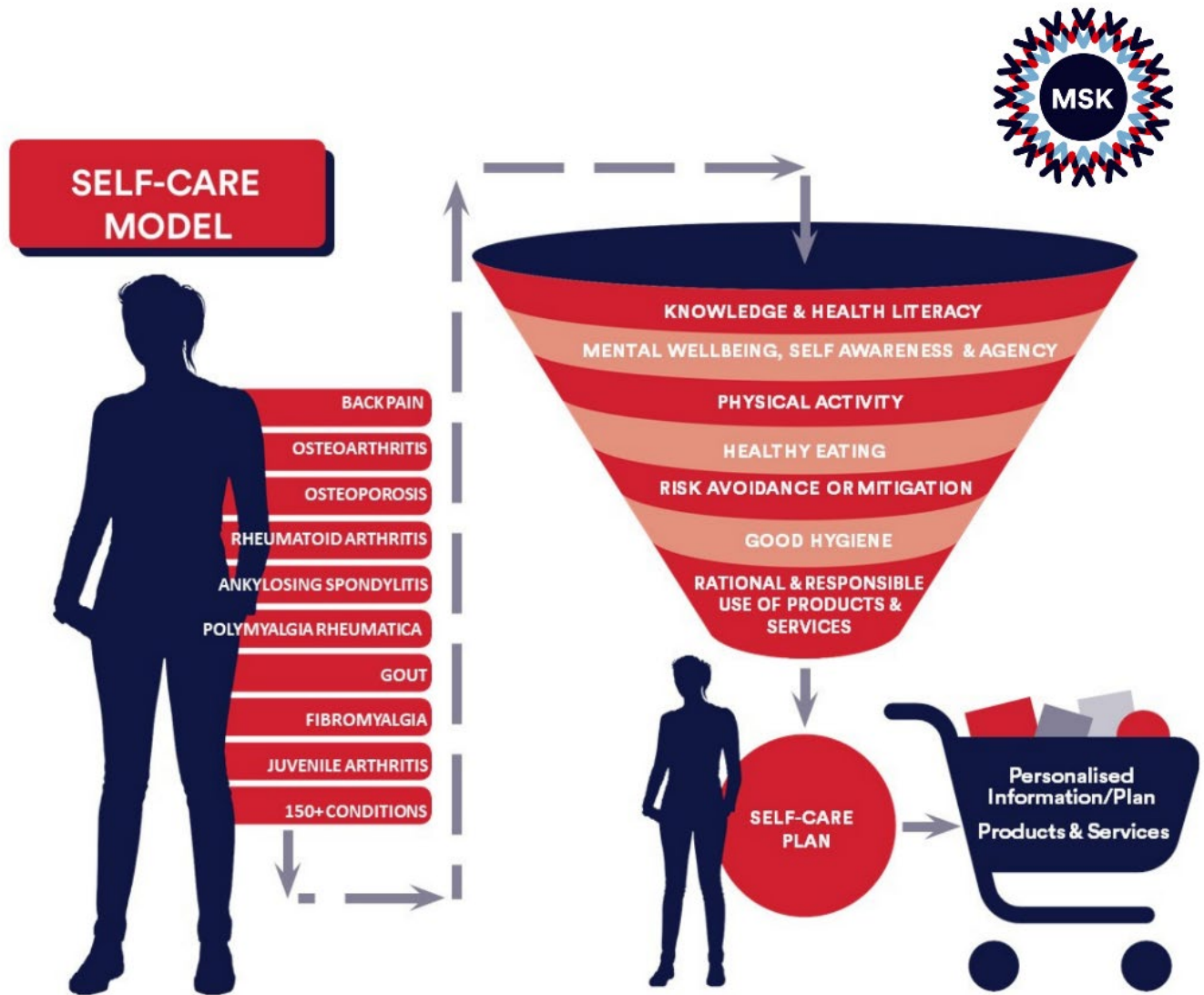
- Provide access and exposure to the information and education required to develop or enhance health literacy, knowledge and overall self-care capability
- Develop and implement targeted approaches that enhance access to self-care support, improve health literacy and reduce health inequities for at-risk, disadvantaged and vulnerable groups and individuals
- Provide access to and drive the use of evidence-based self-care and behaviour change interventions to support physical and mental health
- Promote and support enhanced e-health literacy and the use of digital health technologies and interventions to facilitate self-care.

At present, comprehensive information resources providing personalised information on self-care are not available in an Australian context. Musculoskeletal Australia is therefore using the results of the National Consumer Survey and this key strategic priority as its rationale for implementing a comprehensive, online self-care initiative for Australians living with musculoskeletal conditions.

In addition, Musculoskeletal Australia believes that such a comprehensive self-care initiative will, most importantly, address some key tenets in the provision of high quality and equitable healthcare:

- **Value-based healthcare** – The development and implementation of the initiative will reflect value-based care in that it ‘identifies and understands a segment of patients whose health and related circumstances create a consistent set of needs. Comprehensive solutions to address those needs are then designed and delivered’ (Teisberg et al., 2020). The self-care initiative will be undertaken using a co-design approach to ensure it is relevant and appropriate to successfully meet the needs of people with musculoskeletal conditions, and have a strong focus on building consumers' self-efficacy, empowerment and knowledge to actively engage in the management of their conditions
- **Equity of access** - The development of a self-care initiative involving online resources will also facilitate broader access to vital information for people in any location (and especially regional and remote areas), thereby going a long way to addressing the issue of equity of access. An online resource will also safeguard against potential disruption to in-person access, as evidenced by the COVID-19 pandemic during 2020-2021
- **Personalised care** – The comprehensive, online resource as a component of the broader initiative will allow for the tailoring of information and resources based on people’s differing needs. Also, an individual’s needs are likely to change over time, so a flexible resource will be responsive to people’s different needs at different times
- **Ongoing innovation** – No initiative with its suite of integrated components, such as the one proposed within this submission, has been undertaken in Australia. It is vital that the approaches and resources within Australia’s healthcare system continually innovate to reflect the latest evidence, to utilise the latest technologies and communication tools and, most importantly, to strive to better meet consumers’ needs. The self-care initiative proposed within this submission addresses all three and will act as an exemplar to other healthcare organisations wishing to undertake similar initiatives in providing personalised, self-care information and resources to their consumer audiences
- **Responsible use of public funds** – Research evidence supports the fact that, by developing resources to better support people with chronic health conditions to practise self-care, costs in primary and secondary care are reduced (i.e. less need for GP visits and hospitalisations). The ‘upstream’ initiative of improving people’s self-care can assist in the overall sustainability of health services.

The following diagram outlines the framework underpinning Musculoskeletal Australia's development of the comprehensive self-care initiative:



6) Details about each component of the total package

Musculoskeletal Australia's comprehensive self-care initiative for Australians with musculoskeletal conditions will consist of the following components:

- Finalisation of current suite of self-care plans and development of self-care plans covering other key musculoskeletal conditions
- Development and ongoing updating of the digital self-care platform
- Integration of the MSK Help Line in the support and monitoring of people engaging in self-care
- Conduct of the national consumer survey in 2022, 2024 and 2026 to further build the data informing the self-care initiative
- Development and promotion of video resources in conjunction with and for Aboriginal and Torres Strait Islander communities, detailing the key domains covered within the self-care plans
- Development and promotion of video resources in conjunction with and for CALD and communities, detailing the key domains covered within the self-care plans
- Development and implementation of a self-care communication and education campaign
- Conduct of research and program evaluation of the developmental phases, impact and outcomes of the initiative.

The details of each of these components are outlined in the following section, with a rationale and key deliverables provided.

6.1) Finalisation of the current suite of self-care plans and development of self-care plans covering other key musculoskeletal conditions

6.1.1 *What does this component involve?*

Nine online, self-care plans covering specific conditions will be developed, with these conditions accounting for approximately 80% of Australians (5.6 million people) whose lives are impacted by musculoskeletal conditions.

The specific conditions include:

- ankylosing spondylitis
- back pain
- fibromyalgia
- gout
- juvenile idiopathic arthritis
- osteoarthritis
- osteoporosis
- psoriatic arthritis
- rheumatoid arthritis.

We have received funding to develop five topics (rheumatoid arthritis, back pain, ankylosing spondylitis, psoriatic arthritis and juvenile arthritis). These plans have already commenced development during 2021 and will be finalised during 2022. We are therefore seeking funding to develop self-care plans for other major conditions such as osteoarthritis, osteoporosis, fibromyalgia and gout.

The development of the self-care plans uses a co-design approach with consumers being consulted at each stage e.g. scoping of topic areas, writing content and reviewing drafts of the plans. We have also drawn on the responses from Musculoskeletal Australia's 2020 National Consumer Survey.

The [International Self-Care Foundation \(ISF\)](#) 'Pillars of self-care' are being used as the framework to inform self-care topics and to categorise the content.

Each of the plans will provide evidence-informed information covering key health domains:

- Nutrition and weight management
- Pain and fatigue (including sleep)
- Medications
- Physical activity and exercise
- Mental health and wellbeing
- Living well (e.g. working, smoking cessation).

The content of plans will be informed by:

- Research evidence and systematic reviews
- Consultations with health professionals
- Existing evidence-based guidelines (e.g. An Australian Living Guideline for the Pharmacological Management of Inflammatory Arthritis; NPS MedicineWise guidelines, etc)
- Relevant government health strategies and policies.

The content for each of the plans will include personal stories and tips using the lived experiences of consumers. To add further value to the self-care plans, links to additional content on our website and external, authoritative websites and existing resources from national and international musculoskeletal and chronic pain consumer organisations will also be included.

The self-care plans will be updated as new evidence becomes. They will also recognise that many people with musculoskeletal conditions have, or are at risk of developing, co-morbid conditions.

6.1.2 Why is this component important?

As previously stated, self-care is essential to effectively manage musculoskeletal conditions, as it has long been espoused as a key component of chronic disease management. Furthermore, comprehensive information resources providing personalised information on self-care for musculoskeletal conditions are not currently available in the Australian context.

6.1.3 Deliverables for this component

The deliverables for this component include:

- Input gathered from consultation with a Clinical/Research Advisory Group and Consumer Reference Group (involving Musculoskeletal Australia's Consumer Advisory Committee and other consumers) to develop a content map for each of the topics within the self-care plans
- Based on the content map, conduct of a rigorous literature search to identify the best available evidence using established medical databases such as Medline, Cochrane Library, UpToDate, and clinical practice guidelines
- Finalisation of the content for each of the self-care plans based on the identified information, existing resources, and research evidence.

6.2) Development of a digital self-care platform

6.2.1 What does this component involve?

In order for people to develop tailored musculoskeletal self-care plans that are easy to navigate and fit for purpose, we will partner with the University of Melbourne (UoM)'s School of Computing and Information Systems to develop a digital self-care platform. UoM staff will adopt a 'digital design matrix for community-engaged research' methodology to gather valuable insights from consumers. This will form the basis of an ethically and empirically grounded guide for the design and deployment of a musculoskeletal self-care platform for people living with these conditions.

Research evidence highlights that technologies developed for health consumers should be co-designed with users and service providers (Barnett et al., 2017), hence a co-design method will be used to develop the prototype. Furthermore, a consumer-centred, co-evaluation approach with a focus on human and social factors, will be adopted to evaluate the tool for inclusivity (Hyytinen et al., 2019). We will also adopt the co-evaluation method to test the prototype after its development.

Once developed, we will continue to work with UoM staff to maintain and upgrade the platform to ensure it is compatible with any system upgrades and user needs.

The UoM School of Computing and Information Systems is experienced in information behaviours with a focus on health and education domains. Their focus is on how consumers access, use, seek, avoid and share information in the digital environment. They have a track record of working with other health organisations such as Diabetes Australia, Young Female Health Initiative, The Royal Women's Hospital, The Royal Melbourne Hospital, amongst others.

6.2.2 Why is this component important?

In order for people to have access to accurate and actionable self-care information, technology is required for the packaging, navigation and delivery of large volumes of information. Effective design and use of this technology can lead to better user experience and user satisfaction and enable individuals to collect and use data to monitor and act on their health.

6.2.3 Deliverables for this component

The deliverables for this component include:

- Completion of the ‘exploration’ phase involving gaining consumer input, exploring the functionality that is required, reviewing if there are alternative or equivalent digital platforms available and developing a design brief
- Completion of the ‘design’ phase involving the basic design involving UX design, graphics, content development and initial consumer input. Integral to this phase will be the architecture and planning, investigating platforms, hardware and hosting options
- Completion of the ‘development’ phase consisting of the majority of the coding, uploading of content and initial testing
- Completion of the ‘deployment’ phase involving beta testing, deployment and promotion of the digital platform
- Completion of the ‘evaluation’ phase involving the incorporation of the feedback received to ensure the digital platform works smoothly and provides users with a valuable experience
- Conduct of the phase of ‘maintenance’ involving the maintenance and upgrading of the platform to ensure it is compatible with any system upgrades. Any upgrades will also incorporate user feedback.

Most importantly, the impact of the self-care platform on users will be evaluated by researching users’ experiences of the self-care tool and its impact on their musculoskeletal health. Observational usage data will also be analysed to gain a better understanding of the usage patterns and the interaction between users and the platform. Insights from the research and program evaluation will be used to inform the future improvement of the platform.

6.3) Integration of the MSK Help Line in the support and monitoring of people engaging in self-care

6.3.1 What does this component involve?

Musculoskeletal Australia’s Help Line is a key component of its national service delivery. Staffed by registered nurses with additional training in rheumatology, mental health first aid and health coaching, the Help Line has been a source of information and support for people with musculoskeletal conditions for many years. Trained peer volunteers also work with the nurses on the Help Line and provide peer support to callers, where appropriate. Advice regarding self-care has always been a key feature of the Help Line’s communications with people, however, the integration of the Help Line with the online self-care platform will greatly strengthen the support and advice that will be provided.

The Help Line nurses will play a key role in Musculoskeletal Australia's comprehensive self-care initiative, as they will:

- direct people to the online resource, confidentially discuss their specific needs and explain how the self-care plans can be used to meet their needs (or make contact with people who have accessed the online platform via another avenue and are seeking support and advice)
- assist people in formulating their initial self-care plan
- regularly liaise with people through their self-care journey to provide support and encouragement to 'keep them on track', assist with the development of problem-solving skills and confidence, and address any queries they may have
- provide information to a person's health professionals on request and with the person's permission.

As is the case currently, access to interpreters will be available via the Australian Government's Translating and Interpreting Service National.

6.3.2 Why is this component important?

The research literature stipulates that several aspects need to be in place to support people to successfully practise self-care, as a level of personal behaviour change may be required. These aspects include collaborative problem definition at an early stage involving patients and care providers; targeting issues and goal setting, and active follow-up. The Help Line nurses, using a planned and staged approach, will undertake these steps as well as coach people to self-monitor their behavior, which is another important element of self-care.

By the Help Line nurses supporting people to access and use the online self-care resource and monitoring their progress, the process becomes multi-faceted, thereby enhancing the likelihood of effectiveness.

6.3.3 Deliverables for this component

The deliverables for this component include:

- Finalisation of the evidence-informed approach to be implemented by the Help Line nurses (this will be done in discussion with Musculoskeletal Australia's Consumer Advisory Committee)
- Employment and training of 2 additional registered nurses to manage the increased volume of consumer contact
- Development of a secure database that integrates with the online, self-care platform for the recording of discussions undertaken by the nurses with individual consumers
- Development of a monitoring and evaluation approach to provide ongoing feedback, assessment and adjustment (as required) of the Help Line component of the comprehensive self-care initiative.

6.4) Conduct of the Musculoskeletal Australia national consumer survey in 2022, 2024 and 2026 to increase the data informing the self-care initiative

6.4.1 *What does this component involve?*

This component will involve the conduct and analysis of the [National Musculoskeletal Consumer Survey](#) in 2022, 2024 and 2026. Distributed to more than 1 million Australians, the survey will be designed to increase, expand and update the data concerning the personal, social and financial impacts experienced by people with musculoskeletal conditions.

6.4.2 *Why is this component important?*

Prior to the 2020 National Musculoskeletal Consumer Survey, we identified key data gaps and limitations in publicly available data. We also recognised the absence of the consumer voice on the personal impacts of musculoskeletal conditions on quality of life, alongside what supports consumers wanted in available research and data. Musculoskeletal Australia made a commitment to building this knowledge base and being the voice of consumers.

Notably, the inaugural survey respondents from 2020 showed a deep commitment to trying to alleviate the impact of their condition/s through self-care. Importantly, the 2020 Survey Report identified six areas of action and the initiative detailed within the current submission supports the action: **"People need support to practise self-care."**

The conduct and analysis of biennial National Musculoskeletal Consumer Surveys will continue to provide a consumer-driven response to the comprehensive self-care initiative's provision, priorities and impacts. They will ensure that all resources are responsive to the self-care needs of people with musculoskeletal conditions.

In addition, subsequent surveys will also continue to build the data and measure and map the prevalence, severity and impact (economic and quality of life) of musculoskeletal conditions on Australians nationally for use by governments, researchers, health professionals and the broader community.

6.4.3 Deliverables for this component

The deliverables for this component include:

- Conduct of an online survey in 2022 consistent with the 2020 National Musculoskeletal Consumer Survey, with the scope to include additional survey questions to address data and knowledge gaps in relation to people’s current knowledge and practice of self-care
- Analysis of the 2022 survey results to determine the implications for the comprehensive self-care initiative
- Conduct of an online survey in 2024 consistent with the 2022 National Musculoskeletal Consumer Survey, with the scope to include additional survey questions to address remaining data and knowledge gaps in relation to people’s current knowledge and practice of self-care
- Analysis of the 2024 survey results to determine further implications for the comprehensive self-care initiative
- Conduct of an online survey in 2026 consistent with the 2024 National Musculoskeletal Consumer Survey, with the scope to include additional survey questions to address remaining data and knowledge gaps in relation to people’s current knowledge and practice of self-care
- Analysis of the 2026 survey results to determine further implications for the comprehensive self-care initiative
- The publication of biennial survey reports that include identifying data shifts and highlighting areas for action in relation to self-care.

6.5) Development and promotion of information resources in conjunction with Aboriginal and Torres Strait Islander (ATSI) communities detailing the key domains of self-care

6.5.1 What does this component involve?

Key to addressing health literacy within ATSI communities is ensuring that strategies build on Indigenous understandings and perspectives, including language and worldview. It involves examining how information is communicated within the community.

Concepts such as cultural competence, family and community-centred care, and using models of healthcare delivery that employ individuals who are trusted by the community are central to addressing health literacy within these contexts. Given that health issues are often interpreted and viewed differently among ATSI communities, different approaches will be utilised to meet the self-care needs of the First Peoples.

Video content will be produced to deliver key messages regarding self-care for two ATSI communities:

- Aboriginal people living in major cities, which will capture approximately 37% of the Aboriginal population
- A video or series for Aboriginal people living in the Northern Territory (which have different needs to other communities) (capturing 10% of the Aboriginal population).

This approach and the use of videos was chosen as an effective way to deliver health messages to Aboriginal communities. This component of the self-care initiative will be undertaken in partnership with Dragon Claw, a consumer charity experienced in developing musculoskeletal information resources for ATSI communities.

Dragon Claw is well respected in this field and has received several Federal Government grants to develop video-based musculoskeletal health campaigns into regional and rural ATSI communities. These have included four local Aboriginal language videos in Alice Springs; and most recently under the 'Indigenous Australians Health Program – Emerging Priorities Project' they are producing local Aboriginal community videos for Tiwi Islands, Wadeye and Western NSW.

They also have strong partnerships with a number of ATSI communities and organisations including:

- National Aboriginal Community Controlled Health Organisation (NACCHO)
- Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM)
- Central Australian Aboriginal Congress
- Central Australian Aboriginal Media Association
- Numerous local Aboriginal Medical Associations and clinics.

Further to this, the current Chair of Musculoskeletal Australia's Consumer Advisory Committee is a Wailwan/Ngemba woman and will be able to provide guidance and advice during this work. A co-design approach will be adopted and will include extensive consultation with ATSI organisations, field research and group conversations/consultations with community elders and ATSI project staff, as per the recommendations of the National Indigenous Australians Agency.

6.5.2 Why is this component important?

As a consumer-focused organisation and in line with our organisational values, Musculoskeletal Australia aims to be inclusive of all peoples in all it does. Data from the Australian Institute of Health and Welfare show that 11% of Aboriginal and Torres Strait Islander peoples have arthritis and 13% suffer from back pain. The latest report on the Aboriginal and Torres Strait Islander Health Performance Framework found that chronic disease (including musculoskeletal conditions) account for two-thirds of the health gap between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians.

6.5.3 Deliverables for this component

The deliverables for the ATSI section of this component include:

- Conduct of extensive consultation with ATSI organisations such as NACCHO and others, as well as field research and group conversations/consultation undertaken with community Elders to script content
- Development of self-care content and messaging encompassing the values of ATSI people within the target communities
- Production of videos involving the casting, production, sound and editing and development of the final version of the videos
- Dissemination of the videos among Indigenous communities working collaboratively with existing partners as detailed above. This activity will also include engaging with locally based Aboriginal organisations such as the local Land Councils, Community Care and Aboriginal Health Centres, as well as the state-based Primary Health Networks and Local Health Districts.

6.6) Development and promotion of information resources in conjunction with and for culturally and linguistically diverse (CALD) communities detailing the key domains of self-care

6.6.1 What does this component involve?

It would be ideal to make the comprehensive, online self-care resource accessible in other languages for people with CALD backgrounds, however, the volume and complexity of the information within the suite of self-care plans makes this task beyond the scope of the current project. Therefore, we will adopt a parallel approach for people in these communities and promote broad self-care strategies to manage their musculoskeletal conditions.

For CALD communities, we will engage SBS to create a series of short videos that will clearly communicate the practice of self-care as it relates to musculoskeletal conditions for people from CALD communities. These resources will be inclusive and representative of Australia's diverse community living with a musculoskeletal condition.

SBS will develop and disseminate three four-minute, animated videos regarding musculoskeletal conditions in 10 languages. These videos will cover:

- Information regarding what musculoskeletal conditions are and some of the symptoms
- How people can manage their musculoskeletal condition through self-care
- What people can/should expect from their health professionals/ health system in the management of their condition.

For people wanting more tailored information and support, all videos will direct people to call the nurses on Musculoskeletal Australia's Help Line utilising translation and interpreter services through the Australian Government's Translating and Interpreting Service National.

6.6.2 Why is this component important?

The Australian Bureau of Statistics (ABS) data show considerably lower levels of health literacy among people from CALD backgrounds. Effective communication of health information is essential for improved health literacy and overall health. There are a range of reasons that influence the effective communication of health information and prevent health information being understood and acted on. These include English language proficiency, literacy in first language, lack of access to requisite skills and resources to access certain health information, and differences in cultural perceptions of health. The resources developed will aim to bridge these gaps.

6.6.3 Deliverables for this component

- Content and messaging development utilising the findings from workshops with consumers representing relevant language groups (who have arthritis)
- Video production and translation of messages undertaken by SBS involving storyboarding, script development, animation, voiceover and mastering
- Video material will be disseminated by SBS as well as by working with key multicultural health services, professional bodies, Primary Health Networks and ethnic media.

6.7) Development and implementation of a self-care communication and education campaign

6.7.1 What does this component involve?

There are two parts to the communication and education component, which aims to increase knowledge of self-care more broadly and awareness of Musculoskeletal Australia's comprehensive self-care initiative for use by people with musculoskeletal conditions.

The two parts will focus on engagement of people with musculoskeletal conditions and other community members (e.g. their family, friends and those that support them) and also the engagement of health professionals and other service providers. The approaches to the two target audiences although mostly separate, will be similar in their design.

Advice and expertise will be sought from external marketing and communication providers to formulate a comprehensive campaign for both target audiences. It is anticipated that the campaign will utilise the channels of both traditional and social media. Promotional videos and other materials will also be produced to convey key messages about self-care and Musculoskeletal Australia's self-care initiative. Relevant (and appropriate) people (consumers and health professionals) will be co-opted to act as 'champions' of self-care and Musculoskeletal Australia's self-care initiative and will be involved in the campaign.

To expand the reach of the communication and education campaign to both target audiences, Musculoskeletal Australia will work with Primary Health Networks, other peak organisations, professional associations, state and federal health departments and other relevant consumer-focused organisations.

Apart from the awareness-raising aspects of this component, resources specifically designed to educate health professionals about the important role of self-care in the management of chronic health conditions (and general health) will be developed, so they can play an important role in supporting their patients in their self-care activities.

6.7.2 Why is this component important?

The communication and education component of the self-care initiative is vitally important as the community's and health professionals' awareness of self-care and its importance in the management of chronic health conditions needs to be enhanced. It is also very important that health professionals understand the important role they can play in supporting their patients in their self-care activities.

6.7.3 Deliverables for this component

The deliverables for this component include:

- Formulation of a comprehensive communication and marketing plan covering both target audiences
- Development of promotional materials and videos
- Development of educational resources for health professionals and other service providers
- Identification and involvement of other relevant organisations and groups to assist in the campaign
- Monitoring and analysis of campaign and engagement data.

6.8) Conduct of research and program evaluation of the developmental phases, impact and outcomes of the initiative

6.8.1 What does this component involve?

A comprehensive research and evaluation plan for this initiative will be formulated and implemented.

The evaluation plan will specifically focus on the following forms of evaluation throughout the various stages of the project:

- Formative evaluation to inform and improve programs processes and implementation (e.g. consulting with consumers around the development of the digital self-care platform and the ATSI and CALD resources)
- Process evaluation to inform the activity of the project and the extent to which it has been implemented
- Impact evaluation to determine the immediate and short-term effects of the initiative
- Outcome evaluation to determine the longer-term changes or effects of the initiative.

The research component will focus on identifying the learnings from the project for the benefit of future program development and other stakeholders, specifically in relation to:

- the concept of self-care
- the needs of people with musculoskeletal conditions
- the value of a comprehensive self-care initiative for people with musculoskeletal conditions (and other people with chronic health conditions).

6.8.2 Why is this component important?

A comprehensive research and evaluation plan is a vital component of the broader self-care initiative. Research and evaluation of the self-care initiative will ensure accountability and quality assurance throughout the project, as well as assist in guiding future program development and implementation.

6.8.3 Deliverables for this component

- Engagement of an external provider with relevant expertise and experience in research and evaluation
- Formulation of a comprehensive research and evaluation plan related to the self-care initiative
- Application for, and receipt of, Human Research and Ethics Committee approval, where identified
- Establishment of data collection and data analysis processes
- Preparation of interim reports at key timepoints in the project
- Presentations about the self-care initiative at relevant conferences and seminars
- Submission of articles for publication in relevant peer-viewed journals
- Final project report covering all aspects of the self-care initiative.

7) Impacts and planned outcomes of the total project

Musculoskeletal Australia anticipates that the impacts for Australia and Australians using the comprehensive self-care initiative will be as follows:

- People will experience an improved sense of physical and mental health and well-being
- People will perceive a reduction in the severity of their symptoms, including pain
- People's compliance with their medicine regimens will improve
- People's use of medical services will remain stable or decrease
- People will have greater confidence and sense of control in the management of their health conditions
- Valuable data and lessons will be gained from this project for the benefit of other organisations developing self-care resources and for the Australian Government.

The research and evaluation component will focus on these anticipated impacts of the comprehensive self-care initiative.

Musculoskeletal Australia further anticipates the planned outcomes in the longer term for the Australian community from the implementation of this initiative will be that the reported pain and disability reported by people with musculoskeletal conditions will decrease, as will the use of primary health services and avoidable hospitalisations.

8) Summary of the total project budget

The total funding for this initiative is \$4.42m with the breakdown being as follows:

Initiative Component	2022-2023	2023-2024	2024-2025	2025-2026
Finalisation of current suite of self-care plans and development of other self-care plans	122,200	98,600	49,500	51,600
Development and ongoing updating of a digital self-care platform	203,500	57,000	73,000	78,000
Integration of the MSK Help Line in the support and monitoring of people engaging in self-care	123,300	119,400	140,500	140,400
Conduct of the national consumer survey in 2022, 2024 and 2026 to further build the data relating to self-care	286,000	112,000	236,000	191,000
Development and promotion self-care video resources in conjunction with Aboriginal and Torres Strait Islander communities	25,000	225,000	175,000	225,000
Development and promotion self-care video resources in conjunction with CALD communities	25,000	129,000	221,000	137,000
Development and implementation of a self-care communication and education campaign	158,000	263,000	157,000	125,000
Conduct of research and program evaluation	126,000	94,000	122,000	131,000
TOTALS	1,069,000	1,098,000	1,174,000	1,079,000

9) References

AIHW (2019). *Arthritis*; www.aihw.gov.au/reports/chronic-musculoskeletal-conditions/arthritis/contents/arthritis

Barnett, K., Reynolds, K., Gordon, S., Maeder, A., & Hobbs, D. (2017). *A technology roadmap for the Australian aged care sector*. Retrieved February 16th, 2021, http://aciitc.com.au/wp-content/uploads/2017/06/ACIITC_TechnologyRoadmap_2017.pdf

Begum, N., Donald, M., Ozolins, I., Dower, J., (2011). 'Hospital admissions, emergency department utilisation and patient activation for self-management among people with diabetes'; *Diabetes Research and Clinical Practice*; Vol. 93(2); 260-267.

Brady, T.J., L. Murphy, B.J. O'Colmain, D. Beauchesne, B. Daniels, M. Greenberg, M. House, and D. Chervin (2013). 'A Meta-Analysis of Health Status, Health Behaviors, and Health Care Utilization Outcomes of the Chronic Disease Self-Management Program'; *Prevention of Chronic Disease*, Vol. 10: p. 120112.

Greene, J. and J.H. Hibbard (2012). 'Why Does Patient Activation Matter? An Examination of the Relationships between Patient Activation and Health-Related Outcomes'; *Journal of General Internal Medicine*, 27(5): p. 520-526

Hibbard, J.H., J. Greene, and V. Overton (2013). 'Patients with Lower Activation Associated with Higher Costs; Delivery Systems Should Know Their Patients' 'Scores''; *Health Affairs*, 2013. 32(2): p. 216-222.

Holman, H. and Lorig, K. (2004). 'Patient self-management: A key to effectiveness and efficiency in care of chronic disease', *Public Health Reports*, May-June, Vol.119, 239-243.

Hyytinen, K., Saari, E., & Elg, M. (2019). 'Human-centered co-evaluation method as a means for sustainable service innovations.' *Human-centered digitalization and services* (pp. 57-75). Springer, Singapore

Leese, J., Backman, C., Ma, J., Koehn, C., Hoens, A., Englis, K., Davidson, E., McQuitty, S., Gavin, J., Adams, J., Therrien, S., Li, L. (2021). 'Experiences of self-care during the COVID-19 pandemic among individuals with rheumatoid arthritis: A qualitative study'; *Health Expectations*; 17 August 2021

MOVE muscle, bone & joint, PWC (2017); *Everybody MOVE: Improving outcomes in musculoskeletal health*; Melbourne.

Musculoskeletal Australia (2021) *Making the invisible visible: Australians share the impact of musculoskeletal conditions on their lives*; Musculoskeletal Australia, Melbourne.

Nichols T, Calder R, Morgan M, Lawn S, Beauchamp A, Trezona A, Byambasuren O, Bowman J, Clinton-McHarg T, Willis K, Kearns R, Harris-Roxas B, Duggan M, Wardle J, Litt J, Menzies D, Dawda P, Benrimoj S, Dineen-Griffin S,

Banfield M, Fetherston H, Klepac-Pogrmilovic B (2020), *Self-care for health: a national policy blueprint. Policy paper 2020-01*, Mitchell Institute, Victoria University, Melbourne.

Productivity Commission (2021). *Innovations in Care for Chronic Health Conditions*, Productivity Reform Case Study, Canberra.

Rask, K., Ziemer, D., Kohler, S., Hawley, J., Arinde, F., Barnes, C. (2009). 'Patient Activation Is Associated with Healthy Behaviors and Ease in Managing Diabetes in an Indigent Population'; *Diabetes Education*; 35:622-630.

Riegel, B., Moser DK, Buck HG, Dickson VV, Dunbar SB, Lee CS, Lennie TA, Lindenfeld J, Mitchel JE, Treat-Jacobson DJ, Webber DE. (2017) 'Self-Care for the Prevention and Management of Cardiovascular Disease and Stroke (AHA Scientific Statement)'; *Journal of the American Heart Association*, 6(9). DOI: 10.1161/JAHA.117.006997.

Riegel, B., Westland, H., Iovino, P., Barelds, I., Bruins Slot, J., Stawnychy, M., Osokpo, O., Tarbi, E., Trappenburg, J., Vellone, E., Strömberg, A., Jaarsma, T. (2021). 'Characteristics of self-care interventions for patients with a chronic condition: A scoping review'; *International Journal of Nursing Studies*; Vol.116.

Teisberg, E., Wallace, S., O'Hara, S. (2020). Defining and Implementing Value-Based Health Care: A Strategic Framework; *Journal of the Association of American Medical Colleges*; May 2020; 95(5); 682-685.

United Kingdom Department of Health (2006). *Supporting People with Long Term Conditions: An NHS and Social Care Model to support local innovation and integration*. United Kingdom Department of Health; London.

World Health Organization (2019). *Musculoskeletal conditions*; www.who.int/news-room/fact-sheets/detail/musculoskeletal-conditions

World Health Organization (2021). *Self-care interventions for health*. www.who.int/health-topics/self-care#tab=tab_1