

The Health and the Changing World International Conference
Closing Address

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Sawadee Ka.

It's a great pleasure to give this Closing Address.

Over the past 3 days, we've been honoured by the visit of Her Royal Highness Princess Soamsawali.

After acknowledging Her Royal Highness's official opening ceremony on Tuesday, I think it would be remiss of me in this Closing Address not to congratulate the organisers. The Praboromarajchanok Institute (PBRI), Ministry of Public Health team have worked tirelessly for months to deliver this well organised and considered event. Their hospitality, warmth and respect for our comfort and enjoyment have touched us all.

I suggest that the content presented throughout this program has been a watershed in terms of health think tanks.

To summarise this past three days, and do justice to all those wonderful presentations and poster contributions, is not easy.

However, I will attempt this feat! I do ask that you realise this is just a summary and so an omission of any individual's work is not intended to cause any disappointment.

On day one, Dr Suwit Wibolpolprasert gave an enlightening and inspiring Keynote to kick start the conference. He set the scene by acknowledging that change happens when individuals take on the challenges with passion and perseverance. He also set the scene with the four sets of primary health care reforms that will serve to guide positive health system change in Thailand:

- Universal coverage reforms;
- Leadership reforms;
- Service delivery reforms; and
- Public policy reforms.

Day two saw us start with the keynote from Emeritus Professor Dr Wichet Srisuphanon the impacts of the changing world on health care. A number of challenges and opportunities were proposed in this session.

1. Currently we're treating more than preventing health problems and so we need to strengthen health promotion, prevention and the integration of services.
2. To achieve global health we need to build capacity and do better surveillance of risk factors. As well, we need to revise curricula so disaster preparedness and management are featured.
3. To better address the needs of the aging population, we need more primary prevention, and recognise the changing role for nurses as providers, facilitators, and leaders of holistic care management.
4. We need to address the issues around external migration so we enhance mobility without compromising quality. Professor Dr Wichet referred to the Code of Practice for International Recruitment, commencing this year.
5. Finally, the matter of inequalities in workforce distribution was flagged and the need for long term planning that realises how to best use a broad skills mix was proposed.

Delegates were then privileged to hear from two expert panels – panel one on multicultural perspectives on health; the panel two on disaster preparedness and management. From panel one, I think the main point there from Associate Professor Churchouse was that our aim is not to aim to deliver educators who have in-depth knowledge of all cultures and language groups, but more to aim to ensure that nurses have skills to provide patient-centred care as opposed to care that the patient's cultural group needs. This will entail nurses be equipped with the theory and skills to manage each individual patient's belief system.

From panel two, I think it would be fair to say we were all moved by the courage and dedication of the speakers – many of them sharing their 'front line' experiences with us, in terms of managing the aftermath from earthquakes, floods, tsunamis, volcanos and conflict. Professor Dr Elly Nurachmak, President of AINEC, Indonesia made a critical point – we need to provide all nurses with basic emergency management skills and well as develop emergency nursing care as a specialty as we need nurses in these situations with specific advanced competencies. Dr Benjaporn Panyayong drew from her wealth of experience and also suggested highly practical ways to address the social disruption and displacement and psychosocial impact following disasters. She suggested it is paramount to have the following:

1. A clear line of command and thus a single point of accountability for final decision making; and
2. Clear targeted and timely communication to all levels of workers involved in disaster management.

Dr Benjaporn also reported on the approach used to determine the resilience and risk factors so that strategies to restore equilibrium and provide crisis resolution are focussed.

She left us with a three step model – Protect, Connect and Direct – stressing how important it is to address safety issues first and then reconnect those displaced with their loved ones.

Of course last night many of us celebrated the Loy-Krathong Festival – a unique opportunity for the international visitors to be included in such a special event for Thai people. His Excellency, the First Permanent Secretary for the Ministry of Public Health hosted the Angsana Cruise celebrations – which ended with much dancing and singing and good will.

I'd now also like to have a go at summarising the key take home messages from the break out sessions and poster presentations as well, as we close our very successful international conference, Health and the Changing World.

1. So many presentations were based around **partnerships**. It's been clear listening to many of you present, that you prioritise caring for your partners and that you build lasting and high quality relationships based on trust and legitimacy. By knowing with whom you need to work to deliver your programs to best meet the needs of the people you serve, the commitment to accountability to community has been a resounding message.
2. I've also heard some excellent examples of planners and service providers participating together with communities in **processes of mutual education and joint problem solving**. For instance, we've had papers on the role of nurses and patient's involvement in clinical decision making. This has been palpable and augers well for transparent and effective communication, sustainable knowledge transfer and ultimately, meaningful and effective deliberative community engagement.
3. The critical importance of **building the capacity of the health workforce** was another key message; building capacity in terms of leadership, governance and management, and clinical expertise. As well, this has included a focus on how we might take better care of the current workforce, for example, in terms of mental health promotion among nursing students and achieving 'happiness' within a college of nursing.

4. **Shifting health systems towards prevention** and with an emphasis on health promotion has been a central theme. Papers have been presented on developing and testing the outcomes of physical activity programs for older people; health lifestyle modification, self care prevention for diabetes; and introducing school-based health advisory positions. Studies presented have confirmed that changes in attitude, knowledge and behaviour can occur with effective and appropriate interventions, including self awareness, positive thinking, team building and the right information at the right time. However, the conference has identified a need for longitudinal research in the field of health promotion, as most studies to date have been based on short term pre and post tests with control and expert groups.
5. **Making differences in public health outcomes** have featured strongly as well, such as studies including:
 - An examination of the impact of traffic on the prevalence of road accidents amongst young people;
 - Healthy ageing of Thai people;
 - Palliative care and evidence based approaches; and
 - A risk behaviour assessment in adolescence.

Perhaps not surprisingly, given the burden of disease worldwide in respect to depression and other mental health problems, many of the speakers have profiled innovative programs aiming at improving mental health, such as:

- Promoting recovery after psychosis;
- Improving how we deal with depression amongst adolescents; and
- Simulation training in a psychiatric inpatient unit.

We've also heard of important and cutting edge research, including;

- Post occupancy evaluation of a psychiatric intensive care unit;
- Internet addiction amongst adolescents in Chiang Mai; and
- An examination of whether nursing students are capable of delivering counselling.

Moving towards the end of this wonderful event, this afternoon, the keynote from Phra Dharmakosajarn: Rector of Mahachulalongkornrajavidyalaya University Thailand was a most powerful way to keep us on track as we depart. What can be more important than striving for happiness and peace for the changing world? Our plenary that explored the evolution of interventions and research for the changing world was well placed for leaving us with some important tasks, including building research partnerships to solve global problems like depression, HIV, and how we protect and build the capacity to achieve healthy future generations.

During the conference, it has seemed to me that we tend to all agree on what the problems are and that amongst us, we may even have some of the potential solutions.

There's certainly the vision and determination to make positive change.

There's clearly a willingness, if not preference, to work across what were traditional boundaries and jurisdictions.

There's also a tenacity that should not be underestimated because we've all learnt, from experience, that achieving sustainable change in health care takes a long time. Many of us know that it took decades to achieve reductions in smoking and it takes 3 generations to overcome the cycle of domestic violence. So, we must not underestimate the importance of our collective tenacity – it's a real strength. In terms of our impact in effecting policy shifts and system change by working together, means that the whole will be greater than the sum of its parts. Using our collective minds (head power) over this past three days has been important but not nearly so much as how we use these new relationships and knowledge to work together in the future.

If I was trying to come up with the ingredients for success in health care, I think we have a head start with this event.

We have good ideas, many of them tested.

Much of the research and program development profiled at this conference has been in response to actual community-identified needs.

In many cases, we seem to even have the right people working together – and that also means the right collections of people with a shared vision. This has already resulted in trans-disciplinary models across sectors that are action focussed.

Folk also seem to be putting in the time and passion into developing and nurturing relationships so that they are long lasting.

So now we have the challenge, that's I stress, is not beyond us, is to influence health policy and system development, worldwide, so there is an ethical and moral basis for change rather than change driven by economic and political imperatives.

Chok Dee.
Good luck.

Korb Kun Ka.
Thank you.